



ETHIOPIA: COVID-19 Humanitarian impact Situation Update No. 5

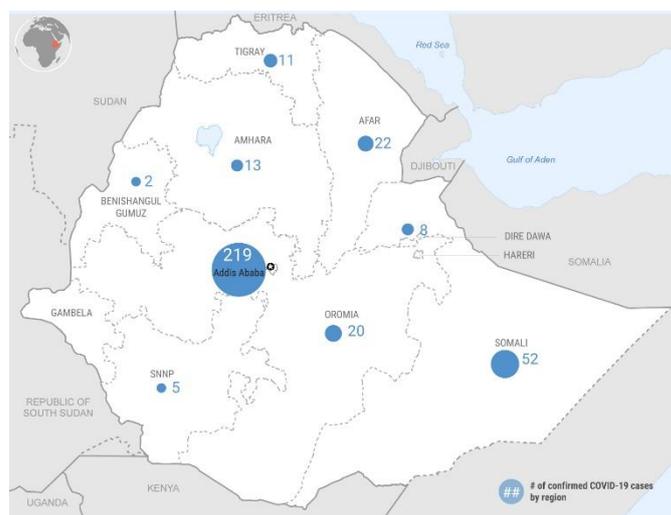
As of 18 May 2020



This report is prepared under the auspices of the National Emergency Coordination Center for COVID-19 response, led by the National Disaster Risk Management Commission (NDRMC), supported by OCHA Ethiopia with participation of Cluster Coordinators. It covers the period from 7 - 18 May 2020.

HIGHLIGHTS

- As of 18 May, Ethiopia reports 352 confirmed COVID-19 cases compared to 145 on 5 May. The cumulative number of people recovered has reached 116, while the number of deaths has increased to five. Cases have been registered in all regions, except Gambela and Harari. Addis Ababa counts a total of 219 cases. (Source: MoH/ Ethiopia Public Health Institute, EPHI).
- COVID-19 and other new emergencies such as flooding, cholera cases observed, and desert locust are stretching the capacity of Government and relief partners.
- The influx of deportees/ returning migrants through formal/ informal border crossing points, poor inter-regional linkages, management of quarantine centers, poor adherence to risk communication, and inadequate logistics remain. On 14 May, Emergency Coordination Center (ECC) endorsed Standard Operating Procedures (SoP) for returning migrants to ensure better coordination and standardization of the response across the country.
- The Ethiopia Red Cross Society, in partnership with ICRC, is distributing PPEs/ NFIs in regional quarantine centers (QCs), and received ETB16 million from UNICEF to strengthen Risk communication and Community engagement (RCCE) in Points of Entry (PoE) and QCs. Reportedly, the ERCS is setting up tents for registration and reception at Bole International Airport in Addis Ababa.
- Humanitarian partners continue to deliver at scale, adapting operations to COVID-19. The Humanitarian group of INGOs in Ethiopia (HINGO) has announced it has collectively re-programmed activities worth US\$70 million, while the UN has re-programmed over US\$80 million in support to “Ethiopia COVID-19 National Emergency Response Plan”.
- COVID-19 State of Emergency related restrictions have eased through the country, with the exception of Tigray region. As a result, partners’ staff movements and field missions continue with the necessary precautionary measures.
- According to WFP, COVID-19 will impact food security, in particular the urban poor and those in informal sectors, the Food Cluster estimates an additional nine million people will require food aid/ emergency cash transfers in 2020.
- According to the International Monetary Fund (IMF), Ethiopia is facing an economic slowdown and some balance of payments need owing to COVID-19. IMF has approved US\$411 million emergency assistance and announced the country will also benefit from IMF debt service relief under the Catastrophe Containment and Relief Trust.
- In Ethiopia, the national resource mobilization endeavor has fundraised over US\$567 million for COVID-19 response.
- At the global level, over US\$1.01 billion has been made available against the revised requirements of US\$6.71 billion (15 per cent) presented in the 7 May update of the Global Humanitarian Response Plan. Of this amount, US\$204 million have been provided by the Central Emergency Response Fund (CERF) and Country-Based Pooled Funds.



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

SITUATION OVERVIEW

The humanitarian situation in Ethiopia continues aggravating as a result of the combining effects of multiple crises. Government and partners continue to scale-up the response to COVID-19, while ensuring the appropriate response to previous chronic and new emerging needs. In May, some 470,000 people have been affected by floods, with Government and partners working to provide a coordinated response (food, emergency shelter/ non-food items, water and sanitation and hygiene, WaSH) in Afar, Dire Dawa, Oromia, SNNP, and Somali. Damages reported in Liben zone (Somali region), Oromia’s Bale (Ginir, Gololcha and Gasera), Borena (Moyale), Guji (Liben), and West Guji (Gelana) zones. In Dawa and Siltie zones, Somali region, access to large areas has been cut off as floodwaters have washed away bridges.

