The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate 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.

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 the participation of Cluster Coordinators. This issue covers the period from August 23- September 2, 2020.

HIGHLIGHTS

- As of September 2, Ethiopia reported 54,409 confirmed COVID-19 cases compared to 39,033 on August 22. This made Ethiopia the fourth country in Africa with the highest caseload, overtaking Nigeria. The cumulative number of recoveries has reached 19,903, while the number of deaths has increased to 846. Cases have risen exponentially in the last two weeks, with Addis Ababa counting a total of 31,979 cases followed by Oromia with 6,603 cases. (Source: MoH/ Ethiopia Public Health Institute, EPHI).

- The IDP COVID-19 response plan that initially targeted 56 IDP overcrowded sites and prioritized 26 sites with health, WaSH, and shelter intervention with US$ 11 million, has now been further prioritized to respond to the humanitarian needs with the resources and capacity available. The plan is currently targeting 10 sites with $ 5.9 million.

- On August 27, Ethiopia’s COVID-19 State of Emergency Inquiry Board recommended the release of prisoners who meet pardon and probation requirements to reduce the spread of the epidemic within detention centers. The recommendation comes amidst growing fears of the spread of COVID-19 in congested holding centers, many of which are schools, town halls, and warehouses converted into detention facilities. According to the Ethiopian Human Rights Commission (EHRC), more than 9,000 people were detained in the aftermath of the June 29 assassination of popular Oromo musician Mr. Haacaaluu Hundessa.

- The Government of China donated the third batch of medical materials to help Ethiopia contain the spread of the COVID-19 pandemic. The materials include 500,000 surgical masks, 65,000 protective face masks for medical use, 10,000 pieces of medical protective clothing, and thousands of surgical gloves, goggles, and shoe covers. The donation will strengthen the COVID-19 response in Ethiopia.

- On September 1, the National Disaster Risk Management Commission (NDRMC) and the Resident and Humanitarian Coordinator (HC/RC) for Ethiopia officially released the mid-year review document of the 2020 Humanitarian Response Plan (HRP). The Plan captures multi-sector needs due to COVID-19, floods and violence-induced displacements, desert locust, and disease outbreaks such as cholera. Some 15.1 million people are targeted with emergency food and non-food assistance with funding requirements of $1.44 billion. The HRP is at its lowest funding level in at least a decade, with currently a gap of $929.6 million. OCHA is mobilizing partners for a collective fundraising drive in the next weeks and months to close the funding gap and address all identified life-saving needs. Find the document in the link: https://bit.ly/2DsN7fM

- The first progress report of the Global Humanitarian Response Plan (GHRP) for COVID-19 was released on July 1 with a requirement of US$ 6.71 billion. The second progress report for the Global Humanitarian Response Plan (GHRP) for COVID-19 has been released on August 31. The funding requirements for COVID-19 response have risen to $10.31 billion out of which $506 million is allotted to Ethiopia. As of August 31, $2.36 billion (23 per cent) has been funded. For further updates: https://fts.unocha.org/appeals/952/summary and for GHRP second progress report https://bit.ly/2EXiorw
SITUATION OVERVIEW

Humanitarian needs in Ethiopia have increased as a result of COVID-19, the impact of the desert locust infestation, floods, and changes to the displacement landscape.

In a statement with the Ethiopian News Agency (ENA), State Minister of Agriculture, Mr. Mandefro Nigussie said, the agriculture sector in Ethiopia has not been significantly affected by the COVID-19 pandemic due to dispersed settlement and the use of family labor in rural communities coupled with timely input distribution in this year’s farming season. The nation was able to utilize about 85 per cent of the targeted 12.89 million hectares of farmland during this summer (Meher) season. At the end of this rainy season, the remaining 15 per cent of the farmland is also expected to be covered with a variety of crops. However, given the current alarming rate of COVID-19 reported cases, he added that his ministry is working with relevant stakeholders to combat the spread of the virus in the rural areas and to reduce its future impact on the agriculture sector, which is the backbone of the economy of the country.

