



UNICEF Ethiopia/2020/Nahom Tesfaye – UNICEF Ethiopia’s WASH Section worked with the Education Section and designed an innovative group handwashing stand that is operated by a foot pedal.

ETHIOPIA
Novel Coronavirus
(COVID-19)

Situation Report No. 22

March-December 2020

unicef 
 for every child

Reporting Period: March-December 2020

Highlights

With the onset of the Coronavirus pandemic in Ethiopia in March 2020, and multiple other humanitarian crises such as conflicts and flooding, at least 5 million more children were identified as needing assistance in addition to the 4.87 million identified in 2020 ([Humanitarian Response Plan Mid-Year Review](#)). Efforts to mitigate the spread of COVID-19 have inadvertently led to increased vulnerabilities for children and women, who for a period of time could not access essential health services such as routine vaccinations, and malnutrition (from January to November 2020, Severe Acute Malnutrition (SAM) admissions increased by up to 13.5 per cent when compared to the same period in 2019). Other risks were protection and education related (for instance, 2.72 million children did not re-enroll when schools reopened in Ethiopia) and increased child poverty linked to rising income poverty, particularly in urban areas. This fact is highlighted in UNICEF’s [policy brief](#) which estimates that 800,000 people would have fallen below the poverty line as a result of COVID-19 related economic shocks.

In terms of UNICEF response, by the end of 2020, a total of 15,119 health workers were provided with personal protective equipment (PPE), including 119 who provide services to refugees. Another 2,455 social workers received PPE, including 453 working with refugees. A total of 47,482,598 people (791,704 refugees) were reached with messaging on COVID-19 prevention, both through health and WASH risk communication activities. In addition, another 116,372 people (21,585 refugees) were reached with messaging on COVID-19 prevention and access to gender-based violence (GBV) and child protection services. In addition, 2.28 million people including 56,625 refugees received WASH supplies and services while 140,699 people of whom 45,000 were refugees accessed basic sanitation services. A total of 47,424 children and their primary caregivers received mental health and psychosocial support (MHPSS) while 311,289 primary caregivers (52,931 refugees) received counselling on infant and young child feeding (IYCF) and 118,044 severely and acutely malnourished children aged 6-59 months, including 2,506 refugees, received malnutrition treatment.

Some 5.2 million school children accessed distance learning and 20,000 solar radios were procured and distributed to children in emergency affected areas where there is no access to TV or radio, reaching an estimated 70,000 children. Some 2,500 of these radios were distributed to refugee children. A total of 120,576 children were provided with learning materials during school re-opening, while 802,441 children (71,902 refugees) in 1,478 schools (48 in refugee areas) benefitted from WASH supplies. In addition, 93,120 households in 11 cities in the Urban Productive Safety Net Programme (UPSNP) received cash transfers to mitigate the economic effects of the COVID-19 pandemic.

Situation in Numbers a
As of December 31, 2020

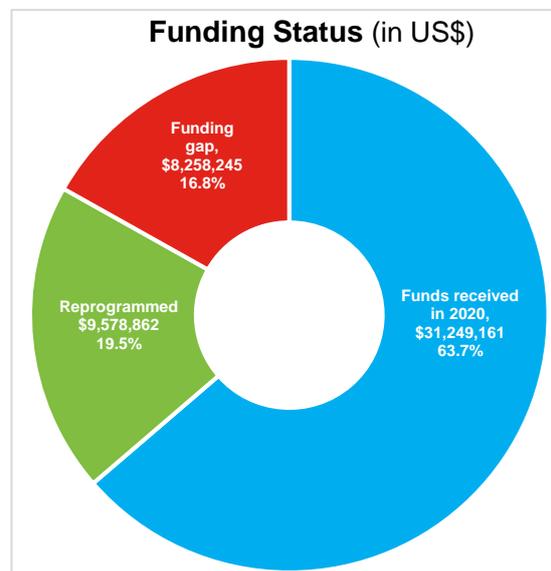
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124,264 confirmed cases
- 

234 in critical condition
- 

1,923 deaths
- 

112,077 Recoveries



Epidemiological Overview¹

On January 30, 2020, the WHO declared COVID-19 a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR 2005); and on March 11, 2020, it was declared a pandemic. Ethiopia was classified among the priority countries at high risk of COVID-19 importation. On March 13, the first confirmed case in Ethiopia was declared by the Ministry of Health (MOH). On April 8, a national State of Emergency (SoE) was declared to last until September 2020². Experimental treatments and vaccines were under development by the end of 2020 and plans were underway for developing countries like Ethiopia to access the most viable vaccines through the COVAX facility targeting the most-at-risk groups.

As of December 31, Ethiopia had 124,264 confirmed cases of COVID-19 with 1,800,236 sample tests conducted and 112,077 recoveries, representing 90.2 per cent of all COVID-19 positive cases since the beginning of the outbreak in the country. A total of 1,923 deaths were recorded (CFR=1.55 per cent). Daily laboratory testing capacity has become more targeted, primarily at contacts of positive cases as well as travelers, but mainly in Addis Ababa. Some 234 patients were in critical condition. As of December 31, there were 1,596 positive cases reported among children aged 0 to 4 years (1.43 per cent) and 17 deaths. Among children aged between 5-14 years³, 3,651 cases were recorded (3.28 per cent) with 33 deaths. COVID-19 positive cases have been reported throughout Ethiopia, with the highest caseloads reported in Addis Ababa, Oromia and Tigray regions respectively. The distribution of cases by region (See Figure 1 below) shows that Addis Ababa city represents 55.8 per cent of the total caseload followed by Oromia, Tigray⁴, Amhara, Southern Nations Nationalities and Peoples (SNNP), Sidama, Benishangul-Gumuz, Afar, Somali and Gambella.

Figure 1 – Total Cases Confirmed by Region as of 31 December 2020

Source: EPHI Daily Sitrep No. 338

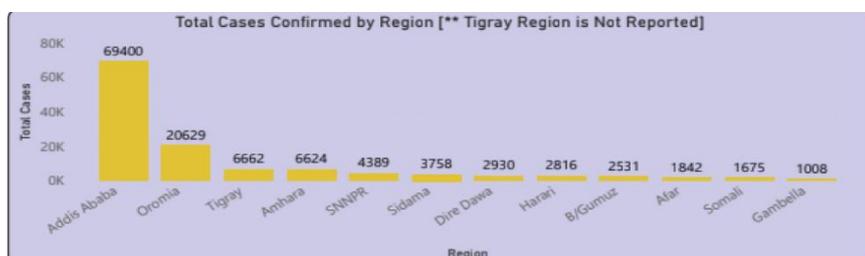
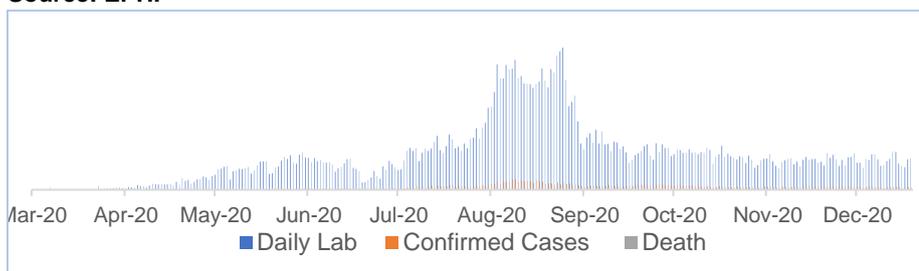


Figure 2 below shows the trend in daily laboratory tests, confirmed positive cases and deaths from March to December 2020. Between August and September, the number of daily tests were quite high as the Community Based Action and Testing (ComBAT) campaign was being implemented. The campaign aimed to strengthen case detection capacity through

conducting a higher number of daily tests than the average conducted before then. Thus, in August, 487,938 tests were conducted with 34,601 confirmed cases and 536 deaths. All three figures represent the highest recorded in their category throughout March-December 2020. Since September 2020, the number of daily tests has decreased dramatically, with average daily laboratory tests ranging from 6,742 in October to 5,270 in December, a sharp decrease from the 15,740 daily average tests in August and 12,069 in September. Confirmed cases and deaths have decreased dramatically as well as of 31 December 2020. Lack of test kits and COVID-19 reagents are the main reasons behind this decrease in testing capacity, while the cessation of the ComBAT campaign and to a lesser extent the eruption of the conflict in Tigray are expected to have impacted testing as well.

Figure 2 – Number of new laboratory test, cases and deaths March-December 2020

Source: EPHI



As of 31 December, 235,553 people were tested through contact tracing, out of whom 26,174 tested positive, which represents a 21 per cent contribution of positive cases to the overall caseload. The vast majority of the positive contact cases were asymptomatic (25,608). Since March 23, 867,940 passengers were screened, including 576,085 screened at land points of entry (PoEs) and 291,855 screened at airway PoEs. By region, Afar takes the first place in this respect, followed by Addis Ababa, Somali, Amhara, Oromia, Dire Dawa, Tigray, Gambella, SNNP and Benishangul-Gumuz regions respectively. Since the start of the Home-Based Isolation and Care

¹Please note that, the main data sources for the Epidemiological Overview is the [Ethiopian Public Health Institute \(EPHI\) Daily Sitrep No. 338](#).

