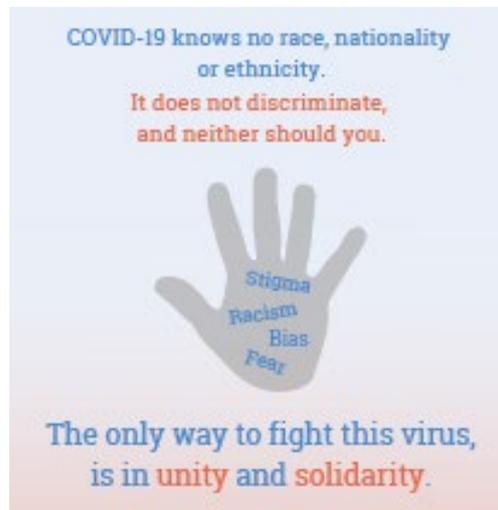


HIGHLIGHTS

- Ethiopia confirmed 40,671 COVID-19 cases, making it the country with the highest number of cases in East Africa, overtaking Kenya.
- Government and partners start providing cooked food to more than 2,700 returnees in quarantine centers.



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FUNDING REQUIREMENTS

US\$1.65 billion

Total COVID-19 and non-COVID-19 revised requirement for the remainder of the year

US\$1.14 billion

Non-COVID-19 Requirement

US\$506 million

COVID-19 Requirement

People targeted	
Non-COVID-19	6.7 million
COVID-19	9.8 million

COVID-19 - Ethiopia updates

Ethiopia registers 40,671 COVID-19 cases and 678 deaths, making it the country with the highest cases in East Africa

As of 23 August, Ethiopia confirmed 40,671 COVID-19 cases, making it the country with the highest number of cases in East Africa, overtaking Kenya (20,153 samples tested in the last 24 hours; 757,057 tests since March 2020). The country also registered 14,995 recoveries and 678 deaths as of the same date. Community transmission was the source of infection for at least 63 per cent of the confirmed cases; and 94 per cent of the cases were asymptomatic. Overall, the recovery rate is 37.1 per cent, the case fatality rate 1.7 per cent and the positivity rate 8.3 per cent. The number of daily testing capacity continued to increase throughout August, along with the number of cases detected.

Government and partners start providing cooked food to more than 2,700 returnees in quarantine centers

The National Disaster Risk Management Commission (NDRMC) and the World Food Program (WFP) have signed a Memorandum of Understanding (MoU) to provide cooked food for more than 2,700 migrant returnees currently in quarantine centers across the country, including 965 in Addis Ababa, 282 in Afar, 136 in Metema, 425 in Dire Dawa, 797 in Somali and 125 in Moyale. The returnee came in Ethiopia between 5 and 18 August 2020. Overall, more than 30,000 arrivals have been registered in Ethiopia since April 2020.

Some 108,800 IDPs in 10 sites identified for prioritized COVID-19 response

A recent analysis using WaSH, health, and shelter indicators highlighted that internally displaced people (IDPs) in 56 sites across the country live in overcrowded settings, making social distancing nearly impossible, and with inadequate hygiene facilities and access to health services. Displaced populations who live in communal settings tend to suffer disproportionately from poor health conditions due to the hardships of displacement that often lead to high malnutrition rates and other underlying health factors, making IDPs more susceptible to illnesses. Overcrowded living conditions are also known to increase exposure to GBV, particularly for women and girls.

HIGHLIGHTS

- The Government and humanitarian partners have been scaling up COVID-19 prevention and management capacity in and around IDP sites in Somali region following the confirmation of the first cases around Qoloji and Gabogabo IDP sites in late July 2020
- Of the 17 cases confirmed, nine patients are quarantined at Dulqabow treatment centre, while eight others are still missing and being traced.
- The cholera outbreak in West Omo zone (SNNP region) continued to spread since its first confirmation in early June with 95 cases and ten deaths. As of 15 August, 3,826 cases (including 104 deaths) were reported.
- In addition to the weak WaSH and health infrastructure and difficult terrain, continued shortage of medicine, IPC (infection prevention and control) supplies, health and support workers as well as limited partner presence contributed to the spread of the outbreak.

