

# HUMANITARIAN RESPONSE PLAN

## ETHIOPIA

HUMANITARIAN  
PROGRAMME CYCLE  
2023  
ISSUED February 2023



# 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

Kori Town, Afar Region. Children from a community in Kori Town play among their homes. Since the drought struck nearly a year ago, there has been a high rate of malnutrition among the community, especially among children. Credit: Liz Loh-Taylor for OCHA Ethiopia

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# Foreword by the Commissioner

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**Ethiopia continues to face compounded humanitarian challenges caused by extended drought and its consequences. On the other hand the impact of conflicts in Northern Ethiopia and some pockets in the country require continued responsive measures. Flooding has become a seasonal phenomenon that destroys all the assets at the family and community level. Concomitantly, the impact of the global economic crisis is affecting Ethiopia with inflation, spike in the prices of essential commodities including food and fuel, and limited availability of supplies in the affected areas.**

Despite these challenges, Ethiopia has made significant strides with the signing of the Cessation of Hostilities agreement (COHA) in November 2022, ending a two-year conflict in northern Ethiopia, and bringing hope to millions of people in the region. Already, hundreds of thousands of people have returned and started to re-build their lives and livelihoods. Unfettered Humanitarian access, the flow of humanitarian supplies and restoration of basic and public services are back to its normal operation.

Communities in South and South Eastern parts of Ethiopia continue to suffer from a devastating drought, the worst in the last forty years, following five consecutive failed rainy seasons since late 2020. The effects of the drought are alarming and have eroded the livelihoods of millions of Ethiopians heavily reliant on livestock, worsening food security and nutrition and driving hundreds of thousands of people into displacement in search of alternative sources to survive. Forecasts indicate a high probability of a sixth failed season in March-May 2023 which will likely worsen an already dire situation and further require urgent humanitarian assistance.

The 2023 Humanitarian Response Plan, developed jointly with the humanitarian community, is focusing on the urgent and lifesaving needs of the most vulnerable people in Ethiopia, including food, nutrition, water, healthcare, and protection services. This year, building on our achievements in 2022, we must continue and step-up our efforts to respond to conflict

and natural hazards induced needs. Together, the Government of Ethiopia, the United Nations and humanitarian partners, we are appealing for \$US 3.99 billion to assist over 20 million people across the country with food assistance. Of those, 4.4 million people are targeted for multi-sector non-food assistance, of which two thirds are women and children.

The government of Ethiopia is a major actor of and guides the humanitarian response across Ethiopia. Therefore, the continued collaboration with the humanitarian partners is the backbone for an effective delivery of assistance where it is mostly needed across the country. Humanitarian assistance will not only save lives and alleviate suffering but will also prepare the foundation for durable solutions and advance resilience of people at these difficult times, recovery, and rehabilitation activities, to reconstruct damaged and destroyed economic and social infrastructure.

On behalf of the Government of Ethiopia, I express our full commitment to work closely with the humanitarian community and support and facilitate a conducive environment to carry out the humanitarian operations. I also extend my utmost appreciation to the UN-HCT for coordination and collaboration with government counterparts to address the neediest and to the donor community for their contribution to financing the humanitarian response and urge them to continue with their support and to give generously to this response plan in the year ahead.

**H.E. Ambassador Dr. Shiferaw Teklemariam**

Commissioner for the Ethiopian Disaster Risk Management Commission of Ethiopia (EDRMC)

# Foreword by the Humanitarian Coordinator

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**A record number of people in Ethiopia will continue to need humanitarian assistance this year, with more than 20 million women, men and children requiring urgent assistance. This is mainly due to compounded factors including the consequences of a devastating conflict in northern Ethiopia, the effects of severe and unprecedented drought in the eastern and southern parts of the country, and heightened levels of violence in other parts of the country, most notably in western Oromia pushing more people into displacement, food insecurity, malnutrition and increased protection concerns.**

These factors come amidst rising global prices of basic commodities, inflation and devaluation of the local currency, and fears of global shortage of gas, fuel, medicine and food impacting the cost of the response.

Humanitarian needs continue to deepen and expand in drought affected areas particularly. About 24 million people are living in these areas, of whom 13 million vulnerable pastoralists and agro pastoralists are targeted for life-saving assistance. Food insecurity, malnutrition and health conditions of the affected population is worsening, with eroded coping capacities and increased vulnerabilities.

In northern Ethiopia, although access to people has improved significantly since the signing of the Cessation of Hostilities Agreement (COHA) in November 2022, the response remains below the scale of needs and will remain a priority a 2023. Likewise, ongoing conflicts in other parts of the country continue to hinder access to affected populations, displaced and non-displaced alike, and will require urgent life-saving assistance during the year.

Women and children are disproportionately affected during times of crisis and make up more than two-thirds of the people in need in 2023 in Ethiopia. They face greater threats to their survival and are particularly vulnerable to protection risks, including violence, neglect, exploitation, and abuse. Displacement and the destruction of educational facilities have deprived millions of children of their right to education. The Humanitarian Response Plan is mainstreaming women's

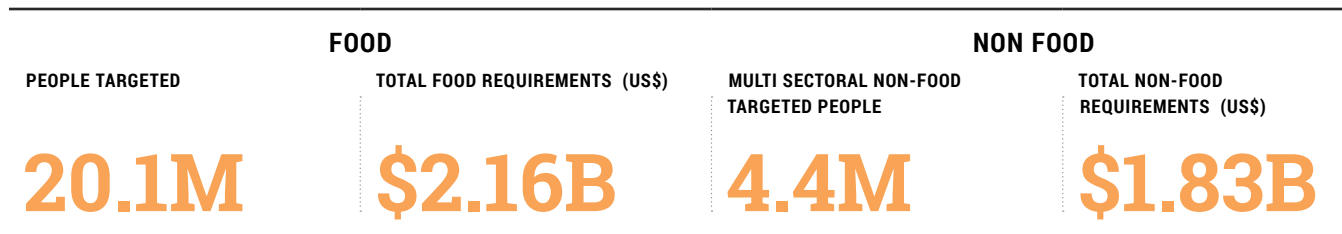
needs across sectors and considering their differential needs including protection from the risk of sexual and gender-based violence.

Despite numerous challenges facing humanitarian organizations, including security, limited capacity and insufficient financial resources, they did not compromise on their commitment to stay and deliver, assisting those most vulnerable. On the contrary, they have scaled up response assisting more than 21 million people with at least one type of assistance in 2022. This year, humanitarian organizations aim to assist more than 20 million Ethiopians, with life-saving assistance including food, nutrition, health, and protection services. To fulfil this goal, the 2023 Humanitarian Response Plan for Ethiopia requires \$US 3.99 billion.

If we fail to respond, the cost will be high on the lives of millions of people, the majority of whom are women and children. Restoring and improving the lives, livelihoods and prospects of affected communities, including conflict and drought displaced people, host communities, returning IDPs, and other vulnerable people will also be critical and needs to happen in tandem with the humanitarian response. It is imperative therefore that humanitarian actors, development and peace actors work together to meet the scale of the challenges. I thank the donor community for their contribution to the humanitarian operations in Ethiopia and call them to continue their financial support in solidarity with the people of Ethiopia.

**Dr Catherine Sozi**  
Humanitarian Coordinator in Ethiopia

# Response Plan Overview



This Humanitarian Response Plan (HRP) provides an overview of the response planned for 2023 using the information available as of end 2022. Regular situational and response monitoring will be carried out throughout the year and will

help assess the evolution of the humanitarian situation, needs and response and may lead to updates to the figures presented in this HRP.

## Planned Humanitarian Response by Cluster

SECTOR/MULTI-SECTOR	PEOPLE TARGETED	FINANCIAL REQUIREMENTS (US\$)
Agriculture	9.1M	\$276.5M
CCCM	1.1M	\$42.3M
Coordination and Common Services	N/A	\$18.9M
Education	3.8M	\$161.4M
ESNFI	3.9M	\$134.7M
Food	20.1M	\$2,165.0M
Health	9.8M	\$303.5M
Logistics	N/A	\$24.8M
Nutrition	4.9M	\$359.2M
Protection (total)	4.9M	\$344.5M
Child Protection	2.1M	\$95.5M
Gender Based Violence	2.7M	\$108.8M
Mine Action	0.7M	\$10.1M
Housing, Land & Property	0.5M	\$4.1M
General Protection	4.9M	\$126.0M
WASH	11.9M	\$164.1M

WOMEN

23.2%

MEN

22.8%

GIRLS

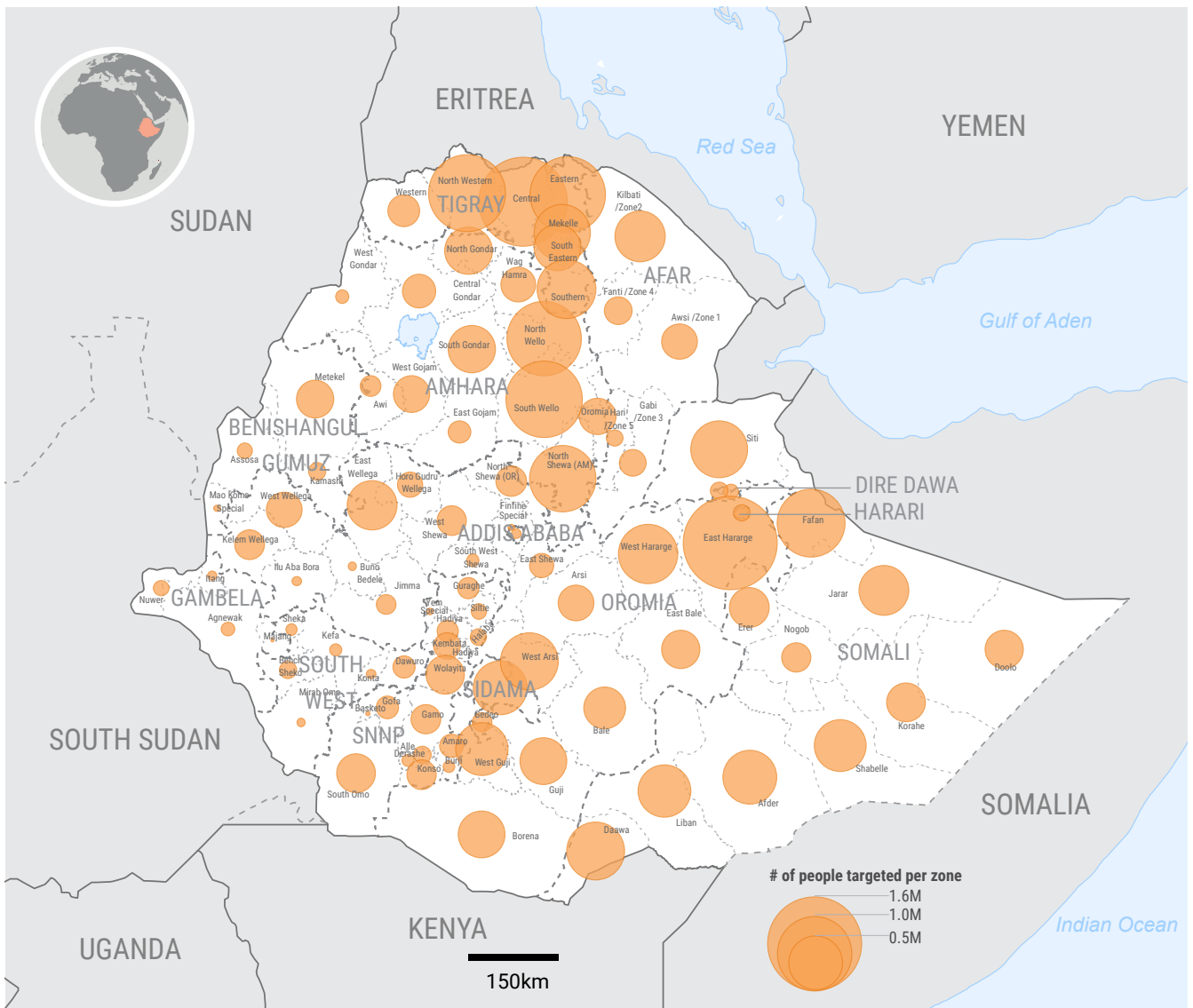
27.0%

BOYS

26.9%

WITH DISABILITY

17.6%



## Crisis Context and Impact

In 2022 Ethiopia has faced multiple overlapping humanitarian crises, putting at risk the lives and livelihoods of millions of people and driving continued high and urgent needs for humanitarian support. The 2023 Ethiopia Humanitarian Response Plan (HRP) requires US\$3.99 billion to target more than 20 million people across the country. This includes an estimated 4.6 million internally displaced people (IDPs).

Ethiopia is highly vulnerable to climatic shocks and is one of the most drought-prone countries in the world<sup>1</sup>, and the severe drought that began in late 2020 has continued into 2023 with the passing of five poor to failed rainy seasons. Under this HRP, an estimated 13 million people are targeted for humanitarian response in drought affected areas. The situation is getting more critical with each failed rainy season and has severely impacted pastoralist and agro-pastoralist communities, particularly in the eastern and southern parts of the country, aggravating food insecurity, malnutrition, access to water and a worsening health situation with an increase of disease outbreaks. Worth noting is that some parts of Ethiopia are critically affected by both drought and conflict simultaneously, including Oromia and Somali regions.

Although the end of 2022 brought about peace and improved access in Northern Ethiopia (Afar, Amhara and Tigray) with the signing of the cessation of hostilities agreement (COHA), humanitarian needs stemming from a two-year conflict are still high, and increased support is required to facilitate returns and scale-up recovery efforts. Conflict has continued or escalated in other parts of the country, most notably in Oromia, impeding humanitarian access and driving high needs and displacement within the region and to neighboring Amhara region. In Benishangul Gumuz region, hundreds of thousands of people remained displaced for most of 2022. As hostilities with armed groups receded throughout the year, small numbers of IDPs started returning spontaneously while the

regional government unveiled plans to return the several thousands of IDPs to their original areas by end of first quarter 2023. However, the frequent blockage of the main supply routes by conflict in neighboring Oromia is economically isolating Benishangul Gumuz, causing serious economic shocks and price inflation. Inter-communal violence in several regions, including Oromia, Sidama, Somali and SNNP, also continues to trigger displacement and ensuing humanitarian needs.

In 2023, the prioritized humanitarian response is structured around three strategic objectives, aiming to address immediate lifesaving needs, provide safe and inclusive access to essential services, and contribute to support and build linkages towards recovery and resilience. A key component of the HRP also involves ensuring that gender, protection, accountability to affected people (AAP), and prevention from sexual exploitation and abuse (PSEA) are well integrated across the different segments of the response plan. The 2023 HRP targets the most vulnerable people across the country, both displaced and non-displaced, including those who face serious protection concerns due to conflict and violence, and those who have critical needs caused by the extreme drought, which is affecting the lives of millions of Ethiopians. Particular attention will be given to building the capacity of local and national NGOs, and enabling their meaningful engagement in humanitarian response, in line with the ongoing operationalization of the HCT NNGO Engagement Strategy and building on efforts and achievements made in 2022.

### **Strengthening the Humanitarian-Development-Peace nexus**

#### **The HDP nexus approach**

The idea behind the humanitarian-development-peace (HDP) nexus approach stems from the recognition that humanitarian action alone cannot address the causes and drivers that lead to humanitarian needs



in the first place. The goal of the approach is straight-forward: to promote deliberate and targeted collaboration among humanitarian, development and peace actors to reduce humanitarian needs and vulnerabilities over time. To do this, HDP actors must collaborate and coordinate, often in specific geographic areas or on priority structural issues - building on the unique comparative advantage, roles and mandates of each. Joint analysis, goal setting (collective outcomes), planning, implementation and learning by humanitarian, development and peace actors aiming to reduce needs are foundational elements of the approach.

Reducing humanitarian needs and vulnerabilities often involves inter-related and complementary actions by HDP actors that aim to: 1) prevent or minimize the risks of crises and shocks materializing that create humanitarian needs; 2) develop individual, community and institutional capacities to mitigate or cope with the impact of shocks and stresses when they do materialize, to reduce humanitarian caseloads and exacerbation of vulnerabilities; 3) engage in concerted action to support early recovery and transitions out of humanitarian needs. At the same time, there is recognition that the phases of emergency response, recovery and development are not always linear and therefore the HDP approach requires often intersecting engagement across these areas.

### **Urgent need to work differently in Ethiopia**

The humanitarian needs in Ethiopia are immense, and they continue to grow year after year. Climatic shocks such as drought and floods are recurring events, but the frequency and duration of droughts is increasing; further intensifying the needs of affected people and causing greater devastation to lives and livelihoods. The situation is further exacerbated by fragile social service systems that are unable to respond to the needs of the population. These systems and institutions are in turn heavily affected by humanitarian shocks, which further limits their ability to provide quality services. Conflict and insecurity add another layer of instability, increasing risks and needs as well as creating barriers for humanitarian and development actors alike to access affected people. Additionally, the majority of Ethiopia's population live in rural areas and depend on agriculture for their livelihoods. This

leaves them highly vulnerable during crises, and millions of households in rural parts of the country are chronically food insecure and dependent on emergency food assistance<sup>2</sup>.

Emergencies and shocks require urgent humanitarian assistance and usually reverse progress towards sustainable development and contribute to underdevelopment, while underdevelopment in turn exacerbates humanitarian emergencies and can even trigger them, for example in the case of conflict. This vicious cycle highlights the importance for humanitarian, development and peace actors to work together to effectively meet needs, reduce vulnerabilities and achieve lasting improvements to people's lives.

The various overlapping humanitarian crises in Ethiopia have led to a surge in internal displacement, with an estimated total of 4.6 million IDPs across the country. However, internal displacement is not a new phenomenon in Ethiopia, and among the displaced people there is a high number in protracted displacement. This includes 886,000 IDPs who had been displaced for under one year; 1 million IDPs who had been displaced for 1-4 years; and as many as 745,000 IDPs who had been displaced for 5+ years as of September 2022<sup>3</sup>.

The main shocks that have triggered protracted displacement in the country are related to ethnic and/or territorial conflict and drought. Some of the major recent historical shocks that have driven waves of displacement in Ethiopia include territorial disputes along the Oromia-Somali border, which escalated in 2017 displacing an estimated 857,000 people<sup>4</sup>. In 2018 conflict erupted in West Guji between Guji Oromo and Gedeo tribes over land and resources, displacing an estimated 748,499 people by August of that year. In Benishangul Gumuz region, numerous attacks by unidentified armed groups (UAGs) in September 2020 drove displacement into Awi zone of Amhara region, with displacement peaking in January 2021 at 76,000. In 2020 the Northern Ethiopia conflict broke out, resulting in mass displacement and eventually coming to an end in November 2022 with the signing of the Cessation of Hostilities Agreement in Tigray. In April 2021, conflict erupted in Amhara's

North Shewa zone, leading to the displacement of an estimated 310,000 people at its peak.

In addition to the myriad conflicts over the past years, displacement has also been induced by climate change. Ethiopia faced a major drought in 2015-2016 triggered by a particularly strong El Niño, affecting the south and south-eastern parts of the country. This was followed by another drought in 2017 brought on by a deep Indian Ocean dipole, which also affected south and southeastern Ethiopia, and by early January 2018 there were 528,658 climate induced IDPs in the country<sup>5</sup>. The current ongoing drought is affecting the same parts of the country, which are highly susceptible to drought and accordingly to climate-induced displacement; particularly the Somali region. As of September 2022, drought had driven 516,269 individuals in the Somali, Afar and Oromia regions into displacement<sup>6</sup>.

The substantial number of protracted IDPs demonstrates that displacement is not only a humanitarian concern, but also a peace and development challenge. Considering that conflict is a main driver of displacement, peace-building initiatives are crucial both to

prevent future displacement and to restore peace and enable returns. Development action is also essential to reduce vulnerabilities and enable improved conditions for returns through systems strengthening, as well as to prevent future displacement by sustainably building the resilience of communities, infrastructure and social services to recurring climatic shocks.

The growing trends in humanitarian needs in Ethiopia represent a significant challenge and they have led to a recognition that there is an urgent need to fully adopt and accelerate the implementation of the HDP nexus approach. This 2023 HRP represents an effort by the humanitarian community to sharpen its own contributions to building resilience, where possible, while at the same time acting as an urgent call for increased engagement and coordination with development and peace actors to work to address the root causes and drivers of humanitarian needs and vulnerabilities – whether this is via area-based approaches or on addressing broader structural drivers, or both. This is especially important as the ability of humanitarian actors to meet growing needs in Ethiopia is reaching its limit.

#### OROMIA REGION, ETHIOPIA

In the village of Arbella, UNICEF rehabilitated a non-functional water scheme so that the pastoralist communities affected by drought get water for themselves and their animals. ©UNICEF Ethiopia/2022/Demissew Bizuwerk



# Response by Strategic Objective

## Strategic Objective 1

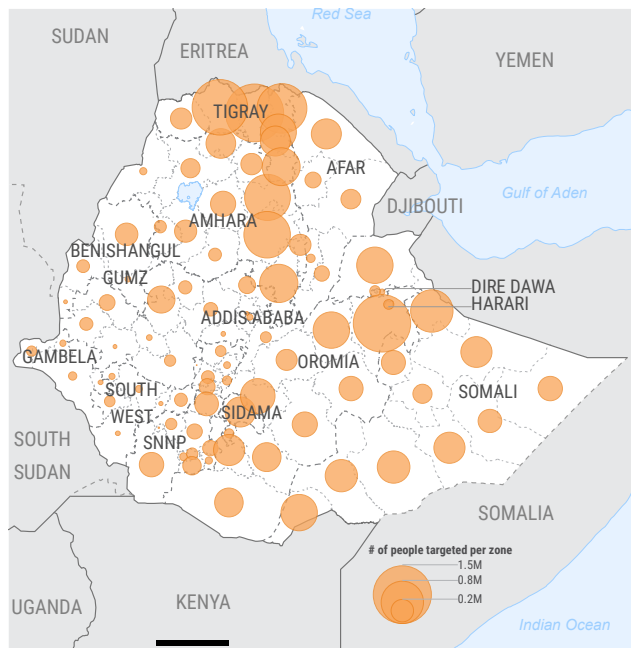
Reduce morbidity, mortality, and suffering due to multiple shocks for 22.6 million of the most vulnerable people by the end of 2023.

## Strategic Objective 2

Provide protection and safe access to critical, integrated and inclusive basic services to enable 8.8 million most vulnerable people to meet their basic needs by the end of 2023.

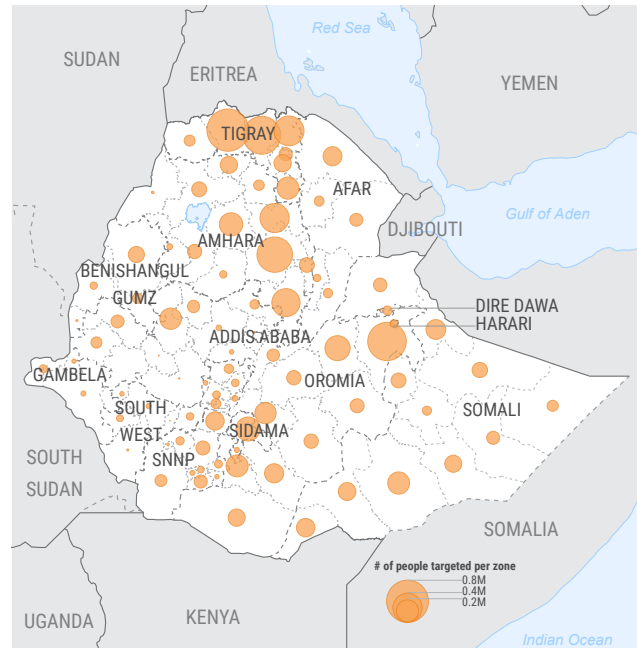
PEOPLE TARGETED

**22.6M**



PEOPLE TARGETED

**8.8M**



STRATEGIC OBJECTIVE

PEOPLE TARGETED

S01	Reduce morbidity, mortality, and suffering due to multiple shocks for 22.6 million of the most vulnerable people by the end of 2023.	<b>22.6M</b>
S02	Provide protection and safe access to critical, integrated and inclusive basic services to enable 8.8 million most vulnerable people to meet their basic needs by the end of 2023.	<b>8.8M</b>
S03	Support 9.4 million vulnerable people to start recovering from crisis and natural hazards, through targeted programming to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.	<b>9.4M</b>

### Strategic Objective 3

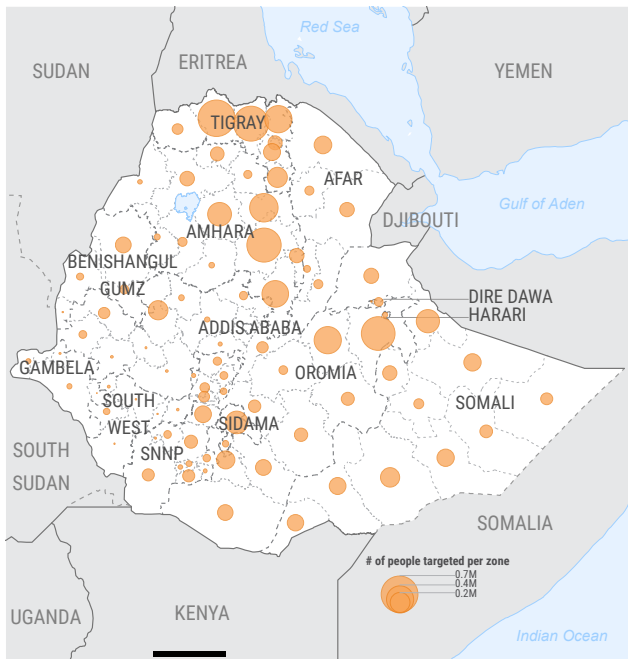
Support 9.4 million vulnerable people to start recovering from crisis and natural hazards, through targeted programming to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.

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PEOPLE TARGETED

9.4M

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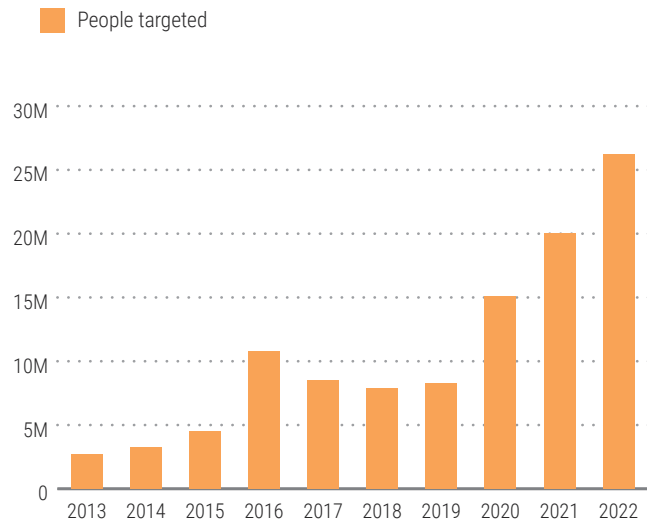
## Historic Trends

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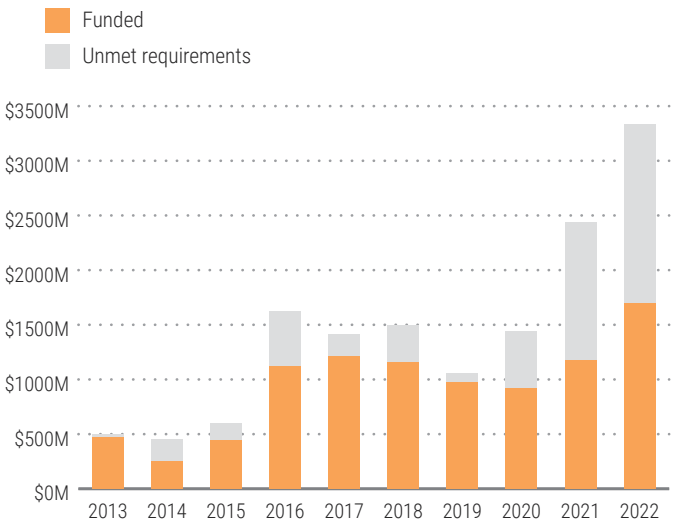
Between 2012 and 2015, the number of people who were targeted for humanitarian assistance rose significantly from 2.7 to 4 million people, with funding requirements between US\$500 and \$600 million. Some of the major climate-induced shocks, and accordingly key humanitarian priorities, in the years that followed include the droughts triggered by the 2015-2016 El Nino and the 2017 Indian Ocean Dipole, which sharply increased the number of people in need to 10.7 million and the funding requirements to \$1.6 billion. Between 2015 and 2017, the number of people targeted for assistance remained above 8 million and the funding requirements beyond \$1 billion, indicating a lack of recovery from the consecutive climatic shocks. In addition to droughts, Ethiopia is also prone to other climatic shocks and natural hazards. Floods are a recurring event in some parts of the country and contribute to displacement, and in 2019-2022 Ethiopia and neighboring countries were hit by a desert locust infestation; the worst in 25 years, contributing to lost livelihoods and widespread food insecurity.

Conflict-induced displacement emerged as an additional significant driver of needs in the end of 2017 when conflict erupted along the Somali-Oromia border, and by January of 2018, 1.1 million conflict-induced IDPs and 528,658 climate-induced IDPs were identified<sup>7</sup>. In 2018, another conflict broke out in West Guji between Gedeo and Guji Oromo tribes, displacing hundreds of thousands of people, and by mid-2019 Ethiopia reported 3.2 million IDPs. In 2020, the people in need considerably increased to 15.1 million due to the Covid-19 pandemic, which has driven and compounded health needs as well as wider socio-economic needs across the country. This was closely followed by the start of the conflict in northern Ethiopia in 2020. These crises, in addition to the ongoing drought which began in late 2020, continued into 2021 and were the key humanitarian priorities for that year. In 2022 the number of people in need rose drastically again to 29.7 million, attributed to exacerbation of conflict, displacement, and drought in various parts of the country. The 2022 HRP targeted 22.6 million people for response while the funding requirement was \$3.09 billion.

**NUMBER OF PEOPLE TARGETED**



**FINANCIAL REQUIREMENTS (US\$)**



YEAR OF APPEAL	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2013	2.7M	499.9M	470.7M	94%
2014	3.2M	451.9M	253.1M	56%
2015	4.5M	596.4M	449.9M	75%
2016	10.7M	1,619.8M	1,115.9M	69%
2017	8.5M	1,417.4M	1,208.8M	85%
2018	7.9M	1,493.9M	1,158.5M	78%
2019	8.3M	1,059.7M	973.7M	76%
2020	15.1M	1,437.8M	922.1M	64%
2021	20.0M	2,445.0B	1,274.0B	52%
2022	26.2M	3,335.0B	1,693.0B	51%

# Part 1: Strategic Response Priorities

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## GELGEL VELES/BENISHANGUL GUMUZ REGION, ETHIOPIA

11 July 2022. Genete Mariam IDP site, Gelgel Beles, North-Eastern Benishangul Gumuz Region. Tents leak during the rainy season and most at the site have not received a ration of wheat for at least 3-4 months. Credit: Liz Loh-Taylor for OCHA Ethiopia.