²The following measures have been taken by the federal Government: suspension of flights to 80 countries by end of March; schools closure on 16 March, which were extended to higher learning institutions on 27 March; social gatherings discouraged while social distancing was encouraged at religious establishments and markets; all new arrivals were subjected to a 14-day mandatory quarantine as of 24 March; the federal Government employees started working from home as of 25 March; the Ethiopia COVID-19 monitoring platform became operational by 23 March, with USAID support; economic measures to expedite medical imports, facilitate mobile banking and prevent inflation were put in place; and a call for retired health professionals and those still in training to prepare for mobilization and be on duty was made. Regions took strict measures to control the spread of the pandemic. Measures included banning all travel and mass gatherings.

³The data on children's cases and death numbers is based on an internally shared presentation.

⁴It is to be noted that in the case of Tigray, no reports of COVID-19 related data have been received since 4 November, due to the ongoing conflict in the region.

(HBIC) management system of asymptomatic and mild cases in mid-July, a total 75,476 COVID-19 confirmed cases had been followed up through the HBIC as of December 31, with 68,396 recoveries and nine deaths recorded. Similarly, as of 31 December, 6,266 cases were on HBIC, and 554 cases were transferred from treatment centers to HBIC and 359 cases from HBIC to treatment centers.

Efforts to mitigate the spread of COVID-19 have inadvertently led to increased vulnerabilities for children and women, who for a period of time could not access essential health services such as routine vaccinations, and malnutrition (from January to November 2020, Severe Acute Malnutrition (SAM) admissions increased by up to 13.5 per cent when compared to the same period in 2019). Other risks were protection and education related (For instance, 2.72 million children did not re-enroll when schools reopened in Ethiopia) and increased child poverty linked to rising income poverty, particularly in urban areas. This fact is highlighted in UNICEF's [policy brief](#) which estimates that 800,000 people would have fallen below the poverty line as a result of COVID-19 related economic shocks.

Funding Overview

UNICEF Ethiopia's 2020 COVID-19 response plan was costed at US\$49 million, including US\$8,111,282 for refugees. This plan was based on meeting the needs of the at-risk population nationally, based on the Government's estimates and included 300,000 refugees and 50,000 returnee migrants. The refugee target represented approximately half of the total refugee population in five refugee hosting regions. Over US\$40 million was mobilized from 23 donors⁵ and reprogrammed funding. The plan supported the Government in procurement of essential supplies, including PPE and essential drugs, and the overall primary health care system, Risk Communication and Community Engagement (RCCE), and access to WASH products and services. Furthermore, it addressed the secondary impact of COVID-19 across sectors such as education (remote learning and support for the re-opening of schools), nutrition (prevention and treatment of acute malnutrition) and child protection (case management, psychosocial support and interim care/family tracing and re-unifications). The plan also included the development of tools to strengthen accountability to affected populations and to ensure that beneficiaries were protected from GBV and Sexual Exploitation and Abuse (SEA).

Key contributors to the response plan include the United Kingdom's Foreign, Commonwealth, and Development Office (FCDO), the Government of Japan, the Swedish International Development Cooperation Agency (SIDA), the Government of Canada, the European Union (EU), the United States Agency for International Development (USAID), Education Cannot Wait (ECW), Irish Aid, UNOCHA, the Government of Norway, Lixil Corporation, the Government of the Netherlands, FCDO-UNILEVER, Joint Programme on Ending Child Marriage (JP ECM), the Government of Germany through KfW, the Global Partnership for Education, the World Bank, the Government of Poland, the US Fund for UNICEF and the UK National Committee for UNICEF (UNILEVER). With the generous contributions of its donors, and together with its partners, UNICEF was able to achieve considerable results for the most vulnerable, and often hard-to-reach children and women affected by the pandemic. UNICEF expresses its sincere gratitude to the governments, people and institutions for their valuable contributions. At the end of 2020, the COVID-19 appeal had a funding gap of US\$8.25 million or nearly 17 per cent; the gap was largely in education (65 per cent). While concurrent emergencies in Ethiopia in 2020 necessitated fundraising, much of the funding was earmarked for specific sectors such as health for the COVID-19 response. WASH also received a large amount of funding for this response. Going forward, UNICEF will leverage donor interest in COVID-19 to programming that would relate and respond to the needs of IDPs and emergency-affected populations as well, since in 2021 the Humanitarian Action for Children (HAC) appeal will also include the COVID-19 response.

UNICEF Ethiopia COVID-19 Response Strategy

The UNICEF Ethiopia COVID-19 response strategy and plan sought to address the immediate measures that must be undertaken to ensure response actions are in place to address the COVID-19 outbreak in Ethiopia, including to address misinformation and reduce the vulnerabilities of those already in situations that make them potentially more vulnerable, including IDPs, returnee migrants and refugees. The plan built on the Government-led Preparedness and Response Plan for COVID-19 (CPPR), the Ethiopia Refugee Preparedness and Response Plan (EPRP) - COVID-19, and considered lessons learned from different responses to public health emergencies. This plan also built on established inter-agency partnerships, collaboration with the national and regional Governments, and sustained presence of partners as well as in alignment with the COVID-19 global and regional strategies.

⁵This excludes the PEF which passed through UNICEF Ethiopia (but is counted among the COVID-19 HAC managed by Headquarters). The amount also excludes the US\$2.4 million transferred to WHO via the SM180344 grant.

Coordination and Leadership Support

There are two key national Government coordination bodies that worked together in the COVID-19 response. The National Emergency Coordination Centre (NECC)⁶, chaired by the National Disaster Risk Management Commission (NCRMC) and by the OCHA Secretariat, was established on the basis of the need for multi-sectoral coordination to mitigate and respond to the social, economic, and political impacts of the COVID-19⁷. The second body, the Emergency Operations Centre (EOC), is coordinated by the MOH. UNICEF Ethiopia actively participated in both fora and provided direct support to both bodies. At the regional level, UNICEF actively contributed to COVID-19 regional coordination through established structures that mirror federal level coordination mechanisms⁸. In addition, UNICEF Ethiopia supported the establishment of the Incident Command Post (ICP) at quarantine sites as well as the planning and implementation of post-arrival transportation arrangements for returnee migrants. In terms of achievements, the NECC conducted daily situation briefings and planning and set responsibilities for each action while using a resource tracking and allocation mechanism, though the latter needed to be standardized. The NECC supported the implementation of several ICPs in the country with a strong NECC-ICP linkage and gathered, analysed and disseminated information related to the pandemic on a daily/weekly basis while allowing a coordinated and multi-cluster assessment and joint planning.

Preparedness and response actions Health⁹

As a result of the pandemic, health concerns due to the disease as well as other secondary health threats to child survival and health were recognized as key areas of focus for UNICEF's COVID-19 response. Accordingly, since March 2020, on the coordination front, UNICEF supported national and sub-national EOC coordination platforms for the COVID-19 response. UNICEF staff and an additional four health emergency consultants and 15 RCCE Technical Assistants (TAs) supported technically EOCs at national, regional and city administration levels.

In terms of direct response, as of 31 December, 15,119 health workers (119 working in refugee settings) received PPE which was distributed nationally to COVID-19 treatment and isolation centers and health facilities to enable the continuation of essential health services and vaccination campaigns. The cumulative result corresponds to a 151 per cent over-achievement, although the refugee level result is significantly below the target as it represents only an 8 per cent achievement. UNICEF procured and distributed PPE worth US\$ 5.78 million since March 2020. In addition, UNICEF provided procurement service to the Government of Ethiopia PPE supply needs worth US\$ 2.15 million. All these PPE were distributed to COVID-19 treatment and isolation centres, to health facilities for continuation of essential health services and to personnel involved in vaccination campaigns, notably the national measles campaign that took place in July 2020. In addition, 144 health care workers were trained in Infection Prevention and Control (IPC) in December alone, with a cumulative result of 2,597 against the target of 550 health workers, while the refugee level result of 764 is also a significant over-achievement against the planned target.

UNICEF supported the continuation of essential health services through periodic [rapid facility assessment](#) to over 250 health facilities in Amhara, Oromia, SNNP and Somali regions, to monitor, in real time, service availability and their readiness and use of the services by newborns, children and mothers in the context of the impact of COVID-19 outbreak and to inform actions to maintain continuity of services in the country's health system. Key results of assessment include more than 96 percent of services continuing service provision as per two rounds of facility assessments. COVID-19 however negatively affected demand for health services particularly in April and May. Pneumonia and diarrhea treatment remain notably lower than before COVID-19 and still showed no improvement in the second round of assessment. The number of health workers with COVID-19 in hospital and health centers is alarming. Despite improvements in time allocation of health extension workers between routine health services and the pandemic, gaps remain in terms of the time spent for providing routine health services which appears to be insufficient.

⁶The strategic objectives of the NECC included: enhancing the community sensitization and awareness of COVID-19 prevention and mitigation education through information dissemination / Alert/warning system; ensuring line ministries develop clear response objectives, mitigation/ contingency plans, and business continuity plans to support the COVID-19 response and mitigate its social, economic, and political impacts; compiling and developing National COVID-19 response objectives, mitigation /contingency plans for its social, economic, and political impacts; strengthening the coordination of incident information and resource needs between the regions and the federal Government; strengthening coordination of public information messaging from MoH/EPHI across line ministries in the cities and regions; identifying resource gaps across ministries and mobilize resources with donors, UN agencies, local/international non-government organizations (NGOs), and private sector for assistance; developing and implementing ECC/EOC Just-in-Time training for operational/EOC staff from line ministries and partners; and encouraging and supporting regions to establish coordination structure to manage regional response (ECC/EOC, or other coordination mechanism).

