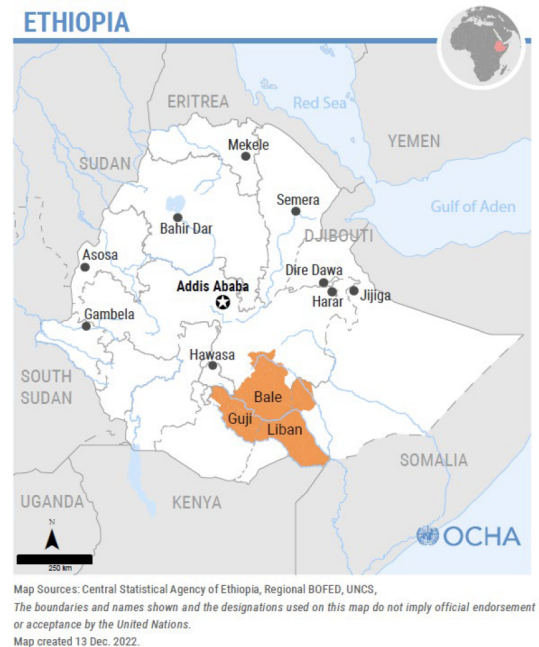


FLASH UPDATE (15 Dec 2022)

Ethiopia: Cholera Outbreak - Flash Update #4

- The Cholera outbreak has spread out to 55 kebeles of 5 woredas of Bale, 1 woreda of Guji zones of Oromia and 2 woredas of Liban zone of Somali region. As of 14 December 2022, 669 cholera cases have been reported including 24 deaths. Close to 743,000 people are at high-risk in the eight affected woredas.
- The caseload of affected people has increased by 30 per cent in the last two weeks. In Girja woreda of Guji zone, cases are expanding at high pace with over 100 cases reported in less than two weeks.
- The Ethiopian Public Health Institute (EPHI), the Oromia and Somali Regional Health Bureaus (RHBs), the World Health Organization (WHO), United Nations Children's Fund (UNICEF) and partners have continued supporting the scale-up of health and WASH activities in priority areas, with a particular focus on IDPs sites. • In most of the affected woredas, latest forecast and observed rainfall have confirmed that the current October-December 2022 rainy season in southern and eastern parts of the country is likely to fail, thus conducting to the fifth consecutive poor rainy seasons. There are increasing reports of population movement toward affected woredas in search of water and food, thus simultaneously expanding the number of people further exposed to the outbreak.



For more information, please find the full Flash Update here: [Ethiopia: Cholera Outbreak - Flash Update #4, As of 14 DEC 2022 \[EN\]](#) | [HumanitarianResponse](#)

HIGHLIGHTS (15 Dec 2022)

- Humanitarian access into Tigray has continued to improve since the peace agreement. Food and non-food aid supplies are being transported via four corridors through Afar and Amhara.
- Humanitarian assistance and rehabilitation work in conflict-affected areas in Afar and Amhara are being scaled up, but more is needed especially in areas of return.
- Hundreds of thousands of civilians reportedly uprooted from their homes by rising insecurity in western Oromia; social infrastructure have been destroyed.



17 July 2022. Kori Town, Afar Region. Men and children walk in their community in Kori Town, beside the carcass of

- Amhara regional authorities are reopening Jara IDP site in North Wello and reopened Turkish site in South Wollo zones to accommodate the rising IDP influx from Oromia.
- The cholera caseload in Bale, Guji and Liban zones reached 669 affected people as of 14 December.

one of their animals that died in the drought. Credit: Liz Loh-Taylor for OCHA Ethiopia.

KEY FIGURES

22M

number of people targeted for assistance

\$3.3B

funding requirements for assistance (MYR).

47.1%

percentage funded (excluding Govt of Eth)

CONTACTS

OCHA Ethiopia

Strategic Communications Unit

ocha-eth-communication@un.org

BACKGROUND (22 Jul 2022)

Disclaimer

This is OCHA Ethiopia bi-weekly digital Situation Report covering the humanitarian situation, needs, response and gaps country-wide. The weekly Northern Ethiopia Situation Report has been discontinued and will be included in this report. This report is prepared with the support and collaboration of cluster coordinators and humanitarian partners. In some cases, access and communication constraints mean that updates for the period are delayed and cannot be reflected. Boundaries, names, and designations of districts/zones indicated in the report do not imply official endorsement or acceptance by the United Nations. Please contact ocha-eth-communication@un.org for any comment or question you may have on this publication.