A recent multi-sectoral COVID-19 Risk Mitigation Plan prioritized some 108,800 IDPs in 10 sites across Afar, Oromia and Somali regions for scaled-up COVID-19 outbreak preparedness and response operations at the cost of US\$5.9 million. This response plan aims to enhance COVID-19 mitigation measures in the targeted IDP sites through an integrated shelter/NFI, WaSH, health, and SMS activities, including protection mainstreaming and addressing HLP issues as required.

Qoloji situation update

The Government and humanitarian partners have been scaling up COVID-19 prevention and management capacity in and around IDP sites in the Somali region following the confirmation of the first cases around Qoloji and Gabogabo IDP sites in late July 2020. Of the 17 cases confirmed, nine patients are quarantined at Dulqabow treatment centre, while eight others are still missing and being traced.

An Incident Command Post has been established to coordinate the response. The Somali regional government deployed two field epidemiology residents and four health professionals, delivered integrated emergency health kits, and assigned one ambulance. WHO is also collaborating with regional authorities to improve health response and surveillance. UNICEF, in partnership with the Islamic Council, is engaging Muslim leaders and elders inside the camps to raise awareness on the pandemic. Meanwhile, WFP allocated ETB50 million to the regional Disaster Risk Management Bureau (DRMB) for the provision of cooked food in quarantine and isolation centers, while UNHCR is taking the lead on-site management services.

Enhanced ComBAT campaign targets 200,000 tests

The Government launched COVID-19 Community Based Activities and Testing (ComBAT) nationwide campaign aimed to test 200,000 people for the virus in two weeks' time and conduct door-to-door survey covering 17 million citizens in the country to control the spread of the pandemic. The campaign also aims to empower and engage all relevant stakeholders and key partners in the community-led response. Goals of the campaign include: reduce human to human transmission, caring for those affected, ensuring continuity of essential services and heightened whole of government, whole of business and whole of society approach. In order to facilitate the coordination and monitoring activities of the National Emergency Coordination Center (ECC), a joint plan has been developed based on the national strategic goals and strategies set by the Ministry of Health (MoH).

Cholera outbreak continues to affect communities in West Omo and West Guji zones

Cholera outbreak in West Omo zone, SNNP region

The cholera outbreak in West Omo zone (SNNP region) continued to spread since its first confirmation in early June with 95 cases and ten deaths. As of 15 August, 3,826 cases (including 104 deaths) were reported in Minet Shasha, Minet Goldeia, Surma, Gachit, Gore Gesha, and Bero *woredas*. In addition to the weak WaSH and health infrastructure and difficult terrain, a continued shortage of medicine, IPC (infection prevention and control) supplies, health and support workers, as well as limited partner presence, contributed to the spread of the outbreak. The Regional Health Bureau and UNICEF deployed technical support teams. World Vision International, Save the Children and Transform PHCU are preparing additional technical, material, and logistical support. A roughly estimated 60 per cent of the required supplies have been delivered to the most critical areas. There are gaps in logistical support, such as vehicles for transporting patients, and related operational resources.

Cholera outbreak in West Guji zone, Oromia region

Some 128 confirmed cholera cases, including nine deaths, were reported in Hallo Medhidha *kebele* in Melka Soda *woreda* since late June 2020. Unconfirmed number of additional cases were also reported in Dad Obadubu *kebele*. Considering high population movements across the traditionally pastoralist and mining areas in the *woreda*, at least 18,020 people are at high risk of infection in the two cholera-affected *kebeles*. Zonal authorities, private sector,

HIGHLIGHTS

- Heavy kiremt season (June–September) rains continued to cause flooding and landslide so far affecting at least 159,557 people, including 133,576 people displaced as of 18 August .
- At present, the Government and partners are providing a coordinated response to the ongoing floods.
- Overall, *kiremt* rains are expected to affect more than 2 million people and displace an estimated 435,000 people.
- The World Humanitarian Day was celebrated globally on 19 August under the theme humanitarians are real life heroes of our world (#RealLifeHeroes). Humanitarian workers were honored and thanked for their dedication and compassion to serve people in need, often in conditions where their lives are at risk such as in war zones and natural disasters, including health outbreaks.

