

HIGHLIGHTS

- As of 28 March, Ethiopia counts 200,563 confirmed cases of COVID-19 of which 43,437 are active cases and 2,801 people have died (1.43 per cent case fatality rate).
- While cases spike nationally, no surveillance activities have been carried out in Tigray since 4 November 2020.



In this issue

- P.1 [COVID-19 Ethiopia update](#)
- P.2 [Tigray crisis update](#)
- P.3 [Cholera in SNNPR](#)
- P.3 [OHCHR to deploy HR monitors](#)
- P.3 [DL declining in Ethiopia and the horn: FAO](#)
- P.3 [2.1M need drought assistance in Somali Region](#)
- P.4 [Inter-communal conflict in North Shoa Zone](#)
- P.4 [The story of Asnakech, an IDP at Ranch site, Chagni Town, Awi Zone](#)

COVID-19 - Ethiopia updates

A spike in confirmed COVID-19 cases seen in March 2021

One year after the first case was registered in Ethiopia on 4 March 2020, the COVID-19 pandemic continues to spread unabated. The test positivity rate has been drastically increasing since February, indicating higher community transmission. At present, the test positivity rate stands at 25 per cent. Effective 29 March, the Ethiopian Federal Attorney General Office, together with the Ministry of Health, announced a new directive imposing stricter rules to mitigate further spread of the pandemic. Failure to adhere to COVID-19 preventive measures could result in up to three years of imprisonment, according to the directive. Ethiopia's Minister of Health, Dr. Lia Tadesse, has called on the police to strictly enforce all COVID-19 prevention measures.

As of 28 March, Ethiopia counts 200,563 confirmed cases (2.3 million samples tested), of which 43,437 are active cases and 2,801 people have died (1.43 per cent case fatality rate). There are currently 805 patients in the Intensive Care Unit.

As per the trend since the beginning of the pandemic, the majority of reported cases (79 per cent) are in Addis Ababa and Oromia Region. During the National Emergency Coordination Center meeting held on 13 March, the Ministry of Peace announced that it has completed preparations to resume community-wide COVID-19 testing in Tigray. No COVID-19 surveillance was conducted in Tigray since the beginning of the conflict on 4 November 2020.

HIGHLIGHTS

- Ethiopia launched a COVID-19 vaccination campaign; frontline health and essential workers, as well as at-risk groups are prioritized.
- Humanitarian partners are focused on scaling up the response in Tigray Region.
- The Regional Bureau of Labor and Social Affairs – BoLSA and the Early Warning Bureau reported that more than 730,000 people are displaced in Tigray, including 140,000 displaced from western Tigray to Shire and Adwa.
- There are 44 partners operating across the region, including 22 INGOs, 9 NNGOs, 8 UN agencies and 5 Government agencies

Ethiopia aims to vaccinate 20 per cent of the population by the end of 2021.

Ethiopia has launched the COVID-19 vaccination at Eka Kotebe COVID-19 Hospital where frontline health workers were vaccinated to mark the beginning of the vaccination campaign. The first batch of COVID-19 vaccines prioritize health and essential workers, and other at-risk groups. Some 2.184 million doses of the Astra Zeneca COVID-19 vaccine were procured and shipped to Ethiopia via the COVAX Facility on 6 March 2021. Subsequent shipments of 5.4 million doses are expected to arrive by May 2021. Ethiopia aims to vaccinate 20 per cent of the population by the end of 2021.



Figure 1 Dr. Lia Tadesse, Minister of Health, receiving the vaccination. Photo Credit: WHO

Despite concern in some European countries over blood clotting after the use of the AstraZeneca COVID-19 vaccine, the Ethiopian Ministry of Health announced that it will continue to administer the vaccine as health institutions, including World Health Organization, have expressed confidence in the safety of the vaccine.

Tigray conflict updates

More than 730,000 displaced in Tigray

Reports from the Regional Early Warning and Response Directorate and humanitarian partners on the ground reveal that the number of displaced people has steadily increased in the region. Currently, more than 140,000 people have been displaced from western Tigray to Shire and Adwa, bringing the cumulative number of displaced people in Tigray to more than 730,000 (according to the Regional Bureau of Labor and Social Affairs – BoLSA and the Early Warning Bureau)¹. An assessment conducted by the ES/NFI Cluster and OCHA between 11-14 March in Shire, Aksum, and Adwa found a dire humanitarian situation in these areas.