The national flood task force is preparing a response plan. In addition, the Ethiopia health system is responding to Cholera outbreaks in Somali region's Dolo Ado and Dolobay (150 cases) and in SNNP (400), while in Gambela region, the Guinea Worm Disease (GWD) has re-emerged after two years with seven cases in Gog district.

ECC and partners conducted an assessment in four quarantine sites in Addis Ababa to determine structural adequacy, functionality, and service capacity. The assessment showed a number of improvements and highlighted gaps in terms of coordination, waste management, number of social workers and health professionals, support to unaccompanied migrant children, and the provision of training and PPE (PPE) to staff in the sites (full report available here: <https://bit.ly/2zQKFxv>).

The National Disaster Preparedness and Response Task force led by H.E. Deputy Prime Minister, Ato Demeke Mekonnen, has been conducted and several directions provided to strengthening the coordination of all sectors, regional governments and partners to prepares and response for multiple hazards/ emergency impacting the country. In terms of coordination between the ECC and the regional Emergency Operations Centres (EOC), H.E. State Minister, Minister of Peace, Mrs. Frehiwot Shebabaw led missions to Afar and Somali, while H.E State Minister, Dr. Siyum Mesfine, led a mission to Amhara region to support the regional COVID-19 coordination structure, and visited QCs and PoEs. On 13 May, a brief was given at ECC (report available soon), while additional assessments are being planned in other regions.

COVID-19 related restrictions and procedures (security checks, cargo screening, COVID-19 testing, etc.) are impacting cross border movements with neighboring countries, disrupting cargo and market functionality. Djibouti port, a key entry point to Ethiopia remains operational but at a reduced capacity due to the COVID-19, and impacted by congestion due to reduced availability of trucks, while the Ethiopia - Djibouti railway remains closed. The scarcity of Teff, has been reported in many parts of the country as traders are hoarding the commodity. Many local markets remain closed due to COVID-19, and food scarcity and price increases have been reported. For instance, in Afar and Somali regions, the price of staple food and other essential supplies has increased an average of 50 - 100 per cent.

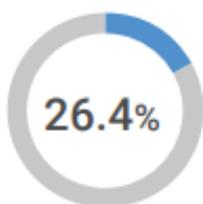
In Ethiopia, malnutrition is a critical public health issue. According to the ENCU/ Nutrition Cluster, an additional 800,000 cases of severe (SAM) and moderate acute malnutrition (MAM) are expected in 2020 on top of the 3.5 million cases anticipated previously. Partners are supporting the COVID-19 response ensuring the continuity of life-saving services and supporting the health system in delivering community-based management of acute malnutrition (CMAM) and other essential nutrition services (full report with recommendations is available here: <https://bit.ly/2To5W8z>). It is urgent to intensify the protection, promotion and support of optimal breastfeeding and age-appropriate and safe-complementary food among young children as well as for pregnant women and nursing mothers.

2020 HRP - FUNDING STATUS

Contributions as per the 2020 HRP financial requirements, by sector (as of 12 May 2020)

US\$1.001 billion requested

LEVEL OF FUNDING



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Sector/Cluster	Funding Received	% Covered	Requirements
Food	123.6M	31%	399.5M
Nutrition	50.0M	26%	193.4M
ES/NFI	-	0%	95.8M
Health	0.9M	1%	94.3M
WASH	9.4M	12%	79.7M
Agriculture	5.8M	11%	54.0M
Protection	0.5M	0.1%	42.4M
Education	-	0%	30.0M
Coordination	2.8M	23%	12.0M
Sector not specified	59.5M	-	-
Multiple sectors (breakdown not specified)	11.9M	-	-

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IMPACT OF COVID-19 ON HUMANITARIAN RESPONSE – BY REGION

Afar, Amhara and Tigray regions

Situation Overview

- In Afar region, the number of COVID-19 confirmed cases has increased to 22 as of 18 May, the majority of which originate from deportees/returning migrants in quarantine centers.
- Amhara Regional government has revised its COVID-19 Emergency Preparedness and Response Plan (EPRP) with an implementation from April through June with a budget of US\$184 million. The government has eased some COVID-19 prevention measures put in place several weeks ago.
- Amhara and Benishangul Gumuz regional administrations have announced plans to return 60,000 IDPs from Awi zone (Amhara) to Metekel (BGR), where they fled in 2019. On 15 May, the regional UN forum on COVID-19 agreed to request a multi-agency team to discuss the issue with the regional government in light of COVID-19 concerns.
- Tigray region remains the only region with mandatory quarantine and inter-region movement restrictions. In May, partners have had a number of movement request permissions denied by the Command post. The region has set up a second testing center with a capacity to test 75 samples at a time, however, shortage of testing kits remains.

