



ETHIOPIA: COVID-19 Humanitarian impact Situation Update No. 2

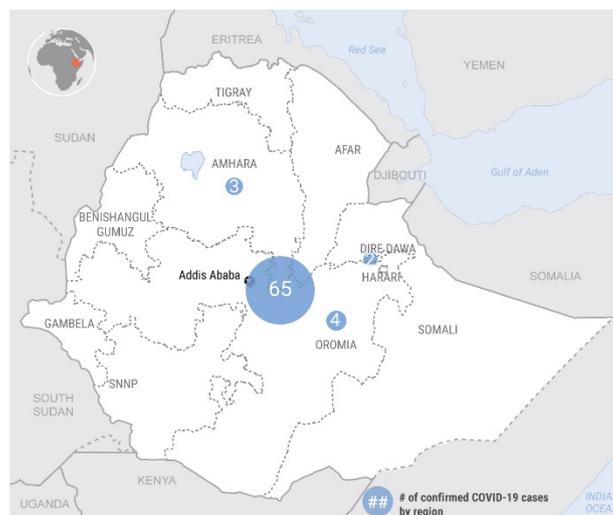
As of 13 April 2020



This report is prepared under the auspices of the National Emergency Coordination Center for COVID-19 response, led by the National Disaster Risk Management Commission (NDRMC), supported by OCHA Ethiopia with participation of Cluster Coordinators. It covers the period from 1-13 April 2020.

HIGHLIGHTS

- As of 13 April, the number of confirmed COVID-19 cases reached 74. Ethiopia registered the first three COVID-19 related deaths.
- On 8 April, the Prime Minister of Ethiopia, Dr. Abiy Ahmed declared a state of emergency (SoE) to intensify control and prevention of the spread of COVID-19 in the country. Details of the SoE were proclaimed by the Council of Ministers.
- Humanitarian partners continue delivering life-saving goods and services to people in need, while scaling up COVID-19 response activities.
- In most parts of the country, COVID-19 public information and awareness campaigns (translated in local languages) are ongoing.
- NDRMC and Food Cluster estimate that 30 million people could experience food consumption gaps as a result of COVID-19, based on the estimated food poverty index.
- The Ethiopia - Kenya international border in Moyale is reportedly closed as of 8 April and only movement of critical humanitarian supplies is allowed.
- Thousands of Ethiopian migrants, particularly from the Kingdom of Saudi Arabia and Djibouti, have been deported to Ethiopia, entering the country through different points and increasing the risk for COVID-19 cross-border transmission.
- On 23 March, the Government of Ethiopia made an initial allocation of 5 billion ETB (US\$ 140 million). On 7 April, the UK announced an allocation of £19 million to Ethiopia to fight COVID-19. The World Bank provided US\$ 82 million to the Ethiopian Ministry of Health, of which half is a grant and half is a loan. The OCHA-managed CERF and country-based pool funds (CBPFs) have provided a combined US\$ 88.1 million to COVID-19 response globally in 26 countries.
- The Government of Ethiopia is finalizing a multi-sector national COVID-19 emergency response plan for the next three months, appealing for US\$ 1.76 billion.



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

SITUATION OVERVIEW

Humanitarian organizations are doing everything they can to support the Government in sustaining life-saving operations in Ethiopia, while also scaling up the response to COVID-19 and ensuring the safety of aid personnel and the population. However, partners are faced with challenges, having had to withdraw staff and/ or delay deployments due to COVID-19 travel restrictions and quarantine requirements.

The Ethiopian Government, as most governments in Africa hosting major humanitarian operations, has imposed movement restrictions to avoid the spread of the virus and protect the population. The country declared a State of Emergency on 8 April. For their part, regional authorities have imposed strict measures limiting population gatherings and movements within and between regions. These restrictions have impacted relief operations, including life-saving and COVID-19 response activities. Humanitarian partners are working with authorities to establish the appropriate mechanism to enable them – and their private contractors - to continue moving and operating to ensure the seamless delivery of humanitarian assistance to people in need, including to COVID-19.