## 1.1

## Humanitarian Conditions and Underlying Factors Targeted for Response

In 2022, the main shocks that caused humanitarian needs in Ethiopia were conflict, violence, and natural hazards, including most notably drought and seasonal floods. These are expected to remain the key drivers of needs in 2023. These shocks have had severe impacts on people across the country, causing widespread displacement and exacerbating risks and vulnerabilities. The intensification of shocks has also caused a substantial increase in the number of people in need in comparison to the previous year. The population groups affected and that will be targeted by the humanitarian response are the displaced populations living in and out of sites, returning IDPs and the non-displaced population living in conflict and/or drought-affected areas. The humanitarian conditions of these shocks can be seen in the physical and mental well-being, living standards and coping mechanisms of the different groups.

The humanitarian community is planning to address humanitarian needs through the HRP 2023, which is structured around three Strategic Objectives. The first aims to provide life-saving activities for those who are most vulnerable. The second consists of life-sustaining activities which ensure access to critical basic needs and services, and the third covers activities that help start recovery efforts and linkage with development actors.

While the needs of the displaced population (both in and out of designated sites and the returning IDPs) are caused directly by the humanitarian shocks, the needs of the non-displaced population are deeply ingrained in various root causes, such as the outcome of decades of recurrent climate shocks, intensification of conflict, increasing violence, and political and socioeconomic factors including the impact of the COVID-19 pandemic which continues to drive

needs in the country. The response will target the immediate humanitarian needs of the population by implementing several activities under strategic objective one and will support expanding access to basic services under strategic objective two. Through the third strategic objective humanitarian partners will be supporting vulnerable people to start recovering from crisis and natural hazards, through targeted programming to support rebuilding coping capacities and livelihoods and link with development actors. The response will ensure protection is at the core of the response and will include many activities such as protection assistance, access to services, family reunification, community empowerment and livelihood support. Survivors of gender-based violence and other survivors of violence require access to safe, confidential and multi-sectoral response services, including timely follow-up and referral, medical assistance, access to shelter/safe houses, mental health and psychosocial support (MHPSS) and legal assistance.

The humanitarian response will have a national coverage and will target the four population groups that are in the severe, extreme and catastrophic severity phases.

The humanitarian response is jointly coordinated with the Ethiopia Disaster Risk Management Commission (EDRMC), which is the Government-mandated body that oversees disaster risk management in the country with the Humanitarian Country Team (HCT). This includes humanitarian response coordination in collaboration with Government line ministries, regional authorities, national and international humanitarian agencies and organizations.

Particular attention will be given to strengthen the linkages and cross collaboration with development



and peacebuilding partners aimed at identifying a longer-term and sustainable reduction of humanitarian needs and vulnerabilities which requires close coordination, investment and action to support longer-term resilience, development and peace. To this end the humanitarian partners have identified key priority interventions for development partners that can contribute to resilience – helping, where possible,

reduce humanitarian needs over time. Humanitarian and development partners have also identified several areas where strong collaboration among HDP actors is needed to sustainably reduce humanitarian needs and vulnerabilities over the medium and long-term. These are spelled out in a Nexus dedicated chapter added to the present response plan.

**MELKA BELLO/OROMIA REGION, ETHIOPIA**

The drought has caused high water shortage.

Girls walk for hours to get access to clean water in Melka Bello District in Oromia Credit: World Vission



# 1.2 Strategic Objectives, Specific Objectives and Response Approach





## Strategic Objective 1

### Reduce morbidity, mortality, and suffering due to multiple shocks for 22.6 million of the most vulnerable people by the end of 2023.





#### Rationale and intended outcome

This strategic objective is focused on the provision of urgent emergency humanitarian assistance to enable survival and reduction of protection threats and risks for the most vulnerable population. This objective combines time-sensitive and life-saving responses as a result of both chronic and acute shocks underpinned by accountability to affected populations.




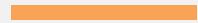
#### Specific Objective 1.1 Deliver accountable, protection, gender, age, diversity, and conflict-sensitive essential life-saving services in Education, ESNFI, Health, Nutrition and WASH to 7.0 million people.

IDPs in sites	1.5M	
IDPs out of sites	860k	
Returning IDPs	525k	
Affected non-displaced	4.1M	

#### Specific Objective 1.2 Reduce protection threats and provide multifaceted protection services for 1.4 million protection risk survivors and other vulnerable groups.

IDPs in sites	231k	
IDPs out of sites	258k	
Returning IDPs	150k	
Affected non-displaced	721k	

#### Specific Objective 1.3 Provide emergency food assistance to 20.1 million people.

IDPs in sites	1.6M	
IDPs out of sites	2.0M	
Returning IDPs	1.9M	
Affected non-displaced	14.6M	


## Strategic Objectives 2

### **Provide protection and safe access to critical, integrated and inclusive basic services to enable 8.8 million most vulnerable people to meet their basic needs by the end of 2023.**


#### Rationale and intended outcome

This strategic objective is focused on facilitating access to cross-sectoral and integrated essential basic services to a larger vulnerable population group affected by both chronic and acute shocks. Responses are underpinned by accountability to affected populations



#### **Specific Objective 2.1 Coordinate and manage IDP sites and provide minimum package of multisectoral and protection-sensitive services to 859k IDPs in sites and ensure timely response to meet their basic needs.**

IDPs in sites	859k	
IDPs out of sites		
Returning IDPs		
Affected non-displaced		

#### **Specific Objective 2.2 Provide minimum package of multisectoral and protection-sensitive services to 1.6 million returning IDPs for up to six months after return.**

IDPs in sites		
IDPs out of sites		
Returning IDPs	1.6M	
Affected non-displaced		

#### **Specific Objective 2.3 Provide minimum package of multisectoral and protection-sensitive services to 6.3 million IDPs out of site and non-displaced people living in drought and conflict-affected areas.**

IDPs in sites		
IDPs out of sites	1.4M	
Returning IDPs		
Affected non-displaced	4.9M	




## Strategic Objective 3

### **Support 9.4 million vulnerable people to start recovering from crisis and natural hazards, through targeted programming to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.**





#### **Rationale and intended outcome**

This strategic objective focuses on providing initial support to preparedness, prevention, response, recovery and resilience building of vulnerable populations affected by shocks and crisis, ensuring linkages with development interventions.





#### **Specific Objective 3.1 Support 6.9 million persons affected by climate-related shocks and conflict to protect and restore livelihoods and strengthen their coping capacities.**

IDPs in sites		
IDPs out of sites	973k	
Returning IDPs	1.4M	
Affected non-displaced	4.6M	

#### **Specific Objective 3.2 Support the minimum rehabilitation and basic restoration of essential services to 5.0 million persons affected by conflict by end of 2023.**

IDPs in sites	494k	
IDPs out of sites	498k	
Returning IDPs	745k	
Affected non-displaced	3.3M	

#### **Specific Objective 3.3 Support 184k persons to start recovering from the negative mental and legal impacts of conflict, acute shocks and chronic stresses.**

IDPs in sites	40k	
IDPs out of sites	32k	
Returning IDPs	32k	
Affected non-displaced	79k	

## 1.3

## Planning Assumptions, Operational Capacity and Access

### Planning assumptions

Conflict and climatic shocks, in particular drought, were the main drivers of need in Ethiopia in 2022 and are expected to continue to drive needs in 2023. Although 2022 brought about the end of the conflict in the North of the country, humanitarian support is still needed towards recovery, including resumption of basic services, and to support returning IDPs. In Oromia the continuation of the conflict and insecurity may risk increasing humanitarian needs and displacement and impeding humanitarian access, particularly in western parts of the region. In Metekel Zone of Benishangul Gumuz region IDP returns are underway. However, thousands still remain in IDP camps and in host communities, and both IDPs and returning IDPs will continue to require humanitarian assistance. Addi-

tionally, the ongoing drought that began in late 2020 shows no sign of slowing and will most likely continue to aggravate the already dire food insecurity, water scarcity and malnutrition situation in the country and continue to threaten lives and livelihoods. Moreover, malnutrition increases vulnerability to disease, and outbreaks of malaria and measles are also occurring in different parts of the country.

In 2023 enhanced coordination and organized efforts will continue to be made to reach affected populations and ensure that humanitarian partners have unfettered access to deliver humanitarian assistance. The humanitarian community, in collaboration with the GoE, will intensify advocacy efforts to ensure humanitarian support reaches people in need in the more

### ETHIOPIA

World Vision supports people affected by the drought through cash assistance. The provided cash helps beneficiaries buy materials they need. Photo: World Vision

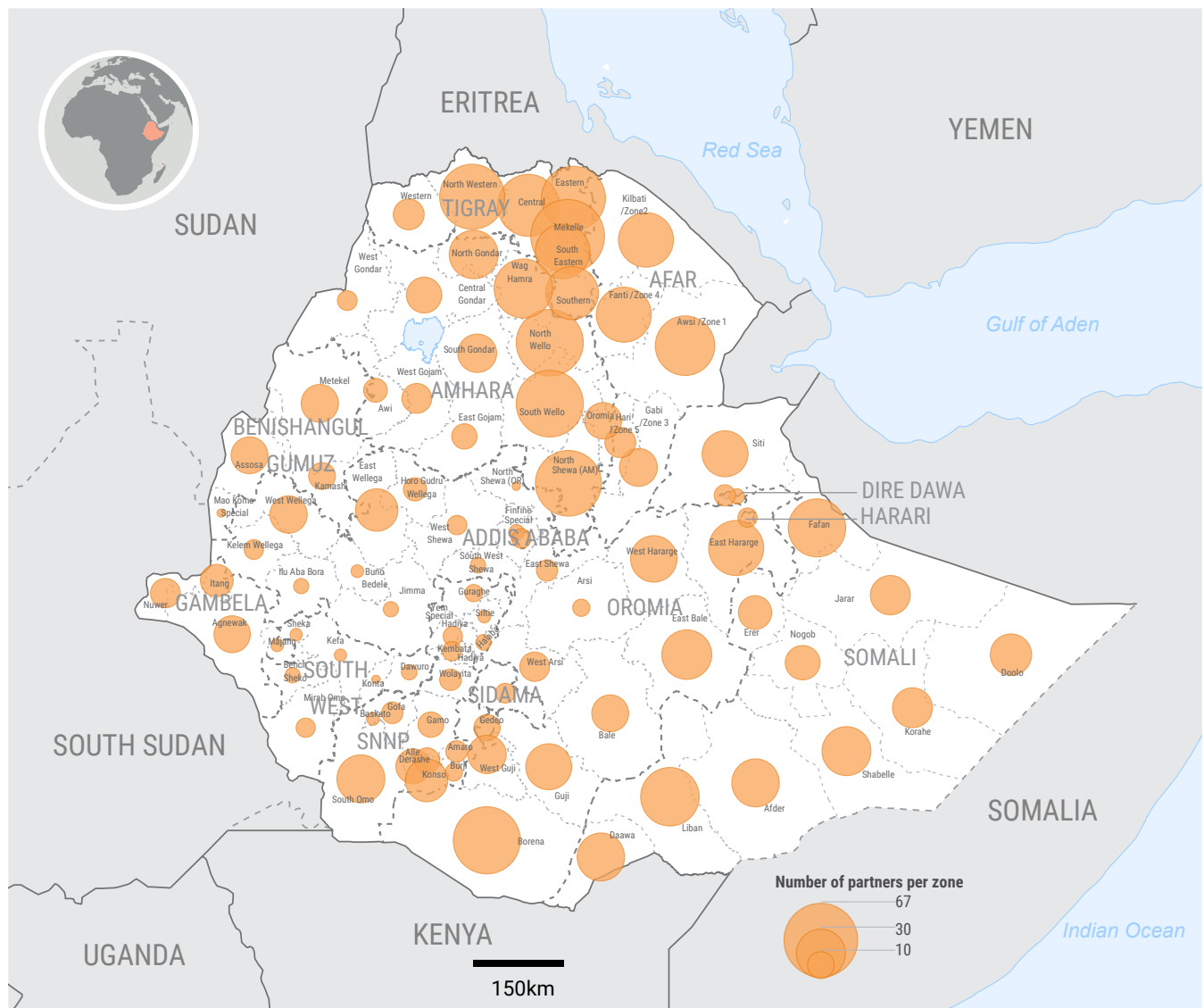
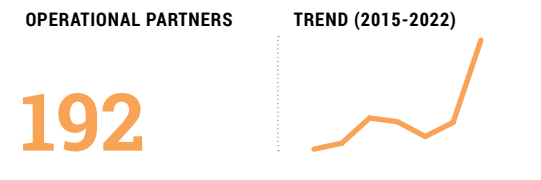


hard-to-reach areas of the country, particularly those affected by conflict, drought and violence.

In 2021, in response to the conflict in Northern Ethiopia, an IASC Humanitarian System-Wide Scale-Up was activated for Tigray region to enhance the human-

itarian response and reach more people in need. It was further extended to expand the geographical scope to incorporate the drought response and other areas of concerns affected by violence requiring additional funding and operational capacity.

**Operational presence of humanitarian partners**



### **Humanitarian Access**

Insecurity, violence and related access challenges continued to be the primary impediments to the relief efforts in Ethiopia in 2022. Armed hostilities, violence and inter-communal tensions hampered the delivery of humanitarian assistance and left hundreds of thousands of people without access to lifesaving humanitarian aid. The insecurity and violence affected the performance of humanitarian organizations and aid workers operating in these areas to serve the affected populations. Humanitarian workers and humanitarian organizations continued to be targeted and challenged to deliver relief support.

In collaboration with the GoE and other partners, the access working group will develop a robust access strategy for 2023 to reduce access constraints and ensure unfettered delivery of humanitarian support. Engagement will continue around access issues with humanitarian partners and authorities and government counterparts to find safe ways to deliver aid. Furthermore, coordination and information sharing among partners will be strengthened.

### **Operational Capacity**

In 2023 the operational capacity of humanitarian partners is required to increase. The number of partners responding to crises is expected to improve as joint efforts by the government and partners towards humanitarian access is showing positive developments.

As part of the ongoing localization strategy to engage national partners in the humanitarian response, ongoing efforts through the cluster system to strengthen the capacity of national NGOs (NNGOs) and bring more onboard will continue. Additionally, presence and distribution of partners varies from

region to region. There are areas where there is a high humanitarian need but limited partner presence due to access constraints, operational capacity, lack of funding and other operational challenges. In 2023, partners will be supported to access hard to reach areas where there is high humanitarian need and less partner presence in a coordinated way.

Efforts to engage NNGOs in the humanitarian response architecture will be strengthened in 2023. The localization working group will continue to support localization efforts and strengthen the working group capacity by proactively engaging and empowering different NNGOs, including Women Led Organizations (WLOs). In 2023 the localization working group will be strengthened and restructured in a way that represents NNGOs' proactive engagement.

The humanitarian community will continue to engage in regular dialogue and information sharing with Ethiopia's authorities at all levels, in particular with the Ethiopia Disaster Risk Management Commission (EDRMC) and clusters respective line ministries. Humanitarian partners will intensify efforts to ensure humanitarian aid and protection services reach people in need in highest priority areas of the country, particularly those affected by conflict, violence and severe drought. Given the commitments of humanitarian partners and the GoE, the coverage and quality of humanitarian response is expected to increase in 2023.

### Response reach under previous HRP

SECTOR	PEOPLE IN NEED at beginning of 2022	PEOPLE TARGETED updated at Mid-Year Review	IN NEED TARGETED	PEOPLE REACHED	% TARGET REACHED
Agriculture	17.5M	12.7M		4.2M	33%
CCCM	4.2M	782k		944k	121%
Education	9.6M	3.4M		1.1M	32%
Food	20.4M	22.6M		11.6M	52%
ES/NFI	5.8M	4.1M		3.5M	84%
Health	13.1M	9.0M		7.1M	79%
Nutrition	7.5M	4.5M		3.2M	72%
Protection General	8.8M	3.9M		1.3M	40%
Child Protection	6.9M	1.8M		1.1M	58%
GBV	5.2M	2.4M		1.1M	46%
Mine Action	933k	435k		55k	13%
HLP	8.8M	30k		35k	116%
WASH	18.7M	10.9M		6.9M	63%



## 1.4

## Protection from Sexual Exploitation and Abuse & Accountability to Affected Populations

### 1.4.1. Protection from Sexual Exploitation and Abuse (PSEA)

Sexual exploitation and abuse (SEA) by humanitarian actors inflict incredible harm on those the humanitarian community is obligated to protect, and consequently jeopardizes the credibility of all humanitarian agencies, organizations, and partners. The risk of sexual exploitation and abuse is amplified in crisis, conflict, and forced displacement. In extreme resource constrained environments, either because of active war and conflict, or because of the devastating impacts of drought, communities find themselves particularly vulnerable to abuses of power from humanitarian actors. These risks and vulnerabilities result from power imbalances linked to gender, age, disability, and background, whereby humanitarian actors are in a relative position of power and privilege compared to the affected population. Those most at-risk are women (particularly women-headed households), children, and people with disabilities.

The HCT, in collaboration with the Government of Ethiopia, has therefore taken an active lead in overseeing protection from sexual exploitation and abuse (PSEA) as part of humanitarian structures and processes. This is safeguarded through the inter-agency Ethiopia PSEA Network, with over 114 members across Addis Ababa (i.e., national network) as well as across eight sub-national networks in Somali, Oromia, SNNP, Gambella, Tigray (Mekelle and Shire), Afar, and Amhara regions. The Ethiopia PSEA Network, co-chaired by UN Women and UNFPA, with support from an Inter-Agency PSEA Coordinator, promotes the global vision of the UN and the IASC to enable a conducive humanitarian environment in which people affected by crises are safe and respected and can access protection services and assistance without fear of sexual exploitation and abuse. To ensure this,

the Ethiopia PSEA Network work plan set out four strategic priorities for 2023:

- **Coordination and leadership:** Full ownership of PSEA in Ethiopia will be enabled by UNCT/HCT fulfilling the core function of its role as the senior-level body accountable for PSEA in Ethiopia, and the role of the Resident Coordinator as PSEA lead will continue to be central. It is also the duty of all humanitarian actors to integrate PSEA across programming.
- **Capacity Building:** All members of the humanitarian community need to be able to recognize consequences of sexual exploitation and abuse, the seriousness of the problem, as well as understand how to prevent and respond to any reports in a survivor-centered and gender-specific manner. Training will be rolled out at inter-agency level and agency-specific levels to ensure all staff are aware of their responsibilities.
- **Awareness Raising:** Affected populations and humanitarian stakeholders will, through network-led and agency-specific information campaigns, be informed about Community-Based Complaint Mechanisms, the process of reporting sexual exploitation and abuse to focal points, and where to seek guidance and support.
- **Survivor-Support:** SEA survivors need to be referred to appropriate child protection (CP) and/or Gender-Based Violence (GBV) response services, including health and psychosocial support, to address their intersectional needs.

To achieve the above strategic priorities and strengthen the humanitarian and development communities coordinated efforts to mitigate, prevent and respond to SEA, the PSEA coordination struc-

ture in Ethiopia seeks constant vigilance of senior management, all staff, focal points, clusters, and implementing partners; exchange of good practices; capacity building; information campaigns; and risk assessments. This is closely linked to the HCT's deeper appreciation of current realities on the ground, which requires inter-agency and cross-sectoral collaboration as well as information exchange and inter-agency Community-Based Complaint Mechanisms (CBCMs), as survivors and others do not distinguish between humanitarian entities when they report allegations nor when they seek support. The PSEA Network will continue to work closely with the Accountability to Affected Populations (AAP) Working Group, especially on harmonizing and strengthening approaches to CBCMs. The Ethiopia PSEA Network has developed and endorsed Inter-Agency Standard Operating Procedures (SOPs) for CBCMs to ensure that common standards are applied by all stakeholders when handling SEA complaints. Furthermore, the PSEA Network will continue its work with the CP Area of Responsibility (AoR) and the GBV AoR to ensure up-to-date information is available about existing services for SEA survivors, and that referrals are made in line with best practice. For areas where no GBV service provider is available, the PSEA Network together with the GBV AoR will continue to disseminate and roll-out the GBV Pocket Guide on how non-GBV specialists can support a survivor.

#### 1.4.2. Accountability to Affected Population (AAP)

The Ethiopia Humanitarian Country Team remains committed to an accountable humanitarian response. Following the 2021 Operational Peer Review, the EHCT has adhered to the recommendation of strengthening the PSEA and AAP strategy by deploying dedicated capacity through surge and Standby Partnership deployments. Funding was provided through the Ethiopian Humanitarian Fund (EHF) to further strengthen the coordination of AAP initiatives at the national and regional levels.

On 30 November 2022, the EHCT endorsed the country-wide AAP Action Plan which lays out concrete actions to ensure that the evolving needs of affected communities inform the response and are acted

upon. These actions will provide a way towards collective accountability, such that agency-level efforts contribute to a whole-of-response approach to accountability to affected people, with attention to PSEA, gender, inclusion, and other cross-cutting issues<sup>8</sup>. Clusters and response agencies will continue to utilize multiple channels of communication to engage communities and ensure that different sectors of the community, including women, men, boys and girls, youth, elderly, people with disabilities, and minority groups are provided the space to influence and actively participate in decision-making processes throughout the humanitarian programme cycle.

In particular, the HCT AAP Action Plan outlines the following priorities:

- **Coordination:** Coordination of AAP is expanded and strengthened at the local, sub-national, and national levels. AAP initiatives are coordinated among response agencies and communication between humanitarian partners and affected communities is two-way and responsive to the needs of the affected communities.
- **Communication and visibility of AAP:** Response agencies engage in continuous, two-way dialogue with affected communities, with an emphasis on local languages, and use existing feedback mechanisms and structures. Humanitarian actors ensure that communities are aware of their rights to complain and engage and are actively participating in decision making processes for the humanitarian response.
- **Needs assessments and mapping:** Response agencies ensure and share up-to-date mappings and conduct coordinated needs assessments, with results communicated to and validated by communities. We aim for coordinated AAP initiatives, and a harmonization of tools.
- **Funding:** Response-wide initiatives and dedicated capacity is in place for quality funding for collective AAP. AAP is meaningfully integrated into partner proposals and activities and programming allows for contribution to collective AAP efforts.

- **HCT Accountability commitments:** HCT's commitments and responsibilities to collective AAP are actioned and monitored and ensure that community voices inform decision-making. The HCT must provide leadership on collective approaches to AAP and engage Government partners in AAP dialogue to advocate for affected populations' issues and concerns.

The HCT AAP Action Plan will be implemented through the clusters and partners that are also part of the AAP Working Group. Currently, the AAP WG is chaired by IOM and Plan International, and is implementing its 2022-2023 Workplan, in which activities are aligned with the HCT AAP Action Plan. In the coming year, the AAP WG will continue its commitment to prioritize and strengthen subnational AAP WGs in Afar, Amhara and Somali regions as well as continue capacity-building activities to promote rights-based and needs-based approaches to working with communities.

The Community Voices Dashboard, a collective feedback platform that provides a trends analysis of affected communities' most urgent concerns, will be maintained on a regular basis. From January to December 2022, the AAP WG consolidated and analyzed over 21,000 community feedback collected and submitted by 12 humanitarian partners from

their respective multiple feedback mechanisms and presented these in the dashboard.

The dashboard is a key tool to collect community insights about the humanitarian response, and it also serves as an evidence-based approach to help inform key messaging and guide collective advocacy. With the commitment and leadership of the HCT, the AAP WG will continue to advocate for more partners' participation in the collective feedback platform to reflect a clearer picture of the evolving needs of the affected communities.

Existing feedback mechanisms and structures will be expanded through partners to collect more community perspectives to inform programming. At the same time, these mechanisms will be regularly evaluated to keep them "fit for purpose", to ensure trustworthiness and accessibility for the affected people. The AAP WG will prioritize creating a link with development partners to bridge the transition from humanitarian to recovery and development, through the HDP nexus.

## Part 2:

# Response Monitoring

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### GONDAR/AMHARA REGION, ETHIOPIA

IOM is providing health assistance through its Mobile Health Team. Inspection Post at Kebero Meda Internally Displaced Persons (IDP) site in Gondar, Northern Ethiopia. Photo: IOM Ethiopia 2022.



## 2.1 Monitoring Approach

The overall monitoring of the implementation of the 2023 Humanitarian Response Plan will fall under the Disaster Risk Management Technical Working Group (DRMTWG), chaired by the EDRMC (Ethiopia Disaster Risk Management Commission) and co-chaired by OCHA. Response monitoring will be conducted through sectoral and cluster response monitoring systems and is overseen by the DRMTWG. In 2023, the sector task forces led by line ministries, in collaboration with the Inter-Cluster Coordination Working Group (ICCG) and the Information Management Working Group (IMWG), will put in place monitoring systems to ensure that the response is appropriate and measured. As such, each cluster has defined its objectives and linked them to the strategic and specific inter-sectoral objectives. For each cluster objective, a series of indicators have been defined with their needs and targets. The logframe as included in this HRP presents the core response monitoring undertaken by clusters. It will be further refined and expanded upon as needed during the year to ensure an adequate monitoring of the response.

In 2023, the IMWG will support rollout of ActivityInfo, a humanitarian partner-based system for reporting response which will integrate Who does What Where, When and for Whom (5Ws) reporting with regular monthly HRP response monitoring. This year, intersectoral targets and response achievements (as well as the targets they relate to) are calculated by considering only those humanitarian interventions that contribute to a direct response to the beneficiaries. Response against activities such as awareness raising, sensitization and capacity building will be monitored by clusters but will not contribute towards the intersectoral targets and people reached.

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

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

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

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

Humanitarian partners will submit projects that have received funding to be implemented in 2023, which will then be reviewed by each cluster against the Cluster's strategic objectives, priority geographic areas and priority activities. The projects module will be linked to FTS.

A monthly response dashboard will be developed which will include cluster achievements.

The response monitoring throughout the year will provide the opportunity to adjust targets and requirements based on achievements and the evolving situation in the course of 2023 of the key drivers of needs such as the drought, the conflict in northern Ethiopia, displacement, and agriculture production.

## 2.2

## Strategic and Specific Objectives: Indicators and Targets

### Strategic Objective 1

Reduce morbidity, mortality, and suffering due to multiple shocks for 23.5 million of the most vulnerable people by the end of 2023.

Specific Objective 1.1	NEED	TARGET
Deliver accountable, protection, gender, age, diversity, and conflict-sensitive essential life-saving services in Education, ESNFI, Health, Nutrition and WASH to 7.0 million people.		
Access to quality treatment for under-five children severely malnourished in outpatient programs and in outreach activities	1,114,227	1,114,227
Assistance to moderate acute malnutrition children aged under five years in affected prioritised areas of concern	3,002,720	2,252,040
Care for under five children severely acute malnourished with medical complications in stabilisation centers	123,803	123,803
Protection and support of safe and appropriate feeding for infants and young children for safeguarding their survival, health and growth	341,294	85,323
Provide emergency school feeding program to support children's access to quality education.	4,489,932	700,000
Provision of blanket supplementary food for affected pregnant and lactating women and children aged under five in IDP sites	1,839,559	380,000
Provision of supplementary nutrition assistance to pregnant and lactating women with acute malnutrition	954,487	954,487
Provision of Shelter to reduce the likelihood of health and protection consequences	1,863,741	1,438,388
Provide mobile nutrition and health outreach services (MHNT) and PHC services to vulnerable populations affected by humanitarian crisis and health emergencies	1,242,242	1,242,242
Integration of minimum initial service package of RH (MISP) services into emergency health services for vulnerable populations especially IDPs, refugees and migrant populations	3,444,619	1,919,858
Carry out vaccination campaigns for childhood illnesses and diseases of outbreak potential for vulnerable populations including IDPs, refugees and migrant populations	5,165,499	2,582,750
Support ambulance services and emergency patient referral systems for populations affected by humanitarian crisis and health emergencies		750
Water trucking	6,071,890	3,551,343
WASH NFI	5,991,466	3,546,605
Emergency Sanitation	1,225,658	778,588

<b>Specific Objective 1.2</b>	<b>NEED</b>	<b>TARGET</b>
Reduce protection threats and provide multifaceted protection services for 1.4 million protection risk survivors and other vulnerable groups		
Provide Mental Health and Psychosocial Support (MHPSS) for children and caregivers.	704,000	340,000
Provide support to unaccompanied and separated children (UASC).	704,000	164,000
Conduct public community awareness raising campaigns on GBV & PSEA with a focus on addressing stigma and promoting access to services.	590,667	263,363
Provide GBV case management to vulnerable women & girls and GBV survivors.	134,523	54,389
Provide multi-purpose cash support to GBV survivors and other vulnerable women & girls.	672,617	271,946
Provide PSS services to women and adolescent girls including through women & girls friendly spaces and community-based structures.	672,617	271,946
Provide assistance to survivors of mines and explosive ordnance incidents and their family members.	540,505	500

<b>Specific Objective 1.3</b>	<b>NEED</b>	<b>TARGET</b>
Provide emergency food assistance to 20.1 million people.		
Distribution of cash/in-kind food to meet food needs of vulnerable people	20,105,317	20,105,317

## **Strategic Objective 2**

Provide protection and safe access to critical, integrated and inclusive basic services to enable 9.3 million most vulnerable people to meet their basic needs by the end of 2023.

