

HUMANITARIAN RESPONSE PLAN

ETHIOPIA

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED JANUARY 2020

DRAFT V 3.0



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

*Roza Ejihile, 24, with her two years old daughter Dimia Ejihile, Megale woreda/ Adu kebele, Afar Region.
Photo: UNICEF Ethiopia 2019/Mersha*



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HINTALO WAJIRAT WOREDA/TIGRAY, ETHIOPIA

Askual, 28, mother of 3, with her 8 months old son Bamlak, Hintalo wajirat woreda, Tigray region Photo: UNICEF Ethiopia/2019/Mersha

Foreword by the Commissioner

As we start the year 2020, I, on behalf of the Ethiopian Government, would like to renew the commitment I made two years ago at the launch of the 2018 Global Humanitarian Overview to reduce the vulnerability of Ethiopians and turn them into resilient communities able to withstand shocks that we are certain will continue in the foreseeable future. The Durable Solutions Initiative, which we, together with our international partners launched on 6 December, will provide a common operational framework to sustainably address internal displacement in the country moving forward.

The immediate focus of the Government of Ethiopia will be to provide life-saving assistance where required. Based on findings from the national *meher* assessment and early warning data, at least 6 million people are targeted for food assistance during the year.

As always, I, on behalf of my Government, would like to take this opportunity to thank the continued support of our international partners. Your support has been invaluable to address the still significant humanitarian need. US\$1 billion is now required to address all needs identified in 2020.

I would also like to take this opportunity to again call on our development partners to scale up support to address root causes of humanitarian crisis. I am confident that through strengthened partnership and increased resources for resilience building programs, we will soon see a gradual decrease in the humanitarian caseload and requirement in Ethiopia. Investing in recovery and resilience building is more pertinent than providing costly humanitarian assistance to millions of people every year.

Let us all work together to make this a reality.

H.E. Mr. Mitiku Kassa,
National Disaster Risk Management Commission,
Commissioner

Foreword by the Humanitarian Coordinator

Similar to 2018, the year 2019 saw positive socio-political developments in Ethiopia. At the same time, the Government of Ethiopia and its humanitarian partners have had to grapple with multiple humanitarian challenges from the effects of political transition and the new experience of broadened political space.

Ethiopia experienced positive socio-political developments in 2019, as in 2018. At the same time, the Government of Ethiopia and its humanitarian partners have grappled with multiple humanitarian challenges, including the impact of political transition and the political space it has expanded. The humanitarian landscape continued to be dominated by conflict displacements and related humanitarian needs; in April 2019 there were 2.6 million conflict-induced IDPs across the country. Climate-related disasters such as droughts and flooding have also been driving increased humanitarian needs throughout the year, in addition to disease outbreaks such as cholera and measles.

Generous donor funding and contributions from the Government of Ethiopia enabled the mobilization of life-saving interventions. The 2019 Humanitarian Response Plan is 76 per cent funded, a remarkable achievement. Looking at the sector breakdown limited funding towards non-food sectors impacted the response by limiting the geographical area of coverage and the number of people reached.

Health, Emergency Shelter and Non-Food Items (ESNFI) and Water, Sanitation and Hygiene (WASH) sectors were amongst the least funded.

Conflict displacement, disease outbreaks, rain shortfalls in parts of the country and floods in others will remain key drivers of humanitarian needs in Ethiopia in 2020. As we release this HRP, Ethiopia is experiencing one of the most severe desert locust invasions, which is feared might lead to possible livelihood loss and food insecurity if not soon contained. In total, the 2020 Humanitarian Response Plan seek US\$ 1 billion to assist 7 million people. The people of Ethiopia will require sustained humanitarian support in 2020, while in parallel they will require increased development and peacebuilding interventions in order to recover from previous crisis, and to mitigate or prevent the impact of upcoming hazards. The United Nations, financing partners and dozens of non-governmental organizations continue to stand with the country and its people and are committed to support Ethiopia at this critical juncture.

Dr Catherine Sozi

Humanitarian Coordinator in Ethiopia

Response Plan Overview

PEOPLE IN NEED

8.4M

PEOPLE TARGETED

7.0M

REQUIREMENTS (US\$)

1.0B

OPERATIONAL PARTNERS

81

OLONCHO VILLAGE/MEKONISA, ETHIOPIA

Water point at Oloncho village, Mekonisa kebele. Previously, the community members used to trek for three hours to fetch water. Photo: UNICEF Ethiopia/2018/Nahom Tesfaye

In 2020, the Government of Ethiopia and the humanitarian community will target 7 million out of the 8.4 million people identified as in need of humanitarian assistance, of which 73 per cent have acute humanitarian needs that must be addressed immediately. The number of people targeted in 2020 includes all the 1.78 million IDPs (of which 70 per cent are displaced because of conflict and the remaining 30 per cent because of climate) and 1.01 million returnees which were identified to be in need in the Humanitarian Needs Overview.

Based on the challenges of the 2019 humanitarian response, the humanitarian community will continue adapting to the dynamic, complex and rapidly evolving national environment in a joint partnership with the Government of Ethiopia. This will require more flexibility and agility in the response supported by robust evidence-based decision making.

Since the massive drought of 2015-16, the humanitarian landscape has transformed: the modus operandi has shifted from a climate-induced humanitarian response to a more complex emergency approach, and the multiplication of conflict and climate affected hot spots has tested the humanitarian system's capacity to engage in multiple, large-scale, and acute shocks, while most people affected by previous hazards have not been able to recover. In some areas the superposition of natural and man-made disasters has increased the complexity of the crisis. One of the most difficult challenges was and will remain accelerating development to gradually offer long term and durable solutions.

In 2020, the humanitarian operation will focus on four overarching strategic objectives (SOs) aimed at responding to the needs of 7 million crisis affected people: (1) reduce morbidity in geographically prioritized areas; (2) provide support to most affected people whose living standards and ability to pursue their normal productive and social activities and meet their basic needs in an autonomous manner have been severely compromised; (3) reach and assist people most adversely affected by critical protection needs; and (4) strengthen recovery and resilience of most vulnerable people.

Maintaining healthy pipeline for essential commodities such as nutrition, health and ESNFI is critical to timely response. Well-funded pipelines will facilitate rapid response and preparedness including pre-positioning.

One of the lessons learned in 2019, is the need to upgrade and maintain communications systems to sustain humanitarian operations. Humanitarian partners are also expected to be challenged by the inflation.

Population groups being targeted.

The 7 million people targeted in 2020 fall under one of the four humanitarian consequences, which are identified as the effects of stresses and shocks on the lives and livelihoods of affected people, critical problems related to protection as well their resilience to cope with future negative events. For every humanitarian consequence, specific groups / subgroups will be targeted.

The specific activities outlined in the protection outcome (SO3) will generally prioritize internally displaced persons (IDPs), however climate-affected communities, returnees and other affected communities, are included in the overall protection response, as protection is mainstreamed throughout all the four strategic objectives. The specific activities in the physical and mental well-

being outcome (SO1), generally prioritize the most vulnerable within the crisis-affected community, that have exhausted their coping mechanisms. The activities outlined in the resilience and recovery outcome (SO4) will generally prioritize returnees and climate affected population, while activities under the restoration and living standards outcome (SO2) will generally prioritize the most vulnerable crisis-affected people in need of access to basic services. It is worth noting that all four Strategic Objectives apply an age, gender and diversity approach to ensure that all individuals in affected communities have access to humanitarian assistance equally..

Maintaining the highest level of ethical standards in the delivery of assistance

NDRMC and the Ethiopia Humanitarian Country Team has incorporated many of the commitments made at the World Humanitarian Summit and in the Grand Bargain into the HNO and HRP planning process, adjusted to the Ethiopian context. This is in accordance with the 28 June 2019 letter addressed to the IASC from major donors on Enhancing the Quality of the Upcoming Humanitarian Programme Cycle Process. As such, in 2020, an improved and more evidence-based cross-sectoral and comprehensive assessment of needs (through the Humanitarian Needs Overview) helped improve the risk and vulnerability analysis, include a sexual exploitation and abuse risk analysis, and support the subsequent identification and prioritization of responses to needs. Following the strengthening of the Inter-Agency Accountability Working Group in Ethiopia in 2019, the 2020 HRP has a more people-centered gender and age analysis, ensuring the integration of peoples' voices and ownership of priorities. Finally, as in previous years, the 2020 HRP continues to advocate for the systematic consideration of options for cash transfer programming where feasible and appropriate.

UPSURGE IN DESERT LOCUST

The worst desert locust situation reported in 25 years hit Ethiopia and neighboring countries. In Ethiopia, Kenya and Somalia, the desert locust swarms are extremely large on a scale beyond the norm. The speed of the pest's spread and the size of the infested areas have outstretched the capacity of the local and federal authorities to the limit.

The upsurge of the pest is ignited by a severity of factors, such as remoteness of affected areas, infrastructure, weather conditions, and the nature of the desert locust that are known to change their behavior and form swarms of adults or bands of hoppers that quickly spread in vast areas, being able to fly 150 kms in a day time.

The current swarms represent an extraordinary threat to food security and livelihoods to the Horn of Africa, and in Ethiopia, most of the affected areas already contain high levels of food insecure households. 1 km² swarm will eat the same amount of food in one day as 35,000 people. In Ethiopia 544 km² were initially infested by the desert locust in June 2019 and although efforts from the Government of Ethiopia to control the pest through air and ground spraying are ongoing, new areas have been infested from November onwards, representing an additional 1,800 km² of affected land and further posing serious food security threats for the coming months.

The affected areas are in the Somali region, Amhara and Tigray, as well as the newly invaded areas in Oromia and SNNPR. As of January 2020, up to 125 *woredas* are affected by the invasion in Ethiopia representing a total area of 2,350 km², attacking green vegetation including standing crops like wheat, teff, sorghum and maize, pasture fields and forest covers. Moreover, crop and pasture losses -yet to be quantified- have been registered with its compounding severe threat to the livelihoods of households in the affected *woredas*. At the time of releasing this appeal countries are scaling up major control operations, and damage and loss assessments are ongoing, to quantify the impact and design appropriate livelihoods response, are ongoing.

Response by Strategic Objective

S01: The physical and mental well-being of 5.7 million crisis-affected people is improved

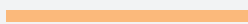



The Government and international community will target 5.7 million people in 2020 under strategic objective 1. This objective includes all responses that have a direct impact on peoples' short term (January-June) mental and physical well-being, and access to timely services to respond to critical needs recognizing that they also have longer-term effects. These include but are not limited to responses that address: death and injuries related to the crisis; infectious diseases outbreaks, acute malnutrition, which stands at 444,000 children affected by severe acute malnutrition (SAM) and 3 million children and pregnant and lactating women affected by moderate acute malnutrition (MAM); and people suffering from post-traumatic psychosocial distress Gender Based Violence (GBV) survivors, and children at risk with critical needs, including unaccompanied and separated children. People of Ethiopia experience multiple forms of malnutrition, with a national anemia prevalence of 56 per cent among children,¹ very high stunting in most regions, in particular in Afar, Tigray, and Amhara regions, where stunting exceeds 40 per cent ² and shockingly only 7 per cent of children receive a minimum acceptable diet.³

While life, physical and mental well-being consequences are, by definition, severe – defined as the degree of harm to their lives and livelihoods - the urgency of the response can differ based on the timeframe of their effect short-term versus longer-term survival and their degree of irreversibility in the absence of response.

Life-saving multisector assistance in Ethiopia in 2020 will include all activities of preparedness and response for the most vulnerable populations, including conflict and climate affected IDPs, IDP returnees and relocated IDPs, drought-affected populations, and host communities who have exhausted their coping mechanisms.

S02: 5.7 million⁴ most vulnerable crisis-affected people are supported with basic services

In 2020, the Government and humanitarian community will support 5.7 million people whose living standards and ability to pursue their normal productive and social activities and meet their basic needs in an autonomous manner have been severely compromised by conflict drought and disease outbreak.. The most vulnerable groups - women, children, older persons without caregivers, GBV survivors, IDPs and returnees – encounter different challenges and use varying coping

#	STRATEGIC OBJECTIVE	PEOPLE IN NEED	PEOPLE TARGETED
S01	The physical and mental well-being of 5.7 million crisis-affected people is improved	6.2 M	5.7 M 
S02	5.7 million most vulnerable crisis-affected people are supported with basic services	5.0 M	5.7 M ⁴ 
S03	The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors	3.9 M	1.9 M 
S04	Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems	6.9 M	1.1 M 

mechanisms to meet their basic self-sustenance needs. This includes lack of food and productive assets (e.g. land, animals, tools), reduced access to basic services such as health care, water, sanitation, shelter, education and social welfare, legal services and referrals to more specialized services as required.

The ability of affected people to meet their basic needs, including water, shelter and NFIs, food, healthcare, education and protection of their productive assets, will vary from one population group and contexts to the other. The Government and humanitarian community will facilitate access to critical cross-sectoral basic services to the most vulnerable population groups to enable them to meet their basic needs.

S03: The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors

The 2020 HRP will focus on reaching 1.9 million people most adversely at risk and affected by critical protection violations, i.e. conflict affected population. This includes providing a full and non-discriminatory access to essential services and enjoyment of their rights for all women, and in particular to persons with disabilities, older persons and children. Measures will be taken to protect and prevent vulnerable people from violence, exploitation and abuse as well as harmful practices such as child marriage.

The Government and humanitarian partners will provide services and responses that do not exacerbate risks or reinforce patterns of rights violations and instead follow a principled and need-based response approach. Government and partners will conduct rapid assessments and protection monitoring to collect, verify and analyse information to identify violations of rights and protection risks faced by IDPs, returnees, relocatees, and other crisis-affected populations. The identified protection and human rights response will be referred to respective service providers. On child protection and GBV, the focus will be ensuring adequate and timely individual case management as well as providing support for systems-strengthening to ensure that critical community and specialized protection services are available and meet global standards of care in emergency-affected locations. Community mobilization and awareness-raising to mitigate risks and build resilience among communities on sensitive topics, including sexual violence and other types of GBV will be essential. There will also be housing, land and property (HLP) support to facilitate effective preventive, responsive and remedial action on HLP matters. This will include finding practical and rapid solutions for people and strengthening the capacity of Government, other stakeholders, such as traditional leaders, religious leaders and members of civil society, and humanitarian actors to

identify and address HLP issues. Additional measures, including national HLP framework analysis, technical guidance, increased accountability, predictability and effectiveness of HLP-related activities, will be undertaken. The overall goal of site management support (SMS) will focus on coordinating a timely response to the humanitarian needs of displaced persons in both IDP sites and out-of-camp settings. Accountability to affected populations (AAP) will be central to all SMS activities through key activities such as communicating with communities (CwC) and community participation, as well as the provision of community feedback mechanisms.

S04: Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems

Overall, the condition of the most vulnerable households affected by conflict, drought and disease outbreak requires sustained multi-sector humanitarian assistance as well as recovery support in 2020. The Government in partnership with the international community will support their access to productive assets and infrastructure that contribute to recovery and resilience and enhance the self-reliance and capacity of the crisis-affected households to withstand future crises and shocks.

In 2020, Government and its partners will target 1.1 million people in need of recovery and resilience activities. Under this objective, the aim is to identify entry points for resilience and recovery interventions addressed by humanitarian partners that link with longer-term interventions. At the same time, it aims to inform and connect humanitarian and development discussions and planning on twin-track approaches that respond in a principled approach to humanitarian needs and contribute to operationalize the Humanitarian Development Peace nexus, the Multi-Year Resilience Strategy and the Durable Solutions Initiative in Ethiopia.

Needs and Planned Response

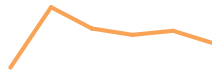
PEOPLE IN NEED

8.4M

PEOPLE TARGETED

7.0M

TREND (2015-2020)



WOMEN

23%

CHILDREN

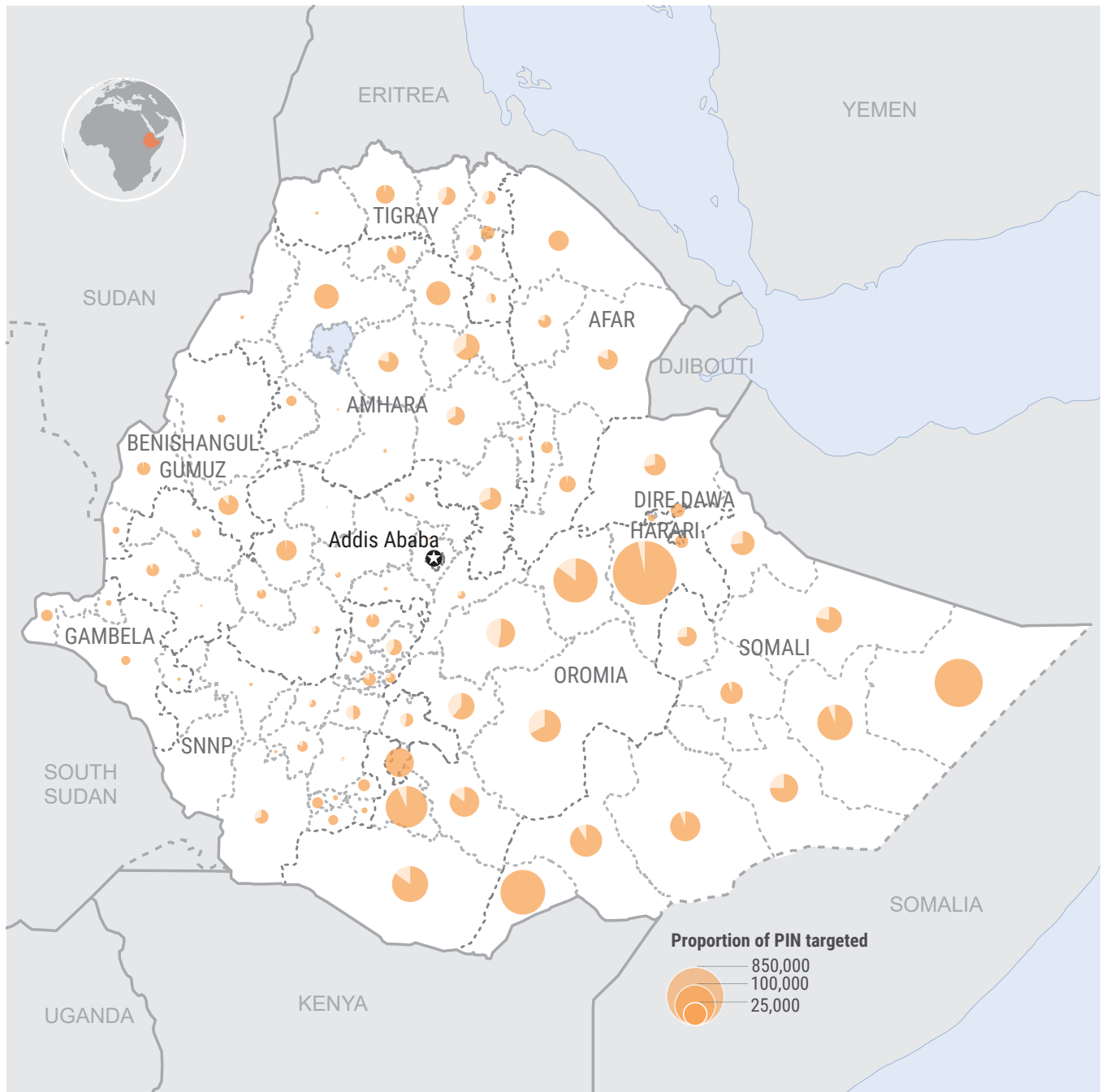
58%

WITH DISABILITY

8%

Overview map

More on pages 22-23



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

HRP Key Figures

Humanitarian Response by Targeted Groups

More on pages 17-18

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
General non-displaced population	5.61 M	4.26 M
Returnees	1.01 M	1.01 M
IDPs	1.78 M	1.78 M

Humanitarian Response by Age

More on pages 24-25

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	4.53 M	4.11 M	91%
Adults (18 - 60)	3.42 M	2.63 M	77%
Elders (60+)	444 k	310 k	70%






Humanitarian Response by Gender

More on pages 24-25

GENDER	IN NEED	TARGETED	% TARGETED
Boys	2.30 M	2.07 M	90%
Girls	2.23 M	2.03 M	91%
Men	1.98 M	1.30 M	66%
Women	1.88 M	1.63 M	87%

Financial Requirements by Sector and Multi-Sector

More on pages 38

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Agriculture	\$54.0 M 
Education	\$30.0 M 
ESNFI	\$95.8 M 
Food	\$399.5 M 
Health	\$94.3 M 
Nutrition	\$193.4 M 
Protection	\$42.4 M 
WASH	\$79.7 M 
Coordination	\$12.0 M 

Humanitarian Response for Persons with Disability

More on pages 24-25

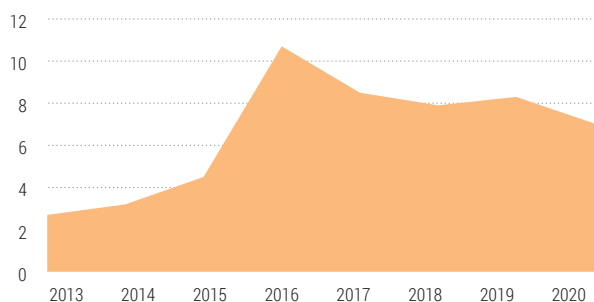
GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	977 k	540 k	55%

* The Protection funding requirement includes all the AoR and WG requirements which form part of the Protection Cluster [CP, GBV, HLP and SMS]

Historic Trends

Humanitarian Response (2013 - 2020)

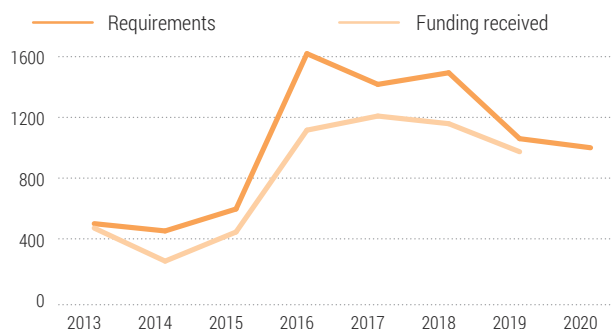
In millions of people



Between 2013 and 2015, 2.7 to 4 million people were targeted for humanitarian assistance with requirements between US\$ 500 and 600 million. Suddenly, with the arrival of the 2015/2016 El Niño and the 2017 Indian Ocean Dipoles (IOD), people targeted for assistance increased to 10.7 million with a financial requirement of \$1.6 billion, and since then the number of people targeted and requirements has

Financial Requirements (2013 - 2020)

In millions of US\$



remained above 8 million and \$1 billion, reflecting the lack of recovery from these back to back climate shocks. In addition, from the end of 2017, conflict-induced displacement emerged as another significant driver of needs. Funding to the HRP has remain in average 75 per cent or above, with the exception of two years (2014 and 2016), mainly due to the consistent solid support in the food sector.

YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED (US\$)	% FUNDED
2013	N/A	2.70 M	499.9 M	470.7 M	94%
2014	N/A	3.23 M	451.9 M	253.1 M	56%
2015	N/A	4.50 M	596.4 M	444.9 M	75%
2016	N/A	10.74 M	1.620 B	1.116 B	69%
2017	N/A	8.54 M	1.417 B	1.209 B	85%
2018	N/A	7.88 M	1.494 B	1.158 B	78%
2019	8.86 m	8.30 M	1.060 B	973.7 M	76%*
2020	8.40 m	7.04 M	1.001 B	-	-

* The 24 per cent gap is for the non-food sectors.



BABILIE TOWN/ROMIA REGION, ETHIOPIA

Babilie town idp site east hararghe zone, oromia region

Photo: UNICEF/2019/Nahome Tesfaye

Context of the Crisis

Please note that the humanitarian analysis of the crisis is detailed in the Humanitarian Needs Overview.

Political, socio-cultural, demographic and economic profiles

During 2018-2019, the pace of growth of the Ethiopian economy slowed. In 2018, the International Monetary Fund (IMF) and the World Bank warned that Ethiopia is at high risk of debt distress due to rising food prices, sluggish exports, and a foreign exchange crunch due to delays in mega-projects. This in turn limited the Government procurement of medicines and medical supplies for the health system pipelines. The new economic reform agenda aims, among other things, to boost economic growth through increased privatization and attracting foreign and domestic investors.

Twenty months after Prime Minister Abiy Ahmed assumed his position, national and policy reforms continue to affect the political equilibrium as expanded civil liberties and media space play a new and increasingly active role in the public discourse. The opening of political and media space has emboldened citizens to more freely discuss their opinions and has highlighted political tensions. Newly accessible social media has become the primary platform for exchanging opposing views, some of which have ethnically divisive messages aimed at mobilizing communities. In parallel, localized community conflicts and clashes between armed forces resulted in large scale forced displacement, which peaked at 3.2 million persons by April 2019, and decreased to an estimated 2 million people by end of November 2019 following a Government-led return plan.

On the other hand, the new Government has an increased number of women leading ministries (50 per cent), a female president, attorney general, and head of the electoral commission all signaling a vision of gender parity in decision-making, for now limited to the federal level.

Traditionally responsible for tending the home, fetching water and firewood, women and girls are disproportionately affected by drought and conflict, and have fewer educational and income opportunities than their male counterparts. During 2019, the Government identified gender inequality and increasing youth unemployment (64 per cent of the population is under 25), as contributing factors to political fragility and drivers for migration. The new economic reform agenda aims to mitigate these pressures through macro-economic stabilization action.

In addition, focus on improving the current low human capital was identified as a critical priority by the lowlands resilience study due to its negative impact on vulnerability and resilience.

As the country prepares for the 2020 elections, the concept of reforms remains popular, despite the limited common understanding of what this could entail. New political blocks are emerging, the political landscape is increasingly diverse and the elections are expected to be the first credible elections in Ethiopia.

Existing legal and policy frameworks

Legislative reforms to expand civil liberties are underway. To date, two significant pieces of legislation have passed: the adoption of a new Civil Society Organization (CSO) Proclamation in March 2019 and the reform of the Ethiopia Human Rights Commission in September 2019. The new CSO Proclamation has expanded space for international and, most importantly, national NGOs to deliver humanitarian assistance. The process of ratification of the Kampala Convention and the corresponding national legislation that would better enshrine IDP rights in Ethiopian domestic law and policy, is also ongoing. In addition, the newly amended Refugee Proclamation (February 2019) introduced new elements including recognition of refugee's right to work, freedom of movement, acquisition and transfer of property and access to justice.

Part 1

Strategic Response Priorities

ADAELA KEBELE/SEMARA TOWN, ETHIOPIA

Mobile Health and Nutrition team in Adaela kebele, about 210 km from Semara town. Photo: UNICEF/2019/Nahom Tesfaye



1.1

Enhanced geographical prioritization

The 2020 humanitarian response will be prioritized using a two-fold approach: combining a reduced geographic focus, with an intersectoral filter to narrow down populations to be targeted with prioritized interventions.

The geographic prioritization in the 2020 HRP will further refine the type of population being targeted and the kinds of activities prioritized. Using the severity of needs analysis developed for the HNO for the four humanitarian consequences, the geographic areas of intervention are further filtered through the severity of needs scale. As such, people facing problems related to physical and mental wellbeing will be prioritized for response in all areas with severity of needs in level 2 and above (see the map below on severity of needs: Physical and mental wellbeing), while response to people facing living standards restrictions will be prioritized in areas with severity of needs level 3 and above (see the map below on severity of needs: Living standards). There are areas hosting IDPs or returnees, but with limited data on the severity of their needs under the living standards humanitarian consequence. However, this limitation has not affected prioritization of response as it was complemented by expert judgment during response targeting by clusters.

For the physical and mental well-being humanitarian consequence, certain areas which are not identified as severity level 2 and above

will be prioritized for response activities based on geographical prioritization for protection needs and expert judgment.

Out of the 3.9 million people with specific protection-related needs, 19 per cent reside in very high severity areas. This mostly includes areas in Afar, Oromia, Somali and Tigray regions. The geographic prioritization for protection will mainly target people in conflict areas, particularly where the convergence of protection needs is high, such as in the Wellegas, East Hararghe, West Guji and boundary areas of Oromia.

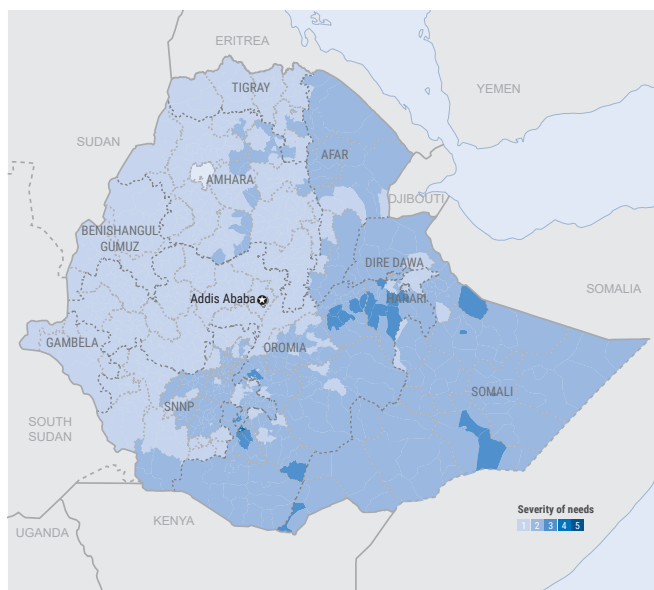
The population groups targeted for resilience and recovery activities will be further narrowed to people located in East Hararghe, returnees in West Wellega and Guji zones of Oromia region and Fafan and Siti zones in Somali region. Kamashi zone in Benishangul Gumuz region is also included.