Since the first cases of COVID-19, sporadic cases of intimidation related to the 'stigmatization of foreigners and non-local Ethiopians in field locations have been reported. Prime Minister Abiy made a public appeal to the Ethiopian people for solidarity with foreigners, and to stand together in the fight against the virus. The UN communication campaign with the

hashtag #IamnotaVirus has helped to mitigate such stigmatization, while partners and authorities continue to engage in mass communication campaigns against rumors and stigmatization.

The potential risk for COVID-19 transmission is high due to the large number of IDPs living in collective sites. Almost all IDPs, including those residing with host communities, have no options to implement the recommended norms of social distance, and no access to proper WaSH facilities and essential supplies such as soaps to minimize exposure to COVID-19. In most IDP collective sites, shelters are crowded, and many people sleep in groups or in crowded communal halls. Regional health authorities are concerned about the situation of the IDPs, however, they point to resource and capacity shortages. The dire health situation of the IDPs and the capacity challenges of the health system, are exacerbated by other public health challenges such as cholera and measles outbreaks.

According to recent projections of NDRMC and the Food Cluster, an estimated 30 million people could experience food consumption gaps, based on the estimated food poverty index. The urban poor and the destitute, homeless and those in informal sectors of the economy are likely to be highly affected. In rural communities, food insecurity will worsen among households that rely on market purchases. Meanwhile, COVID-19 prevention measures in some regions will likely contribute to delays in movement of commercial goods (and humanitarian goods) in the country, resulting in localized food insecurity due to shortages of food items or price increases.

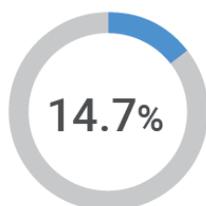
The humanitarian community is concerned about the ongoing deportation of Ethiopian migrants, considering the risk of COVID-19 contagion into Ethiopia, and challenges related to their reception and assistance. At least 2,700 Ethiopian irregular migrants have been deported from the Kingdom of Saudi Arabia and remain quarantined at the Addis Ababa' Science and Technology University, Civil Service University and Addis Ababa University. In addition, more than 2,000 Ethiopian irregular migrants have been deported from Djibouti, Kenya and Somalia and quarantined in public schools, university and quarantine centers.

On the logistics side, partners reported the closure of the Moyale border crossing with Kenya, with only critical humanitarian cargo being allowed. Meanwhile, WFP Supply Chain team reported that other land borders with Djibouti, Somalia and Kenya remain open, but only allowing 'essential goods'. There are no restrictions on cargo movements from Djibouti to Ethiopia through Djibouti - Addis road, although there is a reported shortage of trucks to Djibouti due to a spike in demand.

In terms of funding, on 8 April, UK announced an allocation of £19 million to Ethiopia as part of the global leadership in the fight against COVID-19. Around £12 million will be allocated to UNICEF, £6 million to the OCHA-managed country-based pool fund - the Ethiopian Humanitarian Fund (EHF) - and £1 million to support OCHA operations. The EHF has launched the 2020 first round standard allocation for US\$23.2 million on 'critical funding requests' from clusters against prioritized requirements of the 2020 Humanitarian Response Plan (HRP) requirements, with funding provisions for mainstreaming of COVID-19 response in all sectors. The EHF Secretariat has ensured provisions for partners to access cost extensions (for ongoing projects), to include critical COVID-19 response activities, and other flexibility measures such as 'no-cost extensions' (extending of project durations) and greater reporting timelines flexibility. The World Bank announced a US\$ 82 million support to the Ethiopian Ministry of Health, of which half is a grant and half is a loan.

