

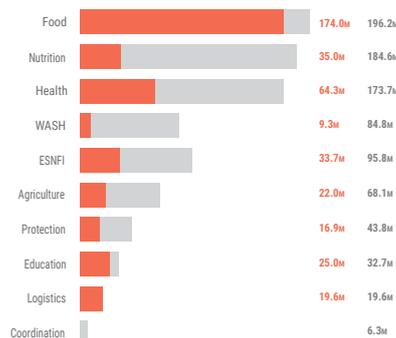
URGENT HUMANITARIAN PRIORITIES

KEY MESSAGES

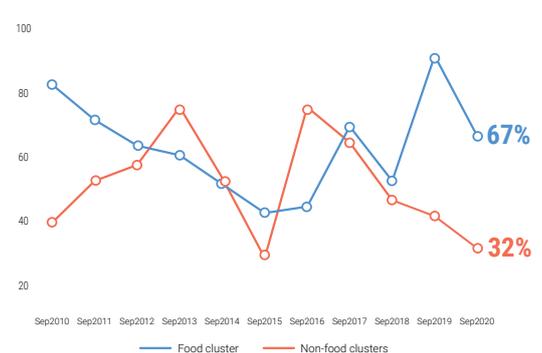
Humanitarian needs in Ethiopia have increased significantly in 2020 due to COVID-19 and other health outbreaks, the desert locust invasion, conflict and floods. For example, the number of food insecure people requiring assistance has increased from 5.9 million people at the beginning of the year to 11.8 million at mid-year. Similarly, projected malnourished children and pregnant and breastfeeding mothers increased from 3.6 million to 4.4 million. All clusters saw an increase in the number of people targeted for assistance by mid-year.

Despite rapidly rising needs, the Ethiopia Humanitarian Response Plan (HRP) is at its lowest funding level in the last decade, with a gap of US\$773.9 million. The plan requires US\$1.44 billion to target 15.1 million people with emergency assistance and protection (61 per cent children, 21 per cent women, and 9 per cent people with disabilities). Four critical Clusters have received less than 10 per cent of the funding required: Emergency Shelter/NFI (5 per cent); Protection (7 per cent); Education (7 per cent); Agriculture (8 per cent); Despite having to respond to floods, COVID-19 and multiple other vector-borne and water-borne diseases, Health is just 11 per cent funded, and WASH just 18 per cent funded. The Logistics Cluster, which provides vital common services for the entire operation, is just 16 per cent funded. Nutrition is 26 per cent funded, while 49 per cent of emergency Food needs are met. The longer that people are without food, the higher the likelihood of them drifting into malnutrition, particularly children under-5 and pregnant and breastfeeding mothers.

PRIORITY REQUIREMENTS VS HRP FUNDING GAP



FOOD AND NON-FOOD FUNDING LEVELS IN SEPTEMBER EACH YEAR



\$399.8M
Overall priority requirement



\$773.9M
HRP funding gap

The cost of no response

Without urgent additional funding, needs will deepen, and women, children, the elderly, people with disabilities, and displaced people will be forced to resort to negative coping mechanisms, which will exacerbate their situation. For example, funding gaps in the Food Cluster will likely worsen food and nutrition insecurity among the most vulnerable communities, including 2.8 million displaced/returnees. Due to under-funding, about 80 per cent of the planned targeted woredas will not receive any form of Child Protection support in 2020, leaving an estimated 112,000 children vulnerable to violence (including gender-based violence), exploitation, abuse and harmful practices. Similarly, without funding, the Education Cluster will not be able to support safe school reopening activities scheduled for September/October, impacting 2.6 million targeted children, particularly the most marginalized and most vulnerable children. The Health Cluster warns that at least 2.1 million people risk being left with no or limited access to essential health services if funds are not urgently mobilized, which is expected to lead to excess morbidity and mortality (see detail on the cost of no response per cluster in the table below).

Multiple clusters are already facing pipeline breaks, which is having dire consequences for people in need of assistance and protection. Due to a \$13.3 million shortfall in cash resources for food assistance, there have been cuts starting in round 5, which was launched in September; At least 15 out of 30 emergency health kits and commodities are already out of stock, and 10 more will rupture by 31 October 2020 if additional funding is not urgently received.

The situation of displaced families is particularly critical as they are unable to meet their basic needs and, without additional support, are exhausting the overstretched capacity of host communities. Without urgent funding to support displaced people and host communities, intra and inter-communal tensions - including along ethnic lines - may rise, and stigmatization and denial of services for IDPs (which are already being reported) could escalate. Experience dictates that the deeper the vulnerabilities, the more time and resources it takes to address them.

