While Ethiopia continues its recovery from the devastating 2016 El Niño induced drought, poor performance of the spring rains this year in the southern and eastern parts of the country, compounded by disease outbreaks, large scale loss of livelihood assets and displacement, has exacerbated drought conditions. At least 8.5 million people will require relief food assistance in the second half of 2017, up from 5.6 million in January. The revised net requirements to address identified food and non-food needs for the remainder of the year is US$487.7 million.

**8.5 million people require relief food assistance in the second half of 2017**

The Government of Ethiopia officially announced the Mid-Year Review of the 2017 Humanitarian Requirements Document (HRD) on 07 August 2017. The document revealed a significant change in the humanitarian context, requiring urgent life-saving interventions. At least 8.5 million people will require relief food assistance in the second half of 2017; some 3.6 million moderately malnourished children and pregnant and lactating mothers will require supplementary feeding; some 10.5 million people will require support for regular access to safe drinking water and some 2.2 million households will require livestock support.

Partners also estimate that 375,000 children will become severely acutely malnourished until the end of 2017. The net requirements to address identified food and non-food needs for the remainder of the year is US$487.7 million. Separately, some 4 million ‘public works’ clients of the Productive Safety Net Programme (PSNP) will require sustained assistance to the end of 2017, the financial requirements are estimated at $300m.

**U.S. announces US$137 million in humanitarian funding to Ethiopia’s drought response**

On 03 August 2017, the United States Agency for International Development (USAID) announced an additional $137 million funding or the 2017 humanitarian requirement for Ethiopia and nearly $33 million for Kenya. This brings the total humanitarian funding by the United States for Ethiopia and Kenya to more than $458 million in 2017. This additional funding supports emergency food assistance in the provision of more than 111,000 metric tons of relief food for approximately three million people. The additional funding also provides specialized nutrition supplies for malnourished children, and safe drinking water and essential health services for millions affected by drought.

A recently, Famine Early Warning Systems Network (FEWS NET) report signaled that, without immediate and sustained assistance, food insecurity could reach catastrophic levels for some families in the worst-affected areas of Ethiopia. In addition to severe food insecurity, acute watery diarrhoea is spreading in drought-affected regions, which presents a deadly triple threat of food insecurity, malnutrition and dehydration, in addition to the displacement of affected populations. USAID has called for additional contributions from partners, the Government of Ethiopia has so far contributed $147 million for the 2017 drought response.

**Tigray region continues to report increasing cases of acute watery diarrhoea (AWD)**

436 cases of acute watery diarrhoea (AWD) were reported in 24 woredas of Tigray region Between 22 June and 3 August 2017. The majority of the cases (255) were reported in Mekelle town. The use of water from unprotected/unsafe Holy Water sites, rivers and ponds was the main cause of the outbreak. The Tigray Regional Health Bureau has established a command post to coordinate the AWD prevention and control efforts together with religious leaders. At least 20 temporary staff members have been deployed to the most affected woredas, with the recruitment of an additional 20 staff underway. The Regional AWD Task Force is conducting weekly monitoring of affected and at-risk sites and conducting community awareness activities. Despite ongoing efforts, critical gaps and challenges remain, including insufficient coordination and early warning measures among sectors; inability to access certain area due to topography; high people mobility; lack of resources (technical expertise, materials and budget for monitoring); and weak community surveillance.