⁷The main members are all cluster (WASH, Health, Education, the Ministry of Women Children Affairs (MOWCY), the Ministry of Labour and Social Affairs (MOLSA), the Ministry of Foreign Affairs (MFA), and the Ministry of Peace (MOP), as well as IOM and the US Foreign Service, which provided technical support for the establishment and day to day coordination of the NECC and the incident command post (ICP) system.

⁸Some of the support activities by UNICEF include and focused on activities such as facilitation of the daily briefing meeting of ECC members and taking action points and following up the implementation of the action points; organizing joint assessment missions to the various quarantine centres and entry points by leading the preparation of assessment checklists, providing orientation to the assessment team members, ensuring logistic arrangements and compiling the assessment findings.

⁹[EPHI Daily Sitrep No. 338](#).

Challenges

A critical shortage of PPE particularly of N95 masks, isolation gowns and coveralls, has been a major challenge that has been reported throughout the reporting period. This has put essential health care staff at risk as well as increased the risk of reduced access to healthcare for the most vulnerable, including children and women. PPE shortages have affected volunteers and community workers as well, who were unable to conduct interpersonal RCCE engagement activities. UNICEF was in the forefront of procuring and distributing essential PPE for health care staff as well as other frontline workers and vulnerable groups such as PSNP households. Multiple sources for the needed supplies were identified, including through fast-track deliveries as well as by using locally produced PPE where possible. However, due to the weakness of the local market to produce quality PPE, UNICEF and partners sought to overcome this challenge by funding and expediting the procurement of PPE from global markets. Another critical anticipated challenge was the shortage of COVID-19 treatment equipment such as ventilators, beds and other Intensive Care Unit (ICU) supplies. With the generous support of donors, namely USAID and FCDO, UNICEF was able to deliver 380 oxygen concentrators¹⁰ and their accessories in September to help alleviate at least in part, these critical challenges. The equipment is not only supporting the treatment of patients suffering from severe forms of COVID-19, but in the long-term, will be re-purposed for the treatment of pneumonia in children, one of the leading causes of child deaths in Ethiopia.

Despite the obvious challenges that COVID-19 has brought, UNICEF Ethiopia supported the MoH and partners (four CSOs/NGOs) to tackle significant disease outbreaks, including cholera. UNICEF supported a successful immunization campaign for measles, despite the added concerns brought by COVID-19, which had a 96 per cent coverage and 15 million children vaccinated¹¹. Furthermore, an emergency yellow fever vaccination campaign was conducted from 26 to 31 March in Gurage Zone, SNNP through which 27,178 people were vaccinated, with a confirmed coverage of above 95 percent. A more expanded yellow fever vaccination campaign was conducted in October 2020 and reached 652,811 children above the age six (93 per cent) in 10 *woredas* in SNNP and three in Oromia. In addition, in response to the outbreak of polio in Oromia and SNNP, two rounds of vaccination campaigns were conducted in February and March, in 79 high-risk *woredas* and city administrations by using mOPV2 vaccine. A total of 3,561,372 children in both rounds were reached. In round two, another 1,264,231 children were vaccinated with a 95 per cent coverage in Amhara, Oromia and Afar regions. In addition, evidence from third party monitoring on COVID-19 suggests that the focus on the pandemic impacted the delivery of essential services including screening for malnutrition, the demand for health services, particularly in April and May. In subsequent months, however, most of the health coverage indicators improved to the point where they normalized to the pre-COVID-19 situation. UNICEF was actively engaged in advocacy for the continuation of these and other essential health services, noting the existing vulnerabilities of Ethiopia's child population, in addition to actively and closely monitoring service provision in light of the pandemic through periodic third-party monitoring assessments. UNICEF also actively supported the continuation of essential health services as evidenced by its support to the vaccination campaigns.



Communication for Development (C4D)

UNICEF's work on RCCE focused on participation in coordination structures and the production and dissemination of risk educational materials and messages among others, through a partnership¹² with Ethiotelcom. Radio spots focused initially on rumours¹³, stigma, and prevention. In addition, UNICEF supported the development and revision of the national and regional RCCE strategies. UNICEF C4D technical advisors provided inputs into the implementation of the regional COVID-19 plans (co-drafting, training implementors, coordination and drafting of materials in local languages) as well as supporting the ComBAT campaign's roll-out and implementation. Regional RCCE activities have been implemented in diverse national languages in all the regions with UNICEF support through local/regional mass media, mobile audio vans, mini-media, and via home-to-home messaging strategies. Locally printed materials, such as posters, brochures, flyers, stickers and banners have also been disseminated during COVID-19 surveillance interventions. In total, over 980,000 print materials and over 31 audio-visual materials were produced and disseminated. Two rounds of assessments to see any changes in practices and to inform interventions were conducted and the COVID response was adapted to focus on improving risk perceptions.

In December 2020, 341,152 people (including 22,911 IDPs and 50,492 IDP returnees) were reached with health and WASH RCCE messaging activities. The cumulative number of people reached with RCCE messages is 47,482,598 people (including 791,704 refugees), representing a 158 per cent achievement (and of 113 per cent for refugees specifically). UNICEF was able to reach these high numbers mainly due to intensive media campaigns using mainstream media and children's channels that have a wider reach. Moreover, mobile vans were used in marketplaces and reached 11,237,000 (125 per cent achievement); though the refugee level result cumulatively was only 185,921 versus a target

¹⁰Oxygen concentrators are medical equipment that filter the surrounding air and compress it to the required density to deliver purified medical oxygen to patients needing respiratory support.

¹¹UNICEF supported national and regional coordination and the joint planning and monitoring of the immunization campaign, as well as communication and social mobilization and vaccine management and the provision of PPE for 9,089 health care workers.

¹²For reach activities, the main partners were Save the Children, ERCS, IRC, Islamic Affairs Supreme Council; for the engagement activities: ERCS and IRC and for the training activities, ERCS, Inter-Agency Standing Committee (IASC) and RHBs.

¹³For instance, UNICEF has helped EPHI to use a social media monitoring tool (Talkwalker) to collect information about what is being circulated on social media and to track rumours that should be addressed.

of 300,000 (61 per cent achievement). These figures were high due to the high number of people trained and deployed to engage the people and the deployment of volunteers by Ethiopian Red Cross Society (ERCS). Through its partnership with Save the Children, UNICEF produced and disseminated child-friendly messages, and with ERCS reached over 10 million people in 134 *woredas*. In December, 457 people were trained to sensitize their community members on COVID-19 prevention and control measures. The cumulative result is that 25,594 (670 refugee level results), were reached, which represents a very considerable over-achievement over the 5,000 target; while the refugee level result represents a 67 per cent achievement.

In addition, the RCCE pillars in SNNP region continued to receive feedback and complaints through the regional hotlines. Accordingly, 9,540 people gave feedback on the COVID-19 response. The feedback included: schools are opened without meeting the set standards and protocol for COVID-19 prevention; no handwashing facilities in some schools; and growing negligence in using masks and stigmatization of those who recovered. The feedback was shared with the relevant zonal and *woreda* pillars for action. In total, 238,158 people provided their feedback since March 2020.

Challenges

The quickly evolving number of positive community transmission-led cases which started being reported in May ushered the country into a new stage of the public health crisis. These cases were being reported from some of the most congested sub-cities in Addis Ababa. As a result, UNICEF started to target interventions in these locations through its risk communications efforts and supplemented by WASH, and health. Significant resources were invested by UNICEF and partners in RCCE activities, using different platforms which helped to raise awareness among as many people as possible. UNICEF partnered with VIAMO to assess changes in knowledge, perception, and practice to prevent the spread of COVID-19 as a result of behavior change and communication initiatives supported by UNICEF. The initial results (reports [one](#) and [two](#)) indicate that there were improvements in reported practices such as mask wearing, handwashing, and social distancing¹⁴. However, the second-round assessment (report [three](#)) revealed that adherence to some actions such as social distancing and handwashing had declined. Caregivers were also willing to seek essential health services and send their children to school. However, risk perception of catching COVID-19 appeared to be very low (about 36 per cent), which may explain why people were not practicing the recommended behaviors consistently. Based on these findings, UNICEF worked with the Government to revise the strategy with a focus on improving risk perception and ensuring ownership of C4D intervention at all levels, especially community ownership.

Collecting feedback and complaints and doing systematic analysis was very challenging. As direct engagement with the public was restricted due to COVID-19, it meant a heavy reliance on hotlines even though a good proportion of the targeted groups did not have phones. A lesson learned is the importance of assessments or evidence generation to be part and parcel of the response, and to use the findings to adjust the response in a real-time mode.