Better linkages with the 12 areas identified in the Multi-Year Resilience Strategy (MYRS)

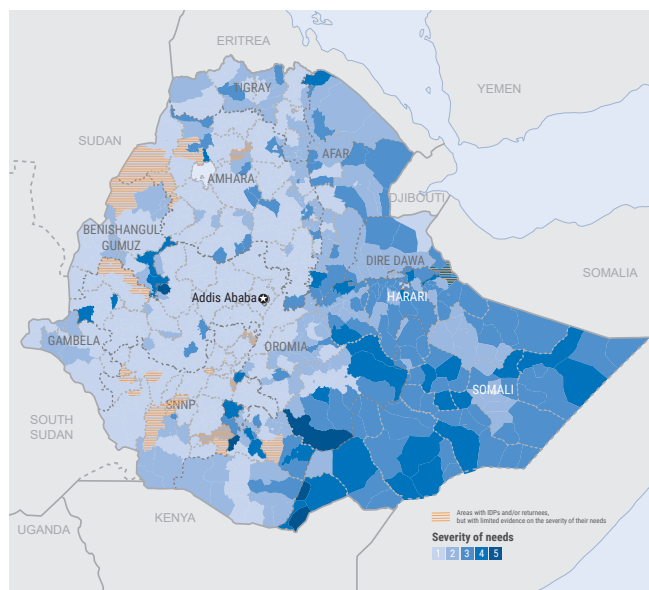
As the Government and international community embark on a Multi-Year Resilience Strategy (MYRS), to be implemented from 2020 to 2025 with the objective to 'right-size' humanitarian and development assistance to meet the needs of dryland communities and achieve improved resilience outcomes, it is important to draw a clear correlation between the MYRS and the HRP.

The MYRS' initial focus is on 12 drought-prone zones in Ethiopia's north-east. As the strategy states, the selection of these zones is predicated on high levels of vulnerability to future El Niño–Southern Oscillation (ENSO) episodes and the concentration of communities that have received multi-year assistance to address both chronic poverty and food insecurity. The focus area also deliberately forms a contiguous block, that embraces Ethiopia's two primary dryland agro-ecologies: moisture deficit and drought-prone highlands, and pastoral and drought-prone lowlands. In this regard, the delivery of the MYRS will help inform wider programming in Ethiopia's drylands.

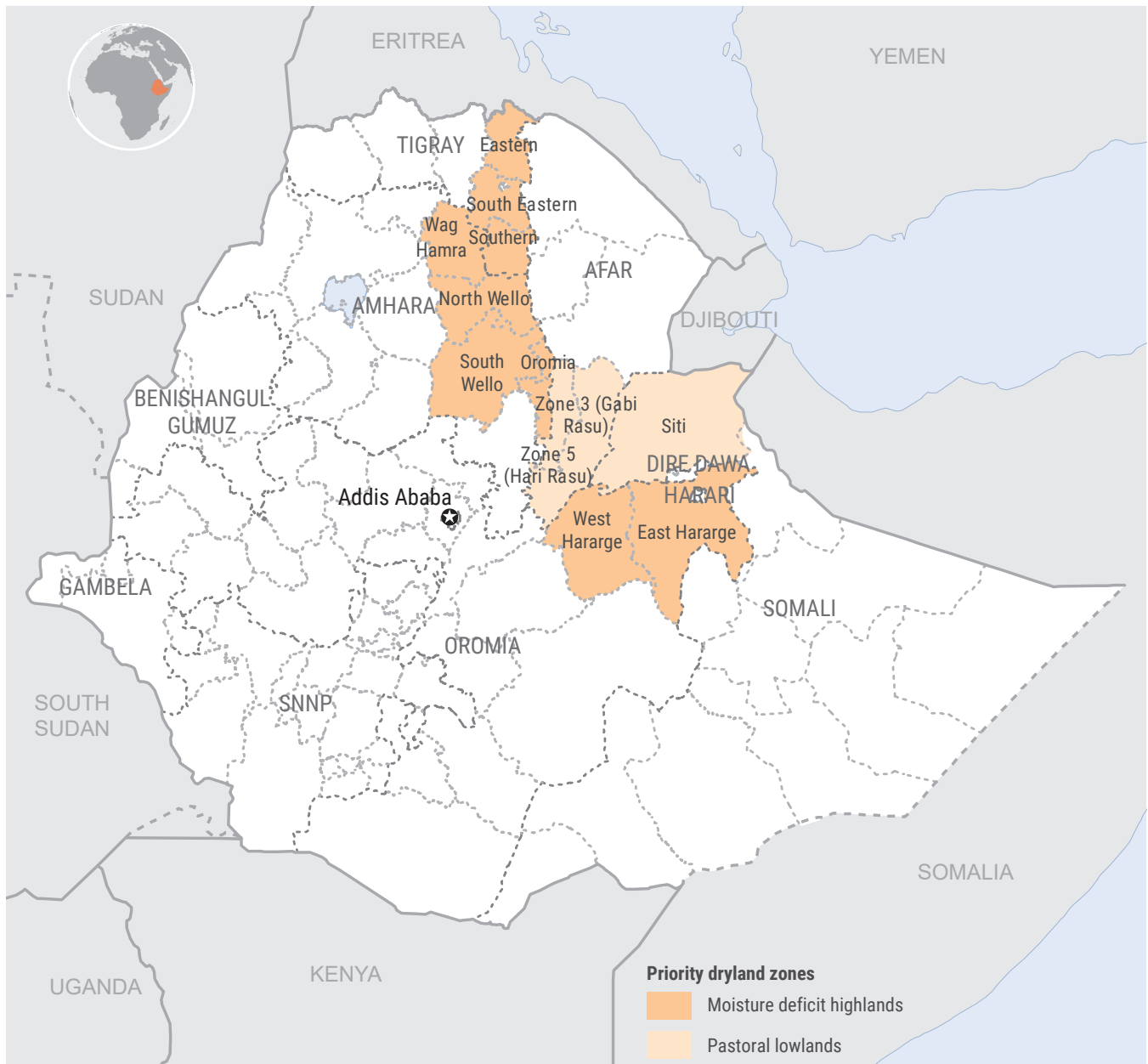
Severity of needs: Physical and mental wellbeing



Severity of needs: Living standards



Multi-Year Resilience Strategy focus area: Priority dryland zones



These areas were selected based on the analysis of serious drought impacts suffered in 1997-1998, 2002-2003 and 2015-2016; a contiguous area that includes more than one dryland agro-ecological zone; and a geographical area from which the phased withdrawal of humanitarian assistance is possible.

Informed by discussions with Government, donors and other international partners, 12 contiguous dryland zones were selected and are presented below. Based on census information and population growth estimates, the total population is estimated to be 17-18 million. While recognizing the inevitable limitations of a MYRS that will be delivered in only 12 of Ethiopia's 68 administrative zones, the MYRS offers an innovative approach for piloting an enhance humanitarian-development collaboration in Ethiopia and show case the possibility of withdrawing humanitarian assistance and allow

a self-reliant more dignified future to millions living in chronically drought affected areas.

The MYRS proposes that in 2020 Government and development actors enhance their interventions in those areas to enable a predictable and informed phaseout of humanitarian interventions. A total of 24 per cent (1.7m people) people targeted under this HRP are in these 12 zones.

This will be an effective, controlled and piloted way shift from primarily humanitarian to development assistance. In 2020, however, humanitarian action remains essential in these areas and is therefore an integral part of this HRP. Increased engagement by Government and development partners, coupled with a gradual exit of humanitarians from these areas means that they will likely not be a priority for humanitarian interventions past 2020.

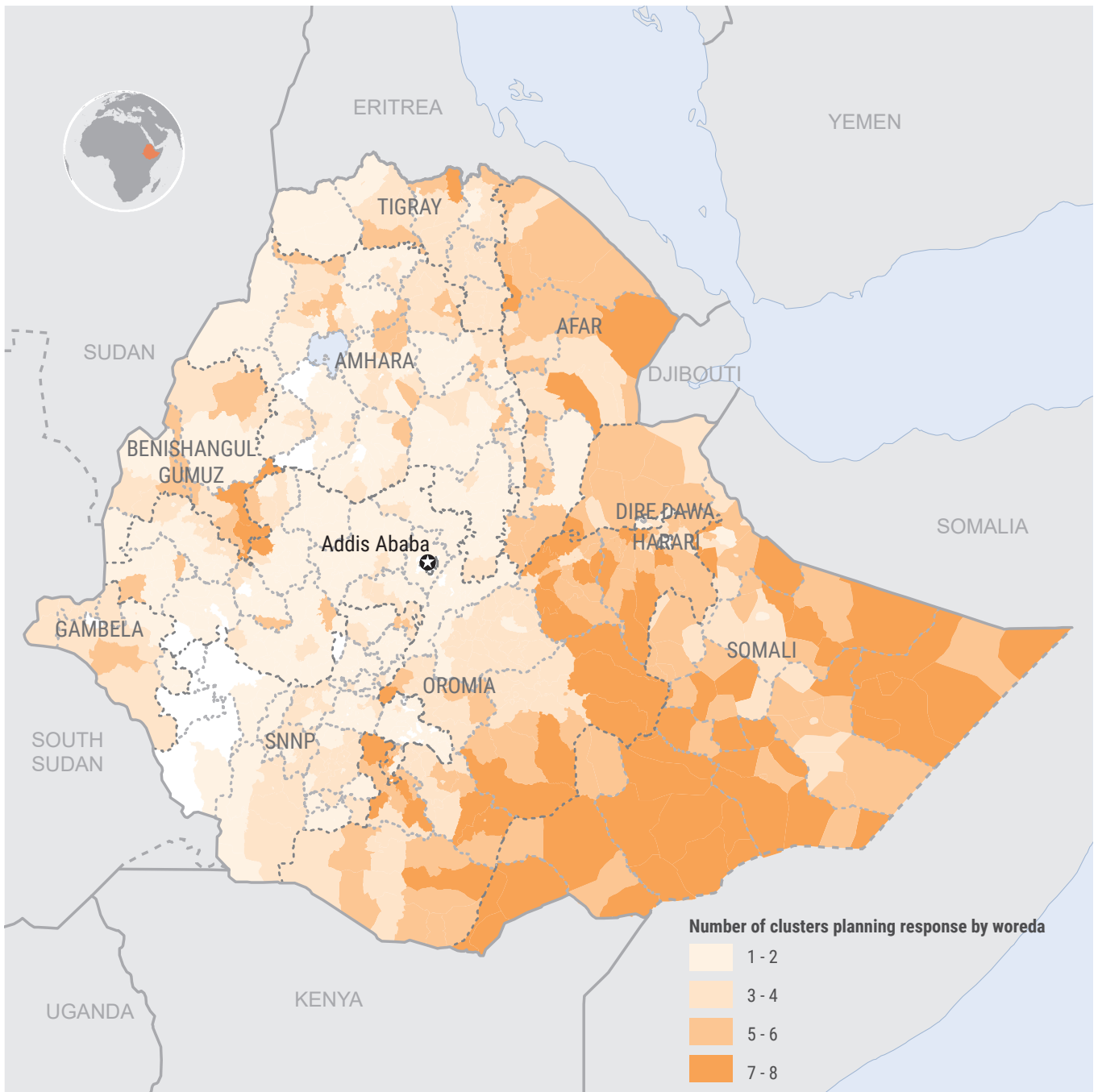
Towards an intersectoral prioritization.

The 2020 HPC seeks an increased focus on the intersectoral nature of needs and an intersectoral response. Based on the example of the Ethiopia Humanitarian Fund (EHF) prioritization of Somali region in 2019, the 2020 Ethiopia response will also ensure that there is improved intersectoral prioritization. Convergence areas, with multiple cluster priorities, will identify *woredas* where a minimum of

clusters operate. Areas where three to four clusters converge will be a convergence priority 1. Areas with two to three sectors converge and *woredas* where no clusters converge despite documented humanitarian needs will form convergence priority 2. This exercise will facilitate prioritization of funding and allocation of pooled funds.

The map below shows current prioritized areas for interventions by different clusters in 2020.

Cluster convergence of response activities in 2020



1.2

Humanitarian Consequences Prioritized for Response

Severity and key issues

The key issues exacerbating vulnerability in Ethiopians are climate-related shocks, such as floods and droughts, and conflict induced displacement. The shocks lead to food insecurity, high malnutrition, spread of epidemics, forced displacement and further relocation. With cyclical climate-related crises, the capacity of affected people to build up resilient structures, infrastructure, processes and systems before the next shocks strike is insufficient.

The shocks and crises affect peoples' physical and mental well-being in terms of disease outbreaks, acute malnutrition, psychological and /or physical trauma and critical protection needs such as a result of GBV and child separation. Peoples' living standards are affected due to housing damage, HLP rights and reconciliation, children out of school, food insecurity, inadequate shelter conditions, lack of availability of and access to basic goods and services, reduced access and quality of water and inadequate sanitary conditions. Chronic food insecurity since previous droughts and loss of livelihood opportunities for returning IDPs are problems related to lack of recovery.

Peace, security, human rights and accountability on alleged human rights are key issues that need to be addressed. Accountability mechanism is required to ensure that human rights are respected and that any violations are redressed, ensuring safety and security of IDPs and returnees.

Vulnerabilities and needs of certain population groups

Displaced persons are particularly exposed to humanitarian consequences and related effects. Poor sanitation situations in IDP sites, human rights violations, lack of access to clean water and proper sanitation facilities contribute to the rapid spread of communicable diseases, of particular concern in Ethiopia due to the nationwide cholera outbreaks. Female- and child-headed households are exposed to protection risks during relocation and once they have settled. Persons with disabilities and older people have special challenges to either relocate or locally integrate, finding themselves under extremely difficult circumstances as they are forced to stay behind while other parts of the community relocate. In addition,

communities hosting IDPs are also affected by crowded shelters, insufficient food and water supplies, disease outbreaks and protection risks.

Female- and child-headed households and unaccompanied and separated children are additional high-risk level groups. If their protection needs are left unattended, they may be exposed and vulnerable to negative coping mechanisms such as child labour, transactional sex, and harmful practices. The increase of child marriages is an illustration of how young women and girls in emergencies are increasingly exposed to harmful practices.

Pastoralists and agro-pastoralists, mainly located in the lowland areas of Ethiopia in the southern and eastern parts of the country i.e. parts of Afar, Oromia and the Somali region, are particularly vulnerable to food insecurity. These geographical areas are also the most flood- and drought-prone, subject to consistent high food prices, disease outbreaks and pests, such as the desert locust.

The severity and vulnerabilities and needs of certain population groups is exacerbated by already weak national systems in place, in particular social services and protection referral services.

Expected evolution of the situation

Notwithstanding the difficulty of prediction, it is expected that Ethiopia will continue experiencing cyclic climatic shocks, and possibly progressively more severe due to climate change impacts. Projections on the impact of human-made disasters will have to be based on an analysis of trends from 2018-2019. With a few political tipping points in the electoral year of 2020, could see increased tensions.

Prioritized critical problems related to physical and mental well-being

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
6.2M	5.7M	23%	62%	9%

Seven rounds of emergency food distribution or cash assistance will be provided to food insecure people on a six-week cycle in 2020.

The response under this objective will also focus on preparation, detection and response to epidemic-prone disease outbreaks such as measles and cholera. The early warning system for disease outbreaks will be strengthened based on the existing integrated disease surveillance and response system. Minimum preparedness actions will be undertaken in hotspot and displacement locations to mitigate the impact of outbreaks when they occur.

Nutrition intervention to address critical malnutrition problems such as SAM and MAM, is a key element under this objective.

Mental Health and Psychosocial Support (MHPSS) interventions, especially in conflict-affected areas, will be an integral part of the humanitarian response. Considering at the same time current limited number of infrastructures, services and capacities in Ethiopia

on MHPSS, including for mental health support and intervention, humanitarian interventions will be accompanied by support to existing system, and ensuring that services are safe and foster the dignity and resilience of affected populations. Shocks and crises have grave implications for the mental health of the most vulnerable. Assessments often indicate high levels of psychological distress of people displaced and returned, which can lead to negative coping mechanisms. The breakdown of economic and social status, family separation and witnessing traumatic events has significantly raised the levels of psychosocial distress among IDPs. The levels of suicide attempts and suicides are especially high among the youth. Yet, less than 10 per cent of IDPs and returnees are reached by any type of humanitarian health intervention.

The response will also focus on the provision of timely response and services to critical protection needs, particularly for survivors of SGBV and unaccompanied and separated children..

Prioritized critical problems related to living standards

PEOPLE IN NEED	PEOPLE TARGETED ⁴	WOMEN	CHILDREN	WITH DISABILITY
5.0M	5.7M	21%	58%	4%

Most interventions under living standards will prioritize people affected by different shocks that results in food insecurity, housing damage and inadequate shelter conditions; children out of school; lack of availability of, and access to, basic goods and services; reduced access to and quality of water and inadequate sanitary conditions.

Providing targeted populations access to essential health services focusing on sexual and reproductive health and the main causes of morbidity; provision of primary healthcare will pay attention to geographical distances for targeted populations to reach the services, which will be provided free of charge. Casualties resulting from conflict and violence will be treated for physical and mental trauma and referred to additional care as necessary.

Access to safe drinking water and availability of reliable sanitation facilities will be ensured to the targeted population. For situations of protracted displacement, water scheme construction or rehabilitation will be the primary modality, while water trucking might be used for short-term water provision, as a last resort. Access to sanitation services will be improved through latrine construction.

The education sector will respond by: providing learning stationary (notebooks, pens, school bags) and teaching materials; provision of

emergency school feeding, including high energy biscuits; light repair of damaged schools; establishment of permanent/ semi-permanent learning centres with gender appropriate WASH facilities; delivering accelerated learning programmes and trainings for teachers in psychosocial support, inclusive education practices and life skills education to support school-aged boys and girls.

Provision of full or partial emergency shelter repair kits or cash and distribution of ES/NFI kits either in kind or through cash, mainly for IDPs and returnees, will be a key intervention. The response will be tailored to the specific need of the targeted population group, as elaborated under the cluster response pages.

The agriculture response will prioritize pastoralist and agro-pastoralists, that are vulnerable to climatic and natural hazards and/or have been affected by displacement and have access to productive assets. Key activities will include provision of emergency crop/vegetable/forage seeds for households with significant harvest reduction/damage; distribution of essential farm tools and equipment; provision of animal feed and health interventions through in-kind, cash and voucher modalities; restocking of core breed animals and destocking for households at risk of losing a significant portion of the herd.

Prioritized critical problems related to protection

PEOPLE IN NEED

3.9M

PEOPLE TARGETED

1.9M

WOMEN

21%

CHILDREN

53%

WITH DISABILITY

9%

People who are most affected by protection risks are persons with specific needs, including older persons, persons with disabilities, adolescent girls and boys engaging in risky behaviors and negative coping mechanisms, female and child-headed households, unaccompanied and separated children and other children at risk, as well as persons who have lost their property and/or livelihoods. Persons with physical disabilities and/or chronic illnesses have specific need of support in IDP sites which are generally particularly challenging to persons with limited mobility. Persons who lack civil documentation also face protection risks; the percentage of Ethiopians holding legal documentation is very low. Due to their traditional position in society, women tend to have less power in the household, and discriminatory practices often prevent them from having tenure with respect to housing, land and property.

Protection also means having meaningful access to services, which

further shields vulnerable groups from risks. This entails that persons with missing documents are subject to yet another protection risk.

All IDPs and returnees are exposed to protection risks, however women and children are particularly vulnerable in emergencies, including gender-based violence or child protection concerns, which require targeted prevention, risk mitigation and response activities". In a situation of high humanitarian needs among the affected population, the risk increases for sexual exploitation and abuse (SEA) by humanitarian workers. It is of highest importance that the already vulnerable people are protected from SEA and that measures are in place for safe and confidential reporting by beneficiaries and that response services and referral pathways are in place to assist survivors.

Safety and security of IDPs/returnees and relocatees need to be addressed timely. Prevailing impunity on addressing human rights violations might pose risk of recurrence of violations and abuses.

Prioritized critical problems related to recovery and resilience

PEOPLE IN NEED

6.9M

PEOPLE TARGETED

1.1M

WOMEN

23%

CHILDREN

54%

WITH DISABILITY

3%

As the environmental impact of the crisis in Ethiopia is increasingly visible, vulnerable people are also challenged when it comes to building household and community resilience. Vulnerable groups include people living in flood and drought-prone areas. Among the sub-groups of people further exposed to the challenges of recovery and building resilience year after year are pastoralists and agro-pastoralists. One of the less examined impacts is psychosocial distress, which further affects the ability to recover and rebuild. This is especially evident in cases of conflict and displacement. Accessible MHPSS services are essential and can contribute to peoples' ability to recover and support individual and community rebuilding.

Response interventions include, *inter alia*, restoring and repairing damaged infrastructure due to conflict or climatic shocks including flood, particularly by restoring access to basic services such as health clinics, water systems and schools. Supporting livelihood diversification, capacity building and improving infrastructure that allow HHs to increase their resilience to shocks and vulnerabilities by establishing feed and fodder banks for households, sustainable livestock production, feed production and capacity-building of farming communities in pest monitoring. Partners will advocate for interventions that not only protect core livelihood assets of households at risk but also enhance resilient infrastructure that contributes to more inclusive access and quality of these essential basic services, such as water schemes. Joint efforts from humanitarian and development actors are required to

facilitate recovery, enhance resilience and social safety nets that contribute to the adaptive capacity of communities. Moreover, investing in the ability to recover and the resilience of vulnerable households throughout and after a shock by enhancing pillars for resilience coping strategies also contributes to withstand future shocks. As such, the focus in 2020 will be to provide support and advocate for livelihood restoration and diversification interventions and to enhance access to basic services related to WASH, health and education respecting humanitarian principles, IDP guiding principles and the do no harm approach is essential before engaging in such activities for displacement-affected communities, returnees, relocatees and other crisis-affected populations. This enhances peoples' ability to withstand future stresses and shocks in the short and longer-term while their capacities and associated causes are analyzed to inform joined-up planning between humanitarian, development and peace actors, as appropriate.

The agriculture response, aiming to strengthen the communities' resilience and coping strategies, will include construction and/or rehabilitation of water points (water harvesting points/boreholes), preparedness of flood-related interventions before and after flood, livelihood diversification interventions such as animal feed production, pasture enclosure and construction of feed and seed banks.

1.3

Strategic Objectives and Response Approach

The response will be based on the SDG commitment of 'Leaving No One Behind', focus on the people in need and use a human rights-based approach. Protection, gender, age and disability will be mainstreamed throughout the response. Intersectoral collaboration is key, and this HRP emphasizes the need for partners to come together to tackle the severe challenges Ethiopia and its population may face in 2020.

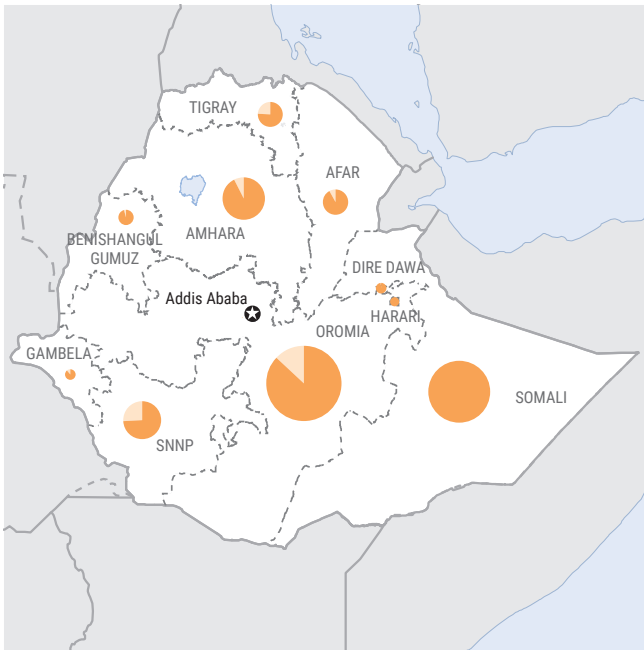
Early Action

When faced with the prospect of severe drought events hitting pocket areas in the lowlands of Oromia and Somali regions in mid-2019, humanitarian partners approached CERF and international donors with a prioritized Emergency Preparedness and Response Plan targeting 1.27 million people across 11 zones of both regions. This was part of an early action effort to avoid a humanitarian crisis that could cost at least US\$40 to \$60 million to respond (five times the cost of early action). Emergency agriculture and livestock interventions were subsequently implemented with a CERF allocation of \$6.5 million and complemented with an ECHO funding of EUR2 million. According to an evaluation by the Food and Agriculture Organization (FAO) and partners in November 2019, the early action generated benefits estimated between \$6.2 million - \$10.1 million through avoidance of livelihood losses (\$170 per households) and productivity gain (\$17 per household). Lives and livelihoods were saved and further deterioration of morbidity and malnutrition were minimized. Based on lessons learned from this joint effort, and the cyclic nature of extreme weather events in the region, similar best practices of early action financing is expected to be expanded geographically and programmatically in 2020.