Humanitarian partners are focused on scaling up the response with the improvement of access following the shift to a notification system for international humanitarian staff and cargo movement since early March. At present, there are 44 partners operating across the region, including 22 INGOs, 9 NNGOs, 8 UN agencies and 5 Government agencies. At least 182 UN staff are supporting the humanitarian response in the region (146 in Mekelle and 36 in Shire), with hundreds more aid workers with international and national NGOs. Urgent additional funding is required to support and maintain the scale-up effort.

A UN Member States briefing on the humanitarian situation in Tigray Region took place on Thursday, 25 March 2021 (find the full briefing here: [Humanitarian situation in Ethiopia - OCHA Briefing - YouTube](#)).

Please go to <https://reports.unocha.org/en/country/ethiopia/> to see the full picture of ongoing cluster responses and gaps in the region.

¹ Please note that these are estimated figures and new (and unconfirmed) displacement figures are being reported from other regional offices so the figure might be updated soon.

HIGHLIGHTS

- SNNP and Sidama Regions continue to report cases of cholera
- The cholera outbreak in SNNPR was fully controlled six months ago before its re-emergence a few weeks ago.
- Office of the United Nations High Commissioner for Human Rights (OHCHR) and the East Africa Regional Office (EARO) to deploy human rights monitors in Ethiopia.

SNNP and Sidama Regions continue to report cases of cholera

At least 34 cholera cases were reported during the last three weeks in South Bench *Woreda* of Bench Sheko Zone (SNNPR). Similarly, at least 15 new cases were reported in Dawuro Zone (Keche *Woreda* (11), Kercha Town (3) and Kercha *Woreda* (1)), bringing the total cholera cases to 697.

Nineteen new cholera cases were also reported from Uba Debretsehaye *Woreda* of Gofa Zone during the same period, bringing the total active caseload to 39 in just two weeks time.

In Surma *Woreda* of West Omo Zone, the total cases of Cholera had reached 846, including 33 deaths, although no new cases were registered during this reporting period [9 – 15 March] in West Omo Zone of SNNPR as well as in Sidama Region.

The cholera outbreak in SNNPR was fully controlled six months ago, before its recent re-emergence.

OHCHR-EARO to deploy Human Rights monitors to various parts of Ethiopia

The Office of the United Nations High Commissioner for Human Rights (OHCHR) and the East Africa Regional Office (EARO) trained 16 human rights monitors who will be deployed throughout Ethiopia divided into seven teams. The teams will closely work with partners, including the Protection Cluster and UNOCHA.

The monitoring teams will produce weekly monitoring reports, make referrals to service providers, advocate before authorities for redress, provide technical and capacity building assistance to authorities and sensitize right holders on various human right and protection concerns.

Desert locust infestations declining in Ethiopia and the horn: FAO

The Food and Agriculture Agency (FAO) reports good progress in the desert locust response in the horn of Africa. At present, desert locust swarms remain immature and continue to decline as a result of poor rain performance and ongoing control operations. The highlands east of the Rift Valley, southern Oromia and SNNP Regions are currently infested by desert locust. The situation is likely to remain the same or improve as no significant rainfall is expected in the coming months. Nonetheless, surveillance needs to be increased and current control operations need to be sustained. There is also a risk for warms from Somalia to drift towards Jijiga and Dire Dawa in eastern Ethiopia. The latest FAO desert locust situation update is available here: <https://bit.ly/3u3czNA>

Some 2.1 million people in Somali Region require drought assistance

Some 2.1 million people across 74 *Woredas* in Somali Region require humanitarian assistance as a result of drought, according to the Regional Disaster Risk Management Bureau (DRMB). Dawa, Liban, Afdher and Shabelle are the most affected Zones followed by Siti and Jarar Zones. Traditional water sources have dried and there are limited functional water schemes/boreholes in the affected areas. At least \$65.5 million is required to cover all identified needs, of which \$16.4 million is required for WaSH interventions.

The overall response currently is limited to water trucking and rehabilitation of non-functional water schemes. Between January and March, humanitarian partners (UNICEF, Save the Children International, local NGO OWDA, Mercy Corps and ACF) have reached 257,892 people with water trucking support, representing 13 per cent of the total needs, while the

HIGHLIGHTS

- The inter-communal conflict that erupted in North Shoa Zone, Amhara Region on 18 March resulted in an undetermined number of casualties, destruction of social and community infrastructure, looting and destruction of private property
- Asnakech Teku, a 22-year-old young lady, is living at Ranch IDPs site in Chagni Town with her two baby boys. She was displaced from Mandura Woreda, Gilgebeles Town two months ago
- “The UAGs nearly caught me and killed me as I could not run fast due to my pregnancy at the time. I am grateful for the community who have helped me,” Asnakech recalls the events of that fateful day
- “I am separated from my mother and my first baby boy who are currently sheltering with the host community in Chagni Town,”

Regional Government has allocated ETB 20 million (~\$479,000) for fuel and maintenance of water trucks. WaSH actors are rehabilitating 28 non-functional water schemes in different zones. Additional resources are required to urgently provide water trucking in all the 74 prioritized *woredas* and to rehabilitate all 95 non-functional boreholes/water schemes.

