

HIGHLIGHTS

- Of 1,044,005 samples tested as of 06 September, 58,672 were confirmed positive making Ethiopia the country with the highest caseload in East Africa, and the fourth highest in Africa next to South Africa, Egypt and Morocco.
- 25 highest-risk IDP sites further prioritized for decongestion and scaled-up multi-sector response as part of COVID-19 prevention and control effort amongst IDPs.



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FUNDING REQUIREMENTS

US\$1.44 billion

Total COVID-19 and non-COVID-19 revised requirements

US\$1.06 billion

Non-COVID-19 requirements

US\$374.2 million

COVID-19 requirements

People targeted	
Non-COVID-19	8.1 million
COVID-19	7.8 million

COVID-19 - Ethiopia updates

Over 1 million samples tested, close to 59,000 confirmed cases and more than 900 deaths in six months

It has now been six months since the first case of COVID-19 was reported in Ethiopia. Of 1,044,005 samples tested, 58,672 were confirmed positive making Ethiopia the country with the highest caseload in East Africa, and the fourth highest in Africa next to South Africa, Egypt and Morocco. The country also registered 21,307 recoveries (35.85 per cent recovery rate) and 918 deaths (1.56 per cent fatality rate). All regions have reported cases, with the majority (58 per cent) in Addis Ababa.

25 highest-risk sites prioritized for decongestion and scaled-up multi-sector response as part of COVID-19 prevention and control efforts

Internally displaced people (IDPs) are amongst the most vulnerable people for COVID-19 due to their congested living space, compromised health conditions, and inadequate access to basic services. Considering that physical distancing and hand hygiene are amongst the most effective measures to curb the spread of corona virus, site decongestion should be scaled up in IDP sites, along with expansion of WaSH facilities, risk awareness communication and active surveillance.

Recognizing this priority, the IDP COVID-19 response plan had identified 56 sites across the country where some 398,830 IDPs are living in overcrowded sites or site-like settings. Of these, 25 highest-risk sites were further prioritized for decongestion and scaled-up multi-sector response. At present, WaSH expansions are ongoing in six sites, while additional interventions are planned in six sites. The Emergency Shelter/NFI Cluster has ongoing activities in 11 sites. Additional funding is urgently required to address all needs, as well as additional land for site decongestion in selected areas where existing current site size does not allow this to materialize.

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- The mid-year review (MYR) of the joint Government and humanitarian partners' 2020 Ethiopia Humanitarian Response Plan (HRP), officially released on 1 September, lays out prioritized multi-sector humanitarian needs targeting 15.1 million people with emergency food and non-food assistance at a cost of \$1.44 billion.
- Given the \$83.1 million Government allocation towards the 2020 HRP and donor contribution of \$425.1 million, the revised requirement of \$1.44 billion currently has a funding gap of \$929.6 million, the lowest funding level in at least a decade.

Some 15.1 million people need humanitarian assistance at a cost of US\$ 1.44 billion

In 2020, Ethiopia's humanitarian needs have increased due to the impacts of COVID-19 and other health outbreaks such as cholera, the persisting desert locust invasion (since June 2019) impacting livelihoods and exacerbating food insecurity, and recent conflict and flood-induced displacements in parts of the country. These needs have deepened existing/protracted vulnerabilities.

Despite the increasing needs, the mid-year review (MYR) of the joint Government and humanitarian partners' 2020 Ethiopia Humanitarian Response Plan (HRP), which was officially released on 1 September 2020, is significantly underfunded.

The plan targets 15.1 million people with emergency food and non-food assistance at a cost of US\$1.44 billion (61 per cent children, 21 per cent women and 9 per cent disabled).

At present, the HRP is at its lowest funding level of at least a decade, with a gap of \$904.9 million. Looking at the sector breakdown, only 49 per cent of the emergency food needs are met. The longer affected population remain without food assistance to meet their nutritional needs, the higher the likelihood of them drifting into malnutrition, particularly children under-5 and pregnant and breastfeeding mothers. The Agriculture Cluster is 8 per cent funded, Education Cluster 7 per cent funded, ES/NFI Cluster 5 per cent funded, Health Cluster 11 per cent funded, Logistics Cluster 16 per cent funded, Nutrition Cluster 26 per cent funded, Protection Cluster 7 per cent funded and WaSH Cluster 14 per cent funded.

Without urgent additional funding, multi-sector vulnerabilities will further deepen, mostly impacting women, children, the elderly, the disabled, and people in sites and site-like settings amongst others.