SECTORS OVERVIEW AND FUNDING PRIORITIES



Agriculture



HRP FUNDING REQUESTED
\$ 74.0M



HRP FUNDING RECEIVED
\$ 5.9M



HRP FUNDING UNMET
\$ 68.1M



PRIORITY REQUESTED
\$ 22.0M

What are we asking humanitarian donors?

The Agriculture Cluster urgently requires \$22 million to respond to 630,000 of the most vulnerable people and their respective households with livelihood support and protection of their core-productive assets. This amount is prioritized from the overall cluster funding requirement of \$74 million to address the livelihood protection needs of 1.71 million people and for the remaining of 2020.

The cluster prioritizes severely vulnerable households (female-headed households and households with older persons or with disabilities) that have been affected by the desert locust upsurge in SNNP, Oromia, Somali and Afar regions. To maximize the impact of the interventions, nutrition-sensitive livelihood packages, mainly livestock interventions and agricultural inputs, are considered for the response.

What if we fail to respond?

Not addressing the agriculture sector's needs will increase the number of food insecure people, which will in turn have an impact on malnutrition levels, households' use of negative coping strategies and the subsequent protection concerns. In addition, if livelihoods are not protected, the resilience and self-reliance of the most vulnerable will be eroded.

On the other hand, agricultural assistance will help build the resilience of vulnerable households, gradually reducing their dependence on humanitarian handouts.



Education



HRP
FUNDING
REQUESTED
\$ 35.2M



HRP
FUNDING
RECEIVED
\$ 2.5M



HRP
FUNDING
UNMET
\$ 32.7M



PRIORITY
REQUESTED
\$ 25.0M

What are we asking humanitarian donors?

According to the Ministry of Education, schools are expected to resume in September/October. Essential supplies are needed to keep schools safe and operational during the pandemic, including masks, water supply, thermometers, detergents for cleaning, learning materials and teacher training support. The support requested will target the most vulnerable children from IDP settings, hosting communities, returnees and migrants returning from other countries. Remote learning through radio and TV will continue being rolled out since school children will not be able to attend school daily due to space limitations.

What if we fail to respond?

Without funding, the Education Cluster will not be able to support safe school reopening activities scheduled for September/October, impacting 2.6 million targeted children, particularly the most marginalized and most vulnerable children, including girls, children in pastoralist areas, and IDPs in camps and camp-like settings. Based on lessons learned from surveys conducted during this pandemic, without educational opportunities, girls particularly in such communities fall victim to child marriage and other forms of violence, while teenage pregnancies and child labor are on the rise.

Children and communities will lose the gains made in education access and equity, expanding the gap in socio-economic equality. Lack of support education is key factor driving people to poverty in the medium to long term.



ESNFI



HRP
FUNDING
REQUESTED
\$ 101.1M



HRP
FUNDING
RECEIVED
\$ 5.3M



HRP
FUNDING
UNMET
\$ 95.8M



PRIORITY
REQUESTED
\$ 33.7M

The ES/NFI Cluster urgently requires 33.7 million (of the overall \$101.1 million cluster funding requirement) to reach 670,000 IDPs living in congested condition, recent flood and conflict-affected communities as well recently returned IDPs. The primary focus will be on COVID-19 mitigation activities for IDPs in sites, distribution of life-saving ES/NFIs to IDPs in cluster severity 4 and 5, and emergency shelter repair kits for those returned to completely damaged houses.

The demand from the existing caseload of conflict-displaced IDPs from 2019/2020 has been added to the recent displacement due to flooding in Somali, Gambella, Oromia and Afar regions. The additional burden brought by COVID-19 in terms of side decongestion and support to quarantine centers has exhausted the cluster pipeline. The cluster is reaching a point where it will be unable to respond to the most prioritized critical need.

Failing to meet the critical need of shelter and NFI of at least 2 million IDPs and returnees means a population already vulnerable will be left without one of the essential needs. Without adequate shelter, people will be exposed to the elements, and increase their risk of secondary displacement and to incidents of gender-based violence.

Women and children are particularly susceptible to external hazards from the surrounding environment. If the humanitarian needs are not met, there will be a risk of households employing negative coping strategies. Women and children in particular will also be exposed to many forms of violence, leading to health risks and long-term impacts. Shelter and provision of essential household items are pivotal for rebuilding lives and livelihoods, and to build resilience towards future shocks.



Food



HRP
FUNDING
REQUESTED
\$ 593.4M



HRP
FUNDING
RECEIVED
\$ 397.3M



HRP
FUNDING
UNMET
\$ 196.2M



PRIORITY
REQUESTED
\$ 174.0M

The Food Cluster is facing a shortfall of \$174 million, which comprises \$141 million in the Government pipeline and \$33 million in the WFP pipeline.

