



ETHIOPIA: COVID-19 Humanitarian impact Situation Update No. 13

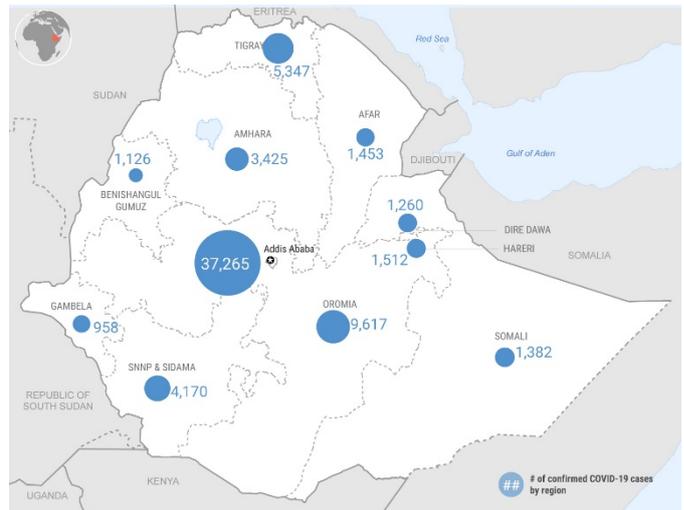
As of 18 September 2020



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 the participation of Cluster Coordinators. This issue covers the period from 3-18 September 2020.

HIGHLIGHTS

- As of 18 September, Ethiopia reported 67,515 confirmed COVID-19 cases compared to 54,409 on 2 September. The cumulative number of recoveries has reached 27,638, while the number of deaths has increased to 1072. Cases have risen exponentially in the last two weeks, with Addis Ababa counting a total of 37,265 cases followed by Oromia with 9,617 cases. (Source: MoH/ Ethiopia Public Health Institute, EPHI).
- The Government of Ethiopia, in partnership with a Chinese company (BGI Health Ethiopia), opened a laboratory for manufacturing COVID-19 testing kits to enhance the national testing capacity. Ethiopia has so far conducted more than 1.1 million tests, making it the third African country that has carried out the highest number of tests. The country is struggling with a shortage of testing kits, ventilators, and intensive care beds. Ethiopia's Prime Minister Abiy Ahmed said during the factory's opening that the laboratory will produce 10 million testing kits per year, which will be used in the country and exported, with priority given to other African countries. The Prime Minister also announced that Ethiopian researchers have been working to develop a vaccine, which is now entering a laboratory trial stage.
- On 13 September, the Prime Minister Abiy Ahmed inaugurated a new field hospital for treatment of COVID-19 patients, which can accommodate 200 patients in severe condition. The Prime Minister announced the commencement of admission of COVID 19 patients who need critical care treatment into the field hospital.
- The Ministry of Education is assessing enrollment capacities, as well as hygienic and sanitation facilities in preparation to re-open schools. At least 2.6 million children, particularly the most marginalized and most vulnerable children, including girls, children in pastoralist areas, and IDPs in camps and camp-like settings require support for safe school re-opening activities. Based on lessons learned from surveys conducted during this pandemic, without educational opportunities, girls particularly in such communities fall victim to child marriage and other forms of violence, while teenage pregnancies and child labor are on the rise.
- Increasing flow of migrant returnees in eastern Ethiopia is stretching the capacity of quarantine sites. According to reports, most sites are full or nearing full capacity. This comes at a time when the Somali Regional Health Bureau reported that it is looking for alternative COVID-19 quarantine and isolation sites following the decision to soon re-open education institutions, as most of the current sites are schools and universities. Similarly in Borena zone (Oromia), quarantine centres are overwhelmed by new arrivals from Kenya and provision of adequate food is becoming an even bigger challenge.
- The first batch of European Union (EU) funded medical supplies worth €60 million arrived in Ethiopia to support the Inter-governmental Authority on Development (IGAD) member states to tackle the health and socio-economic impact of the COVID-19 pandemic. The medical supplies include 3.5 million surgical masks, 35,000 face shields and 7,000 protective gowns. The total number of items delivered amounts to approximately 60 per cent of the total items provided under the project, which further include 70,000 test kits (including 105,000 swabs), eight (8) mobile laboratories and 24 ambulances. The remaining items will arrive in subsequent weeks. UNOPS, UNICEF, GIZ, IOM and Trade Mark East Africa will implement the program. It will benefit Ethiopia, Eritrea, Djibouti, Kenya, Somalia, Sudan, South Sudan and Uganda.
- The United States Agency for International Development (USAID) awarded Pathfinder International US\$500,000 for COVID-19 in hotspot areas of Ethiopia aimed to support and address essential health service delivery gaps in



