



ETHIOPIA: COVID-19 Humanitarian impact Situation Update No. 7

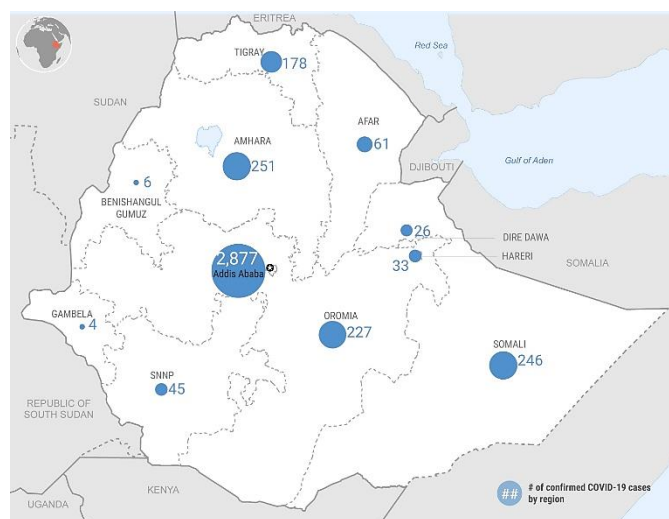
As of 18 June 2020



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 5 - 18 June 2020.

HIGHLIGHTS

- As of 18 June, Ethiopia reports 3,954 confirmed COVID-19 cases compared to 1,636 on 4 June. The cumulative number of people recovered has reached 934, while the number of deaths has increased to 65. Cases have increased exponentially in the last two weeks, with Addis Ababa counting a total of 2,877 cases. (Source: MoH/ Ethiopia Public Health Institute, EPHI).
- On 6 June, the first confirmed case of COVID-19 was reported in Gambela region, while on 10 June, the first case of COVID-19 amongst the refugee population in Ethiopia was reported in Adi Harush camp, Tigray region. The camp hosts some 33,928 Eritrean refugees, and four cases have been confirmed so far.
- From June 15 – 20, the National Emergency Coordination Center (ECC) in cooperation with line Ministries, regional governments, and humanitarian partners conducted a multi-cluster assessment in quarantine centers (QCs) and points of entries (POEs) in seven regions. Other regions will be covered in future.
- On 10 June, in a meeting at the ECC, Government called on partners to scale up efforts to decongest IDP camps and improve basic water and hygiene, as part of COVID-19 response. The International Office for Migration's Site Management Support has finalized a position paper on emergency decongestion of IDP sites (link: <https://www.humanitarianresponse.info/en/operations/ethiopia/covid-19>).
- On 12 June, in a public statement, Prime Minister Abiy Ahmed warned the public that Ethiopia is “yet to see the worst of COVID-19 pandemic during the *kiremt* season (June - September), and called on all members of society to stand in solidarity in the effort to control the worsening COVID-19 pandemic”.
- Government and partners are scaling-up risk communication and community engagement (RCCE) interventions, such as dissemination of messaging on the impact of COVID-19 on women as well as prevention tips catered for women's needs and other risk communication activities. IOM alone reached more than 1,175,000 IDPs, returnees and host community through door-to-door sensitization, mobile van messaging, and sensitization during distributions.
- On 9 June, the National Disaster Risk Management Commission (NDRMC) Commissioner and the Humanitarian Coordinator for Ethiopia released a revised 2020 humanitarian requirement outlining additional humanitarian priorities since the release of the 2020 Humanitarian Response Plan on 28 January. The spike in humanitarian needs is mainly due to COVID-19-related multi-sector impact. The revised requirement of US\$1.65 billion seeks to address the needs of 16.5 million people, including 9.8 million targeted for COVID-19-related interventions at a cost of \$506 million.
- Globally, the COVID-19 Global Humanitarian Response Plan (GHRP) launched in March, covering the period April – December 2020, requests some \$7.27 Billion, \$506 million of which for Ethiopia, and as of 19 June has received some \$1.32 Bn (18.2 per cent). Please check for further updates : <https://fts.unocha.org/appeals/952/summary>.
- The European Union and its member states have mobilized €487 million to support the Ethiopian Health System, to improve quarantine sites, social protection enhancement, livelihood recovery, and strengthen Ethiopia's economy.