On the day of the official release of the HRP, the United Nations Resident and Humanitarian Coordinator for Ethiopia, Dr. Catherine Sozi, stressed that "today, more than ever, the Government and people of Ethiopia need the steadfast support from international partners. The country needs urgent additional financing to not only control the various co-pandemics before they further spread across the country, but to also mitigate the adverse long-term impact on the already dire humanitarian context." Dr. Sozi called on friends and partners of Ethiopia to avail additional funding to address these needs, prevent human suffering and avoid deaths.

According to the NDRMC Deputy Commissioner, Ato Damene Darota, "COVID-19 is the immediate focus of the Government of Ethiopia. However, we will not lose sight of the multi-faceted and simultaneous humanitarian challenges across the country." The full document is available here: <https://bit.ly/31JUHvQ>

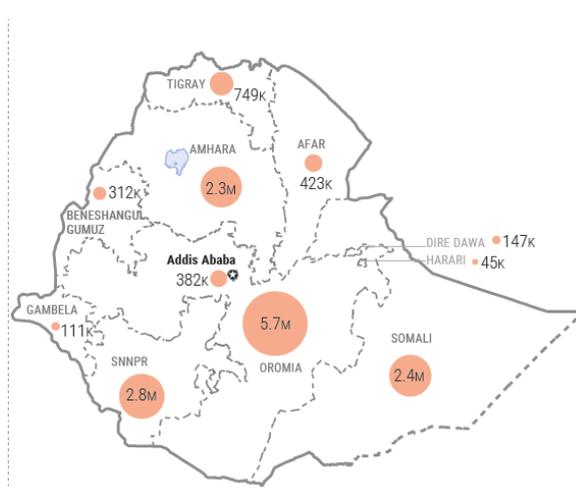


Figure 1. People targeted by region. Source: OCHA Ethiopia

HIGHLIGHTS

- United Nations Central Emergency Response Fund (CERF) allocated \$8 million to urgently assist people affected by cholera outbreak and flooding in Afar, Oromia, Somali and SNNP regions.
- Heavy summer season (June – September) rains continue to cause flooding in many parts of the country. Some 500,000 people were so far affected, including some 300,000 displaced.
- NDRMC, in collaboration with Oromia and Afar regions, is working to evacuate people who live in high-risk areas and called for additional support, including COVID-19 risk communication messages in displacement sites.

UN's Central Emergency Response Fund allocates US\$8 million to Ethiopia

The United Nations Central Emergency Response Fund (CERF) allocated \$8 million to urgently assist people affected by cholera outbreak and flooding in Afar, Oromia, Somali and SNNP regions. The fund will go to UNICEF and WHO to respond to water, sanitation and hygiene (WaSH) and health needs, respectively. This CERF allocation will benefit communities in six *woredas* of Afar region, 16 *woredas* in Oromia region, five *woredas* in Somali region and nine *woredas* in SNNP region.

Between late June and 15 August, some 3,826 cases of cholera and 104 deaths were reported in six *woredas* of West Omo zone, while 128 cases and nine deaths were reported in Melka Soda *woreda* of West Guji zone, Oromia region.

Close to half a million people affected by flooding due to heavy rains

Meanwhile, heavy summer season (June – September) rains continue to cause flooding in many parts of the country. Some 500,000 people were so far affected, including some 300,000 displaced.

Most recently, on 1 September, Awash River broke its embankment and flooded downstream areas in Amibara and Awash Fentale *woredas* of Afar region. The Government deployed a military helicopter (on 2 September) to evacuate flood-affected people and is also planning to deploy a team to assist the flood response operation in the region. According to The National Disaster Risk Management Commission (NDRMC), Koka and Kesem dams are releasing significant amount of water, pausing flood risk in downstream communities. NDRMC, in collaboration with Oromia and Afar regions, is working to evacuate people who live in high-risk areas and called for additional support, including COVID-19 risk communication messages in displacement sites.

Similarly, at least 20,000 flood-affected people were evacuated in Haro Hadi Town (since 1 September) as heavy summer rains continue to cause flooding in East Shewa zone in southern Ethiopia. The people were left stranded by flood water in Haro Hadi Town following the overflow of Awash River and Lake Bekele. An additional 25,000 people in Metehara Town (a quarter of the town's population) are also at risk of displacement. The National Disaster Risk Management Commission has deployed a team to the area to support the effort, while the Ministry of Defense deployed a helicopter for the endeavor. The relocated/displaced people are sheltered in schools and in inadequate tents without proper physical distancing or other protective measures in place against COVID-19. Local authorities have called on partners to urgently intervene with any available assistance.



