HIGHLIGHTS (25 Mar 2024)

- US\$998 million required to respond to priority humanitarian needs over the next three months, and secure aid pipelines beyond that
- 1.1 million people, out of a planned 2.34 million, have received food assistance in an ongoing monthly distribution in Tigray since 26 February.
- More than 700,000 people in drought-affected North and Central Gondar zones of Amhara Region urgently need food assistance.
- About 317,000 people in West Hararge Zone, Oromia require water trucking services following poor 2023 kiremt rains.
- Malaria cases have surged to 5.2 million, surpassing 2023 figures and peaking at 705,000 in February alone.



February 2024. Mai Tsebri town, Tselemt Woreda. 8,000 people remain displaced and in dire conditions from the northern Ethiopia conflict that ended in 2022. Their situation is further aggravated by the ongoing El Niño induced drought. Credit OCHA Ethiopia/ Jordi Casafont Torra.

KEY FIGURES

21.4M

People in Need, Overall People in Need, Food (2024 HNO) (2024 HNO)

15.5M

Overall (2024 HRP)

10.4M People Targeted, People Targeted, Food

(2024 HRP)

Financial Requirement (2024 HRP)

FUNDING (2024)

Required



Progress

FTS: https://fts.unocha.org/plans/1 195/summary

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BACKGROUND (25 Mar 2024)

Situation Overview

On 11 March, the Ethiopian Disaster Risk Management Commission, the United Nations and humanitarian partners released the joint Priority Humanitarian Response and Critical Funding Gaps document, requiring US\$998 million to respond to acute humanitarian needs until June 2024. Funding the priority activities will enable partners to rapidly ramp up prevention and treatment of acute malnutrition; water, sanitation, and hygiene (WASH) services, shelter provision; healthcare services; food assistance; keeping children in schools; response to livestock and crop farming emergencies; and addressing protection concerns. The priority document is an addendum to the <u>2024 Humanitiarian Response Plan</u> that requires \$3.24 billion.

Displaced persons in camps, collective sites, and return areas remain in dire conditions amid shortage of funds and resources.

Millions of people across Ethiopia have been displaced by conflict and hostilities, drought, and flood emergencies in Afar, Amhara, Benishangul Gumuz, Gambela, Oromia, Somali, Tigray, and other regions. As of October 2023, the national displacement caseload was estimated to be around <u>4.6 million</u> (2024 Ethiopia - Humanitarian Needs Overview) in both accessible and inaccessible locations across the twelve regions. As previously reported from IOM-DTM site assessments, 51 per cent of IDPs had been displaced for more than 5 years.

Recent years have seen a gradual deterioration of conditions in IDP sites across regions. Due to limited funding and resource capacities within the humanitarian community, efforts to address needs of IDPs are becoming increasingly challenging. These conditions are observed in **Jara IDP camp** in the North Wello Zone of the Amhara Region, as well as **Ano IDP camp** (East Wellega Zone) and tens of thousands of **IDPs in Arsi Zone** of the Oromia Region.

The Jara IDP camp is the second largest in the Amhara Region. According to the Disaster Risk Management Office, which manages the camp, Jara is host to nearly 8,800 people displaced from mostly the Oromia Region and is in proximity to host communities in the neighbouring Afar Region. Meanwhile, there is significant concern over the inconsistency of food provision, shelter, medical and nutrition supplies (supplementary feeding for children), non-fooditems (NFI), education, and WASH services. The high and unaddressed needs amongst the IDPs are creating increased levels of vulnerability. Protection concerns are also on the rise as their vulnerable conditions lead IDPs to negative coping mechanisms including begging and child labour. Children are out of school and high levels of gender-based-violence (GBV) against female IDPs are reported. Resources like grazing and water for livestock are causes for clashes with communities in Afar and Amhara and increasingly raise high security risks for IDPs. Combined humanitarian and resilience activities for Jara IDPs can also benefit host communities amid scarce resources, which ultimately require a scale-up in funding and resources.

In **Oromia's Arsi Zone**, OCHA and government authorities in February jointly assessed and found security concerns in 19 out of 25 districts due to ongoing hostilities. More than **40,000 people are reportedly displaced** in the zone between December 2023 and February 2024. Health facilities are nonfunctional leaving about 3,800 children and 800 breastfeeding mothers without essential healthcare in the zone's Dodota district. Schools are closed, and IDPs find refuge under makeshift shelters, public buildings and with host communities. The humanitarian situation is aggravated due to the impact of recurrent droughts, floods, and mud slides in the zone. Close to 345,000 people in the lowlands of the zone urgently require food assistance. The absence of humanitarian partners, inconsistent food aid, and inadequate protection measures further fuel their dire situation. A coordinated and robust response is required to address the critical needs of the vulnerable populations in Arsi Zone.