Strategic Objective 1

The physical and mental well-being of 5.7 million crisis-affected people is improved

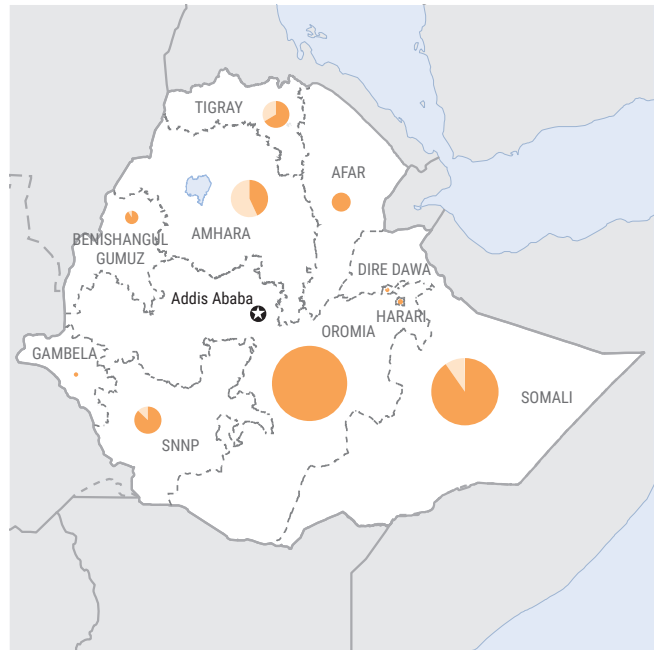
PEOPLE IN NEED | PEOPLE TARGETED
6.2M | **5.7M**



Strategic Objective 2

5.7 million most vulnerable crisis-affected people are supported with basic services

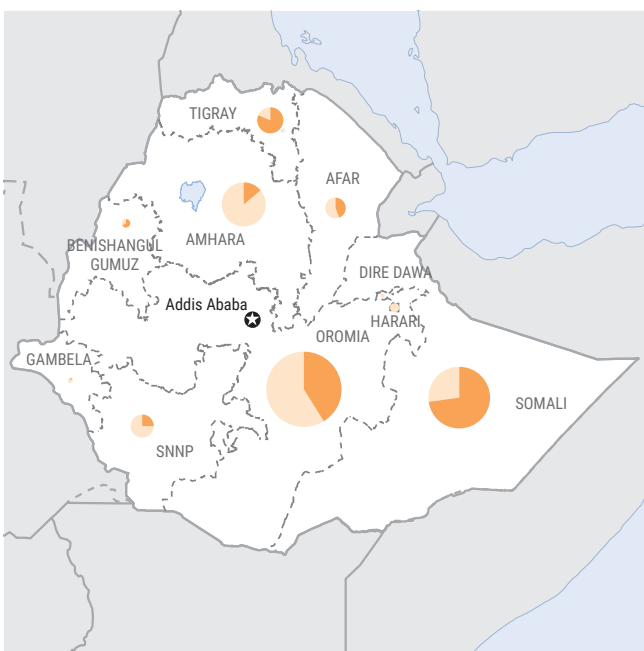
PEOPLE IN NEED | PEOPLE TARGETED
5.0M | **5.7M**



Strategic Objective 3

The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors

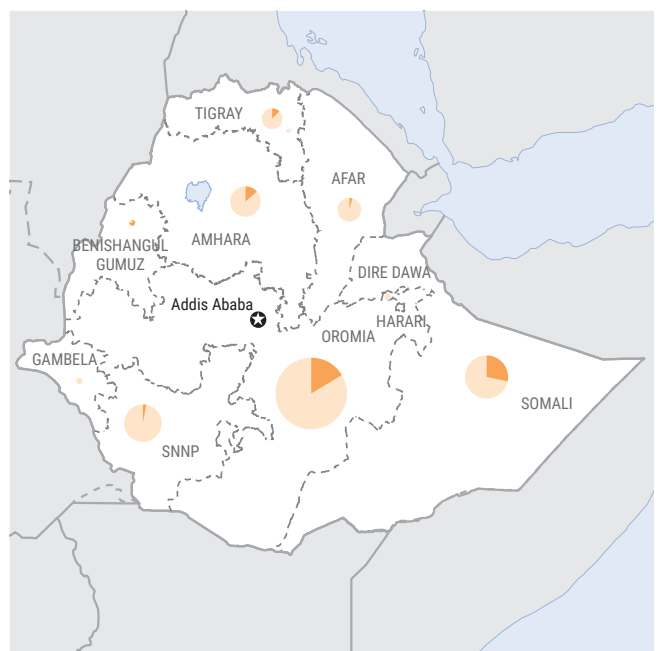
PEOPLE IN NEED | PEOPLE TARGETED
3.9M | **1.9M**

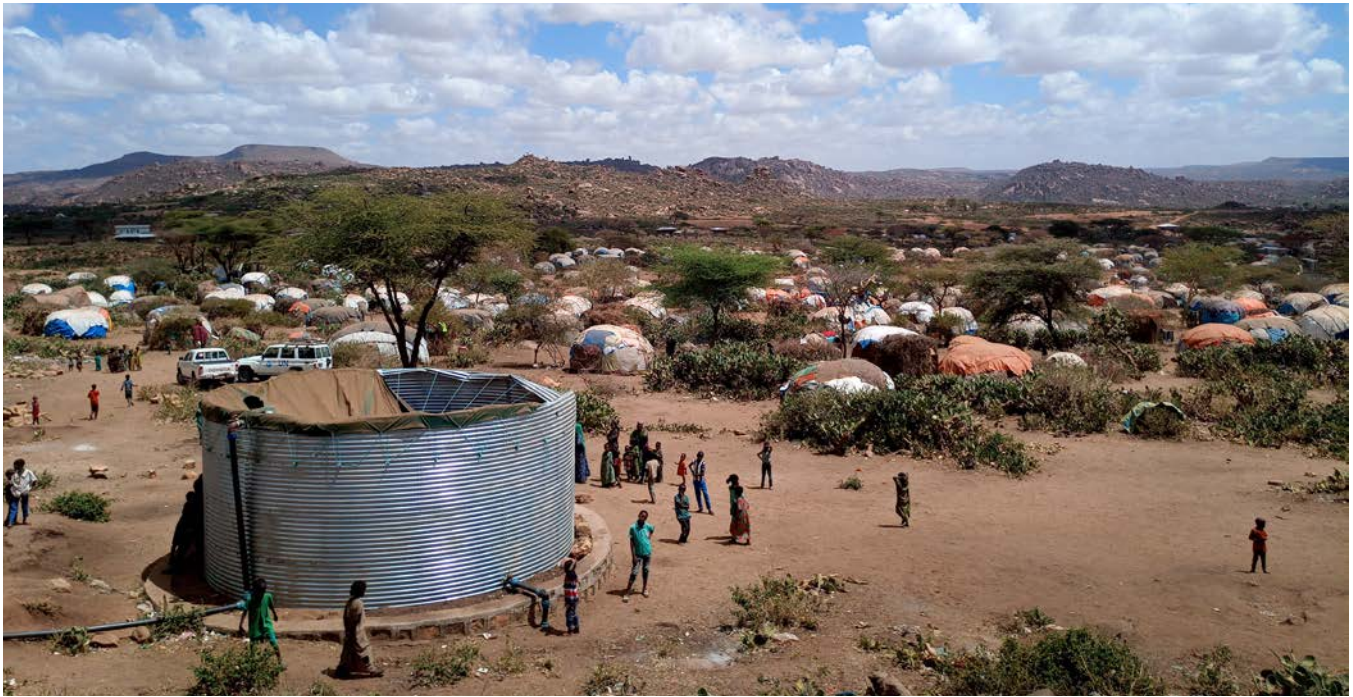


Strategic Objective 4

Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems

PEOPLE IN NEED | PEOPLE TARGETED
6.9M | **1.1M**





FAFAN ZONE/SOMALI REGION, ETHIOPIA

EHF Funded WASH intervention - Damaged water tanker at Qoloji I IDP camp before rehabilitation. Photo: EHF/2019/Eyasu Shishigu

Strategic Objective 1

The physical and mental well-being of 5.7 million crisis-affected people is improved

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
6.2M	5.7M	23%	62%	9%

Rationale and intended outcome

Food insecurity is a pressing issue for Ethiopia. In response, the Food Cluster will distribute emergency assistance through in-kind food rations and cash-based transfers to meet the food needs of targeted beneficiaries. During 2020, seven rounds of emergency food or cash will be distributed on a six week- cycle. The Food Cluster will work to strengthen beneficiary targeting and registration processes, and the collaboration with the Government at national and sub national level to ensure timely food distribution to people in the most affected areas including through the rural safety net, PSNP and prevent further deterioration in their nutritional status. Food and Nutrition Clusters will enhance collaboration on targeting of beneficiaries, to ensure prioritization of the most vulnerable population groups in the food distribution registers. Onsite field visits and post distribution interviews will also be conducted to regularly monitor the food distribution as well as collect evidence required to adjust planned activities.

The Nutrition Cluster will continue to protect the nutrition status of the most vulnerable groups, consisting of young children and pregnant women and nursing mothers among the general population, host

communities, IDPs and returnees. Priority will be given to rural areas with the most pressing and acute needs, which are also the places where the burden of malnutrition is highest. In these areas, local capacities to address malnutrition are exceeded, and the affected population faces difficulties and/ or discrimination in accessing health and nutrition services. As the Nutrition Cluster response modality is delivery through a health system-strengthening approach, collaboration between the Health and Nutrition Clusters and Governmental counterparts is vital to ensure the most malnourished people access services in a non-discriminatory way. More specifically, the inter-sectoral response will be channeled through health facilities, as well as community-level outreach activities and mobile health and nutrition teams (MHNT) in the most vulnerable areas of the country.

In addition, an integrated multi-sector approach to address critical issues of physical well-being in 2020 developed by Nutrition, Health and WASH Clusters will be piloted in select *woredas* with a high SAM burden, high incidence of measles and/ or cholera outbreaks, and with acute WASH needs. The Health Cluster will continue to work closely with the Government of Ethiopia to strengthen mass vaccination campaigns through health facilities and mobile and rapid response teams.

Displacement and returns cause high levels of psychosocial stress, which contribute to the risk of increased negative coping mechanisms. MHPSS is highly underfunded and needs more resources, including qualified personnel and support to Government to deliver large scale MHPSS programs. The Protection Cluster will collaborate with the Health Cluster in order to ensure that psychosocial support is provided to those most in need, and response services for GBV survivors and unaccompanied and separated children are available and meet minimum quality standards.

Specific objective and coordinated response approach

Under this objective, 5.7 million vulnerable people will receive lifesaving assistance to reduce critical problems related to physical and mental well-being. The targeted population includes IDPs, IDP returnees, and affected host communities. Partners will contribute to

improved food consumption, dietary diversity and coping strategies for vulnerable populations. The response will also prioritize life-saving treatment services targeting children under the age of 5, pregnant and lactating women, and chronically ill persons. These are the groups that are most at risk of acute malnutrition because of their increased biological and physiological needs. Partners will, in addition, seek to ensure that crisis-affected people have access to quality multi-sectoral services, including protection, food, health care including sexual and reproductive health services, nutrition, shelter, and water, sanitation and hygiene services. Sectors/clusters will also explore complementary modalities (in-kind, cash, and mixed) that will optimize the response. Cash will be considered whenever feasible and appropriate.

Specific Objectives: Targets and Response

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED
SO 1.1	Food needs of 4.6 million acute food insecure people are met	All (IDPs, returnees and non-displaced population)	4.6 M
SO 1.2	Excess morbidity reduced by 5 per cent among crisis affected people in 2020	All (IDPs, returnees and non-displaced population)	4.0 M
SO 1.3	At least 70 cent of crisis affected people have access to a minimum package of interventions and timely response services aimed at responding to critical needs and mitigating the consequences of physical and psychosocial distress and at increasing psychosocial resilience	All (IDPs, returnees and non-displaced population)	202 k



KILETE AWELALO WOREDA/TIGRAY REGION, ETHIOPIA

Abel Chane, 6, smiles holding his little black board after writing number on it. Photo: UNICEF Ethiopia/2019/Mulugeta Ayene

Strategic Objective 2

5.7 million most vulnerable crisis-affected people are supported with basic services

PEOPLE IN NEED	PEOPLE TARGETED ⁴	WOMEN	CHILDREN	WITH DISABILITY
5.0M	5.7M	21%	58%	4%

Rationale and intended outcome

Shocks and crises affect peoples’ productivity, social cohesion and ability to meet their basic needs. A multi-sector response and close collaboration between clusters is required to tackle these challenges in Ethiopia.

One of the main issues arising from crises or shocks is a higher number of children out of school. To ensure more children have access to education, the Education Cluster will vary its approaches not only to secure access to learning opportunities for emergency-affected children and improving the quality of both formal and informal learning environments in areas of displacement and return. Education Cluster partners will prioritize interventions targeting children whose access to education is still limited, including children with disabilities, IDP, and returnee children. Taking a longer-term perspective regarding children out of school, the Education Cluster will strengthen coordination structures at the national and regional levels. More specifically, the Cluster will focus on the provision of learning stationary and teaching materials, school feeding,

rehabilitation of schools, including appropriate WASH facilities, and delivering learning programmes. In addition, teachers will be trained in psychosocial support and ‘life skills’ education to support school-aged girls and boys.

Another impediment to peoples’ living standards in crises is the lack of adequate shelters and non-food items. ESNFI Cluster under NDRMC’s leadership, will continue providing shelter solutions to the displaced people in all phases of displacement, with a focus on lifesaving Emergency Shelter and Non Food Items to those temporarily settled in collective centers, informal settlements, spontaneous settlements and with the host community. With an emphasis on sustainability, local economies locally available commodities and goods will be explored. Cash and vouchers will be provided when feasible and appropriate. The ESNFI Cluster will continue the close collaboration with the Protection Cluster to strengthen HLP rights, including the security of tenure, and with SMS WG to standardize shelter responses in collective sites. This vital cooperation will be continued by the HLP working group, which is an inter-sector working group with a dedicated advisory role to the ESNFI and Protection Cluster.

Specific objective and coordinated response approach

Under this objective, 5.7 million people in need will receive cross-sector basic services to address critical living standards challenges. This includes increasing equitable access to nutrition-sensitive interventions led by the agriculture, education, ESNFI, food, health and WASH sectors through enhanced coordination and joint programming, targeting vulnerable groups. The vulnerable groups will be targeted from displaced and displacement affected populations, and people whose coping mechanisms were weakened by shocks. The final sub-group includes people whose productive capacity, social activities and ability to meet their basic needs were compromised. Response will focus on provision of cross-sector basic services.

The people targeted under Strategic Objective 2 (SO2) include people who were part of the physical and mental wellbeing people in need in the Humanitarian Needs Overview, not only the living standards people in need. This explains the reason why the people targeted is higher than the people in need under SO2. The vast majority of people facing physical and mental well-being problems will also face living standards problems, and that is why the response under SO2 takes into consideration the type of living standards problems of people with wellbeing problems.

A 2019 joint technical working group initiative bringing together the Health, Nutrition and WASH Clusters developed co-location criteria for multi-sectoral integrated response. A minimum response package will be defined for different target groups, at household and health facility level. The ESNFI and WASH Clusters are also working together to define a multi-sectoral response package. The contextual differences between the displaced/displacement affected and compromised coping mechanisms populations demands different activities and response modalities to address their living standard challenges.

Response under Strategic Objective 2 will be informed by need alone. Regular access to basic services must be ensured regardless of the beneficiary's disability status, gender or ethnic background. The Government and partners' interventions under this objective will ensure inclusivity of service provision with due consideration to people with disabilities.

Specific Objectives: Targets and Response

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED
SO 2.1	2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services in 2020	Returnees, IDPs and immediate hosting communities	2.6 M
SO 2.2	3.3 million people affected by shocks and crises whose productive capacity, social activities and ability to meet their basic needs were compromised, have timely access to basic humanitarian services based on needs in 2020	Non-displaced population	3.3 M



GELENA/WEST GUJI, ETHIOPIA
 Students learning at Mume primary school, Gelena, West Guji Zone. Photo: UNICEF Ethiopia/2019/Mersha

Strategic Objective 3

The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
3.9M	1.9M	21%	53%	9%

Rationale and intended outcome

Partners will provide critical protection-related assistance and specialized services through an integrated approach to address priority needs of targeted vulnerable women, men, girls and boys in priority geographical areas. The Protection Cluster will conduct rapid assessments and protection monitoring to collect, verify and analyse information in order to identify violations of rights and protection risks faced by IDPs, returnees, relocatees, and other crisis affected populations for the purpose of informing an effective response that does not exacerbate risks or reinforce patterns of violation. As per community norms, community members and civil society organizations, will be engaged in identifying their own needs for the provision of formal and informal assistance, including the identification and referral of persons with specific needs, awareness raising on services available and rights, and local conflict resolution. Capacity of authorities to respond to new displacement through Site Management, including protection mainstreaming, will also be delivered. Community-based protection mechanisms and structures

such as community-level complaint and feedback mechanisms, will help ensure that persons with specific needs, are identified and provided with appropriate emergency protection services.

Specific objective and coordinated response approach

Protection is mainstreamed across all clusters, while the protection cluster will provide specialized interventions is essential to tackle the critical problems related to protection, as these relate to all clusters and is a multi-sector responsibility. The different needs of women and men, girls and boys need to be considered in the humanitarian response. Conducting risk analysis, for example through regular site and service monitoring conducted by SMS teams, is essential to minimize protection risks while addressing humanitarian needs.

The Protection Cluster, the Areas of Responsibility of Child Protection (CP) and Gender Based Violence (GBV) provide support for systems strengthening to ensure that critical community and specialized protection services are available and meet global standards of care in

emergency-affected locations. This includes deployment of qualified personnel in places affected by displacements. Services will also be scaled up and monitored in current operational contexts for mental health and CP and GBV risk mitigation.

In addressing critical problems related to protection, the response modalities also include providing support for community mobilization and awareness-raising to mitigate risks and build resilience among

communities, caregivers and children on sensitive topics such as child protection risks and support, sexual violence and other forms of GBV.

Psychosocial First Aid and CP and GBV sensitization for safe and ethical support and referral for frontline workers will be provided to facilitate and enhance access to CP and GBV response in addition to GBV integration trainings for other sector leads.

Specific Objectives: Targets and Response

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED
SO 3.1	The protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors	All (IDPs, returnees and non-displaced population)	1.0 M
SO 3.2	Crisis-affected communities, and in particular women (including women with disabilities and older persons), adolescent girls and children, are protected from violence, exploitation, abuse and harmful practices and benefit from risk reduction and prevention measures	All (IDPs, returnees and non-displaced population)	415 k
SO 3.3	Accountable, safe, accessible, and coordinated service delivery for crisis-affected persons (IDPs and returnees/relocatees and affected host communities) is improved	All (IDPs, returnees and non-displaced population)	500 k



ASAITA WOREDA/AFAR REGION, ETHIOPIA

Father and daughter at Galigai Health post in Asaita woreda, Afar Region Photo: UNICEF Ethiopia/Mersha

Strategic Objective 4

Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
6.9M	1.1M	23%	54%	3%

Rationale and intended outcome

Close collaboration with development actors and the Durable Solutions Initiative is key in order to address the critical problems related to recovery and resilience needs. In contributing to affected populations’ ability to recover and build resistance to crises, the Agricultural Cluster will work with Ministry of Agriculture to ensure support to households that have access to land and/or livestock to be self-reliant. Oromia and Somali region remain with the highest severity under the resilience and recovery needs. Pastoralist and agro-pastoralist households that have access to land and own livestock, who are residing in pocket areas of Oromia (Bale and Borena zones), Somali region (Shebelle, Siti, Fafen, Korahle and Dawa zones) and Afar continue to have chronic challenges that impede a sustained self-reliance. Livelihood assistance is key to protect and sustain core agricultural livelihoods of households affected by drought and other natural hazards in Ethiopia. However, complementary resilience interventions are important for chronic vulnerable household to quick-start recovery and be self-reliant.

To enhance resilience of affected population, early provision of timely agricultural inputs and seeds to small-holder cropping households with significant harvest reduction or damage, distribution of farm tools and equipment through in-kind, cash and voucher modalities, as well as income-generating activities to support livelihood recovery are key. To increase food production and restore sustainable livelihoods of returning families and displacement-affected households, the Agriculture cluster will advocate for early recovery activities. Partners will be encouraged to engage in construction and rehabilitation of water management structures, livelihood diversification interventions such as animal feed production, rangeland management and construction of feed and seed banks. Recovery and resilience response to the displaced population will diversify by building upon the positive coping mechanisms through community engagement and empowerment. Addressing the critical problems related to recovery and resilience under SO4 will inform other development and resilience actors and can provide a conducive environment to transition from humanitarian to development and multi-year response.

Specific objective and coordinated response approach

The protracted nature of displacements following years of conflict has eroded coping mechanisms, weakened resilience heightened vulnerabilities and has exposed weak underpinning systems. Humanitarian actions will aim at reducing needs, risks and vulnerabilities by providing livelihood support and assistance to facilitate conducive conditions for solutions for IDPs and returnees. Strong emphasis will be placed on strengthening the humanitarian-development nexus through joint analysis and collective monitoring. Government and the humanitarian partners will continue to prioritize the pursuit of durable solutions for IDPs that respect the IDP Guiding

Principles, the humanitarian principles and the Do No Harm approach. Conflict risk analysis will be essential to understand community dynamics while engaging in durable solutions. Whenever and wherever feasible and appropriate, the humanitarian partners will support voluntary, sustainable and dignified IDP returns to their places of origin, as well as local integration or resettlement opportunities provided, they are based on informed choices, and are voluntary, dignified and safe. Humanitarian partners will work closely with communities, national and local authorities, and development partners to increase access to livelihoods and basic services.

Specific Objectives: Targets and Response

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED
SO 4.1	Pre-crisis level access to public basic services such as WASH, health and education is restored to 630,000 people by end of 2020	Returnees (who went home)	633 k
SO 4.2	475,000 climate affected people in 2020 are supported through early recovery and rehabilitation interventions to enhance their ability to withstand future shocks and stresses	Climate IDPs and non-displaced population	475 k

1.4

Consolidated Overview: Use of Multi-Purpose Cash

The proven global and local positive impact of the use of cash and voucher assistance (CVA) in humanitarian assistance has contributed to an increase of cash based interventions in Ethiopia. Between 1 January and 30 September 2019, 628,807 households benefitted from cash or voucher distributions. In 2020, the Government contributed 1.2 Billion Ethiopian Birr for response through the food sector, for distribution to areas that were identified to have functional markets and systems for cash transfers.

CVA is coordinated at the federal level by the Ethiopia Cash Working Group (ECWG), co-chaired in 2019 by WFP and Save the Children, with OCHA as secretariat. The ECWG leads crisis-specific initiatives related to CVA, including developing suggested transfer values based on local market assessments and establishing temporary sub-national cash working groups for implementing partners on the ground. As a sub-group of the Inter-Cluster Coordination Group (ICCG), the ECWG coordinates cash programming across clusters, ensures uniformity of standards and provides technical and strategic guidance to implementing partners.

In early 2019, the Multi-Purpose Cash Grant Technical Working Group (MPG TWG) was established with the aim of fostering a basic need approach (BNA) through multi-sector needs assessments to support people-centered and evidence-based response options, planning and design. Further coordination efforts are aligned with the Collaborative Cash Delivery (CCD) Network, sub-national cash working groups and the Refugee Cash Task Force co-chaired by UNHCR and the Agency for Refugee and Returnee Affairs (ARRA).

CVA is feasible in most parts of Ethiopia and is the most preferred modality by beneficiaries in areas where markets are functioning. Assessments have shown that in-kind assistance is preferred in some areas due to unavailability of quality and preferred commodities and goods in the market, poor community cash management practices, including spending CVA on not the most essential family needs, and lack of previous experience with CVA-based projects. Addressing the needs of IDPs is an area where multiple needs are exhibited. ECWG MPG TWG identified the Gedeo Guji IDP response and East and West Wellega IDP response for possible response with multi-purpose cash.

The CVA interventions are generally informed by cash feasibility assessments, which guide the best approach to meet identified needs. Feasibility assessments examining markets, beneficiary

preference, protection concerns and security and gender to ensure that cash is the most appropriate response modality. However, deeper gender analysis needs to be included in CVA feasibility assessments, including analysis of any GBV risks that may occur with CVA distribution to women. Reports have shown that traveling long distances to collect their cash transfers increases women's vulnerability and exposure to risks of attack and theft. Differences of opinions within the household can put further pressure on women and present a risk for GBV.

To provide CVA that is efficient, meets the basic needs of the beneficiaries and minimizes risks, it is critical to include community engagement and accountability to affected populations. Protection risks related to child safeguarding, persons with specific needs, including persons with disabilities, elders, and chronically ill persons also need to be considered. There is a need to have a rigorous understanding and analysis of potential risks as well as ways to address these risks in the designing of MPG and CVA interventions. Velocity of fungibility of cash vs in-kind/commodity should also be considered. The emphasis is to make note of good practices regarding protection issues and the need for sectors/ agencies to take this into account while doing assessments.

The MPG TWG is calculating the Minimum Expenditure Basket (MEB) by end-2019. Once the MEB is established for Somali region, consultation should be made with partners to engage in and design an MPCG to generate evidence about the effectiveness of the MPCG. The TWG is established under the ECWG to facilitate this and should be closely working with partners and donors to take this off. This would be within the continuum of the work that has already been started in 2019 where preliminary discussions were conducted with some donors.

The Transfer Value Working Group, also part of ECWG, strives for harmonization of the transfer value with the existing PSNP program.

The Government of Ethiopia, ECWG members, including INGOs, UN agencies, donors and federal, regional and lower level government structures are key partners in the coordinated use of multi-purpose cash, as are sub-national cash working groups.

1.5 Operational Capacity and Access

OPERATIONAL PARTNERS

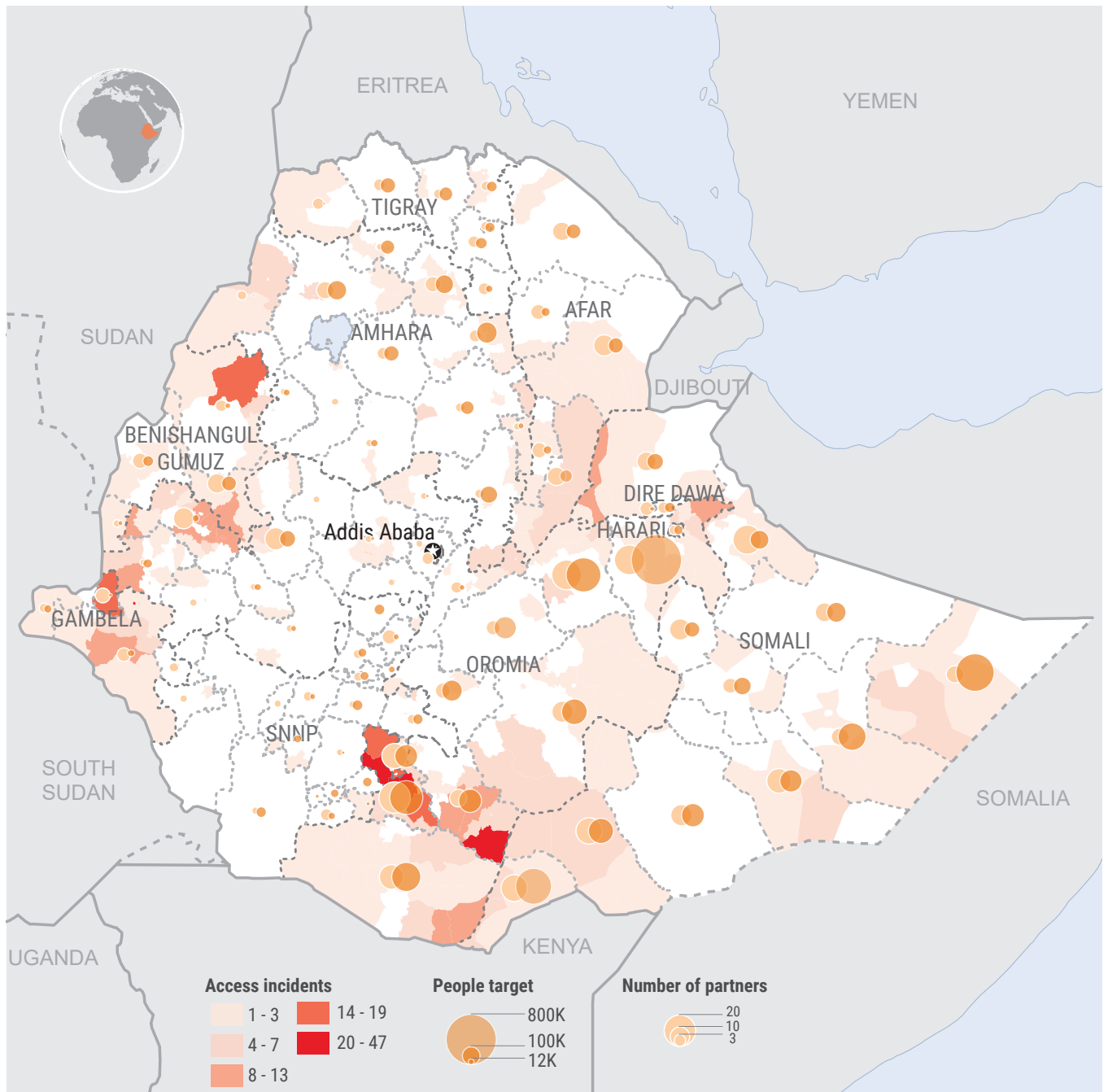
81

TREND (2014 - 2020)



ACCESS INCIDENTS (JAN - DEC, 2019)

942



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Operational Capacity

Government and the humanitarian community have a long-standing partnership. Through the National Disaster Risk Management Commission (NDRMC), the Government continues to demonstrate good capacity not only in leading humanitarian response but also in funding a significant portion of the humanitarian appeal. The Government’s contribution to the HRP was \$288 million, over 27 per cent of the humanitarian requirements for 2019. The Emergency Operation Center (EOC) model that was piloted by NDRMC in the Gedeo and West Guji IDP response in 2018 demonstrated potential for future response coordination, and could be further strengthened by maintaining adequate senior Government leadership throughout crisis periods. Clear communication regarding activation and deactivation of EOCs is required to ensure appropriate transition, and capacities of sub-national Government structures need to be further strengthened, in particular those in potential hot spot areas where crises have not previously occurred. A community engagement and feedback mechanism can be introduced within EOC to strengthen Accountability to Affected Population (AAP).

As of 31 December, there were 50 international (UN and INGOs) and 31 national partners, including several Government departments, providing humanitarian assistance in the country.

When inter-communal conflict flared up in 2017, Government and humanitarian partners started responding to conflict-induced emergencies, and faced challenges in doing so, including security and access constraints. International assistance arrived months after the event in nearly all the major displacements in 2018 and 2019 as a result of limited preparedness, including lack of adequate capacity to rapidly scale up and readily available resources. In addition, there was also limited capacity of sub-national Government counterparts and limited capacity of partners to rapidly mobilize response at short notice. Lessons learnt from these experiences will enable better humanitarian preparedness for timely response to future

shocks. Partners’ capacity and presence must be enhanced, and government humanitarian response structures strengthened. Early action mitigates humanitarian suffering. These improvements require that the humanitarian community regularly review processes to enable more timely and effective crisis response. The Federal Government was relatively faster to respond especially with food and non-food items.

The large number of returnees and IDPs who experience secondary displacement present enormous challenges to operational and Government partners who are constrained by inadequate funding and lack of appropriate planning for recovery and long-term interventions. For example, finding durable solutions for IDPs in Qoloji IDP camp in Somali region and Millennium Park in Dire Dawa city council remained a challenge. Although there are durable solutions coordination hubs in some parts of the country, these may not be adequate in 2020 to cover all recovery needs. Overall humanitarian response preparedness in Ethiopia needs further strengthening.

Humanitarian access

Ensuring access to assistance by people in need as well as operational partners’ ability to access them is a process that requires sustained, collective and principled engagement. To guarantee such access, relief activities should be governed by the principles of humanity, impartiality, neutrality and operational independence. The rights of the affected population to relief aid must be put at the center of the response.

While the overall humanitarian operational environment in Ethiopia in 2019 remained permissive, humanitarian access deteriorated in specific geographic areas as a result of insecurity (due to localized conflicts) and bureaucratic impediments. Lack of access led to the delay of relief operations, usually for a few days, and in some situations, for weeks. e.g. Guji zone, southern Oromia.