BACKGROUND (15 Dec 2022)

Situation Overview

Humanitarian access into **Tigray Region** has continued to gradually improve since the peace agreement. Food and non-food aid supplies are being transported via four corridors through Afar and Amhara regions into Tigray. Between 15 November and 8 December, the Government of Ethiopia and humanitarian partners have mobilized more than 1,600 trucks to deliver more than 63,800 metric tons of food and more than 4000 metric tons of health, shelter, education, protection as well

as water, sanitation and hygiene supplies. Airlifts of nutrition and health supplies have also been delivered, while regular humanitarian passenger flights have been flying in much needed human capacity to scale up the response. The first humanitarian convoy movement from Mekelle to Shire also took place on 9 December and have continued since.

Meanwhile, electric lines and telecommunications have started being restored in several places, including in Axum and Shire towns. This is having a positive impact on humanitarian operations and communities. While these are significantly positive developments, the progresses need to be further scaled up to reach the large number of populations who were rendered extremely vulnerable after two years of conflict. Assistance and rehabilitation work in conflict-affected areas in **Afar and Amhara** are also being scaled up, but more is needed especially in areas where displaced populations are returning following improved security. Services in return areas are reported to be very limited. Also in Afar, in addition to addressing the impact of conflict, the Regional Health Bureau and partners are mobilizing to respond to rising malaria cases in the region. More than 66,000 malaria cases were reported this year, more than 2600 cases in recent week alone, which is 30 per cent higher compared to the same time last year. In addition to Malaria, increasing number of measles cases are being reported. Five woredas are currently experiencing active measles outbreak, including Adar, Dalifage, Gelalo, Hadele'ala and Mille. Measles cases coupled with the high malnutrition rate in the region is posing increased life-threatening risks.

In **Oromia Region**, the security situation is fast deteriorating, particularly in western Oromia. According to reports from local authorities, hundreds of thousands of civilians have been uprooted from their homes and social infrastructure have been destroyed. Essential services, including electricity, mobile network, health facilities, banks and markets are not functional in conflict-affected western Oromia. The affected population are not only taking refuge in better-off areas within Oromia, but also crossing the border into Amhara Region in large numbers after a three to five days journey on foot. More than 10,000 people were reportedly displaced in the first half of December 2022 alone according to local authorities. The majority of the displaced people (IDPs) from Oromia in Amhara are living with host communities in East Gojam, North Shewa, North Wello, South Gondar, South Wello and West Gojam zones as well as Debre Birhan City. A relatively smaller number are sheltered in IDP sites in North Wello and South Wello zones. Given the increasing IDP influx, Amhara regional authorities are reopening Jara IDP site in North Wello and have reopened Turkish site in South Wollo zones. In addition to scaling up food and non-food assistance to current IDPs, some of whom are living in the open, there is need for partners to urgently mobilize human and other resources to fully restart services in Jara and Turkish sites. These two sites used to host IDPs that fled the northern Ethiopia conflict and were closed after the IDPs returned following improved security.

The hostilities in western Oromia are also impacting humanitarian assistance to a large number of IDPs and refugees in Benishangul Gumuz Region as the main supply route (Addis Ababa-western Oromia-Assosa) remains blocked. Kamashi Zone and Mau Kumu Special *Woreda* remain hard-to-reach for humanitarian operators due to insecurity limiting the provision of services.

In **eastern and southern Ethiopia**, communities continue to suffer from the devastating drought affecting the Horn of Africa and are bracing for a likely fifth consecutive failed season with the October- December 2022 rains beginning poorly and forecasts indicating they are likely to underperform. Livelihoods of vulnerable pastoralists and agro-pastoralists continue to be severely eroded driving food insecurity and malnutrition. It is estimated that more than 4.5 million livestock have died since late 2021, and at least 30 million weakened and emaciated livestock are at risk. At present, nearly 12 million people are estimated to be food insecure, and 8.6 million people are being targeted for water, sanitation and hygiene assistance across the drought-affected areas. The drought is also causing a health crisis where health risks related to complications from malnutrition and disease outbreaks have increased at a time when access to health services has decreased. The longer the drought condition persists, the weaker the affected communities become exposing them to illnesses. To that effect, the cholera outbreak in parts of Oromia and Somali regions is still not contained. From 27 August and as of 14 December, 669 cholera cases were reported in five *woredas* of Bale Zone (Berbere, Delo Mena, Harana Buluk, Gura Damole

and Mada Walabu) and one *woreda* of Guji Zone (Girji) in Oromia Region, as well as in two *woredas* of Liban Zone (Karsadula and Guradamole) in Somali Region. The cholera caseload increased by 17.7 per cent in the last 14 days with new daily cases reported and new patients admitted in Berbere, Girji, Guradamole, Karsadula and Mada Walabu *woredas*. Close to 743,000 people are at high-risk across the eight affected *woredas*. See the latest Cholera Flash Update at [Ethiopia: Cholera Outbreak - Flash Update #4, As of 14 DEC 2022 \[EN\]](#). | [Humanitarian Response](#)