For the Government, there is already a pipeline break of \$13 million in cash resources starting in round 5, which was launched in September. The remaining \$128 million shortfall is for both cash and in-kind food resources (mainly cereals and pulses/fortified blended food) to cover the requirements for rounds 6 and 7.

For WFP, the \$33 million shortfall consists of \$23 million to cover relief food needs for 1.9 million beneficiaries for round 7 in Somali region, and \$10 million to support people in quarantine and isolation centres.

The compounding negative impact of multiple hazards on household food insecurity will contribute to increased malnutrition if there are inadequate resources for timely relief food assistance, particularly amongst pregnant and breastfeeding women, children, households with disabled members and female-headed households. The targeted people are those affected by drought, flooding, conflict, desert locusts and negative impact of COVID-19 until the end of the 2020.

Funding gaps in the Food Cluster will likely worsen food and nutrition insecurity among the most vulnerable communities, including 2.8 million displaced/returnees. In addition, based on experience, gaps in responding to the food needs in quarantine centers for COVID-19 and at various points of entry will result in some of the returnees deserting these centers, risking further spread of the virus. Support to identified needs will enable partners to timely procure food commodities that are required to meet immediate food needs and mitigate negative coping strategies that have a long-term negative impact on households livelihood and food security situation.

Health

HRP
FUNDING
REQUESTED
\$ 195.0M

HRP
FUNDING
RECEIVED
\$ 21.3M

HRP
FUNDING
UNMET
\$ 173.7M

PRIORITY
REQUESTED
\$ 64.3M

What are we asking humanitarian donors?

The Health Cluster requires \$64.3 million (of an overall \$195 million sector funding requirement) by 1 October 2020 to reach 2.1 million people with essential health services, including consultations and treatment for common illnesses, non-communicable diseases, trauma and severe malnutrition, and preventive interventions like vaccination, contraceptives, antenatal care and skilled delivery services. The target populations will include, but not limited to those affected by disease outbreaks like cholera and COVID-19, severe malnutrition, internally displaced people due to conflict and floods, returnees, returning migrants, migrants and affected host communities. Some 30 per cent of the funds will go into procurement, shipment and distribution of emergency health kits; 40 per cent of the fund will go into supporting health workforce to ensure services at all points of delivery. Another 30 per cent will pay for support services such as logistics and overhead costs. The general assumption is that the Government incurs a similar complimentary cost for the same population. At least 15 out of 30 emergency health kits and commodities are already out of stock, and 10 will rupture by 31 October 2020. Meanwhile, funding constraints is leading to the interruption of mobile health and nutrition teams (MHNT) that have been used to reach populations with life-saving emergency health services, including IDPs who have none or limited access to health facilities.

What if we fail to respond?

At least 2.1 million people will be left with no or limited access to essential health services. This is expected to lead to excess morbidity and mortality. 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 diarrhea, pneumonia, malaria, and measles, mainly affecting children under five, should not be allowed. Uncontrolled disease outbreaks will result in high attack rates, case fatality rates, and increased burden on 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 risk losing their lives and that of the baby or live with long term complications. Survivors of sexual and gender-based violence will suffer from physical and mental harm, including post-traumatic stress disorder, infectious diseases and unplanned pregnancies, which if left unattended will have lifetime consequences. All health interventions are directly or indirectly affected by the COVID-19 pandemic. Failure to mount an adequate response to the pandemic will have devastating consequences for all population groups.

Logistics

HRP
FUNDING
REQUESTED
\$ 23.4M

HRP
FUNDING
RECEIVED
\$ 3.8M

HRP
FUNDING
UNMET
\$ 19.6M

PRIORITY
REQUESTED
\$ 19.6M

The Logistics Cluster requires \$23.4 million to continue to facilitate access to sufficient and reliable information sharing, coordination mechanisms and logistics services, in particular, storage and overland and air transport for humanitarian organizations within Ethiopia. Activities and response will be co-led with NDRMC and will be provided for both COVID-19 and non-COVID-19 response based on prioritization, needs and funding availability.

Given the logarithmic expansion of COVID-19 cases, desert locust migration and changes to the IDP and returnee landscape, on top of physical access challenges, air and land operations are critical in delivering life-saving assistance to main hubs and remote areas with impacted access, providing rapidly critical COVID-19 medical items and other life-saving supplies. Interruptions of the Logistics Cluster's activities due to lack of funding will disrupt access to relief cargo and humanitarian staff. The impact of this will be grave given that disruptions in supply chains will put the continuation of critical services and programs in jeopardy and complicate efforts to adequately scale-up and respond to increasing needs.