A below standard humanitarian response was the direct consequence of limited access, impacting the timely delivery of assistance to people in need and/ or

Partners by Sector

SECTOR	NO. PARTNERS
WASH	43
ESNFI	33
Protection	25
Agriculture	19
Nutrition	18
Health	14
Education	5
Food	3*

Partners by Type

TYPE	NO. PARTNERS
INGO	41
NNGO	22
UN	9
Government	9

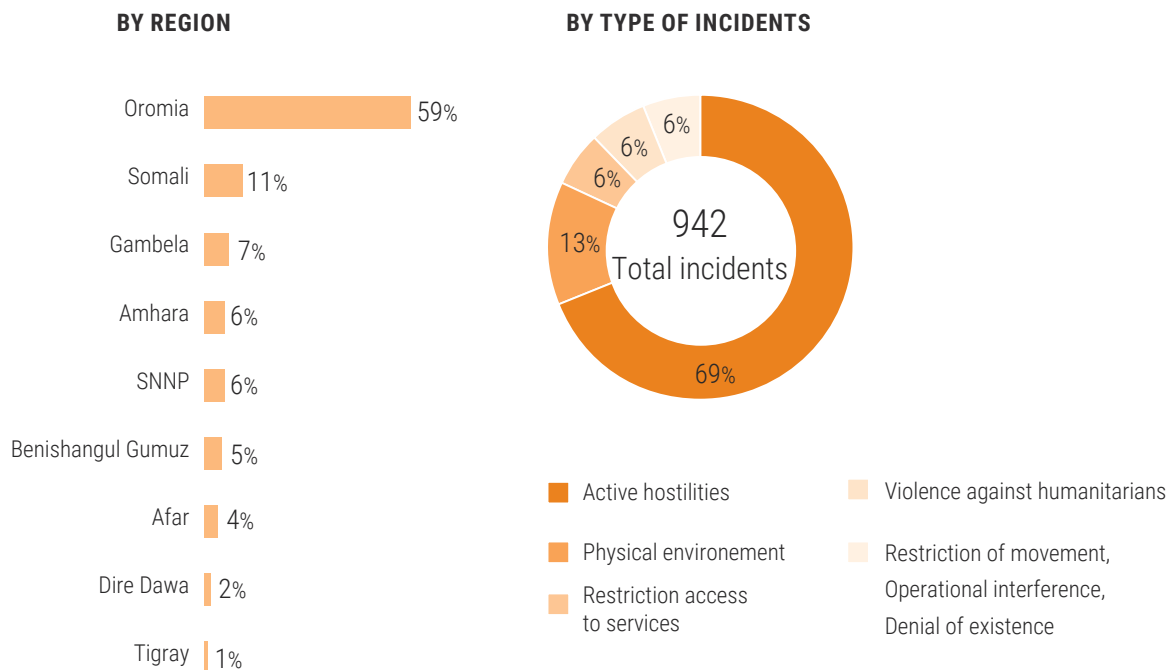


For the latest operational updates, visit:

reliefweb.int/country/eth

* The number of partners under the food sector refers to the three operators in Ethiopia, i.e. NDRMC, JEOP and WFP. JEOP is a consortium with international and local NGOs as members. Please note that number of partners is not representative of the sector as the sector reached 8 million people in 2019- see page 36

Humanitarian access incidents January - December 2019



reducing the aid or service delivered. This increased the populations' vulnerability. In some regions, however, limited response was related to the lack of humanitarian operational presence, capacity or resources, in addition to seasonal physical access constraints.

The majority of reported access issues in Ethiopia in 2019 were related to active hostilities between armed forces and due to inter-communal conflicts or social unrest that limited operations. While conflict has been registered in all regions, the bulk of hostilities impacting relief operations have occurred in western and southern Oromia. Violence in Gambella region impacting local communities and refugees, with operations temporarily halted on six occasions in 2019. In addition, ethnic tensions within Amhara region as well as along boundary areas with Benishangul Gumuz and Tigray displaced thousands of people in 2019. The regional boundary dispute in southern Oromia – Somali regions significantly de-escalated, though tensions in boundary areas and resource-based conflicts continued.

After reaching close to 3.2 million people in April 2019, the number of IDPs was reduced to 1.6 million following the Government decision to return IDPs to areas of origin by mid-2019. The rapidly implemented IDP

return operation challenged our ability to continue delivering assistance based on need in some areas of return. Thousands of IDPs were returned to areas that were only partially accessible due to insecurity, compromising the safety of IDPs and aid workers, e.g. Wellegas (Oromia) - Kamashi zone (BGR), Gedeo (SNNPR) – West Guji (Oromia). Government and partners faced several challenges linked to displacement tracking, registration of newly displaced persons or cases of secondary displacement. This hampered the service provision in areas of return, compromising the IDPs' physical and psychological wellbeing while putting a further strain on local communities' scarce resources.

Humanitarian partners in Ethiopia are not generally targeted. However, in September, two aid workers were killed in Gambela region while conducting a humanitarian activity in the first direct attack against an aid partner in Ethiopia in recent times. In Borena in southern Oromia, two attacks against ambulances killed two health personnel and injured three more. Overall in 2019, five aid personnel were killed while on duty, nine injured, and at least 21 temporarily detained. Nine attacks were registered against humanitarian convoys and seven against partners' facilities and assets.

OCHA regularly collects incidence reports. In 2019, 900 incidents were highlighted. An Access Working Group follows up on the reports and discusses access issues and mitigation measures through peer support and field missions workshops are conducted.


















Access strategy in 2020

In 2020 it is envisioned to strengthen and expand on the existing partnership between Government and the humanitarian community to jointly address the issue of access of affected people to services. In 2020 the humanitarian partners plan an increased engagement with security forces at all levels to reinforce the mutual understanding of humanitarian principles and to gain further access to affected people. This will entail an intensified efforts to access conflict-affected locations that remain inaccessible and neglected. It is also envisioned to develop, geographic and typology-based approaches tailored to each region's dynamics and builds on the comparative advantage of operational partners. The the goal is to achieve a common approach to understanding and addressing access constraints, and move from an incident focused analysis to one based on the "quality of access", measuring the impact on the population in relation to the level of humanitarian needs in a given area.

Response under 2019 HRP

As of 31 December, the 2019 Ethiopian HRP was 76 per cent funded, of which \$288.1 million was funded by the Government of Ethiopia and \$685.6 million by international humanitarian donors. The EHF allocated nearly \$56 million to the response during the

year. Comparatively with previous years, the Ethiopia humanitarian response was fairly well funded. In 2020, partners will be well positioned to respond to humanitarian needs in 2020 should this trend be sustained.

SECTOR	REQUIREMENTS (US\$)	FUNDING RECIEVED (US\$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED
Agriculture	\$33.8 M	\$10.2 M 	3.1 M*	0.8 M	0.4 M 
Education	\$32.6 M	\$8.3 M 	2.4 M	2.1 M	0.6 M 
Emergency Shelter / Non Food Items	\$80.0 M	\$15.9 M 	3.3 M	2.5 M	1.6 M 
Food	\$462.0 M	\$634.2M 	8.2 M	7.8 M	8.0 M 
Health	\$95.1 M	\$10.6 M 	6.0 M	3.2 M	0.9 M 
Nutrition	\$216.2 M	\$116.5 M 	6.6 M	4.8 M	3.6 M** 
Protection ***	\$20.4 M	\$10.2 M 	3.1 M	1.1 M	1.1 M 
WASH	\$114.4 M	\$27.1 M 	7.3 M	5.0 M	6.7 M 
Coordination ****	\$5.2 M	\$3.4 M 			

* For the Agriculture Cluster, PiN represents heads of households.

** As of November 2019

*** The Protection funding requirement includes all the AoR and WG requirements which form part of the Protection Cluster [CP, GBV, HLP and SMS].

**** This section refers to humanitarian partners' internal coordination mechanism.

1.6

The Centrality of Protection in the Humanitarian Response

The Inter Agency Standing Committee (IASC) reaffirmed the importance of protection in the humanitarian response in two key documents:

- The IASC Principals' Statement, The Centrality of Protection in Humanitarian Action, (2013), stating: "Protection of all persons affected and at-risk must inform humanitarian decision-making and response"
- IASC Policy on Protection in Humanitarian Action, (2016) which requires that all sectors address protection issues that intersect with their formal mandates and sector-specific responsibilities.

These documents are complemented by sector specific documents, including:

- The IASC Guidelines for Integrating Gender-Based Violence (GBV) Interventions in Humanitarian Action (2015) to ensure all humanitarian actors consider and mitigate the risks of GBV in planning their activities; and
- The Minimum Standards for Child Protection in Humanitarian Action, (2019) to ensure the response considers child protection and considers the very specific risks and needs of children.

In crisis-affected areas, in particular those that are conflict-affected, protection risks in humanitarian programming increase exponentially. Risks to those already potentially marginalized in society – including women, children, older persons, persons with disabilities, ethnic minorities, amongst others – are exacerbated. Already highly prevalent,⁵ GBV increases in frequency and severity in crisis and displacement. Challenges for persons with disabilities to access services –an existing problem in Ethiopia– also increases. Children are often unable to access education, are separated from their caregivers and face increased risks of child labor and child marriage. Traumatic events, including conflict or displacement, increase mental health challenges for the affected population, especially children.

Ensuring safe and dignified assistance to crisis-affected persons in Ethiopia is essential. All humanitarian actors must, at a minimum, prioritize safety and dignity and avoid causing harm, and incorporate meaningful access, accountability, and participation and empowerment into their activities.

Clusters and their members will therefore identify potential protection risks in relation to their interventions and suggest mitigation measures to address them, as well as promote access for vulnerable and hard-to-reach groups. In addition, they will monitor and check if these measures are effective. Consulting the affected population – including men, women, boys, and girls – and receiving their inputs and feedback is essential in this regard.

Clusters are taking the following steps to mainstream protection in the Ethiopia response:

- Ensuring safe and inclusive locations for targeting and distribution of agricultural inputs, as well as examining distances required to access animal health posts and services and for agricultural inputs to reach their final household destination, to reduce risks of sexual violence and exploitation. Security risks linked to ethnicity as well as safe access to markets, to farming land and water points are equally important to highlight.
- Education personnel will play an important role in building relationships with parents and caregivers to provide effective support to children experiencing difficulties. They also have a central function in knowing how and where to refer a child to social welfare or more specialised services when significant concerns are identified. Education-based psychosocial support will help protect children from the negative effects of crises.
- Ensuring food distribution is done based on need, and enabling a safe and dignified distribution, including ensuring those with specific needs receive priority at distributions points.
- Sensitization of beneficiaries will be enhanced including on key activities such as household targeting process, complaints and feedback mechanisms and on food or cash entitlements. On the targeting exercise, the food cluster will continue to support the joint targeting initiative which will be cared out jointly by Government and the humanitarian community, at national and sub-national levels in selection of the most vulnerable people. A complaints and feedback mechanisms will be improved, to allow both beneficiaries and non-beneficiaries to contribute to the design and implementation of food cluster activities. Partners will also ensure implementation of a timely and systematic grievance procedures that include referral mechanism to other clusters.

- In remote locations, satellite food distribution points will be established, to minimize the distance that beneficiaries will travel to and from the primary food or cash distribution points.
- Health response will provide services that consider the needs of persons with disabilities and survivors of GBV. The Health Cluster will ensure that partners are trained on clinical management of rape, and health facilities will provide safe spaces for care with linkages to counseling services. The joint health and protection clusters' mental health and psychosocial support technical working group will work to increase the availability of services to vulnerable persons. Possible discrimination when it comes to basic services such as education and health is an important aspect to consider.
- Nutrition implementing partners will ensure Protection and AAP principles are mainstreamed in the response. For example, Nutrition partners will ensure Community Feedback and Complaint Response Mechanisms (CFRM) are in place, are strengthened, that community representatives, beneficiaries, and the affected community in general will also receive orientation how the CFRM works. In addition, health care practitioner will receive sensitization and training on how to report GBV-related risks, and will receive PSEA policy training notably. Some Nutrition Partners will also engage with the *woreda* health office and women affairs to map GBV care service providers, available services and referral pathways for GBV survivors.
- The Shelter Cluster will work closely with the Protection Cluster to coordinate and improve data analysis to ensure that the response incorporates protection information to adjust the shelter response. Community awareness, mobilization, and co-existence initiatives will aim to restore relations between displaced populations and host communities. In addition, to address HLP issues, the Shelter Cluster, at national and regional level, will work closely with the Protection Cluster through the HLP Working Group. The Shelter cluster will ensure that services provided are proportionate to needs and all people regardless of gender, age, disability, ethnicity, or any other diversities have equitable access to impartial assistance. Partners will map and address barriers to access that could affect people's ability to participate in interventions. Additionally, Shelter cluster responses will ensure that services are within safe and easy reach, that beneficiaries know of potential dates of distribution, and the NFIs provided are culturally appropriate. Participation of the community in all phases of the project cycle will be crucial. The response will support the development of self-protection capacities and empower communities to be involved in monitoring projects undertaken in their communities. Self-protection in this context include training households in basic protection elements such as ensuring that locks are in place, ensuring that partitions are in place (for communal shelters) and using available clothing for privacy in situations where these are not provided by agencies. The Shelter cluster will coordinate with SMS wherever possible to take community preferences and perceptions of safety and dignity into account when constructing or upgrading facilities, including partitioning of collective spaces for privacy and security.
- As part of minimum commitments of accountability for the affected population, all WASH partners will design and deliver WASH services as per needs of the affected population, especially vulnerable groups, trying to ensure a reliable CRM is in place. Key activities are latrine design, distribution of dignity kits for girls and women and water supply arrangements taking into account risks of safety, especially for vulnerable groups.



Part 2

Monitoring and Accountability

BENISHANGUL GUMUZ, ETHIOPIA

Zinash, Hawa and Foziya at Selga number two primary school, Benishangul Gumuz. Photo: UNICEF ETHIOPIA/MARTHA TADESSE



2.1 Monitoring

Overall monitoring of the implementation of this humanitarian response plan falls under the Disaster Risk Management Technical Working Group (DRMTWG), co-chaired by NDRMC and OCHA.

Response monitoring is done through sectoral and cluster response monitoring systems, and is overseen by the DRMTWG. In 2020, the sector task forces led by line ministries, in collaboration with the Inter-Cluster and Coordination Working Group (ICCG) and the Information Management Working Group (IMWG), have put in place monitoring systems to ensure that the response is appropriate and measured. As such, each cluster has defined its objectives and linked to the strategic and specific inter-sectoral objectives. For each cluster objective, a series of indicators have been defined with their needs and targets.

The National Integrated Cash-Food Response Plan will be used to monitor as one of the tools to monitor performance in cash or food distribution.

Each month, all Clusters are responsible to report their achievements (overall and by indicator) through the Response Planning and Monitoring (RPM) online system. The response achievement data will be reported at *woreda* level and will be disaggregated by population group (IDPs, returnees, non-displaced), by sex and by age. In addition, sectors/clusters will report on the number of people with a disability who they have reached. Clusters will also collect on a monthly basis the operational presence data of their implementing partners.

Financial tracking will be done through the online Financial Tracking System (FTS). Various information products and analysis will be produced on a regular basis which will support intersectoral monitoring.

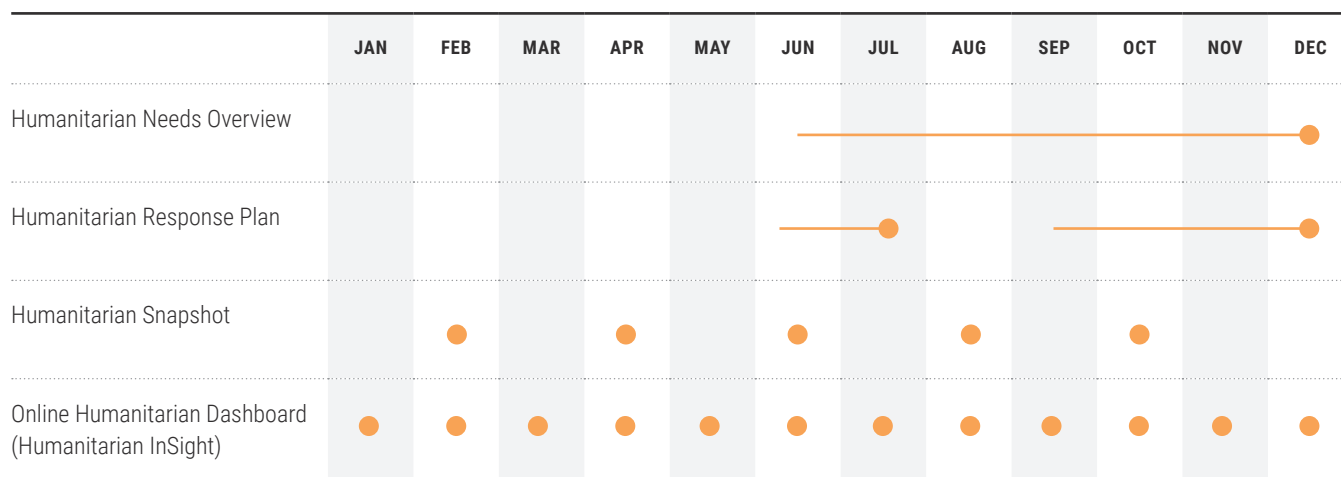
Publication of the monthly humanitarian dashboard will be done using the online Humanitarian Insight platform linked directly to the RPM system. This publication will allow to see for each cluster the overall achievements as well as by indicator at the

lowest administrative level (admin3).

In addition to the dashboard, a monthly partners presence will be published and feed into the analysis to identify gaps in the response and presented every two months in a comprehensible humanitarian snapshot. Based on the achievements as well as the evolution of the situation during 2020 (such as rainfalls, displacements, agriculture production, etc.), there will be a Mid-Year Review of the Humanitarian Response Plan to adjust targets and requirements.

Existing inter-cluster coordination bodies such as the Access Working Group, the Assessment Working Group, the Cash Working Group, the Inter-Agency Accountability Working Group (IAAWG), subnational coordination structures, will continue to provide specific analysis on a regular basis that will complement the cluster specific monitoring.

Humanitarian Programme Cycle Timeline



2.2

Accountability to Affected Populations

Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) are an integral component of the 2020 HRP and will be mainstreamed throughout the Humanitarian Programme Cycle (HPC). In 2020 the Government and the humanitarian community will actively promote and support efforts to fulfill Commitments on AAP and the Core Principles Relating to PSEA, as outlined by the IASC, as well as the Grand Bargain Participation revolution: include people receiving aid in making the decisions which affect their lives. This will be achieved through joint application and verification of common commitments, standards and tools such as the Core Humanitarian Standard (CHS) and specific selections of indicators such as a PSEA Index, a Gender and Diversity Index and a Localisation Index.

AAP will be strongly and meaningfully connected with PSEA. SEA will be recognized as a form of GBV and a serious breach of accountability implying adequate investigation and victim assistance.

Coherence will be ensured with and reference made to the 2020 strategy and implementation plan from the IASC Results Group 2 on Accountability and Inclusion, and IASC Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment.

The Government and the humanitarian community will promote the collective use of relevant standards such as the Core Humanitarian Standard on Quality and Accountability – including a PSEA Index – and the Humanitarian Standards Partnership – with Sphere Standards –, to strengthen system-wide humanitarian action in Ethiopia.

An Inter-Agency Multi Sector AAP and PSEA Framework will be designed and endorsed. It will be the common reference for all Accountability and PSEA-related activities falling into a national inter-agency work plan for 2020.

KEBRIBEYAH/SOMALI REGION, ETHIOPIA

Refugee Camp in Ethiopia's Somali Region, Somali Region. Photo: WFP ETHIOPIA/Edward Johnson



The Government and the humanitarian community will support the use of standards and benchmarks for Quality and AAP, and PSEA, to measure and verify jointly achievements at national- level and/or response-level. The results will be shared locally and globally and will be used throughout the HPC.

The Inter-Agency Accountability Working Group (IAAWG) and the PSEA Network in Ethiopia will work jointly and ensure inter-connections. They will contribute to the design of the Inter-Agency Multi Sector Accountability and PSEA Framework and of a work plan for 2020 in a participatory manner. They will create and host a Help Desk on AAP and PSEA and an appropriate platform to share resources on these topics.

The IAAWG will reinforce coordination with the Government, the EHCT and the ICCG and clusters. The EHCT will provide the IAAWG in Ethiopia with support and specific resources to be defined – i.e. advisory, coordination-oriented, capacity building, technical and/or financial.

Clusters will incorporate and mainstream AAP and PSEA within their sectoral plan and implementation. Earlier experiences and lessons learnt will be used. Preparation of indicators and allocation of specific resources for AAP/PSEA will be key. The clusters will name Focal Points and monitor jointly AAP/PSEA implementation as per the indicators identified.

A people-centered approach: Proposed priority areas on AAP and PSEA for 2020

The EHCT will adopt an advocacy strategy and co-design and disseminate collective messaging on humanitarian principles and people's rights through appropriate channels and styles.

Government and the EHCT will promote a people-centered approach throughout the HPC and the Clusters by having strategies and tools relating to cross-cutting and transversal themes such as inclusion of most vulnerable people.

Human right based approach (HRBA) in humanitarian and protection response creating the fundamental legal relation between the right holders and duty bearers as per international human right standards is important in addressing the needs of affected populations in the affected areas in the country.

The EHCT will promote meaningful and appropriate communication with communities (CWC), community engagement (CE), information to, participation of and leadership of affected populations and communities across the HPC, in an inclusive manner and at both national-local level and response level.

Government and the EHCT will support the development of a reliable inter-agency feedback and complaints mechanism for affected populations and communities to assess and comment on humanitarian performance. This mechanism will allow to prevent, respond to and investigate incidents of SEA in a safe manner, with an integrated community-based complaint system that is linked to agency-specific mechanisms. This will build on best practices and consider relevant languages, format, cultural style and channels. Community Based Complaint Mechanism (CBCM) field agents are in the process of being appointed from within community, government and member agencies, whose role it is to collect and record complaints. Maintaining community trust in order to ensure that affected populations actively participate in and feel ownership of the Community Based Complaint Mechanism (CBCM) is essential. In this regard, a strong means of securing trust has been through ongoing consultations with the communities on the design and the maintenance of the CBCM. These consultations continue to be a crucial in 2020.

An official and standardized PSEA curriculum is in the process of being developed and the trainings will target network members, focal points, cluster/sector task forces and Government staff.

Humanitarian decision making will echo peoples' voices. Feedback and complaints' analysis will feed into the HPC and allow for adjustments to be made. This analysis will contribute to guiding the cluster approach and implementation.

The EHCT will support a thorough inter-agency learning strategy and capacity building to enhance Quality and AAP as well as PSEA in collaboration with appropriate Government structures.

Last but not least, the EHCT will support a collective inter-agency measurement and verification process – self or externally-led - taking people and communities' perceptions into account and will share results locally and globally.

By strengthening their engagement with communities and promoting a joint and harmonized prevention and response system, humanitarian actors in Ethiopia will (re)affirm collectively their commitments towards Quality and AAP as well as PSEA.

2.3

Indicators and targets

The monitoring methodology has previously been described in the Monitoring section. All below indicators are monitored on a monthly basis through sector and cluster response monitoring systems.

Strategic Objective 1

The physical and mental well-being of 5.7 million crisis-affected people is improved

#	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
SO 1.1	Food needs of 4.6 million acute food insecure people are met	Number of targeted beneficiaries receiving food and/or cash transfers	5.1 M	4.6 M
		Quantity of food distributed (MT)		315 k
		Quantity of cash distributed (US\$)		US\$121.3 M
		Average number of rounds implemented with a complete food basket or cash equivalent		7
SO 1.2	Excess morbidity reduced by 5 per cent among crisis affected people		5.4 M	4.0 M
		Number of children 6 months-15 years receiving emergency measles vaccination	3.7 M	2.0 M
		Number of new admissions for SAM treatment	554 k	444 k
		Number of new admissions for MAM treatment	3.9 M	3.1 M
SO 1.3	At least 70 cent of crisis affected people have access to a minimum package of interventions and timely response services aimed at responding to critical needs and mitigating the consequences of physical and psychosocial distress and at increasing psychosocial resilience		282 k	202 k
		Number of women, adolescent girls and children (boys and girls) provided with focused MHPSS interventions	110 k	110 k
		Number of persons reached through community based MHPSS interventions	10 k	10 k
		Number of children at risk, including unaccompanied and separated children identified and receiving case management support	47 k	10 k
		Number of survivors of GBV, including survivors of sexual exploitation and abuse, are supported, receive case management services and referred for multi-sectoral response services, as required	5 k	5 k
		Number of survivors of SGBV receiving clinical care for rape	1 k	1 k
		Number of cases with injuries and disabilities treated and referred for further care	185 k	100 k
Number of cases receiving mental health and psychosocial support services	22 k	12 k		

Strategic Objective 2

5.7 million most vulnerable crisis-affected people are supported with basic services

#	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
SO 2.1	2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services		2.9 M	2.6 M
		Number of people that received animal feed interventions	21 k	15 k
		Number of people that received animal health interventions	319 k	170 k
		Number of people that received agricultural inputs	169 k	48 k
		Number people that received restocking intervention	27 k	11 k
		Number of emergency-affected school age boys and girls benefiting from emergency school feeding	909 k	542 k
		Number of girls and boys benefiting from learning materials or related cash interventions	909 k	542 k
		Number of male and female teachers trained on how to provide PSS or SEL to children	9 k	4 k
		Number of emergency-affected school age girls and boys learning in safe learning environment through TLC	542 k	41 k
		Number of displaced primary school age girls and boys received learning opportunities through ALP	542 k	94 k
		Number of displacement affected people whose safety and security is improved through the provision shelter responses	244 k	244 k
		Increase preparedness efforts through pre-positioning of ES/NFI stocks to support newly displaced households either in-kind or through cash	307 k	133 k
		Number of displacement affected people receiving emergency shelter and NFI assistance	1.0 M	885 k
		Number of displacement affected people receiving emergency shelter repair kit	723 k	723 k
		Number of displacement affected people receiving core relief items (Non-food items)	217 k	217 k
		Cash for Shelter/Rent and the related tenancy agreement to support vulnerable IDPs in the host communities	147 k	134 k
		Number of targeted beneficiaries receiving food and/or cash transfers	1.3 M	1.3 M
		Quantity of food distributed (MT)		108k
	Quantity of cash distributed (US\$)		US\$23.7 M	
	Average number of rounds implemented with a complete food basket or cash equivalent.		7	
	Number of OPD consultations	867 k	627 k	

		Number of normal deliveries attended by skilled birth attendants	4 k	3 k
		Number of women in child bearing age receiving modern contraceptives	26 k	19 k
		Number of community members receiving health IEC messages	1.9 M	1.3 M
		Access to safe drinking water through emergency water trucking	886 k	443 k
		Access to safe drinking water through durable solution	1.4 M	587 k
		Number of people accessing sanitation facility (latrines & bathing/hand WASHing facilities)	971 k	583 k
		Number of people reached through essential sanitation and hygiene message	1.8 M	1.4 M
		Number of people provided with life-saving WASH NFI	2.5 M	1.6 M
SO 2.2	3.3 million people affected by shocks and crises whose productive capacity, social activities and ability to meet their basic needs were compromised, have timely access to basic humanitarian services based on needs		4.6 M	3.3 M
		Number of people that received animal feed interventions	72 k	38 k
		Number of people that received animal health interventions	646 k	332 k
		Number of people that received agricultural inputs	1.4 M	383 k
		Number people that received destocking intervention	2 k	2 k
		Number people that received restocking intervention	16 k	7 k
		Number of emergency-affected school age boys and girls benefiting from emergency school feeding	1.4 M	578 k
		Number of girls and boys benefiting from learning materials or related cash interventions	1.4 M	655 k
		Number of OPD consultations	1.4 M	573 k
		Number of normal deliveries attended by skilled birth attendants	7 k	3 k
		Number of women in child bearing age receiving modern contraceptives	41 k	17 k
		Number of community members receiving health IEC messages	3.6 M	1.5 M
		Access to safe drinking water through emergency water trucking	3.1 M	1.6 M
		Access to safe drinking water through durable solution	3.2 M	964 k
		Number of people reached through essential sanitation and hygiene message	4.5 M	3.2 M
		Number of people provided with life-saving WASH NFI	4.5 M	2.6 M

Strategic Objective 3

The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors

#	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
SO 3.1	The protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors.		3.8 M	1.0 M
		Protection risks, human rights violations and gaps in available service, are identified and addressed through protection risks assessments, protection monitoring and analysis; access to basic services is enhanced through strengthened referral pathways and advocacy by protection monitors	2.8 M	832 k
		Number of persons reached through peace-building/social cohesion activities	528 k	158 k
		Individuals receive information on HLP	115 k	4 k
		Individuals receive counselling on HLP	22 k	1 k
		Individuals receive technical assistance on HLP	9 k	0.3 k
		Individuals receive information on civil and legal identity documents	142 k	5 k
		Individuals receive counselling on civil and legal identity documents	28 k	1 k
		Individuals receive technical assistance on civil and legal identity documents	9 k	0.3 k
		Support to collaborative dispute resolution mechanisms, including mediation, negotiation, arbitration or reconciliation, to resolve disputes	413 k	14 k
	Information and training on IDP rights (including civil documentation and HLP right) provided to community members, local government authorities including law enforcement and court authorities	354 k	12 k	

SO 3.2	Crisis-affected communities, and in particular women (including women with disabilities and older persons), adolescent girls and children, are protected from violence, exploitation, abuse and harmful practices and benefit from risk reduction and prevention measures	2.6 M	415 k
	Sensitisation and parenting support for caregivers to promote children's wellbeing and to protect them from maltreatment and other negative effects of adversity	143 k	10 k
	Prevention activities such as awareness raising about child protection (including child protection in emergencies) to children and community members	1.9 M	130 k
	Provision of child protection response services enhanced through capacity development of service providers including providers of humanitarian assistance	143 k	10 k
	Risk mitigation activities and awareness raising is provided to affected populations, including women and adolescent girls, on sexual violence and other types of GBV	743 k	170 k
	GBV response service provision and access to services enhanced through capacity development and dissemination of referral pathways	66 k	15 k
	Women, and adolescent girls of reproductive age provided with dignity kits	350 k	80 k
SO 3.3	Accountable, safe, accessible, and coordinated service delivery for crisis-affected persons (IDPs and returnees/relocatees and affected host communities) is improved	1.1 M	500 k
	Community services to establish and support community governance structures, community awareness campaigns and community complaint and feedback mechanisms.	554 k	246 k
	Site improvement works such as communal facilities construction, maintenance, partitioning and drainage, as well as decommissioning/restoration of facilities used in displacement hosting	337 k	150 k
	Site operations through deployment of site management support teams and monitoring services provided at the site/area level; disseminate information to local authorities and partners; and facilitate regular site/area-level coordination meetings as required	505 k	225 k
	Capacity development on Site Management and Site Management Support and protection for the different actors, including adaptation of training materials to Ethiopian context	985 k	438 k

Strategic Objective 4

Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems

#	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
SO 4.1	Pre-crisis level access to public basic services such as WASH, health and education is restored to 630,000 people		1.0 M	633 k
		Number of shelters upgraded and repaired	78 k	42 k
		Number of households supported through cash-based rehabilitation of community structures	20 k	11 k
		Number of households receiving cash grants for minor shelter repairs	39 k	21 k
		# of displaced and returnees pre-primary school age girls and boys received learning opportunities through ASR	542 k	23 k
		Number of community members receiving health IEC messages	445 k	353 k
		Access to safe drinking water through durable solution	680 k	187 k
		Number of people reached through essential sanitation and hygiene message	680 k	624 k

#	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
SO 4.2	475,000 climate affected people are supported through early recovery and rehabilitation interventions to enhance their ability to withstand future shocks and stresses		644 k	475 k
		Number of people benefited with established feed and seed banks during the dry season	86 k	34 k
		Number of people benefited with established or rehabilitated water harvesting structures	599 k	445 k
		Number of people that received forage seed	244 k	154 k
		Number of people that received short maturing seed	130 k	59 k
		Number of people benefited from rangeland management interventions	140 k	132 k
		Number of people benefited from livelihood diversification interventions	244 k	154 k

Part 3

Sectoral Objectives and Response

EAST GOJJAM ZONE, ETHIOPIA

Weizero Yibeyen, 14, walks long distance to fetch water from a stream in their kebele. Photo: UNICEF/Nahom Tesfaye



3.1 Overview of Sectoral Response

The Nutrition sector aims to support treatment of 3.6 million children under the age of five years, pregnant women and nursing mothers for acute malnutrition. This includes 443,565 children who will be treated for Severe Acute Malnutrition (SAM), and more than 1.7 million children affected by moderate acute malnutrition (MAM) who will benefit from targeted supplementary feeding programmes.