Water, Sanitation and Hygiene (WASH)

The WASH response to the COVID-19 pandemic was a critical enabler of an effective prevention for vulnerable groups such as IDPs, refugees, and returnee migrants who had to go through the quarantine process. The WASH response was also critical in the school re-opening. In December, 2,080 IDPs (104 children, 828 women and 1,148 men) were reached with critical WASH supplies in Oromia. The cumulative result of this activity over March-December 2020 was 2,289,365 (92 per cent achievement), of which 56,625 is refugee-level result (57 per cent achievement). In addition, three facilities¹⁵ were able to receive sufficient quantities of water in December, bringing the total number of facilities accessing sufficient quantities of safe water for drinking, cooking and personal hygiene to prevent COVID-19 transmission to 169 (85 per cent achievement), 24 of which were supplying to refugees, representing a 160 per cent achievement. Similarly, a total of 8,710 IDP returnees and host communities (3,484 returnees and 5,226 host community) benefitted from newly constructed and rehabilitated household latrines fitted with hand washing facilities in Oromia, including 1,306 children, 4,355 men and 3,049 women. UNICEF field monitors provided technical support and close follow up in collaboration with the health offices at zonal level. On a cumulative basis, the total number of people with access to basic sanitation services is 140,699 against the planned 500,000 target; while for the refugees, the result is 45,000 against the planned target of 200,000. The number of health care facilities with improved sanitation in December is one, as Moyale Hospital got access to sustainable improved sanitation facilities as a result of the completed maintenance of all latrines and sanitation facilities through UNICEF budget support. The facility has started to operate at full capacity and will serve more than 45,000 people in its catchment, including IDPs and returnees in Moyale town and surrounding *woredas* in Borena zone. The total number of health care facilities with improved sanitation is 295 (146 per cent achievement) including 11 facilities serving refugees (73 per cent achievement).

¹⁴The results of the assessment have indicated improvements in reported practices such as mask wearing (74 per cent) and handwashing (65 per cent), while social distancing still appears to be relatively low (58 per cent). Caregivers were also willing to seek essential health services (74 per cent) and send their children to school (87 per cent).

¹⁵Woliso Hospital, Bore Hospital and Bale Robe Hospitals have access to sufficient quantity of water from durable sources with the support of UNICEF budget. Bale Robe and Bore Hospitals are expected to serve IDPs and IDP returnees in Bale and Guji zones respectively.

Challenges

Towards the beginning of the response, one of the main challenges was the accelerating return of migrants into the country, which severely tested the capacity of the Government and partners to sustain the mandatory 14-day quarantine system due to limited readiness of isolation and treatment centres, which, as per the assessments conducted, revealed several gaps including in WASH service, sanitation, and access to safe drinking water and essential services. UNICEF advocated with the Ministry of Water, Irrigation and Electricity to provide the required support specially to meet the most immediate needs in these facilities and implemented its WASH response activities in many of these centres in line with the identified needs.

Following the onset of COVID-19 and the need for effective handwashing with soap, UNICEF designed an innovative group handwashing stand that is operated by a foot pedal (See picture on first page). The design of this innovation was influenced by the need for a hands-free device and one that would encourage group handwashing, especially in schools, while also observing social distancing.



Child Protection

In the context of the pandemic, the priority for UNICEF was to support the Government in ensuring the continued delivery with its partners¹⁶ of child protection services including for returnee migrants; providing coordinated case management to vulnerable children including through the facilitation of family tracing and reunification, led by a qualified social service workforce equipped with the necessary PPE and self-care messages to prevent COVID-19 transmission. In addition, the response focused on the provision of dignity kits to women and adolescent girls of reproductive age as a means to mitigate the risk of GBV as well as on the provision of MHPSS¹⁷ and access to child protection messaging integrated in and contextualized to COVID-19.

In December, 18,666 people received COVID-19 and child protection messages, including 6,802 refugees. The cumulative result of this activity is 116,372, representing a very significant achievement against the target of 30,000 people. Similarly, the refugees level result is 21,585 against the planned target of 500. Innovative approaches such as using mobile vans and reaching people with messages through megaphones and messaging through mass media was used to reach a significantly higher number of people with messages on COVID-19 as well as prevention and access to child protection and GBV services. In terms of the number of social workers reached with PPE and messages on lifesaving behaviour, the cumulative result is 2,455 (against 750 targeted) and 453 for refugees against the 500 targeted (in December 71 social workers working in IDP settings were reached)¹⁸.

In December, 1,004 child protection cases were reported and referred, bringing the total to 4,815 (significantly lower than the planned target of 12,000). Similarly, the refugee result of 89 is lower than the target of 500. The underachievement is due to COVID-19, which meant service providing institutions were operating with less capacity, and under-reporting of cases. Some 472 children without partner or family care were provided with appropriate alternative care arrangements in December, bringing the total to 2,766 (31 per cent underachievement). For refugees the cumulative is 160 compared to the targeted 200. The reasons for this underachievement are related to the result above. In December, 1,366 women and adolescent girls, including 350 refugees, were reached with dignity kits, bringing the total for the year to 6,203 against a target of 8,000 (78 per cent) and for refugees to 1,175 against a target of 2,000 (59 per cent). The MHPSS activity gained a considerable achievement of 47,424 (6,500 in December alone), 119 per cent of the target. Similarly, the refugee level result was 8,756 (3,814 in December alone) which is considerably higher than the targeted 1,000.

Challenges

At the beginning of the pandemic, more social workers and MHPSS specialists were needed particularly at ports of entry outside Addis Ababa. The interface between the health system and social welfare and child protection systems also needed to be strengthened for a coordinated and holistic response. There was need for rapid adjustment and a flexible system to ensure that vital child protection services continued to be delivered. Remote case management tools and training were developed for the social service workforce to replace the previously planned face-to-face trainings. This was done rapidly in response to the urgent need to provide child protection case management services to child migrant

¹⁶The partners for child protection were Ministry/Bureau of Women, Children and Youth (MOWCY/BOWCY), Ministry/Bureau of Labour and Social Affairs (MOLSA/BOLSA), Federal/regional Attorney General (FAG/RAG), Federal/Regional Supreme court (FSC/RSC), Save the children, Plan International Ethiopia, IMC and IRC.

¹⁷Following the COVID-19 outbreak, UNICEF supported the MOWCY to adjust the case management tools for COVID and to realign for remote case management as well as training of the social service workforce (SSW) in the use of the revised tools. The training topics include basic case management for child protection adjusted for COVID, PSEA, and introduction to gender and applications to case management. The training modules were first provided by UNICEF staff to a cohort of social workers remotely through zoom sessions. Then the trained social workers cascaded the training to community service workers through zoom and phone calls. MHPSS materials were adjusted to COVID and distributed for use in the regions to reach people with community based MHPSS messages. The messaging materials were translated into local languages and used by social workers/community service workers to reach communities with MHPSS. UNICEF extended child protection support to migrant returnee children on the move that returned from middle east countries, Sudan, Djibouti and Somali due to the COVID outbreak. Services include registration, profiling, family tracing and reunification, psychological first aid (PFA) and provision of dignity kits. Linked to global guidance on detention and COVID-19, advocacy and technical support by UNICEF and UNODC facilitated the release of 61 children from detention in Addis Ababa Remand and Rehabilitation Centre.

¹⁸The target was set in April 2020 as part of the COVID response plan. At that time there has been shortage of PPE. However later, through the reprogramming of Quarter 3 and Quarter 4 budget for COVID-19 response, it was possible to reach a greater number of front-line workers including social workers and community service workers through self-care materials.

returnees (returned as part of other countries' COVID-19 response). Upon arrival, the returnees were placed in quarantine and isolation centers where protection services were needed. Social workers deployed by BOWCY and NGO partners however had no access to the quarantine and isolation centres and lacked physical space in the health facilities to provide psychosocial support for those with COVID-19.

The accumulated stress and trauma caused by the closure of schools and child-friendly spaces remains a problem and can be observed in regions like Gambella. In the Amhara region's field office report for the month of November, it was mentioned that there had been an increasing number of child migration in some *woredas* such as Bati after the COVID-19 pandemic. Similarly, a recent report by UNICEF and UNFPA entitled [Child Marriage in COVID-19 contexts: Disruptions, Alternative Approaches and Building Programme Resilience](#) highlighted how in Ethiopia, due to the school closures, girls taking part in education bursary schemes, such as the World Bank-supported Keeping Girls in School, said they were left with no other choice but to get married. To ensure that services and information to prevent child marriage and female genital mutilation (FGM) were provided regardless of COVID-19 restrictions, adjustments were quickly made to provide prevention and protection messaging through radio and television, supporting volunteers to conduct community outreach activities using vans, providing messages via megaphones and conducting community conversations with smaller groups. Hygiene materials, notably dignity kits and soap, were provided to girls meeting particular vulnerability criteria to help protect themselves from COVID-19.

In terms of lessons learned, with the onset of COVID-19, a lesson from other countries and other pandemics has been the importance of child protection service continuity as part of a resilient child protection system that functions in all contexts and that has a viable social service workforce. To ensure continuity throughout the COVID-19 pandemic, the programme rapidly revised its tools, approaches and services. UNICEF used evidence-informed documentation and evidence to advocate for additional social service workforce for child protection at federal and regional levels. Remote case management and the relevant training for the social service workforce was quickly introduced to ensure continued access to child protection services. Social workers were provided with PPE to ensure that they could safely continue their work. These innovations were critical given the hundreds of migrant children who were returned from countries in the Middle East into a mandatory two-week quarantine and for whom vulnerability assessments, family tracing and reunification efforts and provision of psychological first aid (PFA) by the UNICEF-supported social workers were essential¹⁹.