An estimated **453,000 people remain displaced in East Borena, Guji, and West Guji** zones of Oromia due to sporadic hostilities ongoing since 2018, according to local authorities. Health systems are impacted, and insecurity constrains humanitarian movements to access affected communities. Conflict impacts reduced grain supply, raising prices, while livestock supply increased, lowering prices. Negative term of trade leaves pastoralists unable to access market supplies. Despite a volatile security environment, partners have made efforts to deliver humanitarian assistance in various collective sites and host community IDP settings.

Partners are informed of the Ethiopian Government's recent IDP return/relocation initiative in support of their rehabilitation and recovery. The United Nations and humanitarian partners continue to engage in regional processes in return areas including through Durable Solutions Working Groups that are active in Afar, Amhara, Oromia, Somali, and Tigray. Multi-sectoral response and continuous investment by development partners are, however, absent amid limited funding and resource capacities to address recovery and resilience needs. The implementation of government-led returns/relocations of IDPs from Amhara to Oromia that started in February 2024 is facing challenges highlighting food, shelter and NFI assistance, health, and WASH services as primary needs. In East Wellega Zone (Oromia), a recent joint visit made by government authorities, OCHA, and partners found over 4,700 IDPs residing in the Ano Town IDP collective site. The IDPs comprise of those recently relocated from Amhara and others previously displaced in the area. In addition to the need for basic services, protection needs in relation to transitional justice, housing, land, property issues and security have been reported. Humanitarian response has been inadequate so far. With the support of the Government, a one-month food ration of maize and rice (as opposed to a planned three months) has been distributed to the returnees. The temporary shelters provided are sub-standard and not able to withstand harsh weather, which is concerning given the incoming March-May belg rainy season. Pregnant and lactating women and children mainly received limited NFIs (blankets, soap) leaving most people without assistance. The IDPs report feeding on one meal a day, impacting primarily children's and pregnant and lactating women's nutrition and health situation. The lack of durable solutions options also remains a concern. In general, returns/relocations are challenged by the requirement for compliance to international IDP returns and relocation standards. Non-compliance with standards may hinder the support from international partners.

Growing number of GBV incidents must be tackled.

In Ethiopia, GBV continues to be a key concern in communities affected by conflict and climate shocks (drought and floods). GBV forms include violence, sexual assault, physical violence, abduction, rape, child marriage, and harmful traditional practices. Despite increasing reports of cases, GBV remains highly underreported in complex emergency settings. Survivors face stigmatization and lack poor access to assistance and services.

Protection partners operational in the **West Hararge Zone of Oromia**, reported concerns over increasing number of protection related cases. Guba Koricha district in the zone reported five child trafficking cases in just one month. The Zonal Women and Children's Affairs office in February reported incidents of child marriages (8), early marriages (5), bigamy (10), sexual and physical violences (6), and abductions (1 adult and 3 child). Provision of appropriate response to GBV is facing challenges of underreporting (in cases managed by community elders), lack of one-stop centers, as well as limited capacities of local authorities and funding for protection partners.

Meanwhile, there has been a surge in GBV cases in the Amhara Region according to the Amhara Public Health Institute. However, the region has only 10 one-stop centres and six safe houses/shelters, indicating significant resource and response gaps. While national and regional coordination mechanisms are in place, the strengthening of prevention and response as well as information management are lagging.

GBV response, prevention and risk mitigation involve medical treatment and health care, case management response, psychosocial care and support, and legal and law enforcement services. Partnerships and coordination among partners supporting authorities are well established and actively supporting GBV action in the field. More resources, however, are needed to fully meet the needs. The https://example.com/humanitarian Response Plan requires at least \$106.5 million for GBV priorities in 2024.

Partners, in coordination with national stakeholders, continually to reassess access for effective humanitarian assistance in hard-to-reach areas.

In the Amhara Region, a State of Emergency was declared in August 2023 and extended for four additional months in February 2024 to 4 June. Armed clashes and ensuing insecurity continue to hinder the population's access to basic services, and complicate commercial transport and delivery of aid supplies to affected communities, particularly in rural areas.