Humanitarian Impact

- In Afar region, lack of *belg/ sugum* 2020 rains has increased severe food insecurity across the region, with some 440,000 people food insecure. According to WFP Semera, prices of staple food and other essentials supplies have significantly increased in major market centers in Afar region, particularly in Ab'ala, Yallo, and Dalifage markets, largely due to the SoE restrictions imposed by neighboring Tigray region.
- According to Tigray Water bureau, 24 *woredas* are in need of water trucking due poor *Belg* rainfall. The Mesfin-Industry has donated five water trucks, however, more support is required, especially in light of COVID-19.

Actions Taken

- In Amhara, all zones have started community-based surveillance involving house-to-house visits through *kebele* teams led by emergency health workers. Over one million households have been visited.
- Tigray Health Bureau has provided COVID-19 training to 116 health care providers in Points of Entry. Besides, information materials have been circulated in communities to raise awareness on COVID-19 prevention and control.
- UNICEF has donated WASH items worth US\$80,000 to Tigray Regional Health and Water bureaus, targeting primary and general hospitals, quarantine and isolation centers, and vulnerable communities in the region.
- IOM has provided NFIs, sanitation, hygiene kits and transport services to 466 deportees/ returning migrants.
- WFP has provided two months' food rations (April and May) in two refugees camps in Afar.

Eastern Oromia, Dire Dawa, Somali region

Situation Overview

- In the Somali region, the number of confirmed COVID-19 cases has risen to 52 as of 18 May (11 as of 5 May), most of them are among deportees/ returning migrants in quarantine centers.
- In Somali region, some 2,000 deportees/ returning migrants – mainly from Somalia – have been registered in eight quarantine locations. There is a reported lack of food, ES/NFIs, WASH, and health care in quarantine centers. As of 11 May, a total of 1,400 deportees/returning migrants had completed the quarantine period. The Disaster Risk Management Bureau is coordinating transportation of the deportees to their areas of origin.
- In Somali region, floods have impacted Shabelle, Dawa and Sitti zones. Partners are mobilizing to respond.

Humanitarian Impact

- In East and West Hararge zones, Eastern Oromia, food security is worsening among vulnerable communities. COVID-19 related movement restrictions have caused a decline in demand of daily laborers, impacting an estimated 600,000 people. Further, inconsistent food provision for IDPs and IDP returnees has worsened the food security situation.
- In Sitti zone, Somali region, COVID-19 is impacting living conditions of vulnerable communities. Prices of basic commodities and essential food commodities like rice, wheat, maize, sugar, flour food have soared last month.

Actions Taken

- In East and West Hararge, active case-search and house-to-house surveillance have been strengthened. Over three million people have been reached with awareness creation and house-to-house visits.

- In Somali region, the EOC has established a protection pillar to address issues of people with special needs. Women and Child Affairs Bureau, UNHCR, IOM, RHB, and ARRA have joined it.
- In addition, IOM is providing transportation of deportees/ returning migrants from the points of entry to quarantine sites. After the mandatory quarantine, the Disaster Risk Management Bureau (DRMB) and the National Disaster Risk Management Commission (NDRMC) covers the cost of transportation from the quarantine centers to places of origin.

Southern Oromia, SNNPR

Situation Overview

- On 8 May, the State Minister of Health, Dr. Duguma, and the Deputy Director of EPHI, Ato Aschalew, visited SNNPR Public Health Emergency Centre and South Spring Treatment Centre.
- In addition to COVID-19, SNNPR government and partners are currently dealing with a cholera outbreak in South Omo zone (over 400 new cases reported) and locust infestation in South Omo, Gofa, Gamo, and Konso zones. In Southern Oromia, nearly 12,000 hectares of crops were damaged by locust in Guji and Borena.
- The response to COVID-19 in Southern Oromia is being challenged by physical access constraints, mainly due to flooding and muddy roads, impacting operations in West Guji. In addition, partners report that ongoing insecurity in Guji has prevented the delivery of assistance to IDPs and vulnerable communities. Lastly, partners have expressed their concern regarding the loosening of COVID-19 control measures and limited internet access hampering the operations.
- In Borena, deportees/ returning migrants from Kenya continue entering Ethiopia through the porous borders and informal crossing points, while there remain gaps in managing their arrival in Moyale.