Gender-Based Violence (GBV) and Prevention of Sexual Exploitation and Abuse (PSEA)

The COVID-19 response plan included amongst several issues, development of tools to strengthen accountability to affected populations and to ensure that beneficiaries were protected from GBV and SEA through monitoring, strengthening professional capacity, and establishing complaints mechanisms. UNICEF supported a collaborative effort between the Ministry of Education (MOE) and the MOWCY to mitigate the risk of child marriage following concerns about these risks, especially to girls, during the prolonged schools' closure. In Addis Ababa and Oromia, UNICEF supported the development and broadcasting of radio messages that put emphasis on how to protect oneself from sexual violence and where to report a case of sexual violence, harassment or unwanted pressure to get married. In June, UNICEF produced and aired two TV spots on the prevention of GBV in the context of COVID-19 and on curbing the socio-economic impact of the pandemic. These were also shared on social media (See Annex C). As part of UNICEF's commitment to ensuring beneficiaries were protected from PSEA, 148 UNICEF personnel received refresher training on preventing and reducing the risk of SEA, including how to put measures in place to ensure safe, confidential and accessible reporting and complaints mechanisms in all programme sites. UNICEF also worked with its partners to identify the key challenges and to strengthen their PSEA systems. Forty-six members of national CSO partners were trained on PSEA. Topics included the PSEA Code of Conduct, survivor assistance, and safe and accessible reporting mechanisms for SEA, as well as SEA risk assessments and the use of the PSEA Toolkit. An added value is that some of the trained organizations will expand the PSEA trainings to those they work with. In addition, 34 UNICEF staff completed training on GBV risk mitigation and how to provide safe referrals for survivors, focusing on the principles of survivor-centered response, the impact of COVID-19 in increasing the risk of GBV including intimate partner violence due to tensions in the household as people are asked to stay home, and on the importance of ensuring life-saving care and support to GBV survivors continues in the context of COVID-19.



Education

The COVID-19 pandemic has had a devastating impact on children's learning and education rights. It has exacerbated an existing learning crisis in the country where the sector has been underfunded for years. UNICEF's response in this regard has been to support the continuity of education together with its partners²⁰, during school closure by investing in distance learning and solar powered radios for children in emergency situations who lack

¹⁹See here: <https://www.unicef.org/coronavirus/migrants-return-ethiopia-social-workers-show-theyre-essential-covid-19-response>.

²⁰The partners for the Education sector have been: MOE, REB, UNICEF, SCI, NRC, Imagine1Day, IRC, Plan International, UNHCR, World Vision, Geneva Global Ethiopia.

access to TV or radio. In addition, UNICEF, including under the auspices of the Education cluster, supported school re-opening financially and technically, through leading the drafting of the guidelines as well as material support to schools, children and teachers throughout Ethiopia.

After schools closed in March 2020, 5.23 million children were supported through distance education (46 per cent girls and 5,552 refugee children). This represents 86 per cent of the target, while 20 per cent of refugees were reached. In addition, through the procurement of solar radios for 20,000 households, UNICEF was able to reach an estimated 70,000 children in hard-to-reach areas. The target was 60,000 solar radio. Among those reached of the planned 40,000, 2,500 were refugee children.

Once schools re-opened, eight regions reported reopening of 98 per cent but re-enrolment rate was only 89 per cent (2.72 million children did not re-enroll compared to pre-COVID enrolment figures). In Tigray, schools continue to be closed and 1.3 million children are estimated to be out of school due to the schools' closure (albeit for conflict related reasons). Those who remain out of school across the country are not only losing out on education but are also more vulnerable to violence, exploitation and other child protection concerns such as child labor, child migration and child marriage. UNICEF's support through its partners enabled 120,578 boys and girls to have access to learning materials (200 per cent achievement). In addition, out of the planned 439 schools to be equipped with handwashing and school cleaning supplies, 1,478 schools were reached, a significant achievement. Out of the schools reached, 48 enroll refugee children. Another 1,594 schools are implementing safe school protocols (against a target of 439), including 135 school for refugee children. In addition, 802,444 children (against a target of 315,187 children) were able to access formal and non-formal schools equipped with WASH supplies, including 71,902 refugee children (against a target of 140,655 refugee children).

Challenges

COVID-19 continued to pose a significant challenge to the delivery of humanitarian assistance throughout 2020, for instance leading to the delay or cancellation of planned activities. The education sector was the most affected as school closures had been mandated by the Government since mid-March. UNICEF worked to ensure the continuation of learning during school closures and supported the Government in preparations for school re-opening. Floods and a cholera outbreak in the Oromia region also impacted the COVID-19 response as first responders, including critical healthcare staff, were having to divert their attention to address these needs. Response efforts to address mass displacements from flooding also affected social distancing precautions and the consistent use of face masks. In some regions such as Afar and SNNP, hundreds of schools were severely damaged and/or occupied by IDPs affected by heavy flooding and winds.

In Benishangul-Gumuz, conflict-led displacements led to the occupation of many schools and a delay in school re-opening²¹. The MOE developed strict protocols to be followed by schools to mitigate the risk of COVID-19 transmission as schools reopened. However, this has strained the already scarce resources that schools have and did not necessarily lead to more schools opening. Furthermore, though the MOE committed to delivering two masks for each student by procuring them from local industrial parks, the factories were not able to produce the 50 million masks required on time, causing delays to the re-opening of schools in some regions. In addition, there were concerns about the capacity of schools to accommodate all children in line with the re-opening guidelines (which include a maximum size of 25 students per class, and the presence of handwashing facilities among others) due to huge resource gaps, partly from the prolonged under-investment in the education sector. To mitigate this challenge, UNICEF supported the MOE and the REBs, such as in SNNP and Somali regions, in resource mobilization and mapping of available resources to meet the re-opening guidelines.

Conflict Sensitizing the COVID-19 Response – A Focus on School Re-opening in Oromia

The COVID-19 pandemic has had significant and tangible impacts on conflict drivers in Ethiopia, from the delayed elections that precipitated the armed conflict in Tigray to localized conflict compounded by loss of livelihoods and exclusion from services in hard-to-reach areas. In conflict-affected environments, social cohesion deficits undermine trust among and collaboration between communities and authorities. UNICEF Ethiopia's ability to understand and address these dynamics as part of its COVID-19 response will have a significant impact on its effectiveness. Against the backdrop of an overall decline in COVID-19 preventive measures adherence in Ethiopia²² and a higher incidence of infections in conflict-affected contexts in Oromia²³ (See Figure 1 on page 2), UNICEF Ethiopia undertook a field

²¹In the reporting year, floods have led to the displacement of 342,847 people and affected over a million individuals across Afar, Amhara, Gambella, Oromia and SNNP/Sidama regions. In Afar, 142 schools were affected by flooding, including 24 which had been occupied by flood induced IDPs, prolonging the return to schools of approximately 41,706 children (46 per cent girls). Similarly, 168 classrooms, 65 teacher accommodations and 12 toilets were damaged in 57 schools in West Guji zone, Oromia region, by wind and flooding; while the overflow of rivers in SNNP caused flooding and damaged 41 schools. In Gambella, floods have damaged 31 schools, affecting an estimated 5,636 school-aged children (2,820 girls)

²²The Ministry of Health said (10 December) expressed concern with the increasing spread of COVID-19 pandemic mainly due to negligence in taking preventive measures against the virus and has called on the public and stakeholders to pay due attention to preventing the disease. The practice of wearing mask has declined while the number of severe COVID-19 cases has also increased nationwide, leading to scarcity of essential medical equipment like ventilators. An average 10 per cent positivity rate reported in mid-December indicates an increase in community transmission. Oromia is the second area of prevalence after Addis Ababa; OCHA Humanitarian Bulletin Ethiopia; Issue #21, 30 November – 13 December 2020.

²³UNICEF Oromia Field Office reports, October 2020.

assessment and stakeholder consultation in West Guji Zone of Oromia to elicit lessons learned about the interface between the pandemic and conflict in relation to the ongoing efforts to re-open schools in the Zone to inform future programming. Despite the large scale and Government-led return of displaced communities, and relative stability in the Zone, persistent grievances about exclusion and barriers to socio-economic recovery have been observed to interplay with the pandemic, the response, and specifically the efforts to re-open schools and re-enroll host and IDP/returnee children.

Despite significant progress, schools that re-opened struggled to meet the required standards as prescribed by the MOE, including significant shortages of classrooms, masks, thermometers, hand sanitizer, and hand washing facilities. The shortages are being perceived by local authorities and communities as neglect by federal and regional authorities to meet the needs on the ground and a failure to deliver on commitments made, fueling tensions. Without sustained community support, efforts to safely re-open schools will continue to be undermined. Government counterparts consulted lamented that “now community does not believe the pandemic is real” while noting “resistance by some communities” to what is perceived as the “curtailment of freedoms by Government”²⁴. Communities have positively contributed to the re-opening of schools through in-kind contributions and labor to construct over 1,400 classrooms in the Zone to meet social distance requirements²⁵. Sustaining this engagement will be critical to support the school re-opening, leveraging opportunities to promote collaboration between host and IDP/returnee communities and strengthen social cohesion. Schools can become a platform to support the behavior change necessary to curb the pandemic while promoting peace in communities recovering from inter-communal violence. Finally, ongoing school re-opening efforts present opportunities to promote equitable access to education. Evidence suggests lower re-enrollment rates amongst IDP/returnee children in conflict-affected contexts in West Guji and other conflict-affected contexts in Oromia²⁶. Efforts to reach out to promote re-enrollment and broader COVID-19 prevention compliance must be conflict sensitive and promote the participation of all communities.