Fuel shortages, road closures and inadequate internet connectivity are also affecting commercial and humanitarian movements within Amhara and to the Benishangul Gumuz Region. The Logistic Cluster is working on various options for fuel supply for aid operations, while partners continue to explore options to provide assistance in remote areas, including through partnering with local non-governmental organizations.

Humanitarian partners are not targeted by weapon bearers, however, the volatility of the security situation and the multiplicity of armed actors involved, including local militias and armed civilians, pose a high risk for aid personnel and relief operations. OCHA recorded a total of 93 incidents which impacted aid workers in 2023. Please refer to the recent OCHA Ethiopia Humanitarian Snapshot for more information.

The impact of the El-Niño induced drought on food insecurity continues to be concerning. The Somali Region. specifically the Fafan and Siti zones, is affected by the ongoing El Niño-induced drought in Ethiopia. A multiagency rapid assessment carried out in February revealed that most affected people in five assessed districts in Fafan Zone are experiencing water shortages due to the drought effects stemming from the below-average karran rainy season (July-September 2023). Traditional water sources like ponds and 'birkats' have dried up, and pastures crucial for feeding livestock have diminished. Livestock, vital for agropastoral families' income and nutrition, are either perishing or malnourished, while crop yields have failed. These conditions are forcing families to relocate to either borehole areas or valleys where they can access water including for their livestock. Nearly 400 people have been displaced within the community and from other areas. Around 450,000 people require provision of water through emergency water trucking. Failed crops and increase in price of food commodities have had an impact on food and nutrition security according to local authorities. More than 260,000 individuals are facing a food deficit and require immediate food assistance. Outpatient therapeutic programmes (OTP) and Stabilization Centers were available in most health facilities, but some health posts reported intermittence in nutrition supplies, amid increase in OTP admissions between November and January. A strengthening of health and nutrition services are necessary to avoid increase in morbidity and mortality among affected communities, as well to respond to the cholera outbreak currently affecting seven out of fourteen districts in Fafan Zone. Food, water, nutrition, cash assistance, hygiene, and sanitation (particularly in crowded sites), health services, and livestock feed and treatment are priority intervention needs.

In the Siti Zone, over 254,200 people are affected by the ongoing El-Niño induced drought. In three recently assessed districts of Siti Zone, nearly 4,400 people (close to 800 IDP households) impacted by the drought and over 18,000 conflict-affected IDPs (over 3,300 households), are found in dire humanitarian conditions, as of January 2024. Lack of shelter, food, non-food items and emergency kits and severe water shortages were assessed in almost all sites. Most of the IDP sites affected by drought and conflict, consume untreated water from unprotected sources, increasing the risk of water-borne diseases such as cholera including in Erer district where the outbreak is the highest in the region. Two thirds of assessed areas also showed that students were out of school or had no access to learning. There were no food markets, and where they were accessible, food prices were inflated. Food aid, access to water through borehole maintenance, provision of shelter and NFI, health services with medical and nutrition supplies, and alternative education are some of the primary needs.

Early rains in April-May including in drought affected Fafan, Siti, Liban and Dawa zones are anticipated to improve water availability, and availability of pastures for livestock. However, more rains and area coverage as well as scaled-up humanitarian response to affected populations are necessary to alleviate the impact of the drought. On the contrary,

flooding is a major concern in Fafan, Siti, Liban, and Dawa zones (National Flood Contingency Plan). Additionally, the increased access to surface and river water will increase the risk of waterborne disease such as cholera, which is already active in the region. The onset of rains requires scaling up water treatment activities.

In Tigray, food aid continues despite limited resources, causing distribution delays due to caseload adjustment processes. But the ongoing response is not commensurate with the need. Cash response has only reached 37 per cent of the cash-based assistance caseload due to logistical challenges. In addition, difficult road access in some operational areas and varying organizational/resource capacity is limiting the progress towards meeting the target for relief food assistance within set timeframes.

As of 10 March, 1.1 million people (out of a 2.34million target) received 17,993.65 Metric Tons (MT) of food assistance across 56 districts in an ongoing monthly food distribution that started on 26 February. In January, an estimated 2.9 million people (86 per cent of the case load targeted for the same period) received food assistance (44,798MT) with the support of the Ethiopian government and food partners. Targeted beneficiaries include PSNP clients through the shock response grant from the World Bank, IDPs, and relief beneficiaries.