Figure 2 Evacuating the vulnerable in Metehara, East Shewa zone. Photo Credit: OCHA Ethiopia

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- OCHA Ethiopia organized a Humanitarian Civil-Military Coordination workshop with humanitarian partners as well as Government and security forces in Bule Hora Town, West Guji zone, Oromia region. Appropriate measures were put in place to ensure compliance with COVID-19 restrictions and protection measures. OCHA Ethiopia is planning to conduct similar workshops in all regions of Ethiopia.

- “Humanitarian Civil-Military Coordination is the essential dialogue and interaction between civilian and military actors in humanitarian emergencies necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate, pursue common goals”.

- According to a survey conducted in mid-July on 1,345,591 hectares of land across Afar, Amhara, Oromia, Somali, Tigray regions and Dire Dawa City Administration, 452,966 hectares were found to be affected by desert locust infestations.

OCHA Ethiopia organizes Humanitarian (CMCoord) workshops at sub-national level

Last week, OCHA Ethiopia organized a Humanitarian Civil-Military Coordination (CMCoord) workshop with humanitarian partners as well as Government and security forces in Bule Hora Town, West Guji zone, Oromia region. Appropriate measures were put in place to ensure compliance with COVID-19 restrictions and protection measures.

The workshop held on 26 and 27 August targeted relief partners, including national NGOs. Key concepts of humanitarian – civil

military coordination were successfully disseminated to participants. The latter were also able to reflect on how to ensure a principled engagement with security forces in Ethiopia to enable humanitarian operations. Meanwhile, the CMCoord workshop on 28 August targeted, for the first time, Government and security forces at the sub-national level (southern Oromia). Overall, the aim of this engagement was to promote compliance and operational consideration of humanitarian principles as well as common principles under International Humanitarian Law and Human Rights Law. It sought to increase awareness and understanding of mandates, presence, and activities of both humanitarian actors and the security forces, through information sharing, dialogue, and the provision of training. OCHA Ethiopia is planning to conduct similar workshops in all regions of Ethiopia.

“Humanitarian CMCoord is the essential dialogue and interaction between civilian and military actors in humanitarian emergencies necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate, pursue common goals”. At the global level, OCHA is the United Nations Agency mandated to coordinate the international response to humanitarian crises. As part of such mandate, OCHA leads the coordination of CMCoord matters, understanding that coordination is a shared responsibility, and does so through liaison and common training.

A need for enhanced surveillance and control of desert locust infestation in Ethiopia

Desert locust infestation continues to destroy crops and vegetations, impacting livelihoods and food security in affected communities. According to a survey conducted in mid-July on 1,345,591 hectares of land across Afar, Amhara, Oromia, Somali, Tigray regions and Dire Dawa City Administration, 452,966 hectares were found to be affected by desert locust infestations. New hopper development was reported in Afar and eastern Amhara at the beginning of August.

In support of Government efforts, the Food and Agricultural Agency (FAO) and partners has so far applied 393,756 liters of pesticide to treat 430,482 hectares of land during July and August. In addition to five planes (for control) and two helicopters (for survey), 20 vehicle-mounted sprayers and 20 motorized sprayers were used during the intervention.

Given the devastating impact so far, FAO called for the need to further strengthen desert locust infestation monitoring and control efforts ahead of the upcoming dry season, which is suitable for desert locust migration. FAO’s appeal of \$48 million for desert locust control currently has a funding gap of 36 per cent.



Figure 3 OCHA Ethiopia staff delivering CMCoord workshop. Bule Hora Town, Oromia. Photo credit: OCHA Ethiopia/ Jordi Casafont

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- “Children in the camp call us ‘coronavirus!’ when they saw us wandering in the camp, which is embarrassing for us and sometimes when we are tracking the close contacts of those who tested positive for the virus, they throw stones upon us and chase us away from the camp,” he added.
- “There is very limited personal protective equipment (PPEs) in the clinic as well as in the isolation centre which makes us more exposed to contract the virus. The new isolation centre for positive cases has no ambulance for patient transfer.
- The lack of adequate supplies for COVID-19 response and the stressful living conditions in the site are additional burdens for Mohammed and his colleagues.

Workshop to kick-off the 2021 Humanitarian Programme Cycle

The work on Humanitarian Program Cycle the HPC 2021 kick-started with a two half-day virtual workshop on 26 and 27 August 2020 which was attended by UN agencies, INGOs, NGOs, and donors. Considering the growing humanitarian needs along with dwindling humanitarian funding, the aim of this workshop was to agree on a joint process and collective approach to enhance an evidence-based identification of needs and vulnerabilities and to develop a highly targeted and prioritized response plan to allow us to raise the required funds to meet the most pressing needs throughout the country.