2020 HRP FUNDING STATUS

Contributions as per the 2020 HRP financial requirements, by sector (as of 9 April 2020)
US\$1.001 billion requested
LEVEL OF FUNDING



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS) - <http://fts.unocha.org> of cash and in-kind contributions by e-mailing: fts@un.org

Sector/Cluster	Funding Received	% Covered	Requirements
Food 	113.9M	29%	399.5M
Nutrition 	-	0%	193.4M
ES/NFI 	-	0%	95.8M
Health 	1.3M	1%	94.3M
WASH 	5.9M	7%	79.7M
Agriculture 	0.4M	1%	54.0M
Protection 	-	0%	42.4M
Education 	-	0%	30.0M
Coordination 	2.3M	19%	12.0M
Sector not specified	21.3M	-	-
Multiple sectors (breakdown not specified)	1.7M	-	-

IMPACT OF COVID-19 ON HUMANITARIAN RESPONSE – BY REGION

Afar, Amhara and Tigray regions

Situation Overview

- COVID-19 restrictions from the three regions are impacting partners' movements and operations.
- In Tigray, on 3 April, authorities issued a directive authorizing few partners to operate in the refugee camps in Shire. This directive has left those not included unable to operate. Partners have reported that access is granted for activities to respond to COVID-19, and movements cleared through a permit issued by local police.
- In Amhara, on 7 April, the regional government sent a letter to humanitarian agencies asking their support to COVID-19 response. However, partners report that the restrictions - including the total ban on private and public transport services in Bahir Dar, Enjibara, Tilina, and Addis Selam cities - are impacting operations, with UN/ INGO vehicles requiring a special permission to move.
- According to Tigray Regional Early Warning, 61 individuals (of Tigray origin) have reportedly been 'deported' from Adama/ Oromia, and are currently quarantined in Raya University, Maichew city in the South Zone.
- In Afar, Galafi in Elidaar *woreda*, 87 undocumented Ethiopian migrants were deported from Djibouti. Meanwhile, all asylum seekers crossing the border from Eritrea to Tigray are required to follow a 14 days' mandatory quarantine at the entry points.

Humanitarian Impact

- In Amhara, restrictions on mobility have impacted the dispatching of food to some *woredas* in North Gonder and North Wollo zones.
- In Tigray, critical activities in refugee camps have been halted as a result of the directive issued by authorities, limiting the number of partners authorized to work in the camps.
- In Afar and Amhara, only essential coordination meetings and with limited participants continue.

Actions Taken

- In Amhara, COVID-19 steering committee and taskforces have been established at regional, zonal and *woreda* levels.
- On 1 April, Tigray regional state started testing for COVID-19. More screening centers are set up at entry points to the region. The region has also established three treatment centers in Mekelle with 250 beds, in Addigrat with 100 beds, and in Axum with 150 beds.
- In Tigray, UNHCR and INGO partners have stepped-up awareness raising activities on COVID-19 in refugee camps.
- In Afar, a COVID-19 preparedness and response plan has been developed, requiring US\$1.5 million. The region also set up an EOC/ECC to lead the coordination across sectoral offices and humanitarian partners.

Eastern Oromia, Somali and Harari region

Situation Overview

- In Somali region, a COVID-19 crisis management steering committee has been established, chaired by the regional president.
- Reports indicate that the border crossing with Kenya in Moyale has been closed for the past 10 days and only movement of critical humanitarian cargo is being allowed.
- IDPs and returnees in Somali region are at high risk of COVID-19.
- Private transportation services carrying essential goods such as food continue movement through the region, albeit in reduced numbers. Authorities are working to avoid an increase of prices. In Dawa zone, prices of essential commodities have risen due to decreasing supplies coupled with anticipated lockdown.

Humanitarian Impact

- Travel restrictions due to COVID -19 interrupted operations as security forces indiscriminately stop road movements into Somali region. On 2 April, an NGO vehicle coming back from field mission was denied entry to Jijiga for failing to comply with the movement restriction.
- The movement restriction is affecting Dire Dawa based partners' movement and operations in rural areas of East/ West Hararge (Oromia).
- Limited communication system is affecting coordination with Government counterparts, especially sector bureaus, while meetings at zonal level and non-essential meetings have been suspended.