In addition, 5.9 million food insecure people will be assisted with seven rounds of emergency food distribution (via in-kind or cash) on a six-weeks cycle. Timely provision of food assistance to identified food insecure people, mainly in pastoral and agro-pastoral areas, will prevent further deterioration into malnutrition.

Around 2 million crisis-affected women, adolescent girls and children will be protected from violence, exploitation, abuse and harmful practices. Through rapid assessments and strengthened protection monitoring, the Protection Cluster will collect and analyse protection risks including those targeted especially persons with disabilities. This will facilitate improvement in implementation of accountable safe, accessible, inclusive and coordinated service delivery.

The health sector will target 3.2 million people with essential health services in 2020. The health sector response is framed around three main components, i.e. procurement, shipment and distribution of emergency health kits, support the health workforce and support services like logistics and overhead costs. Preparation, detection and response to epidemic-prone disease outbreaks will contribute to Strategic Objective 1 while activities to improve access to health services in crisis-affected areas contribute to Strategic Objective 2.

Education assistance will be provided to 1.3 million of the most-vulnerable crisis-affected children and teachers, focusing on IDP and returnee areas. Main interventions include the provision of inclusive learning and teaching materials, provision of emergency school feeding, rehabilitation of damaged schools, with a particular attention to make them accessible for children with disabilities, delivering accelerated learning programmes and training of teachers in psychosocial support skills.

The Agriculture cluster will provide livelihoods support to 1.25 million people in areas of high severity of need in 2020. The cluster will prioritize displacement affected communities with access to productive assets and pastoralist and agro-pastoralists areas through provision of emergency crop seeds and emergency livestock interventions. The sector contributes to Strategic objective 2 and Strategic Objective 4.

5.3 million people are targeted under the WASH sector for emergency water provision, sanitation and WASH NFI provision activities. The ESNFI sector targets 1.9 million IDPs and returnees with emergency shelter kits and NFIs.

Addressing critical problems

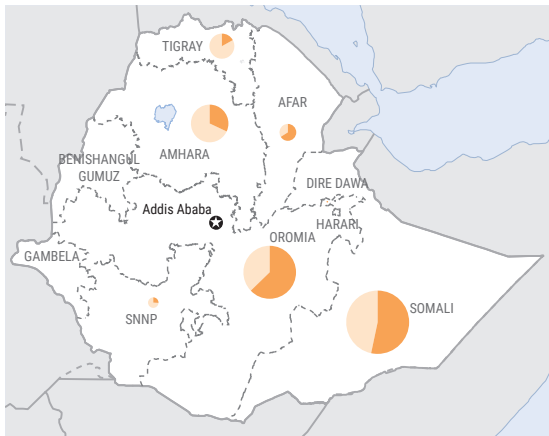
The response will be based on the SDG commitment to 'Leave No One Behind', using a rights-based approach to assist people in need. Protection, gender, age and disability will be mainstreamed throughout the response. Intersectoral collaboration is key, and this HRP emphasizes the need for partners to come together to tackle the severe challenges Ethiopia and its population are expected to face in 2020.

SECTOR	REQUIREMENTS (US\$)	OPER. PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED
Agriculture	\$54.0 M	19	2.8 M	1.4 M
Education	\$30.0 M	5	2.3 M	1.3 M
Emergency Shelter/Non Food Items	\$95.8 M	33	2.1 M	1.9 M
Food	\$399.5 M	3	6.4 M	5.9 M
Health	\$94.3 M	14	5.9 M	3.2 M
Nutrition	\$193.4 M	18	4.4 M	3.6 M
Protection *	\$42.4 M	25	3.9 M	2.0 M
WASH	\$79.7 M	43	7.0 M	5.3 M
Coordination	\$5.2 M	81	8.4 M	7.0 M

* The protection funding requirement includes all the AoR requirements which form part of the Protection Cluster

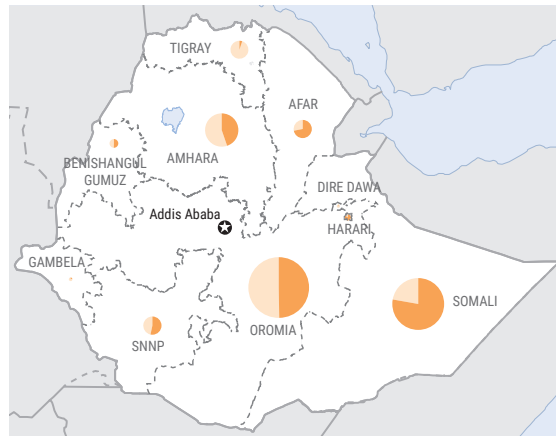
3.1 Agriculture

PEOPLE IN NEED **2.8M** | PEOPLE TARGETED **1.4M** | REQUIREMENTS (US\$) **\$54.0M**



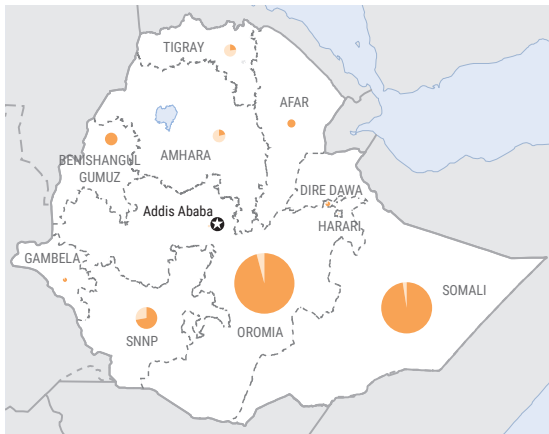
3.2 Education

PEOPLE IN NEED **2.3M** | PEOPLE TARGETED **1.3M** | REQUIREMENTS (US\$) **\$30.0M**



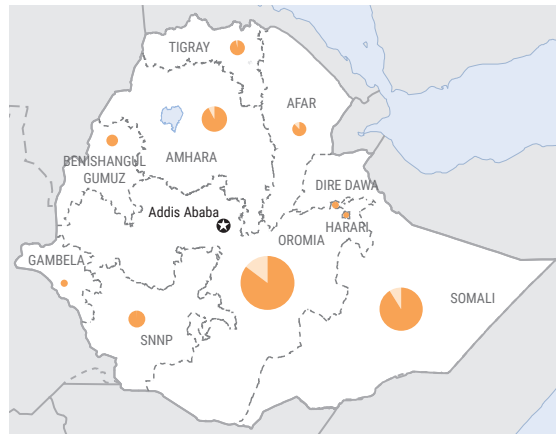
3.3 ES/NFI

PEOPLE IN NEED **2.1M** | PEOPLE TARGETED **1.9M** | REQUIREMENTS (US\$) **\$95.8M**



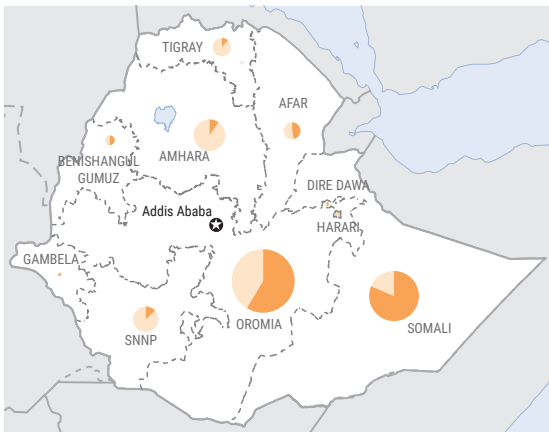
3.4 Food

PEOPLE IN NEED **6.4M** | PEOPLE TARGETED **5.9M** | REQUIREMENTS (US\$) **\$399.5M**



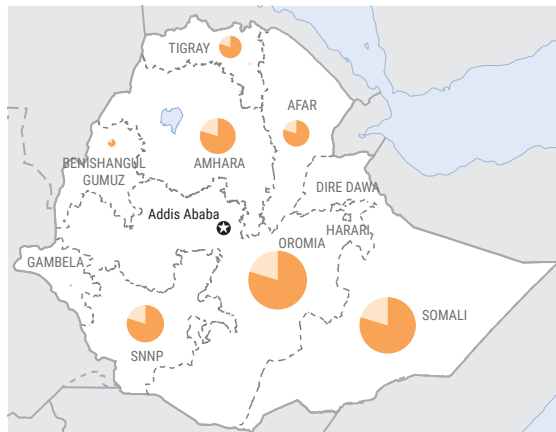
3.5 Health

PEOPLE IN NEED **5.9M** | PEOPLE TARGETED **3.2M** | REQUIREMENTS (US\$) **\$94.3M**



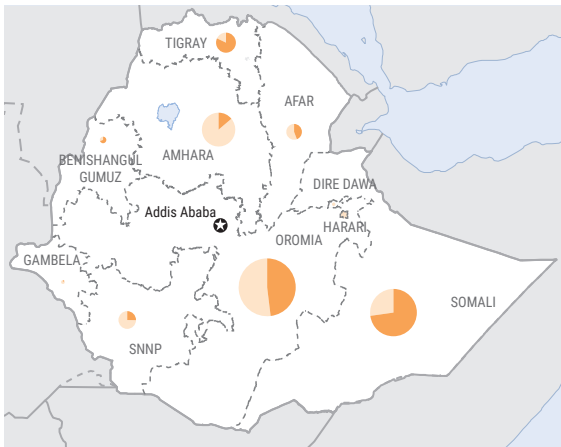
3.6 Nutrition

PEOPLE IN NEED **4.4M** | PEOPLE TARGETED **3.6M** | REQUIREMENTS (US\$) **\$193.4M**



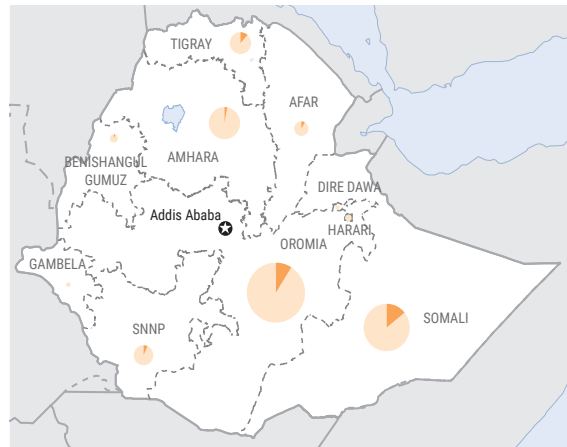
3.7 Protection

PEOPLE IN NEED **3.9M** | PEOPLE TARGETED **2.0M** | REQUIREMENTS (US\$) **\$42.4M**



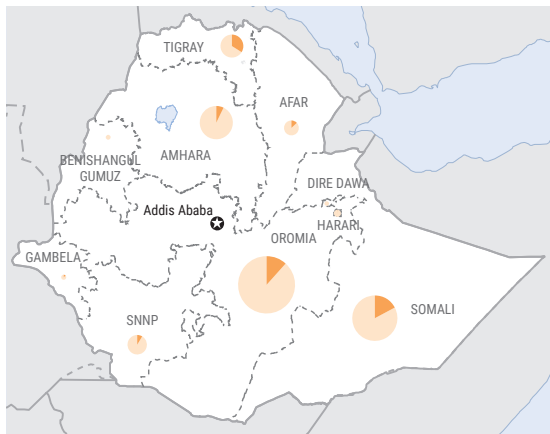
3.7.1 Protection: Child Protection

PEOPLE IN NEED **2.6M** | PEOPLE TARGETED **250K** | REQUIREMENTS (US\$) **\$10.9M**



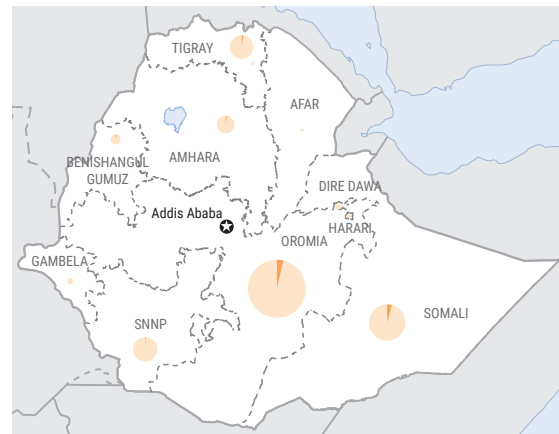
3.7.2 Protection: Gender Based Violence

PEOPLE IN NEED **2.2M** | PEOPLE TARGETED **290K** | REQUIREMENTS (US\$) **\$10.2M**



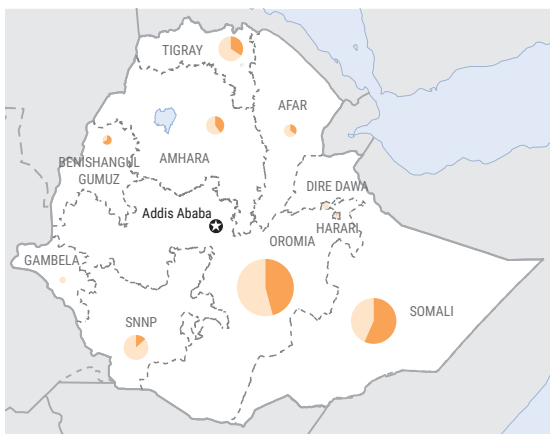
3.7.3 Protection: Housing, Land and Property

PEOPLE IN NEED **1.1M** | PEOPLE TARGETED **37K** | REQUIREMENTS (US\$) **\$2.6M**



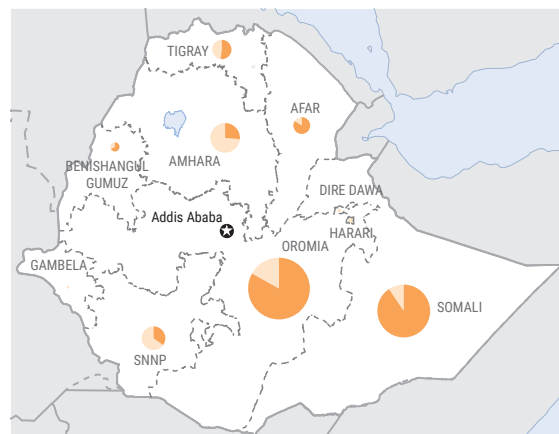
3.7.4 Protection: Site Management Support (SMS)

PEOPLE IN NEED **1.1M** | PEOPLE TARGETED **500k** | REQUIREMENTS (US\$) **\$8.4M**



3.8 WASH

PEOPLE IN NEED **7.0M** | PEOPLE TARGETED **5.3M** | REQUIREMENTS (US\$) **\$79.7M**



3.1 Agriculture



PEOPLE IN NEED

2.8M

PEOPLE TARGETED

1.4M

REQUIREMENTS (US\$)

\$54.0M

PARTNERS

19

Objectives

The Agriculture Cluster objectives address the importance of crises affected households – natural and displacement-related shocks- to have access to livelihoods and protection of their core productive assets. Due to the lack of resilience to withstand shocks for the most vulnerable households, hazards affecting both pastoral and agro-pastoral areas in Ethiopia result in negative impacts on livelihoods of the affected communities, exacerbating food insecurity, increasing the caseloads of acute malnutrition and/or depletion of essential livelihood assets with the respective protection risks. Protection of core-livelihood assets and enhancing access to a productive life mitigates negative coping strategies that households face to deal with crisis. In 2020, the Agriculture Cluster aims to support and sustain core agriculture livelihoods of affected households to improve their living standards and strengthen their coping capacities and restore the livelihoods of displacement affected households that returned to their areas of origin or relocated elsewhere and remain in dire need of support to become self-reliant. In order to protect and sustain core agricultural livelihoods of households affected by drought and displacement in Ethiopia, 1.4 million people will be targeted. Moreover, whilst specific needs for displacement affected communities need to be addressed through long-term interventions, humanitarian livelihood assistance remains critical for displacement affected households that have access to land and livelihood assets.

Response

The Agriculture Cluster with the Ministry of Agriculture will work in partnership with NGOs and international organizations to ensure the needs of the affected population are addressed and will continue to provide livelihood assistance and protection to 1.4 million people in areas of high severity of need. The agriculture interventions aim to protect and sustain livelihoods of vulnerable households, female headed households, people with disabilities, child headed households and displacement affected households living with host communities, that returned to their places of origin or relocated elsewhere and have access to land and/or own livestock. Agriculture interventions will also contribute to the recovery and resilience of people affected by crisis. At the time of writing, the humanitarian consequences in food security and livelihood losses from the desert locust infestation have not been captured. Ad-hoc livelihood loss assessment and food security updates are taking place in order to rapidly respond and prevent further deterioration. Coordination with other clusters will remain a priority,

particularly with Food, Nutrition and Protection, to maximize the impact of the response and provide an integrated approach.

Climatic shocks such as floods and drought and pests such as Fall Army Worm (FAW) and desert locust have a severe impact on household's food security. The desert locust infestation reach might lead to considerable drop in agricultural production, livestock feed and forest cover, contributing to livelihood loss and food insecurity. Affected *woredas* of the Somali region, Oromia, Tigray, Amhara and SNNPR are the priority, given the vast amount of land invaded and the already food insecure households in the affected areas. At the time of the HNO and HRP analysis, the desert locust impact on food security had not been yet assessed and therefore could not to be budgeted. Assessments will start by end-January 2020, to design the most appropriate livelihoods response for affected farmers and pastoralists.

The sector will continue to prioritize pastoralist and agro- pastoralists that have access to land and/or own livestock. These are mostly in pocket areas of Oromia (Borena and Bale zones), Somali region (Shebelle zone) in Afar (Zone 2 and Zone 4) and the corresponding bordering areas of Southern and Eastern Tigray. Food insecurity and malnutrition issues shall be tackled through: providing emergency crop/ vegetable/forage seed for households with significant harvest reduction/damage; capacity building of farming communities in pest monitoring; distributing essential farm tools and equipment; providing animal feed and health interventions through cash and voucher modalities; where market sustain that modality for in-kind if not.; restocking of core breed animals and destocking for households at risk of losing a significant portion of the herd, establishing feed banks for households with little access for feed during the dry season and establishing or rehabilitating existing water harvesting structures. Protecting livestock body condition consequently protects milk production and reproduction success rates through the provision of feed and health interventions. Displacement in Ethiopia has had different impacts on the needs of already vulnerable population. For instance, drought or flood induced displacement requires a particular set of response, whereas conflict induced displacement arrays a different set of needs and response. The Agriculture Cluster, will address displacement affected households, compounding displacement affected people that returned, relocated or remain among host communities, with access to land and/or own livestock assets in areas of high severity of need. These areas are mostly in



DAWA ZONE /SOMALI REGION, ETHIOPIA

EHF Funded WASH intervention – Shallow wells construction Photo: EHF/2019/Photo: Eyasu Shishigu

East and West Wollega, East and West Haraghe, Guji and West Guji in Oromia, Kamashi in Benishangul Gumuz and Sitti and Fafan zones in Somali region. The key interventions are the provision of early agricultural inputs for households that loss their crop production, provision of emergency crop/ vegetable/forage seed for households with significant harvest reduction/damage, distribution of essential farm tools and equipment through in-kind, cash and voucher modalities, animal health and feed interventions, as well as income generating activities to support livelihood recovery. The Agriculture sector will prioritize early recovery activities in these areas in order to boost food production and restore sustainable livelihoods of returning families and displacement affected households cognizant of the importance of conflict sensitive interventions and protection risks.

Lastly, to strengthen the communities' resilience and coping strategies, partners will be encouraged to engage in construction and/or rehabilitation of water structures (water harvesting points, boreholes and small irrigation schemes), livelihood diversification interventions such as animal feed production, rangeland management and construction of feed and seed banks. These outputs will be complementary to the activities in the response plan.

Cost of Response

The Cluster will require an estimated amount of \$54.0 million to address the needs of the 1.4 million people targeted through humanitarian and resilience interventions in 2020. Costing established based on the cluster response plan in line with selected activities under each strategic objective to address the needs of humanitarian consequences. Activities were selected according to the needs and requirements of the

targeted population based on different assessment results including Food Security and Nutrition Monitoring Survey (FSNMS), Integrated Phase Classification (IPC) analysis results and agriculture partner's consultation. At activity level, the costing is based on input required to deliver the service to the targeted population that is directly associated with livestock interventions and agricultural inputs that meets the minimum standard packages, resilience intervention for livelihood recovery, operational expenses (transportation and distributions) and capacity building trainings for Community Animal Health Workers (CAHW) and livelihoods diversification beneficiaries. At the time of the 2020 HRP publication, FAO estimates that USD 6 million are required for desert locust control operations (in addition to ongoing efforts). Furthermore, damage, loss and livelihood assessments are on-going to determine the impact of the pest, and design the most appropriate response to assist affected farmers and pastoralists. The funding requirement for livelihoods response will be determined then.

Monitoring

The Agriculture cluster partners will provide monthly reports through the 5Ws and with situational update for the implementation sites, targeted population and implemented activities. As a result of the 5Ws reports, information management derivative products like dashboards that summarizes the work at the sector against the HRP targets, partner's operational presence, gap analysis used for highlighting gaps and overlaps on monthly basis as well as the cluster newsletter. This information will be shared with donors for increasing funding and support to agriculture and with OCHA for inter-cluster coordination

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: 5.7 million most vulnerable crisis-affected people are supported with basic services		5.0 M	5.7 M
Specific Objective 1: 2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services in 2020		2.9 M	2.6 M
	Number of people that received animal feed interventions	21 k	15 k
	Number of people that received animal health interventions	319 k	170 k
	Number of people that received agricultural inputs	169 k	48 k
	Number people that received restocking intervention	27 k	11 k
Specific Objective 2: 3.3 million people affected by shocks and crises whose productive capacity, social activities and ability to meet their basic needs were compromised, have timely access to basic humanitarian services based on needs in 2020		4.6 M	3.3 M
Cluster Objective 1: To enable 1.25 million target population to maintain and restore their basic needs by December 2020.			
	Number of people that received animal feed interventions	72 k	38 k
	Number of people that received animal health interventions	646 k	332 k
	Number of people that received agricultural inputs	1.4 M	383 k
	Number people that received destocking intervention	2 k	2 k
	Number people that received restocking intervention	16 k	7 k
Strategic Objective 4: Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems		6.9 M	1.1 M
Specific Objective 2: 475,000 climate affected people in 2020 are supported through early recovery and rehabilitation interventions to enhance their ability to withstand future shocks and stresses		644 k	475 k
Cluster Objective 2: Contribute to the recovery and resilience of crisis affected people through humanitarian interventions in 2020			
	Number of people benefited with established feed and seed banks	86 k	34 k
	Number of people benefited with established or rehabilitated water harvesting structures	599 k	445 k
	Number of people that received forage seed provision	244 k	154 k
	Number of people that received short maturing seed provision	130 k	59 k
	Number of people benefited with rangeland management interventions	140 k	132 k
	Number of people benefited from livelihood diversification interventions	243 k	154 k

3.2 Education



PEOPLE IN NEED

2.3M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US\$)

\$30.0M

PARTNERS

5

Objectives

The Education Cluster aims at supporting children affected by crisis in Ethiopia in 2020 through three objectives: 1) Increase access in provision of quality education to crisis affected school aged boys and girls through an inclusive, safe and protective learning environment; 2) Enhance the quality of formal and non-formal learning opportunities for emergency affected boys and girls in areas of displacement, areas of return and in host communities bearing the burden of displaced persons; and 3) Empower and facilitate crisis affected children and communities in the restoration and protection of learning facilities and promoting peace through school platform. These objectives directly contribute to SO2, SO3 and SO4 of the 2020 HRP.

This will be done by employing innovative approaches to expand access to learning opportunities for emergency-affected children while also improving the quality of both formal and non-formal learning for children in areas of displacement, return and in host communities bearing the burden of displaced persons. The cluster will further seek to empower the communities and learners in protecting learning facilities and promoting peace through school-based activities.

Response

Education Cluster partners aim to reach the most vulnerable crisis-affected children and teachers in different regions of Ethiopia in a timely and effective manner. To ensure it, sub national and national education clusters will be strengthened through regular meetings, capacity building of partners, information sharing and constant engagement with the ministry of Education.

The Education Cluster will support children to get access to education through formal educational pathways and through non-formal education modalities in coordination with Federal Ministry of Education and Regional Education Bureau

The Education Cluster coordinates partners who collaborate closely with development actors responsible for the infrastructural rehabilitation and system strengthening. In areas of return, community-run school structures such as Parents Teachers Associations (PTAs) and School Management Committees (SBMCs) will be supported. The Education Cluster will embark on strengthening data collection systems to meet requirements of education in emergency activities to improve targeting of humanitarian

investments and recovery and recognize the link and complementarity between Education in Emergencies and development processes.

Cash based methods for response implementation will be explored and employed for continued projects efficiency and raising value for money.

Partners will prioritize interventions targeting the identified vulnerable groups, including children with disabilities, IDP children and returnee children whose access to education is still limited. Geographic priority areas for both IDP and returnees include: Afar, Amhara, Benishangul Gumuz, Dire Dawa, Gambella, Harari, Oromia, SNNP, Somali, and Tigray. An estimated 88 per cent of displaced boys and girls are in Somali and Oromia regions while 91 per cent of total returnee children are in Somali, Oromia and SNNPR regions. Amhara region which has been affected by prolonged drought has the highest severity of needs among host community population. These four regions namely Amhara, Oromia, Somalia and SNNP will be the focus of the response based on the severity of needs.

The education cluster approaches school feeding from two main perspectives: enabling children who are severely affected by drought not to miss learning opportunity which is a basic child right and protecting school aged children from exposure to abuse and exploitation from not being in school or engaging in other activities related to seeking their own food at the expense of school time. School feeding response will be used as a pull factor to education access while the cluster will concurrently advocate to the with the Ministry of Education to address the systemic challenges of arising from drought.

Critical activities to restore and enhance learning opportunities to be rolled out include:

- 1) provision of inclusive learning materials (notebooks, pens, school bags) and teaching materials;
- 2) provision of emergency school feeding (wet and dry depending on need);
- 3) rehabilitation of damaged schools, establishment of permanent/ semi-permanent inclusive learning centres with gender appropriate and disability-inclusive WASH facilities;
- 4) delivering accelerating inclusive learning programmes;



HALABA WOREDA /SNNP, ETHIOPIA

Students in class at teh Asore primary school in drought-affected Asore kebele in SNNP region Photo: UNICEF ETHIOPIA/Mulugeta Ayene

5) training of teachers in psychosocial support skills, inclusive education practices, cooperative learning methodologies as well as Life Skills.

School based activities are an important entry point to provide various types of humanitarian assistance and protection services to crisis-affected children and therefore the education cluster partners will closely collaborate with other sectors to benefit from complementarity and value addition. Protection, WASH, nutrition, food security/ livelihoods, GBV clusters and sub clusters will seek convergence points to improve response equality and effectiveness. The cluster will explore creative community- based approaches together with affected people to infuse peace building within response activities.

Cost of Response

The overall financial requirement for projects to address educational needs of 1.3 million emergency affected boys and girls is \$30 million, which is a 32 per cent decrease from 2019. The decrease in the ask is not an indication of decreased or met needs but a reprioritization and focus. The overall financial requirement for projects to address educational needs of 1.3 million emergency affected boys and girls is \$30million, which is a 32 per cent decrease from 2019. The decrease in the ask is not an indication of decreased or met needs but a reprioritization and focus on the emergency response in specific geographic areas with highest severity from the impact of the crisis. School feeding is proposed to take about 40 per cent of the funding request. This was prioritized by the Ministry of Education. The main reason of providing children with school lunch/snack is due to the depressed incomes of IDPs and returnees and inability of households to provide adequate meals for the children at home which affects school attendance, learner retention, and learning capacity.