Humanitarian partners are scaling up assistance to meet the increased needs in support of the Government of Ethiopia's drought response at the national and regional levels. In parallel to lifesaving interventions, few resilience initiatives are ongoing to build the resilience of chronically drought-affected communities, but more needs to be done and more funding is needed. The drought situation will continue to drive high humanitarian needs well into 2023, with a high likelihood of a sixth failed season in March-May 2023.

VISUAL (15 Dec 2022)

Drought Operational Prioritization



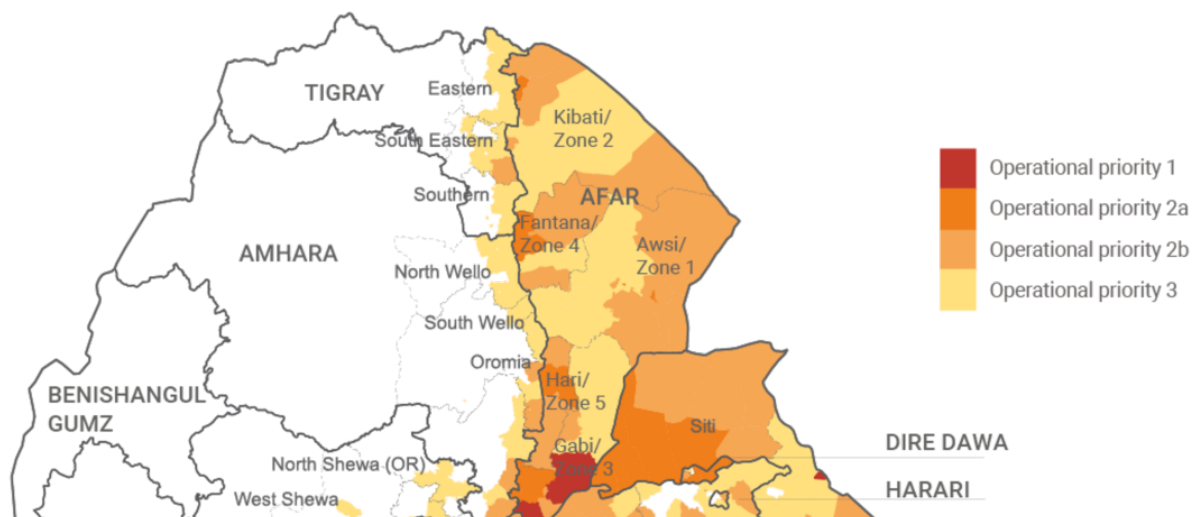
ETHIOPIA

Drought Operational Prioritization

As of 30 November 2022

The Drought Operational Prioritization model has been developed to support prioritization of the response within the drought affected areas. It is based on a weighting system that aggregates datasets on the severity of the drought at *woreda*-level, and is meant to flag the most critical areas requiring immediate humanitarian response. The model takes into account the severity of the drought shock, the immediate impact in terms of drought displacement, the resulting humanitarian conditions for all affected populations in the drought affected areas, and the humanitarian response already provided. This current version of the model is an update to the earlier prioritization model that was finalized in June 2022 and was included in the Drought Response Plan. All the datasets have been updated in the current model. In terms of shocks, the model considers data on the Normalized Difference Vegetation Index (NDVI) and Standard Precipitation Index (SPI) for the different rainy seasons in the last 12 months, and compares the current values with the long term average conditions. On the immediate impact of the shocks, it includes data on new drought displacements and where people have departed from due to the drought. In terms of the resulting humanitarian conditions, the model includes cluster indicators on food insecurity, malnutrition, water coverage, crop and livestock conditions, disease outbreaks, children out of school, emergency shelter and non-food item availability, and negative coping mechanisms that are being employed. Finally, the model factors in the humanitarian response that has already been provided in 2022, and compares it to the people targeted in these drought affected areas.