During the workshop, OCHA highlighted key changes to the HPC process compared to 2020 which included enhanced joint analysis processes in both the Humanitarian Needs Overview and the Humanitarian Response Plan, increased field consultations, and stronger integration of cross-cutting issues such as gender and age analysis, disability inclusion, accountability to affected populations, protection against sexual exploitation and abuse, and centrality of protection, from the beginning. The enhanced embedment of these cross-cutting issues will enable the HPC process to be more inclusive, improve our understanding of people’s different needs in times of crisis, and enhance our accountability to the people we serve. In turn, this will lead to more tailored, effective, and appropriate responses. The HPC consists of a set of interlinked tools and actions aimed at improving the delivery of humanitarian assistance through enhanced preparation, prioritization, and monitoring of a collective and evidence-based response. Two key outputs of the HPC are the Humanitarian Needs Overview and the Humanitarian Response Plan.

Hope and despair: The story of Mohamed Farah, a frontline health worker at Qoloji IDP site

Mohamed Farah, 28, is a public health officer working for the Somali Region Health Bureau for the past 4 years. Mohamed is currently working at the Qoloji IDP site where some 21 COVID-19 cases were reported since late July. There are two clinics in the site, one standby ambulance and 12 health professionals (4 staff are assigned to the isolation center, while the rest are supporting the clinics).

Mohammed is amongst the many young health professionals who have dedicated their time, energy and skills to help people in need. Asked about what he likes most about his job, Mohammed said “I like helping people. I get satisfaction from saving lives; and from seeing sick people recover and get back their happiness.” Mohammed dreams of making a bigger impact on the lives of people by growing in his profession. He however did not hide the challenges he faces as a health professional, particularly since the COVID-19 pandemic.

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- Considering the wrong community perceptions regarding the virus and health workers, Mohamed calls for relevant actors to do more risk communication and community engagement activities at Qoloji IDP sites.
- Mohammed also calls for the Government to provide all necessary support, including medical and PPE kits and keep the momentum of the ongoing leadership going. He also calls for the international humanitarian community to provide the basic humanitarian assistance to the communities in the camp as the IDPs feel they have much more priorities than the COVID-19 pandemic.



Figure 4 Mohammed Farah.
Credit: OCHA Ethiopia/Abdikadir

Photo

film it and use it as a resource mobilization tool. IDPs at Qoloji site say that they have other pressing humanitarian needs that need to be addressed,” Mohammed said with concern.

The lack of adequate supplies for COVID-19 response and the stressful living conditions in the site are additional burdens for Mohammed and his colleagues. “There is very limited personal protective equipment (PPEs) in the clinics and in the isolation center, which increases our risk for infection. There is no restaurant in the camp, and we sometimes have no food to eat. The nearest town is Babile. Our living condition is stressful. I don’t go to visit my family for fear of putting them at risk,” Mohammed said

Considering the wrong community perceptions regarding the virus and health workers, Mohamed calls for relevant actors to do more risk communication and community engagement activities at Qoloji IDP sites. “Repeated messaging on COVID-19 risks through religious leaders and elders is key. In addition to COVID-19 control efforts, the routine humanitarian response should not be interrupted. Some families have no soap for handwashing, masks or sometimes they have no food to eat,” he said.

Mohammed also calls for the Government to provide all necessary support, including medical and PPE kits and keep the momentum of the ongoing leadership going. He also calls for the international humanitarian community to provide the basic humanitarian assistance to the communities in the camp as the IDPs feel they have much more priorities than the COVID-19 pandemic. He also pointed out that community leaders should play a crucial role in changing the negative perception and lead the voluntary community testing and awareness campaign at the community-level. Finally, Mohammed advised the wider public to stop spreading wrong information within the communities and to follow all health protocols to control COVID-19 pandemic.