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

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.

The return of Ethiopians abroad through the country continues. In the last two weeks, an estimated 3,100 people returned from neighboring countries and Middle East, mainly through Addis Ababa. Several challenges have been reported such as congested centers, lack of water, and lack of sufficient personal protective equipment (PPE), impacting in particular Metema (Amhara region) and Dewele (Somali) Points of Entry (PoE). The ECC in cooperation with partners has deployed teams to address lack of temporary shelters, and gaps in terms of access to water and coordination, and finalized an assessment of QC and POE. ECC and line ministries and partners are working on the flood contingency plan for *Kiremt*.

According to IOM DTM round 21, some 900,000 IDPs (out of 1.7 million in total) are unable to access the minimum quantity of safe drinking water (7.5 litre/c/d). Notwithstanding partners' efforts to promote good hygiene practices, water shortages at IDP sites complicate the implementation of Infection Prevention and Control (IPC) measures for COVID-19. The pandemic has impacted water, sanitation and hygiene (WASH) activities, hygiene promotion or trainings as all group / mass gatherings are restricted. According to the WASH Cluster, in May, partners reached 186,000 people with RCCE activities, 656,000 with handwashing facilities, and 38,000 IDPs with hygiene items (WASH Cluster: <https://bit.ly/2AHtQWj>)

The Desert Locust (DL) infestation is now in its second phase, with FAO projecting it could be 20 times worse than first one. Since January, 180 *woredas* in seven regions have been impacted, mainly in the East and Southern parts of the country, while changing weather conditions have caused swarms to move westwards from Somali region towards Oromia and SNNP regions, and there are reports of new swarms in South and Western parts of the country. The triple threat of COVID-19, floods and locusts pose a major threat to food security in Ethiopia, while COVID-19 restrictions have caused some logistical challenges for supply of pesticides/ bio-insecticides, and delays in obtaining equipment.

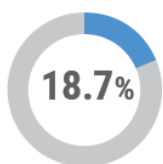
According to the Logistic Cluster, Ethiopia's land borders are either closed or have restrictions. The Ethiopia - Eritrea is completely closed; the border with Somalia is only operational for WFP trucks through Berbera corridor; the land border with South Sudan and Djibouti are open only to essential goods with no restrictions on cargo movements; lastly, the Ethiopia - Kenya border at Moyale, cargo trucks are not allowed to cross the border. Therefore, transshipment continues at the respective destination country's yard (Kenyan trucks are offloaded on the Ethiopian yard and vice versa for those holding a valid negative COVID-19 certificate). In Djibouti, cargo ships operate with limited capacity due to congestion.

The OCHA - managed 'Ethiopian Humanitarian Fund' (EHF) has allocated some US\$4 million for COVID-19, and allowing the re-programming of existing projects. The funds will support enhancing logistics operational capacity, storage capacity and strengthen coordination as well as information management services. Further, funds will be allocated for the procurement of Personal Protection Equipment (PPEs) for frontline health workers, emergency shelters (ES) for the decongestion of overcrowded IDPs sites, procurement of WASH/ NFI kits for critical locations including water trucking, establishment of hand washing facilities, and to help people affected by COVID-19.

2020 HRP - FUNDING STATUS

Contributions as per the updated 2020 HRP financial requirements, by sector (as of 9 June 2020)
US\$1.65 billion requested

LEVEL OF FUNDING



25%
Non-COVID-19

3%
COVID-19

Sector/Cluster	COVID-19 (in million US\$)	Non-COVID-19 (in million US\$)	% Overall Covered	Requirements (in million US\$)
Food	0.6	151.4	20%	773.4
Nutrition	5.7	48.3	21%	252.6
Health	-	7.7	4%	195.0
ESNFI	-	-	0%	105.4
WASH	0.3	9.4	10%	95.5
Agriculture	-	5.8	8%	73.7
Logistics	-	-	0%	59.7
Protection	-	1.1	2%	47.6
Education	-	1.0	3%	35.4
Coordination	-	2.8	23%	12.0
Sector not specified	-	44.2	-	-
Multiple sectors (breakdown not specified)	10.6	20.1	-	-