In the **West Hararge Zone** (**Oromia Region**), water trucking services are required for some 317,000 people across six districts who have been affected by poor 2023 *kiremt* rainy season.(1) In addition to the erratic rain, Fall Army Worm infestations have led to limited food production during the *meher* harvest (October-December). Availing timely agricultural support ahead of the next planning season is key to start reversing the food gap. At least 2,090 MT of crop seeds are required to cover some 57,500 hectares of agricultural land during the 2024 March-May rainy season (*belg*).

In the **Amhara Region**, according to local authorities, the North Ethiopia conflict (2020-2022) displaced 145,981 individuals and affected the socioeconomic situation in the North Gondar Zone. A previous assessment projected that over 1.66 million people in Amhara would require food assistance due to the below-average *kiremt* rains in 2023.(2) The current drought conditions that have already led to over 34,000 hectares of crop loss and more than 45,100 livestock deaths, are further exacerbating the humanitarian condition in six of eight districts in the North Gondar Zone. Recent reports by local authorities revealed that some 452,850 people across the six districts in the zone require emergency food assistance. Out of these, tens of thousands of children and pregnant and lactating women are reportedly malnourished, beyond the emergency threshold. The Nutrition Cluster estimates that at least 39,000 children, in the zone, will face malnourishment (both moderate and severe) as well as 30,000 pregnant and lactating women this year. Some 116 health facilities are destroyed and 150 schools remain closed affecting 57,400 students.

North Gondar Zone also hosts over 20,000 refugees in Dabat district, as well as over 4,000 Ethiopian returnees from Sudan. Increased humanitarian engagement and multisectoral, life-saving assistance is necessary, including, food, shelter and cash support, health and nutrition, WASH, and education services.

Similarly in Central Gondar Zone, the prolonged drought has affected some 253,400 people across five districts with significant impact in Kinfaz, East Belesa and West Belesa districts according to the zonal Disaster Risk Management Office. The districts have experienced a significant decrease in water coverage, from 34 per cent prior to the drought to eight per cent currently. Where available, people consume water from unprotected sources increasing their risk to water-borne diseases. *Meher* crops were damaged due to the cumulative effects of erratic rains, hailstorms, pests, and crop diseases. The shortage in food and water have affected the health and nutrition of the population and require related life-saving assistance, including food relief until they next harvest in October/November.

In Afar Region, partners are utilizing their limited resources to respond to some 15,500 people affected/displaced by drought. The 2023 *meher/karma* seasonal assessment projected about 252,900 people affected by the drought would need food assistance. Between 92 and 97 per cent of affected populations in Bidu (26,954), Afdera (27,000), and Gulina (46,730) received assistances as part of food distributions that started on 7 March. Partners have provided water (through trucking), and nutrition supplies enough to meet SAM (severe acute malnutrition) needs until May 2024.

Disease outbreaks response efforts continue

Security issues in Amhara, parts of Benishangul Gumuz, and Western Oromia are preventing the delivery of basic health services, as reported by the Health Cluster in February. Inadequate internet connectivity, in Amhara, is also delaying investigation of potential disease outbreaks, allowing infectious diseases to linger undetected, causing unnecessary high morbidity and mortality. Health authorities in newly established regions in southern Ethiopia (Central, Sidama, South and South West) are reportedly facing financial and resource gaps. Discontinuation of Mobile Health and Nutrition Team (MHNT) services, due to interrupted funding, is negatively affecting access to health care for displaced populations, as well as pastoralist communities in remote areas without functional health facilities. There is an urgent need to strengthen health service provision, and risk communication and community engagement (RCCE) to address misconceptions and increase knowledge on prevention of cholera, measles, and malaria.

Malaria cases have surged to 5.2 million, surpassing last year's figures and peaking at 705,000 in February alone. An alarming 25 per cent increase in the number of deaths from 611 deaths in January to 764 in February is also observed. Most cases were reported from Oromia, followed by Amhara, South West, and South regions. The highest number of malaria cases per 100,000 population has been consistently reported from the Gambela Region, followed by South West and Benishangul Gumuz. All regions continue to report number of cases far above the emergency threshold. Partners support public health authorities with response coordination, surveillance activities and vector control. However, the current malaria response is challenged with inadequate bed net utilization among communities at risk, suboptimal environmental or vector control activities, lack of insecticide residual spraying at mosquito breeding grounds. Generally, limited partner involvement, poor data quality from affected areas, and weak community-level malaria prevention and control interventions hinder a more effective response.