This prioritization will continue being updated in the months ahead to capture the evolution of the drought and the associated response.



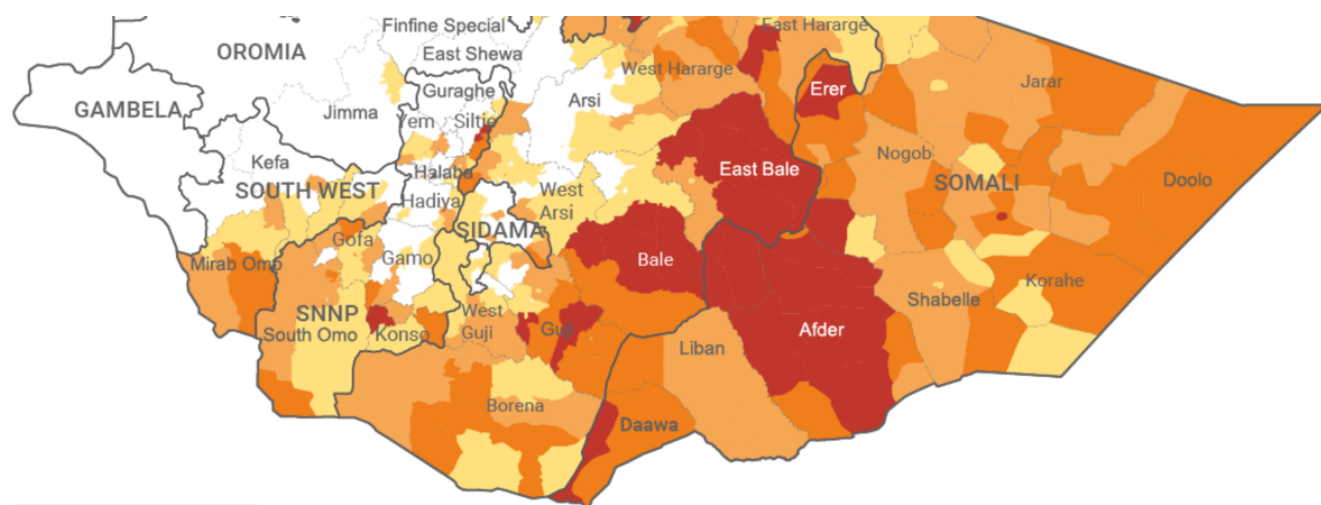


OCHA

ETHIOPIA

Situation Report

Last updated: 15 Dec 2022



NUMBER OF WOREDAS



OPERATIONAL
PRIORITY 1 **30**

Operational Priority 1 woredas indicate severe drought impact for all indicators and/or very low levels of humanitarian response in 2022



OPERATIONAL
PRIORITY 2a **70**

Operational Priority 2a woredas indicate high drought-impact for most indicators and/or low levels of humanitarian response in 2022



OPERATIONAL
PRIORITY 2b **121**

Operational Priority 2b woredas indicate relatively moderate drought-impact for all indicators and/or moderate levels of humanitarian response in 2022



OPERATIONAL
PRIORITY 3 **168**

Operational Priority 3 woredas indicate relatively low drought-impact for all indicators and/or very high levels of humanitarian response in 2022

The dataset of these prioritization results can be downloaded from the Humanitarian Data Exchange (HDX): <https://data.humdata.org/dataset/ethiopia-drought-prioritization-results>

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 8 December 2022 Sources: OCHA, Clusters, CHD, DTM, Humanitarian partners

Feedback: ocha-eth@un.org

For the underlying data of the operational prioritization by *woreda*, see the dataset on the Humanitarian Data Exchange (HDX): <https://data.humdata.org/dataset/ethiopia-drought-prioritization-results>

FEATURE (15 Dec 2022)

Funding Update

As of 14 December, the US\$3.335 billion requirement for the 2022 Ethiopia Humanitarian Response Plan – Mid-Year Review was only 47.1 per cent funded (excluding Government of Ethiopia's contribution) to respond to conflict, violence, drought, and flood-induced humanitarian needs. The Protection (9.2 per cent funded, and particularly Mine Action at 0.9 per cent), Education (10.5 per cent), camp coordination and camp management – CCCM (18.6 per cent), and ES/NFI (22.7 per cent) clusters are the least funded clusters with less than a quarter per cent funded, based on the reporting data (FTS).