Nutrition

One of the critical secondary impacts of the pandemic that would affect children’s health adversely has been an increase in malnutrition rates. To address this concern, UNICEF worked with partners to treat Severe and Acute Malnutrition (SAM) children as well as provide IYCF counselling to primary caregivers. In December, UNICEF reached 897 staff who were trained in appropriate nutrition, including IYCF, treatment and nutrition for COVID-19 patients. Since March, 8,518 staff were trained (100 working in refugee settings) which is considerably lower than the planned target of 40,762. The number of primary caregivers of children aged 0-23 months and 24-59 months who received IYCF counselling through facilities and community platforms is 311,289 against the planned target of 73,260 (with 17,560 reached in December alone). Among refugee caregivers, 52,988 were reached against the planned target of 3,680. In December, 21,757 SAM children were admitted for treatment, bringing the total to 118,044 over the March-December period, representing an achievement of 161 per cent. Similarly, 2,506 refugee children were treated for SAM, which represents a 68 per cent achievement.

UNICEF helped to set up a comprehensive monitoring system using the open data kit (ODK)-supported end user monitoring (EUM) system. The system monitors the emergency response in the context of COVID-19 and a total of 1,284 registrations were conducted across the country. The EUM evaluated nutrition specific services in 583 health facilities and reported with the following findings: 91.3 per cent had proper admission, 84.2 per cent had proper discharge criteria, 78.6 per cent had proper SAM management, and only 5.3 percent had none of the above. With respect to WASH, 46.8 per cent had water access, 61.1 per cent of the people had waste disposal, 73.8 per cent had latrine and handwashing facilities, and 10.5 percent had none of the above, which indicate more work around WASH services is needed particularly around water access and waste management.

Challenges

An increase in food insecurity and malnutrition was predicted to be among the main secondary impacts of the pandemic directly impacting children. In addition, as Ethiopia relies on imports of cereals (maize, rice and wheat), the country was susceptible to disruptions in the global supply chain emerging from COVID-19. UNICEF continued to invest in assessments and studies that anticipate or illustrate the current or predicted food security and nutritional needs for children and requirements in the context of COVID-19. For instance, support to the monitoring of the food security and nutrition situation in the country through the [Food Insecurity Integrated Phase Classification \(IPC\)](#) method has been accomplished. The results revealed the continued need for humanitarian support as malnutrition levels were increasing as compared to the previous year. Among the key drivers for this spike in malnutrition was COVID-19, whose prevention

²⁴UNICEF stakeholder consultations, Bule Hora, 16 December 2020.

²⁵Zonal Education officer consultation, Bule Hora, 15 December 2020.

²⁶The REB reported in December that 93 per cent of girls and 92 per cent of boys have re-enrolled in primary schools, and 68 per cent of girls and 61 per cent of boys to secondary. Disaggregated data on host, IDP, returnee re-enrollment rates could not be obtained at Regional or Zonal level, the assessment is based on anecdotal evidence collected by UNICEF Ethiopia during field monitoring of re-enrolment progress at school level.

measures, such as the lockdown and restricted movement has brought about negative impacts on food availability and access, increased food prices, reduced income and increased food expenditure.

Communication, Advocacy and Partnerships (CAP)

Throughout 2020, UNICEF Ethiopia produced an extensive number of advocacy and awareness raising products on the situation and needs of children, women and their communities affected by COVID-19. These media assets (See Annex D) were shared regularly with external audiences through multiple media, digital and multi-media channels, in support of audience awareness raising, engagement and resource mobilization. As a result, in the reporting period, UNICEF Ethiopia significantly increased its digital reach through diversified content and by regularly sharing risk communication materials including on COVID-19 prevention, gaining more than 202,000 new followers, more than 49 million impressions (30 million were reached through Facebook, Twitter, Instagram, YouTube and LinkedIn) and nearly 1,345,200 engagements. Since the response to COVID-19 began, a total of 27,022,833 impressions were recorded (representing a 135 per cent achievement) on COVID-19 related content; whilst the number of engagements reached is 365,534 (18 per cent achievement over the planned target). In December alone, UNICEF Ethiopia continued to advocate on the threats of COVID-19, school re-opening and the need for WASH in healthcare facilities. A [human-interest story](#), and [video](#) were developed on school re-opening in Somali region demonstrating the challenges, fears and our support to the Government to ensure safe return. A [video](#) focusing on everyday heroes was shared on our digital platforms appreciating and highlighting the efforts made in different sectors amid COVID-19. [Global progress report](#) on water, sanitation and hygiene in health-care facilities was amplified through UNICEF Ethiopia's social media platforms. Other highlights include: [International Volunteers Day](#); [World AIDS Day](#) and [Last-mile distribution of Ready-to-Use Therapeutic Food](#). In December, a total of 9,037,486 impressions were recorded, of which 208,931 were on Twitter and 8,828,555 on Facebook; whilst the number of engagements achieved was 111,897, of which 5,794 were recorded on Twitter and the remaining 106,103 on Facebook. Since November 2020, UNICEF Ethiopia started using Hootsuite analytics, which has allowed it to count meaningful engagements throughout its social media platforms.



Social Policy

UNICEF engaged with the Government to provide six-monthly cash transfer top-ups, consisting of 360 ETB to 93,120 UPSNP Permanent Direct Support (PDS) beneficiaries, which represents a 103 per cent achievement over the target. All regions reported that they had fully utilized the transferred resources, except for Tigray where the distribution due to take place in Mekelle town in November 2020 for 2,978 PDS clients. This cash transfer has been provided with financial support from SIDA and is an unconditional cash transfer aimed at supporting the most vulnerable who are at risk of falling into poverty as a result of the indirect or secondary economic impacts of the pandemic. It enables them to afford basic needs such as food during COVID-19. A post-distribution survey to assess the use and impact of the cash transfer is currently ongoing in Addis Ababa and other cities except Mekelle. The plan is to survey 2,900 households.

In addition to the cash transfers, awareness creation and familiarization on COVID-19 for target *woredas* and *kebeles* including women and children for proper care and action in their respective locality was implemented through the provision of hygiene kits and materials; alcohol based sanitizers, masks, liquid and solid soaps for urban and rural PSNP beneficiaries in all regions including Addis Ababa, Harari and Dire Dawa. Edible oils and food were also distributed to target and vulnerable children in Amhara and Dire Dawa. Through its partnerships²⁷ with the Ethiopian Human Rights Commission (EHRC) and the MoWCY, UNICEF sensitized the public on the gender and child rights dimensions of the COVID-19 pandemic through radio, TV, social media and phone messages. Persons with disabilities are more likely to be impacted by COVID-19 and less able to access information or implement the recommended hygiene measures to reduce the risk of contracting the virus. For this reason, the UN developed a [Disability-Inclusive Response to COVID-19 policy brief](#), and UNICEF supported the Ethiopian Institute of the Ombudsman to reach 200 children with hearing, visual or developmental disabilities and their families in Addis Ababa with hygiene and food items. Furthermore, during the reporting period, UNICEF finalized the [study on the socio-economic vulnerabilities related to COVID-19](#), with a specific focus on women and girls. Compared to other similar analyses, this study goes a step further to link findings with the demand side of the economy and through that to medium- and long-term development. The assessment is based on a review of existing literature on the health, social and economic related impacts of COVID-19 and other infectious disease outbreaks in middle and low-income countries and the associated vulnerability and resilience factors of affected populations including women and girls. The findings of this vulnerability analysis will be used to introduce potential adjustments to the programmes planned for 2021 with the objective of better responding to the COVID-19 crisis and its impact on vulnerable children and women.

²⁷ Additional partners of the Social Policy section have been Bureaus of Finance and Economic Development (BoFEDs); Bureaus of Labour and Social Affairs (BoLSA); *Woreda* of Finance and Economic Development (WoFED) and *Woreda* of Labour and Social Affairs (WoLSA).

Challenges

One of the challenges has been the long procurement process by the partners which has delayed the timely distribution of supplies. The lack of disaggregated data on especially women and children has hampered effective monitoring activities. In terms of lessons learned, the advocacy on COVID-19 created awareness on the target community to protect themselves and needs to continue and be strengthened, while awareness training needs to be standardized and easy references produced. In addition, the procurement process needs to be shortened for the timely distribution of supplies.