UNICEF, WHO, and IOM have provided initial cholera response, while additional support is planned. The needs for the current outbreak (Hallo Medhidha) have been mostly covered or planned, but the needs of those at immediate risk require further regional and national support.

Floods left some 175,000 affected and 139,000 displaced as *kiremt* rains continue to intensify

Heavy *kiremt* season (June–September) rains continued to cause flooding and landslide so far affecting at least 159,557 people, including 133,576 people displaced as of 18 August (40,131 people displaced in Afar, 45,557 people displaced in Somali, 3,321 people displaced in Oromia, 20,066 people displaced in SNNP, 20,892 people displaced in Gambella and 3,609 people displaced in Amhara). Houses were destroyed, livelihoods were lost and WaSH and other public infrastructures damaged. Weather forecast for the remainder of the season indicates a further strengthening of the rainfall across most *kiremt* rain-receiving areas of the country.

Overall, *kiremt* rains are expected to affect more than 2 million people and displace an estimated 435,000 people. The National Flood Task Force released the third flood alert¹ as an early warning measure to mitigate the impact of floods to lives and livelihoods.

At present, the Government and partners are providing a coordinated response to the ongoing floods. The flood incidents are compounding the already complex humanitarian context dominated by the COVID-19 pandemic, desert locust infestations, conflict and food insecurity. Other challenges include limited coordination at the lower administration level, limited risk communication, inadequate road infrastructure, and budget constraints. The Government and partners recognize the need to strengthen preparedness and response activities as flooding plays a vital role in the outbreak and the spread of water-borne diseases such as cholera.



Figure 1 impact of floods in Afar region

2020 World Humanitarian Day in Ethiopia

The World Humanitarian Day was celebrated globally on 19 August under the theme humanitarians are real-life heroes of our world (#RealLifeHeroes). Humanitarian workers were honored and thanked for their dedication and compassion to serve people in need, often in conditions where their lives are at risk such as in war zones and natural disasters, including health outbreaks.

In Ethiopia, the day was marked with several online activities, including the release of a film commemorating humanitarians with Amharic, Afan Oromo, Tigrigna and Somali subtitles, and a booklet containing stories of displacement entitled: Surviving the Odds: Stories of Displacement. A virtual exhibit featuring pictures and stories of humanitarians in Ethiopia was also launched.

¹ <https://bit.ly/3aTe7kY>

HIGHLIGHTS

- Her once healthy boy was withering before her eyes. When she came to the health post desperate and full of fear of the possibility of losing her child, the boy was visibly severely malnourished and unable to hold his head up.
- More time was not wasted. Save the Children's vehicle took off immediately taking the sick child and his mother to Mio Stabilization Center, roughly 37 kilometers from the kebele health post.

In his opening video remark, the Deputy Commissioner of the National Disaster Risk Management Commission, Ato Damene Darota thanked humanitarian workers within Government institutions, partners, donors, and fellow Ethiopians. On her part, the UN Resident and Humanitarian Coordinator, Dr. Catherine Sozi reaffirmed that the “United Nations and NGO partners will continue to stand by the Government and people of Ethiopia” during these challenging times, and called on additional financial support noting “donor countries are themselves struggling with the pandemic, and thus we are facing one of the biggest humanitarian funding shortfalls in Ethiopia as well as globally. I take this opportunity to call on all friends of Ethiopia to extend their support at this crucial time recognizing that the multi-dimensional impact of the pandemic has disproportionately affected the most vulnerable societies.” All of the materials can be found here: <https://www.facebook.com/watch/OCHAinEthiopia/227555635217513/>

From severe malnutrition to a happy, healthy toddler

The following success story is taken from emergency nutrition and health response project that the INGO Save the Children implemented in Dibe Mole *kebele*, Dawe kachen *woreda*, Somali region. The six-month project (February – May 2020) was funded by the Ethiopia Humanitarian Fund (EHF) and implemented in thirteen *woredas* of Somali and Oromia regions

One early morning, Mukerema went to Dibe Mole *kebele* health post with her 3 years old son Yassin.

At the time, the Save the Children-run Emergency Mobile Health and Nutrition Team (MHNT), together with Government health extension was conducting their usual medical consultation and nutritional services.