At the start of 2022, the Ethiopian Humanitarian Fund (EHF) carried over a balance of US\$ 8.1 million. In 2022, a total of \$69.1 million received in confirmed contributions from the governments of Canada, Denmark, France, Germany, Italy, Ireland, Jersey, New Zealand, Norway, Sweden, Switzerland and UK. The EHF finalized a first-round and a second-round reserve allocations for a total of US\$22.5 million. The EHF is currently processing a First Standard Allocation of \$40 million, of which \$14 million will further support the drought response and respond to underserved conflict-affected areas. With this, the EHF estimated fund balance stands at \$13.7 million. The planning of a third reserve allocation is ongoing and as a result the EHF fund will be depleted by year end.

For the drought response, a little over half of the funding requirement of \$1.66 billion is received. OCHA pooled fund mechanisms (CERF and the Ethiopia Humanitarian Fund/EHF) have allocated close to US\$27million (\$12m CERF and \$15m EHF) to respond to the needs of drought affected communities since the beginning of the year. A CERF request for an additional 10 million dollars is being finalized to scale up much needed response in drought-affected areas and in northern Ethiopia.

Continued donors' support is urgent and critical to enable humanitarian partners to maintain and strengthen the delivery of assistance to vulnerable people in conflict and natural disaster-affected areas across the country.

FEATURE (15 Dec 2022)

Original story by WHO Ethiopia. See full story at <https://bit.ly/3FQiiyN>

The World Health Organization (WHO) in Ethiopia, in partnership with the European Commission Humanitarian Aid and Civil Protection (ECHO), has been supporting the Government of Ethiopia's drought response efforts, including responding to the cholera outbreak in Oromia and Somali regions. Community awareness raising, training of health professionals, water quality monitoring and provision of water treatment chemicals are some of the activities conducted in cholera and drought-affected and high-risk areas. WHO has technically and financially supported the training of 181 health workers on practical skills of water quality monitoring; 129 water sources in drought-prone areas were tested for quality, and 67 per cent had high potential risk of environmental contamination. WHO and partners have been also conducting hygiene promotion sessions in communities and schools in the cholera affected Guradamole *Woreda* in Liban Zone of Somali Region. After the training, community representatives said: "Now we know the signs of cholera disease; whenever we see someone vomiting, we quickly send them to the clinic. And we now understand the value of treating our water."



WHO staff demonstrating water quality testing. Guradamole Woreda, Liban Zone, Somali Region. Photo Credit: WHO Ethiopia

VISUAL (15 Dec 2022)

Access Map

CLUSTER STATUS (1 Nov 2022)



Agriculture



Needs

- An estimated 17.5 million people in need of agricultural support in 2022 across Ethiopia, of whom 11.5 million people are targeted.
- The drought impact is expanding, increasing the number of people to be assisted and livestock to be supported. At present and since late 2021, 4 million livestock have perished, and more than 30 million livestock are emaciated and at risk. This is an increase from 3.5 million livestock deaths and at least 25 million at risk reported by mid-May 2022.
- In accordance with the forecasted dry poor rainy season (October to December), restocking and planting of long cycle crops has been deprioritized and replaced with de-stocking and planting of short cycle crops. These activities will prioritize locations with irrigation schemes.

→ Response

- In September, agriculture partners assisted some 300,000 people with agricultural and livelihood support bringing the total number of people assisted to 4.1 million people since the start of the year, up from 2.5 million people assisted by end August.

↔ Gaps

- Insufficient agricultural inputs such as seeds, livestock vaccines and drugs and livestock feed for lack of funding.

CLUSTER STATUS (6 Dec 2022)



Camp Coordination and Camp Management

Needs

- At least 743,631 people were newly displaced across northern Ethiopia following the hostilities in August increasing the initial number of people targeted for CCCM assistance. Some 924,000 displaced people were targeted for CCCM support in 2022 across Ethiopia.
- Hygiene kits, dignity kits, essential household items, medical services, food, and other services remain largely unaddressed from the last reporting period.

→ Response

- At least 543,533 people were reached with some form of CCCM assistance during October. Some of the major activities conducted during the month include the following:
- In Amhara, some 33,178 displaced people that were so far sheltered in different sites in Amhara have returned to their areas of origin. Preparations are underway to provide NFI assistance to the returnees.
- In Somali, 106 displaced households were relocated by local authorities in collaboration with CCCM Cluster from Qoloji Camp to Dhurwale *Kebele* in Kebribayah *Woreda*, Somali Region where they will have better access to services and livelihood opportunities. The relocated IDPs received cash and shelter kits.