Source: EPHI

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

Amhara, Tigray, Oromia, and SNNP region. The funds will benefit about 1.5 million people in the regions. (Source: <https://bit.ly/3c5ggdl>)

- WFP announced a \$30.24 million contribution of the Government of Japan to support food needs of communities affected by COVID-19, desert locusts, drought and floods in Ethiopia. The contribution through the National Disaster Risk Management Commission will target the acute food needs of over 1.6 million people in Afar, Amhara, Oromia, SNNP, Sidama and Tigray regions in the framework of the 2020 Humanitarian Response Plan.
- The European Union (EU) provided ETB 86.8 million (2 million Euros) to UNICEF to support vulnerable communities affected by desert locusts in Afar, Amhara, Oromia, Somali and Tigray regions. The funding is being made available through the EU's Civil Protection and Humanitarian Aid Operations Directorate-General (ECHO) to support the children that have been affected by the combined effects of desert locusts, climate change and the secondary impacts of COVID-19. According to UNICEF the number of children for treatment has increased from the 460,000 children initially planned (including 16,000 refugees) to 570,000 children (of whom 18,400 are refugees).
- 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 was released on August 31. The funding requirements for COVID-19 response have risen to \$10.37 billion out of which \$506 million is allotted to Ethiopia. As of September 18, \$2.65 billion (25.6 per cent) has been funded. For further updates: <https://fts.unocha.org/appeals/952/summary>

SITUATION OVERVIEW

Humanitarian needs in Ethiopia have increased significantly in 2020 due to COVID-19 and other health outbreaks, the desert locust invasion, conflict and floods. The number of food insecure people requiring assistance has increased from 5.9 million people at the beginning of the year to 11.8 million at mid-year. Similarly, projected malnourished children and pregnant and breastfeeding mothers increased from 3.6 million to 4.4 million. All clusters saw an increase in the number of people targeted for assistance by mid-year. Despite rapidly rising needs, the Ethiopia Humanitarian Response Plan (HRP) is at its lowest funding level, with a gap of US\$876.5 million. The plan requires \$1.44 billion to target 15.1 million people with emergency assistance and protection (61 per cent children, 21 per cent women, and 9 per cent people with disabilities). Four critical clusters have received less than 10 per cent of the funding required: Emergency Shelter/NFI (5 per cent); Protection (7 per cent); Education (7 per cent); Agriculture (8 per cent). Despite having to respond to floods, COVID-19 and multiple other vector-borne and water-borne diseases, Health and WaSH are both just 11 percent and 18 percent funded respectively. The Logistics Cluster, which provides vital common services for the entire operation, is just 16 per cent funded. Nutrition is 26 per cent funded, while 49 per cent of emergency Food needs are met. The longer that people are without food, the higher the likelihood of them drifting into malnutrition, particularly children under-5 and pregnant and breastfeeding mothers. Without urgent additional funding, needs will deepen, and women, children, the elderly, people with disabilities, and displaced people will be forced to resort to negative coping mechanisms, which will exacerbate their situation.

In a public statement with the Ethiopian News Agency (ENA), the Health Minister Dr. Lia Tadesse said that in the month-long nationwide ComBAT campaign, 575,000 tests were conducted in 1,095 *woredas* and identified more than 37,000 COVID-19 confirmed cases. The number of patients in intensive care units also increased from one per cent to 4.5 per cent, while the death toll jumped from 368 to 550 and the number of recoveries reached 21,000 at end of the campaign. The Minister blamed the increase in infections on negligence on the part of the public in keeping with COVID-19 prevention measures.

As of September 16, close to 1,017,854 people were affected by floods in Afar, Amhara, Gambella, Oromia, SNNP, and Somali regions, of whom 292,863 were displaced. Houses were destroyed, livelihoods were lost, WaSH and other public infrastructures including schools and crops were damaged. The National Disaster Risk Management Commission (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. The 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. Response to floods needs is stretching further the limited resources available with Government and partners. According to the newly released joint Government and partners' National Flood Response Plan (September to November 2020), there is a funding gap of \$40.1 million to address all identified needs.

The return of Ethiopians from abroad continues. According to IOM, Ethiopia received more than 31,500 returnees between April 1 and September 18. The majority came from Djibouti (8,292), followed by Somalia (7,198), Sudan (5,994), Kingdom of Saudi Arabia (3,569), Kenya (1,434), Kuwait (1,024), Lebanon (750), and other countries. At least 1,885 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.