The Minister of Education Dr. Engineer Getahun Mekuria, in a statement with Fana Broadcasting Corporate (FBC), said that preparations are underway to reopen schools for the next academic year. During the teaching-learning process, schools will be supplied with facemasks, hand sanitizers, and other related materials in partnership with stakeholders. Ethiopia closed all schools in March this year as part of measures to contain the spread of the coronavirus (COVID-19). According to UNICEF, in Ethiopia, school closure due to COVID-19 interrupted the schooling of 26 million children, suspended school-feeding programs to one million children, and hindered services delivered through Education in Emergencies programs.

According to WFP Eastern Africa Regional Director Mr. Michael Dunford, WFP requires $ 323 million to assist refugees in Eastern Africa over the next six months. The organization has already reduced food or cash transfer by up to 30 per cent for 2.7 million refugees in the region (Ethiopia hosts 769,310 refugees and asylum seekers, as of July 31. Source: UNHCR). If WFP is forced to continue cutting rations for refugees, this could prompt refugee communities to move within host countries or even across borders, as they become more desperate to meet their basic needs. Such movements could not come at a worse time – with the coronavirus spreading. Many have already lost the few opportunities to earn money due to the economic downturn caused by COVID-19 restrictions. WFP appealed to donors to step forward and assist refugees because their vulnerability only increased with COVID-19. On the other hand, UNHCR Ethiopia also faces funding shortfall and has received only 9.8 million out of its financial requirements of $ 34.7 million for the COVID-19 response. The funding shortfall, coupled with delayed delivery of international procurement orders for PPEs, medicines, and medical supplies, is hampering the response efforts. Source: https://bit.ly/31JQat5

As of August 31, close to 496,989 people were affected by floods in Afar, Amhara, Gambella, Oromia, SNNP, and Somali regions, of whom 134,889 were displaced. Houses were destroyed, livelihoods were lost, WaSH and other public infrastructures were damaged. The relocated/displaced people are sheltered in schools and inadequate tents without proper physical distancing or other protective measures in place against COVID-19. NDRMC has supported the regional governments to address the current displacement by providing food, NFI, boats, and helicopter in support of ongoing flood-response operations. NDRMC and local authorities have called on partners to scale up the humanitarian response for floods affected people. Critical gaps identified include ES/NFIs, boats, and finances to cover the full operation. Overall, floods during kiremt rainy season (June-September) are expected to affect more than two million people and displace more than 434,000 people. Speaking at the National Disaster Risk Management Coordination Council meeting on ongoing COVID-19 response and flood incidences across the country on August 28, Ethiopian Deputy Prime Minister, Mr. Demeke Mekonnen, called for immediate rehabilitation of the flood-affected population. He also stressed that natural disasters are unavoidable and called on increased investment in watershed and river basin development to mitigate the impact of floods.

In Ethiopia, the locust has affected a total of 452,966 hectares of land in Somali, Afar, Oromia, SNNP, Tigray, and Amhara regions. Only 430,482 hectares of the area has been sprayed using 393,756 liters of pesticide. According to NDRMC, for appropriate and early response, $48 million for locust control operation and $29 million for livelihood assistance is required.

The return of Ethiopians from abroad continues. According to IOM, Ethiopia received more than 27,700 returnees between April 1 and August 28. The majority came from Djibouti (6,944), followed by Somalia (6,696), Sudan (5,329), Kingdom of Saudi Arabia (3,162), Kenya (1,178), Kuwait (1,024), Lebanon (650), and other countries. At least 1,593 returnees are currently in quarantine centers. The Government, with support from IOM and other partners, is providing direct assistance to the returnees in quarantine facilities, including registration, food, water, NFIs, and onward transportation assistance.
IMPACT OF COVID-19 ON HUMANITARIAN RESPONSE – BY REGION

Afar, Amhara, and Tigray regions

Situation Overview

• As of September 2, the number of confirmed COVID-19 cases in the Afar region reached 1239, Amhara 2,541, and Tigray 3,980.