- Also in Afar, CCCM and Protection clusters conducted a post-return protection assessment in Abala *Woreda*. Several challenges preventing sustainable reintegration were identified, particularly the absence of livelihood opportunities.
- In Tigray, several IDP site improvement activities were conducted, including 34 communal kitchens reconstructed at Sebacare 4; grid lines maintained by the *Woreda* Electric Utility Office in Selekleka IDP and Quiha IDP sites; maintenance of fence, road, door and window as well as provision of brooms in Hibret, Embadanso, Mai Woyni, Midre-Genet, Sebacare 4, Wukro, Quiha IDP sites amongst others.
- In Benishangul Gumuz, CCCM partner donated maintenance kits (axes/digging hoe, spades/shovels, wheel barrows and hammer to Genete Mariam, Azarti-Kitili, Dibate 02 (Bole) and Dobi Ranchi IDP sites.
- A Training of Trainers (TOT) on Camp Coordination Camp Management (CCCM) from 24 to 28 October benefited 27 participants drawn from various CCCM partners. The aim of the TOT was to strengthen the capacity of CCCM cluster members and partners to build capacities particularly at sub-national level.

↔ Gaps

- Limited number of CCCM partners and lack of funding is hampering CCCM related activities, including monitoring and site improvement.

CLUSTER STATUS (6 Dec 2022)



Education



Needs

- More than 3.4 million children (1.7 million girls) do not have access to school due the impact of conflict and climate shocks across the country.
- In Tigray specifically, more than 2.3 million children (1.8 million girls) are out of school due to the closure of 2,270 schools across the region. Of the 2.3 million children, 60 per cent would be without education for the third year in a row this year.
- Inter-sector coordination being solicited to support back-to-school activities in northern Ethiopia, including reconstruction of school structures and systems.
- The cluster reached 31 per cent of targeted population as of the end of September (latest data available).

➡ Response

No update provided

↔ Gaps

- Lack of funding to support education in emergencies activities (less than half of funding received).

CLUSTER STATUS (6 Dec 2022)



Emergency Shelter & Non-Food Items



Needs

- The Cluster is targeting 4.1 million disaster-affected people with emergency shelter and NFI (ES/NFI) assistance until the end of 2022.
- More than 640,000 drought-affected people in Afar, Harari, Oromia and Somali regions require ES/NFI support.

→ Response

- Countrywide, the cluster and its partners have collectively reached 2.4 million IDPs with ES/NFI assistance, this includes:
 - 2 million people reached with ES/NFI and NFI assistance;
 - 295,000 people reached with emergency shelter assistance;
 - 71,000 people reached with shelter repair kits.
- Of the 2.4 million IDPs assisted, 718,236 people are in Tigray, 673,000 are in Amhara and 359,000 are in Afar.

↔ Gaps

- Very limited funding to address the huge need for returnees and IDPs in all regions.
- Lack of access in Western Oromia.

CLUSTER STATUS (6 Dec 2022)



Food



Needs

- 22.6 million people are estimated to be food insecure in the country mainly due to the drought in southern, southeastern, and eastern parts of the country; conflict in northern and western parts; coupled with high inflation and disruption of income and food sources due to displacements.
- This includes some 11.8 million people estimated to be food insecure due to significant livelihoods losses in drought affected areas.
- There are reports of growing rates of food insecurity in areas in western Oromia and parts of Benishangul Gumuz that are not accessible.

→ Response

- As of 28 November, the three food partners (the Government, the UN, and the NGOs) have reached 16.3 million people with food assistance under Round(2) 1 food response for 2022; 12.3 million people under Round 2 food response; 7.1 million people under Round 3 food response. Food dispatches under Round 4 is ongoing with 5.1 million people reached so far. The Food Cluster prioritization committee launched Round 5 on 18 November. Food dispatches to some inaccessible areas are delayed impacting food insecurity of affected population.
- In Tigray Region, partners have assisted 4.71 million people (87 per cent of target) under the 2022 Round 1 food response, including 146,113 people assisted in Western Zone. which is 87 per cent of target. Round 2 food distributions in Tigray started on the 4 October and partners have so far assisted 1.1 million people (of 5.4 million targeted).
- Also in Tigray, the Government conducted one-off food distributions to various locations in Northwestern, Southern and Central zones following the improved security situation in some parts of the region. Distribution reports indicate that the following locations have received food rations between 30 October and 23 November: Northwestern Zone, 331,840 people assisted in Shire, Sheraro, Adi Daero, Adi Hageray, Adi Nebried, Selekkeleka and Endabaguna towns; Central Zone, 141,720 people assisted in Axum; Southern Zone, 391,373 people assisted in Chercher, Raya Alamata *woredas*, Alamata and Korem towns.