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

- In Afar, hot and dry weather conditions persist, conditions of ground water and pasture are expected to deteriorate.
- In Ahmara region, 163 confirmed cases of COVID-19 have been reported. The cases are from those with travel history and in QCs in Metema woreda. ECC has deployed a team to support the regional ECC launched on 17 June. The team has established an Incident Command Post in Metema to support the coordination of returning migrants from Sudan.
- Amhara regional authorities report that 35,000 IDPs have now been returned from Awi zone (Amhara) to Metekel zone (BGR), while the remaining IDPs are expected to return in the next two weeks.
- In Tigray, as of 16 June, 92 cases were reported, most cases are from Western Tigray (Mai-Cadra) and Mekelle QCs (Djibouti - Mekelle truck drivers). Four confirmed cases were reported from the Adi-Harush Eritrean refugee camp.
- In the region, the seasonal *kiremt* rain is expected to be above normal and flood alert was given to communities in the West, Northwest and Central parts of the country.

Humanitarian Impact

- The influx of returnees from Sudan is a major challenge for regional efforts to prevent the spread of COVID – 19. The region has to contend with the problem of daily farm laborers to West Gondar zone and the many crossing Points from Sudan, which complicate due screening. QCs in West Gondar zone are poorly equipped and lack basic services.
- In Afar, the price of staple food is steadily increasing as supplies to local market shrinks due to reduced harvest and movement restrictions in neighboring areas.

Actions Taken

- In Amhara, the ECC has deployed a team to support the regional ECC, launched officially on June 17. The team has also established an Incident Command Post (ICP) in Metema to support the coordination of return migrants from Sudan.
- In Tigray, the regional government lifted the movement restrictions within the region. The double quarantine requirement imposed on those travelling to the region is also relaxed with some exceptions.
- The regional government in Tigray has mobilized resources to support QCs in the western zone to address some of the challenges. The support from MoH and EPHI for the facilities is lacking according to the Regional Health bureau.
- The consortium ES/NFI cluster (IOM and NRC) has dispatched a humanitarian cargo from Addis to Shire and started the distribution of COVID-19 materials to Shire and Axum QCs, with the support of regional authorities.

Eastern Oromia, Dire Dawa, Somali region

Situation Overview

- In Somali region, COVID-19 cases continue to rise with 246 confirmed, the majority from Jijiga QC, one from Moyale, and one from Doolo. These cases have no travel history outside Jijiga. In Jijiga, one health professional tested positive for COVID-19. Jijiga University is accommodating more than 1,000 returnees from Somalia, and Dawele host around 1,000 people in Haromaya University.
- In Somali region, the situation at Dewele POE and QC has been flagged as critical with congested shelters, insufficient health professionals and a high number of COVID-19 active cases. In addition, no proper arrangements exist for waste management at quarantine and treatment centers in the region. ECC and IOM are working in building temporary shelter to address the some of the problems quickly. Discussions are also ongoing between the ECC and regional governments/city administration to use other locations to quarantine the return migrants.
- On 14 - 15 June, Somali region DRMB returned 560 IDPs households from Somali region and Dire Dawa to Chinaksen (Oromia) and Tuliguled (Somali). Partners have expressed concern about the risk that the relocation of IDPs entails in terms of COVID-19 in addition to residual inter-community tensions in the areas of return.
- In Dire Dawa, COVID-19 laboratory has been established. The Dire Dawa health bureau is also expected to receive 32 ambulances from the federal government, while the Dire Dawa city administration has purchased 9 ha. of land in Shinile woreda to relocate IDPs in the Millennium Park.
- In East Hararghe, Oromia, there 17 confirmed cases and West Hararghe one confirmed case counted, as of 15 June. In Dire Dawa 3 cases active cases reported with total of 11 confirmed cases, with no history of travel to outside the city.