The key beneficiaries will be IDPs and returnees who are intended to receive first line of response services. Improvement of learning

outcomes and support to learners, teachers and the community in adopting better coping mechanisms will be part of the approaches employed to reach the major outcomes of enhanced school retention, transition and completion rates. The education response targets the whole education continuum - pre-primary to primary to secondary school learners – to ensure no learner is left behind because of the crisis.

Monitoring

In order to successfully coordinate and implement the planned response, the Education Cluster must receive updated information.

To accomplish this, the Education Cluster Monitoring Tool (ECMT) for partners to report was contextualized. The activities contained in the ECMT will correspond the log frame of the HRP 2020 to ensure that cluster has the most updated relevant information.

Each organization will submit their ECMT updates once a month. The analysis will enable monitoring of the education response, formulate advocacy messages, identify needs and gaps, avoid duplication of response, and assist partners in their operational planning. This information will also be shared with donors for increasing funding to education and with OCHA for inter-cluster coordination purposes.

The cluster will continue to advocate the importance of consulting children and young people throughout the project cycle and more especially when designing needs assessment, creating emergency response plans and seek their feedback during implementation. The response will be as participatory and consultative as possible.

Since child consultation processes and participation mechanisms are not yet guaranteed across all programmes and all education partners, the Education Cluster will work on the development and implementation of systematic and meaningful child engagement processes to inform the education response.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: 5.7 million most vulnerable crisis-affected people are supported with basic services		5.0 M	5.7 M
Specific Objective 1: 2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services		2.9 M	2.6 M
Cluster Objective 1: Increase access in provision of quality education to crisis affected school aged boys and girls through an inclusive, safe and protective learning environment	Number of emergency-affected school age boys and girls benefiting from emergency school feeding	909 k	542 k
	Number of emergency-affected school age girls and boys learning in safe learning environment through TLC	542 k	41 k
	Number of displaced primary school age girls and boys received learning opportunities through ALP	542 k	94 k
Cluster Objective 2: Enhance the quality of formal and non-formal learning opportunities for emergency affected boys and girls in areas of displacement, areas of return and in host communities bearing the burden of displaced persons	Number of girls and boys benefiting from learning materials or related cash interventions	909 k	542 k
	Number of male and female teachers trained on how to provide PSS or SEL to children	9 k	4 k
Specific Objective 2: 3.3 million people affected by shocks and crises whose productive capacity, social activities and ability to meet their basic needs were compromised, have timely access to basic humanitarian services based on needs		4.6 M	3.3 M
Cluster Objective 1: Increase access in provision of quality education to crisis affected school aged boys and girls through an inclusive, safe and protective learning environment	Number of emergency-affected school age boys and girls benefiting from emergency school feeding	1.4 M	578 k
	Number of girls and boys benefiting from learning materials or related cash interventions	1.4 M	655 k
Strategic Objective 4: Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems		6.9 M	1.1 M
Specific Objective 1: Pre-crisis level access to public basic services such as WASH, health and education is restored to 630,000 people		1.1 M	633 k
Cluster Objective 3: Empower and facilitate crisis affected children and communities in the restoration and protection of learning facilities and promoting peace through school platform	Number of displaced and returnees pre-primary school age girls and boys received learning opportunities through ASR	542 k	23 k

3.3 ES/NFI



PEOPLE IN NEED

2.1M

PEOPLE TARGETED

1.9M

REQUIREMENTS (US\$)

\$95.8M

PARTNERS

33

Objectives

The Emergency Shelter and Non-Food Items needs of the targeted population groups varies from overcrowded shelter conditions, limited or no household items, lack of privacy, exposure to harsh weather conditions, as well as sub-standard housing conditions. Many IDPs and returnees live in inadequate shelters, exposing women and girls, to multiple protection risks.

The central objective and highest priority for the Shelter/NFI response is to save and sustain lives through the provision of timely, targeted, and appropriate shelter assistance and relief items. The Shelter/ NFI sector will continue to provide support based on the specific needs

of the population targeted, including the affected populations' displacement status as well as their potential vulnerabilities and opportunities. Emphasis will be made on sustainability, including benefit to local economies through use and sourcing of locally available materials, and with cash and vouchers to be used wherever appropriate.

The sector continues developing a people-centred design, in which community participation is essential. Shelter response considers cultural appropriateness, privacy to women and children, including climatic conditionality.

Direct life-saving assistance and protection remain at the core of the Shelter/NFI response, with increased focus on early recovery and sustainable livelihoods. In addition, the cluster intends to strengthen its engagement on promoting and supporting durable solutions by providing shelter and cash for work assistance in areas of return, local integration or resettlement.

Response

The Shelter/NFI response will be delivered in a principled, inclusive, accountable, dignified and timely manner. The response will also be guided by substantial evidence-based analysis of humanitarian needs and a rights-based approach. Partners are committed to continue delivering assistance in collaboration with national partners overcoming operational and access challenges.

Under NDRMC's leadership, the Cluster will diversify its shelter response to the displaced affected population by building upon the positive coping mechanism and the resilience through community

engagement and empowerment. Depending on the level of damage and the living conditions, a range of responses such as Shelter Repair, NFIs, and Cash for Shelter will be provided to the displaced affected people.

The cluster employed various methodologies to map the level of damages and living conditions of IDPs in the return and displacement areas. In order to get a better understanding of the most urgent needs, cluster leads assessment findings are triangulated with loss and damage reports from *woredas* and zones, VAS and DTM.

These findings categorized the living conditions of the displaced as follows: (1) Returnee / IDP – living outside in the open; (2) Homesite return – totally damaged home, sheltering with other families;(3) Homesite return – totally damaged home, sheltering in community building; (4) Return in-home *Kebele*, communal shelter or renting; (5) Homesite return – partially damaged home, sheltering within home;(6) IDP – Living with relatives or host communities in the displacement town / *Kebele*; (7) IDP – Renting home in area of displacement; (8) IDPs remaining in collective sites in original displacement location and(9) Homesite return – home not damaged.

Categories 1, 2, 3 4, and 5 will be supported either with full or partial Emergency Shelter Repair Kits, which will provide privacy and safety to families temporary settled in collective centres, in transit centres or spontaneous sites, complemented with core relief items on the need bases, while IDPs and returnees in categories 6 and 7, and those within the semi-urban context, will be provided with either rental support or Emergency Shelter and Non-food items. The Shelter/ NFI Cluster aims to use a combined approach of cash and in-kind in the delivery of assistance to the targeted population. Market assessments and analyses will indicate the most appropriate and preferred modality.

Prepositioning of materials or cash is key to being able to respond promptly. Cash can also be "prepositioned" with pre-established agreements in advance, but since not all items can be procured via local markets cash might not be able to meet all emergency Shelter/ NFI needs. Achieving the Cluster objectives is contingent upon the availability of adequate resources and humanitarian access.

The cluster promotes joint programming, assessments, and a multi-sectoral response. Where feasible and in order to guarantee cost

and time efficiency, ESNFIs activities, assessments, analysis, and distributions will be carried out jointly with other clusters by using intersectoral indicators. Complementarity and integration with other sectors are essential. The sector will continue to work closely with the Protection Cluster to strengthening HLP, including the security of tenure, mainstreaming of gender and GBV-related issues in both response and monitoring, and with SMS by standardizing shelter responses in collective sites. More importantly, the WASH Cluster presents a few opportunities, such as the newly developed multi- sectoral kit.

Cost of Response

The ongoing displacement crisis requires a variety of Shelter/NFI programs, from provision of essential lifesaving ESNFIs to rehabilitation of totally to partially destroyed houses. Where partners assess the level of damage and do a rigorous prioritization, these services are often provided through in-kind or cash. Much of the cost is the procurement of construction materials and ESNFIs items, transportation, storages, and distribution, denoting that the resources required to reach out to remote locations are higher than those needed to provide services in more accessible areas. The Cluster estimate requirements of \$95.8 million to reach 1.9 million conflict affected people.

Together with other sectors, the Shelter/NFI Cluster lead the way in ensuring cash-based interventions are considered alongside other delivery modalities when responding to emergencies triggered by conflict or sudden-onset climate-induced disasters. The use of cash transfer modalities, which enable recipients to obtain goods and services directly from local traders and service providers, will become increasingly expedient as it offers flexibility, cost-efficiency and eliminates cost drivers such as warehousing and transport costs.

Monitoring

To address the information gaps the Cluster will continue a comprehensive needs assessment jointly with the Government and with other clusters. Monitoring data will be made publicly available on the Humanitarian Response and the Shelter/NFI Cluster website every month and complement sector-specific products (maps, interactive dashboards.) A periodic Response Planning and Monitoring (RPM) will be uploaded monthly to highlight progress against the targets. In addition, the cluster publishes quarterly reports in the Global Cluster website with data and analyses and circulates monthly dashboards reflecting outcome progress, gaps and response analysis.

A Shelter Monitoring and Evaluation Framework was developed in 2019. The framework included goals, objectives, and outputs and means of verification. The online 5W is articulated around the out-put's definitions and indicators. These indicators aggregate the contributions from sector members' projects to summarize core activities and highlight the key achievements of the sector. This report indicates whether the sector is on track to meet its targets and reach to different geographical areas. Furthermore, the Shelter Cluster will use post-distribution and construction monitoring and link with agency complaints systems to enable effective feedback from partner operations.

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: 5.7 million most vulnerable crisis-affected people are supported with basic services		5.0 M	5.7 M
Specific Objective 1: 2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services		2.9 M	2.6 M
Cluster Objective 1: Ensure on-time contextualized and inclusive access to live-saving shelter & NFIs for 244,428 crises affected people to safeguard their health, security, privacy and dignity	Number of displacement affected people whose safety and security is improved through the provision shelter responses (1.1.2)	244 k	244 k
	Increase preparedness efforts through pre-positioning of ES/NFI stocks to support newly displaced households either in-kind or through cash (1.1.3)	307 k	133 k
Cluster Objective 2: Improve the living conditions of 1,863,760 displaced affected population and basic humanitarian needs in a timely manner through provision of Shelter and NFI	Number of displacement affected people receiving emergency shelter and NFI assistance (2.1.1)	1.0 M	885 k
	Number of displacement affected people receiving emergency shelter repair kit (2.1.2)	723 k	723 k
	Number of displacement affected people receiving core relief items (Non-food items) (2.1.5)	217 k	217 k
	Cash for Shelter/Rent and the related tenancy agreement to support vulnerable IDPs in the host communities (2.1.7)	147 k	134 k
Strategic Objective 4: Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems		6.9 M	1.1 M
Specific Objective 4.1: Pre-crisis level access to public basic services such as WASH, health and education is restored to 630,000 people		1.1 M	633 k
Cluster Objective 3: Enhance resilience through shelter support in recovery, reintegration and relocation for 579,681 displacement affected people	Number of shelters upgraded and repaired	78 k	42 k
	Number of households supported through cash-based rehabilitation of community structures	20 k	11 k
	Number of households receiving cash grants for minor shelter repairs	39 k	21 k

3.4 Food



PEOPLE IN NEED

6.4M

PEOPLE TARGETED

5.9M

REQUIREMENTS (US\$)

\$399.5M

PARTNERS

3

Objectives

To provide emergency in-kind food and cash assistance to meet food needs of acute food insecure people.

In-kind food or cash assistance will be provided to 5.9 million identified food insecure people who will be assisted with seven rounds of emergency food distribution on a six-weeks cycle. Analysis from assessments and surveys shows that 3.1 million individuals from drought affected communities will face food consumption gaps in eight regions, mainly in pastoral and agro-pastoral areas. Additional 1.8 million food insecure people from conflict and drought displaced households and 1 million individuals from return households will require assistance throughout the year, due to limited access to sustainable livelihood sources including income and food sources.

The cluster will also aim to provide emergency food assistance to individuals who are likely to be affected by other sudden on-set emergencies. This includes people in low-lying areas that are projected to be affected by floods. The food cluster will work closely with other clusters in areas where there are opportunities to support vulnerable households with integrated response packages.

Response

The response aims to provide assistance to 5.9 million people. Majority of the targeted food insecure people to be assisted by food cluster partners are from vulnerable households including those with high dependency ratio, female-headed households, disabled and chronically ill members and those with limited or no livelihood sources. Integrated support through multi-sectoral response packages - such as an assessment related to gender and special needs, trainings, advocacy for timely delivery of food assistance to people living in inaccessible locations, as well as prioritizing linkages with other sectors - will be considered in areas that have the potential for livelihood recovery and possible population groups. These locations include communities affected by previous drought years and areas where returnees and displaced people will require integrated humanitarian support. The food cluster will advocate to have one partner per *woreda*, irrespective of population group assisted through cluster activities, to ensure a coordinated response.

In drought-affected communities, assessment and monitoring of the crop harvest and income sources will inform the timing of the assistance. In communities that were affected by conflict, the sector

aims to provide seven rounds of assistance to 2.2 million individuals, which will be provided in six-weeks cycle. In addition, the sector also aims to provide emergency assistance to meet food needs of 130,000 people projected to be affected by floods. Above activities calls for food sector partners to strengthen beneficiary targeting and registration processes, that will ensure timely distribution of assistance to most food insecure people. Regular monitoring through onsite field visits and post distribution monitoring will also be implemented to collect evidence that is required to adjust planned activities and inform on operational challenges and achievements.

Food sector partners will distribute emergency assistance through in-kind food rations and cash transfers, as guided by the government led national integrated cash food response plan (NICFRP). The NICFRP supports the food cluster by providing an analysis of in-kind food and cash requirements at *woreda* level, identifying gaps in resources and deciding on operational changes to be implemented by partners.

The food basket for in-kind commodities comprises a standard food basket of 15 kg of cereals, 1.5kg pulses/CSB and 0.45l vegetable oil. Cash based transfers will be considered in areas that have functioning markets and financial systems to ensure effective cash transfers to beneficiaries. The food cluster will continue to participate in a Government led initiative, which is working on how to enhance the methodology used to determine the cash transfer values and ensure that it is evidence based. This process is supported by relevant government authorities and the humanitarian community. The estimated cash transfer values in Ethiopia are based on the PSNP wage rate; however, the food cluster will aim and continue to advocate for partners to provide an amount that will enable beneficiaries to purchase the standard food basket in the local markets. This will involve regular market monitoring and assessments to collect evidence used for adjustment of the cash transfer values, and technical support from the Cash Transfer Working Group. Analysis from the PSNP 2012 Fiscal Year plan indicates that out of the 434 *woredas* that are targeted by the food cluster, 164 *woredas* are PNSP cash *woredas* as such eligible for cash-based transfers. However, these *woredas* will be monitored and assessed before implementing cash-based transfers, to confirm functionality of markets and availability of required service providers. The food cluster is estimating that 62 per cent of the assistance will be

distributed through in-kind food and 38 per cent through cash-based transfers. Ethiopia has an existing mechanism used by humanitarian and development partners to transfer cash resources to targeted beneficiaries, through the PSNP Channel One Federal Contingency Budget. This will continue to be the main channel that partners will use to transfer cash resources to beneficiaries, and this will involve registration of beneficiaries in standard electronic registers. There will be flexibility to shift from in-kind to cash and vice-versa, depending on availability of resources and changes in context.

Both in-kind food and cash distributions will be supported by existing sub-national systems, at regional, zone and *woreda* levels. Government supported disaster prevention and preparedness structures will continue to provide guidance on implementation of food cluster activities and ensure that food/cash assistance is coordinated at national and sub national levels. The Prioritization Committee (PC), which is national level coordination forum, will continue to support in planning, implementation of food cluster activities and provide updates on the response to the humanitarian community. Coordination mechanisms will be maintained with relevant sectors including nutrition, protection and agriculture to ensure an integrated response to targeted beneficiaries.

Cost of Response

The food sector costing projection is based on full cost recovery estimates, which takes into consideration all the costs involved for partners to deliver assistance to beneficiaries. In-kind food costs include procurement, costs to dispatch food to distribution points and distribution costs. The rate per Metric Tone (MT) is then used to estimate the cost to provide in-kind food assistance. Cash transfer costs will include the costs of service providers and distribution of the cash to beneficiaries. Cost per beneficiary was then used to estimate the amount required to provide assistance through cash transfers. The total cost of response is US\$399.5million, which is a sum of the in-kind food costs and the cash transfer costs. The food sector is estimating that US\$254.5million will be required to respond to in-kind food needs in 2020, which is calculated at a rate of US\$602.11/MT for 422,652MT. The rate per MT is an average of the rates from the three food partners, i.e. NDRMC, WFP and JEOP at full cost recovery basis. Costs of response through cash transfers is estimated to be US\$145million, which is based on the zonal level PSNP wage rate for five days for cereals, and additional ETB10 for pulses and V. Oil. Increase in costs of services and prices of food items will likely contribute to changes in the overall cost of the response. This include changes in transportation costs and prices of staple food items. International purchases will also be impacted by changes in international prices of the food basket commodities and the transportation costs.

Monitoring

The cluster will rely on partner monitoring activities to report on progress against strategic objectives. This will involve reporting on output and outcome indicators that are collected by partners on regular basis. In 2019, the Government led a household level

food security assessment, which provided information on outcome indicators, and these will be used as baseline values for 2020 response plan. An update of the outcome indicator values is planned in 2020, which will provide analysis of key changes in the food security situation of the targeted people. A food security outcome monitoring (FSOM) is also conducted on quarterly basis, which provides an analysis of the food security situation in six regions. The food cluster will also utilize analysis from the Household Economy Approach (HEA) and the Integrated Food Security Phase Classification (IPC), in reporting on the changes in the food security situation in the country and also in updating the response. The HEA updates will provide evidence on the changes in key drivers of food insecurity including changes in market prices. At output level, the cluster will maintain the existing reporting mechanism which is based on submission of datasets from the partners and analysis by the food cluster for various reports. Information that will be reported on regular basis will include the quantity of food and cash distributed against the plans, and the number of beneficiaries assisted. Market monitoring by food cluster partners will also provide evidence on changes in the cost of the food basket, to inform on cash transfers in targeted *woredas*.

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental well-being of 5.7 million crisis-affected people is improved		6.2 M	5.7 M
Specific Objective 1.1: Food needs of 4.6 million acute food insecure people are met		5.1 M	4.6 M
Cluster Objective 1: To provide emergency in-kind food and cash assistance to meet food needs of acute food insecure people	Number of targeted beneficiaries receiving food and/or cash transfers	5.1 M	4.6 M
	Quantity of food distributed (MT)		315 k
	Quantity of cash distributed (US\$)		US\$ 121.3 M
	Average number of rounds implemented with a complete food basket or cash equivalent.		7
Strategic Objective 2: 5.7 million most vulnerable crisis-affected people are supported with basic services		5.0 M	5.7 M
Specific Objective 1: 2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services		2.9 M	2.6 M
Cluster Objective 2: To provide in-kind food or cash assistance in order to prevent negative coping mechanisms	Number of targeted beneficiaries receiving food and/or cash transfers	1.3 M	1.3 M
	Quantity of food distributed (MT)		108k
	Quantity of cash distributed (US\$)		23.7 M
	Average number of rounds implemented with a complete food basket or cash equivalent.		7

3.5 Health



PEOPLE IN NEED

5.9M

PEOPLE TARGETED

3.2M

REQUIREMENTS (US\$)

\$94.3M

PARTNERS

14

Objectives

To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health. Accessible primary healthcare will pay attention to geographical distances for targeted populations to reach the services. The availability of a variety of services will be key, including outpatient consultations and treatment, health education, routine vaccination for children under five, antenatal care, delivery services, postnatal care, family planning, communicable diseases, non-communicable diseases and referrals to higher services. All services will be provided to users free of charge.

To provide quality care for people with physical injuries, disabilities and mental health needs. Casualties of all forms of conflict and violence will be treated for physical and mental injuries and referred for additional care as necessary. Patients with pre-existing and new physical and mental disabilities will receive care and linked to other related services in the continuum of care.

To prepare for, detect and respond to epidemic prone disease outbreaks. The early warning system for disease outbreaks will be strengthened, based on the existing integrated disease surveillance and response system. Minimum preparedness actions will be undertaken in hotspot and displacement locations to mitigate the impact of outbreaks when they occur.

Response

The Health Cluster will work with all other clusters through the inter-cluster coordination group to ensure joint assessments are conducted for new emergency events like displacement. The cluster will contribute to the quantification of needs and action planning and coordinate the response with other clusters and government departments through the Emergency Operation Centres whenever activated locally or other coordination platforms. Additionally, the cluster will participate in joint inter-sectorial prioritization exercises to ensure the most vulnerable get help first. Importantly, the cluster will adopt commonly agreed upon tools and be part of joint response monitoring exercises and accountability to affected populations.

In 2020, the Health, Nutrition and WASH technical working group will lead an integrated approach. Within this mechanism, the three Clusters intend to pilot integrated projects that will be prioritized based on needs and response capacity. The projects will be either between two or all the

three Clusters, with coordination and co-location as enablers. Whenever possible each project will be implemented by one partner. Standard criteria for selecting priorities and a minimum package for each of the three clusters will be utilized. Some of the areas of convergence will include severe acute malnutrition, disease outbreaks, and WASH in health facilities.

Ethiopia has a good network of health facilities including health posts, health centres, primary hospitals and referral and teaching hospitals. The Health Cluster will prioritize emergency response through these facilities where they exist. Partners will provide surge capacity in the form of health workers, medicines, medical supplies, laboratory supplies and logistics to cover increased caseloads and disease surveillance during crises. For people within the catchment population not accessing facilities, outreach health services linked to the facilities will be made available. Referral mechanisms will be strengthened or established to ensure that deserving patients are transferred to higher and specialized services.

Mobile health and nutrition teams will remain an option for locations that lack functional and accessible health facilities. They will be supported to provide essential health services to targeted populations while dialogue and efforts to rehabilitate the local health system will continue, or until a durable solution to the crisis is found. A similar mechanism is the rapid response teams that will be deployed by partners and government during acute events of a limited duration. Such events include outbreak investigation, mass gatherings and mass casualties. Mass vaccination campaigns will require a combined approach through health facilities, mobile and rapid response teams.

People-centred approaches

Health projects will be designed to respond to specific populations and needs, with the most applicable response modalities being utilized. The services will be availed as close to the target population as possible, and sensitive to variations in local cultures. High levels of flexibility will be exercised both geographically and within the service areas to ensure users are accessing services with least constraints. Minimum health standards, norms and guidelines will be adhered to in order to deliver high quality services. Health workers will enhance the attitude of inclusion by listening more to patients, clients and families for their own care.

Cost of Response

At a unit cost of \$30 per beneficiary, the Health Cluster will require \$94.3 million to reach the 3.2 million targeted people with essential health services for one year. It is projected that 30 per cent of these funds will go into procurement, shipment and distribution of emergency health kits. 40 per cent of the funds will be utilized to support the health workforce that ensures that the services are available at different points of delivery. Another 30 per cent will pay for support services like logistics and overhead costs. The general assumption is that the Government will incur similar complimentary expenses for the same population.

Monitoring

Health Cluster partners will submit monthly reports in three parts including 5W matrix, short narrative and the cluster's HRP indicators. These will be compiled into one 5W matrix and bulletin. The 5W matrix will show what projects each partner is implementing, locations, activities, duration and target populations. The bulletin will summarize the achievements of the cluster for the month against the HRP targets, and shared with partners, donors and government. Partners also directly report to the health information management system and integrated disease surveillance and response through local health authorities. Project managers, cluster coordination team, and health authorities will conduct regular support supervision and monitoring visits to observe service delivery and quality of care.

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental well-being of 5.7 million crisis-affected people is improved		6.2 M	5.7 M
Specific Objective 1.2: Excess morbidity reduced by 5 per cent among crisis affected people		5.4 M	4.0 M
Cluster Objective 3: To prepare for, detect and respond to epidemic prone disease outbreaks	Number of children 6 months-15 years receiving emergency measles vaccination	3.7 M	2.0 M
Specific Objective 1.3: At least 70 cent of crisis affected people have access to a minimum package of interventions and timely response services aimed at responding to critical needs and mitigating the consequences of physical and psychosocial distress and at increasing psychosocial resilience		282 k	202 k
Cluster Objective 2: To provide quality care for people with physical injuries, disabilities and mental health needs	Number of survivors of SGBV receiving clinical care for rape	1 k	1 k
	Number of cases with injuries and disabilities treated and referred for further care	185 k	100 k
	Number of cases receiving mental health and psychosocial support services	22 k	12 k

Strategic Objective 2: 5.7 million most vulnerable crisis-affected people are supported with basic services		5.0 M	5.7 M
Specific Objective 2.1: 2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services		2.9 M	2.6 M
Cluster Objective 1: To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health.	Number of total OPD consultations	867 k	627 k
	Number of normal deliveries attended by skilled birth attendants	4 k	3 k
	Number of women in child bearing age receiving modern contraceptives	26 k	19 k
	Number of community members receiving health IEC messages	1.9 k	1.3 k
Specific Objective 2.2: 3.3 million people affected by shocks and crises whose productive capacity, social activities and ability to meet their basic needs were compromised, have timely access to basic humanitarian services based on needs		4.6 M	3.3 M
Cluster Objective 1: To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health.	Number of total OPD consultations	1.4 M	573 k
	Number of normal deliveries attended by skilled birth attendants	7 k	3 k
	Number of women in child bearing age receiving modern contraceptives	41 k	17 k
	Number of community members receiving health IEC messages	3.6 M	1.5 M
Strategic Objective 3: Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems		6.9 M	1.1 M
Pre-crisis level access to public basic services such as WASH, health and education is restored to 630,000 people		1.1 M	633 k
Cluster Objective 1: To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health.	Number of community members receiving health IEC messages	445 k	353 k

3.6

Nutrition



PEOPLE IN NEED

4.4M

PEOPLE TARGETED

3.6M

REQUIREMENTS (US\$)

\$193.4M

PARTNERS

18

Objectives

The Emergency Nutrition Coordination Unit (ENCU/Nutrition Cluster) main goals are to protect the nutritional status of the Ethiopian population and to ensure a timely and effective nutrition response through three main objectives:

1. To provide enhanced access to treatment services to children under five years of age and pregnant and nursing women affected by acute malnutrition.
2. To support preventive nutrition services for vulnerable populations focusing on protection of adequate Infant and Young Children Feeding (IYCF) practices and promoting multi- sectoral responses.
3. To strengthen local health system capacities including on coordination mechanisms, early warning, nutrition situation monitoring and nutrition emergency preparedness and response planning.

The quality of the Community-based Management of Acute Malnutrition (CMAM) services will be strengthened through supporting the gradual adoption of the recently revised national Acute Malnutrition guidelines. The health system will be supported to scale-up CMAM services at times of shocks and mobile health and nutrition units will be used to enhance access to nutrition services in remote and hard to reach communities including IDP and returnee sites. Actions toward protecting, promoting and supporting adequate IYCF practices at times of emergencies will be intensified. ENCU will work closely with the Health and WASH Clusters toward defining a minimum package for integrated response that will be piloted in selected *woredas* targeting the same communities, health facilities and households toward maximizing the positive outcomes of the response. Finally, ENCU will contribute to strengthen Government of Ethiopia's capacities in coordination, information management, early warning and monitoring and toward strengthening nutrition emergency preparedness and response planning.

ENCU/Nutrition Cluster's objectives will contribute to the 2020 HRP Strategic Objectives 1 and 2.

Response

The scale and severity of malnutrition in Ethiopia, its multi- dimensional underlying causes such as food insecurity, suboptimal child care and feeding practices, lack of access to health care services, lack of access to safe drinking water and improved sanitation facilities and Government's capacities to respond to a deteriorating nutrition situation will continue to define ENCU's response strategy. The nutrition response will focus on protecting the nutritional status of the most vulnerable groups with regards to malnutrition, i.e., young children, pregnant women and nursing mothers among the general population, host communities and IDPs and returnees.

It is estimated that in 2020 over 4.4 million children under the age of five years, pregnant women and nursing mothers will be in need of treatment for acute malnutrition. The nutrition response will aim at reaching 443,565 children affected by severe acute malnutrition (SAM) to be admitted across the country in 2020. More than 1.7 million children aged 6-59 months affected by moderate acute malnutrition (MAM) will benefit from targeted supplementary feeding program and over 1.3 million malnourished pregnant and lactating women will also receive this support in priority *woredas*.

A priority will be given to rural areas with most pressing and acute needs, i.e., where the burden of malnutrition is the highest and/or increasing; exceeds local capacities; where the affected population faces difficulties and/or discriminations in accessing health and nutrition services. The nutrition response will prioritize areas where the population is affected by conflict of climate related shocks, areas where pastoralist population's livelihoods have been eroded since several years of droughts and/or prolonged dry spell and where households coping strategies have been depleted e.g., in southern and southwestern zones of Somali Region, targeted zones of Oromia (including East and West Harerge, parts of Arsi, Borena, Guji and West Guji, Bale zones), pockets in highlands of Amhara (Wag himra zone), parts of SNNPR (Konzo and Gedeo zones) and targeted areas of Afar. Areas affected by large scale population displacement will also be targeted, especially where access to health and nutrition services are disrupted and/or where the malnutrition levels exceed the local health system's capacities to sustain quality services delivery.