<b>Specific Objective 2.1</b>	<b>NEED</b>	<b>TARGET</b>
Coordinate and manage IDP sites and provide minimum package of multisectoral and protection-sensitive services to 859k IDPs in sites and ensure timely response to meet their basic needs.		
Distribution of teaching and learning materials to the most affected children	842,247	324,869
Ensure care and maintenance of the site's infrastructure, while mitigating the impacts of environmental degradation	2,342,690	1,057,880
Provision of Accelerated Education Program activities	673,798	108,831
Provision of Menstrual Hygiene and Health (MHH) kits and MHH Sessions	137,090	15,548
Support for early childhood education, including Accelerated School Readiness (ASR)	277,942	107,207
Supporting children through referral mechanism and safety networks;		
Provision of appropriate and essential non-food items to persons with disabilities, older people, and persons with chronic illness.	54,457	44,917
Provision of Emergency Shelter and NFI that consider women's and children's needs to improve health and protection outcomes.	906,744	716,878
Provision of Emergency Shelter and NFI to persons with disabilities, older people, and persons with chronic illness to improve the beneficiaries living conditions	160,014	126,508

Provision of appropriate and essential non-food items to displace affected populations to improve the living conditions of the targeted population.	308,589	254,531
Provide Case Management for identified girls and boys with child protection concerns.	316,800	31,500
Assist children under the age 5 to secure civil documentation.	64,541	3,227
Provide Dignity Kits in cash/voucher and in kind.	97,982	46,509
Implement cash interventions to minimize exposure to protection risks and negative coping mechanisms.	181,775	141,731
Provide Targeted Individual Support to persons exposed to violence, abuse or serious neglect excluding CP, GBV and MA case management).	90,888	70,865
Support for obtaining civil documentation (excluded birth registration).	121,183	94,487
Provide cash for rent for households at risk of eviction.	6,728	1,009
Provide individual counselling on HLP.	74,010	11,101
Provide technical assistance and legal representation on HLP	235,486	35,323
<b>Specific Objective 2.2</b>	<b>NEED</b>	<b>TARGET</b>
Provide minimum package of multisectoral and protection-sensitive services to 1.6 million returning IDPs for up to six months after return.		
Distribution of teaching and learning materials to the most affected children	466,884	232,161
Provision of Accelerated Education Program activities	312,812	155,000
Provision of Menstrual Hygiene and Health (MHH) kits and MHH Sessions	240,825	22,137
Provision of multi-purpose cash transfer to the most vulnerable farming and pastoral households.	852,966	134,858
Provision of supplementary livestock feed to vulnerable pastoral households and agro-pastoral households	4,371,450	1,774,571
Support for early childhood education, including Accelerated School Readiness (ASR)	154,072	76,613
Support restocking/destocking of animals to mitigate large-scale loss of livestock	1,675,722	99,625
Support treatment and vaccination of animals to mitigate large-scale loss of livestock	4,833,473	2,362,907
Provision of appropriate and essential non-food to displace affected populations to improve the living conditions of the targeted population.	431,351	314,217
Provision of appropriate and essential non-food items to persons with disabilities, older people, and persons with chronic illness.	76,121	55,450
Assist children under the age 5 to secure civil documentation.	15,421	771
Provide Dignity Kits in cash/voucher and in kind.	69,850	28,768
Provide Legal assistance to vulnerable women & girls and GBV survivors.	13,970	4,315
Implement cash interventions to minimize exposure to protection risks and negative coping mechanisms.	81,459	19,732
Provide Targeted Individual Support to persons exposed to violence, abuse or serious neglect excluding CP, GBV and MA case management).	40,730	9,866



Support for obtaining civil documentation (excluded birth registration).	<b>54,306</b>	<b>13,155</b>
Provide cash for rent for households at risk of eviction.	5,394	809
Provide individual counselling on HLP.	59,333	8,900
Provide technical assistance and legal representation on HLP	188,788	28,318
<b>Specific Objective 2.3</b>	<b>NEED</b>	<b>TARGET</b>
Provide minimum package of multisectoral and protection-sensitive services to 6.3 million IDPs out of site and non-displaced people living in drought and conflict-affected areas.		
Distribution of teaching and learning materials to the most affected children	8,624,326	936,745
Provision of Accelerated Education Program activities	2,346,869	435,249
Provision of Menstrual Hygiene and Health (MHH) kits and MHH Sessions	3,881,642	126,461
Provision of multi-purpose cash transfer to the most vulnerable farming and pastoral households.	2,701,058	427,051
Provision of supplementary livestock feed to vulnerable pastoral households and agro-pastoral households	6,290,623	2,553,650
Support for early childhood education, including Accelerated School Readiness (ASR)	2,846,028	454,774
Support restocking/destocking of animals to mitigate large-scale loss of livestock	2,411,405	143,363
Provision of appropriate and essential non-food to displace affected populations to improve the living conditions of the targeted population.	299,169	118,387
Provision of appropriate and essential non-food items to persons with disabilities, older people, and persons with chronic illness.	187,519	126,700
Provision of Emergency Shelter and NFI that consider women's and children's needs to improve health and protection outcomes.	219,584	186,545
Provision of Emergency Shelter and NFI to persons with disabilities, older people, and persons with chronic illness to improve the beneficiaries living conditions	38,750	32,920
Provision of appropriate and essential non-food items to displace affected populations to improve the living conditions of the targeted population.	763,437	599,578
Provide Case Management for identified girls and boys with child protection concerns.	246,400	24,500
Assist children under the age 5 to secure civil documentation.	20,038	1,002
Provide Dignity Kits in cash/voucher and in kind.	504,785	196,669
Provide Legal assistance to vulnerable women & girls and GBV survivors.	100,957	29,500
Implement cash interventions to minimize exposure to protection risks and negative coping mechanisms.	984,775	421,311
Provide Targeted Individual Support to persons exposed to violence, abuse or serious neglect excluding CP, GBV and MA case management).	492,387	210,656
Support for obtaining civil documentation (excluded birth registration).	656,517	280,875

Provide cash for rent for households at risk of eviction.	18,523	2,778
Provide individual counselling on HLP.	59,054	8,858
Provide technical assistance and legal representation on HLP	187,898	28,185

### Strategic Objective 3

Support 9.4 million vulnerable people to start recovering from crisis and natural hazards, through targeted programming to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.

Specific Objective 3.1	NEED	TARGET
Support 6.9 million persons affected by climate-related shocks and conflict to protect and restore livelihoods and strengthen their coping capacities.		
Drought power support for effective land preparation activities	3,198,622	387,262
Provision of improved locally adapted drought tolerant crops (cereals, pulses and vegetables) and fodder seeds together with essential farm tools and equipment	15,104,603	6,218,177
Provision of Income Generating Activities to the most vulnerable farming and pastoral households.	4,442,530	622,656
Support treatment and vaccination of animals to mitigate large-scale loss of livestock	9,382,624	4,586,820
Provide women & girls with vocational and literacy skills training and support them with startup capital for IGAs.	134,523	40,792
Specific Objective 3.2	NEED	TARGET
Support the minimum rehabilitation and basic restoration of essential services to 5.0 million persons affected by conflict by end of 2023.		
Provide support to livelihood and reintegration/return/resettlement by improving shelter and related infrastructures	906,949	603,999
Durable WASH	8,532,432	4,963,345
Specific Objective 3.3		
Support 184k persons to start recovering from the negative mental and legal impacts of conflict, acute shocks and chronic stresses.		
Implement community-based activities, and empower affected people on their rights, and address protection risks that affect them.	46,822	36,232
Facilitate access to alternative mechanisms to resolve HLP disputes.	30,645	4,597
Provide individual counselling on HLP.	<b>144,697</b>	<b>21,705</b>
Provide information on HLP.	1,225,798	183,870
Provide technical assistance and legal representation on HLP	460,401	69,060
Support to obtaining documentation related to House, Land and Property (HLP).	122,580	18,387

## Part 3:

# Cluster/Sector Objectives and Response

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### OROMIA REGION, ETHIOPIA

Elema Guya lost many of her cattle to the recent drought in Borena zone. She says that there was no rain for the past few years.

Thanks to UNICEF support she is able to get water though she needs to walk for one hour to the site "we only get water here.

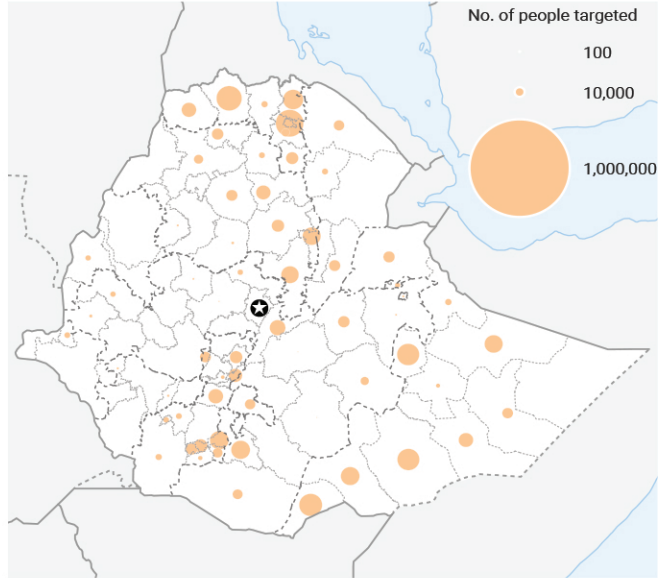
Water is what keeps life to continue. It is everything we need now."

©UNICEF Ethiopia/2022/Demissew Bizuwerk



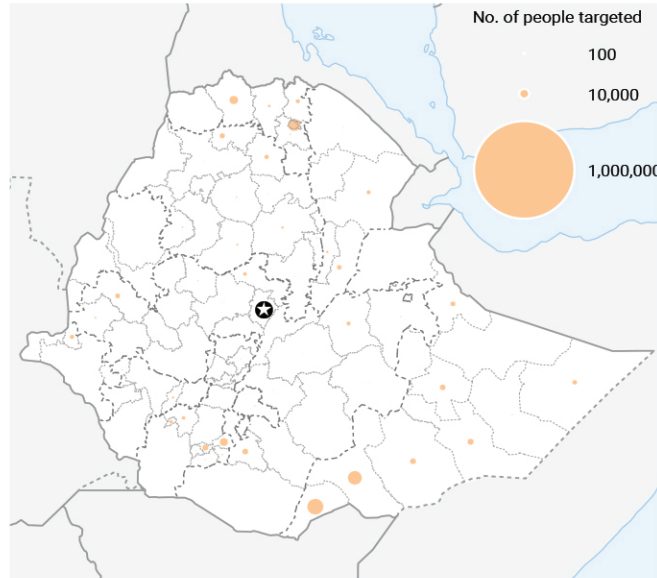
### 3.1 Agriculture

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>17.8M</b>	<b>9.1M</b>	<b>\$276.5M</b>



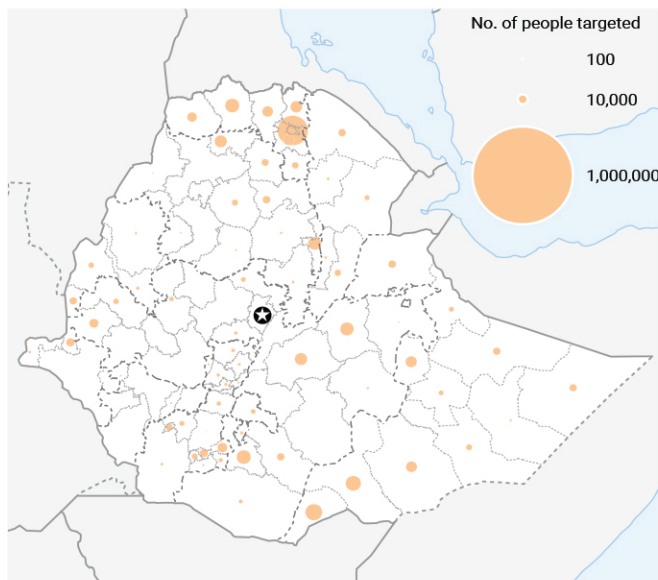
### 3.3 Camp Coordination and Camp Management (CCCM)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>2.3M</b>	<b>1.1M</b>	<b>\$42.3M</b>



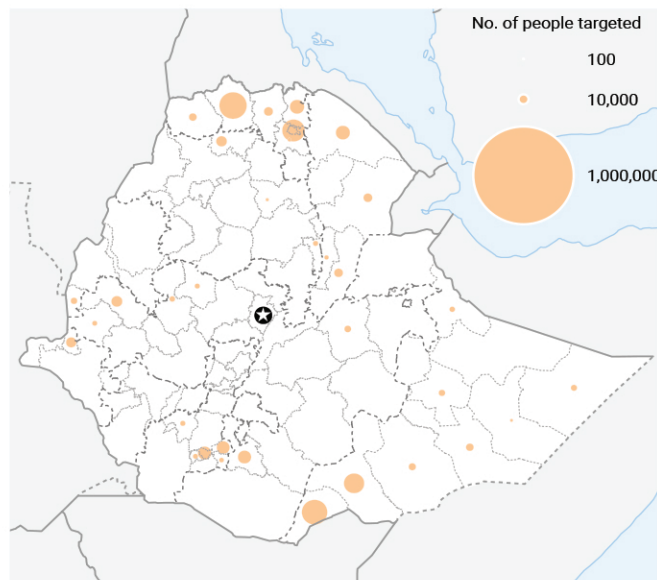
### 3.5 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>10.3M</b>	<b>3.8M</b>	<b>\$161.4M</b>



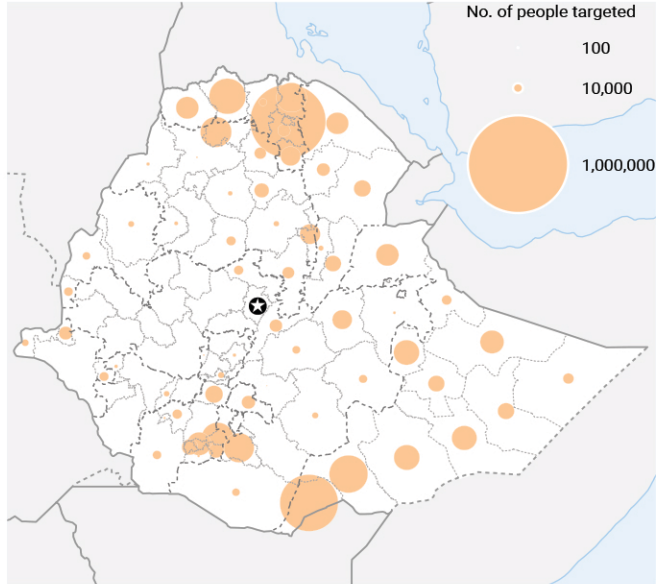
### 3.6 Emergency Shelter / Non-Food Items (ES/NFI)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>5.4M</b>	<b>3.9M</b>	<b>\$134.7M</b>



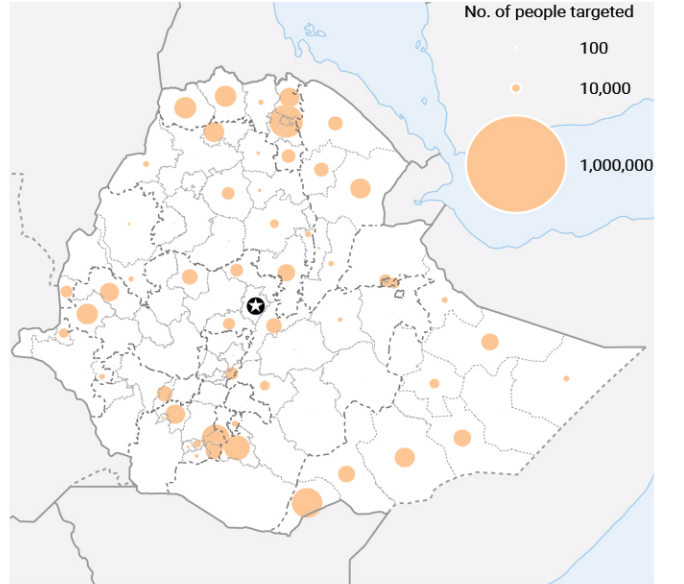
### 3.7 Food

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>20.1M</b>	<b>20.1M</b>	<b>\$2,165M</b>



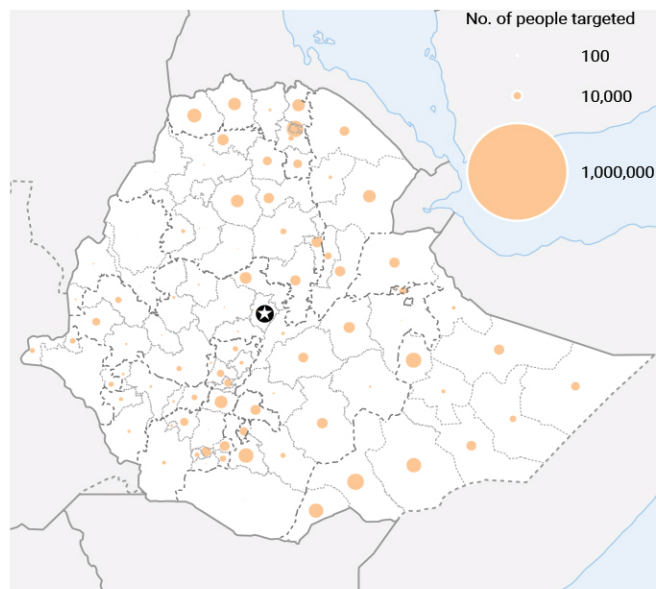
### 3.8 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>17.4M</b>	<b>9.8M</b>	<b>\$303.5M</b>



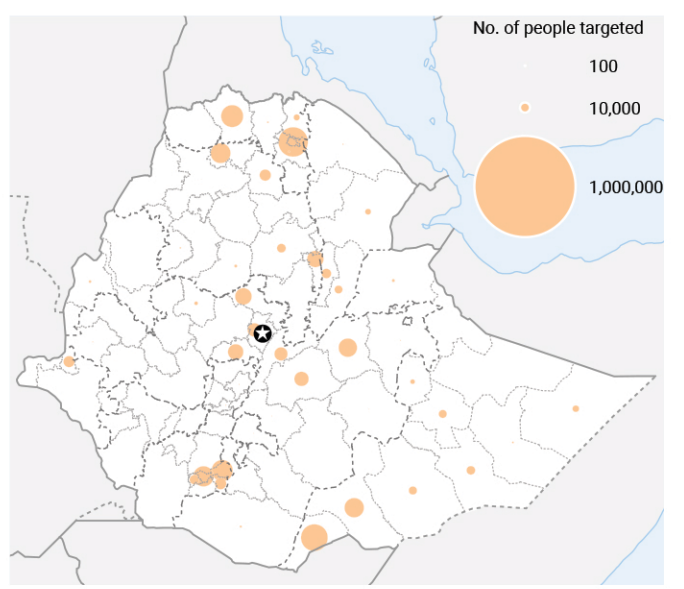
### 3.10 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>7.4M</b>	<b>4.9M</b>	<b>\$359.2M</b>



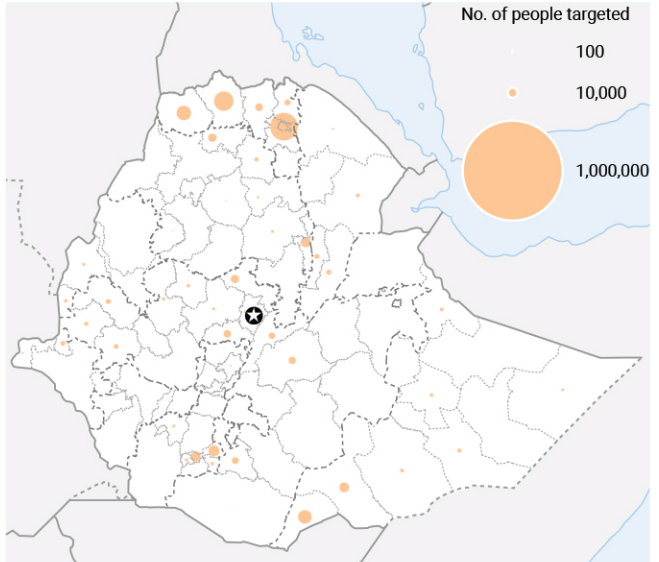
### 3.11 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>10.4M</b>	<b>4.9M</b>	<b>\$344.5M</b>



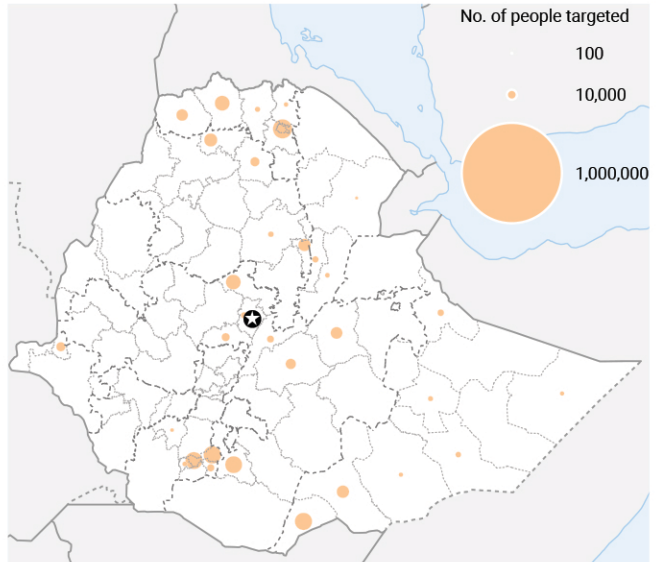
### 3.11.1 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>7.0M</b>	<b>2.1M</b>	<b>\$95.5M</b>



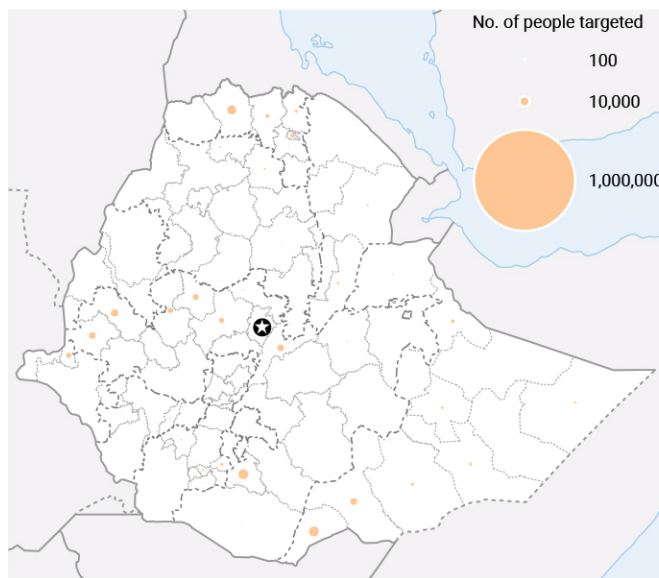
### 3.11.2 Protection: Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>6.7M</b>	<b>2.7M</b>	<b>\$108.8M</b>



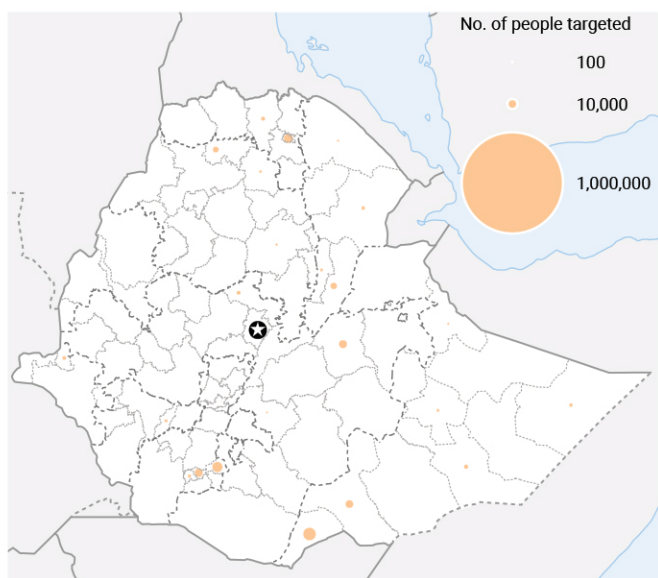
### 3.11.3 Protection: Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>7.0M</b>	<b>703k</b>	<b>\$10.1M</b>



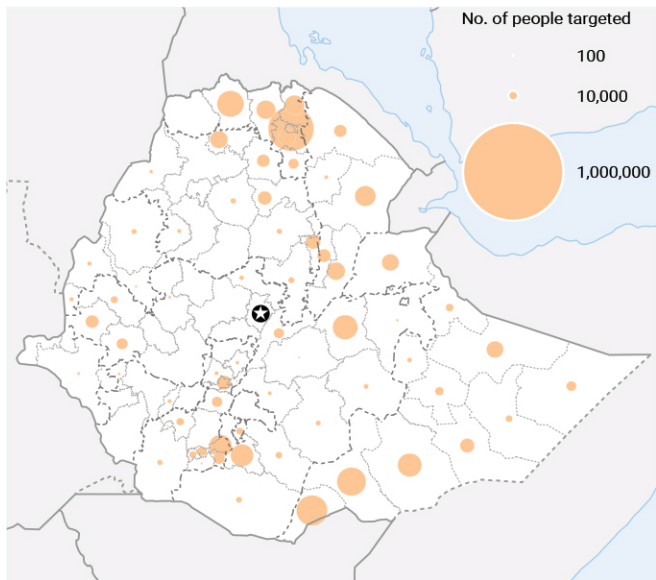
### 3.11.14 Protection: Housing Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>3.1M</b>	<b>460k</b>	<b>\$4.1M</b>



### 3.12 Water, Sanitation and Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>20.5M</b>	<b>11.9M</b>	<b>\$164.1M</b>





# 3.1 Agriculture

PEOPLE IN NEED

**17.8M**

PEOPLE TARGETED

**9.1M**

REQUIREMENTS (US\$)

**276.5M**

**50%**

**25%**

**26%**

**14%**

### Objectives

The drought and conflict continue to compromise fragile livelihoods that are heavily reliant on agriculture, worsening the food security crisis and increasing malnutrition while eroding coping strategies for the most vulnerable. The drought is impacting severely on farming and pastoralist communities/ livelihoods through livestock deaths, loss of income, absence of milk, and crop failure. Over 6.8 million livestock are estimated to have died due to lack of pasture and water in Oromia, SNNP and Somali regions. Livestock market value has also significantly dropped due to poor livestock body conditions, impacting families' income sources. Meanwhile, the conflict has resulted in large-scale displacements, destruction of critical agriculture infrastructure and reduced agriculture activities largely in Northern Ethiopia.

The cluster will respond through the provision of supplementary livestock feed, treatment and vaccination of animals; provision of improved, locally adapted, drought-tolerant crops (cereals, pulses and vegetables) and fodder seeds, together with essential farm tools; and provision of multi-purpose cash transfers to the most vulnerable farming and pastoral households. These activities will contribute towards protecting and sustaining core-agricultural livelihoods of households affected by drought and displacement in Ethiopia through humanitarian interventions in 2023. This objective links with the strategic objective SO1 to reduce morbidity, mortality, and suffering

from protection threats and incidences for 22.6 million of the most vulnerable people by the end of 2023. The cluster will prioritize resilience building in 2023. The second cluster objective is to enhance vulnerable households' ability to withstand recurrent and future shocks in Ethiopia through early recovery and resilience interventions. This objective links with the strategic objective SO3, to support 9.4 million vulnerable people to start recovering from crisis and natural hazards, through targeted programming to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.

### Cluster Objectives:

1. To protect and sustain core agricultural livelihoods of households affected by drought and displacement in Ethiopia through humanitarian interventions in 2023.
2. To enhance vulnerable households' ability to withstand recurrent and future shocks in Ethiopia through early recovery and resilience interventions.

### Response

Limited access to markets, reduced crop production, and diminished livestock body conditions (and resulting implications on market prices and food availability) are some of the consequences that conflict and drought have had on livelihoods of





OROMIA REGION, ETHIOPIA

Photo: Plan International

vulnerable households. The agriculture and livelihood needs triggered by drought and displacement remain a priority, and the cluster will prioritize agriculture production and building/restoring the resilience of the affected communities to prevent further deterioration of an already fragile food security situation and mitigate humanitarian consequences of the overlapping shocks. The cluster will prioritize the use of cash, as a first priority where feasible, to support the communities with input packages and livelihood kits. The increased use of cash will enable the cluster to keep people's needs and preferences at the center of the response, while increasing efficiency. The cluster plans to utilize a "cash plus" approach where households will be given cash to meet their immediate needs while receiving input packages to produce their own food or restore their livelihoods. Poor rainfall performance reduced crop production to 25% of normal in Borena, Guji, West Guji and East Hararghe in Oromia, and 35% in Buji, Konso and South Omo in SNNPR. In the agro pastoral areas of Afar and Somali regions crop production was very poor; as low as 20%-25% of normal, and there was total crop failure in

the southern zones of Somali region<sup>9</sup>. Insecurity has hindered some communities from engaging in agricultural activities and accessing inputs and services<sup>10</sup>.

The cluster has 65 active partners delivering a response in conflict and drought affected locations. In 2022, the partners reached 1.8 million people in conflict-affected locations and 2.7 million in drought-affected locations. The operating environment continues to change due to the limited availability of some critical inputs like fertilizer, feed and the high inflation resulting in high operating costs. The agriculture cluster will work closely with the food cluster to ensure that the households with access to land and labour can be assisted with agricultural inputs to grow their own food. The cluster will also work closely with the Nutrition cluster and deliberately target households with malnourished children to be supported with agriculture input packages and relevant livelihood packages. The cluster will link with WASH cluster to rehabilitate water points for livestock through joint planning, targeting and monitoring. Leveraging on the work done already through Inte-

grated Sectoral Coordination (ISC), the cluster will aim to ensure that partners use the minimum package for integration in locations where the ISC is being piloted. The cluster will be promoting the inclusion of AAP and community engagement in the sector projects and will aim to ensure communities are at the center of response decision-making. The cluster will lead the development of a more coordinated complaints-feedback system, and together with the SEA focal person, will build capacity on SEA accountability by partners.

Women's needs, voices and rights are at the core of the cluster strategy, for example with a focus on women friendly livelihood initiatives. The agriculture cluster response will be informed by conflict sensitive analysis to ensure that assistance does not exacerbate tensions between different social and ethnic groups, and that GBV and child protection risks are mitigated. The cluster will link with relevant development partners and the work they do to ensure that the emergency response can contribute towards building resilience and sustainable development. The cluster will aim to build linkages with development partners to limit duplication in crop, livestock inputs support and other HRP activities. The cluster, through the resources received, was able to save more than 20 million livestock; 1.8 million people managed to produce their own food; and more than 4 million people were reached with urgently required livelihood support. If the cluster does not receive adequate resources, it will place millions of people in extreme food insecurity particularly drought affected and returning IDP women and children. Over 30 million animals will also be at a risk of dying due to shortage of feed, drugs and vaccines.

### **Cost of Response**

The unit-based costing methodology is a product of a series of consultations with national NGOs, international NGOs, UN Agencies, Donors, Government, and all DRM-ATF members, including the Ministry of Agriculture. The consultations were held at the Zonal, Regional and National level. The consultations could not reach all the Zonal levels due to access, time constraints and the absence of ATFs in some of the zones; however, all the regions were consulted. The methodology was transparent and explained

to all partners in the cluster. The major cost driver for the sector is the cost of the agricultural inputs (seeds, fertilizer, vaccines, drugs and tools). The local seeds are not adequate for the planned response and in some cases fall short of the required quality. This means some of the seeds need to be imported, resulting in a more costly response. The cluster is working with the Ministry of Agriculture to explore how partners can make use of improved locally produced seeds. The cost to deliver a response varies from one region to the other, but the differences in the cost of the agricultural inputs is not too significant, hence the use of the average cost for each activity across the regions. The cluster will explore the use of cash and vouchers using existing agro-dealers to supply some of the agriculture inputs. This will greatly reduce the operational costs and enable the cluster to reach more people with the limited resources.