According to the Integrated Food Security Phase Classification (IPC), over 8.5 million people are currently food insecure, including 1.4 million in IPC Phase 4 (Emergency) across seven regions of Ethiopia, despite ongoing humanitarian food assistance. Afar and Somali regions are the most affected with over 20 per cent of their population highly food insecure. Moreover, it is projected that the period of January- June 2021 will be worse and 11.1 people are expected to be in Crisis (IPC Phase 3) or higher. These figures exclude the significant number of displaced people and refugees in camps (close to 3 million). In addition to the multiple key drivers of rising food insecurity (displacement caused by conflict, drought, floods, increased food prices linked with the COVID-19 pandemic), Ethiopia is affected by the worst desert locust infestation in the last 25 years and will remain an epicenter of the regional desert locust upsurge through October. (Source: <https://bit.ly/2Gh3Y60>)

2020 HRP - FUNDING STATUS

Contributions by sector as per the 2020 HRP financial requirements updated at Mid Year Review (as of 28 September 2020)

In-country 2020 HRP Funding Update



Sector/Cluster	Funding Received (in million US\$)	% Overall Covered	Requirements (in million US\$)
Food	397.3	66.9%	593.4
Nutrition	67.9	26.9%	252.6
Health	21.3	10.9%	195.0
WASH	18.6	18.0%	103.4
ESNFI	5.3	5.3%	101.1
Agriculture	5.9	7.9%	74.0
Protection	3.8	8.0%	47.6
Education	2.5	7.2%	35.2
Logistics	3.8	16.2%	23.4
Coordination	5.7	47.6%	12.0
Sector not specified	63.2	-	-
Multiple sectors (breakdown not specified)	68.5	-	-

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

IMPACT OF COVID-19 ON HUMANITARIAN RESPONSE – BY REGION

Afar, Amhara, and Tigray regions

Situation Overview

- As of 18 September, the number of confirmed COVID-19 cases in Afar region reached 1,453, Amhara 3,425, and Tigray 5,345.
- Tigray regional Education Bureau developed a school re-opening guideline with a minimum number of students attending school at a given time (25 children per class).
- In Tigray region, about 175 health personnel have been infected by COVID-19.
- As of 16 September, in Afar region, floods affected at least 162,921 people and displaced 128,242 People; while in Amhara region, about 144,490 people are affected and 6,010 are 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

- UNICEF technically assisted with information on key preventive measures of COVID-19 dissemination during regional election through two radio and two TV stations.

- UNICEF, with support of partners, has reached about 24,156 people with key messages on hygiene promotion and infection prevention control awareness in Adwa, Alamata, Axum, Shire and Humera towns of Tigray region.
- UNICEF allocated ETB 2.5 million (~\$68,650) to train 220 health extension workers and 249 community volunteers aimed to reach and sensitize around 275,348 individuals in Tigray region with key messages on COVID-19 preventions measures.
- Tigray Regional Health Bureau developed and submitted a school re-opening guideline to the regional government for approval.

Eastern Oromia, Dire Dawa, Harari, Somali region

Situation Overview

- As of 18 September, the number of confirmed COVID-19 cases in the Dire Dawa city administration reached 1,260, Harari 1,512, and Somali region 1,382.
- Somali Region Health Bureau (RHB) identified a new site for the Qoloji isolation site and asked for partners' support.
- Somali RHB completed the ComBAT campaign in 49 *woredas* and six city administration and is now planning to conduct the COVID-19 sample tests in the remaining 44 *woredas* of the region. Additionally, there are plans to conduct COVID-19 test for government employees, school teachers, NGOs and UN staff.
- Somali RHB and UNICEF planned to train religious leaders from each zone of the region to strengthen the risk communication activities in the region.
- In Doolo zone (Somali region), the resistance of close contact tracing remains challenging, as people are reluctant to get tested for COVID-19.
- In East and West Hararge zones (Oromia), ComBAT campaign was concluded with over 80 per cent of COVID-19 identified cases.
- In Harari region, ComBAT campaign was completed with over 90 per cent of COVID-19 identified cases.
- Dire Dawa RHB reported that Dire Dawa University administration is reluctant to receive more returnees at isolation center, due to space availability.
- With schools re-opening, Dire Dawa RHB is in a process to identify alternate sites for the isolation and quarantine centers (a majority of the quarantine and isolation centers were in the schools).
- As of 16 September, in Somali region, floods affected 140,892 people and displaced 37,650.