Humanitarian Impact

- PPE and hygiene materials remain major gaps at quarantine, isolation and treatment sites, while consistent food provision to IDPs remains a critical need.
- In Filtu *woreda*, Liban zone (Somali) the COVID-19 response coordination in seven *woredas* is lagging due to unavailability of transportation in the area.

Actions Taken

- MoH deployed a team to Jigjiga and Filtu to initiate zone and woreda level trainings in collaboration with WHO.
- The Somali regional agriculture bureau continues chemical spraying to control the spread in the affected woredas.
- IOM led an assessment mission to some selected IDPs sites prioritized for the decongestion in Somali region. A similar assessment in IDPs sites in Dire Dawa was postponed until further notice.

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

Situation Overview

- In South and West Omo, SNNPR, the movement of people across the border is not being properly monitored. Although there are designated focal points at PoE, there are no standard facilities such as building, rooms and infrastructure (water, sanitation, telephone, etc.) The ECC in cooperation with the Ministry of Peace is following the situation with the regional government and humanitarian partners working in the region.
- In SNNPR, the number of confirmed COVID-19 cases increased from 25 to 42 in one week. The new cases were reported in Sidama zone (25), Hawassa city administration (4) and Keffa zone (4); the remaining 8 cases were six zones in the region. On the other hand, from 7-13 June, the number of cholera cases in the region decreased significantly from 208 to 65 due to increased WASH and health interventions as well as risk communication and community engagement.
- Southern Oromia's Bale, East Bale and Borena zones each reported one case of COVID-19, while Guji zone and West Arsi zones reported eight and two cases respectively. The delivery of basic COVID-19 preventive actions in areas affected by insecurity in Guji, Borena and Bale is compromised.
- In West Guji, seven new cholera cases were reported in Abaya woreda, bringing the total to 96.
- Borena has reported 293 COVID-19 cases. Border control remains loose, enabling easy movement of people from Ethiopia to Kenya and vice versa. The issue of (cooked) food for quarantine and treatment centres remains unresolved, while 11 water schemes require maintenance. COVID-19 Quarantine Centres remain under-equipped and underfunded.

Humanitarian Impact

- In Borena, authorities are concerned about the decongestion of IDP sites due to issues related to land and budget availability. On the other hand, partners noted that the distribution of emergency food to 104,000 people has been interrupted since the end of April.

Actions Taken

- In SNNPR, the INGO WVI started distribution of food to some 192,000 beneficiaries in 12 woredas in the region.
- In West Guji, the zonal Rapid Response Team (RRT) conducted COVID-19 awareness raising activities to 278 inmates at Bule Hora woreda prison.

Western Oromia, Benishangul Gumuz (BGR) and Gambella regions

Situation Overview

- In Gambella, the first case of COVID-19 was reported on 6 June.
- In BGR, Assosa zone, five cases were confirmed with four recoveries. The first week of June, inter-communal violence broke out between ethnic Amhara and Berta in Bambasi woreda, Assosa zone, impacting partners' movements.
- Insecurity in Western Oromia as a result of security operations against Unidentified Armed Groups (UAGs) continues worsening. In June, escalating insecurity in Nekemte town, East Wellega zone, affected transportation services. Against this backdrop, one case of COVID-19 was confirmed in Mendi town, Mana Sibu woreda.
- In West Wellega, from 8 - 12 June, an inter-agency multi-sectoral assessment was conducted at IDPs sites with secondary displacement. The major critical humanitarian needs are food, shelter and health.
- In West Showa zone, Oromia region, three COVID-19 cases were confirmed, total reached 28. Similarly, in Jimma zone, two confirmed cases reported.

Humanitarian impact

- Partners report gaps in terms of availability of PPE for front line health workers in QCs and PoE.

Actions Taken

- Oromia Broadcast Network (OBN) and Government communication media disseminated information for public awareness on COVID-19 to prevent the spread of COVID-19 in all targeted IDPs returnees kebeles.
- WVE has donated IEC materials in East Wellega zone, including four speakers, 18 microphone speakers, four generators, and some 1,400 IEC/ BCC materials (236-Stickers, 288-Banners, 252-Posters, 120-hats and 500-T-shirts) as part of COVID-10 awareness raising activities.

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 27 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>