• In the Afar region, coronavirus is spreading in the communities at an alarming rate, especially in Semera and Logia towns along the main road to Djibouti seaport.

• Amhara Regional Emergency Coordination Center (ECC) reported limited interest/commitment of some administrative zones and cities focal persons to provide reliable and timely information on COVID-19.

• Insufficient implementation of COVID-19 prevention, mitigation, and response measures, especially physical distance, use of face mask and sanitizers in market places, public transport, hotels, groceries, and restaurants, were reported in the Amhara region.

• Amhara Regional ECC reported a shortage of temporary shelter, non-food items (NFIs) and Personal Protection Equipment (PPE) materials at quarantine centres (QC), points of entry, including for staff involved in COVID-19 prevention and response activities at regional ECC and zonal Incident Command Post (ICP).

• In Amhara, since April, more than 400 children with contact tracing information and returnees from other countries have been screened/quarantined in various QCs, in which only 20 children were so far confirmed positive. Currently, 30 children are in QC.

• The regional taskforce enforced the State of Emergency (SOE) in all parts of the Amhara region due to the spread of community-level transmission of COVID-19.
As of August 31, in the Afar region, floods affected at least 69,885 people and displaced 41,731 people; while in the Amhara region, about 143,790 people are affected and 2,910 displaced.

Humanitarian Impact
- The Tigray communication bureau reported a critical shortage of necessary equipment to respond to COVID-19 infection and asked for support in this regard.
- Low community engagement may accelerate community transmission of COVID-19 in all the regions.

Actions Taken
- UNHCR provided full ES/NFI kits for 5000 flood-affected households in Aysaita, Afar region.
- Amhara regional government allocated an additional amount of wheat flour and biscuits to poor households impacted by COVID-19 in 12 administrative zones.
- Save the Children (SCI) provided NFI kits for the West Gondar Metema quarantine centers for the prevention of the COVID-19 pandemic in the Amhara region.

Eastern Oromia, Dire Dawa, Harari, Somali region

Situation Overview
- As of September 2, the number of confirmed COVID-19 cases in the Dire Dawa city administration reached 1064 Harari 1,265, and in the Somali region 1,266.
- As of August 30, the number of confirmed cases in the East Hararge zone reached 253 and in West Hararge zone 145.
- According to West Hararge Health Office, the high number of COVID-19 cases are reported in Chiro-26, followed by Badessa Town-9 and Oda Bultum-4, and Mieso-3.
- Dire Dawa Regional Health Bureau (RHB) launched a new treatment strategy, "Home-based isolation and care" strategy in the region.
- NDRMC officially activated the Dire Dawa regional Emergency Coordination Center (ECC) for COVID-19 coordination and response.
- The "ComBAT" campaign has been successfully launched in the Harari region, East and West Hararge, and in eleven zones of the Somali region and has started the collection of samples.
- In the Dire Dawa city, the "ComBAT" campaign is running smoothly. RHB has started the collection of samples from health facilities and communities, including prisoners and Internally Displaced Persons (IDPs).
- Dire Dawa RHB reported nonexistence of logistics arrangement, financial resources, and PPE for health workers involved in the collection of samples.
- The second round of ComBAT campaign started in Dire Dawa, Harari, and the Somali region; humanitarian partners were requested to play a significant role in logistics, technical and financial support.
- Heavy rain / flash floods in 13 woredas of East Hararge zone (Oromia) affected 58,037 households (290,185 individuals) and displaced 1,090 people, including 280 IDPs in Calanqo Town of Meta woreda.
- The Incident Command Post (ICP) members and representatives of the community in Qoloji camp reported the challenges of incentives, logistical support, and resistance from the community to volunteer for sample collection, due to the wrong perception towards COVID-19.
- In Dollo zone (Eastern Somali region), all the cases were self-isolated, and people are not complying with the COVID-19 protocols.
- As of August 31, in the Somali region, floods affected 140,892 people and displaced 37,650 people.