Security as a crosscutting challenge for the COVID-19 response

Towards the end of June 2020, one of the main challenges in executing COVID-19 response interventions was the sudden deterioration of the security situation in the country following the assassination of a prominent singer and public figure on 29 June. The subsequent civil unrest and internet blackout adversely impacted our COVID-19 response efforts. Activities that lost ground include the national measles campaign, which was delayed in some regions such as Oromia, where most of the protests were taking place. Similarly, WASH activities in Oromia region, such as NFI distribution and routine child protection services were interrupted. Activities such as RCCE, which depend on the use of community level workers as well as mass-media channels, were not implemented at full scale. Nutrition service points faced access challenges, the delay in the last mile delivery of supplies and custom clearance of therapeutic milk while communication of UNICEF's work through the web and social media platforms was hampered by the internet blackout. Similarly, education related activities such as monitoring and mobilization for advocacy for listenership of distance learning broadcasting of online lessons using Telegram was hindered. Across the board, data collection and reporting were also adversely affected, particularly by the internet blackout as well as the inability to hold regular coordination meetings in most regions. In addition, conflicts and security incidents affected the implementation of response actions including distribution of supplies in some *woredas* in the various regions including Oromia and Benishangul-Gumuz. Where possible, alternate roads were used to transport supplies and the situation was monitored closely. On the other hand, delays in obtaining the necessary customs clearance for supplies, such as the middle-upper arm circumference (MUAC) tapes, affected their timely distribution and use. More recently, the security operation launched in Tigray in November 2020 prevented and disrupted COVID-19 prevention and response activities in the region.

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Annex A Summary of Programme Results

Sector	UNICEF and IPs				Cluster/Sector Response	
	2020 Target	Total Results	2020 Refugee Target	Total Refugee Results	2020 COVID-19 Target	Total Results
Risk Communication and Community Engagement (RCCE)						
Health						
# of people trained/oriented to sensitize the community on COVID-19 prevention and control measures.	5,000	25,594	1,000	670		
Number of people reached on COVID-19 through messaging on prevention and access to services ²⁸ .	30,000,000	47,482,598 ²⁹	700,000	791,704		
C4D						
Number of people engaged on COVID-19 through RCCE actions ³⁰ .	9,000,000	11,237,000	300,000	185,921		
Communication, Advocacy and Partnerships						
Number of impressions on social media (Twitter and Facebook) for COVID-19 stories / prevention messages ³¹ .	20,000,000	27,022,833 ³²		-		
Number of social media engagements on COVID-19.	2,000,000	365,534 ³³		-		
Child Protection						
Number of people reached on COVID-19 through messaging on prevention and access to child protection / GBV services.	30,000	116,372	500	21,585	300,000	96,131
Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies						
Health						
Number of healthcare facility staff and community health workers provided with PPE.	10,000	15,119	1,500	119		
WASH						
Number of facilities (treatment, isolation quarantine sites) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene through emergency water trucking, roto tanks to prevent COVID-19 transmission.	200	169	15	24	426 ³⁴	345
Number of people reached with critical WASH supplies (including hygiene items) and services.	2,500,000	2,289,365	100,000	56,625	2,694,005	4,389,500
Number of people with access to basic sanitation services.	500,000	140,699	200,000	45,000	n/a	
Number of health care facilities with improved sanitation.	200	295	15	11	326	305
Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management						
Health						
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control.	550	2,597	50	764		
Education						
Number of children supported with distance/home-based learning ³⁵ .	6,079,349	5,236,987	29,542	5,552	6,200,000	5,279,977
Number of households receiving a solar radio (with USB Capacity).	60,000	20,000	40,000	2,500	500,000	39,320
Child Protection						
# of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19.	750	2,455	500	453	1,000	2,178
# of child protection cases reported and referred (by type of service).	12,000	4,815 ³⁶	500	89	2,500	221
Number of children without parental or family care provided with appropriate alternative care arrangements.	9,000	2,766	200	160	2,500	
Number of women and girls of reproductive age provided with dignity kits.	8,000	6,203 ³⁷	2,000	1,175	70,000	12,920
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support.	40,000	47,424 ³⁸	1,000	8,756	66,000	14,556
Nutrition						
Number of staff trained or oriented on appropriate nutrition (IYCF, SAM treatment, nutrition for COVID-19 patients) in the context of COVID-19.	40,762	8,518	-	100	n/a	

²⁸ This is one directional communication that includes the Ethio-telecom initiative that replaces ringtones with COVID-19 prevention messages and broadcast of COVID-19 prevention and control messages through local media channels (TVs and Radio).

²⁹ Please note that this total figure does not include all mass-media level activities, which are not included in the results tracker nor in the Annex A table above, because of potential double-reporting against previous reported figures. However, such RCCE activities using mass-media are still ongoing. In addition, this figure includes WASH-led hygiene promotion activity results, which amount to 221,205, including 22,911 IDPs and 50,492 IDP returnees were reached in December 2020.

³⁰ These refer to two-dimensional communication activities.

³¹ This is a new indicator and replaces the previous indicator that measured the number of people reached on COVID-19 through messaging on prevention and access to services, with a focus on social media engagement. The previous indicator has been discontinued, noting the challenge of measuring unique individuals, by impressions.

³² Reach/impressions of 9,037,486 people: on Twitter 208,930 and on Facebook 8,828,555 people, for the month of December 2020 specifically.

Number of primary caregivers of children aged 0-23 months and 24-59 months who received IYCF counselling through facilities and community platforms.	73,260	311,289	3,680	52,931	42,474	31,362
Number of number children 6 to 59 months affected by SAM admitted for treatment	73,260	118,044	3,680	2,506	36,630	331,507
Support access to continuous education, social protection, child protection and gender-based violence (GBV) services						
Field Operation and Emergency						
Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse.	20	-	-	-	n/a	
Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors.	100	34	-	-	n/a	
Education						
Number of boys and girls provided with learning materials for back to school / school re-opening after COVID-19 (IDPs).	60,000	120,578	40,000	-	355,000	49,080
Number of pre-primary and primary schools equipped with handwashing and school cleaning supplies.	439	1,478	65	48	n/a	
Number of schools implementing safe school protocols.	439	1,594	65	135	n/a	
Number of children accessing formal and non-formal education with handwashing and school cleaning supplies.	315,187	802,441	140,655	71,902	500,000	375,778
SPESI						
Number of beneficiaries (affected by COVID-19) receiving cash transfers through existing safety nets.	90,000	93,120 ³⁹		-		

³³ Engagement of 111,897 people: on Twitter 5,794 and on Facebook 106,103 people, for the month of December 2020.

³⁴ This target is a combination of two indicators: water trucking and rehabilitation and maintenance of water schemes and pipe-line expansion as per the Humanitarian Response Plan (HRP), June 2020.

³⁵ The indicator targets primary and secondary school students aged 7-17 years.

³⁶ For the month of December 2020, 1,004 cases including 9 for refugee children and 316 for IDP children, 165 IDP returnee children and 88 migrant returnee children were reported and referred for case management that has included, referral to health, psychosocial, and legal services.

³⁷ In December 2020, a total of 1,366 adolescent girls and women received dignity kits. Among these, 350 were refugees and 600 were IDPs.

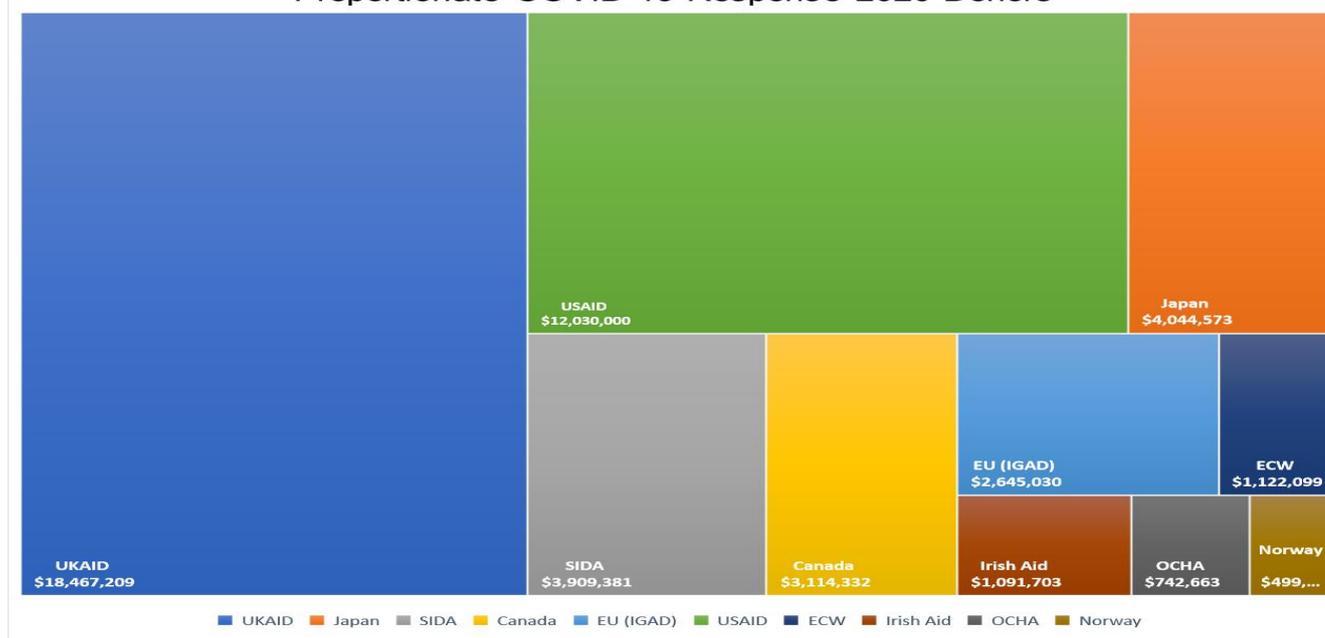
³⁸ In December 2020, those supported with MHPSS were 3,428 children (1,639 are boys and 1,789 girls) and their 3,072 primary caregivers of whom 1,277 are male and 1,795 female. Among the children, 1,568 were refugees (751 boys and 817 girls), 441 were IDP children (226 boys and 215 girls), 655 were IDP returnee children (294 boys and 361 girls) and 85 were migrant returnee children (49 boys and 36 girls).