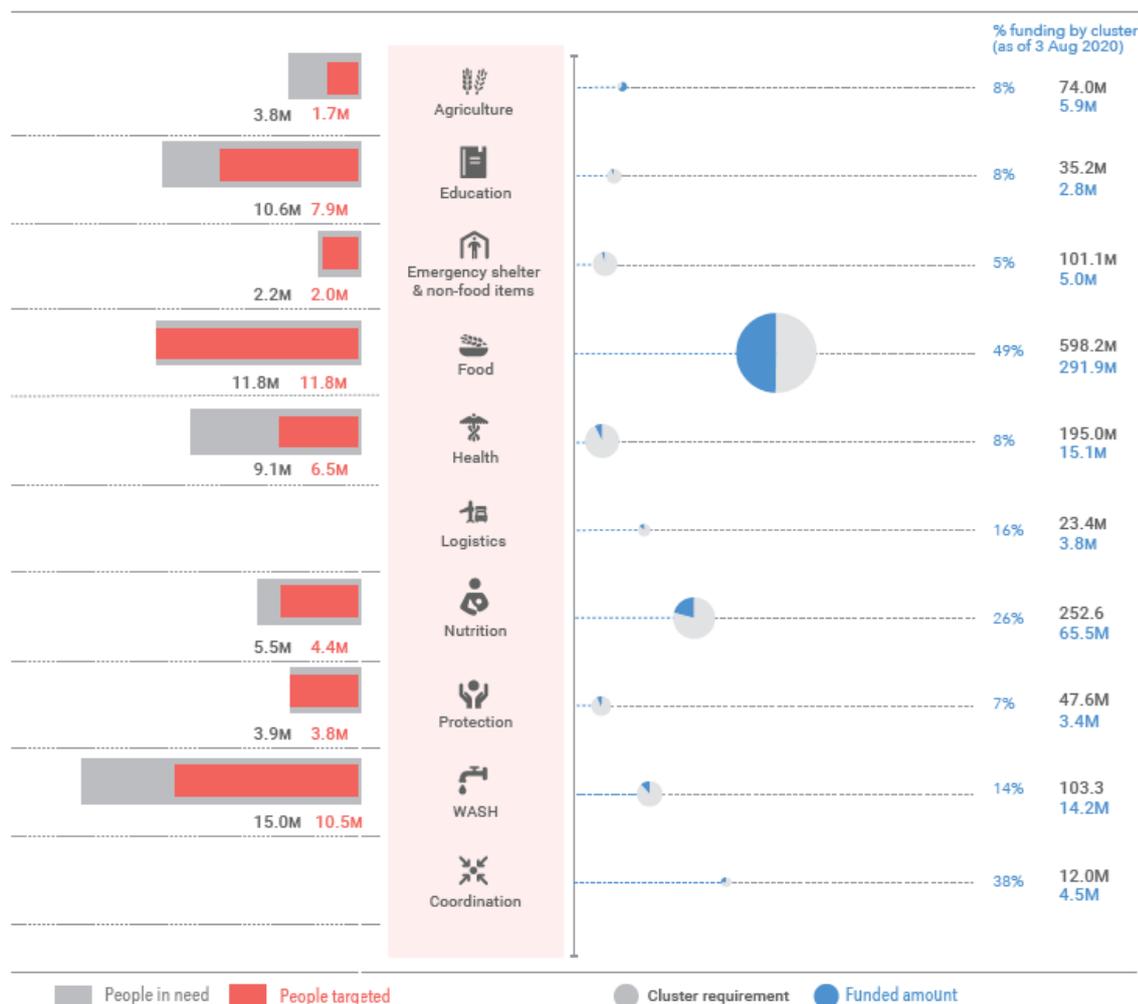
According to Mohammed, the wrong perception of the community vis-à-vis COVID-19 is the biggest challenge to the monitoring and control efforts. “Children in the camp call us ‘coronavirus! and during contact tracing for confirmed cases, people chase us away with stones,” said Mohammed.

In addition, Mohamed is saddened to see patients who come to the clinics breaching health protocols and safety measures, while he and his colleagues are risking their lives to support them and the entire community. Despite the awareness raising being conducted, many people here do not believe that COVID-19 is real. “The community thinks that health workers transmit the virus and advertise the crisis to monetarily benefit from it. Some people believe that the virus doesn’t exist but that it is a politically-driven plot that the Government and partners exploit to get funds from donors. There are some people who claim that the reason why we advise everyone to wear mask and be tested is to

HIGHLIGHTS

- As of 3 August, 35.3 per cent of the revised requirement of \$1.44 billion was funded, including funding received from various donors and allocation from the Government of Ethiopia.

HRP Mid-Year Review: Summary of Needs, Targets and Requirements



For further information, please contact:

Malda Nadew, Head, Strategic Communication Unit - OIC, nadew@un.org, Tel. (+251) 953852223

Mengistu Dargie, National Public Information and Reporting Officer, dargie@un.org, Tel. (+251) 911742381

Alfred Nabeta, OCHA Operations and Advocacy Division, New York, nabeta@un.org

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