Humanitarian Impact
- The absence of humanitarian partners in the Harari region is affecting the overall COVID-19 response efforts.
- A critical gap of resources is reported in all the regions, affecting the response to the pandemic.
- The number of COVID-19 confirmed cases is increasing amongst health professionals.

Actions Taken
- The Somali regional ECC endorsed on August 28, the COVID-19 Response Plan targeting 50 woredas that meet the criteria.
- UN agencies and humanitarian partners in the Somali region are supporting the "ComBAT" campaign by providing technical, financial, and logistical support.
• Save the Children (SCI), with the support of RHB and WHO technical staff, trained 25 health workers in Korahe zone (Somali region) for the management of COVID-19 cases in the zone.
• SCI started water trucking to handwashing facilities and health institutions in Moyale woreda (Somali region).
• SCI secured EURO 23,000 funds to procure PPE and medicals for isolation centers in the Fafan zone (Jijiga city and Fafan zone).
• Somali RHB is planning to purchase one generator for the Qoloji isolation centre to provide electricity to the site.
• WFP is on initial planning to start with the provision of cooked food for returnees in quarantine, isolation, and treatment centers in the Harari region.

Southern Oromia, and Southern Nations, Nationalities, and Peoples' Region (SNNPR)

Situation Overview
• As of September 2, the total number of confirmed COVID-19 cases in SNNPR/Sidama reached 2,962.
• In SNNPR, a high number of confirmed cases was found in Wolayita, Silte, Gamo and Gedeo zones, while in Sidama region, an increased number of cases were found in Hawassa Town, Boricha woreda, Hawassa Zuria and Aleta Chuko woredas.
• SNNPR activated regional Emergency Coordination Center (ECC) and establish Incident Command Post (ICP) in quarantine center.
• In the Guji zone (Oromia), local trade business has been identified as the primary source of COVID-19 transmission, as no precaution mechanisms are followed and communities are unwilling to apply PPE. The Treatment Center (TC) in Bore Hospital has no access to water. Additionally, quarantine centers are sub-standard as financial resources, and logistical means (for caretakers) are lacking. Consequently, all cases are in home-isolation, with many free to roam without any supervision or proper protection toward others, thus directly contributing to the sharp increase in cases.
• In the Borena zone (Oromia), authorities are reportedly very concerned about the alarming spread of the disease within the community. The COVID-19 risk awareness is low at the community level; public transport goes on without any limitations regarding the capacity / physical distance. COVID-19 centres continue to report severe shortages of PPE and food, requiring immediate support. Additionally, authorities reported having no reagents to test samples.
• In the Bale zone (Oromia), COVID-19 has affected income generation (mainly daily labour and negative coping mechanisms like begging).
• As of August 31, in SNNPR, floods affected 35,433 people and displaced 28,426 people.

Humanitarian impact
• In SNNPR, gaps in addressing the COVID-19 pandemic in the region have been identified in terms of logistics, capacity building, the standards of quarantine and isolation centers, expansion of laboratories, and improved strategies on Risk Communication and Community Engagement and support at PoEs.
• Continuous rainfall across Gedeo, Guji, Bale, East Bale, and West Arsi has affected rural roads, blocking vehicles.