Measles continues to be active in 71 districts as of 26 February. Over 42,000 cases across the country are reported as of 26 February, showing a 12 per cent increase from the previous month. The number of deaths has also increased by 10 per cent from 285 in January to 315 in February. Most cases are reported from Oromia, followed by Southwest, Somali, Amhara, and South Ethiopia. The Central Ethiopia Region, which declared an outbreak in December 2023 reported 2,457 measles cases and 19 deaths across four zones as of 10 March. An estimated 54 per cent of the cases are children under five out of which 32 per cent have not received any measles vaccination. Community misconceptions around vaccines and lack of laboratory testing in the regions (samples sent to Addis Ababa) contribute to delayed and low response coverage. In Benishangul Gumuz response is reportedly constrained by limited supply of drugs and other medical supplies, while not being able to contain spread to areas adjacent to affected districts.

The number of cholera cases continues to rise, currently standing at close to 36,900 and a case fatality rate (CFR) of 1.41 per cent as of 6 March, according to the Ethiopian Public Health Institute. New cases are reported from Afar, Dire Dawa, Harari, Oromia, and Somali with almost 30 per cent from densely populated cities (Kebridehar and Jigjiga). A high increase in the number of patients admitted in cholera treatment centers (CTC) has been observed from 47 admissions in January to 151 in February. Seventy-five per cent of cholera cases report drinking untreated water from rivers, streams, and lakes. The outbreak is controlled in 269 districts following continued efforts in preventative and treatment of patients. The districts, however, remain at high risk due to their adjacence to affected areas. Seven rounds



of cholera oral vaccination campaigns (OCV) have been rolled out in affected regions since December 2022, with the eighth campaign having started early March. A national eight-weeks Stop Cholera Together plan is expected to contain the cholera outbreak across affected regions.

Efforts to communicate risks should prioritize promoting bed net usage and cleaning campaigns to reduce mosquito breeding grounds. In addition, addressing misconceptions about measles vaccinations and raising awareness about the risks of cholera infections from drinking untreated water remain critical. MHNTs also play a crucial role in preventing and treating disease outbreaks, especially in high-risk areas like overcrowded IDP sites. Resource mobilization is therefore important to providing health services in areas without access to static health facilities.

A team of high-level humanitarian officials concluded their peer-to-peer knowledge sharing mission.

On 7 March, a team of high-level humanitarian officials concluded their two-week peer-to-peer knowledge-sharing mission that aimed to strengthen the response of the humanitarian community. The mission included discussions with Government authorities at all levels and other international and national humanitarian partners. The team visited seven locations across **Afar, Amhara, Oromia, Tigray, Sidama, and South Ethiopia**, selected due to ongoing complex humanitarian issues, including violence, disease outbreaks and drought. The team has presented its findings to the Ethiopian Humanitarian Country Team. Also put forward were steps towards developing a plan of action aimed at exploring better coordination, resource mobilization, and strengthened partnerships for better delivery and reach of communities amid economic and security challenges prevalent in the regions.

Footnotes

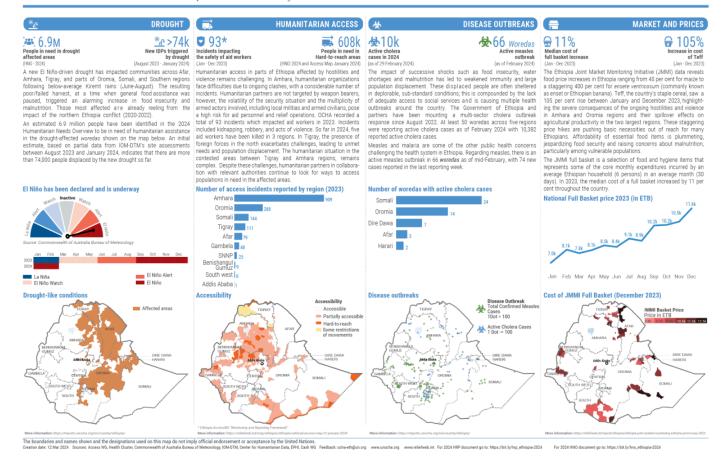
- (1) West Hararge Zone Disaster Risk Management Office
- (2) 2023 Meher seasonal assessment / Household Economy Approach (HEA)

VISUAL (25 Mar 2024)

Humanitarian Snapshot - February 2024



Humanitarian Snapshot - February 2024



The Humanitarian Snapshot is available here: https://reliefweb.int/report/ethiopia/ethiopia-humanitarian-snapshotfebruary-2024

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