Actions Taken

- Humanitarian partners are prioritizing life-saving activities and shifting resources to COVID -19 response.
- The Somali region Shelter Cluster has suggested to speed-up the planned relocation of IDPs/ returnees to decongest some of the overcrowded camps in the region.
- Regional DRMB, in collaboration with humanitarian partners, is developing an emergency preparedness and response plan (EPRP) for COVID-19.
- The Disaster Risk Management Bureau (DRMB) in collaboration with OCHA has advocated for the exemption of humanitarian partners to allow free movement – with all due precautions - to deliver life-saving assistance.

Southern Oromia, SNNPR

Situation Overview

- In Southern Oromia, authorities have established COVID-19- related task forces and rapid response teams. Dedicated Emergency Operation Centres (EOC) mirroring national coordination, have not yet been functional due to lack of resources (protective, sanitation materials). In general, there is an overall slowdown of all movements/ activities following restrictions on public gatherings (including religious), and public transport, and the number of hand washing facilities in public places has increased sharply. Life-saving humanitarian activities continue, complementing that of the authorities.
- Meanwhile, the desert locust infestation and ongoing cholera outbreak continue to put additional pressure on the population in southern Oromia.
- SNNP Health Bureau has drafted a ‘COVID-19 Preparedness and Response Plan’ which estimates that, in the best-case scenario, more than two million people (10 per cent of the total population) will develop COVID-19 symptoms and likely require treatment (the worst-case scenario is under preparation).
- Gedeo zone is characterized by critical low water coverage (under 20 per cent), poor access to hygiene and sanitation facilities, limited health facilities, and high population mobility, which makes it particularly vulnerable to COVID-19.

Humanitarian Impact

- Humanitarian activities have been partially suspended due to perceived contagion risks (resulting in minimum staff presence on the ground and alternative or flexible working arrangements in place) and due to instructions from authorities, with the exception of life-saving/ essential activities.
- Most coordination forums, meetings, capacity building, assessment and distribution activities requiring the congregation of large groups of people have been suspended or phased out. Limited communication systems and infrastructure continue to challenge alternative coordination modalities. Partners continue to put measures in place to ensure uninterrupted information exchange and coordination with authorities. On 1 April, in West Guji, an INGO protection monitoring team was prevented movement by security officials citing COVID 19 restrictions.

Actions Taken

- In SNNPR, regional authorities are planning to provide WaSH NFIs and water-treatment chemicals to IDPs and returnees. In Gedeo, authorities and JEOP are developing guidance on COVID-19 preventive measures to ensure the seamless distribution of food aid to people in need. Early recovery activities continue, targeting more than 100,000 affected people.
- In West Guji, primarily food provision and mobile health and nutrition team (MHNT) services are ongoing.
- In Guji and Bale, scaled-up health services, provision of non-food items (NFIs) and capacity building activities are ongoing. In Borena, partners are supporting with logistics, social mobilization and hygiene materials/equipment.
- Additionally, COVID-19 awareness raising campaign (in local languages) has been ongoing in practically all administrative levels. Isolation centres have been identified and are under preparation in most *woredas*. For example, in Bule Hora, West Guji, there are three such sites in the town’s main hospital, university ward and local health centre. In Borena, quarantine centres have been established in 10 locations, with some actively receiving suspected cases (mostly deportees from Kenya).
- In Bale, INGOs SCI and WVI have started community mobilization activities for COVID-19; and CARITAS in Guji zone.
- In Borena zone, the INGOs GOAL and CARE are adapting operational modalities to ensure aid deliveries, with distributions undertaken with maximum precaution. Beneficiaries are due to receive two-month rations to minimize travel and exposure. In addition, partners are scaling up logistic, social mobilization and distribution of hygiene materials.
- In West Guji, partners continue food aid distribution and provision of mobile health and nutrition services. In addition, IOM, GOAL, Plan International, MCMDO, UNICEF and ANE are using available resources to provide small-scale support in hygiene promotion, installation of hand-washing facilities, and distribution of hygiene materials.