### **Monitoring**

The cluster will utilize the government led seasonal assessments, which are conducted twice a year (Belg and Meher seasonal assessment) to monitor the agriculture situation. The Household Economy Approach (HEA) will be used to monitor the situation using the livelihood deficit indicator. This will be monitored twice a year after the seasonal assessments, which provide part of the input for the HEA. The cluster will seek to include gender, AAP and protection indicators in the sectoral assessments conducted by the cluster partners, and in the multi-sectoral seasonal assessments led by EDRMC. The cluster is currently coordinating a monthly drought monitoring system, which relies on data collected by cluster partners and analyzed by FAO. This monitoring system will be used to monitor the evolution of the drought and its impact on agriculture. The cluster will introduce the use of the livestock Pectoral Evaluation Tool (PET tool) to monitor livestock body conditions across the country with a specific focus on drought-affected locations. The cluster will also rely on the DTM and Village assessments to monitor the IDP and returning IDP livelihoods needs. The Emergency Food Security Assessments (EFSA) or the Food Security Nutrition Monitoring System (FSNMS) will be used for the locations that are not covered by the seasonal assessments. The post-harvest assessments conducted by

partners and FAO will also be used in the locations that are not covered by the seasonal assessments. Individual or Inter-agency sectoral assessments will also be used, and the cluster will be recommending

the use of the cluster standardized tools to enable collation and comparison of data across regions.

## Objectives, Indicators and Targets

### Cluster Objective CO1

To protect and sustain core-agricultural livelihoods of households affected by drought and displacement in Ethiopia through humanitarian interventions in 2023

INDICATORS	NEED	TARGET
# people benefiting from cash transfer	2,949,840	466,385
# Households that received animal feed interventions	10,662,073	4,328,221
# people that received destocking interventions	4,087,128	242,988
# of people benefiting from cash transfer	604,184	95,525
# households that received animal health interventions	14,216,097	6,949,727
# households that received agricultural inputs	15,104,603	6,218,177
# people benefiting from IGA support	4,442,530	622,656

### Cluster Objective CO2

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

# households benefiting from drought power support	3,198,622	387,262
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## 3.2 Cash Programming

### Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) has been practised in Ethiopia for many years with a limited use for humanitarian and emergency responses in different contexts. This has seen significant growth since 2021 for both sectoral CVA and Multi-Purpose Cash (MPC); done through a Market-based Approach and driven by expressed community preferences, in line with Grand Bargain commitments. One of the key merits of using CVA is the reduced lead time of response where appropriate and when compared to in-kind assistance, in-line with the governments' "cash first principle" as implemented through the U/PSNP.

### Cash Working Group (CWG)

The CWG has established a robust and dedicated governance structure during 2022. Led nationally by a dedicated coordination team and Strategic Advisory Group (SAG) in Addis Ababa, these structures serve and support the 7 established region based CWGs operation in 9 regions of Amhara, Afar, Benishangul Gumuz, Oromia, Somali, Southern Regions (SNNP, SW and Sidama), and Tigray.

The CWG has adopted a decentralised Area-Based Approach (ABA) for coordination, which has led to stronger holistic approaches for coordination, prioritising multi-sectoral and integrated interventions. The devolution of decision making to subnational CWGs has ensured local accessibility, accountability, and devolved planning, allowing for each area and region which contributes to have a platform for advocacy and inform CVA strategy and policy in an objective and credible way. Moreover, this decentralised model will prioritise and ensure participation of affected communities in their response, working collectively for more efficient resource mobilisation, implementation and strengthening ownership to ensure sustainability.

The interlink with social protection is deliberate and purposeful, and designed to pave the way for transitional programming that would gradually lead to disengagement of emergency cash assistance in the Ethiopian response. MPC as well as sectoral cash assistance can represent the entry point for generating linkages with existing social protection schemes and in the mid-term, for hand-over of assistance for humanitarian populations of concern to government-led assistance.

### Multi-Purpose Cash (MPC)

Multi-Purpose Cash assistance offers flexibility and ensures decision making power is held by affected populations, and it empowers them to prioritise their critical needs in the most dignifying manner. Vulnerable households have identified CVA and MPC assistance as a preferred form of assistance; with many reports of households selling in-kind items, further underlining people's preference to independently prioritise their own needs.

Ethiopia is affected by a variety of crises such as floods, droughts, and inter-communal conflicts; while also hosting almost a million refugees. MPC assistance has been used to address different humanitarian needs; with its flexible utility realised both as a key rapid-response mechanism to shocks, a response modality to vulnerable populations in locations of protracted crises, as well as a mechanism to aid recovery and building resilience. From January to December 2022, 53 implementing partners reached almost 434,000 households in Afar, Amhara, Gambella, Benishangul-Gumuz, Oromia, Somali, SNNP, South West, Tigray, Dire Dawa, and Addis Ababa.

MPC assistance in Ethiopia will support the most vulnerable households and individuals to meet their most urgent and diverse basic needs through uncon-

ditional and unrestricted cash, addressing Strategic Objective One and Two of the HRP 2023. Moreover, MPC will also be utilised to address recovery and resilience in Strategic Objective Three. These objectives focus on reducing the loss of life among the most affected and vulnerable parts of the population, as well as integrating MPC through Cash Plus and other complementary approaches. Such initiatives offer broader integration within a single agency's intervention, as well as across several agencies and government social protection service providers.

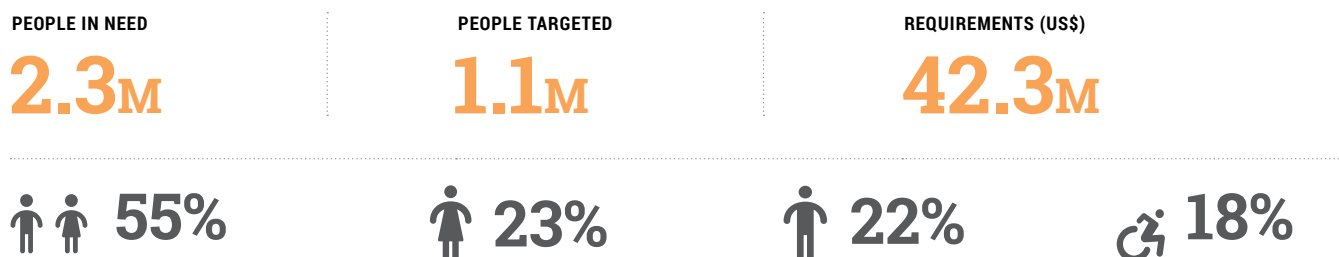
The CWG has developed and continues to update MPC Guidance (in line with shifting context needs in regions) with key process and outcome indicators to measure the impact of assistance in the reporting year and, will undertake rolling joint feasibility assess-

ments to ensure appropriateness of the modality in the various contexts of operations. In addition, ECWG will support clusters in streamlining CVA in cluster specific assistance and inclusion of indicators in the HPC toolkit to ensure systematic monitoring of CVA and streamlining risk mitigations.

Finally, CWG plans to develop and establish an ICCG Endorsed regionally based MPC guideline and National Minimum Expenditure Basket (MEB) during 2023, engaging all key stakeholders including relevant clusters, government ministries, and affected population groups. This, as well as building on establishing social protection interlinkages, and graduation approaches with mandated government departments and recovery and development actors.



# 3.3 Camp Coordination and Camp Management (CCCM)



### Objectives

Promote the protection, safety, and dignity of 2.3 million conflict and disaster affected people through targeted, community-centered multi sectoral interventions that “do no harm” and contribute to social cohesion outcomes.

### Response

The CCCM cluster’s mandate is focused on the displaced population who are living in camps, camp-like settings and in the host community. The approach of the cluster is to apply the CCCM strategic response pillars and where applicable, use an area based approach at the level of the Kebele and/or Woreda for the displaced population who are living outside camps. This approach generally applies in both displacement and, where needed, in return locations. CCCM’s strategic response pillars are:

1. Camp Planning and Development/Improvement
2. Coordination and Information Management
3. Capacity Building
4. Community Participation and Self-Governance

As an approach, CCCM will primarily work in IDP camps to facilitate access to lifesaving services and maintain the communal facilities based on internationally accepted standards required to assist and protect the IDP residents. In the context of ongoing displacement, relocation and returns in the country,

CCCM activities will specifically respond in line with its 4 response pillars. However, when it comes to returns, CCCM response will be confined to preparatory activities happening before and during any return movements in collaboration with the relevant actors, including the Government and development actors when and where possible. CCCM continues to support local authorities in its efforts to assist and protect their citizens until a phase out timeline is anticipated.

The CCCM Cluster regularly collaborates with other sectors, including the ES/NFI, WASH, Protection, Health, and Education clusters, as their respective strategies have cross cutting elements. More specifically, the different clusters collaborate to ensure that PSEA, AAP, disability inclusion and protection are mainstreamed into their activities within the intersectoral approach at the camp level.

### Cost of Response

In 2023 the CCCM Cluster targets 1.05 million people, which will require a budget of USD 42.3 million, with activities spread across the 4 response pillars. The major cost drivers include drought, inflation, conflict, displacement, challenges in accessing affected communities, increased vulnerabilities at family level, additional access barriers for women, the elderly and people with disabilities, and affected infrastructures. The CCCM Cluster adapted the combined approach in its costing to reach the total financial requirement. The general costing of all the activities under the four

response pillars has been agreed upon in consultation with other sectors to ensure market prices for labour, materials and contracts are consistent.

The prevailing market rates for goods and services were used to arrive at the overall costs per activity. Historical rates and inflation rates were taken into consideration in calculating the average unit cost against the projected number of training courses planned. In terms of project implementation, the cost is also heavily affected by the availability of skilled and unskilled labour, communication cost as well as materials and equipment. Local/regional unique costs were taken into consideration as well, particularly in terms of workshops, trainings, and other related activities.

### Monitoring

The CCCM cluster will collect routine data that measures progress against targets and indicators to track changes and deviations in the program performance

of partners. Monitoring tools such as 4W, Service Site profiles, Service Mapping and Service Monitoring, CFM Tools, Site Feasibility Assessment Tool and Situation reports will ensure that all information is gathered to make informed decisions, and to track progress on the indicators. Some of the data will be gathered through DTMs, event tracking, regular site assessment and emergency site assessment tools. The national and subnational IM team provides the technical support to collect, compile, analyze, store and disseminate the information with scheduled feedback sessions with camp management committees, women, youth/adolescents, people with disabilities and the elderly. Routine monitoring visits, partner reporting and assessments will also form part of the monitoring activity to inform programming in terms of trends in needs, gaps, and other pertinent operational challenges to ensure robust response capacity.

## Objectives, Indicators and Targets

### Cluster Objective CO1

Ensure care and maintenance of the site's infrastructure, while mitigating the impacts of environmental degradation

INDICATORS	NEED	TARGET
# of individuals in sites with improved and/or maintained communal infrastructure	2,342,690	1,057,880

### Cluster Objective CO2

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

# of individuals in sites with improved and/or maintained communal infrastructure		300
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### Cluster Objective CO3

Provide CCCM capacity building support to staff and authorities interventions that "do no harm" and contribute to social cohesion outcomes

# CCCM staff and authorities capacitated in site management	2,000	1,000
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### Cluster Objective CO4

Support establishment of inclusive and representative community structures

# Sites with functional community-led committees with inclusive participation and representation		300
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## 3.4 Coordination and Common Services

REQUIREMENTS (US\$)

**\$18.9M**

### Objectives

1. Adapt the coordination mechanism to the context and ensure that strategical and operational humanitarian decision making is coordinated, inclusive, and accountable.
2. Promote, coordinate, and harmonize timely, relevant, evidence-based multi-sectoral information management, analysis, advocacy and needs assessments.
3. Enhance operational impact and scope and contribute to safety and security of humanitarian response and workers through information products and advocacy.
4. Improve the response monitoring and situation monitoring to ensure effective and agile humanitarian response.

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

The Government of Ethiopia and the Ethiopia Humanitarian Country Team (HCT) coordinate the overall humanitarian response in Ethiopia. At the national level, the key joint strategic forum is the Disaster Risk Management Technical Working Group (DRM-TWG) that plays a key role in the coordination of the humanitarian response. It is chaired by the EDRMC and co-chaired by OCHA. The inter-cluster coordination mechanism at the national and sub-national levels

will support the implementation of the HRP for 2023. Clusters are co-led by the Government line Ministries and the UN Cluster Lead Agencies and other humanitarian partners. Besides the national Inter-Cluster Coordination Group (ICCG), there are six sub-national ICCGs, covering Afar, Amhara, Benishangul-Gumuz, Oromia, Somali and Tigray regions. This decentralized approach enables a coordinated response of sudden onsets and complex emergencies which require agility effectiveness and principled multi-sectoral response.

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

One of the priorities of the CCS cluster in 2023 will be the establishment of an Analysis/Assessment working group that will support the ICCG in:



- Ensuring that a shared understanding of the humanitarian situation is developed and updated as required.
- Supporting the humanitarian country team and the government in developing an operational picture of the humanitarian situation and their strategic decision making.
- Facilitating and coordinating assessments, and multi-sectoral analysis among humanitarian partners.

### Objectives, Indicators and Targets

INDICATORS	BASELINE	TARGET
# of Area ICCGs that have regular coordination meetings with appropriate partner representation	7 (6 Area ICCGs and 1 national ICCG)	7
1 Assessment and Analysis Working group is set-up, meets regularly and support an informed and needs-based response.	0	1
# of common information management products, including infographics, datasets, consolidated and stored information sets on PiN, needs and response, made available on a regular or ad-hoc basis	60	60



# 3.5 Education

PEOPLE IN NEED

10.3M

PEOPLE TARGETED

3.8M

REQUIREMENTS (US\$)

161.4M

95%

3%

2%

16%

### Objectives

- I. Learning environments safeguard children, coordinate provision of life-saving interventions, and disseminate lifesaving messages.
- II. Ensure equitable, non-discriminatory access to protective and inclusive (pre-primary and primary) learning environments for crisis-affected girls, boys, including children with disabilities (CwD).
- III. Provide quality education (formal and non-formal) in a non-discriminatory manner, for crisis-affected girls and boys, including children with disabilities.
- IV. Strengthen the capacity of key education personnel (education authorities, NGOs implementing EiE, and education personnel at the school level) to deliver EiE services.

### Response

The Education cluster partners will target 3,888,442 people (G- 50 %, CwD- 12%). This figure includes 3,665,391 children and 180,981 Adults. The Education Cluster will work closely with the WASH, Child Protection, GBV, Food, and CCCM clusters to ensure holistic support to maximize the benefits to the affected population. For 2023, the Education Cluster proposed a cluster objective under lifesaving, as learning facilities are hubs for disseminating lifesaving messages and delivering life-saving services. In 2023, learning facilities will continue to coordinate the provision of life-saving services to children, including food, water, and health care, as well as psychosocial support,

which the Education Cluster will coordinate with relevant Clusters to implement.

The education cluster will strengthen its responses towards ensuring quality learning to the affected children while addressing their immediate humanitarian needs, as guided by the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards and the Ethiopia Education Cluster Strategy, by addressing psychosocial needs as well as academic learning needs. Institutional capacity strengthening is necessary to achieve this, in particular for local NGOs, to ensure a more timely, accountable, and sustainable response. All capacity building efforts will link to the global EiE Competency Framework, designed around the INEE Minimum Standards for Education. Stronger sub-national and national coordination will ensure the response is complimentary, avoiding duplication, and factoring thematic and technical expertise of all Cluster partners, feeding into development coordination mechanisms where necessary, such as the National Development Donors Group/Education Technical Working Group.

With the signing of the peace agreement in Tigray, a high number of returning IDPs are expected in the North, demanding scaling up of support to resume quality education service delivery. In order to ensure physical access to learning facilities, close coordination with CCCM is needed to follow appropriate



#### SOMALI REGION, ETHIOPIA

Japanese MPs Ms Norikazu SUZUKI and Ms Takako SUZUKI accompanied by UNICEF Ethiopia Deputy Representative, Mariko Kagoshima visited Farah Magoil Primary School, in Somali region, Ethiopia.

guidelines for use of schools as shelters for IDPs, as well as de-commissioning for learning use.

To fulfill the right to education, learning facilities must be equipped and protective. For those most impacted by the conflict, the resumption and continuity of protective learning opportunities play a critical role in prevention of families and the wider community resorting to negative coping mechanisms such as child labour and/or early marriage.

Education by its nature plays an important role in protecting children. Research shows that two thirds (2/3) of children at risk of child marriage will be protected if education is provided, and 80% of child marriage will be reduced if secondary education is provided. This makes the education cluster work closely with the protection cluster, including the specific AoRs, on child safeguarding, mine risk awareness, GBV issues, referral pathways and other child protection issues. Rehabilitation/reconstruction of schools will include gender sensitive and accessible WASH facilities, for which the Education cluster will

work closely with WASH. The education cluster also works closely with CCCM on guidelines and implementation of using schools as IDP shelters. The education cluster will also focus on cross-cutting thematic areas such as gender, inclusion, AAP, and PSEA, and will work with the CASH working group to ensure inclusion of education in the national minimum expenditure basket for potential use for multi-purpose cash assistance. Standalone approaches will be adopted, for example for education in emergencies (EiE) pedagogy related trainings, quality learning, etc.

The education cluster will prioritize institutional capacity strengthening for local NGOs to ensure a more timely, accountable, and sustainable response. The cluster will also encourage partners to work through an HDP nexus approach to support the return of IDP children to mainstream education and into their age and competency appropriate grades.

#### **What if we fail to respond?**

As the crisis situation is now protracted, we cannot afford to wait longer to resume quality education

services and address poor psychosocial outcomes, protection risks, and significant learning loss. Rebuilding post-conflict, overall economic prosperity and societal well-being begins with the current school-age generation. Crisis-affected parents consistently cite education as a top priority at all levels, and each year that children remain out of school further diminishes the likelihood of enrollment and retention in formal and non-formal learning systems. As we are accountable to the crisis-affected population, this demand must be met to the best of our ability.

**Cost of Response**

Given the high inflation rate and based on the previous year’s experiences in implementing humanitarian responses, the education cluster in consultation with partners and sub regional cluster coordinators agreed to come up with package wise calculation which gives partners flexibility, allowing them to adjust the per child cost based on the package chosen.

The education cluster estimates its need for the HRP 2023 at US\$ 161,370,335 to meet the bare minimum needs of the targeted people {3,888,442 people (G- 50 %, CwD- 12%) that includes 3,665,391 children and 180,981 Adults} through different packages in providing access to learning as indicated on the table below.

**Monitoring**

The education cluster will monitor partners’ progress monthly through 5Ws and/or using a web-based platform called (activity.info). The cluster will consolidate, analyze data, and produce dashboards, partner presence maps, gaps and reports. The Cluster team will also monitor the progress through field visits, bi-lateral discussions and bi-monthly updates during coordination meetings. The Education Cluster will conduct mid-year review to monitor the progress, review the changes in the situation, funding needs and adjust the humanitarian response plan based on the mid- year review inputs. An annual review will also be conducted with partners to monitor the achievements, gap analysis and to learn lessons for future planning. The Education Cluster will also monitor partners progress and achievements through a well-established beneficiaries feedback mechanism (an online platform to collect qualitative and quantitative data on feedback from affected population, focus group discussion, etc.). The education cluster will also monitor the achievements through collecting photo essays, human interest stories and other story lines from the beneficiaries.

PACKAGE	UNIT COST- \$	POPULATION WISE CALCULATION	TOTAL NEED – US\$	KEY INTERVENTIONS-- MINIMUM ACTIVITIES PER PACKAGES
Package One	65	777,688	50,549,720	Temporary Learning Spaced (TLS), minor rehabilitation, Accelerated Education/ Learning Programme (AEP), Accelerated School Readiness (ASR for ECD), school feeding
Package Two	45	1,166,533	52,493,985	Training components, capacity building, soft components
Package Three	30	1,944,221	58,326,630	Distribution of TLM and assistive devices for children with disabilities
<b>Total</b>		<b>3,888,442</b>	<b>161,370,335</b>	

## Objectives, Indicators and Targets

### Cluster Objective CO1

schools are engaged in life saving education interventions including promotion of relevant messages and child safeguarding practices.

INDICATORS	NEED	TARGET
# boys, girls, CwDs who are provided emergency school feeding	4,489,932	700,000
# boys, girls, and children with disabilities that participated in co-curricular activities and received life saving messages in schools	9,933,458	3,846,372
# community members that participated in co-curricular activities and received life saving messages on Education	9,933,458	3,846,372

### Cluster Objective CO2

schools are engaged in life saving education interventions including promotion of relevant messages and child safeguarding practices.

# emergency-affected children accessing safe learning environments through the provision of TLS		550
# emergency-affected children accessing safe learning environments through the provision of classrooms rehabilitation, fumigation, disinfecting, decommissioning and cleaning		800
# emergency-affected children accessing safe learning environments through the provision of WASH facilities		800
# girls, including girls with disabilities that benefited from the provision of MHH kits and sessions	4,259,557	164,147
# boys, girls and children with disabilities in affected communities that have received learning materials	9,091,210	1,168,907
# community members reached through the campaign	2,351,103	855,779
# male and female parents, boys, girls including children with disabilities that received the messages that education is lifesaving	842,247	324,869

### Cluster Objective CO3

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

# emergency-affected girls, boys and CwD accessing formal or non-formal education opportunities, including early learning	4,055,582	931,213
# emergency-affected girls, boys and CwD linked to formal education	3,073,708	1,337,673

# crisis affected boys, girls and children with disabilities participating in AEPs	1,569,329	142,630
# boys, girls including children with disabilities that benefited from emergency school feeding programs	986,610	263,831
# male and female teachers in emergency affected areas that benefited from PSS, MHPSS, adapted pedagogy, disability inclusion training and other related trainings	373,191	180,981

#### Cluster Objective CO4

By 2023, strengthen the capacity of education institutions with the specific focus on local NGOs, education personnel and communities, to provide crisis-sensitive education, resilience building activities and establishing interlinkages with development partners to increase education responses to sustain for emergency-affected girls, boys, including children with disabilities

# NGOs who benefited from capacity building trainings, provision of materials, funds and other support activities from the cluster or from international NGOs and UN Agencies	12	6
# education officers at woreda/zonal/regional level, school leaders, and officials from partnering organizations/govt offices that benefited from training and knowledge sharing sessions on EIE	373,241	181,031



3.6

## Emergency Shelter / Non-Food Items (ES/NFI)

PEOPLE IN NEED

5.4M

PEOPLE TARGETED

3.9M

REQUIREMENTS (US\$)

134.7M

 44%

 29%

 27%

 14%

### Objectives

The ES/NFI Cluster's goal is to ensure that crisis-affected people have appropriate access to adequate and environmentally friendly shelter solutions and essential household items to live in health, security, safety, and dignity.

SO1: Reduce morbidity, mortality, and suffering from protection threats and incidences for 22.6 million of the most vulnerable people by the end of 2023.

CO1: Ensure that crisis-affected people have equitable access to adequate and environmentally friendly shelter solutions to protect and safeguard their health, security, privacy, and dignity. Linking with the first strategic objective, the Cluster will contribute to reduced morbidity, mortality and suffering from protection threats and health risks by providing access to lifesaving emergency shelter to displaced people impacted by the ongoing conflict and emerging natural disasters. A decent and clean environment is also important to reduce health risks; and avoid aggravating the condition of people with existing health issues. Overcrowded dwellings expose households to an increased risk of infectious diseases, and ensuring adequate living spaces in shelters will reduce this risk.

SO2: Provide protection and safe access to critical, integrated and inclusive basic services to enable 9.3 million most vulnerable people to meet their basic needs by the end of 2023.

CO2: Increase equitable, safe, and inclusive access to appropriate shelter and household necessities, limiting the impact on the environment, mitigating protection risks, and improving the living conditions of crisis-affected people. This objective focuses on promoting adequate shelter and NFI assistance for displaced families and minimizing exposure to natural or climatic hazards, violence, neglect, and exploitation. The Cluster will also focus on prepositioning NFIs and Emergency Shelter Kits (ESKs) contingency stocks in hotspot areas where conflicts and climate-related displacements are likely to happen.

SO3: Support 9.4 million vulnerable people to start recovering from crisis and natural hazards through targeted programming to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.

CO3: Enhance resilience through shelter and settlement support in recovery, reintegration, and relocation while limiting negative environmental impacts. Multilayer, recurring and protracted displacement have eroded people's assets and coping capacity. Response under this specific objective will target the most vulnerable crisis-affected people and those in conflict lines with activities contributing to sustainable livelihoods and resilience through the provision of repairs, and technical support, including Housing, Land and Property (HLP) related activities.

## Response

In 2023 the Cluster will target 3,903,407 people, comprising 1,048,993 men, 1,120,862 women, 845,395 boys, 888,157 girls, and 529,248 persons with disabilities. The ES/NFI Cluster's response priorities aim to align with the population's needs and reduce health and protection risks by providing adequate living conditions. The ES/NFI response will be delivered in a conscientious, accountable, dignified, and timely manner. It will be guided by substantial evidence-based analyses of humanitarian needs as well as a rights-based approach. The cluster is committed to working with national partners and civil society organizations, building their capacity, and overcoming operational and access challenges.

All ES/NFI activities will take a holistic and integrated approach in all responses when applicable, including a settlements-based approach and mainstreaming of cross-cutting themes: i.e., protection, the do no harm principle, environmental consideration, conflict sensitivity, GBV risk mitigation, mitigation of health risks, HLP messaging for the security of tenure, and cash/market-based programming at the center of the Cluster response plans. Accountability to the affected population (AAP) and Prevention of Sexual Exploitation and Abuse (PSEA) will also remain at the heart of the response modalities. Given their role in the household and the gendered protection risks associated with not having an enclosed and private space, women and girls are disproportionately affected by a lack of shelter and NFI. The elderly and people with disabilities are also disproportionately affected, and these groups will therefore be prioritized in the response. In addition, ongoing conflict and shifting to new locations has exacerbated the need for shelter and non-food items. Therefore, partners will continue to target people with acute, lifesaving needs for shelter materials, essential household items, or a combination of both solely based on identified needs.

The Cluster will continue diversifying its shelter response to the conflict and climate-induced displacement affected population by building upon the positive coping mechanisms and exiting IDPs preferred settlement type through community engagement.

Based on the living conditions and the type of settlements, a range of responses, such as the construction of emergency shelters or distribution of NFI kits and shelter repair kits, and partitioning and partitioning and rehabilitation of communal shelters, as well as adapting existing buildings, will be supported to ensure privacy and protection. Rental Support and Neighborhood Approaches, and other modalities will also be considered for conflict/disaster-affected persons where appropriate. Prepositioning of materials or cash is vital to respond promptly in Ethiopia. Cash can also be prepositioned through pre-established agreements with Financial Service Providers (FSPs) in advance.

The Cluster is aware of the environmental challenges involved in the sourcing and disposal of materials for shelter construction. The Cluster will ensure partner's activities consider the effects on the environment. This includes ensuring the legitimacy of material sources, and partners will also include plans for the disposal of materials used in the construction of emergency shelters. Recognizing that a shelter cannot be a home without the protection of rights and the security of tenure, the ES/NFI Cluster will work closely with the HLP working group to address HLP concerns. Cash-based assistance will be promoted wherever it is feasible and safe. Rental support, cash for shelter, cash for NFI, and other shelter options will be explored to support IDPs living in host communities and collective sites.

## Cost of Response

The cost per person for ES/NFI has increased from the previous average of \$33.8 to \$35.9 due to market inflation and a shift towards shelter and NFI responses that are climate appropriate, disability-inclusive, as well as IDP return responses. Investments in these solutions are expected to be more inclusive and improve living conditions of the affected population. The ES/NFI Cluster has estimated that a total of US\$144.2 million will be needed to provide Shelter and NFI assistance for around 3.7 million people identified as most in need.



ES/NFI interventions require significant materials and therefore incur procurement, transportation, and distribution costs. Costs related to the provision of Shelter and NFI are based on a full cost recovery model that includes the procurement of the shelter and non-food items on the local and international markets. Costs related to warehousing, transportation, distribution, human resources, and monitoring are also included. While local procurement could minimize costs for specific items and are preferred in terms of quality and quantity, local markets often cannot consistently meet demands at scale due to limited local production and current macroeconomic challenges. The reliance on local/international commercial imports also needs careful consideration to ensure that local markets are not negatively impacted for the population not reliant on humanitarian assistance. All the ES/NFI cluster standard response options are developed and cost through the Technical Working Group (TWiG).

### Monitoring

The ES/NFI Cluster will continue relying on DTM, MIRA, and cluster-led assessments as vital data sources. Other proxy sources will be sought, including individual partner assessments, regional assessments, or OCHA-led multisectoral assessments. Through sub-national counterparts, the Cluster will continue to monitor displacement and the impact of disasters throughout the year to guide preparedness and response to meet needs. The Cluster has 62 partners in eight regions who will work towards meeting the 2023 HRP targets. Specific efforts will be made to

track and reach under-served areas and community members, such as people living with disabilities, and areas where there is the biggest gap between the severity of need, the number of people in need, and the response.

The Cluster partners have organizational monitoring frameworks and reporting templates. However, three main tools will be used at the sector level throughout the program cycle, including monthly 5Ws where partners report on activities and beneficiaries, disaggregated by age and gender, as well as items/supplies in stocks and pipelines. These reports indicate whether the Cluster is on track to meet its targets and reach different geographical areas. Furthermore, the ES/NFI Cluster will use post-distribution and construction monitoring, as well as agency complaints and feedback mechanisms (CFM) to enable effective feedback on partner operations that can be used to improve program design in the future.

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

## Objectives, Indicators and Targets

### Cluster Objective CO1

Ensure that crisis-affected people have equitable access to adequate and environmental shelter solutions to protect and safeguard their health, security, privacy, and dignity.

INDICATORS	NEED	TARGET
% HHs who say their safety and privacy is improved after receiving shelter assistance		100%
# displacement affected population that received in-kind or cash for emergency shelter assistance to improve physical protection and to reduce the consequences of health risks	1,863,741	1,438,388

### Cluster Objective CO2

CO2: Increase equitable, safe, and inclusive access to appropriate emergency shelter and household's necessities limiting negative impact on the environment whilst improving the protection and the living conditions of the crisis-affected people.