Footnotes

2. Under the 2022 Humanitarian Response Plan, Food Cluster partners started Round 1 food distributions on 21 April; Round 2 distributions on 3 June; Round 3 distributions on 27 July; Round 4 distributions on 6 September 2022 and Round 5 distributions on 18 November. In addition, partners distributed food rations to 17.8 million people for 2021 Round 5, as a bridging round between 2021 and 2022 response plans.

↔ Gaps

- Insecurity hampering access/food distributions in parts of Western Oromia (East and West Wollega), Benishangul Gumuz (Kamashi) and some *woredas* in Northern Ethiopia.
- Resource shortfall and pipeline breaks have forced distribution of incomplete food baskets in some zones.

CLUSTER STATUS (6 Dec 2022)



Health



Needs

- By mid-year, the number of people requiring emergency health assistance in Ethiopia has increased to 17 million, up from 13 million at the beginning of the year, including about 3 million people displaced. This is due to the impacts of conflict, drought and floods.

- Disease outbreaks reported, including cholera in Bale Zone of Oromia; measles across five regions; as well as high malaria prevalence across the country.

➔ Response

- More than 420,000 people were reached with essential health services through the Mobile Health and Nutrition Team during the reporting month.
- Partners are supporting the Government cholera response efforts through coordination, surveillance, case management and infection prevention, risk communication and community engagement and water quality testing.
- Reactive measles as well as malaria control and case management are ongoing.
- Health partners coordinating with the Logistics Cluster to deliver life-saving health supplies to areas that have become newly accessible.

↔ Gaps

- Destruction of health facilities in conflict-affected areas is negatively impacting health service delivery.
- Over-reliance on Mobile Health and Nutrition Teams resulting in high cost of health service delivery.
- Shortage of supplies and kits for water quality monitoring in areas at high risk of cholera, coupled with low capacity to conduct water quality tests.
- Food for health workers and care givers in stabilization centers.
- Overall lack of adequate funds impeding health response.

CLUSTER STATUS (6 Dec 2022)



Logistics



Needs

- Safe and sustained access and additional transportation routes via road and air to transport the required humanitarian supplies to Tigray and other hard-to-reach areas in Amhara and Afar regions.
- Increased needs of transport and potential storage for partners.

➔ Response

- On 15 November, inland access to Tigray resumed via three corridors namely Gondar via Humera and to May Tsebri, Kombolcha to Mekelle and Semera to Mekelle. Since then, and as of 30 November, the Logistics Cluster has supported more than 20 partners with submission of EDRMC Support Letters to enable humanitarian cargo movement into Tigray.

- All 1,357 trucks submitted for EDRMC Support Letter were approved. As of 30 November, 526 partners' trucks have confirmed arrival in Tigray, representing 18,990 MT of humanitarian cargo and 220,423 litres of fuel on behalf of three partners.
- Airlift of life-saving medical items to Tigray resumed in November as well.- approximately 7 MT of health items on behalf of two partners were airlifted from Addis Ababa to Shire.

Gaps

- Limited number of commercial transporters available for the northern Ethiopia response.

CLUSTER STATUS (6 Dec 2022)



Nutrition



Needs

- Provision of nutrition treatment to more than 1.2 million children with severe acute malnutrition (SAM) and 3.5 million children with moderate acute malnutrition (MAM) and 1.8 million pregnant and lactating women (PLW) with MAM across the country.
- In addition to case management, the number of people in need of nutrition support to prevent them from becoming malnourished is high in drought and conflict-affected areas. Accordingly, intersectoral collaboration between five clusters is being implemented in Oromia and Somali (package of food, agriculture, health, nutrition and water and sanitation key interventions).
- The proxy GAM rate in Western Oromia (CDC MUAC-based assessment data from the Find and Treat Campaign conducted in the area) are showing a worrisome situation in Guji Zone with high prevalence of 38% (some woredas registered a proxy GAM rate of 67%). Similarly worrying malnutrition rates were registered in Kiblati Rasu with 42% proxy GAM and in Fanti Rasu with 30.1% proxy GAM, Afar Region.