Actions Taken
• In the Guji zone, EECMY/DASSC (Ethiopian Evangelical Church Mekane Yesus (EECMY)) delivered public awareness on COVID-19 prevention in Adola Wayu, Wadera, and Anna Sora woredas and supported about 250 COVID-19-affected households in Adola Wayu woreda.
• Mercy Corps provided public disease prevention awareness-raising and hygiene promotion targeting 17,000 people in Aga Wayu and delivered 100 NFI kits for the isolation center in Negele Town of Guji.
• In the West Arsi zone (Oromia), IRC conducted COVID-19 related prevention, case management, and surveillance activities for different communities/sectors in Dodola woreda.
• In the Borena zone (Oromia), IOM is currently assisting QCs by hiring hygiene promoters and cleaners; excavated solid waste pits and latrines at Moyale elementary school quarantine center (QC), and provided 200 children books on COVID-19 to raise children's awareness on the disease.
• HEKS int. provided three-round cash transfers for 650 COVID-19-affected households in five kebeles of Elwaya woreda and delivered sanitizers, 100 masks, 30 jerrycans, and installed a 10,000-litre capacity water tanker in Moyale Health Centre.
Western Oromia, Benishangul Gumuz (BGR) and Gambella regions

Situation Overview

- As of September 2, the number of confirmed COVID-19 cases in the Gambella region reached 861 and 649 in BGR.
- COVID-19 cases have been registered in 15 woredas of East Wollega zone as well as in the West Wollega zone of Oromia region, Kelem Wollega and Nekemte Town, while the response remains very limited.
- In the Gambella region, most of the COVID-19 confirmed cases had been identified in the host community of Gambella Town, Pagak refugee reception center, and refugee camps.
- In the Gambella region, "ComBAT" campaign started and there are plans to cover more than 80 per cent of the woredas and 70 per cent of the households. Vehicle, bed, mattress, food, medical supply, PPEs, and technical experts are raised as resource gaps to achieve the planned target under "ComBAT" campaign.
- National Disaster risk management commission deployed a technical team to support Gambella region DRM office for flood response coordination.

Humanitarian impact

- In BGR, shortage of PPE for health staff, lack of essential drugs and equipment in isolation and treatment centres such as biohazard bags, mechanical ventilators, and oxygen, have been reported.

Actions Taken

- World Vision (WV) distributed WaSH NFIs to 4,220 households (24,625 individuals) in Gambella, Itang, and Tharpham towns. It also supported 21 health institutions in Gambella and Itang woredas with laundry and body soap. Since July 2020, it has been providing potable water trucking service to health institutions in Gambella Town.
- In BGR, Plan International sensitized and disseminated information on COVID-19 symptoms and prevention in refugee camps and host community and donated PPE and other materials worth ETB 1 million (~$27,730) to the Regional Health Bureau.
- Plan International donated PPE worth ETB 515,000 (~$14,280) and other NFI worth ETB 150,000 (~$4,160) to the Agency for Refugees and Returnees Affairs (ARRA) to strengthen treatment and quarantine centers in the refugee camps.
- WFP provided ETB 1 million (~$27,730) for one-month food supplies to isolation and treatment centers in BGR.
- In BGR, UNICEF trained healthcare facilities staff and community health workers on infection prevention, provided PPE to 547 health professionals, and assigned two Emergency Technical Assistants (TAs) with vehicles to support the "ComBAT" campaign.
- UNFPA in BGR distributed 10,000 face masks, 350 packs of examination gloves, and other supplies to health facilities to support the maternal health program.
- UNHCR donated 200 pieces of soap, 29 sleeping mats, 100 mosquito nets, 20 buckets, and 29 blankets, 438 pieces of soap for 29 vulnerable women and children in isolation centers of Kamashi Town (BGR).
- Action Against Hunger (AAH) supported COVID-19 activities in the Gambella region and transported 10 mattresses to Pugnudo office that will be donated to Gog woreda health office new Treatment Centers.

GENERAL COORDINATION

COVID-19 – National / regional response coordination

- At a Federal level, the COVID-19 response is coordinated by the ECC and is led by NDRMC Commissioner.
- After establishing the regional ECCs in Amhara, Somali and SNNP regions as well as in Dire Dawa, the national ECC is planning to expand this coordination mechanism to the other areas.
- 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