% displacement affected people reporting safe, accountable and transparent access to Shelter&NFI support		100%
# displacement affected populations that have received Non-food items that consider the most vulnerable or at risk and beneficiaries' safety	1,802,546	1,286,713
# persons with disabilities, older people, and persons with a chronic illness covered by Disability and Inclusion NFI Kits	318,096	227,067
# displacement affected population receiving emergency shelter and NFI assistance disaggregated per gender and age.	1,126,328	903,424
# persons with disabilities, older people, and persons with a chronic illness covered by Disability and Inclusion emergency shelter and NFI Kits.	198,764	159,428

### Cluster Objective CO3

CO3: Enhance resilience through shelter and settlement support in recovery, reintegration, and relocation, whilst limiting negative impact on the environment.

# displacement affected populations with their shelters repaired/that have received shelter repair kits	906,949	603,999
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## 3.7 Food

PEOPLE IN NEED

20.1M

PEOPLE TARGETED

20.1M

REQUIREMENTS (US\$)

2,165.0M

52%

24%

24%

18%

### Objective

Save lives and protect livelihoods of acute food insecure people through timely provision of cash/ food assistance.

### Response

Conflict and drought are the main drivers of food insecurity in Ethiopia, contributing to growing humanitarian needs in affected regions. Food rations will be distributed to an estimated 20.1 million people, including 11 million people in drought affected regions, in the southern and eastern parts of the country where income and food sources have been severely impacted. In northern Ethiopia, 9.4 million acute food insecure people, comprising of internally displaced people (IDPs), vulnerable people from the host community, and returning IDPs will receive regular distributions of cash or food rations. Based on the “single” operator approach, woredas will be allocated to the three food partners: the Government of Ethiopia through the Ethiopia Disaster Risk Management Commission (EDRMC) and the Food Security Coordination Office (FSCO); the Joint Emergency Operations (JEOP) and the World Food Programme (WFP). Additional resources are expected to be provided through the shock responsive safety net (SRSN) to support vulnerable people in drought affected regions in a coordinated and timely manner. In addition, 6.99 million people will receive cash and food assistance from the Government and partners through the Productive Safety Net Program (PSNP), which is targeting 430 woredas in nine regions.

880,080 Permanent Direct Support (PDS) clients will receive 12 months of support and 6.11 million Public Work (PW) clients will receive 6 months of support. Through an integrated and coordinated approach, food response will be provided in collaboration with other planned activities that aim to build resilience of the most vulnerable households and contribute to increased incomes and access to food from own sources.

The food response will be coordinated through the Prioritization Committee (PC) at national level and food cluster coordination in the targeted regions, including in priority areas where there are concerns of high levels of food insecurity. Partners, EDRMC and the FSCO will be involved in developing the Integrated Cash Food Response Plans (ICFRP), which will have information on number of people to be assisted at woreda level, modality of transfers (in-kind or cash) and the confirmed resources that are available to respond to food needs in the country. The ICFRP will be updated twice a year based on updated projected food needs from seasonal assessments, and communicated to relevant stakeholders, including the regions for planning of the food response, the Government and donor community for resource mobilization.

Through a harmonized targeting and prioritization strategy, partners will utilize evidence from food security assessments to ensure distribution of cash/ food to the most vulnerable households, including the internally displaced people (IDPs), returning IDPs,



#### SEKOTA WOREDA/AMHARA REGION, ETHIOPIA

Netsanet, preparing food as per lessons learned from health extension workers, from the woreda health post. Sekota Woreda , Hamusit Kebele©UNICEF Ethiopia/Nahom Tesfaye

female headed households, households with children under the age of 5 years and household with disabled members. This will involve engagements and consultations with the affected communities and ensure implementation of a protection and gender-based violence (GBV) risk mitigation approach including ensuring participation of representatives of various population groups (older people, people with disability, women) in targeting and food distribution committees, and selection of food distribution sites that are close to communities. In areas with PSNP support, the plan is for EDRMC and FSCO to implement a single delivery system, including having a single targeting committee and use of the Rural Payroll and Attendance Sheet System (RPASS) for both cash and food payments. Partners will implement community feedback and response mechanisms (for example hotlines, help desks, household interviews), to ensure an effective approach in engaging the targeted communities.

The food response is planned to be provided through cash and in-kind modalities. Cash will be prioritized in woredas that are assessed to be feasible for cash transfers, where there are functioning markets including availability of payments mechanism, this comprises woredas that are already receiving cash transfers through the productive safety-net programme (PSNP).

Failure to provide adequate food assistance will result in high levels of food and nutrition insecurity among the most vulnerable population groups, particularly in communities where external assistance is the main source of food. In addition, there is a risk that some of the most food insecure households will employ negative coping strategies, if resources are not secured to cover the identified food gaps.

#### Cost of Response

An estimated US \$2.16 billion will be required to provide food assistance to almost 20.1 million people

in the country. This includes an estimated US\$458 million to be distributed through cash transfers, and US\$1.707 billion which will be required for partners to procure, distribute in-kind food commodities, and monitor food cluster activities. Although the number of people to be targeted by partners has decreased by 1.5% from 20.4 million in 2022, the cost of the response has increased by 29% from US\$1,684 billion in 2022, due to a projected rise in operational costs, which are estimated based on the cost per MT for in-kind food distributions. The financial requirement for the food cluster is estimated based on full cost approach, which includes resources required for partners to distribute in-kind food commodities or cash, conduct surveys and assessments, and monitoring of food response activities. The plan is for the food response to be enhanced in 2023, to allow for regular and timely food distributions to affected people: food insecure people identified through the household economy approach will be assisted during the months when they will be facing food gaps, during the lean season, and the IDPs and returning IDPs will be assisted through monthly food distributions. The monthly support to the IDPs and returning IDPs has contributed to increase in the cost of the response, when compared to 2022 when these acute food insecure people were assisted through a round based approach.

### Response Monitoring

The food response will be monitored through onsite field visits and post distribution monitoring, for partners to have evidence to inform on adjustments in the planned activities. For onsite monitoring, partners will collect information from recipients on effectiveness of the targeting, and food or cash distribution process. Through post distribution monitoring, partners will obtain feedback from beneficiaries on utilization of the cash/food and assess satisfaction with the cash/food response processes, including selection of beneficiaries, gender, and protection considerations in the food response (for example, selection of food distribution points). Indicators to be monitored will include the food consumption and household coping strategies, which both provides an indication of changes in the food security situation of targeted households, including among the most vulnerable households (household headed by older person, female headed households, children, and girls etc.). In addition, partners will conduct food security surveys, to get updates on key food security parameters, including through the Food Security Monitoring Surveys (FSMS) and regular food security assessments. Updates from the household economy approach (HEA) will provide information on the number of people below the survival threshold, which informs on the prioritization of the food/cash distributions. For cash transfers, market monitoring exercises conducted by technical partners will inform adjustment of the cash transfer values, as the aim is for beneficiaries to purchase a standard food basket with the distributed cash resources.

## Objectives, Indicators and Targets

### Cluster Objective CO1

Saving lives and protect livelihoods of acute food insecure people through timely provision of cash/food assistance.health, security, privacy, and dignity.

INDICATORS	NEED	TARGET
Quantity of cash/voucher distributed to beneficiaries (in US\$)		461,520,919
Quantity of food distributed to beneficiaries (in MT)		1,757,449
# beneficiaries assisted through in-kind food or cash transfers	20,105,317	20,105,317



# 3.8 Health

PEOPLE IN NEED

**17.4M**

PEOPLE TARGETED

**9.8M**

REQUIREMENTS (US\$)

**303.5M**

 **53%**

 **24%**

 **24%**

 **18%**

### Objectives

The objective of health is to ensure equitable access to essential life-saving quality health services to the affected population with focus on sexual and reproductive health, maternal health, prevention and control of communicable and non-communicable diseases, mental health and psychosocial support and child health services with strong emphasis on intersectoral collaboration with relevant cluster such as WASH, Nutrition and Food to ensure integrated service delivery to the affected population. The health cluster will also engage with relevant stakeholders to strengthen recovery of the health system as well as to build health system resilience.

S01: Reduce morbidity, mortality, and suffering from protection threats and incidences for 22.6 million of the most vulnerable people by the end of 2023.

- CO1. Ensure equitable access to life-saving essential healthcare services, including sexual and reproductive health services, child health, mental health, trauma care communicable and non-communicable diseases, to all persons in needs including internally displaced persons, affected host communities, returning IDPs, women, men, girls, and boys as well as people with disability and elderly persons with emphasis on gender sensitive approach.

S02: Provide protection and safe access to critical, integrated and inclusive basic services to enable 9.3 million most vulnerable people to meet their basic needs by the end of 2023.

- CO2. Ensure operational readiness for early detection, investigation and response to health emergencies including epidemic prone disease outbreaks, including COVID-19, measles and EVD.

S03: Support 9.4 million vulnerable people to start recovering from crisis and natural hazards, through targeted programming, to support rebuilding coping capacities and livelihoods and strengthen linkages with development actors by the end of 2023.

- CO3. Support recovery and restoration of essential health services disrupted or damaged by natural or human induced disasters including minor rehabilitation of health infrastructure.

### Response

Based on the analysis of the current health profile of the country, the Health Cluster has identified over 17,3M in people in need (PIN) and targeted 9.82M to receive various intervention. The PIN and targets were derived from historical data analysis of key health indicators (health status, accessibility, and availability of health services), i.e., health sectoral severity analysis and review of disease outbreak risks, and the status of the health system. The response design focuses on

providing life-saving essential health services in line with national and international humanitarian standards, based on the epidemiological profile of disease outbreaks, disease burden, seasonality, and trauma-related emergency requirements. Prevention, preparedness and response activities will be undertaken with special attention given to vulnerable groups, including women, children, the elderly, and persons with disabilities. Due to the disruption of the health system, the health cluster partners will be strengthening service delivery at the health facility level and addition to the Mobile Health and Nutrition Teams (MHNT) strategy in areas with limited or no access to health facilities. To ensure efficient and effective use of resources, the health cluster will also leverage on intersectoral approach started in 2022 between WASH, Nutrition, Agriculture and Food clusters to ensure integrated response to acute malnutrition. The cluster will collaborate with other clusters to guide partners to design and implement integrated projects for maximum output.

The health cluster currently has 45 operational partners comprising of National NGOs, International NGOs, United Nations agencies, and governmental organizations with varied capacities to deliver a wide range of health services across the country. The cluster will collaborate with the Ministry of Health and the Ethiopian Public Health Institute (EPHI) to build the capacity of these organizations and ensure that health services are delivered according to national and international standards. To achieve this, the health cluster will work to diversify its sources of funding by appealing to bilateral and multilateral donors to support its programs and initiatives. The cluster is committed to ensuring transparency and accountability to both the donor community and the affected population by ensuring that funds are used for the intended purpose while also advocating for involvement of the affected population in the planning and implementation of interventions. In consideration of the diversity of the target population, the cluster has designed its activities to reflect the needs of the various population segments. The cluster will fully ensure strict adherence to humanitarian principles to prevent GBV and SEA and well as deliver MHPSS services to the affected population. Priority will be given to prevention of GBV whilst also responding to the health needs of GBV survivors.

The cluster will collaborate with the MOH and EPHI to conduct a comprehensive assessment of the status of health facilities using the Health Resource Availability and Mapping System (HeRAMS). The results of the assessment will be used for strong advocacy with developmental partners and the donor community to raise funds to cover the cost of rehabilitation of health facilities and resume provision full package of health services to the affected population.

### **Cost of Response**

The major cost component of the health response in 2023 will include the cost of activities, medicines and medical supplies, service delivery cost, and cost of minor maintenance and rehabilitation of health facilities. The key activity costs are those of surveillance, water quality monitoring and case management. All activities have training and supportive supervision components.

The current economic situation in the country notably the rising cost of living and the cost of fuel will be the main driving forces for the cost of the health response in 2023. The service delivery cost will mainly focus on deployment of Mobile Health and Nutrition Teams (MHNTs) and Rapid Response Teams (RRTs) to investigate and respond to outbreaks. The health cluster will also require resources to assess the status of health facilities and minor maintenance to enhance the capacity to deliver the essential health service package.

### **Monitoring**

The health cluster will continue to actively monitor the progress of implementation through collection of data based on the selected indicators. This will include quantitative data on health supplies procured and distributed to the last mile, number of people receiving targets interventions etc. as well as qualitative indicators such as incident rates, case fatality rates, for selected diseases. Data will be collected using the customized 5W matrix and other sources such as the DHIS2, EPHI and the MOH. The HeRAMs platform and general assessments and surveys will also be employed periodically to monitor the status of implementation of planned activities.

## Objectives, Indicators and Targets

### Cluster Objective CO1

Ensure equitable access to life-saving essential healthcare services, including sexual and reproductive health services, child health, mental health, trauma care communicable and non-communicable diseases, to all persons in needs including internally displaced persons, affected host communities, returnees, women, men, girls, and boys as well as people with disability and elderly persons with emphasis on gender friendly sensitive approach.

INDICATORS	NEED	TARGET
# primary healthcare consultations provided	1,242,242	1,242,242
# births attended by skilled health personnel	3,444,619	1,919,858
# children receiving measles vaccine	5,165,499	2,582,750
# people referred to higher level and/or specialized health services		750
# children receiving treatment for SAM with medical complications	123,803	123,803

### Cluster Objective CO2

Ensure operational readiness for early detection, investigation and response to health emergencies including epidemic prone disease outbreaks, including COVID-19, Cholera, measles and EVD.

# Health workers trained and have the capacity to manage an outbreak		333
# community members receiving health messages	5,798,866	2,345,980





## 3.9 Logistics

REQUIREMENTS (US\$)

**\$24.8M**

### Objectives

In Ethiopia, the Logistics Cluster and UNHAS work closely to provide the humanitarian actors with access to logistics services.

The Logistics Cluster is co-led by the Ethiopian Disaster Risk Management Commission (EDRMC). As a provider of last resort, the Logistics Cluster does not intend to act as a competitor in the market for logistics services in country. Rather, it is responsible only to provide logistics services that fill identified gaps in logistics capacity, where access and funding permit and where these gaps limit the ability of the humanitarian community to meet their logistics needs in carrying out the humanitarian response. In response to the current situation and additional expected challenges, the Logistics Cluster objective will continue to be the provision of access to common logistics services (storage and transport), free of charge to the humanitarian partner organizations as a last resource. By supporting partner organizations with access to common services, the Logistics Cluster enables the humanitarian community to achieve economies of scale and to focus their resources on delivering their main mandates. Additionally, the Logistics Cluster objective is to support the coordination effort in the Northern Ethiopia Response and other parts of the country as required, to minimize the duplications of efforts and ensure cost effectiveness for partners, as well as to support the timely sharing of logistics information to all partners involved in the response. The Logistics Cluster aims to continue to service as a one-stop shop for both humanitarian partners and government counterparts, and act as a platform for

further cohesion and synergies between humanitarian actors in Ethiopia.

### UNHAS

Air services provided by the United Nations Humanitarian Air Service (UNHAS) continue to constitute the only option to travel to some destinations within Ethiopia. The lack of a safe, secure and efficient commercial alternative makes UNHAS one of few options to reach those locations safely and to ensure high standard of aviation security on the ground. The need for UNHAS to provide crucial air services for the entire humanitarian community will remain at the core of the logistics response. The United Nations Humanitarian Air Service (UNHAS) provides safe, reliable, efficient and cost-effective inter-agency air transport services (regular scheduled flights and special/ad-hoc/charter flights) to key locations for over 150 UN agencies, NGOs and Donor organizations providing humanitarian assistance in Ethiopia, thereby supporting life-saving relief programmes.

### Response

Based on the needs expressed and identified by the humanitarian community, the Government of Ethiopia, the Humanitarian Country Team and the Inter-Cluster Coordination Group, the Logistics Cluster aims to continue to facilitate access to sufficient and reliable information sharing, coordination mechanisms and access to logistics services, in particular storage and overland transport for humanitarian organizations within Ethiopia. While the Logistics Cluster supports the entire humanitarian community, prioritization

of activities is done based on funding available and priority areas targeted by relevant clusters.

- Filling logistics gaps for partners by providing common services such as storage and transportation services, as well as coordination of convoy movements.
- Coordination and Information Management on logistics gaps and bottlenecks in strategic locations and continue to provide a common platform for government counterparts and the humanitarian partners in Ethiopia, regarding logistics concerns.
- Logistics capacity strengthening of partners through trainings

Through its response, the Logistics Cluster will contribute to the humanitarian partners’ ability to reach affected populations in need despite logistics bottlenecks faced by the responding partners. Through its coordination with the government counterparts and in a context where bureaucratic impediments have been highlighted as an important challenge by the Logs Cluster partners, the Logs Cluster aims to support partners in the timely delivery of assistance to the populations in need.

**UNHAS**

The limited safe, secure and efficient commercial alternatives endorsed by the United Nations to fly humanitarian personnel across some areas in Ethiopia makes the United Nations Humanitarian Air Service (UNHAS) one of few options to reach locations safely, while providing high standards of aviation security. To address this, WFP will continue to run UNHAS to enable humanitarian workers to reach and respond to needs through the implementation and monitoring of projects. UNHAS will: provide safe, efficient and cost-effective inter-agency transport to UN agencies, non-governmental organisations (NGOs) and other stakeholders; transport cargo (including medical supplies and high-value equipment); and provide timely medical and security evacuations for the humanitarian community.

Until February 2022, the UNHAS operational fleet consisted of three fixed-wing aircraft (two C-208Bs Grand Caravans and one DHC8-402 “Q400”) serving mainly the Somali and Tigray regions of Ethiopia. In response to the critical situation in the Tigray region, UNHAS added a cargo aircraft into its fleet, a B737F with 13 MT capacity, to support the airlift demand coordinated by the Logistics Cluster.

**Cost of Response**

The operational requirements are estimated based on the current costs of the eight logistics and coordination hubs in Ethiopia (Addis Ababa, Adama, Bahir Dar, Gondar, Kombolcha, Shire, Mekele, Semera). As outlined in the cost breakdown, most of the requirements are driven by common services such as storage and transportation, free of cost to services users. The common services are free of use to all partners that are registered organization in Ethiopia.

However, the operational requirements could be subject to reviews, should additional logistics gaps and needs be identified and require Logs Cluster support.

IM & Coordination	\$1,156,223.12
Storage	\$1,671,680.40
Transport (road and freight)	\$9,500,000.00
UNHAS	\$12,500,000.00
<b>Total</b>	<b>\$24,827,903.52</b>

Out of which: 12,327,903 USD is for Logistics Cluster.

**Response Monitoring**

- The Logistics Cluster monitors its logistics services through the Relief Item Tracking Application (RITA). All Service Request Forms (SRFs) submitted by partners requesting logistics services provide data on the type of service required and details on the cargo which is requested to be handled on behalf of the Logistics Cluster.

- Additionally, the Logistics Cluster tracks the movement of cargo and airlifts to Northern Ethiopia in collaboration with teams and partners on the ground and using established reporting channels.
- The Logistics Cluster updates its Concept of Operations as required, and is accessible on the Logistics Cluster website. The document outlines the modalities of accessing the common services through the Logistics Cluster and the mandate of the Logistics Cluster in Ethiopia.
- Regarding the Logistics Cluster's coordination mandate, the Logistics Cluster tracks the attendance of partners to the regular coordination meetings taking place in its different hubs. This is done thanks to the available functions on Teams and saves this information to report monthly on the number of partners attending coordination meetings.
- For its information management mandate, the Logistics Cluster tracks the number of published Information management products on its website, and through the support of the Logistics Cluster HQ, is also tracking the number of visits on the website.
- The Logistics Cluster Coordinator will provide operational reports to the Head of Supply Chain and WFP Country Director on regular basis, as well as updates to other humanitarian bodies, such as the Humanitarian Country Team (HCT), Inter Cluster Coordination Group (ICCG), Emergency Coordination Centre (ECC), OCHA, and the humanitarian partner it facilitates services for, as required.
- UNHAS monitoring follows WFP Aviation standard procedures to minimize risks and ensure operational efficiency and effectiveness. UNHAS' main governing body is the Steering Committee (SC), based in Addis Ababa to provide administrative advice and guidance on funding modalities and mobilization, review of utilization of air transport resources, and the host government's policies on air transport for humanitarian activities. The flight schedule and the operational fleet are adjusted if and when required following feedback from users at the User Group Committee (UGC) meetings. UNHAS Ethiopia monitors and evaluates passenger and cargo traffic using its Performance Management Tool (PMT), which allows for trends to be visualized and performances to be monitored. The PMT enables the identification of strategic and operational areas for improvement (efficiency/effectiveness). In addition, surveys such as the Passenger Satisfaction Survey (PSS) and the Provision of Access Satisfaction Survey (PASS) are used to measure the overall satisfaction of users and to ensure that UNHAS is adequately serving the needs of the humanitarian community

## Objectives, Indicators and Targets

### Cluster Objective CO1

facilitate and streamline the access to logistics services

INDICATORS	TARGET
# trucks submitted for EDRMC Support letter to Tigray	1260
# organizations served with logistics services	55
Total volume of cargo transported (MT)	12000
Total volume of cargo stored (m3)	15200

### Cluster Objective CO2

Providing capacity strengthening opportunities through logistics trainings

# trainings organized by the Logistics Cluster	7
# organizations trained	50

### Cluster Objective CO3

Providing information management and coordination to the humanitarian community of the Northern Ethiopia Response

Total # organizations attending coordination meetings	100
# IM products published online	190

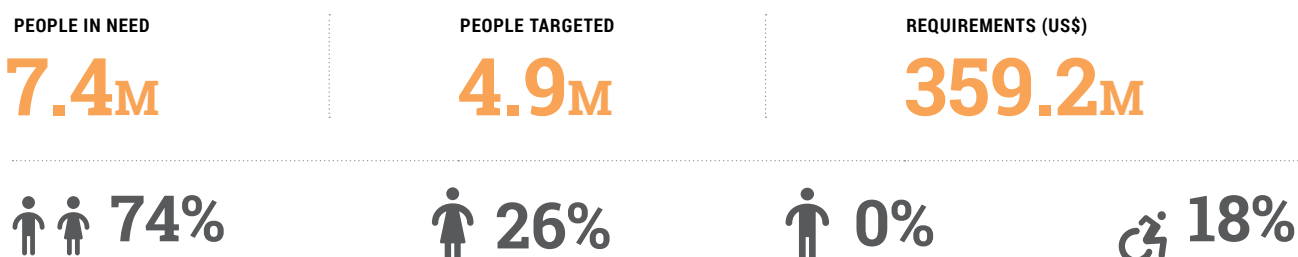
### Cluster Objective CO4

UNHAS: facilitate the access to logistics services for the entire humanitarian community

User satisfaction Rate (%)	90
Passenger transports on regular scheduled and ad-hoc flights versus books (%)	95
% of light cargo transported on regular scheduled and ad-hoc flights versus booked	95
% of Security and medical evacuation requests completed	100



## 3.10 Nutrition



### Objectives

The nutrition response will provide lifesaving assistance in line with the scope and scale of the multiple crises facing the country but will also focus on preventive approaches to reduce the burden of malnutrition and the surge in the number of acute malnutrition cases. The response will prioritize the populations most at risk of death and will increase the capacity of partners to serve people in hard-to-reach areas and IDPs. The link with resilience efforts is essential for nutrition interventions at the community level. Due to the multi-causal nature of malnutrition, a coordinated and multi-sectoral effort with other clusters is required for the response to be effective and efficient, as well as to reduce the dramatic increase in needs and the risk of death from medical complications among malnourished cases.

1. Extend the coverage, improve quality, and timeliness of life saving nutrition interventions throughout the continuum of care, while reaching all targeted populations in the affected areas, enhancing early key nutrition actions, ensuring continued availability of commodities and increased surge capacity for nutrition services in health facilities and at the community.
2. Adapt the nutrition response and interventions for humanitarian action to reach populations in greatest need (hard-to-reach areas, displaced populations, pregnant and lactating women, infants, and young children) though rapid

response mechanisms, simplified approaches, and adaptive care.

3. Enhance preparedness capacity, boost nutrition early warning mechanisms and develop a robust monitoring and prioritization system for decision making
4. Reduce burden of wasting by promoting a scalable and affordable package of interventions with intersectoral collaboration from the food, agriculture, health, WASH, protection, and education sectors, and increasing community accountability for nutrition interventions and proposing alternative local solutions.

### Response

The nutrition response modality focuses on strengthening the capacity of health facilities and communities to provide prevention and treatment services for acute malnutrition in its various forms to both children under-five years of age (including children under two) and pregnant and lactating women. In priority areas, according to the severity of the classification, it is strongly recommended to provide a package of key nutrition interventions ensuring a continuum of care. Priority populations include pregnant women, infants, new-borns, young children, and children under 5 years of age. To this end, it is necessary to mobilize inputs and to include, in coordination with health cluster, outreach interventions like mobile health and nutrition teams to identify as many cases of malnutrition as



#### SOMALI REGION, ETHIOPIA

Momina, a community volunteer teaches mothers about the danger signs on infants and young children. Momina is a link between her community and health facilities. ©UNICEF Ethiopia/2022/Mulugeta Ayene

possible at an early stage and to promote early treatment and referral.

On the operational side, it is recommended that nutrition partners should cover at least one woreda (all health facilities) and implement the full package of nutrition interventions. It is discouraged to have several partners in one woreda, so as to align with the Government's one woreda one partner principle. This division and geographical designation are the strategy to reach a maximum of woredas with covered needs with the necessary support and to identify areas with gaps. The Nutrition Cluster partners will make deliberate efforts to fully map partners and facilitate the even support by partners across the priority woredas.

At the policy level, the endorsement of a simplified protocol for the treatment of acute malnutrition in exceptional situations has provided opportunities to adopt more flexible approaches to rapid and ad hoc response.

In terms of planning, the nutrition sector has applied the lessons learned from the response in the north of the country in 2022. The cluster at national and sub-national level will encourage the use of micro-planning tools for better monitoring at woreda and regional level of the necessary and available inputs as well as the presence of partners and the prioritization processes. In 2022 more than 80% of the nutrition response budget was allocated (a proportion will be carried over). The participation of the affected population, local civil society partners, and a more substantial gender approach will be prioritized.

The lack of sufficient resources and the current global crises may affect the scale and consistency of the response, leading to increased risk of mortality and morbidity, particularly among children under 5 years of age with acute malnutrition. In the case of lack of nutritional inputs or complications of global procurements and if food and nutrients are available in the market, the use of alternatives to assist moderate

cases will be encouraged and defined (local recipes, cash transfers and vouchers, etc).

### Cost of Response

Cost per child treated for wasting ranges depending on the region, the type of modality and the cost efficiency from the implementing partner providing the full nutrition package of interventions. Economies of scale can be attained if implementing partners coverage is at woreda level and they have joint agreements with WHO, UNICEF and WFP as providers of commodities. In 2022 nutrition commodity prices increased globally due to supply constraints. Local production for RUTF and RUSF became a challenge and even if capacity has been reinforced, not all the commodities can be procured locally. Transportation costs are also increasing as the frequency increased from quarterly to monthly basis. Efforts are to be deployed for end user monitoring to avoid misuse. Cost of assessments will be also higher as per increased needed number and quality of representative primary data collection events. The sector is also undertaking nutrition surveys covering health and food security information at livelihood level, increasing the scope, sampling, and costs of data collection.

The preferred costing method for the ENCU nutrition cluster is based on estimating the unit cost per activity. Partners are strongly encouraged to conduct **Objectives, Indicators and Targets**

### Cluster Objective CO1

Extend the coverage of nutrition life saving interventions in a continuum of care, for reaching in an anticipatory and consistent manner all the targeted population in the affected areas, enhancing early key nutrition actions, continued availability of commodities and increased surge capacity from nutrition services in health facilities and at the community.

Pregnant and lactating women/caretakers of children under two children who attended IYCF-E individual counseling sessions/group education	341,294	85,323
# children with SAM with medical complications admitted in SC (Cummulative of new cases)	123,803	123,803
# children with SAM admitted in OTP (Cummulative of new cases)	1,114,227	1,114,227

more Cost Effectiveness Analysis (CEA) for nutrition in emergency interventions in Ethiopia.

### Monitoring

The nutrition situation in Ethiopia, is being monitored and data from assessments and mass screenings of nutrition status of children under 5 and pregnant and lactating women are showing high proxy prevalence of wasting in conflict and drought affected areas. Evidence and information need to be used for decision making. Available data (Global acute malnutrition rates by MUAC and global acute malnutrition by Weight/Height) is being used to monitor the situation. Regular updates on the nutrition status of the population are needed to monitor the situation and identify new areas of concern.

For the response monitoring, the population reached will be tracked. The number and coverage of implementing partners and the availability of inputs will be also monitored, and the micro plan developed by the cluster will be used on a quarterly basis at national level for joint monitoring meetings with key partners. Monthly data from the ENCU dataset and DHIS2 will be used to monitor the quality and reach of nutrition activities. To enhance intersectoral collaboration, a specific monitoring system will be put in place with indicators from each cluster, including the cash working group.

**Cluster Objective C02**

Adapt nutrition response and interventions for humanitarian action to reach the population in greatest need of nutrition assistance (unreachable areas, population displaced, pregnant and lactating women, infants and young children, through rapid response mechanisms, simplified approaches and adaptive care.

	NEED	TARGET
# children with MAM that received treatment (assisted)	3,002,720	2,252,040
# pregnant and lactating women malnourished that received nutrition assistance	954,487	954,487
# children under five and pregnant and lactating women assisted with BSFP	1,839,559	380,000

**Cluster Objective C03**

Enhance preparedness capacity, boost early warning mechanisms for nutrition and a develop a robust monitoring system and prioritization tools for decision making

# EPRP prepared		6
# Standard Nutrition Assessment conducted		20

**Cluster Objective C04**

Reduce burden of wasting promoting scalable and affordable preventive package of interventions with intersectoral collaboration from Food, agriculture, health, WASH, protection, education, increasing community accountability for nutrition interventions and proposing alternative local solutions.

# woredas supported through the ISC initiatives		15
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## 3.11 Protection

PEOPLE IN NEED

10.4M

PEOPLE TARGETED

4.9M

REQUIREMENTS (US\$)

344.5M

 59%

 25%

 16%

 17%

### Objectives

In 2023 the Protection Cluster, together with its Child Protection, Gender-Based Violence, Mine Action Areas of Responsibility (AoRs) and House, Land and Property (HLP) Working Group, will seek to prevent and mitigate protection risks and their harmful consequences for the civilian population in Ethiopia affected by conflict and natural disasters, including drought and flood. More than 11,6 million individuals in Ethiopia require specialized lifesaving and life-sustaining protection services in 2023, and the Protection Cluster as a whole will target 5 million people in need. The Protection Cluster will work with protection stakeholders, community-based structures and non-protection actors to identify the most vulnerable ones and address their protection needs.