Humanitarian Impact

- In Guji, many health posts are closed due to insecurity, basic health services are compromised, including COVID-19.
- In West Guji, nutrition activities have been reduced at the scale between 30 – 50 per cent (depending on the activity).
- In most zones in Southern Oromia, health workers across static facilities and mobile lack PPEs and require further training, while regular health services (nutrition, mother and child health, expanded immunization) are compromised.

Actions Taken

- Despite insecurity, in West Guji and Guji, government and partners have completed most food distributions, also despite heavy rains in April, with a remaining caseload of some 10,000 IDPs in Guji.
- In Guji, Bale, and East Bale zones, Oromia regional health bureau has allocated the second round of required PPEs (N-95 face masks, surgical masks, boots, aprons, heavy-duty surgical, disposable gloves, goggles and WASH kits).
- In Bale and Guji, 'Imagine One Day' has delivered 9,700 soaps for 4,600 households and raised awareness to near 20,000 people on COVID-19 in Dello Mena *woreda*. In Guji, various partners and stakeholders have donated COVID-19 materials, including WASH items and sanitizers, while 2,500 health professionals have been trained on COVID-19.
- In West Guji and Borena, various partners (UNICEF, UNHCR, Action Against Hunger, GOAL, World Vision, DRC, IOM, NRC, COOPI, EECMY, Ethiopia Red Cross Society, among others) have provided/ and or are planning to provide NFIs, WASH, and other supplies to communities.
- Guji zonal authorities have established 15 quarantine centres, two isolation centres and one treatment centre with a 165 bed capacity. A COVID-19 testing laboratory is being set up in Shashemane regional laboratory centre.
- In Borena, UNICEF completed the disinfection of Moyale town on 3 May.
- In SNNPR, an estimated 1.4 million people (16 per cent of the total population) have been covered by house-to-house visits/ screening for COVID-19.

Western Oromia, Benishangul Gumuz (BGR) and Gambela regions

Situation Overview

- According the government's Agency for Refugees and Returnees Affairs (ARRA) in Gambela, over 4,000 asylum seekers from South Sudan have arrived at Pagak entry point, prompting partners' concerns on COVID-19 controlled measures. Gambela has not registered confirmed any COVID-19 case.

Humanitarian impact

- The closing of services in Gimbi Hospital, West Wellega, related to works/ preparations for COVID-19, has interrupted critical services such as malnutrition treatment for children with SAM. As a result, cases of SAM must resort to the Gimbi Adventist Hospital, a private hospital whose services are payable.

Actions Taken

- A COVID-19 testing center has been established at the regional laboratory in Nekemte, West Wollega. The laboratory can test 96 samples within two hours, and 1,152 samples within 24 hours. Wollega University hospital is also ready to start testing and treating COVID-19 and is waiting EPHI approval.
- In West Wollega and Kamashi zones, Action Against Hunger (AAH) is supporting COVID-19 awareness-raising, provision of WASH supplies, and nutrition services. It is also supporting the adoption of WHO-recommended precautions in CMAM and Infant and Young Child Feeding programming program adjustments.
- UNICEF is scaling up nutrition programs in East and West Wollega integrating COVID-19 response into activities.
- World Vision Ethiopia (WVE) and International Rescue Committee (IRC) are implementing various risk communication, WASH, nutrition, and child protection activities in East Wollega.
- In Gambella, ARRA in collaboration with UNHCR, have provided training to 700 community health workers across the seven refugee camps, raised awareness to 300,000 refugees, and set up isolation centers in the camps.
- UNICEF and partners are supporting Benishangul Gumuz Regional Education Bureau to broadcast distance learning educational programs for children. UNICEF has provided financial support to the region and is currently re-programming activities to support COVID-19 response.

GENERAL COORDINATION

COVID-19 – National / regional response coordination

- At Federal level, the COVID-19 response is coordinated by the ECC led by NDRMC Commissioner. On 13 May, ECC held its regular coordination meeting with humanitarian partners in Addis Ababa.
- At regional level, coordination centers/ taskforces have been established. NDRMC is working to ensure that regional coordination forums (EOC) mirror federal coordination mechanism (ECC).
- A detailed **list of contacts** of key Government counterparts and OCHA focal points, can be found in the following link : <https://www.humanitarianresponse.info/en/operations/ethiopia/document/ethiopia-covid-19-humanitarian-response-coordination-5-may-2020-en>