Inter-communal conflict in North Shoa Zone

The inter-communal conflict that erupted in North Shoa Zone, Amhara Region on 18 March resulted in an undetermined number of casualties, destruction of social and community infrastructure, looting and destruction of private property. According to the Shoa Zonal Administration, population displacement is reported in the South of Ataye in Shewa Robit, Kewet Efrata, and Gidim Ataye Amtsockia Gemza *Woredas* with varying levels of needs in the different *Woredas*. The number of people displaced by the fighting is unknown, but various sources estimate the number to be between 20,000 and 60,000 displaced/affected in both the North Shoa Zone and the Oromia special Zone. While the security situation has improved in urban centers and along major roads over the last couple of days, the security remains volatile with sporadic clashes reported in the rural areas.

The Ethiopian Red Cross and the host community are assisting the displaced population with food and other relief supplies, albeit very limited compared to the needs. The Zonal Administration is currently registering IDPs. Food, nutrition, shelter and NFI, health, WASH, and protection services are urgently required.

The story of Asnakech, an IDP woman at Ranch, Chagni Town, Awi Zone, Amhara Region

Following increasing attacks by UAGs on civilians in Metekel Zone of Benishangul Gumuz Region between July and November 2020, more than 205,000 people have fled in search of safety within Metekel Zone, while more than 96,000 people fled to 11 *Woredas* of Awi Zone in neighboring Amhara Region. More than 43,000 IDPs are taking refuge with the host community and some 23,000 people (5,000 households) are sheltered at Ranch IDP site in Chagni Town. Although at a lower arrival rate, new IDPs continue to trickle in, mainly from Dibati *Woreda* of Metekel Zone. Asnakech Teku, one of the victims of targeted attacks in Metekel Zone and currently displaced to Amhara Region, has a story to tell.

Asnakech Teku, a 22-year-old young woman, is living at Ranch IDP site in Chagni Town with her two baby boys. She was displaced from Mandura *Woreda*, Gilgebeles Town two months ago. Her husband disappeared during the attack by UAGs in her Town. Asnakech has not heard from him ever since, and fears that he might have been killed. But she hangs on to hope that he might be displaced to another location and that they will reunite someday.



Figure 2 Asnakech Teku at Ranch IDP site. Photo Credit: Mamushet/OCHA

HIGHLIGHTS

- Life in the Ranch IDP site of Chagni is particularly challenging for women and children. The 6000 new IDPs who arrived at the site in the second week of March are currently staying out in the open, or in makeshift plastic shelters for lack of adequate shelter facility.

“The UAGs nearly caught me and killed me as I could not run fast due to my pregnancy at the time. I am grateful for the community who have helped me to survive,” Asnakech recalls the events of that fateful day.



Figure 3 Ranch IDPs waiting in long queues to bake 'injera' or bread. Photo Credit: Mamushet/OCHA

Asnakech fled the violence with her first-born boy and her elderly mother. She had no shelter, no sleeping mat, no blanket. Few days after, she was admitted to Chagni Hospital and gave birth to her second son.

She came to Ranch IDP site seeking assistance after she gave birth. She received 25 kilograms of flour, 2 kilograms of pasta and 6 pieces of soap. The assistance is insufficient, and she is not able to breastfeed due to lack of proper food. For lack of shelter, she is now sharing a very confined space with other IDPs in the site.

“I am separated from my mother and my first baby boy who are currently sheltering with the host community in Chagni Town,” she said. “I am trying hard to get shelter for myself and my new born baby, but no luck yet.” she added. Asnakech said that in addition to shelter and food, she lacks clothing for herself and her baby.

Life in the Ranch IDP site of Chagni is particularly challenging for women and children. The 6000 new IDPs who arrived at the site in the second week of March are currently staying out in the open, or in makeshift plastic shelters for lack of adequate shelter facility. Some pregnant women have lost their babies for lack of food and stressful environment.

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