The Protection Cluster sectoral objectives for 2023 are the following:

- CO1 Prevent harm to persons at risk of or mitigate harm to persons who have suffered life-threatening events, violence, abuse or serious neglect, and support the restoration of people's capacity to live a safe and dignified life through life-saving specialized services.
- CO2 Provide protection assistance and specialized life-sustaining protection services to mitigate and address protection risks for conflict and disaster affected women, men, boys and girls, as

well as people with disability and those affected by explosive hazards.

- CO3 Strengthen and implement community-based responses, resilience activities, and durable solutions, including through protection awareness-raising and enhancement of individual and community coping strategies and conflict resolution mechanisms.
- CO4 Enhance protection mainstreaming across sectors incorporating protection principles into humanitarian aid delivery targeting partners, service providers, civil society and authorities.

### Response

The focus of the Protection Cluster response will continue to be on the protection risks triggered by conflict – including but not limited to Northern Ethiopia and Oromia region – and natural disasters, including flood and the drought that is a recurring problem in the Southern and Eastern parts of the country. The Cluster will target affected persons living in and fleeing from the woredas that are classified as catastrophic or as being at an extreme level of severity, prioritizing those at heightened risk including women and child-headed households, pregnant and lactating women, unaccompanied and separated children, older persons, those suffering from chronic diseases and persons with disabilities.



#### GAMVELLA REGION, ETHIOPIA

Adolescents and youth at a SRH youth-friendly conversation led by UNFPA-partner at the Youth Center in Gambella city. Photo by UNFPA Ethiopia, Paula Seijo.

The Cluster's response will be guided by a human rights and community-based approach, taking into consideration different forms of discrimination and power imbalances to ensure that interventions reach those who are disproportionately affected. By placing affected people at the center of operational decision-making, and building protection strategies in partnership with them, they will be better protected, their capacity to identify, develop and sustain solutions will be strengthened, and the resources available will be used more effectively. The capacity of duty-bearers to meet their obligations to respect, protect and fulfil human rights will be straightened as will the ability of affected persons to claim their rights. The protection response will in the first place seek to prevent or mitigate the harm and traumatic effects caused by conflict, drought and resulting displacement. Life-saving interventions will include psychosocial support, case management and referral services, family tracing and alternative care options for UASC, material and cash assistance, and legal counselling. Life-sustaining interventions will encompass improving access to civil documentation to ensure access to basic services, and activities to promote social cohesion and reduce tension. Promoting sustainable durable solutions and access to livelihood opportunities will contribute to an enhanced protective environment in the medium to long term.

The Protection Cluster will employ cash assistance as a response modality where this is feasible. It will include emergency cash to address urgent protection needs and to complement other services provided through case management and Individual Protection Assistance. Cash for Protection will be provided as an additional one-off support to extremely vulnerable households and individuals who face severe protection risks and have limited to no access to livelihood opportunities. This approach is intended to prevent or minimize resorting to negative coping mechanisms.

Limited capacity and operational presence in some regions and access constraints have been a major challenge in 2022 along with critical underfunding. If this situation continues in 2023, protection interventions and delivery of services to those who need them the most will be significantly impacted. It means that for instance survivors of violence and abuse, including victims of serious human rights violations, will be left without life-saving support and remain exposed to further harm. Limited livelihood opportunities and food insecurity may lead to a rise in social tension, leaving the most vulnerable behind and with no support hence increasing the risk of resorting to negative coping mechanisms.

### 3.11.1 Protection: Child Protection

PEOPLE IN NEED

7.0M

PEOPLE TARGETED

2.1M

REQUIREMENTS (US\$)

95.5M

 82%

 9%

 9%

 17%

In 2023, the Child Protection Area of Responsibility (AoR) will continue to tailor the response to the evolving situation and the emerging needs. This will be through strengthening community-based child protection networks, localization and rapid deployment of CP resources addressing urgent protection needs arising from renewed hostilities or sudden displacement, and providing initial measures, in line with Child Protection minimum assistance package while ensuring the adequate protection response and mitigation of protection risks (e.g. rapid assessments and protection presence at gathering sites; psychological first aid, prevention of family separation, communication on available services, immediate support to and referral of persons with specific needs). Prevention of child protection risks will be an integral part of the response, increasing the capacity to cope with and adapt to multiple and varied shocks and stresses.

The Child Protection AoR will pursue the following priorities:

1. Provide a minimum assistance package of child protection services to newly displaced populations through center-based and outreach/mobile approaches to bring services closer and faster to those in need. This package includes information on the prevention of family separation and psychosocial distress; mental health and psychosocial support interventions for children and caregivers; and detection and timely support to children at risk and survivors of violence, exploitation, neglect and abuse.
2. Improve the quality of community-based child protection interventions and specialized child

protection services, such as case management and referrals, multi sectoral and multipurpose cash assistant including for, but not limited to, children living in the most severe localities, IDP sites (informal settlements, collective centers, camps, and transit centers), newly displaced populations.

3. Optimize child protection outcomes through engagement with other sectors including Education and Food.
4. Systematize efforts to build a sustainable community-based child protection workforce ensuring the ratio of professional social workers across Ethiopia by strengthening and broadening existing Child Protection committees and networks at the community level to facilitate more sustainable, community-led CP risk mitigation and response measures.
5. Generate evidence on core child protection issues to inform humanitarian responses and advocacy with duty bearers.
6. Enhance capacity sharing and exchange with national and local NGOs in order to strengthen their institutional, operational and technical capacities as part of the overall sector strategy to scale up services.
7. Support multi-sector and integrated responses contributing to child protection outcomes by enhancing referral pathways and networks through a multi-cluster approach, particularly by strengthening those referral pathways and coordination with child protection caseworkers and other sectors for more holistic care.

- 8. Support children to obtain birth certificates as this legal proof of identity can help protect children from violence, abuse and exploitation. Without a birth certificate, many children can't access services such as healthcare services and education.

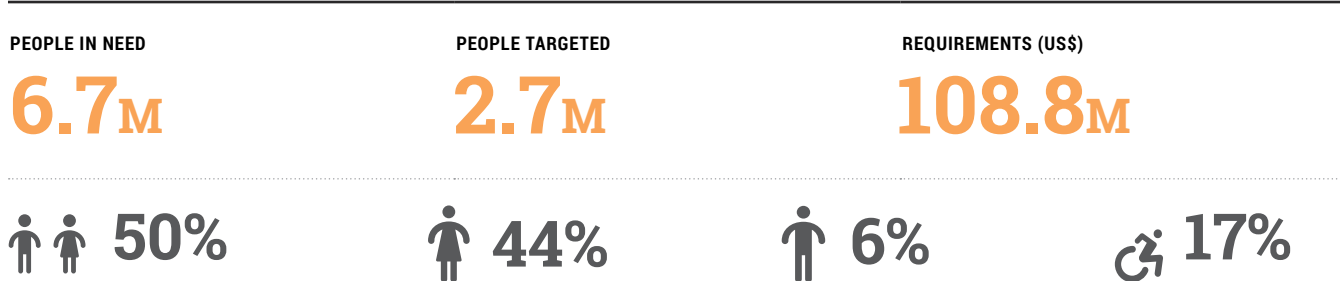
Resilience-oriented activities have already been an integral part of child protection response strategy and its interventions. Partners will support the building of community resilience to increase the physical and psychological well-being of children and their caregivers and strengthen the capacity of communities to prevent and respond to violence, exploitation, and abuse of children through training and awareness-raising activities.

As social-cohesion is the prerequisite to achieving resilience among the communities, CP AoR will embed the social cohesion-focused activities like fair representation of community members from diver-

sified groups, supporting existing community driven initiatives. Additionally, in support of the localization agenda, the AoR will facilitate capacity sharing and exchange with local and national organizations that will result in strengthening of institutional, operational, and technical capacities. This will enable in local actors increasingly secure flexible and dedicated funding for child protection, strengthening nexus approach and increase their participation, representation, and leadership in humanitarian coordination structures.

National level coordination will also support subnational capacity and partners to ensure harmonization and joint approaches across different locations and programs. It will also build on linkages with resilience-based programming and actors to support efforts to decrease vulnerabilities for targeted populations and locations.

### 3.11.2 Protection: Gender-Based-Violence (GBV) AoR



GBV AoR interventions will target population living in areas with severe risks of GBV and huge gaps in quality multisectoral response services. Women and girls who are disproportionately affected by GBV will be the main target for GBV response services with community mobilization targeting the wider community. Persons living with disabilities, adolescent girls, female heads of households and other vulnerable groups will be prioritized for support. To achieve a robust GBV response and prevention environment, the AoR priorities for 2023 are listed below and will be guided by the IA GBV Minimum standards<sup>11</sup> as well as survivor centered, human rights and community-based approaches.

1. Lifesaving interventions through strengthening access to multi-sectoral GBV services through support of entry points especially existing One Stop Centres (OSCs), expansion of WGFSs and integration into the mobile health and nutrition teams. The Women and Girls' Friendly Spaces (WGFS) will be expanded to scale up access to multi-layered PSS activities including GBV case management and other social activities for women and girls. GBV referral pathways will also be strengthened through comprehensive GBV services and partner mapping. In addition, there will be multi-purpose cash support to GBV survivors and other vulnerable women & girls

to mitigate vulnerability and support survivors' access to available response services. These interventions will be accompanied by GBV awareness with a focus on community engagement and mobilization aimed at addressing stigma on GBV. Capacity building of frontline service providers on case management, psychosocial support, and clinical management of rape through training, mentorships will also be prioritized to ensure quality service provision. Supportive supervision will be provided to care providers to mitigate secondary trauma.

2. Strengthening access to life sustaining basic services through establishment of new OSCs in underserved areas, Distribution of dignity kits to women and girls of reproductive health age, livelihood programming for vulnerable women and girls to mitigate their exposure to negative coping mechanisms and training of community members especially para-legal and para-counsellors in addition to provision of legal aid for survivors.
3. Resilience building through promoting women's socio-economic and political empowerment for their involvement in development and peace processes as well as engaging communities towards shifting harmful gender norms and practices including men & boys' engagement through EBIs e.g. SASA! And EMAP etc.

4. GBV mainstreaming across the humanitarian response using the GBV guidelines for integration of GBV in humanitarian action and the GBV pocket guide to ensure other sectors are addressing GBV risks for the affected communities.

GBV coordination mechanisms will be strengthened at the regional level in addition to strengthening the GBV response environment through development of GBV standard operating procedures (SOPs) and, rolling out of GBVIMS+ for data management of which both processes are in an advanced stage. The process to contextualize the IASC GBV Minimum standards is already in motion as well as stand-alone GBV assessments and thus they will be prioritized. Cash and voucher will be utilized in some livelihoods and material support interventions. However, the majority of activities are on direct services provision, systems strengthening, environment building and infrastructural support. The GBV AoR is integral in PSEA through provision of response services to survivors of SEA as well as having the referral pathways as part of the CBCMs. In this regard, there will be enhanced collaboration between the AoR and Ethiopia PSEA network in capacity building, awareness creation as well as development of guidance documents.

### 3.11.3 Protection: Mine Action (MA) AoR

PEOPLE IN NEED

**7.0M**

PEOPLE TARGETED

**703k**

REQUIREMENTS (US\$)

**10.1M**

 **52%**

 **24%**

 **24%**

 **17%**

As part of the humanitarian response, a mine action programme will be implemented to ensure mines and explosive ordnance do not adversely affect communities, causing deaths or injuries or forcing people to engage in risky behaviours. In response to the dire humanitarian needs caused by the conflict, Mine Action partners will carry out technical and non-technical assessments in areas explosive ordnance are littered across including residential areas and in IDP sites– in communal areas and amongst the rubble – posing an immediate risk to life, inhibiting safe movement, preventing access to basic services, and reducing the delivery of humanitarian aid. Community focal points will be trained to raise awareness and prompt safe behaviour changes in hard-to-reach areas by humanitarian actors. The MA AoR will focus on much needed and life-saving Explosive Ordnance Risk Education (EORE) and support to the wider humanitarian sector on the mitigation of risks posed by explosive ordnance. To inform at-risk communities of the threat posed by mines and explosive ordnance, mine action partners will mark contaminated sites where possible based on the findings of the needs assessment. In addition to survey and explosive ordnance spot task activities, partners may perform explosive Ordnance clearance activities if authorized by relevant authorities.

As part of the Mine Action AoR coordination mechanism, accurate data on mines and explosive ordnance incidents as well as the availability of specialized services in conflict-affected areas will be collected to develop a directory of existing services for victims. Response to EO victims will be enhanced through the development and implementation of MA Victim Assistance referral pathway standing operating

procedure. As a result, victims will be connected to service providers and cluster partners– such as health, education, and emergency livelihoods– for appropriate intervention.

To ensure an effective, sustainable, and people-centred mine action response, the following priorities have been identified for 2023:

1. Hazardous items impeding the delivery of aid or causing immediate threat to life are removed.
2. Humanitarian, and development partners aid agencies are informed about explosive risk mitigation in their areas of operations.
3. Support the capacity of national and regional mine action authorities in order to ensure greater expertise management of mine action activities.
4. MA conduct gender, culture, language, ethnically appropriate EORE awareness raising and community engagement on Explosive Ordnance Risk to host communities, IDPs, refugees, and returning IDPs/refugees from diverse ethnic communities.
5. MA Identify scale and scope of Explosive Ordnance (EO) contamination affecting the most vulnerable and mitigate related risks by conducting assessment activities including assessment, survey, marking, mine field mapping, clearance and/or explosive ordnance disposal (where possible and providing authorization is granted) through effective community engagement, information collation and analysis process.

### 3.11.4 Protection: Housing Land and Property (HLP) WG

PEOPLE IN NEED

3.1M

PEOPLE TARGETED

460k

REQUIREMENTS (US\$)

4.1M

 58%

 22%

 21%

 17%

The overall objective of the Housing, Land and Property (HLP) working group (WG) is to facilitate a more systematic approach to identifying, understanding and addressing HLP issues affecting people of concern and directly impacting the work of the sectors at national and sub-national levels. This will be done by promoting collaboration and complementarity of efforts amongst government entities and agencies undertaking HLP activities and by addressing identified gaps in technical areas.

Reflective of the cross-cutting nature of HLP issues, the HLP WG will support shelter, development and humanitarian actors in understanding and conducting due diligence before implementing activities that may have future implications on the user rights on HLP rights (including IDP site construction, the reconstruction and/or rehabilitation of houses or shelter, or construction such as WASH facilities, handing over of land after mine clearance etc.). Due diligence will include, at a minimum, document verification together with local actors as well as social confirmation practices to support or verify claims of rights over land or housing/property.

If HLP concerns are not addressed as part of the humanitarian response, they are likely to impede durable solutions and other development processes. Disputes involving HLP rights 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 a negative impact on humanitarian and development activities and investments.

Support will be provided to the most vulnerable households and individuals to access and claim their HLP rights as a response in displacement, return, relocation or integration process, and reduce the risks of forced eviction and HLP rights violations through increasing security of tenure. Awareness raising activities on HLP rights will also be conducted to reduce the risk of eviction and violations of HLP rights. Support with securing the required HLP documentation will be provided to increase security of tenure and exercising of HLP rights. HLP actors will also support access to alternative dispute resolution mechanisms or to the formal justice system. Cash for rent will be provided to extremely vulnerable household or individuals exposed to forced eviction and/or secondary displacements who face severe protection risks and have limited to no access to livelihood opportunities. Capacity needs assessment will inform the needs of duty-bearers aimed at addressing HLP capacity gaps through trainings and technical assistance. The HLP WG will provide capacity development to humanitarian and durable solutions actors on HLP and due diligence. 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.

### **Cost of Response**

The total cost of protection activities in 2023 is \$ 344,475,026, of which \$ 125,948,915 Million dedicated to General Protection, \$ 4,080,200 Million for HLP, \$ 95,511,443 Million for Child Protection, \$ 108,778,468 Million for GBV and \$ 10,120,000 Million for the Mine Action response. The cost per activity was validated in consultation with partners, compared to estimated costs used by partners in various projects during 2022 and adjusted to include increasing market prices and cost of living.

The protection activities in 2023 HRP have been designed to avoid duplication and reduce operational costs. While mobile interventions have the potential to reach more people at comparatively low cost, static services and partner presence must be enhanced or re-established to ensure quality service delivery, increase protection interventions in hard-to reach areas and maximize the impact of community-level interventions. Wherever possible, the Protection Cluster and its partners will enhance an individual and family-tailored approach, to ensure the delivery of the most appropriate services to the people who need them the most.

Costs for protection activities typically cover the recruitment and deployment of experts and specialized staff, such as social workers, case workers, psychologist, lawyers and protection monitors who are working closely with community-based structures on a daily basis. The costs of some activities, like family tracing and reunification, legal aid and specialized psychosocial support, are therefore relatively high. The estimated cost of activities which are also common to the Cluster's Areas of Responsibility (AoRs) such as monitoring and vulnerability screening, training or psychosocial support, has been aligned with their costing methodology. Activity cost includes, where appropriate, staff, transportation and support costs, as well as implementation in hard-to-reach areas. Activities are expected to be completed within the ordinary HRP period (12 months).

### **Monitoring**

The Protection Cluster will report targets reached on specified indicators through the monthly 5W reporting mechanism, the Protection Response Gap Analysis and the quarterly Service mapping. Regular monitoring and analysis of the protection situation on the ground, including through the activities of the Protection Assessment and Monitoring Working Group launched in 2022, will support the production of regular protection briefing notes and Protection Analysis Updates to be shared with the broader humanitarian community. Moreover, the Cluster will produce dashboards and infographics to reflect the progress made, and to identify gaps and delays in implementation. The Child Protection (CP) and GBV AoR will assist partners in using a result-based management approach in their programming and monitoring by setting the foundation for the use of CPIMS+ and GBVIMS+. The Mine Action AoR will collect and analyze data on the number of hazardous areas surveyed and cleared, as well as the number of individuals who have received EORE sessions. The HLP AoR will continue analyzing data on access to HLP documentation, and HLP dispute resolution, especially in areas of displacement, relocation and return.

Accountability to affected populations (AAP) will remain a priority for protection partners who will facilitate meaningful participation and engagement of affected communities, including but not limited to through the establishment of effective feedback mechanisms. Cluster members will be regularly reminded of the core humanitarian principles and prevention of sexual exploitation and abuse (PSEA) to ensure that beneficiaries are not negatively affected by humanitarian interventions.

Monitoring of progress against indicators will be disaggregated by sex, age, gender, and disability to better understand whether protection interventions reach all those who need them the most.



## Cluster Objective CO1

CO1 Prevent harm to persons at risk of or mitigate harm to persons who have suffered life-threatening events, violence, abuse or serious neglect, and support the restoration of people's capacity to live a safe and dignified life through life-saving specialized services.

INDICATORS	NEED	TARGET
# of existing one stop centres (OSCs) supported.		60
# of frontline care providers reached with supervisory counseling.		5,000
# of GBV survivors and vulnerable women and girls reached with core GBV response services including case management, PSS and referrals.	807,140	326,335
# of girls / boys / women / men participating in awareness raising activities on CP issues.	5,630,000	2,000,000
# of individuals benefiting from awareness-raising and Explosive Ordnance Risk Education training activities (Sex and Age disaggregated data - SADD).	6,322,743	702,527
# of individuals i.e. specialised frontline GBV services providers, trained on CMR, PSS, PFA, case management, etc.		10,000
# of individuals receiving information on HLP.	1,225,798	183,870
# of individuals trained on Explosive Ordnance Risk Education from service providers, including risk education teams, community representatives and humanitarian staff.	162,022	1,600
# of persons benefiting from awareness raising and community-based activities concerning their rights and addressing protection risks that affect them.	1,456,010	679,903
# of persons in target locations reached with GBV sensitization and awareness creation (Sex and Age disaggregated data -SADD).	3,363,084	1,359,731
# of persons screened to identify vulnerability and exposure to a protection risk.	520,004	242,822
# of protection monitoring reports shared to inform the response to the protection risks identified.	3,640,026	1,699,759
# of survivors of mines and explosives-related incidents and their family members benefiting from individual assistance (sex and age disaggregated data).	540,505	500
# of women & girls friendly spaces (WGFSS) (Permanent/ Temporary) established/ supported.		200
# of Woredas covered by at least one GBV assessment, survey, safety audit or services mapping.		450
% of child protection actors demonstrating increased knowledge regarding child protection approaches (measured through pre and post test).	211,000	10,000
# of GBV survivors and women and girls at risk provided with multi-purpose cash.	672,617	271,946
% of individuals trained who demonstrate increased knowledge (measured through pre and post test).	118,133	52,673
% of participants demonstrating increased knowledge during capacity building(measured with pre and post test) and regular monitoring at protection cluster level	2,080,015	971,291

## Cluster Objective C02

C02 Provide protection assistance and specialized life-sustaining protection services to mitigate and address protection risks for conflict and disaster affected women, men, boys and girls, as well as people with disability and those affected by explosive hazards.

INDICATORS	NEED	TARGET
# of girls and boys under 5 that successfully obtained civil documentation.	100,000	5,000
# of boys and girls provided with tailored CP Cash Based Interventions to minimize their exposure to CP protection risks and counter negative coping mechanisms.	176,000	17,500
# of case management files closed upon case completion.	140,800	14,000
# of community based structures (CBS) supported.		450
# of GBV survivors and vulnerable women and girls reached with legal aid.	114,927	33,816
# of GBV survivors and vulnerable women and girls provided with livelihood skills and support for IGAs.	134,523	40,792
# of girls and boys provided with reintegration services including livelihoods, financial literacy training, vocational training, life skills training etc.	70,400	7,000
# of girls and boys receiving age- and gender-sensitive case management services (disaggregated by age/ sex/ disability/ population group).	316,800	31,500
# of girls, boys and caregivers provided with focused and specialized mental health and psychosocial support or clinical care (level 3 & 4).	704,000	340,000
# of households at risk of eviction receiving cash for rent.	30,645	4,596
# of individuals from the community trained to provide community based GBV interventions e.g. para-counselors, para - legal etc.	134,523	40,792
# of individuals receiving counselling on HLP.	337,094	50,564
# of new one stop centres (OSCs) established.		20
# of persons provided with tailored Cash Based Interventions to minimize their exposure to protection risks and counter negative coping mechanisms (excluding CP and GBV beneficiaries of multipurpose cash).	1,248,009	582,774
# of persons receiving technical assistance and legal representation on HLP.	612,173	91,826
# of persons whose civil documents (excluding birth registration) are protected, replaced or issued.	832,006	388,517
# of unaccompanied and separated girls and boys who have been reunited with their extended family/ caregiver.	704,000	164,000
# of women and girls provided with dignity kits.	672,617	271,946
Persons benefiting, following vulnerability screening, from individual emergency support or referred to specialized services including cash (other than cash for rent), NFIs, medical care, psychosocial support and legal aid (disaggregated data) excluding	624,004	291,388

### Cluster Objective C03

C03 Strengthen and implement community-based responses, resilience activities, and durable solutions, including through protection awareness-raising and enhancement of individual and community coping strategies and conflict resolution mechanisms.

INDICATORS	NEED	TARGET
# of caregivers (women and men) participating in structured parenting programmes.	140,734	40,000
# of non-child protection actors (national/ local authorities, civil society actors) trained on CP topics (disaggregated by age/ sex).	150,000	5,000
% of participants demonstrating increased knowledge during capacity building (measured with pre and post test).	208,001	97,129
# of individuals who obtain HLP documentation.	122,580	18,387
# of persons benefiting from support to access alternative dispute resolution mediation, negotiation, arbitration and conciliation, and formal justice system to resolve HLP related disputes.	30,645	4,597
# of persons in target locations reached with GBV behaviour change interventions and EBIs.	67,262	271,946
# of women and girls provided with socio-economic and political empowerment.	134,523	54,389

### Cluster Objective C04

C04 Enhance protection mainstreaming across sectors incorporating protection principles into humanitarian aid delivery targeting partners, service providers, civil society and authorities.

INDICATORS	NEED	TARGET
% of participants demonstrating increased knowledge during capacity building (measured with pre and post test).	557,162	182,468
% of participants demonstrating increased knowledge during capacity building (measured with pre and post test) and regular monitoring at protection cluster level	208,001	97,129

### Cluster Objective C05

C05 Impacts of conflict.

# of persons receiving technical assistance and legal representation on HLP.	460,401	69,060
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## 3.12

# Water, Sanitation and Hygiene (WASH)

PEOPLE IN NEED

**20.5M**

PEOPLE TARGETED

**11.9M**

REQUIREMENTS (US\$)

**164.1M**

 **54%**

 **23%**

 **24%**

 **18%**

### Objectives

In 2023, the WASH Cluster will work with the federal and regional government and 55 partners to preserve life, well-being and dignity and reduce risk of WASH-related disease through timely interventions to vulnerable populations, as well as preparedness to respond to shocks. Significant humanitarian WASH needs are projected in Ethiopia in 2023, with an estimated 20.5 million people in need of humanitarian WASH assistance.

In 2023 the WASH cluster plans to target 11.9 million people. The WASH cluster response is articulated around two cluster objectives:

1. Ensure that affected people in need of life saving WASH services receive a timely equitable and safe, life-saving and effective emergency WASH assistance.
2. Ensure that people affected by crisis have access to resilient and sustainable WASH services.

### Response

The WASH response will be articulated around 6 activities:

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

2. Durable water interventions: Rehabilitation and maintenance of water schemes; pipe-line expansion; new water point development: as long-term water trucking operation is not cost-efficient, durable solutions like rehabilitation of water schemes, pipeline extension and new water point development will be utilized for protracted displacement as well as for the general affected population.
3. Emergency sanitation: Construction of emergency latrine, bathing and handwashing facilities. This will include different types of latrines, such as VIP latrines, semi-permanent latrines, and also emergency trench latrines according to the needs and context.
4. Sanitation and hygiene promotion will go along with risk communication and community engagement (RCCE) activities for people affected by or at risk of disease outbreaks.
5. Provision/distribution of lifesaving WASH NFIs including water treatment chemicals will be distributed to affected population to facilitate water storage and household level water treatment.
6. WASH in institutions in humanitarian settings: WASH in health care facilities and WASH in schools.

In 2023 the WASH cluster response will continue and expand approaches that have proven their value in a



#### ETHIOPIA

Naima Aden, 14 comes to the village water well everyday. She fetches water as early as possible so that she is on time for her school. She is promoted to grade nine and aspires to be a doctor. :copyright:UNICEF Ethiopia/2022/Demissew Bizuwerk

very dynamic and fluid context with very important humanitarian needs.

The WASH cluster will expand its collaboration with development partners to implement durable solutions to respond to humanitarian needs. This will be particularly important in 2023 when several contexts will benefit from a “nexus approach”: in conflict affected areas with significant WASH infrastructure damages where water point rehabilitation is critical; in drought affected areas where new water point development and strategic borehole rehabilitation will improve access to water; and in areas affected by recurring diseases outbreaks that require durable solutions to reduce transmission in a sustainable way.

Rapid response mechanisms such as UNICEF’s rapid response mechanism (RRM); the IRC-lead emergency response mechanism (ERM); the Save the Children led SWAN consortium; and the IOM rapid response fund (RRF) will remain essential elements of the WASH cluster response in 2023.

In IDP collective sites WASH partners will implement the “full WASH package” including water, sanitation, hygiene and NFIs. A lead WASH partner will be identified for each IDP collective site. This allows IDPs to benefit from the WASH services they need as well as making the monitoring of the response, and hence its quality, easier to manage.

One of the priorities for 2023 will be to further reinforce people centered approaches in the WASH cluster’s response. Technical specifications of WASH facilities will be designed in collaboration with affected people to incorporate their specific needs and protection perspective. The WASH response will also implement measures to prevent SEA and GBV such as ensuring proximity of water points to the user community to minimize the risk of exposure of women and girls to violence. Implementing the WASH minimum standards which promotes protection; providing adequate orientation for partners to consider protection in their plans and responses and capturing best lessons from all WASH humanitarian responses. Design and style of latrines should be

inclusive and consider gender, age and physical disabilities. Latrines will be barrier-free, located close to living areas to minimize security threats to users, segregated for male and female, and have an inside lock. The WASH cluster will reinforce collaboration with the Protection cluster and its areas of responsibility and develop links with disability-focused organizations and women’s group to learn from their experience. Additionally, the Cluster will do a regular analysis of DTM information to analyze accessibility

information to help inform the response for people with disabilities.

The cluster will continue to strengthen inter-sectoral collaboration initiatives. Access to safe drinking water and availability of reliable sanitation facilities will significantly contribute to addressing challenges in Health, Nutrition, ES/NFI and Protection sectors. The WASH Cluster will encourage inter-cluster coordination through joint assessment, application of common indicators and response coordination both at national

**Objectives, Indicators and Targets**

**Cluster Objective CO1**

Affected people affected by crisis have access to resilient and sustainable WASH services

INDICATORS	NEED	TARGET
# Affeted non-displaced having access to safe drinking water through durable solution	6,051,907	3,491,477
# IDPs in site having access to safe drinking water through durable solution	766,037	486,617
# IDPs out of sites having access to safe drinking water through durable solution	818,363	520,173
# Returning IDPs having access to safe drinking water through durable solution	896,125	465,077

**Cluster Objective CO2**

Affected people in need of life saving WASH services receive a timely equitable and safe, life-saving and effective emergency WASH assistance

# Affected non-displaced having access to safe drinking water through emergency Water trucking	4,538,930	2,618,608
# IDPs in site having access to safe drinking water through emergency Water trucking	765,328	486,617
# IDPs out of site having access to safe drinking water through emergency Water trucking	409,182	260,087
# Returning IDPs having access to safe drinking water through emergency Water trucking	358,450	186,031
# Affected non-displaced provided with lifesaving WASH HKI	3,025,954	1,745,738

# IDPs in site provided with lifesaving WASH HKI	1,225,658	778,588
# IDPs out of sites provided with lifesaving WASH HKI	1,022,954	650,216
# Returning IDPs provided with lifesaving WASH HKI	716,900	372,062
# IDPs in site accessing sanitation facility (latrines & bathing/hand washing facilities)	1,225,658	778,588
# Affected non-displaced reached through essential sanitation and hygiene message	9,834,349	5,673,650
# IDPs in site reached through essential sanitation and hygiene message	1,532,073	973,235
# IDPs out of sites reached through essential sanitation and hygiene message	1,227,545	780,260
# Returning IDPs reached through essential sanitation and hygiene message	1,164,963	604,601

and sub-national level. More specifically the WASH cluster will work with the health cluster for disease prevention and control; and with CCCM and Shelter/NFI clusters in IDP collective sites.