Western Oromia, Gambella, and Benishangul Gumuz region (BGR)

Situation Overview

- On 1 April, the Oromia regional government announced a lockdown in the region restricting movements between and within the region, and all public gatherings.
- Local health officials in East Wellega, Western Oromia, have warned about the risk of transmission of COVID-19 due to the arrival of Ethiopian migrants deported from Dubai, and who have not followed quarantine procedures.
- Ongoing security operations in Kellem and West Wellega continue to impact access to people in need, with dozens of projects temporarily suspended since January 2020. As a result, partners are unable to implement any COVID-19 response activities in such areas.
- In Gambella, a COVID-19 resource mobilization committee led by the Deputy President was established on 4 April. Gambella University plans to accommodate more than 80 beds and an isolation center for COVID-19 cases. So far, hospitals and health centers are identified as treatment and isolation centers in three zones.

Humanitarian Impact

- Some partners have suspended all activities and evacuated staff to Addis Ababa until further notice.
- Coordination meetings in Wellegas/ Kamashi zones have all been suspended. Partners are adopting remote coordination modalities, now that internet connectivity is restored in the region since 31 March.
- In consultation with the ZoWCYA, protection cluster meetings have been suspended until further notice.

Actions Taken

- IOM/ SMS teams continue operations at a low scale, with activities readjusted. For example, community sensitization and site coordination are being organized in small groups (10 people), while applying social distancing. Sensitization on COVID-19 prevention and mitigation methods is included. UNICEF continues operation in Nekemte, supporting women, children and youth affairs at zone and *woreda* levels, and has mobilized US\$30,000 for East and West Wellega zones to protect children from COVID-19.
- UNHCR and the INGO Action Against Hunger (AAH) continue to carry out activities at a low scale, including COVID-19 prevention activities.

Addis Ababa

Situation Overview

- As of 13 March, 2020: 65 confirmed cases
- Over 2,700 return migrants for the Kingdom Saudi Arabia in the last three weeks.

Humanitarian Impact

- The return migrants add an additional burden to the COVID-19 response in the city. They are being accommodated in three quarantine sites in the city (Addis Ababa University, Civil Service University, Addis Ababa Science and Technology University).

Actions Taken

- NDRMC and EPHI with the support of line ministries and humanitarian partners are providing transport accommodation, food, WASH, NFI and medical follow up for the migrants at the quarantine sites.
- Site management is established at quarantine sites as well as in Bole airport to coordinate the needs.

IMPACT OF COVID-19 ON HUMANITARIAN RESPONSE - SECTORAL

Health

- Partners support COVID-19 preparedness and response at national and sub-national levels. A few partners have assigned staff members to work with the national Public Health Emergency Operation Centre (PHEOC).
- Around 20 Health Cluster partners are responding to various emergency events across the country, mostly via direct support to health facilities and Mobile Health and Nutrition Teams.

Food Security

- In order to reduce contacts with beneficiaries, the Food Cluster has decided to dispatch and distribute two rounds of food in one go in April.
- The Food Cluster has developed SoPs for food/ cash distribution during COVID-19 to ensure physical/ social distancing and hygiene practices at distribution points.
- The impact of desert locust and reduced crop harvest from *belg* season are likely to worsen food insecurity, particularly if locust control measures are not successfully implemented.

Nutrition

- In collaboration with NDRMC, FMoH and EPHI, the Emergency Nutrition Coordination Unit (ENCU) COVID-19 taskforce developed recommendations for nutrition in the context of COVID-19, focusing on integrating the WHO/EPHI precaution measures in CMAM and IYCF activities. Close support to the sub-national clusters for the successful implementation of the recommendation will be required.

Emergency Shelter and Non-food items (ESNFI)

- COVID-19 related lockdown measures will have negative economic effects particularly on IDPs who are living in congested conditions with limited access to services and NFIs. There is an urgent need to decongest IDP sites in light of the extreme risk of contracting COVID-19. In Somali region, there are over 300 IDPs camps, with some sites congested. IDPs/returnees live in congested camps with no health facilities, medical personnel and even limited WaSH facilities.
- ESNFI Cluster advocates for the COVID-19 Response plan to have a special focus on IDPs/ returnees.