Roughly four years before this, Mukerema, at the time a young bride, gave birth to a healthy baby-boy, Yassin. She exclusively breastfed the baby for up to six months and continued breastfeeding for more than 2 years. But hardship at home meant that she was unable to provide supplemental food to her growing toddler.

Her once healthy boy was withering before her eyes. When she came to the health post desperate and full of fear of the possibility of losing her child, the boy was visibly severely malnourished and unable to hold his head up. “It has been several days since he drank or ate, he is weak and unable to open his eyes,” Mekerema told the health personnel at the health post. Save the Children's MHN team members were quick to conduct a rapid nutritional assessment. The diagnosis was as feared: complicated severe acute malnutrition. The boy was referred to a nearby stabilization center for malnourished children after pre-referral treatment at the health post.

However, another obstacle presented itself. Mukerema said that her new husband (for she had divorced her first husband and re-married at the time) would not allow her to go far from home, leaving other household responsibilities unattended. The MHNT then met with the kebele leader and the local health committee. They went on to convince Mukerema's husband to take over the household responsibilities until his step-son recovers, and he, along with his wife, returns home. The issue was one of life and death. The husband accepted. More time was not wasted. Save the Children's vehicle took off immediately taking the sick child and his mother to Mio Stabilization Center, roughly 37 kilometers from the *kebele* health post.



HIGHLIGHTS

- As of 3 August, 31.2 per cent of the new requirement of \$1.65 billion was funded, including US\$432.4 million received from various donors and \$83.1 million allocated from the Government of Ethiopia.
- The HRP remains highly underfunded to meet current needs. The unmet requirements have never been so high at mid-year, and never exceeded \$1 billion.

Yassin was admitted on 5 May 2020. He started treatment with IV infusion, therapeutic milk feed, and routine medicines, while Mukerema was provided with caretaker food. His vital signs showed improvement within a couple of hours and stabilized within 24 hours. After three days, the swelling on his feet started to shrink and disappeared after five days. Save the Children's focal person, and other staff members were on his case 24-7 for 10 days.

According to the treatment protocol, Yassin was transferred to a nearby health post after he ultimately regained his appetite, regained weight, and his edema and other health complications were fully treated. The young boy was eventually discharged and went home with his happy mother, healthy and fully active. Save the Children managed to link Mukerema to a productive safety net program for continued assistance.

2020 HRP Funding Update

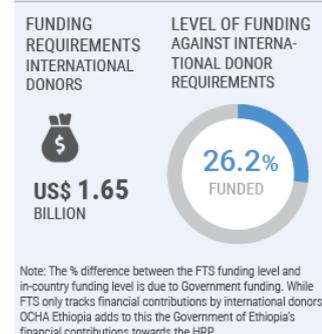
As of 3 August, 31.2 per cent of the new requirement of \$1.65 billion was funded, including US\$432.4 million received from various donors and \$83.1 million allocated from the Government of Ethiopia. The non-food clusters are particularly severely underfunded, with only 26 per cent of the yearly requirements being met so far, compared to 38 per cent that went to the Food Cluster. (See the breakdown in the graph).

The 2020 HRP mid-year review is currently being finalized for release, with additional requirements based on mid-year assessments. The HRP remains highly underfunded to meet current needs. The unmet requirements have never been so high at mid-year and never exceeded \$1 billion.

In-country 2020 HRP Funding Update



HRP Funding Update as per FTS



Sector/Cluster	Funding Received (in million US\$)	% Overall Covered	Requirements (in million US\$)
Food	291.9	38%	773.4
Nutrition	65.5	26%	252.6
Health	15.1	8%	195.0
ESNFI	5.0	5%	105.4
WASH	14.2	15%	95.5
Agriculture	5.9	8%	73.7
Logistics	3.8	6%	59.7
Protection	10.7	22%	47.6
Education	2.8	8%	35.4
Coordination	4.5	38%	12.0
Sector not specified	39.8	-	-
Multiple sectors (breakdown not specified)	56.4	-	-

FOOD
38% Funded
\$481.5M Unmet requirements

NON-FOOD SECTORS
26% Funded
\$653.2M Unmet requirements

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