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

- GOAL (INGO) trained about 140 health professionals in Doolo zone (Somali region) to strengthen infection prevention control mechanisms at health facilities as well as quarantine and isolations sites.
- Pastoralist Concern (PC) conducted sensitization and awareness workshop on COVID-19 for *kebele* leaders of Filtu and Deka Suftu *woredas*, Somali region.
- IOM constructed three block latrines at Dolo Ado quarantine sites (QC) and is providing transport service to the people at the QC.
- NRC distributed 100 radio sets to IDPs in Dollo Ado to sensitize the IDPs on COVID-19 prevention and mitigation.
- WFP through Disaster Risk Management (DRM) continues with the provision of cooked food for the quarantine center in Dollo.

Southern Oromia, Southern Nations, Nationalities, and Peoples' region (SNNPR) and Sidama region

Situation Overview

- As of 18 September, the total number of confirmed COVID-19 cases in SNNPR/Sidama reached 4,170.
- In SNNPR, a high number of confirmed cases was found in Wolayita, Gamo, Gedeo, Silte and Gofa zones, while in Sidama region, an increased number of cases were found in Hawassa Town, Boricha *woreda*, Hawassa Zuria and Aleta Chuko *woredas*.
- The non-existence of operational budget to monitor self-isolation cases is being identified as a major gap in Guji as well as in Bale, East Bale and West Arsi zone of Oromia region.

- The treatment Center (TC) in Bule Hora (Oromia) reportedly will be closed very soon, as the University is re-opening for students, the new TC is in Kercha *woreda*, almost 30 km away. This has added a lot of strain on the authorities particularly, provision of logistics and incentives for health staff.
- In Borena zone (Oromia), in only one day, 240 immigrants were deported from Kenya and accepted in Moyale quarantine center. Currently, quarantine centres are overwhelmed by new arrivals and provision of adequate food is becoming an even bigger challenge.
- As of 16 September, in SNNPR, floods affected 90,121 people and displaced 56,114 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 Gedee, Guji, Bale, East Bale, and West Arsi has affected rural roads, blocking vehicles.

Actions Taken

- In Guji zone (Oromia), GOAL conducted refreshment training on COVID-19 for 90 health extension workers from Goro Dola, Gumi Eldelo and Liban *woredas*.
- Action Against Hunger (AAH) secured funds for COVID-19 response as well as for water trucking in Moyale and Miyo *woredas*, Borena zone. It also supported Moyale Health Office in public awareness by providing DSA and transportation, along with home-to-home sensitization sessions covering 112 households.
- Mothers and Children Multi-Sectoral Development Organization (MCMDO) has signed an agreement with zonal Finance and Economic Development Office to start implementation of ETB 1.8 million (~\$49,194) worth COVID -19 response targeting 81,000 beneficiaries in Moyale, Yabello and Dire *woredas*.
- AFD secured ETB 5.9 million (~\$161,244) for COVID-19 response in Moyale; ETB 1.3 million (~\$35,528.96) is allocated for food provision in quarantine centers and equipment for treatment centres.
- In Guji zone, diaspora communities provided large quantities of face masks to Bore Hospital.

Western Oromia, Benishangul Gumuz (BGR) and Gambella regions

Situation Overview

- As of 18 September, the number of confirmed COVID-19 cases in the Gambella region reached 958 and 1,126 in BGR.
- In BGR region, most of the COVID-19 cases were identified in Bulen, Kamashi, Mandura, Odbildigilu, Dangur, Pawe, Assosa *woredas*, Gilgelbles Town and Bambashi refugee camp. The cases have spread to remote Towns raising a higher risk of transmission in the region.
- In West Wollega zone (Oromia) many COVID-19 cases are reported from Guliso and Begi *woredas*.
- In East Wollega zone (Oromia) cases are reported with limited enforcement of precautionary measures in place, triggering risk of community transmission.
- In Gambella region, COVID-19 cases were confirmed in Gambella Town as well as in refugee camp and Pagak reception center.
- BGR Government announced the compulsory use of face masks in public, but enforcement remains weak.
- As of 16 September, in Gambella, floods affected 31,865 people and displaced 18,819 people.

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

- SCI has planned to distribute sanitizers, soaps and masks for Sasiga and Haro Limmu *woreda* health offices.
- IRC distributed CASH to 242 households (HHs) in Sasiga *woreda* and 495HHs in Haro Limmu *woreda*.
- Action Against Hunger (AAH) is supporting West Wollega zone by providing training to the front line health professionals, providing WaSH materials for health facilities and sensitizing people on the prevention and other precautionary measures on COVID-19.

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>