Nutrition

HRP
FUNDING
REQUESTED
\$ 252.6M

HRP
FUNDING
RECEIVED
\$ 68.0M

HRP
FUNDING
UNMET
\$ 184.6M

PRIORITY
REQUESTED
\$ 35.0M

The Nutrition Cluster urgently requires \$35 million to reach more than 600,000 individuals affected by acute malnutrition in the next 3 months. Prioritized locations will include woredas of most severe concern (Priority 1 woredas according to the NDRMC hotspot woredas classification + IDP-affected woredas), in food insecure woredas (IPC Phase 3 and above) where acute malnutrition is very high, and where above 30 per cent of the population requires external food assistance. Overall, the cluster's requirement is \$252.6 million to address emergency nutrition needs of 4.4 million people. The biggest proportion of the budget forecast (71 per cent) is for therapeutic foods such as RUTF, therapeutic milks (F75 and F100), for specialized nutritious foods (SNFs) such as RUSF and Super Cereal Plus, and medicines. With only 30 per cent of the requirements so far mobilized, the coverage of the Targeted Supplementary Feeding Program (TSFP) was drastically reduced, leaving hundreds of thousands of children, pregnant women and nursing mothers affected by moderate acute malnutrition (MAM) without any nutrition support. Due to funding shortfalls, since March 2020, TSFP activities were implemented only in 183 woredas, and will further be reduced to 154 woredas in September 2020.

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 life-saving nutrition interventions would lead to a deterioration of the nutritional status of the population, including a pronounced increase in the prevalence of wasting and child mortality. This impact will be felt in no more than one year after the nutrition support scales down or phases out.



Protection



HRP
FUNDING
REQUESTED
\$ 47.6M



HRP
FUNDING
RECEIVED
\$ 3.8M



HRP
FUNDING
UNMET
\$ 43.8M



PRIORITY
REQUESTED
\$ 16.9M

What are we asking humanitarian donors?

The Protection Cluster has prioritized responses requiring \$16.85M by October 2020 to address the protection needs of 650,000 vulnerable women, men, girls and boys (out of 3.8 million people in need of protection, including more than 1.8 million IDPs and another 1.4 million IDP returnees).

What if we fail to respond?

Failure to respond means that 3.8 million crisis-affected people (including 1.8 million IDPs) in need of protection will not be reached with specialized protection services (such as legal assistance, and case management for GBV survivors), or provided with the information necessary to claim their rights, exposing them to further life-threatening risks. For example, more than 225,000 IDPs in Dawa and 138,000 IDPs in Borena remain outside the reach of protection cluster partners. Meanwhile, in East/West Wollega zones, 56,000 IDPs face increased stigmatization and denial of services as host community resources grow scarce, however, they have been driven into secondary displacement due fears of insecurity/act of retaliation and unresolved land claims in their places of origin. Much like 1.8 million IDPs across Ethiopia, their most basic needs to ensure their safety, dignity and integrity remain unmet. Moreover, rather than scaling up, protection actors have been forced to phase out their responses due to lack of funding.

Mental health and psychosocial support needs across all population groups -both children and adults -are acute and under-resourced and if left unaddressed will continue to perpetuate cycles of trauma and violence. Survivors of gender-based violence suffer both physical and mental harm, including post-traumatic stress disorder, sexually transmitted diseases and unplanned pregnancy, which, if left unattended (due to a lack of adequate medical, legal, and mental health response services), will present a lifetime social and economic consequences for the survivor; their family and the wider community. Stigma against survivors is high; in West-Wollega, only 20 per cent of people said that families would support their daughter to report a GBV case, and without essential awareness raising on the benefits of seeking urgent medical help, the majority of GBV survivors will not seek life-saving support.

Without the additional support required for Child Protection activities, about 80 per cent of the HRP 2020 targeted woredas will not receive any form of support, leaving an estimated 112,000 targeted children vulnerable to violence (including GBV), exploitation, abuse, harmful practices, psychosocial distress deprived of access to child protection case management. Noting a weak child protection system, particularly limited workforce that is already overstretched with limited capacity to prevent and respond to increasing child protection needs, an opportunity to strengthen this system is also compromised.

Lack of access to adequate housing, land and property rights not only increase the risk of exposure to GBV, CP and other human rights violations mentioned above, but these are also both a fundamental cause and consequence of conflicts. HLP violations also hinder the exercise of rights and remain a barrier to durable solutions. Several violent incidents over land claims have threatened the safety of IDP returnees in the first quarter of 2020 (e.g. Oromia and Somali regions) and driven tens of thousands into secondary displacement (e.g. Oromia and Benshangul regions). Lack of funding for HLP issues, means that pattern of displacements and land disputes will only continue in the long-term.