With the nutrition, food security, agriculture and health clusters the WASH cluster will implement the Inter Sector Collaboration initiative (ISC) in drought affected areas. The ISC includes joint geographic targeting, implementing minimum packages for all sectors and joint monitoring.

#### Cost of Response

The total requirement for the WASH response for 2023 is US\$ 164 million to reach 11.9 million people.

Specific WASH activity packages were identified for each population type (IDPs in site; IDPs out of site; Returning IDPs; Affected Non-displaced populations).

#### Response Monitoring

The WASH Cluster will monitor the response and its progress through monthly updates by partners using 4W tables. Regular national and regional cluster meetings will provide update on the context, the WASH needs, response and identified gaps.

In 2023 the cluster will review its monitoring framework and resume coordinated field monitoring. The quality of response will be monitored through joint monitoring visits with support from Government counterparts and WASH partners.

AAP will be ensured through Post-Distribution Monitoring (PDM) reports, Compliant Feedback Mechanisms (CFM) and collaboration with the AAP working group.

## 3.13

### **Integrating the HDP nexus in this HRP**

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This HRP represents an effort to integrate and advocate a stronger HDP nexus focus from the perspective of humanitarian actors in Ethiopia. However, there is also a clear recognition among humanitarian actors that this is only one part of the equation. A longer-term and sustainable reduction of humanitarian needs and vulnerabilities requires close coordination, investment and action to support longer-term resilience, development and peace. Given that the needs and scale of work needed outstrips what humanitarian actors can do alone – humanitarian, development and peace actors must work together to reduce vulnerabilities and humanitarian needs over time.

As part of this HRP, humanitarian partners have identified priority areas where development/recovery interventions can contribute to resilience – helping, where possible, reduce humanitarian needs over time.

In addition to the priority areas of interventions for development/ recovery partners, the humanitarian system has identified how supporting specific types of humanitarian assistance can make a contribution to resilience building and laying the foundation for recovery. The Humanitarian Response Plan in 2023, through its third Strategic Objective, will be supporting vulnerable people to recover from crisis, seek solutions to displacement and protection concerns, and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized locations. Each cluster has identified specific strategic objectives and activities that will support enhancing the resilience and coping capacity of the affected populations.



<b>CLUSTER</b>	<b>PRIORITY AREAS WHERE DEVELOPMENT/ RECOVERY INTERVENTIONS CAN CONTRIBUTE TO RESILIENCE</b>
<b>CROSS-CUTTING</b>	Capacity building of regional/local government to improve immediate emergency response capacity.
	Establish link between existing humanitarian and government feedback mechanisms on assistance and on needs.
	Ensure involvement at community level through capacity building, peace building/customary dispute resolution mechanisms.
	Advocate for peace with the voice and support of influential people and organizations.
	Strengthen local security management committees and social structures to restore peace
	Concentrate on/prioritize resilience-focused investments
	Promote Joint Analysis – humanitarian, development, and peace actors and multi-year planning
<b>EDUCATION</b>	Support rehabilitation/re-establishment of schools, including re-staffing schools and training of teachers.
	Promote strong PTA (parent-teacher associations)
	Roll out school feeding programs and participatory school garden programs
	Strengthen link between formal/informal school system and support return of children to the formal school system
	Include education for peace/social cohesion in school curricula and support school peace clubs in both formal and informal schooling
	Promote girls education and empowerment
	Strengthen education system and build resilience to shocks/crises
	Ensure the presence of durable water connections to schools in woredas that are traditionally drought-affected (reduce risk/frequency of schools closing)
<b>WASH</b>	Strengthen social cohesion via inclusive local WASH interventions.
	Strengthen investment in water harvesting during rainy season.
	Improve sustainability of water systems through transitioning to renewable energies
	Strengthen transdisciplinary approach: One health one water (water for people, animals, and crops)
	Strengthen resilience of WASH facilities to ensure resistance to shocks and year-round access, focusing on Woredas that are traditionally drought-affected.
<b>NUTRITION</b>	Promote home gardens focusing on nutrition-dense crops to enhance food and nutritional security and support women to run kitchen gardens.
	Enhance mother-child programs integrating nutritional care and psychosocial stimulation to improve the development of malnourished children.
	Promote awareness raising on good feeding practices and nutritional care for infants and young children.
	Encourage/support localized production of therapeutic and supplementary foods.
	Ensure countrywide access to quality CMAM (community management of acute malnutrition).

<b>PROTECTION</b>	
<b>GENERAL</b>	-Support education and empowerment of women and girls to reduce protection risks, including through economic empowerment and livelihoods support.
	Facilitate access to legal identity documentation.
	Support Capacity building of service providers (government and partners)
	Strengthen community-based protection structures, for example through capacity building of influential community members such as tribal and religious leaders.
	Ensure key protection staff and services are present in hard-to-reach areas
	Support sustainable protection services in places of return
	Work with protection networks to strengthen inter and intra-group trust and social relationships via dialogue
	Support/strengthen needs-based, inclusive, and comprehensive national social protection systems.
<b>GBV AOR</b>	Ensure available and updated GBV referral pathways exist for all regions of the country, and that all relevant service providers are included.
	Community engagement for prevention and risk mitigation
	Facilitate access to justice for survivors of GBV - including transitional justice for conflict situations.
	Capacity strengthening of service providers, including government partners, ensuring a survivor-centered approach.
	Establish One Stop Centers (OSCs) to facilitate quality and comprehensive care for GBV survivors.
<b>CP AOR</b>	-Teach children about their rights, including sexuality education (CSE), promote gender equality, respect for human rights and empower young people.
	Ensure meaningful and safe access to services and information.
	Ensure access to birth certificates.
	Promote adolescent and youth engagement to support social cohesion, rehabilitation, and recovery in their communities.
<b>HLP AOR</b>	Facilitate access to legal services for HLP issues and concerns
	Set up conflict resolution systems in areas where HLP disputes may lead to conflict.
	Build houses for vulnerable members of the community using cash-for-work interventions
	Delivery of HLP documentation to support peace and reconciliation through regional integration and involvement of national/ regional authorities
	Explore new ways of preventing and mitigating land disputes, which can lead to a lot of violence
	Support returning IDPs with compensation of lost properties to restore peace and stability in return area
<b>AGRICULTURE</b>	
	Support climate-smart agriculture in drought prone areas
	Support research into crops that are resilient to climate shocks

	Improve resilience to uneven/erratic rainfall through expansion of irrigation and water harvesting systems
	Invest in technologies for improved production, such as drip-irrigation
	Support (alternative) livelihood recovery initiatives/programs
	Support agricultural initiatives that empower women, as they are disproportionately affected by drought
	Protection of livelihood assets - i.e. of core-breeding animals (through animal health service delivery, supplementary feeding, etc.)
	Support local production systems (including of feed/fodder for livestock)
<b>FOOD</b>	Food processing and preservation to enhance availability of food throughout the year
	Facilitate food markets through cash interventions between high producing and low producing areas in the country.
<b>HEALTH</b>	Strengthen and build resilience of existing health systems instead of reliance on mobile clinics
	Improve access to affordable and integrated primary health care
	Expand service delivery in food insecure contexts
	Improve supply-chain systems to reduce stockouts of lifesaving medicines and supplies
	Enhance lifesaving SRH services, including to adolescents and youth, to prevent and respond to HIV, unwanted pregnancies, and unsafe abortions
	Promote healthy behaviours for prevention
	Build the capacity building of health workers on One Health (i.e. training on zoonotic diseases)
	Ensure continued rollout of vaccines for children
	Expand availability of MHPSS services
	Facilitate return of health workers and build resilience and capacity of health workforce, so there is a solid workforce independent of humanitarian assistance

### **Advancing the HDP nexus - priority areas of action**

There are several areas where strong collaboration among HDP actors is needed to sustainably reduce humanitarian needs and vulnerabilities over the medium and long-term. These areas stem from a series of discussions and consultations between and among humanitarian, development and peace actors that took place between November and December 2022. This included consultations held by national and sub-national ICCG members as well as the results of the Development Partners Group retreat and deep dive on the HDP nexus, which involved a cross-cutting dialogue among development, humanitarian and peace actors.

### **Supporting early and long-term recovery in conflict-affected regions.**

Ethiopia's Northern regions have been devastated by conflict, with urgent need to support both life-saving assistance as well as early recovery. Other regions, such as Oromia and Benishangul-Gumuz have also seen a rise in humanitarian needs as a result of conflicts. A national plan for recovery for Ethiopia's conflict-affected regions is under development and humanitarian assistance will need to proceed in tandem with recovery and development interventions to ensure needs do not become protracted. Humanitarian, development and peace actors – within their respective mandate -should work closely together to support early peace dividends, fast track access to key social services, return of children back to school, provision of mental health and psycho-social support, restoration of livelihoods and sustainable and principled assistance and solutions for displaced populations. Restoration of inclusive, conflict sensitive governance institutions and the need to strengthen prevention, peacebuilding and to foster vertical and horizontal social cohesion among affected communities should also be prioritized.

### **Building resilience to droughts and related shocks and stresses in the lowlands.**

Ethiopia is now facing its fifth consecutive failed rainy season and increasing climatic stresses and shocks, including resource-based competition and conflicts, will continue to drive up vulnerabilities and humanitarian needs in the lowlands. Resilience

investments in the lowlands are not new—whether agriculture, WASH and livelihoods, yet fragmentation among initiatives and actors and the tendency to work in siloed sectoral approaches have limited the overall impact. The approach being piloted in the Somali Region under the Multi-Year Resilience Plan, which is government-led, area-based and multi-sectoral offers a model for how HDP actors can work together to start scaling joined-up action and investments in resilience-building efforts in the lowlands.

### **Addressing the systematic drivers of vulnerabilities and chronic humanitarian needs associated with food insecurity and gaps in basic social services.**

Food insecurity and lack of access to quality basic social services are among the key drivers of chronic vulnerabilities and humanitarian needs. Coordinated efforts to support and strengthen national policies and development priorities on food systems and expanding access to basic services, including health, WASH and education, in under-served regions and areas of the country. The linkages between the DPG-HCT offer an important opportunity to jointly prioritize and tackle these systematic challenges both through policy and coordinated, area-based investments.

### **Providing durable solutions for communities affected by internal displacement.**

The high levels of internal displacement in Ethiopia represents a key HDP nexus challenge. The national 2019 Durable Solutions Initiative was an important step in creating a country-wide architecture, although the national architecture to address internal displacement requires strengthening. The Somali Region's Durable Solutions Strategy on internal displacement is already enabling families to relocate out of IDP camps. The regional model requires further investment and support. At the same time, supporting a principled approach to ending internal displacement should also be integrated as a core component of broader recovery efforts for conflict-affected regions and resilience-building efforts.

Ethiopia is at a critical juncture. There is now an important window of opportunity for HDP actors to better collectively support the deliberate and sustain-

able reduction of the country's growing humanitarian needs and vulnerabilities – an opportunity to move people and communities beyond the need for recurring lifesaving assistance. Government ownership and leadership will be key. At the same time, the areas identified above – by no means exclusive - represent key entry-points for broad-based HDP actor collaboration, including through enhanced DPG-HCT coordination. They could also serve as the basis to develop concrete and measurable collective outcomes for HDP actors in the country.

Plans are now underway by the DPG and HCT to make linkages across the systems at three levels: (1) organizing regular high-level contact meetings between the DPG and HCT on the HDP nexus for visibility of urgent

issues and to better coordinate and collaborate on addressing the root causes of humanitarian needs; (2) the establishment of a technical level HDP Nexus Task Force, which will include participation among humanitarian, development and peace actors, to strategically drive forward the agenda by promoting overall coordination, shared analysis, implementation and learning; (3) increasing engagement between humanitarian clusters and their corresponding development sector working groups, where these exist, to help close the gap between people's short- and long-term sectoral needs. The education cluster, for example, now regularly participates in the DPG education sector working group.

## Part 4:

# Annexes

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### TIGRAY REGION, ETHIOPIA

UNHCR relocating internally displaced people in Tigray Region. Along with humanitarian partners, UNHCR facilitated the move of 500 families from the Ayder Elementary School, assisting with registration, allocating shelters, transporting personal items and distributing basic relief items.

Credit: © UNHCR/Olga Sarrado Mur



## 4.1 Refugees

### Ethiopia Inter-Agency Refugee Response Plan

This section is an excerpt from the 2023 Ethiopia Country Refugee Response Plan (CRRP). The Refugees and Returnees Service (RRS) and the United Nations High Commissioner for Refugees (UNHCR) are responsible for the coordination of the refugee response in Ethiopia. As such, this section does not represent the views of the Ethiopian Disaster Risk Management Commission (EDRMC) and OCHA and the funding requirements are not included in the total financial ask of the HRP but under the 2023 Ethiopia Country Refugee Response Plan.

### Background

As of December 2022, Ethiopia hosts 879,540 refugees and asylum-seekers, being the third largest refugee-hosting country in Africa. The majority of the refugees are from South Sudan, Somalia, Eritrea, and Sudan. About 92% of them live in 22 active camps and settlements, while 8%, predominately from Eritrea, reside in urban areas, mostly in Addis Ababa. The Government of Ethiopia has maintained its tradition of granting prima facie refugee status to arrivals from South Sudan, from the Blue Nile and South Kordofan regions of Sudan, to Somalis from South and Central Somalia, and Yemenis who arrived after January 2015.

Ethiopia is a State Party to the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol. Ethiopia is also a party to the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa. The Government of Ethiopia continues to implement its pledges made at the 2019 Global Refugee Forum, including the realization of nine pledges submitted during the Leader's Summit in 2016 to support the gradual inclusion of refugees in national services. A clear example of this is the enhancement of the three Directives for the implementation of the Refugees Proclamation No. 1110/2019, one of the most progressive refugee laws on the

continent. In addition, the Government continues its transformational agenda, including the strengthening of national systems and capacity, targeted humanitarian response, community-based public works, livelihoods and job creation, human development and durable solutions.

Overall, the situation in Ethiopia remains complex, with multiple emergencies and challenges, as well as growing protection and solution's needs for refugees and asylum-seekers. These challenges are further exacerbated by the worsening economic situation, due to COVID-19 and inflation rate above 30% as well as the scarcity of essential commodities. The concerning economic outlook is coupled with the most severe drought affecting Ethiopia in decades, which is impacting large areas in the southern and eastern parts of the country, including refugee-hosting regions. Prolonged drought has left affected populations increasingly vulnerable due to food insecurity and exposed to illnesses with multiple outbreaks of water-borne, skin, and other diseases.

Refugees and host communities were severely impacted by the resumption of fighting in August 2022 in the North of Ethiopia (Amhara, Afar, Tigray) and Oromia and substantial gaps in several sectors of response were reported, especially food, WASH, shelter, NFIs, health, nutrition, and protection. Humanitarian relief efforts were also hampered by the suspension of some key services and activities. With the signing of the AU-led peace agreement between the Government of Ethiopia (GoE) and the Tigray People's Liberation Front (TPLF) in Pretoria (2 November) humanitarian aid resumed into Afar, Amhara and Tigray in mid-November.

Insecurity situation has been also reported in the last months of 2022 in Gambella, especially Dimma woreda creating tension between refugees (Murle and



**ETHIOPIA**

Zaid Teke, 35 came from senafe, Eritrea in 2010. Zaid was a teacher in Eritrea and came to the refugee camp with her husband who is also a teacher. Refugee and Horst community primary school. © UNICEF Ethiopia/Tadesse

Anuak) and host communities in Dimma. However, UNHCR and partners continue to deliver all activities in all camps and other areas of concern while UNSM security measures are observed. In addition, the escalation of hostilities in western Oromia has also impacted humanitarian operations in eastern Benishangul Gumuz Region. The violence has impacted the transport of relief supplies along the road Addis Abeba – Ambo – Nekemte and onward to Assosa and Gambella since 31 October, blocking both humanitarian and commercial supplies affecting the lives of 76,000 refugees in the region.

**Inter-agency Response**

The CRRP is the interagency planning and coordination tool for the 2023 refugee response in Ethiopia. It brings together the Government of Ethiopia’s (GoE) Refugees and Returnees Service, UNHCR, and 32 humanitarian and development partners; outlining the needs and planned response for all refugees, and asylum-seekers in the country as well as host communities. The CRRP provides a strategic direction for the 2023 refugee response across all sectors. In addition to highlighting the current needs of new and protracted refugees in Ethiopia, the CRRP ensures linkages between humanitarian and development



actors in support of protection and solutions. This cooperation is based on the draft ten-year National Comprehensive Refugee Response Strategy, the 10 year GoE's Growth and Transformation Plan, the Regional Development Planning, the UN Sustainable Development Goals, and the Global Compact for Refugees (GCR) to ensure an integrated and comprehensive approach to refugee assistance. The plan will be revised as needed and complemented with further activities to scale up the inter-agency response.

### Objectives

The refugee response in 2023, in alignment with the wider humanitarian response in Ethiopia, will fall under the umbrella of three Strategic Objectives:

1. Strengthen the protection environment for refugees.

Refugees will benefit from a favorable protection environment, fair protection processes and documentation, and be safe from violence and exploitation—through a collaborative approach by UNHCR, Government, and humanitarian and development partners. In the context of the Comprehensive Refugee Response Framework (CRRF) and in line with the Government's GCR/GRF pledges, the inclusion of refugees in the national protection services will be pursued to the maximum possible to strengthen self-reliance and resilience of refugees and host communities through the realization of their rights set out in Refugee Proclamation No.1110/2019. Efforts shall be invested to foster national systems, which will help to preserve the asylum and protection space for asylum-seekers and refugees within Ethiopia.

2. More persons of concern benefit from a wider range of durable solutions

UNHCR does not currently promote voluntary repatriation to Eritrea, Somalia, Sudan, South Sudan or Yemen, as returns in safety and dignity cannot be guaranteed. However, engagement in regional collaboration to support voluntary repatriation, whenever it is deemed feasible, is ongoing. Options for local integration are also limited, as the implementation of the Refugees

Proclamation is gradual. Therefore, resettlement and complementary pathways remain the key components for a protection and solutions strategy aligned with the objective of the GCR/CRRF. Complementary pathways include refugees' access to scholarship opportunities and family reunification. Labor mobility to Canada started in 2022 and is expected to expand in 2023. In addition, refugees without passports, who access their own legal pathway out of Ethiopia through work or education, will continue to be supported to obtain Convention Travel Documents for travel purposes. According to an analysis of the Progress system-specific needs, around 108,000 refugees will be in need of resettlement in 2023. This estimate includes refugees who were transferred from refugee camps to urban settings, through an assistance program based on their critical specific needs.

3. Provide equitable access to basic services for refugees and strengthen opportunities for resilience and self-reliance while finding lasting solutions for refugees.

Investing in the self-reliance of refugees will significantly reduce aid dependency and negative coping mechanisms in the long term. It can empower refugees to meet their needs in a safe, sustainable and dignified manner and can also contribute to the growth of local economies. Partners will work with refugee-hosting governments to foster an environment that allows refugees' access to decent work and facilitate their inclusion into existing programs. The participation of development partners and the private sector in refugee-hosting areas will be facilitated to create wage and self-employment opportunities for refugees and host communities. Partners will also strengthen the capacities of government entities and other pertinent stakeholders to advance Ethiopia's refugee economic inclusion agenda. Six of the 13 pledges made by the GoE in 2016 and 2018 are related to granting refugees access to wage and self-employment opportunities and securing necessary resources. The Government and partners will also work with non-traditional development partners and the private sector to create economic opportunities for refugees and host communities.

## Response

Coordination and partnership will continue to drive an agenda of inclusive development solutions for protracted refugee situations – whilst maintaining the capacity to respond rapidly and provide protection and assistance for all persons of concern during emergencies, in-kind and multi-cash support, to improve self-reliance and mitigate protection risks, as well as strategic and technical support to National Disaster Risk Management Commission (NDRMC). Freedom of movement and inclusive livelihoods impacts will be targeted especially in Assosa, Jijiga, Melkadida and Gambella, with the support of private sector. Assistance and solutions interventions will be also extended to the host communities that continue to generously accommodate refugees. These interventions are aimed at reinforcing peaceful coexistence and social cohesion.

Collaborating with development actors and financial service providers will help bridge the humanitarian-development gap, enabling greater access to development expertise, funding, and resources. UNHCR and partners will support RRS to ensure that the Government has sufficient capacity to coordinate livelihoods and economic inclusion activities. At regional and woreda levels, technical committees and technical working groups for the economic inclusion of refugees will be established. Further, UNHCR and WFP will increase the interventions through the operationalization of global commitments on targeting, data sharing, and accountability to affected people and enhance joint programming to meet basic needs and promote self-reliance. Further engagement in nutrition security and climate food options are priorities with the key stakeholders to ensure sustainability.

The delivery of protection and basic services, for adding registration, decreased of birth registration backlog, community-based child protection mechanisms and voluntary relocation to safer areas will continue. Gender equality will be ensured by engaging women of diverse backgrounds to identify barriers and challenges in leadership and participation. This includes access to reproductive health, menstrual health and hygiene services, retention of girls in

education, and initiatives for girl-child education, including scholarships. Seeking to maximize solutions for refugees, RRS, UNHCR and partners will enhance opportunities for self-reliance and economic inclusion and for refugee resettlement, complementary pathways and family reunification. Based on analysis of proGres specific needs, UNHCR estimates that some 108,000 refugees are in need of resettlement in 2023.

Access to quality learning opportunities from pre-school to tertiary education for refugees and host communities will be strengthened as well as the enrollment of children into public technical and vocational education and training TVET and higher education, including Albert Einstein German Academic Refugee Initiative (DAFI) scholarships supported by the German Government. Mapping of schools around refugee camps to support inclusion into the host community education facilities and establishment/expansion of learning have been included in the protection response for 2023 coupled with capacity building for teachers/facilitators and expansion of WASH facilities.

WASH standards and protection mainstreaming needs to be improved by ensuring meaningful consultation and effective participation of refugees, taking into consideration age, gender, and diversity. Average liters per person per day is still below the UNHCR standard 20l/p/d. System upgrading will be a priority in 2023. Solarization of water supply systems will also be a priority to cut the costs of diesel-powered systems. While for shelter the response will focus on providing emergency shelters to host new arrival and those relocated, transitional shelters to replace old emergency shelters, and shelter improvement works to maintain their adequacy. The Ethiopian Government has been responsive to provide land and its natural resource for the new refugee arrivals in existing and new camps or settlements. Furthermore, the distribution of Core relief items (CRI) will continue to be implemented to complement the shelters provided.

## Coordination and partnerships

UNHCR's main Government counterpart in the refugee response in Ethiopia is the RRS. Both Agencies

co-chair the inter-sector Refugee Coordination Group (RCG), consisting of national and regional sectorial working groups, donors, UN Agencies, and civil society. The RCG meets quarterly to discuss strategic and inter-sector operational issues. Field-level coordination structures ensure that day-to-day progress and challenges are implemented and managed efficiently between partners. Overall, UNHCR works closely with 57 humanitarian and development organizations in the humanitarian refugee response to consolidate a collective multi-partner approach. UNHCR is also part of the Humanitarian Country Team (HCT) to ensure that the needs of the persons of concern are effectively addressed across the UN System, in line with UN Sustainable Development Cooperation Framework (UNSDCF). In this regard, four working groups have been created: Social Service Delivery; Governance & Peacebuilding; Economic Recovery & Inclusive Growth and Resilience to Climate Change & Disasters. To foster refugee inclusion in national services, in line with Ethiopia's commitment under the Global Compact for Refugees, UNHCR and partners are working with Ethiopian Line Ministries, regional and local authorities, UN Agencies, development partners and the private sector. This collaboration contributes to a more comprehensive refugee response from protection to solutions.

### **Monitoring**

Interagency partners within the Country Refugee Response Plan (CRRP) have developed a monitoring framework based on agreed indicators to measure progress as well as gaps per sectoral response activities. Monitoring and evaluation remain key components to ensure that key outcomes are met, and corrective action is taken, where necessary, to ensure outcomes and impacts are achieved. Importantly, the framework will be implemented to ensure prioritized attention to persons with specific needs. The monitoring framework of the CRRP also estab-

lishes coordinated and common reporting tools, determines methods of obtaining indicators, assigns responsibility for information gathering, determines timeframe and frequency of data collection and establishes clear mechanisms for knowledge and information sharing. In order to ensure Accountability of Affected People (AAP), feedback mechanisms will be established, allowing affected/target populations and RRP partners to regularly communicate. This is aimed at ensuring that the needs and concerns of affected populations guide the response. Refugee-led organizations (RLOs) will be engaged in relevant planning, coordination, and decision-making fora to ensure meaningful participation of refugees and strengthen localized approaches. In the spirit of localization, RLOs will be supported to identify, design and implement project ideas that address the challenges refugees face, including strengthening the capacity of RLOs on project management, accountability and transparency. Communication with Communities (CwC) will be strengthened by using means that are appropriate and accessible to all groups in a community, as well as by establishing and operating feedback and response systems (including for confidential complaints), such as helplines, suggestion boxes, SMS systems, social media platforms, and networks of community feedback.

## 4.2 Returning Migrants

PEOPLE IN NEED

457k

PEOPLE TARGETED

279k

This section is an excerpt from the 2023 Regional Migrant Response Plan for the Horn of Africa and Yemen (MRP). The funding requirements are not included in the total financial ask of the HRP but under the 2023 Ethiopia Country Refugee Response Plan.

### Background

Ethiopia is a country of origin, transit, and destination for migrants in the Horn of Africa, with as many as 250,000 Ethiopians expected to migrate in 2023, driven by natural and man-made disasters and severe economic hardship. The most common destination for Ethiopian migrants is the Kingdom of Saudi Arabia (KSA), through the Eastern migratory route from Ethiopia via Djibouti or Somalia and Yemen to the KSA. Irregular migration is exceedingly common, and migrants are exposed to dehydration, hunger, illness, and injury as well as exploitation, abuse, and violence at the hands of human smugglers and traffickers. Smugglers often extract their fees through violence and extortion. Unsanitary conditions and lack of access to basic health care make communicable diseases (including TB) common among returning IDPs. Additionally, unaccompanied minors as well as pregnant and lactating women travel the same routes with no access to specialized protection services. In 2023, the number of migrants in need on the Eastern route is estimated to reach 312,157. According to the Ministry of Labor and Skills, the main regions of origin of irregular migration continue to be Tigray, Amhara, and Oromia. In 2022, close to 100,000 Ethiopians were forcibly returned from the Kingdom of Saudi Arabia, roughly 17 per cent of whom were from Tigray regional state. Between January 2021 and September

2022, 46 per cent of returning IDPs from the Kingdom of Saudi Arabia were reported to originate from drought-affected areas of Ethiopia. Both spontaneous and forced movements across Ethiopia's land borders occur, with thousands of movements each month. For example, 5,400 forced returns from Djibouti were recorded at the Dewelle point of entry in northern Ethiopia from January to September 2022.

### Objectives

The Migrant Chapter of the 2023 HRP is in line with the Regional Migrant Response Plan for the Horn of Africa and Yemen (MRP) 2023, which aims to promote comprehensive, quality, timely and inclusive humanitarian and protection assistance to the most vulnerable migrants traveling along the Eastern migratory route. Target beneficiary groups include returning migrants (forced returns, spontaneous return, assisted voluntary returns), migrants moving out of the country, and communities of high migration. The MRP is compatible with the HRP's objectives and includes the following strategic objectives:

1. Provide life-saving assistance to vulnerable migrants and host communities.
2. Provide quality, timely and inclusive protection assistance and services to migrants and host communities.
3. Strengthen access to return, sustainable reintegration, and community stabilization.
4. Build evidence, partnerships, and coordination to enhance the humanitarian response and migration management throughout the migration route.

## Response

MRP partners in 2023 will respond to the humanitarian and protection needs of 279,066 vulnerable returning migrants. Assistance will be provided by 11 partners, including international and national NGOs as well as UN agencies and in close collaboration with the Government of Ethiopia and affected populations. MRP partners will provide lifesaving and protection assistance<sup>12 13</sup>, while continuing to build evidence, partnerships, and coordination to enhance the response. Localized, adaptive, and system-strengthening approaches will be prioritized, with a focus on key state institutions, subnational, and local actors.

The life-saving assistance to vulnerable migrants will include activities such as provision of food, water, non-food items, multipurpose cash support, shelter, and health care, including mental health and psychosocial support (MHPSS). A comprehensive network of referral partners such as hospitals, clinics and NGO shelters will serve migrants with specialized needs. Migrants will be assisted upon arrival in Addis Ababa or at land border points of entry.

MRP partners will provide inclusive protection services and engagement with duty bearers and other key stakeholders such as local and international NGOs. This involves child protection, gender-based violence (GBV) prevention and response, family tracing and reunification or alternative care for unaccompanied and separated children, as well as provision of services to vulnerable returning IDPs such as victims of trafficking and GBV survivors through a case management approach.

The 2023 plan also includes the enhancement and strengthening of sustainable long-term solutions on the individual, community, and systemic levels including support with assisted voluntary return, onward transportation assistance, socio-economic reintegration and empowerment, improvement of border and migration management process, as well as capacity development to government officials and stakeholders on international legal and policy frameworks. Such interventions are the only way to address the socioeconomic drivers of migration, and as such

they decrease the need for life-saving humanitarian assistance in the future.

To ensure that informed, coordinated, and comprehensive assistance and protection services are provided to migrants and host communities along the Eastern Route, the response will also prioritize the collection, analysis, and reporting on migration flows, dynamics and mobility patterns, root causes, routes, as well as the protection needs, risks, and vulnerabilities of migrants. In 2023, MRP partners will also focus on capacity-building and advocacy with key government and non-government institutions to respond comprehensively to the migrants' needs and support long-term reintegration and community stabilization.

MRP partners will use an age, gender, and diversity approach in all aspects of their operations, respecting the do no harm principle and following non-discriminatory and needs-based approaches. Partners will also prioritize safety and dignity, and foster empowerment and participation of vulnerable migrants. The response to returning migrants will be implemented in close coordination with partners working with displaced persons in the country to ensure harmonization of the responses and assistance provided to all affected populations.

## Cost of Response

The MRP 2023 in Ethiopia estimates an overall funding requirement of \$32.6 M. This cost is based on a multi-sectorial needs and costing analysis by MRP partners. The plan includes costs related to collection, analysis, and sharing of migration data on mobility patterns, drivers of migration, routes, as well as the protection needs, risks, and vulnerabilities of migrants. Costing of this response will be monitored on a regular basis to ensure that the response level is adequate and well-tailored to consider fluctuation of prices in the market in 2023. Shortages of fuel and of services in remote border areas are also taken into consideration.