AFAR REGION, ETHIOPIA

Afar region, WFP Ethiopia Photo: Askale Teklu

The nutrition response will be mainly delivered through an health system strengthening approach. ENCU partners will provide support to the Regional Health Bureaus (RHBs) and Regional DRM Bureaus to ensure quality treatment for severe and moderate acute malnutrition, to strengthen supply management (for therapeutic foods such as RUTF, therapeutic milks, specialized nutritious foods such as RUSF and Super Cereal Plus, essential drugs, and small equipment and materials). The nutrition response will be provided at health facility level as well as community level through outreach activities by mobile health and nutrition teams (MHNT) in collaboration with the Health Cluster. Efforts will be made to strengthen active case finding for early detection and referral of malnourished children. Preventive nutrition services will focus on protecting and promoting optimal infant and young child feeding (IYCF) especially at times of emergencies. IYCF activities will be mainstreamed through all components of the CMAM approach and integrated also to other sectors strategy and response toward preventing malnutrition. At times of acute emergencies, nutrition partners will provide surge capacity support to the local health system to scale-up life-saving nutrition interventions and then scale back down or phase-out the support through linkages with longer term and development programs.

In close collaboration with the Health and WASH clusters, the delivery of an integrated multi-sectoral response package will be piloted in selected *woredas* with high SAM burden, high incidence of measles and/or cholera outbreaks and with acute WASH needs.

Nutrition partners will also continue to build health staff's capacity in monitoring, reporting and overall nutrition information management. ENCU and its partners will contribute to the monitoring of the nutrition situation through supporting screening, rapid assessments and nutrition survey toward strengthening early warning early action mechanisms. During these nutrition-related assessments, an emphasis will be put on identifying the most critical needs specifically affecting young children and women with assessment results presented in a sex and age disaggregated manner. ENCU will continue strengthening nutrition coordination mechanisms at federal and sub-national levels. Finally, ENCU will intensify efforts toward strengthening Nutrition in Emergencies (NiE) technical competencies among nutrition personnel of Government and partners organization including on Emergency Preparedness and Response Planning (EPRP). During trainings and capacity building events, awareness

of Health and Nutrition staff will be raised on basic issues related to gender, GBV and accountability to affected population principles. All in all, the nutrition response with its health system strengthening angle, its multi-sectoral approach, its contribution toward strengthening nutrition data and information, coordination and Emergency preparedness, will continue bridging humanitarian action and development and therefore, contributing to building nutrition resilience in Ethiopia.

Cost of Response

It is estimated that \$193.4 million will be needed for the nutrition response in 2020. The biggest proportion of the budget forecast (95 per cent) is for therapeutic foods such as RUTF, therapeutic milks (F75 and F100), specialized nutritious foods such as RUSF and Super Cereal Plus, and medicines. Nutrition supplies costs include logistics costs for their shipment, storage and distribution/ dispatch. 4.4 per cent of the budget factors surge support from nutrition partners in 100 priority *woredas*. Capacity building events and training cost

represent about 0.3 per cent of the total budget. About \$270,000 (0.1 per cent of total budget) is allocated for nutrition-related assessments and \$288,000 for nutrition coordination support.

Monitoring

ENCU jointly with nutrition partners and FMoH and EPHI will assess and monitor the nutrition situation through rapid assessments, nutrition surveys (SMART methodology) and routine nutrition program data including MUAC screening results. Three indicators will be specifically used to monitor the nutrition response and include the number of children affected by SAM and MAM admitted for treatment and the number of malnourished PLW benefiting from targeted supplementary feeding program. Efforts will be made toward ensuring these nutrition data and information include sex and age disaggregated data and toward inclusion of IYCF data in the nutrition information system.

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental well-being of 5.7 million crisis-affected people is improved		6.2 M	5.7 M
Specific Objective 2: Excess morbidity reduced by 5 per cent among crisis affected people		5.4 M	4.0 M
Sectoral Objective 1: To provide enhanced access to treatment services to children under five years of age and pregnant and nursing women affected by acute malnutrition	Number of new admissions for SAM treatment	554 k	444 k
	Number of new admissions for MAM treatment	3.9 M	3.1 M

3.7 Protection



PEOPLE IN NEED

3.9M

PEOPLE TARGETED

2.0M

REQUIREMENTS (US\$)

\$42.4M

PARTNERS

25

Objectives

Cluster Objective 1: The protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors.

Cluster Objective 2: Crisis-affected communities, women (including women with disabilities and older persons), adolescent girls and children, are protected from violence, exploitation, abuse and harmful practices, receive quality and timely response services and benefit from risk reduction and prevention measures.

Cluster Objective 3: Accountable, safe, accessible, and coordinated service delivery for crisis-affected persons (IDPs and returnees/ relocatees and affected host communities) is improved.

Response

The Protection Cluster will conduct rapid assessments and protection monitoring to collect, verify and analyse information in order to identify violations of rights and protection risks faced by IDPs, returnees, relocatees, and other crisis affected populations for the purpose of informing an effective response that does not exacerbate risks or reinforce patterns of violation. As per community norms, community members and civil society organizations, will be engaged in identifying their own needs for the provision of formal and informal assistance, including the identification and referral of persons with specific needs, awareness raising on services available and rights, and local conflict resolution. Community-based protection mechanisms and structures such as community-level complaint and feedback mechanisms, will help ensure that persons with specific needs, including women, adolescent girls and older persons at risk, persons with disabilities, persons with serious medical conditions, and children at risk of violence, abuse or exploitation, including harmful practices, or without appropriate care, are identified and provided with appropriate emergency protection services.

Cost of Response

The total cost for Objective 1 is \$12,986,000. This includes protection monitoring, to ensure that protection risks, human rights violations and gaps in available services, are identified and addressed through protection risks assessments, protection monitoring and analysis. Access to basic services is enhanced through human rights. Strengthened referral pathways, and advocacy by protection monitors. Objective 1 also includes the provision of information, counselling and

technical assistance to respond to Housing, Land and Property (HLP) issues as well as civil documentation and provisions of available accountability measures. Objective 1 includes the work of protection actors to conduct protection research, studies and assessments throughout the country, peacebuilding activities as well as capacity building on IDP rights to community members, government authorities, law enforcement and court authorities.

The total cost for Objective 2 is \$21,048,572. This includes Child Protection and GBV risk mitigation, prevention and response services. The amount for each activity reflects the inputs required to deliver the service to the target population and provide timely and quality services that meet global standards of care. Costs are associated with community-based awareness raising and prevention activities, provision of MHPSS activities for children, caregivers, adolescent girls and women, family tracing and reunification services for UASC and case management for child protection cases and survivors of GBV, capacity building trainings for the social service workforce⁶ and GBV integration and PFA for other sectors' frontlines and procurement and distribution of Dignity Kits and other supplies. Case management and response services are labour intensive and require capacitated staff providing individual services and referrals over a longer period of time and are therefore more expensive per beneficiary than awareness raising activities, which are one-off interventions reaching a larger number of community members.

The total cost for Objective 3 is \$8,400,000. This includes Site Management Support activities in 80 sites/*kebeles* including: establishment and support to community governance structures, community awareness campaigns and community feedback mechanisms. Site improvement works, such as the construction of communal facilities, partitioning and drainage, as well as decommissioning/restoration of facilities used in displacement hosting. Deployment of site management support teams and monitoring services as well as capacity building support and revision of training materials to the Ethiopian context.

Monitoring

The Protection Cluster, including the CP/GBV AoR, the HLP WG and SMS WG, will monitor the progress of the Protection Cluster against targets through monthly 5Ws (Who do What, Where, When and for Whom) reporting. Additionally, protection monitoring, partner reports and assessments will be used to collect, verify and analyse trends

emerging to ensure response capacities are adequate and meet the minimum standards in place. While protection mainstreaming efforts by individual actors and through clusters have been made, there remain gaps and a lack of systemic efforts to examine and mitigate protection risks to affected communities. There are physical safety and security issues, risks of sexual exploitation and gender-based violence, child protection risks (including but not limited to child labour, child marriage, exclusion of child-headed households), a lack of information and communication with beneficiaries (in line with the framework for Accountability to Affected Persons (AAP)), risks of inaccessibility of programming (particularly for the persons with disabilities), the potential for inter-communal violence and tensions, amongst other serious protection risks. The perception that assistance is discriminatory, and sometimes based on status rather than identified need, also contributes to these protection risks.

To address such concerns, the Protection Cluster plans to roll-out the Protection Risk Analysis (PRA) tool to all clusters over the course of 2020, to promote and support “do no harm” programming across the

response and increases opportunities for a multi-sectoral approach to addressing protection threats and risks experienced by affected communities. This approach is in line with, and adheres to, the four protection mainstreaming principles:

1. **Prioritize Safety & Dignity and Avoid Causing Harm:** Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people’s vulnerability to both physical and psychosocial risks.
2. **Meaningful Access:** Arrange for people’s access to assistance and services - in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.
3. **Accountability:** Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.

Child Protection / Gender-Based Violence Areas of Responsibility

PEOPLE IN NEED

3.0M

PEOPLE TARGETED

540k

The CP/GBV AoR will continue to provide support for systems strengthening to ensure that critical community basic and specialized protection services are available and meet global standards of care in emergency affected locations. This will include the deployment of qualified personnel and social service workforce in places affected by displacement (including in areas of return and relocation) and case management. Additionally, existing services – including for mental health and psychosocial support (MHPSS), GBV risk mitigation, prevention and response [including case management and referral services (medical, legal, safety)] and support for GBV survivors (including men and boys), interim care, family tracing and reunification of unaccompanied and separated children (UASC), will be scaled-up and monitored.

The CP/ GBV AoR will provide support for community mobilization and awareness raising to mitigate risks and build resilience among communities including caregivers on sensitive topics, including sexual violence and other types of GBV and child protection risks. In addition, overcrowding and inadequate shelter conditions in displacement and return areas, in combination with lack of access to basic services, has increased the risk of GBV, and reports show that some women and girls have been engaging in negative coping mechanisms such as transactional sex, in exchange for NFIs and money. There are also reports of child trafficking, child labour, children living and/or working in street situations including who are unaccompanied

and separated and outside quality parental or alternative care. To mitigate for these risks, the CP/GBV AoR will explore linkages with development actors for the provision of cash-based interventions and for targeted livelihood interventions to mitigate these negative coping mechanisms. It will work with the other clusters to help ensure GBV and child protection considerations are integrated in their areas of work, as per global standards.

Evidence shows that child protection risks and GBV are exacerbated in all emergencies, while GBV in particular remains grossly underreported due to social norms and stigma associated especially with sexual violence and rape. Rapid assessments and DTM data have noted a critical shortage of response services for survivors, in addition to poor quality of services. Hence, the need for establishing and/or scaling up-up prevention and response programming, particularly since evidence shows that intimate partner violence, sexual violence, rape, and physical assault remain prevalent in crisis-affected communities – including in areas of displacement, return, and relocation. To complement the services, there is a need for community sensitization and awareness raising on child protection and GBV – including on harmful practices, such as child marriage and Female Genital Mutilation (FGM), that continue at alarming rates in host and displaced communities. Awareness raising, including the right to assistance and support for survivors, will also help to ensure access to services.

The lack of quality care and specialized response is especially concerning as communities and children continue to be exposed to violence and experience stress due to displacement and conflict. The need for quality case management services is especially pressing to meet the needs of children (including adolescent girls), and women affected by violence and recurrent human rights violations. MHPSS interventions are needed to mitigate the harmful mental health and psychosocial consequences and support individual and community resilience to recover and rebuild.

Urgent need for capacity support and sensitization of multi-sectoral service providers is also needed to prevent and minimize unintended negative effects of sectoral interventions, ensure safe access to services and facilities and child protection and GBV risk mitigation for vulnerable groups including but not limited to; adolescent girls, female headed households, women in polygamous marriages, child headed households, UASC, and other children at risk and persons with disabilities.

Housing Land and Property Working Group

PEOPLE IN NEED

1.1M

PEOPLE TARGETED

37k

The Housing, Land and Property (HLP) working group (WG) provides a forum for coordination of interventions, consensus-building, creation of partnerships and linkages to foster a strategic and consensual approach to address HLP concerns. Reflective of the cross-cutting nature of HLP issues, the HLP WG in an inter-sectoral working group, with a dedicated advisory role to the Protection and ES/NFI Clusters, while the group will also provide an advisory role and technical expertise – as requested – to other UN and I/NGO coordination structures, such as the Durable Solution WG.

HLP violations hinder the exercise of rights of IDPs and remain a barrier to durable solutions. Disputes involving HLP rights (including ethnic disputes) are both a fundamental cause and consequence of conflicts. Competing HLP claims of the displaced, be they individuals or groups, generate tensions within and across communities, hindering reconciliation, sustainable peace and stability. In addition, such disputes pose significant challenges in humanitarian, recovery and resilience operations. As identified by the IASC Framework on Durable Solutions for IDPs, unresolved HLP issues are among the key obstacles to durable solutions for displacement-affected populations. Improper determination, registration, administration and overall management of HLP issues may also have negative impact on humanitarian and development activities and investments. Thus, if HLP concerns are not addressed as part of the humanitarian response, they are likely to impede durable solutions and other development processes.

Site Management Support Working Group

PEOPLE IN NEED

1.1M

PEOPLE TARGETED

500k

The goal of Site Management Services (SMS) working group (WG) is to provide a coordinated and timely response to the humanitarian needs of displacement-affected persons in both IDP sites. In 2020,

Psychosocial First Aid (PFA) trainings and CP and GBV training for safe and ethical case management support and referral for frontline workers and social service workforce will be provided to facilitate and enhance response and access to services.

The HLP WG facilitates effective preventive, responsive and remedial action on HLP matters, through (1) strengthening the capacity of government, other stakeholders (traditional leaders, religious leaders, members of civil society) and humanitarian actors to identify and address HLP issues; (2) analysing the national HLP framework and relevant legislative and administrative provisions (foundation work); (3) contributing to the identification and to the resolution of HLP issues in Ethiopia, with initial particular attention to those issues stemming directly from the implementation of the HLP sector plans and projects; (4) providing technical guidance and expert advice on HLP matters to national and international actors in Ethiopia; (5) enhancing awareness on specific issues related to HLP to different stakeholders; (6) enhancing accountability, predictability and effectiveness of HLP-related activities; (7) increasing the security of tenure for affected populations; (8) develop a HLP countrywide strategy and harmonize HLP assessment tools.

Women's socio-culturally-conditioned lack of access to HLP rights reduces their participation in household decision-making, undermines their coping capacities and often deprives them of basic security and protection. Focusing on gender perspectives while implementing HLP related project should therefore be seen as a priority.

Additionally, humanitarian actors should conduct due diligence before implementing activities that require assumptions about, or may have future implications on, the ownership of land and property (including the reconstruction and/or rehabilitation of shelter or WASH facilities). Due diligence should include, at a minimum, examining any documents that the person claiming ownership may have, as well as social confirmation practices to support or verify claims of ownership.

SMS services may also be required in areas of return or relocation, where emergency needs are still present. The SMS approach is consistent, in both displacement and return contexts, as it applies the same methodologies as site management, on an area (e.g. *kebele* or *woreda*) basis, in out-of-site contexts, with the exception of site planning and decommissioning. In 2020, SMS services will continue to improve living standards of crisis-affected persons. Ensuring a healthy, safe and dignified living environment in affected sites across the country will entail coordinating with and between Site Management (local authorities) and service providers across all sectors, to enhance service quality and efficiency. Site Management will also be

supported through capacity building, including on preparedness and durable solutions' pre-requisites for site closure, both particularly relevant in the context. Accountability to affected population (AAP) is central in all SMS activities, and is catalysed through key activities such as Communicating with Communities (CwC) and community participation, as well as the provision of Community Feedback Mechanisms. The Cluster recognizes that space and resource

constraints in some sites limit the ability to achieve SPHERE standards for infrastructure. Within these parameters, SMS will continue to implement and advocate for site improvements, in coordination with the Shelter Cluster and relevant actors. Protection will be further mainstreamed throughout SMS implementation, including GBV risk mitigation and prevention, in line with the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action.

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental well-being of 5.7 million crisis-affected people is improved		6.2 M	5.7 M
Specific Objective 3: At least 70 cent of crisis affected people have access to a minimum package of interventions and timely response services aimed at responding to critical needs and mitigating the consequences of physical and psychosocial distress and at increasing psychosocial resilience		282 k	202 k
Cluster Objective 2: Crisis-affected communities, women (including women with disabilities and older persons), adolescent girls and children, are protected from violence, exploitation, abuse and harmful practices, receive quality and timely response services and benefit from risk reduction and prevention measures.	Number of women, adolescent girls and children (boys and girls) provided with focused MHPSS interventions	110 k	110 k
	Number of persons reached through community based MHPSS interventions	10 k	10 k
	Number of children at risk, including unaccompanied and separated children identified and receiving case management support	47 k	10 k
	Number of survivors of GBV, including survivors of sexual exploitation and abuse, are supported, receive case management services and referred for multi-sectoral response services, as required	5 k	5 k
Strategic Objective 3: The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors		3.9 M	1.9 M
Specific Objective 1: The protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors		3.8 M	1.0 M
Cluster Objective 1: The protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors.	Protection risks, human rights violations and gaps in available service, are identified and addressed through protection risks assessments, protection monitoring and analysis; access to basic services is enhanced through strengthened referral pathways and advocacy by protection monitors	2.8 M	832 k
	Number of persons reached through peacebuilding/social cohesion activities	528 k	158 k
	Individuals receive information on HLP	115 k	4 k
	Individuals receive counselling on HLP	22 k	1 k
	Individuals receive technical assistance on HLP	9 k	0.3 k
	Individuals receive information on civil and legal identity documents	142 k	5 k

	Individuals receive counselling on civil and legal identity documents	28 k	1 k
	Individuals receive technical assistance on civil and legal identity documents	9 k	0.3 k
	Support to collaborative dispute resolution mechanisms, including mediation, negotiation, arbitration or reconciliation, to resolve disputes	413 k	14 k
	Information and training on IDP rights (including civil documentation and HLP right) provided to community members, local government authorities including law enforcement and court authorities	354 k	12 k
Specific Objective 2: Crisis-affected communities, and in particular women (including women with disabilities and older persons), adolescent girls and children, are protected from violence, exploitation, abuse and harmful practices and benefit from risk reduction and prevention measures		2.6 M	415 k
Cluster Objective 2: Crisis-affected communities, women (including women with disabilities and older persons), adolescent girls and children, are protected from violence, exploitation, abuse and harmful practices, receive quality and timely response services and benefit from risk reduction and prevention measures.	Sensitisation and parenting support for caregivers to promote children's wellbeing and to protect them from maltreatment and other negative effects of adversity	143 k	10 k
	Prevention activities such as awareness raising about child protection (including child protection in emergencies) to children and community members	1.9 M	130 k
	Provision of child protection response services enhanced through capacity development of service providers including providers of humanitarian assistance	143 k	10 k
	Risk mitigation activities and awareness raising is provided to affected populations, including women and adolescent girls, on sexual violence and other types of GBV	743 k	170 k
	GBV response service provision and access to services enhanced through capacity development and dissemination of referral pathways	66 k	15 k
	Women, and adolescent girls of reproductive age provided with dignity kits	350 k	80 k
Specific Objective 3: Accountable, safe, accessible, and coordinated service delivery for crisis-affected persons (IDPs and returnees/relocatees and affected host communities) is improved		1.1 M	500 k
Cluster Objective 3: Accountable, safe, accessible, and coordinated service delivery for crisis-affected persons (IDPs and returnees/relocatees and affected host communities) is improved	Community services to establish and support community governance structures, community awareness campaigns and community complaint and feedback mechanisms.	554 k	246 k
	Site improvement works such as communal facilities construction, maintenance, partitioning and drainage, as well as decommissioning/restoration of facilities used in displacement hosting	337 k	150 k
	Site operations through deployment of site management support teams and monitoring services provided at the site/area level; disseminate information to local authorities and partners; and facilitate regular site/area-level coordination meetings as required	505 k	225 k
	Capacity development on Site Management and Site Management Support and protection for the different actors, including adaptation of training materials to Ethiopian context	985 k	438 k

3.8

WASH



PEOPLE IN NEED

7.0M

PEOPLE TARGETED

5.3M

REQUIREMENTS (US\$)

\$79.7M

PARTNERS

43

Objectives

Lack of access to protected water and improved sanitation increases the risk of disease outbreak and malnutrition which significantly affect physical and mental well-being. As such minimum WASH services are recognized as minimum living standard to be met for the affected population. In addition, sub-standard WASH services and facilities have the potential to become a root cause of protection risks, such as SEA and GBV, and barriers to vulnerable groups like physically disabled and elder persons. Therefore, Cluster objectives aim to meet the minimum WASH standards to save lives of the target population, by providing the following WASH responses:

1. Provide safe drinking water by water trucking and/or rehabilitation of non-functioning water schemes, extension of pipe network from the existing scheme, or construction of new water schemes
2. Provide hygiene and sanitation facilities by constructing differently types of latrines and deliver essential sanitation and hygiene messages through hygiene promotion
3. Provide life-saving essential NFIs, such as water collecting and storage items, household water treatment chemicals, hygiene and dignity kits, etc.

Response

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

Joint Technical Working Group initiative with Health, Nutrition and WASH clusters had developed criteria for co-location and integrated approach with minimum response package for different target groups, such as households and health facilities. Besides, multi-sectoral NFI package would be also applied as per guideline developed by both ES/NFI and WASH joint Technical Working Group to avoid ineffective duplication of NFI items.

Water supply will be done by either emergency water trucking or more durable solution, or a combination of both, according to the context. Since long-term water trucking operation is not cost-efficient, durable solution will be preferred for protracted displacement as well as general affected population. Sanitation will be addressed by construction of different types of latrines, such as VIP latrine, semi-permanent latrine and also emergency trench latrines accordingly to the needs and context. Design and style of latrines should be inclusive and gender, age and physically sensitive. Hygiene promotion and distribution of essential life-saving NFIs would be widely provided for different target groups as these are quite essential life-saving response, including for those affected from disease outbreak.

Technical specifications of WASH facilities would be agreed and designed through consultation with the affected population in order to incorporate actual needs as well as protection perspective of the target groups. Humanitarian WASH response would be flexibly implemented as per the actual needs of the target population in consideration of natural environment and also to prevent any protection risks such as SEA and GVB. Response monitoring and post-distribution monitoring would be done accordingly to meet the minimum commitment of the accountability to the affected population, which also incorporate CRM and other monitoring tools.

Cost of Response

Total cost requirement is \$79.7 million for the 5,258,581 target persons. The unit cost per beneficiary is \$15.2. Most items and services are continuously provided when an emergency is protracted, because WASH services and items are consumables in nature.

Natural environment is a cost driver of WASH response.

If reliable surface water is available, protected spring or shallow wells would be utilized for safe drinking water supply. However, in the majority of cases the affected population is in the semi-arid and drought-prone areas where securing reliable water source is extremely difficult. In such environments, provision of safe drinking water highly depends on expensive water trucking operations. Even when durable solutions are applicable, they usually require larger funds and longer implementation.



FENTALE/OROMIA REGION, ETHIOPIA

Halo carries her daughter, Fatuma, while she collects water at a new water point ChildFund installed in the drought-stricken Fentale district of Ethiopia, Child fund Ethiopia Photo: JAKE LYELL

Water trucking is means to deliver safe drinking water to those affected by acute onset emergency due to conflict and climate reasons. At long term, water trucking is more costly than rehabilitation of non-functioning water schemes or extension of water supply pipe scheme. According to an assessment done in 2017, the cost of rehabilitation and extension of existing water scheme is the same as 9-month provision of water trucking in Oromia and 6-month in Somali. Therefore, selection of water supply activities should be made based on the assessment and overall response plan to that emergency occurrence.

Monitoring

The WASH cluster will monitor the response and its progress through monthly updates by partners through 4W exercise which would be supported by ad-hoc updates at monthly cluster meeting.

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: 5.7 million most vulnerable crisis-affected people are supported with basic services		5.0 M	5.7 M⁷
Specific Objective 2: 2.6 million displaced people and people affected by displacement benefited from an agreed multi-sector minimum services package of Agriculture, Education, ESNFI, Food, Health and WASH services		2.9 M	2.6 M
Cluster Objective 1: To provide safe drinking water	Access to safe drinking water through emergency water trucking	886 k	443 k
	Access to safe drinking water through durable solution	1.4 M	587 k
Cluster Objective 2: To provide hygiene and sanitation facilities by constructing differently types of latrines and deliver essential sanitation and hygiene messages through hygiene promotion	Number of people accessing sanitation facility (latrines & bathing/hand WASHing facilities)	971 k	583 k
	Number of people reached through essential sanitation and hygiene message	1.8 M	1.4 M
Cluster Objective 3: To provide life-saving WASH NFIs	Number of people provided with life-saving WASH NFI	2.5 M	1.6 M
Specific Objective 2: 3.3 million people affected by shocks and crises whose productive capacity, social activities and ability to meet their basic needs were compromised, have timely access to basic humanitarian services based on needs		4.6 M	3.3 M
Cluster Objective 1: To provide safe drinking water	Access to safe drinking water through emergency water trucking	3.1 M	1.6 M
	Access to safe drinking water through durable solution	3.2 M	964 k
Cluster Objective 2: To provide hygiene and sanitation facilities by constructing differently types of latrines and deliver essential sanitation and hygiene messages through hygiene promotion	Number of people reached through essential sanitation and hygiene message	4.5 M	3.2 M
	Number of people provided with life-saving WASH NFI	4.5 M	2.6 M
Strategic Objective 4: Contribute to strengthening recovery and resilience of 1.1 million crisis affected people and systems		6.9 M	1.1 M
Specific Objective 1 : Pre-crisis level access to public basic services such as WASH, health and education is restored to 630,000 people		1.0 M	633 k
Cluster Objective 1: To provide safe drinking water	Access to safe drinking water through durable solution	680 k	187 k
Cluster Objective 2: To provide hygiene and sanitation facilities by constructing differently types of latrines and deliver essential sanitation and hygiene messages through hygiene promotion	Number of people reached through essential sanitation and hygiene message	680 k	624 k

3.9

Coordination



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
8.4M	7.0M	\$12.0M	81

Coordination will aim to facilitate coordinated and principled evidence based humanitarian planning, action and advocacy.

Government of Ethiopia coordinates the overall humanitarian response in Ethiopia. The international humanitarian community enjoys a strong leadership and commitment of the Government in coordinating the humanitarian response. At the national level, key joint strategic forums such as Disaster Risk Management Technical Working Group (DRMTWG) play a key role in coordination. The DRMTWG (chaired by NDRMC and co-chaired by OCHA) is the highest joint Government and partners strategic platform where implementation of this plan will be monitored.

Inter-cluster coordination mechanisms at the national and subnational will be strengthened to support the implementation of the HRP 2020. Clusters are led by Government line ministries who are supported by cluster lead agencies from humanitarian partners. A decentralized coordination structure will enable effective coordination of response and advocacy at sub-national levels with respective humanitarian coordination structure established by regional, zonal, and district administrations. As part of the National Incident Management System (NIMS) guidelines, Emergency Coordination Centers (ECCs) will be established on need-basis to enhance coordination of sudden onset and complex emergencies at sub-national levels. Such humanitarian coordination mechanism will ensure an effective, agile, and principled multi-sectoral response to address the protection and assistance needs of affected population.

Coordinated assessment and analysis of the situation will ensure a regular, common and deep understanding of needs and severity of needs across population groups and geographically. This will be achieved by facilitating joint assessments; facilitate IDP and returnee tracking and data analysis; and information management on behalf of the whole humanitarian community. These activities will support the Humanitarian Programme Cycle including a combined evidence-based needs assessment, Humanitarian Needs Overview (HNO), and Humanitarian Response Plan (HRP) and it will also track contribution to the HRP through the Financial Tracking System and provide regular reports to HC, EHCT and donors.

Coordination services will facilitate inter-agency and inter-sectoral vulnerability and needs analysis to ensure evidence-based and context specific responses. Based on the needs of humanitarian partners, coordination services will focus on improving agility to address operational challenges on the ground. This will also provide effective tools to streamline data collection and information management – particularly on access constraints to facilitate real-time solutions to access challenges. In terms of strengthening accountability to affected population in humanitarian decision-making, concrete steps will be identified and promoted that will ensure community level communication and engagement. Durable solutions to returns, resettlement and reintegration will be realized through strong coordination, mainstreaming of community communication and engagement and enhanced information sharing and communication. Humanitarian partners will be provided all possible support expand access and create an enabling operational environment which also include humanitarian negotiations & civil military liaison.

The Ethiopia Humanitarian Fund, a pooled fund supported by several donors will continue to strategically support humanitarian partners in delivering assistance to collectively prioritize needs, in line with response parameters and programmatic priorities set out in the HRP for 2020. As guided by the humanitarian situation on ground, it will have advocated with DRMC to support establishment of Emergency Operation Center (EOC) and develop Emergency Concept of Operation. Inter-agency preparedness and contingency planning and early warning systems will be further supported and strengthened as required. Existing rapid response mechanism will be further strengthened to ensure coordinated, dignified and timely assistance to affected population.