Site Management Support (SMS)

Prevention of COVID-19 and the mitigation of its impact should remain a high priority in IDP sites. The opportunity to prevent the virus from reaching the largest IDP sites is now lost, but there is still time to prevent further spread IF WE ACT NOW. \$11 is urgently needed to fast-track site decongestion and expansion of WaSH facilities, enhance risk communication activities, and establish temporary isolation centers in 26 targeted IDP sites. Another layer of prioritization targets ten riskiest IDP sites at the cost of \$5.9 million. At present, 97 per cent of the prioritized sites have no site management presence, while partners have no ability to increase water supplies in 84 per cent of the targeted sites.

Of the 1.8 million IDPS, more than 975,000 people are living in displacement sites in the Somali and Oromia regions. Currently, SMS partners are covering less than 3 per cent of IDP sites. Without adequate site management structures, displaced people will continue to lack dignified and safe living conditions, sufficient access to basic services, and adequate resources to sustain their families and communities. COVID-19 has further highlighted the risks faced by IDPs in communal accommodations and the need to immediately improve living conditions in order to mitigate life-threatening risks of transmission in congested conditions.

Internally displaced people (IDPs) are amongst the most vulnerable people for COVID-19 due to their crowded living space, compromised health conditions, and inadequate access to essential services. Some 398,830 IDPs across 56 sites are currently living in overcrowded sites or site-like settings. Assessments conducted in Somali and Oromia regions revealed that the living space per person in the sites is 1.3m², while the internationally recommended standard is 3.5m², making physical distancing difficult or near impossible. Regional authorities and partners have prioritized 26 highest-risk IDP sites for decongestion and scaled-up multi-sector response. The first COVID-19 cases amongst IDPs were registered in Qoloji sites (Somali region) in mid-August. Without rapidly scaling up site decongestion and the expansion of WaSH facilities, risk awareness communication, and active surveillance, the likelihood of the fast spread of the virus in the sites and surrounding community is high, with the possibility of higher fatality due to compromised immunity.



HRP
FUNDING
REQUESTED
\$ 103.4M

HRP
FUNDING
RECEIVED
\$ 18.6M

HRP
FUNDING
UNMET
\$ 84.8M

PRIORITY
REQUESTED
\$ 9.3M

What are we asking humanitarian donors?

The WASH Cluster requires 9.3 million by October to provide life-saving WASH responses to IDPs where only sub-standard WASH services (safe water less than 7.5litre/person/day and no access to basic latrines) are available and prioritized healthcare facilities for minimum WASH services under COVID-19. The overall cluster funding requirement is \$103.4 million to address the WASH needs of 10.5 million people. The predominant cost driver in the response is the poor WASH coverage in the country as well as the large number of affected population due to severe natural environment, limited availability of water sources, especially in the lowlands and COVID-19 pandemic. All types of humanitarian WASH responses for the target groups will be integrated with COVID-19 preparedness and response activities with additional hygiene items and risk communication and community engagement (RCCE) measures.

What if we fail to respond?

Not addressing the WASH needs of targeted population will likely increase the risk of spread of water-borne disease, like cholera, and COVID-19 among IDPs and other vulnerable communities affected by floods, water-shortage and cholera. As long as COVID-19 pandemic continues, failure to provide minimum WASH service will lead to wider community infection due to inadequate infection prevention as hand hygiene and hygienic practices would be limited. Poor WASH service at healthcare facilities may exacerbate the environment for healthcare staff and patients due to inadequate IPC WASH measures at facilities, which in the worst case may lead to healthcare-acquired infection.

Failure to address WASH needs also have protection implication as women and girls will travel longer distance, often in unsafe conditions, to fetch water for their family.

What are we asking for development actors?

- Development actors are urged to flex development funding to avail the urgently needed funding for life-saving interventions. This will go a long way to decrease the time to intervene, preventing further deterioration of humanitarian needs.
- Development actors are urged to focus on addressing structural vulnerabilities such as lack of access to water, failing agricultural systems, environmental degradation and resource conflict, as well as unemployment and lack of alternative livelihoods. Funding resilience-building activities is one step in this direction.

How can you fund?

- Contribute directly to clusters.

You can directly contact cluster coordinators for more information.

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- Contribute through bilateral funding to INGOs and NNGOs

Funding can also be provided directly to national and international humanitarian partners on the ground who are operationally ready to scale up response should additional funding is availed. These humanitarian partners also have development programs, which enables them to also involve in resilience-building activities.

- 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).

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