³⁹ Please note that in December 2020, as in the case of November 2020, only 90,772 households were reached, but the highest number of the October reporting period is kept as the intervention targets the same beneficiaries through six monthly top-ups and the last two months' figures are lower due to the targeted PDS clients in Mekelle not being accessible as a result of the conflict, which erupted in early November 2020.

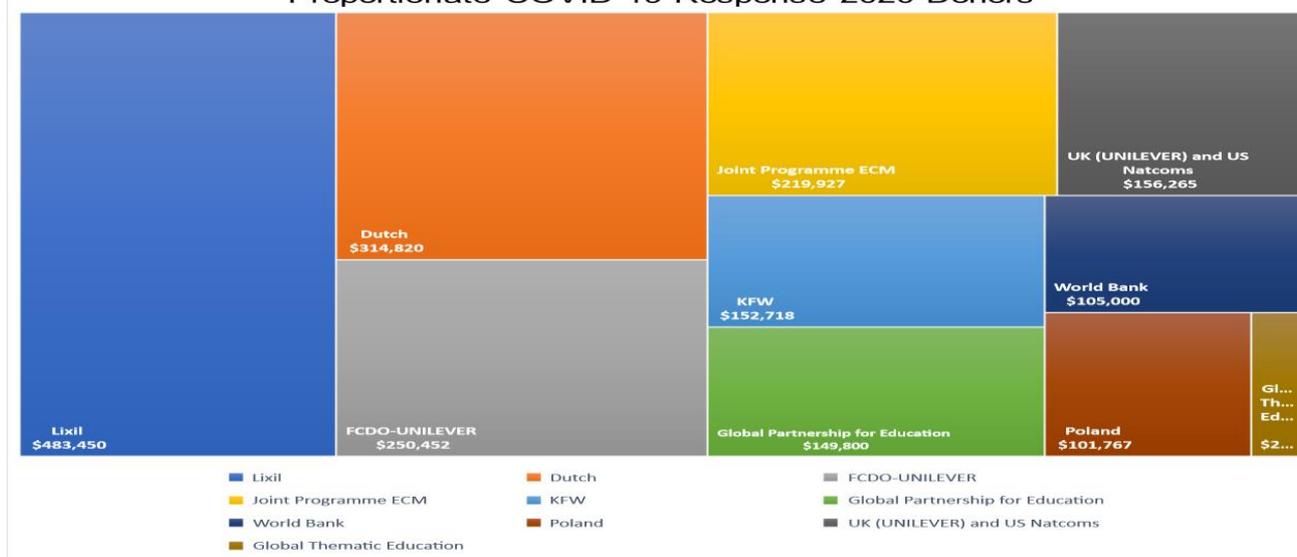
Annex B: Funding Status and Proportionate COVID-19 Response 2020 Donors

Sector	Requirements	Funds available		Funding gap	
		Received in 2020	Reprogrammed	\$	%
Nutrition	6,027,372	2,263,929	2,985,099	778,344	13%
Health	14,318,065	10,480,858	1,341,360	2,495,847	17%
Wash	11,737,062	9,732,315	741,914	1,262,833	11%
Child Protection	3,256,939	2,172,430	1,888,441	- 803,932	-25%
Education	9,106,268	1,539,518	1,824,121	5,742,629	63%
C4D	1,898,765	1,993,053	0	-94,288	-5%
SPESI	2,678,832	3,031,887	797,928	-1,150,983	-43%
CAP	34,344	35,170	0	-826	-2%
Field Operations	28,620	0	0	28,860	100%
Total	49,086,267	31,249,161	9,578,862	8,258,245	17%

Proportionate COVID-19 Response 2020 Donors



Proportionate COVID-19 Response 2020 Donors



*The USAID amount contains the following amounts: BPRM US\$2.03 million; USAID BHA US\$700,000 and USAID US\$500,000. The Norway amount is US\$499,624.20. The Natcom amount contains US Natcom amount of US\$100,265.04 and UK Natcom/UNILEVER amount of US\$56,000. The Global Thematic Education amount is US\$ 27,208.13.

Annex C Selected media products on COVID-19: Mar-Dec 2020

Articles, Posts, Videos

1. [A young Ethiopian migrant narrates her ordeal trying to seek a better life for her family](#)
2. [Parents too need a "time out" during COVID-19, says a trauma psychologist](#)
3. [Taking stock of children's mental and psychosocial wellbeing in Ethiopia during COVID-19](#)
4. [Ethiopia moves children from streets to shelters to stop COVID-19 spread](#)
5. [As migrants return to Ethiopia, social workers show they're essential to COVID-19 response](#)
6. [Creating awareness about COVID-19 in Ethiopia](#)
7. [In time of global pandemic, UNICEF steps up response in Ethiopia](#)
8. [Ending GBV during #COVID-19: GBV prevention and response; Child protection and violence; Gender-based violence](#)
9. [A day in the life of a nurse in times of COVID-19; Has COVID-19 disrupted essential health services for women and children?; Health workers in Ethiopia continue to provide essential health care during COVID-19; Health workers determined to support children and mothers during COVID-19](#)
10. [Better survive COVID19 and realize my big dream says Ethiopian child-MP](#)
11. [Children pursue their passion while staying home](#)
12. [Time to do wonders on the web](#)
13. [Youth teaches children in Afar how to prevent COVID-19](#)
14. [In Ethiopia: Keeping children learning during COVID-19](#)
15. [COVID-19 Youth Empowerment Design Challenge](#)
16. [Putting hygiene at the heart of the COVID-19 response](#)
17. [UNICEF engineer designs hands-free handwashing stand](#)
18. [How to make a menstrual hygiene pad at home: Periods don't pause for a pandemic; Message from Frewyni Mebratu](#)
19. [Keeping jobs, supporting livelihoods](#)
20. [Mounting worries that COVID-19 could lead to increase in child malnutrition](#)
21. [COVID-19 poses challenges in monitoring salt iodization in Ethiopia](#)
22. [COVID-19: A catastrophe for children in sub-Saharan Africa](#)
23. [Reaching children in remote areas with life-saving treatment for malnutrition](#)
24. [Solar radios help children in remote villages to learn during COVID-19](#)
25. [Last-mile distribution of nutrition supplies in Ethiopia; Last-mile distribution of Ready-to-Use Therapeutic Food, video, story and photos](#)
26. [Women and water, a very personal relationship](#)
27. [#COVID-19 puts girls at greater risk of child marriage, early pregnancy & violence](#)
28. [#COVID19 will push an additional 140 million children below the poverty line](#)
29. [During #COVID19 & beyond: ensuring continuation of essential health services for children](#)
30. [380 oxygen concentrators provided for treatment of patients with severe #COVID19](#)
31. [Washing hands with soap and water - key to stop #COVID19](#)
32. [The detrimental impact of COVID-19 on children's education](#)
33. [Betlehem Dessie talks about how she is coping during COVID-19](#)
34. [Keeping children learning during COVID-19 in Ethiopia](#)
35. [Social workers show they're essential to #COVID19 response](#)
36. [10 easy steps for handwashing for kids](#)
37. [UNICEF supporter Zeritu Kebede visits a COVID-19 isolation centre](#)
38. [Positive parenting](#)
39. [Economic empowerment for women during COVID-19](#)
40. [A press release on the Government of Japan's contribution to UNICEF's COVID-19 response: A post on Facebook](#)
41. [Pictures, stories, video and an article of UNICEF staff in Tigray during the Measles SIA](#)
42. [Social media focused on the ComBAT campaign](#)
43. [COVID-19 strengthens the case for building a social service workforce in Ethiopia](#)
44. [The case for safely re-opening schools in Ethiopia](#)
45. [Social media post on the UNICEF-led communication guidelines for safe re-opening of schools](#)
46. [Story, video, photos on solar radios for children in hard-to-reach areas](#)
47. [Staying strong in the fight against polio](#)
48. [Key messages on adult nutrition, wearing a mask and UNICEF's humanitarian response in the context of the pandemic](#)
49. [Video on wise youth who prevent the spread of COVID-19 in their day-to-day activities](#)
50. [A TV spot on breastfeeding](#)
51. [Videos on UNICEF's COVID-19 response in Ethiopia](#)
52. [A video focusing on everyday heroes highlighting the efforts made in different sectors amid COVID-19](#)
53. [A video on school reopening in Somali region; In Afar UNICEF supports flood-affected communities through school reopening](#)
54. [Preventing misinformation](#)
55. [Video on health worker providing essential health services during the pandemic](#)
56. [Balancing the needs for child health during COVID-19](#)
57. [A call for young people to take action to prevent the spread of COVID-19](#)
58. [COVID-19 prevention the need to continue birth registration services and how to help children cope at the time of the pandemic](#)
59. [Ethiopia in the global education video on school re-opening.](#)
60. [Press release on school children who are unable to access remote learning](#)
61. [A post on the need to ensure access to basic hygiene products to vulnerable communities](#)