## Monitoring

In line with the MRP Monitoring Plan, partners will make use of the existing comprehensive framework

and standardized tools for continuous monitoring activities. Data will be disaggregated by target populations, sex and age (SADD) and where and when applicable by location, and MRP partner. Regular field and remote monitoring visits of the entire response will be conducted, and relevant indicators will be tracked and reported on, as appropriate. The data collected will be analyzed for strategic, operational, and tactical decision-making and to inform advocacy efforts and programmatic adjustments during the MRP cycle.

### **Southern Route**

Although the Eastern route is numerically the most significant in the region – as attested to by the development of a dedicated MRP, migrant populations moving along other corridors face the same dangers and require similar interventions. In many parts of Southern Ethiopia, the preferred destination of irregular migrants is not KSA, but South Africa. The Southern migratory route that runs from the Horn of Africa towards South Africa is gaining in popularity. Between January and September 2022,

an estimated 8,000 migrants were tracked moving towards South Africa, with a further 36,000 heading to Kenya. Economic hardship was the driver for 96% of migrants on the route, and unaccompanied minors comprised 5% of the total. 86% of migrants came from SNNPR and 12% from Oromia regional state. Irregular migration along the Southern Route is often facilitated by a network of smugglers and traffickers whose aggressive attempts to avoid detection by authorities put migrants' lives in danger. In December 2022, the bodies of 27 Ethiopian migrants were discovered abandoned close to Lusaka, Zambia. Just two months prior, 30 Ethiopians were found in a mass grave in Malawi, and in 2020, 64 migrants were found asphyxiated in a shipping container in Mozambique. In addition, migrants are routinely detained for immigration violations and spend extensive periods of time in correctional facilities or stranded in precarious conditions, awaiting assistance to return to Ethiopia or opportunities to continue their migration.

## 4.3 Response Analysis

The response analysis process was conducted at the regional level through workshops that were held with the area-ICCGs in seven regions: Amhara, Benishangul Gumuz, Somali, Oromia, SNNP, Afar and Tigray. The information gathered from these regions was further complimented with inputs from the analysis team at the national level, consisting of members from the national ICCG, Information management WG and other partners.

This process has been carried out during a challenging time for Ethiopia as the nation is grappling with several ongoing and overlapping emergencies, including conflict and violence, mass internal displacement, flooding, widespread drought, and communicable disease outbreaks. Humanitarian actors have highlighted some of the main challenges that they are facing in responding to the massive and urgent needs in the country.

One of the major challenges that has been brought up by all actors is a lack of adequate financial and human resources. In terms of funding, the available resources are insufficient to meet the overwhelming humanitarian needs. With respect to presence, the humanitarian partner presence in many areas of the country is limited, as is the capacity of partners to respond to the scale and magnitude of the numerous crises. Both presence and capacity need to be scaled up and strengthened. The Somali A-ICCG highlighted the lack of partners in some woredas as a main challenge for the response and mentioned that there are a limited number of protection actors on the ground. The BGR A-ICCG also noted a lack of partner presence and indicated that regular partner presence in IDP hosting sites could help improve GBV reporting as survivors are less likely to disclose during one-time contact/visits to the area.

Access to affected communities is also a major challenge, with the main bottlenecks including physical access and bureaucratic impediments. The analysis team called attention to the following areas as the most difficult to reach in the country: West Oromia, Benishangul Gumuz, West Tigray, Kamashi Zone, East and West Wellega, North Wello and Wag Hamra. With respect to Benishangul Gumuz region, the area ICCG highlighted that the road between Addis and Assosa is inaccessible, and that Kamashi Zone and Ma'o Komo Special Woreda are still difficult to reach due to insecurity. In the Somali region attacks by Al Shabaab close to the Somalia border, including in Liben, Afder and Shabelle zones, has impeded access for partners, and the security situation along the Somali-Oromia border is also tense with conflict erupting at times between communities. In Oromia, conflict and clashes with UAGs in the southern and western parts of the region has constricted humanitarian access to these areas. In SNNPR access has also been a challenge as a result of inter-communal violence. In Tigray, humanitarian access is generally increasing since the peace agreement in November 2022. However, the western part of the region and the area bordering Eritrea have been difficult to access for a long time, and even parts that are accessible have been hard to reach due to fuel challenges.

Fluctuating prices and inflation are negatively impacting the response and exacerbating vulnerabilities of crisis-affected populations. The response analysis also highlighted a need to strengthen coordination between the Area ICCGs and with regional governments, as well as to strengthen data collection and information management systems, including by ensuring collection of sex and age-disaggregated data to tailor the response to meet the specific needs of the most vulnerable.

## 4.4 Costing Methodology

For transparency, streamlining and comparability purposes, activity formulation has been harmonized across clusters. Activities have been designed to clearly align with the needs identified as well as the strategic objectives in the HRP, while also standardizing the units of targets and deliverables to allow for better aggregation and comparison across activities and clusters. This will allow for more cohesive and comprehensive monitoring and reporting. For each activity in this plan, clusters have established unit cost ranges, considering cost differences in modality, geographic area, population groups, and timing. All prices are in US dollars.

### **Agriculture:**

The unit-based costing methodology is a product of a series of consultations with the national NGOs, International NGOs, UN Agencies, Donors, Government, All DRM-ATF members including the Ministry of Agriculture. The method took into consideration the operational differences amongst the partners and the differences in operational costs for the different locations. The unit costs have also taken into account the anticipated risks (conflict and exchange rates). For the 2023 HRP the cluster will utilize the hybrid method which is a combination of the unit-based costing and the project-based costing.

The average cost for the HRP 2023 activities is as follows:

- Animal health is determined by multiplying 3 TLUs (3 cattle and 9 SRs) animals per household by \$15 for treatment and covering the operational cost (excluding cost of vaccines).
- Animal feed is determined by providing 3.5kg of fodder (bale of hay at \$5) and 2.5 kg of concentrate (1 quintal at \$25) for 90 days for 2 core-breeding animals.
- Emergency seeds are determined by multiplying total targeted people by an average of 0.6 hectares with the unit price of different crop seeds varieties (price differs per type) and farming tools at a total cost of \$70 This includes 1 cereal, 1 legume ,2 cereals and 1 tool. The cereal and legume crops differ by region.
- 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 total cost of \$192-240 (one shoat is worth USD 38/48).
- Animal destocking is determined based on types of animals recommended in the seasonal assessment (price differs per type) for households at risk during a drought period. It is recommended to de-stock 1 cattle or 4 SRs at \$120. Destocking should be done timely when the residual market value of livestock is still significant.
- Multipurpose Cash Transfer estimated at \$110 per household equivalent to the Productive Safety Net Programme [PSNP] wage rate. Based on food basket calculation and the ECWG (Ethiopian Cash Working) national average of 4,000 Birr (equivalent to 90 USD) considered.
- Capacity building activities for partners, Government stakeholders, etc. (venue for training, per diems, materials etc.): \$60 per participant.

### **CCCM:**

The following steps were used to come up with costing for the cluster activities:

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



- Establishment of a range of projects/unit/market costs for those activities.
- Calculation of average unit cost per activities and multiply the same with the projected number of activities to enumerate the total cost.
- An indication of cost drivers respective to each pillar envisioned.

#### Education:

Given the high inflation rate and based on the previous year's experiences in implementing humanitarian

responses, education cluster in consultation with partners and sub regional cluster coordinators agreed to come up with package wise calculation which gives partners flexibility, allowing them to adjust the per child cost based on the package chosen.

Education cluster estimates its need for HRP 2023 is US\$ 161,370,335 to meet the bare minimum needs of the targeted people {3,888,442 people (G- 50 %, CwD- 12%) that includes 3,665,391 children and 180,981 Adults} through different packages in providing access to learning as indicated on the table below.

PACKAGE	UNIT COST- \$	POPULATION WISE CALCULATION	TOTAL NEED – US\$	KEY INTERVENTIONS - MINIMUM ACTIVITIES PER PACKAGES
Package One	65	777,688	50,549,720	Temporary Learning Spaced (TLS), minor rehabilitation, Accelerated Education/ Learning Programme (AEP), Accelerated School Readiness (ASR for ECD), school feeding
Package Two	45	1,166,533	52,493,985	Training components, capacity building, soft components
Package Three	30	1,944,221	58,326,630	Distribution of TLM and assistive devices for children with disabilities
<b>Total</b>		<b>3,888,442</b>	<b>161,370,335</b>	

#### Emergency Shelter and Nonfood Items S/NFI:

Activity-based costing methodology is used to estimate the requirements of the Cluster. However, partners will also register their funding for monitoring and synchronization purposes. Ethiopia's needs are wide-spread and compounded by increasing economic vulnerability, ongoing and recurring conflicts, and climate shocks. The conflict/disaster-affected population requires a variety of Emergency Shelter/ NFI support. These services are provided in-kind or in cash, where partners assess the living conditions, settlement typology, and market feasibility and do rigorous prioritization exercises.

All activities and related unit costs are designed to cover one family with an average of 5.5 persons. Therefore, the cost per person shall be calculated by dividing the unit cost by 5.5. Indirect and support costs have been considered and fixed at an average of 40% of each activity's unit cost, which is set by the Strategic Advisory Group (SAG). However, the ES/NFI

Cluster acknowledges the need to adjust such value (+/-5%) to take into consideration access challenges, safety precautions, specific market and beneficiaries' situations/locations, the complexity of shelter repairs or solutions, etc. as well as any other unforeseen circumstances that may arise.

Through the regional Technical Working Group (TWiG), the ESNFI Cluster has developed different types of kits to fit the settlement typologies of the displaced affected communities; furthermore, the TWiG costed the items based on the current market prices. The costs presented below are indicative averages. The ES/NFI Cluster funding asks for partners responding in areas with different access constraints and across modalities, including in-kind and cash-based interventions (CBI). ESNFI-related assistance, exact costs depend on the household's size, including the presence of persons with specific needs.

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

**Food:**

Partners will aim to provide a monthly food basket of 15 kgs of cereals, 1.5 kgs of pulses and 0.45l of V. Oil per person or an equivalent of the cash for targeted people to be able to purchase these commodities from the local markets. The cost for the food response is determined by multiplying the total quantity of food to be distributed in 2023 with the estimated cost per metric tonnage (full cost recovery cost - FCRC) which is submitted by partners. The FCRC includes the cost to procure, distribute and monitor food distribution activities. For the cash transfers, analysis from monitoring findings indicates that the above commodities cost an average of US\$14.75 in local markets, and this was then multiplied by the months and number of beneficiaries to be assisted in 2023. Additional costs were also included for operational purposes required in implementing cash-based transfer activities. The total cost only considers the people to be targeted by partners in 2023, including people facing survival deficit from households' economy analysis. IDPs and returning IDPs will be prioritized with monthly food assistance in all the targeted areas.

**Health:**

Excluding minor maintenance, the unit cost of emergency health response is estimated at \$30 per beneficiary per year. That unit cost has been applied over the past several years in various locations.

In this approach, the cost of supplies will constitute 30%, and 70% will cover the cost of activities. Without reliable data on degree of health facility damage, we estimate that the cost of minor rehabilitation will add 10% to the total.

**Logistics:**

The operational requirements are estimated based on the current costs of the eight logistics and coordi-

nation hubs in Ethiopia (Addis Ababa, Adama, Bahir Dar, Gondar, Kombolcha, Shire, Mekele, Semera). As outlined in the cost breakdown, most of the requirements are driven by common services such as storage and transportation, free of cost to services users. The common services are free of use to all partners that are registered organization in Ethiopia.

However, the operational requirements could be subject to reviews, should additional logistics gaps and needs be identified and require Logs Cluster support.

IM & Coordination	\$ 1,156,223.12
Storage	\$ 1,671,680.40
Transport (road and freight)	\$ 9,500,000.00
UNHAS	\$ 12,500,000.00
<b>Total</b>	<b>\$ 24,827,903.52</b>

Out of which: 12,327,903 USD is for LC

**Nutrition:**

Unit costs for implementing various nutrition activities to be utilized in estimating the financial requirements for 2023 are increased compared with previous years

ACTIVITY	UNIT COST IN USD
SAM care for children	118 USD per child and per treatment
MAM management for children	36.45 USD per child and per treatment (3 months)
Acute malnutrition care for pregnant and lactating women	121.5 USD per PLW (6 months)
IYCF in emergencies	3 USD per u6 months infant
Blanket feeding	39 USD per person for 6 months

**Protection (including HLP WG):**

The cost per activity was validated in consultation with partners and compared to estimated costs used

by partners in various projects during 2022, including a fixed adjustment as well in percentage to consider inflation and fluctuation of prices during 2022. Costs for protection activities typically cover the hire and deployment of expert staff, such as social workers, case workers, lawyers and protection monitors who are working closely with community-based structures on a daily basis. The costs of some activities, for example legal aid and specialized psychosocial

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

ACTIVITY	COST PER PERSON
Protection Monitoring and vulnerability screening	\$8
Individual emergency support e.g. NFIs, cash (other than cash for rent), medical care, psychosocial support and legal aid	\$150
Cash for rent for household at risk of eviction	\$350.75
Other (non-emergency) cash intervention to minimize exposure to protection risks and negative coping mechanisms	\$40
Awareness raising on House, Land and Property (HLP) rights	\$9
Individual counseling on House, Land and Property (HLP)	\$35
Obtaining civil documentation	\$23
Obtaining documentation related to House, Land and Property (HLP)	\$95,45
Provide technical assistance and legal representation on House, Land and Property (HLP)	\$9
Community-based activities and training to people of concern to raise awareness to their rights and address protection risks that affect them	\$12
Access to alternative dispute resolution mechanisms of HLP disputes	\$402,50
Capacity building and training to service providers, including government officials and non-protection actors, on protection issues	\$23

### Child Protection AoR

The CP AoR used the Protection Cluster Guidance for Unit-based costing methodologies to deter-

mine the unit cost for case management and other interventions through a consultative process with AoR members.

ACTIVITY	COST PER PERSON
Mental Health and Psychosocial Support (MHPSS). It is an average of estimated cost for a number of interventions from level 1 to 4 on the MHPSS pyramid of interventions, including training to health workers, psychologist/psychiatrist wage, establishment and operational cost for CFSs, etc.	\$ 81.75
Parenting program	\$ 81.65
CP case management	\$250
Other (non-emergency) cash intervention to minimize exposure to protection risks and negative coping mechanisms	\$69
Obtaining civil documentation	\$30
support to unaccompanied and separated children (UASC) and other vulnerable children through family tracing, placement in alternative care options, reintegration	\$ 250
Community-based activities to raise awareness and behavior change on child protection issues	\$20
Capacity building and training to service providers, including government officials and non-protection actors, on protection issues	\$115

### Gender Based Violence AoR

The cost per activity was validated in consultation with partners and compared to estimated costs used by partners in various projects during 2022, including a fixed adjustment as well in percentage to consider inflation and fluctuation of prices during 2022. Costs for GBV activities covers the recruitment and deployment of expert frontline staff, such as social workers, case workers, lawyers etc. who provide services

directly and work closely with community-based structures daily. The costs of some activities, for example case management and specialized psychosocial support, are therefore relatively high. Other high costs include the establishment and support of service delivery points such as one stop centers and women and girl’s friendly spaces, staff care for frontline services providers, and livelihood support.

ACTIVITY	COST PER PERSON (USD)
Provide GBV case management to vulnerable women & girls and GBV survivors	250
Provide PSS services to women and adolescent girls including through women & girls friendly spaces and community-based structures.	100
Conduct public community awareness raising campaigns on GBV & PSEA with a focus on addressing stigma and promoting access to services.	10
Conduct trainings on GBV for frontline GBV service providers (including social workers, health professionals, legal professionals etc. from NGOs and government) on topics such as CMR, PSS, PFA, case management, and referral pathways.	150

Establish/ support women & girls' friendly spaces (Permanent/ Temporary), equip and support activities.	30,000
Multi-purpose cash support to GBV survivors and other vulnerable women & girls.	30
Support to existing One Stop Centres (OSC) renovation and supplies.	60
Conduct rapid assessments, situation analysis, GBV safety audits & services mapping .	500
Provide staff care for frontline services providers working with GBV survivors to address secondary/ vicarious trauma through supervisory counselling.	200
Support community-based structures including establishment of community-based protection networks	5,000
Dignity Kits provision in cash/voucher and in kind.	30
Establishment of new One Stop Centres (OSC), equipping and provision of supplies.	50,000
Provide Legal assistance to vulnerable women & girls and GBV survivors	50
Provide training of women & girls on vocational and literacy skills and support them with startup capital for IGAs	300
Conduct trainings for community-based staff members, paralegals	30
Promote women's socio-economic and political empowerment for their involvement in development and peace processes	100
Engaging communities towards shifting harmful gender norms and practices including men & boys engagement through EBIs e.g. SASAI, EMAP etc.	10
Conduct in-depth GBV assessments, KAP surveys etc. to inform programming .	2,000
Conduct trainings on GBV Non-GBV actors (GBV mainstreaming, pocket guide etc.)	30

### Mine Action AoR

Mine action activities include awareness raising and community engagement on Explosive Ordnance Risk Education (EORE) and assessment activities for the identification of threats, marking, mine field mapping and clearance through effective community engagement, information collation and analysis process to determine the accurate level of contamination.

1. Awareness raising and community engagement on Explosive Ordnance Risk Education \$20 per person reached.
2. Capacity building of Community Liaison, EORE, Non-Technical Survey teams - \$100 per person trained.
3. Assessments and Non-Technical survey, Technical Survey and Clearance - \$320 per person benefited.

ACTIVITY	COST PER PERSON
Conduct awareness raising and community engagement on Explosive Ordnance Risk Education	\$ 15
MA Conduct capacity building of Community Liaison, EORE, Non-Technical Survey and clearance teams	\$ 110
Identify Explosive Ordnance (EO) contamination affecting the most vulnerable and mitigate related risks by conducting assessment activities including assessment, survey, marking, mine field mapping, clearance and/or explosive ordnance disposal (where possible and providing authorization is granted) through effective community engagement, information collation and analysis process	\$500
Provide assistance to survivors of mines and explosive ordnance incidents and their family members.	\$250
Mainstream protection and integrate EORE across all sectors.	\$0

**WASH:**

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

1. Emergency water / water trucking
2. Durable water: Rehabilitation and maintenance of water schemes and pipeline expansion
3. Provision/distribution of essential lifesaving WASH NFIs including water treatment chemicals
4. Construction of emergency latrine and bathing/hand washing facilities
5. Sanitation and hygiene promotion
6. WASH in institutions

For each of these activities, main cost drivers were identified. Unit costs per person were calculated based on the average overall cost of activities by the number of people benefiting from them in an area and timeframe. Results are listed below:

- Durable water:
    - Unit cost for new water points is US\$40/person
    - Unit cost for rehabilitation and maintenance of a water scheme is US\$ 14/person.
    - Unit cost for pipeline expansion of a water scheme is US\$ 21/person.
  - WASH NFIs: unit cost of NFIs including water treatment chemicals was calculated at the rate of US\$ 2.5/person based on the cost of the average NFIs kit.
  - Unit cost of latrine construction is US\$ 18/person with coverage of 100 people per latrine stance, assuming 1 block consists of 7 stances.
  - Unit cost of handwashing facility is US\$ 1.2 per person.
  - Unit cost of hygiene promotion is US\$ 1/person.
- Water trucking: Unit cost of water trucking is at US\$ 13.5/person/6- month to provide 5litres/c/d with the assumption that water trucking will be done for 6 months only with an exit strategy.

## 4.5

# What if We Fail to Respond?

We could all imagine the catastrophic humanitarian consequences if we fail to respond to the urgent needs of the vulnerable men, women, and children and those most in need in the country. The cost of inaction will be very high on the lives of millions, when we have the capacity to spare precious lives.

If we do not act and scale up, hunger and acute malnutrition will worsen, particularly among the most vulnerable people; public health diseases and outbreaks such as measles and malaria will be a real threat; and protection risks will grow. Failure to respond will jeopardize restoring and enhancing the livelihoods of conflict, violence and drought affected populations including displaced people, host communities, and returning IDPs. Inaction may well lead to irreversible damage to the affected populations and will cause further vulnerabilities.

It is estimated that around 20 million people depend on food assistance through distribution of cash and in-kind food rations for survival, and 4.9 million people, mostly children and women, will need nutrition interventions this year. Lack of food and nutrition assistance will bring them to the brink of hunger and severe malnutrition, which will potentially lead to higher mortality rates, especially among children under five years, mothers, and the elderly. Without adequate and timely nutrition-rich food basket provision, food consumption gaps will worsen, exposing households to negative coping mechanisms such as school dropout, child labour and begging, transitional sex, early marriage, and gender-based violence.

For sustainability of food security of agricultural and pastoralist communities, especially those affected by the drought, the agricultural sector must be supported to improve crop production, access to seeds and tools, and enhance livestock health and production, so to

reduce dependency on food assistance. Water, sanitation and hygiene (WASH) are as important as food and nutrition for human health and survival. Millions of Ethiopians, unfortunately, do not have access to safe and adequate water supply and clean sanitation, jeopardizing their lives and dignity. We aim to assist 11.9 million people with WASH services this year.

If we fail to deliver, the most vulnerable people including women, children, with disabilities, mental health needs, the elderly and survivors of sexual and gender-based violence, will not have access to essential lifesaving health services. Proper and timely health care interventions will mitigate epidemic prone disease outbreaks and will avoid preventable deaths. Vaccines will prevent morbidity and mortality for millions of children. Recovery and restoration of essential health facilities cannot wait. Any delay will deprive more people from receiving essential health care services.

As displacement remains one of the factors driving humanitarian needs in Ethiopia this year, it is crucial to continue serving the displaced population - the most vulnerable of all - with basic services. The inability to do so will deny more than 4.7 million targeted internally displaced people access to their basic human rights and will further exacerbate their vulnerabilities.

Protection risks triggered by conflict and natural disasters, including flood and drought, remain high and of concern. This year, more than 5.3 million people in Ethiopia require specialized lifesaving and life-sustaining protection services. Survivors of violence and abuse, mostly women and children, need our help so they would not be further victimized. Children's growth, development, and mental health and psychosocial well-being would depend on assistance they receive

from protection partners. Inaction to their plight will have irreversible damages not only on them but also on the society. Protecting them is protecting the future generation.

Investing in the education of children, especially girls, is an essential component for long-term development and economic growth objectives. Failure or delay in responding to education in emergency would increase the number of children not receiving any formal or informal education, putting girls and boys at much higher risk of violence, loss of learning opportunities, and poverty. Therefore, it is vital to support the education system including school infrastructure and catch-up programmes. About 3.8 million crisis-

affected girls, boys, including children with disabilities, will lose equitable access to safe, protective, and conducive learning environments while the capacity of education institutions and the quality of education and personnel will decline.

Finally, the timely delivery of life-saving humanitarian cargo must be facilitated by all concerned. Operational and security challenges must be eased. Otherwise, the lives, livelihoods and well-being of the affected populations will be significantly compromised, and the urgent humanitarian assistance will not reach those most in need.



## 4.6

# How to Contribute

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### **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](https://cerf.un.org/donate)

### **Ethiopia Humanitarian Fund**

The Ethiopia Humanitarian Fund (EHF) is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA, at the country level under the leadership of the Humanitarian Coordinator (HC).

[www.unocha.org/ethiopia](https://www.unocha.org/ethiopia)

### **Government of Ethiopia**

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

## 4.7 Acronyms

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

<b>FMOH</b>	Federal Ministry of Health	<b>INGO</b>	International Non-Government Organization
<b>FSC</b>	Food Security Cluster	<b>IOM</b>	International Organization for Migration
<b>FSCO</b>	Food Security Coordination Office	<b>IRC</b>	International Rescue Committee
<b>FSMS</b>	Food Security Monitoring System	<b>IYCF</b>	Infant and Young Child Feeding
<b>FSPs</b>	Financial Service Providers	<b>IYCF-E</b>	Infant and Young Child Feeding in Emergencies
<b>FTR</b>	family tracing and reunification	<b>JEOP</b>	Joint Emergency Operations
<b>FTS</b>	Financial Tracking System	<b>JIAF</b>	Joint Intersectoral Analysis Framework
<b>GBV</b>	Gender-Based Violence	<b>LC</b>	Logistics Cluster
<b>GoE</b>	Government Of Ethiopia	<b>MA</b>	Mine Action
<b>GTWG</b>	Gender Technical Working Group	<b>MAM</b>	Moderate Acute Malnutrition
<b>HC</b>	Humanitarian Coordinator	<b>MHNT</b>	Mobile Health and Nutrition Teams
<b>HCT</b>	Humanitarian Country Team	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>HDP</b>	Humanitarian-Development-Peacebuilding	<b>MISP</b>	Minimum Initial Service Packages
<b>HEA</b>	Household Economy Analysis	<b>MIYCF</b>	Maternal, Infant and Young Children Feeding
<b>HH</b>	Household	<b>MNP</b>	Micronutrient supplementation
<b>HINGO</b>	Humanitarian-International Non-Government Organization	<b>MPC</b>	Multi-Purpose Cash
<b>HLP</b>	Housing, Land and Property	<b>MRP</b>	Migrant Response Plan
<b>HNO</b>	Humanitarian Needs Overview	<b>MSU</b>	Mobile Storage Unit
<b>HPC</b>	Humanitarian Planning Cycle	<b>MT</b>	Metric Tonnage
<b>HQ</b>	Head Quarters	<b>MUAC</b>	Middle Upper Arm Circumference
<b>HRP</b>	Ethiopia Humanitarian Response Plan	<b>NFI</b>	Non-Food Items
<b>IA</b>	Inter-Agency	<b>NGO</b>	Non-Government Organization
<b>IAAWG-E</b>	Inter-Agency Accountability Working Group of Ethiopia	<b>NPC</b>	National Protection Cluster
<b>IASC</b>	Inter-Agency Standing Committee	<b>NNGO</b>	National Non-Government Organization
<b>ICCG</b>	Inter-Cluster Coordination Working Group	<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>IDPs</b>	Internally displaced people	<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>IEC</b>	Information, Education and Communication	<b>OPD</b>	Out-Patient Department
<b>IGAs</b>	Income Generating Activities	<b>OSCs</b>	One Stop Centers
<b>IM</b>	Information Management	<b>OTP</b>	Outpatient Therapeutic Program
<b>IMWG</b>	Information Management Working Group		

<b>PAM WG</b>	Protection Assessment and Monitoring Working Group	<b>SAG</b>	Strategic Advisory Group
<b>PASS</b>	Provision of Access Satisfaction Survey	<b>SAM</b>	Severe acute malnutrition
<b>PASS</b>	Payroll and Attendance Sheet System	<b>SC</b>	Steering Committee
<b>PC</b>	Prioritization Committee	<b>SEA</b>	Sexual Exploitation and Abuse
<b>PD</b>	Permanent Direct Support	<b>SMS</b>	Short Message Service
<b>PDM</b>	Post-Distribution Monitoring	<b>SNFs</b>	Specialized Nutritious Foods
<b>PFA</b>	Psychosocial First Aid	<b>SNNP</b>	Southern Nations Nation and Peoples
<b>PiN</b>	People in Need	<b>SOPs</b>	Standard Operating Procedures
<b>PLW</b>	Pregnant and Lactating Women	<b>SP</b>	Specific Objectives
<b>PMT</b>	Performance Management Tool	<b>SRC</b>	Strategic Review Committee
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse	<b>SRFs</b>	Service Request Forms
<b>PSNP</b>	Productive Safety Net Program	<b>SRH</b>	Sexual & Reproductive Health
<b>PSS</b>	Psychosocial Support	<b>SRSN</b>	Shock Responsive Safety Net
<b>PSS</b>	[Logistic Cluster] Passenger Satisfaction Survey	<b>TLS</b>	Temporary Learning Spaces
<b>PW</b>	Public Works	<b>ToT</b>	Training of Trainers
<b>PWD</b>	People with Disability	<b>TSFP</b>	Targeted Supplementary Feeding Program
<b>RCCE</b>	Risk Communication and Community Engagement	<b>TwIG</b>	Technical Working Group
<b>RENCU</b>	Regional Emergency Nutrition Coordination Unit	<b>UGC</b>	User Group Committee
<b>RGA</b>	Inter-Agency Rapid Gender Analysis	<b>UN</b>	United Nations
<b>RH</b>	Reproductive Health	<b>UNFPA</b>	United Nations Population Fund
<b>RHB</b>	Regional Health Bureaus	<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>RITA</b>	Relief Item Tracking Application	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>RLOs</b>	Refugee-Led Organizations	<b>UNICEF</b>	United Nations Children's Fund
<b>RPM</b>	Response Planning and Monitoring	<b>VA</b>	Victim Assistance
<b>RRS</b>	Ethiopian Refugees and Returnees Service	<b>WASH</b>	Water, Sanitation and Hygiene
<b>RRT</b>	Rapid Response Team	<b>WFP</b>	World Food Program
<b>RUSF</b>	Ready-to-Use Supplementary Food	<b>WG</b>	Working Group
<b>RUTF</b>	Ready-to-Use Therapeutic Food	<b>WGFS</b>	Women and Girls' Friendly Spaces
<b>SADD</b>	Sex and Age Disaggregated Data	<b>WHO</b>	World Health Organization
		<b>WLOs</b>	Women-Led Organisations
		<b>WROs</b>	Women-Rights Organisations

## 4.8

# End Notes

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- 1 Climate Risk Profile: Ethiopia | Global Climate Change (climatelinks.org)
- 2 <https://www.wfp.org/countries/ethiopia>
- 3 <https://dtm.iom.int/reports/ethiopia-national-displacement-report-14-august-september-2022>
- 4 <https://www.humanitarianresponse.info/en/operations/ethiopia/document/ethiopia-2018-humanitarian-and-disaster-resilience-plan>
- 5 <https://reliefweb.int/report/ethiopia/ethiopia-2018-humanitarian-and-disaster-resilience-plan>
- 6 <https://dtm.iom.int/reports/ethiopia-national-displacement-report-14-august-september-2022>
- 7 Ethiopia 2018 Humanitarian and Disaster Resilience Plan
- 8 HCT AAP Action Plan, 30 November 2022
- 9 HEA Summary note December 2022
- 10 FEWSNET Food security outlook August 2022
- 11 <https://gbvaor.net/gbviems>
- 12 In terms of life-saving assistance, MRP partners will provide food, non-food items (NFI), hygiene materials, multi-purpose cash assistance, and medical assistance to address the needs of migrants enduring a long, harsh journey along the Eastern Route.
- 13 MRP partners will also prioritize case management, mental health and psychosocial support (MHPSS), family tracing and reunification for unaccompanied and separated children, protection case management, legal support, referrals and information awareness on protection risks and needs, quality reproductive and maternal health, and gender-based violence (GBV) services and strengthen community-based protection structures.

**HUMANITARIAN  
RESPONSE PLAN**  
ETHIOPIA