Protection

- The outbreak of COVID-19 has impacted child protection programming and response in the country. Group activities, including child friendly spaces (CFS) have temporarily been suspended. Partners are re-organizing in light of the COVID-19, with a particular focus on priorities and ensuring continuum of life-saving activities, including case management. COVID-19 awareness raising and IEC are also being integrated into different programming.
- Guidance note has been drafted by the national Child Protection (CP) and Gender-based violence (GBV) AoR and shared with members to provide technical guidance to integrate COVID-19 in related programming.
- UNICEF has developed SOPs to avoid and mitigate child separation during isolation or treatment of their care givers.
- IDP sites, especially collective centers, are considered high risk for disease transmission. SMS Working Group (WG), Shelter and WaSH clusters are supporting the Emergency Coordination Center- ECC/ NDRMC to prioritize the most at-risk IDP sites to decongest shelters and increase water supply. Out of the 500 IDP sites, around 58 have been identified as Priority 1 for shelter interventions.

Education

- In collaboration with the Ministry of Education, the Education Cluster developed the 'Education Preparedness and Response Plan for COVID-19'. Ethiopia curriculum-based lessons through radio are expected to be rolled-out.
- In support to COVID-19 response, boarding schools could be used as temporary treatment centers in the event that hospitals are overwhelmed.

GENERAL COORDINATION

COVID-19 – National response coordination

- At federal level, the multi-sector COVID-19 response is coordinated by the Emergency Coordination Center (ECC) led by the Commissioner of the National Disaster Risk Management Commission (NDRMC). All sector bureaus and humanitarian partners are supporting the center.
- At regional level, coordination centers/taskforces have been established. In the coming days, NDRMC will be working to ensure that regional coordination forums mirror federal coordination mechanism (ECC).

COVID-19 – International response coordination (OCHA)

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- Afar, Amhara, Tigray regions: Hamidu Jalloh (Mob: +251 91 155 0047 | E-mail: jallohh@un.org)
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COVID-19 – Regional response coordination

Region	Forum activated	Participants	Leadership/ Chair	Focal Person
Amhara	COVID-19 Emergency Committee	Regional Bureau heads and partners	Regional head of EPHI	Name: Dr. Melkamu Abitie Phone 0953599319 Email: melkamuab@gmail.com
Afar	COVID-19 Task Force	Regional Bureau heads and partners	Regional President	Name: Yassin Habib Phone: 0911936340 Email: yashabel@gmail.com
Benishangul Gumuz	COVID-19 Steering Committee	Cabinet members and health partners	Regional President	Name: Firehiwot Abebe head Phone: 0912063481 Email: frehiwotz@yahoo.com
Gambela	No formal forum activated yet. However, the health cluster developed a COVID-19 plan	Health cluster members worked out a COVID-19 plan	Regional Health Bureau/ WHO co-chairs	Name: Mr Kan Gatluak Phone: 0911117660 Email: kan_khot@yahoo.com malmajok234g@gmail.com
Oromia	COVID-19 Steering Committee	Regional Bureau heads	Office of the President	Name: Gemechu Shumi Phone: 0993822229 Email: milkigeme@gmail.com
	Regional EOC	Regional Bureaus and partner agencies	ODRMC	
SNNP	COVID-19 Task Force	Regional Bureau heads	Regional President	Name: Mr. Erestu Yirdaw Phone: 0462209166 Name: Mr. Tilahun Kebede Phone: 0935408643
Somali	Regional EOC	Regional Bureau heads and partners	Regional HB	Name: Dr Mutar Muse Phone: 0915752699 Email: mukktarov84@gmail.com
Tigray	Regional EOC	Regional Bureau heads and partners	Regional Health Bureau	Name: Rieye Esayas Phone: 0932501042 Email: esayas1978.sm@gmail.com
Harari	Regional Taskforce	Regional Bureau heads	Regional President	Name: Ibsa Ibrahim Phone: 0914947880
Dire Dawa	COVID-19 Steering Committee	City Bureau heads	City Mayor	Name: Kadir Juhar, Deputy Mayor Phone: 0914994686