OBJECTIVE	INDICATOR	BASELINE	TARGET
Specific Objective 1: Effective, accountable and principled coordination for more efficient and tailored humanitarian response, based on coordinated needs assessments and common situational awareness.			
	Number of hubs that have regular coordination meetings with appropriate Government and partner representation (this includes addis)	5	5
	Number of inter-cluster meetings with clarity on actionable follow-up items, responsible entities, a timeline for action and fed into the EHCT	11	12
	Number inter-agency and inter-sector assessments coordinated	15	18
Specific Objective 2: Acceptance of the centrality of international humanitarian and human rights law, access and protection that results in meaningful action for affected people, especially internally displaced people			
	Number of access updates produced (including access analysis, maps and snapshots), to inform advocacy at all levels of Government	10	12
	Number of Civil-Military Coordination and access negotiation trainings conducted for Government and humanitarian partners	-	4
Specific Objective 3: An effective, innovative humanitarian financing system that meets the needs of crisis-affected people			
	The Humanitarian Response Plan (HRP) for 2020 is endorsed by Government, the Humanitarian Coordinator (HC) and the Ethiopia Humanitarian Country Team (EHCT)	1	1
	Percentage of humanitarian pooled funds (EHF and CERF)-funded projects that supported critical gaps in priority humanitarian needs in Ethiopia	100%	100%

SECTOR	REQUIREMENT	SECTOR	REQUIREMENT
Agriculture	\$794,835	Nutrition	\$634,000
Education	\$325,400	Protection	\$2,654,272
ES/NFI	\$341,000	WASH	\$440,000
Food	\$200,000	OCHA	\$5,926,000
Health	\$700,000	Total	\$12,015,507

Part 5

Annexes

AWBARE WOREDA/JIJIGA, ETHIOPIA

Community members at north Jijiga in Awbare woreda directing to teh eos post in rujis health post to get access to food and health. Photo: UNICEF Ethiopia/Tesfaye



5.1

Response Analysis

The 2020 HRP ensures a better linkage with the HNO evidence-based analysis on the type and number of population sub-groups, geographic locations and humanitarian consequences to better support targeting in the response. In-depth analysis of needs of different population sub-groups will inform a more tailored targeting and response.

Certain sub-groups of the population have been prioritized as their severity and magnitude of needs are seen as extra vulnerable. The prioritized population groups are women and children, especially female-headed households and child-headed households, unaccompanied children, IDPs, people with disabilities, older people, ethnic minorities, pastoralists and agro-pastoralists in flood and drought prone areas. In case of a shock or crisis, it is the already vulnerable that are affected the hardest. These mentioned groups are extra exposed to violence, subject to negative coping mechanisms, and already have an exposed position within the Ethiopian society due to gender norms, social exclusion and cultural and societal structures.

As Ethiopia is expected to continue to be affected by both intercommunal conflicts and natural disasters causing human suffering, the above-mentioned sub-groups will continue to be prioritized in the humanitarian assistance.

Empowering these vulnerable group as well as building resistance and develop coping mechanisms for these sub-groups are essential. Although the main aspect of humanitarian assistance is to save lives, the assistance needs to be sustainable and anchored in the development nexus as well as include community engagement. Beneficiaries need to be included in the designing of the humanitarian support which needs to be contextualized.

Accountability to Affected Populations

In our work of providing humanitarian assistance to the people in need, the principle of accountability to affected population needs to be in our forefront and guide our response. It is essential that the people affected by humanitarian crises and their communities are included in decision-making, their voices be heard, and their ideas listened to. It is of equal importance to enable the communities to provide feedback and incorporate that in future responses of humanitarian assistance. If communities themselves are involved in the process, we increase the chance that the response is relevant, timely, effective and efficient.

The Inter-Agency Accountability Working Group (IAAWG) who is comprising of 27 partners, including HINGO, NNGO and UN agencies developed in 2019 a roadmap which includes an agreement of collective action on AAP for the overall Ethiopian humanitarian response. The roadmap will be implemented in 2020.

The IAAWG will continue to mainstream AAP among partners and support the design of Inter-Agency Multisector Accountability Framework.

Prevention of Sexual Exploitation and Abuse

In a community that is subject to humanitarian assistance, special caution needs to be taken to the risk of sexual exploitation and abuse (SEA) by humanitarian workers. It is essential that all assistance and projects include these preventive aspects including the development of the community-based complaint mechanisms (CBCM). The PSEA Network in Ethiopia is currently in the phase of implementing CBCM in SNNP, Oromia and Somali regions based on assessments. The CBCM will be established or strengthened with inputs from community members and provides an information platform for the affected population to be informed about their rights to humanitarian assistance and available channels for reporting abuses.

The PSEA Network will continue advocate for PSEA related questions to be raised at higher level meetings. In addition, the PSEA Network will work to ensure partners' engagement at regional/sub-national level, for example through PSEA trainings. As part of its workplan, PSEA Network has established regional focal points for the operation in Gedeo and West Guji, and will work to continue supporting regional PSEA networks in 2020.

The inter-correlation between the IAAWG and the PSEA Network is important and will be ensured through linkages of workplans, regular attendance at ICCG and ECHT meetings, as well as the appointment of a PSEA Coordinator for Ethiopia who will be placed under RCO.

Early action

The humanitarian response can be improved by earlier intervention. Early action limits humanitarian suffering. This improvement requires that the humanitarian community, review internal and external processes which potentially could result in faster reaction of humanitarian assistance in case of crisis.

Improved coordination of the humanitarian assistance constitutes another factor which improves efficiency and a faster response to a crisis. Strong Clusters and linkages between humanitarian forums and platforms in Ethiopia is essential in order to avoid duplications of resources and assistance. This regards the relations and information flows between the national and sub-national clusters and other platforms as well as with the Ethiopian Government. Coordinating agencies will continue to strengthen the relationship between the humanitarian assistance in Ethiopia's regions and Addis Ababa. Coordination systems in 2020 will focus on improving the rapid responses, multi-sectoral response and early warnings alerts.

5.2

Refugee Response Plan

This is an excerpt from the Ethiopia Country Refugee Response Plan 2020-2021. The Agency for Refugees and Returnees Affairs (ARRA) and United Nations High Commissioner for Refugees (UNHCR) are responsible for the coordination of the refugee response in Ethiopia. As such, this section doesn't represent the views of NDRMC and OCHA. For more information on refugee needs, the response within individual sectors, and related financial requirements, please visit: <https://data2.unhcr.org/en/documents/details/73572>

ASSOSA/ BENISHANGUL-GUMUZ/ ETHIOPIA

Haraba Abdu, 11 and 4th grade student at Tsore Arumela primary school, Assosa. Photo: UNICEF Ethiopia/Tadesse



Refugees



Background

Ethiopia has a long-standing history of hosting refugees. The country maintains an open-door policy for refugee inflows and allows humanitarian access and protection to those seeking asylum on its territory. Ethiopia's parliament adopted revisions to its existing national refugee law in 2019, making it one of the most progressive refugee policies in Africa. The Law provides refugees with the right to work and reside out of camps, access social and financial services, and register life events, including births and marriages. Refugee protection in the country is provided within the framework of international and national refugee laws as well as the core international human rights treaties that have been ratified by the country.

The refugee flow to Ethiopia continued during 2019, with 96,749 persons seeking safety and protection within the country's borders. At the start of the year, Ethiopia hosted 735,204 refugees who were forced to flee their homes as a result of insecurity, political instability, military conscription, conflict, famine and other problems in their countries of origin. Ethiopia provides protection to refugees from some 26 countries. Among the principal factors leading to this situation are predominantly the conflict in South Sudan, the prevailing political environment in Eritrea, together with conflict and draught in Somalia. The majority of refugees in Ethiopia are located in Tigray Regional State and the four Emerging Regions of Ethiopia: Afar Regional State; Benishangul-Gumuz Regional State; Gambella Regional State; and the Somali Regional State.

Grounded in the Global Compact on Refugees (GCR) and contributing to the ten-year National Comprehensive Refugee Response Strategy; which seeks to ensure the self-reliance and resilience of refugees and host communities; and to prepare refugees for durable solutions by supporting their socio-economic integration and a phased transition out of the current camp-based model of assistance, the Ethiopia Country Refugee Response Plan outlines the collective response of 57 humanitarian and development agencies over the next two years in support of all registered refugee population groups in the country. The Plan aims to ensure the increased coherence and alignment of all planned interventions supporting refugees against common sectorial objectives and performance targets, to improve coordination and further timely and effective protection and solutions.

Response

A comprehensive protection and solutions strategy has been developed for registered refugees in the country. While the strategic objectives are adapted to suit the specific situations and needs, core common objectives include: preserving and enhancing the protection environment and living conditions for refugees and the promotion of peaceful coexistence; strengthening refugee protection through the expansion of improved community-based and multi-sectorial child protection and SGBV programmes; strengthening access to basic services; expanding labour opportunities; supporting the implementation of the GoE's Pledges to expand access to rights, services, and self-reliance opportunities in the longer-term, in line with GCR; contributing to the development of linkages to local and national development interventions; and expanding access to solutions when feasible and legal migration pathways.

Coordination and partnerships

Ethiopia has well-established refugee response and coordination processes in place, based on the Refugee Coordination Model, which are anchored in a solid framework of refugee law and procedures. An interagency Refugee Coordination Group comprised of the heads of agencies, and other senior staff supporting the national refugee response meets on a regular basis to discuss strategic and inter-sector operational issues. Active sector working groups include Protection, Health, Education, WASH, Shelter, Energy and the Environment, together with a Child Protection/SGBV sub-working group. The Humanitarian Country Team also forms part of the broader consultation forum on the overall refugee response, together with UNDAF working groups that relate to refugees. The refugee response in Ethiopia brings together fifty-seven operational partners, including the GoE's Agency for Refugees and Returnees Affairs (ARRA), supported by UNHCR – the UN Refugee Agency, in coordination with UN agencies, international and national NGOs.

5.3

Costing Methodology

Agriculture

1. Animal health is determined by multiplying 3 animals per household by \$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 \$4) and 2.5 kg of concentrate (1 quintal at \$20) for 90 days for 3 core breeding animals.

3. Emergency seeds is determined by multiplying 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 total cost of \$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 shoats at a cost of \$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. Its recommended to destock 2 animals at \$88.

Education

School feeding: Total targeted children* \$0.19 per child/day (WFP study estimation) *22 days per month * 6 months in a year.

Learning stationary: Total target * \$ 6 per child (8 exercise, 4 pen, 2 pencil, 1 eraser and pencil).

ASR: Total target * \$ 40 per child.

ALP: Total target * \$ 60 per child.

Temporarily learning Centers: \$14,000 per TLC. The recent engineering cost is estimated.

Training for teachers (venue for training, per diems, materials etc.): \$100 per teacher

ESNFI

Emergency Shelter and Non-Food Items (Emergency Shelter Kit, Bedding set, Mosquito net set, Kitchen set, and Partial Hygiene kit): Procurement, transportation, storage, distribution, and other operational expenses. Cost: \$175/HH

Non-Food Items (Bedding set, Mosquito net set, and Kitchen sets): Procurement, transportation, storage, distribution, and other operational expenses. Cost: \$100/HH

Emergency Shelter Repair Kit: The Shelter Repair Kit contains essential construction materials and tools that can be used in the construction of basic houses or as a supplementary kit to repair damaged structures (rebuild or repair). The kit is designed to be versatile enough to serve the needs of the families whose houses have either partially or fully damaged. In addition to the construction materials that should be locally and culturally appropriate, it also contains technical support and support to address Housing, Land, and Property issues.

Full Emergency Shelter Repair Kit (Roofing materials, such as CGIs, wooden poles, materials for constructing wall and fixtures and cash to cover labour cost): Procurement, transportation, storage, distribution, and other operational expenses: Cost \$640/HHs.

Partial Emergency Shelter Repair Kit (CGIs, fixtures, and cash to cover labour cost): Procurement, transportation, storage, distribution, and other operational expenses: Cost \$340/HH.

Cash for Shelter/Rent for an average HHs of 21m2: Including distribution and operation cost estimated at \$30/month for 6 months is \$180/HH.

Training in building back better and HLP support: Cost \$10/HHs

Food

The unit transfer value for cash beneficiary is based on zonal level daily wage rate for 5 days, which was then multiplied by the number of beneficiaries in each *woreda*.

The wage rate is estimated to be the cost of cereals in the markets. Additional 10 ETB is included in the calculation for top-up of pulses and Vegetable Oil. Selection of cash *woredas* and the duration of cash assistance was determined based on the PSNP implementation areas, in order to harmonize the modality in *woredas*.

The food requirements are calculated from the standard ration size of 15 kgs. of cereals, 1.5 kgs. of pulses/ CSB and 0.45kgs. of vegetable oil, per person per round and then multiplied by the planned 7 rounds. The cost of in-kind food response was determined by multiplying the MT by the average of cost per MT ~ \$ 602.11/MT. The \$ 602.11/MT is an operational rate to estimate the overall costs involved in the procurement, shipment of commodities, delivery of food to distribution points, commodity storage, staff salaries, monitoring, etc.

Health

The various emergency health kits are estimated by population or caseloads. For the target population of 3.2 million, it is possible to compute the quantity of kits required by type amounting to \$28.8 million. With this figure worked out, the average cost of availing medicines to patients for 12 months is \$9. The cost of a mobile team or surge team for health facility is about \$4,000 per month. Therefore \$24 million will be required to support 500 units for 12

months. To facilitate work for the teams, renting a car account for \$3,000 per month, totaling \$18 million. For 21 Health Cluster implementing partners, on average \$55,000 is required monthly for project management and core staff, with significant variations. This amounts to \$14 million for one year. An additional \$10 million is required for travel, support supervision and monitoring, at an average cost of \$40,000 per partner per month.

Nutrition

The biggest proportion of the Nutrition response budget (95 per cent) is for therapeutic foods such as RUTF, therapeutic milks (F75 and F100), specialized nutritious foods such as RUSF and Super Cereal Plus, and medicines. Nutrition supplies costs include logistics costs for their shipment, storage and distribution/ dispatch. It is estimated that the treatment of a SAM child roughly costs \$70, a MAM child treatment costs \$26 and it amounts to \$76 per malnourished women.

4.4 per cent of the budget factors for 6-month surge support from Nutrition partners in 100 priority *woredas* (with an average amount of \$85,000 per *woreda*).

Capacity building events and training cost represent about 0.3 per cent of the total budget and cater for trainings of Health care personnel on the revised acute malnutrition guidelines (targeting 3,000 participants), NiE training and Nutrition Preparedness and response planning workshops (targeting 75 participants). About \$270,000 (0.1 per cent of total budget) is allocated for Nutrition-related assessments (with the tentative plan to undertake 15 Nutrition surveys in 2020 at an average amount of \$18,000 per survey). Finally, it is estimated that the support to Nutrition coordination mechanisms at subnational level provide by ENCU in 6 Regions cost about \$24,000 a month, i.e., \$288,000 are forecasted for Nutrition coordination support.

Protection

The unit costs for protection monitoring activities in 2020 have been calculated based on the cost per individual beneficiary for protection monitoring activities that were implemented in 2019. Each protection

monitoring unit consisting of a driver, vehicle, fuel costs, three protection staff and a government official that can accompany the unit when available and DSA charges may apply. The cost of each Protection monitoring is \$10 per person reached.

The associated costs for CP and GBV activities are calculated based on the cost per individual beneficiary for activities in 2019. Case management and GBV response costs may include costs associated with the social service workforce⁵ providing case management and support for medical, social welfare, justice/legal, and MHPSS/ psychological services, transport for the beneficiary to and from referral appointments, or the costs associated with a community service worker or social worker reunifying an unaccompanied child with family members. However, developing child protection case management capacity, including for an information management system contributes to strengthening the social service workforce system in Ethiopia and improving the quality of services for all children in emergency affected locations. The cost for dignity kits and other supplies such as recreational kits and tents include the items, as well as delivery and distribution

The unit costs for information, counselling, technical assistance with respect to HLP and legal identity documents is calculated based on staff costs for the same activities that were implemented in 2019. The costs for HLP services include salary for Project Coordinators, Legal Officers, Paralegals, vehicles, and incidental costs such as traveling and small costs for facilitating group information sessions. The cost for legal identity document services include salary for three Project Coordinators, eight officers, vehicles and incidental costs such as traveling and small costs for facilitating group information sessions.

Unit cost of one training on the rights of IDPs to authorities is \$12,000.

SMS costs are calculated based on an average of both sites and return area needs, including related staff, material costs. While SMS physical works requirements in out-of-site areas are lower than in IDP sites, the logistical and staffing costs of

reaching affected persons scattered in the community, are higher. In 2020, SMS plans to target 80 sites/*kebeles*, with an average of 6,250 beneficiaries per site/*kebele*, for an average cost of \$ 17.50 per beneficiary. It is noted that costs vary substantially depending on the context of the site or *kebele* of implementation.

WASH

1. Unit cost of latrine construction is at \$18/ person with coverage of 100 persons per latrine stance, assuming 1 block consists of 7 stances.
2. Unit cost of water trucking is at \$13.5/ person/6-month to provide 5litre/c/d. with the assumption that water trucking will be done for 6 months only with an exit strategy
3. Unit cost of NFIs including water treatment chemicals was calculated at the rate of \$2.5/ person based on cost of average NFIs kit.
4. Unit cost of hygiene promotion is \$ 1.2/ person
5. Unit cost for rehabilitation and maintenance of a water scheme is \$ 14/ person
6. Unit cost for pipeline expansion of a water scheme is \$ 21/person
7. Unit cost for construction of new water scheme is \$ 50/person

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

5.4 Planning Figures by Region

DISTRICT	PEOPLE IN NEED	PEOPLE TARGETED	OPER. PARTNERS
Addis Ababa	1 k		3
Afar	304 k	278 k	15
Amhara	956 k	753 k	11
Benishangul Gumuz	151 k	140 k	11
Dire Dawa	49 k	49 k	5
Gambela	53 k	53 k	5
Harari	34 k	34 k	2
Oromia	3.3 M	2.7 M	45
SNNP	711 k	545 k	23
Somali	2.4 k	2.2 M	41
Tigray	414 k	285 k	7
Total	8.4 M	7.0 M	81

BY GENDER WOMEN / MEN (%)		BY AGE CHILDREN / ADULTS / ELDERS (%)		WITH DISABILITY (%)
52 / 48		62 / 35 / 3		9%
54 / 46		59 / 38 / 3		9%
51 / 49		56 / 39 / 5		1%
50 / 50		54 / 42 / 4		1%
48 / 52		57 / 39 / 4		1%
50 / 50		63 / 34 / 3		11%
52 / 48		58 / 38 / 4		8%
60 / 40		55 / 42 / 3		3%
51 / 49		60 / 35 / 5		9%
54 / 46		47 / 50 / 3		8%
52 / 48		58 / 37 / 5		8%

5.5

What if We Fail to Respond?

Urgent action is required to save lives and minimize suffering during climatic and conflict shocks. Time critical interventions are imperative to save lives. Failing to respond to the humanitarian need in Ethiopia will result in both short term and long-term consequences.

Failure to respond will mean that people's food and nutrition needs will not be met and underfunding of the response will have significant negative impact on the food security of targeted households. The nutrition response directly contributes to reducing infant and child mortality and sustains Ethiopia's success in gradually decreasing the mortality rate of children under five years of age. Failure to support the management of acute malnutrition and/or withdrawal of humanitarian funds allocated for these life-saving nutrition interventions would lead to a deterioration of the nutritional status of the population, including pronounced increase in the prevalence of wasting and child mortality. This impact will be felt in no more than one year after the nutrition program phase-out. Nutrition status of pregnant and lactating women, children, households with disabled members and female-headed households will be compromised if there are no adequate resources to respond to the food needs of the targeted beneficiaries.

By not providing adequate WASH response to the targeted population, there will be a huge risk of physical well-being such as disease outbreak and malnutrition, especially among vulnerable groups. If WASH responses fail to meet required standard, there will be higher protection risks among vulnerable groups, especially among girls and women, children, and the physically disabled. It may also severely affect mental well-being of the affected population as access to basic WASH services is recognized as the human rights and life of all.

Without adequate shelter, people may be left exposed to the elements, secondary displacement, increased incidents of gender-based violence, child protection issues, health, nutrition, WASH and livelihoods needs exacerbated. Women and children are particularly susceptible to external hazards from the surrounding environment. A population already vulnerable on many levels left without one of the simplest and most important basic needs, shelter, leaves them exposed to several life endangering threats. Lack of risk mitigation measures, sub-standard living conditions in displacement and return/relocation areas, a lack of access to adequate housing and HLP rights, and a lack of access to essential services will increase the risk of exposure to sexual violence, rape, and other forms of gender-based violence, in addition to increasing family separation, abuse, and other human rights violations. Inadequate provision of basic services, lack of information, and coordination gaps may expose affected populations to life-threatening risks.

Shelter and provision of basic household items are pivotal for rebuilding resilience towards future shocks and the lives of affected families. Particularly for targeted returnee and IDPs living with host communities' households that have access to livelihood assets, not providing support will contribute to deterioration and extra burden to the host communities by missing the relevant crop cycles and falling into food aid dependency. Sub-groups such as women, the elderly and children are particularly vulnerable when it comes to livelihood and agriculture support. Negative coping strategies put pressure on families to marry daughters at young ages in order to gain bride wealth, ensure the economic well-being of the girl or lessen food needs within the family. Protection of core livelihood assets of the affected population is essential to enhance a self-reliance and accelerate recovery and avoid further deterioration. This has direct implications on household's agency and resilience to cope with the shock, particularly having nutrition, food insecurity and protection consequences due to negative coping strategies.

Without adequate timely response to the health and medical needs of people in crises, it is expected that excess morbidity and mortality will abound. The first five years of life can be the riskiest if children are not vaccinated. Lack of access to routine and emergency vaccination will reduce the likelihood of any child celebrating their fifth birthday. Preventable diseases and deaths from common treatable causes like diarrhoea, pneumonia, malaria and measles especially affecting children under five should not be allowed. Uncontrolled disease outbreaks result in high attack rates, case fatality rates and increased burden to the health system. If trauma care is not available, casualties of conflict will die from direct and indirect causes or live with long term complications of their injuries. Similarly, pregnant women unable to reach emergency obstetric care will end up losing their life and that of the baby or live with long term complications. Survivors of sexual and gender-based violence suffer both physical and mental harm, including post-traumatic stress disorder, infectious diseases and unplanned pregnancy, which if left unattended to will have lifetime consequences.

If the humanitarian needs are not met there will be a risk of households employing negative coping strategies, that could have longer term impact on their livelihoods including undertaking high risk and exploitative work.

Long term implications of failing to provide adequate response is for example illustrated by the more than one million crisis-affected girls and boys, and teachers in both IDP and returnee sites that will not have access to a safe and inclusive learning environment. In a long-term perspective, the risk of losing a generation grows with every day of children's rights being violated as a result of emergency. Children are denied the opportunity to develop the necessary skills that facilitate their growth. Without access to education displaced boys and girls and all those affected by emergencies will lose opportunities to

reintegrate into society and overcome the negative effects of the emergency and build their resilience future crisis. Without access to quality education the main platform for peacebuilding and resilience strengthening initiatives will be lost.

Failing to respond to humanitarian needs further implicate harmful intergenerational consequences for survivors of violence, including mental illness and depression, stigmatization and isolation. Sickness affects people's social and economic productivity and quality of life, with a negative impact on the long-term health outcomes like life expectancy. People in emergency situations have new or pre-existing mental health disorders and other non-communicable diseases like hypertension, diabetes and arthritis, that if not addressed, will directly lead to death or related medical complications. Mentally ill people suffer stigma and neglect which is worse in environments where there is no psychosocial and medical support. Some of them end up with psychiatric diseases like depression. Overall, chronic diseases are a burden to families, and easily push them into despair, negative coping mechanisms, and deeper poverty.

5.6

How to Contribute

Contribute through the Central Emergency Response Fund

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.

cerf.un.org/donate

Contribute through the Ethiopia Humanitarian Fund

The Ethiopia Humanitarian Fund (EHF) is a country-based pooled fund (CBPF). CBPFs are a 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).

www.unocha.org/ethiopia

Registering and recognising 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:

fts.unocha.org

KARE MUSLI KEBELE/AFAR, ETHIOPIA

Mothers and children building home at Kare-Musli kebele Afar region Photo: UNICEF Ethiopia/Michael Tsegaye



5.7

Acronyms

AAP	Accountability to Affected Population	FGM/C	Female Genital Mutilation/cutting
AGD	Age, Gender, Diversity	FMoH	Federal Ministry of Health
AoR	Area of Responsibility	FSOM	Food Security Outcome Monitoring
ARRA	Agency for Refugees and Returnees Affairs	FTS	Financial Tracking Service
Belg	Short rainy season from March to May (in highland and mid-land areas)	FY	Fiscal Year
BGR	Benishangul Gumuz Region	GAM	Global Acute Malnutrition
BNA	Basic Needs Approach	GBV	Gender-based Violence
CAHW	Community-based Animal Health Workers	GCR	Global Compact on Refugees
CBCM	Community Based Complaint Mechanism	GoE	Government of Ethiopia
CCD	Collaborative Cash Delivery	GRF	Global Refugee Forum
CE	Community Engagement	Gu	Main rainy season from March-June in Somali region
CMAM	Community Management of Acute Malnutrition	HEA	Household Economy Analysis
CP	Child Protection	HH	Households
CRM	Complaint and Response Mechanism	HLP	Household, Land and Property
CRRF	Comprehensive Refugee Response Framework	HLPWG	Household, Land and Property Working Group
CVA	Cash and Voucher Assistance	HNO	Humanitarian Needs Overview
CwC	Communicating with Communities	HPC	Humanitarian Programme Cycle
DSA	Daily Subsistence Allowance	HRP	Humanitarian Response Plan
Deyr	Short rainy season from October to December in Somali region	IAAWG	Inter-agency Accountability Working Group
DRM	Disaster Risk Management	IASC	Inter-Agency Standing Committee
ECHO	European Civil Protection and Humanitarian Aid Operations	ICCG	Inter-Cluster Coordination Group
DTM	Displacement Tracking Matrix	IDP	Internally Displaced Person
ECMT	Education Cluster Monitoring Tool	IMF	International Monetary Fund
ECWG	Ethiopia Cash Working Group	IMWG	Information Management Working Group
EHCT	Ethiopia Humanitarian Country Team	IOD	Indian Ocean Dipole
ENCU	Emergency Nutrition Coordination Unit	IYCF-E	Infant and Young Child Feeding in Emergencies
ENSO	El Nino-Southern Oscillation	JEOP	Joint Emergency Operation Program
EOC	Emergency Operations Centre	Kiremt	Long rainy season (June-September in western areas) LRP Lowland Livelihood Resilience Project
EPHI	Ethiopia Public Health Institute	MAM	Moderate Acute Malnutrition
EPRP	Emergency Preparedness and Response Plan	MEB	Minimum Expenditure Basket
ES/NFI	Emergency Shelter and Non-Food Items	MHNT	Mobile Health and Nutrition Teams
FAW	Fall Armyworm		

MHPSS	Mental Health and Psychosocial Support	UASC	Unaccompanied and Separated Children
MPG	Multi-purpose Cash Grant	UN	United Nations
MPGTWG	Multi-purpose Cash Grant Technical Working Group	UNDAF	UN Development Assistance Framework
MUAC	Middle Upper Arm Circumference	UNHCR	United Nations High Commissioner for Refugees
MYRS	Multi-Year Resilience Strategy	USD	United States Dollar
NDRMC	National Disaster Risk Management Commission	VAS	Village Assessment Survey
NGO	Non-Governmental Organization	WASH	Water, Sanitation and Hygiene
NiE	Nutrition in Emergencies	WFP	World Food Programme
NMA	National Meteorology Agency		
OCHA	Office for Coordination of Humanitarian Affairs		
OTP	Outpatient Therapeutic Program		
PFA	Psychosocial First Aid		
PLW	Pregnant and Lactating Women		
PSEA	Prevention from Sexual Exploitation and Abuse		
PTA	Parents Teachers Association		
PSNP	Productive Safety Net Program		
RHB	Regional Health Bureau		
RPM	Response Planning and Monitoring		
RUTF	Ready-To-Use Therapeutic Food		
RUSF	Ready-To-Use Supplementary Food		
SAFE	Safe Access to Fuels and Energy		
SAM	Severe Acute Malnutrition		
SBMC	School Management Committee		
SEA	Sexual Exploitation and Abuse		
SGBV	Sexual and Gender-based Violence		
SMS	Site Management Support		
SNNP	Southern Nations, Nationalities and Peoples region		
SOs	Strategic Objectives		
TLC	Temporary Learning Centers		
TSFP	Targeted Supplementary Feeding Programme		
TVET	Technical and Vocational Training and Education		
UAG	Unidentified Armed Groups		

5.8

End Notes

1 Ethiopia Demography and Health Survey, 2016.

2 Ethiopia Mini Demographic and Health Survey, 2019.

3 Ethiopia Demography and Health Survey, 2016.

4 People targeted under SO2 is higher than the PIN under that objective as some people identified in need under SO1 will also be targeted.

5 Over a third of ever-married girls and women (age 15-49) having experienced physical, emotional or sexual violence committed by their husband or partner (DHS 2016)

6 The social service workforce is an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. <http://www.socialserviceworkforce.org/defining-social-service-workforce>

7 The people targeted under Strategic Objective 2 in this HRP include people who were part of the physical and mental wellbeing PIN in the Humanitarian Needs Overview, not only the living standards PIN. The global guidance on the enhanced Humanitarian Programme Cycle stipulates that "the vast majority of people facing physical and mental well-being problems will also face living standards problems and resilience related problems" and that "the response will have to take into consideration the type of living standards problems which people with wellbeing problems also face". In Ethiopia, this is also linked to analysis of WASH needs and response activities included in this document. The WASH cluster used proxy indicators on WASH needs from physical and mental wellbeing to inform their response under Strategic Objective 2.

Get the latest updates

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/936

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

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**HUMANITARIAN
RESPONSE PLAN**
ETHIOPIA

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