Response

- From January to September, 510,643 children under five were admitted for nutrition services for severe acute malnutrition treatment (up from 447,072 as of end October) and 1,168,000 moderately malnourished children under five were admitted for targeted supplementary feeding program countrywide during the same period.
- 964,094 undernourished pregnant and breastfeeding women have been assisted with supplements to improve their dietary intake.
- Find and treat campaigns conducted and supported by UNICEF to enhance early detection and early treatment in Afar, Oromia and Somali regions. All partners are also strengthening active screening interventions.
- High Death rate of severely malnourished children with medical complications in 25

woredas mainly in Afar (Kirati Rasu), Amhara (North Shewa, North Wollo), Oromia (Arsi, Borena, Guji) and Somali (Fanfan and Liban).

↔ Gaps

- Inconsistent assistance for MAM cases in northern Ethiopia
- Insufficient coverage of blanket supplementary feeding assistance in conflict-affected *woredas*.

CLUSTER STATUS (6 Dec 2022)

Protection

Needs

- New displacements were reported across various regions, including within Tigray arriving in Mekelle; from Oromia displaced to North Shewa, Amhara; households fleeing to Assosa, Benishangul Gumuz Region; within Oromia displaced to Kiremu *Woreda*, East Wollega, and from Tole *Kebele*, West Wollega Zone, and Sene *Kebele* of Kamashi Zone. The protection needs of most of the affected populations remain undetermined due to access/security constraints.
- Severe water shortage due to the drought impact is increasing the risk of GBV as women are obliged to travel long distances to supply water for their family.

→ Response

- In Raya Kobo, at least 184 women received dignity kits; 1,059 children and adolescents received mental health and psychosocial support (MHPSS); six gender-based violence survivors received multisectoral response services; and 69 women and adolescents each assisted with 3150-birr cash.
- In Amhara, Benishangul Gumuz, Gambella and Somali regions, 187 unaccompanied and separated children - UASC (86 girls) were identified and given support, including reunification and alternative care.
- In Tigray, partners established child protection desks in each of the seven sub-cities of Mekelle to support the registration of IDP children with protection concerns. At least 291 children were verified for child protection case management, whereas additional 300 are awaiting verification.
- HLP-related interventions benefited 35,110 individuals, including legal representation, information-sharing and counselling, and facilitation of access to alternative dispute resolution mechanisms.
- A Protection Assessment and Monitoring Working Group was established within the Protection Cluster to support coordinated assessment/monitoring activities and harmonise data collection and undertake and support inclusive joint analysis.

↔ Gaps

- Limited access to several areas across the country due to insecurity compounded by the limited presence of protection actors.

- IDPs Women, girls and children cramped into congested shelters and structures remain at high risk of gender-based violence. Lack of birth registration for newborn children prevent them from becoming eligible for aid/assistance, which is of great concern.

CLUSTER STATUS (1 Nov 2022)



Water, Sanitation and Hygiene (WASH)



Needs

- 8.6 million people are targeted for WASH services across the country, 2.9 million people in drought-affected areas.
- Response to an active cholera outbreak ongoing in Oromia (Berbere, Dolo Menaand Harana Buluk *woredas*) and Somali (Kersadula *Woreda*). As of 23 October, a total of 252 cases (227 from Oromia Region and 25 from Somali Region) were recorded.

→ Response

- In September, 67 WASH Cluster partners reached collectively 404,756 people with WASH services across the country, including:
 - 397,482 people reached with safe water (328,819 with durable solutions and 397,482 through water trucking)
 - 17,900 people reached with sanitation services
 - 53,261 people reached with WASH NFI
 - 160,681 people reached with hygiene messaging.
- Since the start of the year, and until end of August 2022, 4.1 million people received WASH services across Ethiopia (47 per cent of target), including 2.4 million people in northern Ethiopia (52 per cent of target) and 2.9 million people in drought-affected areas (33 per cent of target).

↔ Gaps

- Given the scope of needs across the country, many regions still lack sufficient partners' presence.
- Lack of funding remains a concern to implement critical WASH activities across affected areas.
- While emergency water trucking alleviates immediate needs, drought affected areas require long term investments in water systems to address needs in the region. Linking emergency and long-term response needs to be further strengthened.
- Water quality in drought affected areas is dire, putting communities at risk of water borne diseases.

Footnotes

1. See Drought Response Dashboard below to understand the nuances.

OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

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