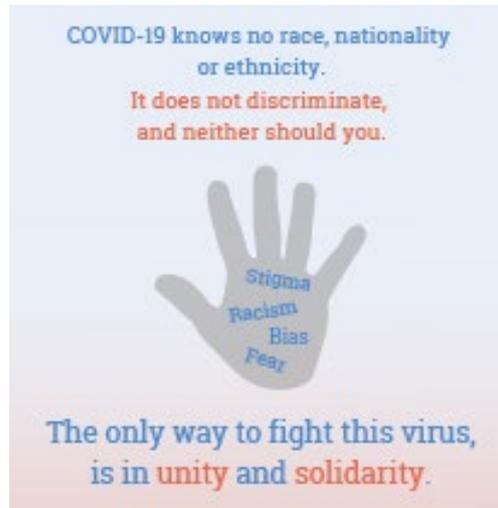


HIGHLIGHTS

- Ethiopia saw a three-fold increase in confirmed cases of COVID-19 in July with 5,689 cases by end June compared to 15,810 cases as of the end of July.
- Concern over the likelihood of further spike is high given that 59 per cent of recent cases resulted through community transmission.



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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 COVID-19 cases reaches 24,175

Ethiopia saw a three-fold increase in confirmed cases of COVID-19 in July with 5,689 cases by end June compared to 15,810 cases as of the end of July. Concern over the likelihood of further spike is high given that 59 per cent of recent cases resulted through community transmission.

An overwhelming majority of the infected people were asymptomatic/did not show any symptom of the illness. According to the Government Emergency Operation Center (EOC), 85.6 per cent of the cases in the regions were asymptomatic and identified through screening in health centers. Men seem to be most affected (69 per cent of cases), and the age group of 15-24 years.

As of 11 August, the number of confirmed COVID-19 cases in the country has reached 24,175. Of the total caseload, 10,696 people have recovered, while 440 people have died. Overall, Ethiopia has conducted a total of 520,891 sample tests, which is less than 0.5 per cent of the population. Addis Ababa remains the epicenter of the pandemic.

The guideline that allows for people coming from abroad to quarantine at home upon presentation of a negative COVID-19 test taken within 72 hours prior to arrival, has been revised to the presentation of a negative COVID-19 test taken within five days prior to arrival.

Alarm at Qoloji IDP sites: At least 17 IDPs tested positive for COVID-19

As of 3 August, 17 IDPs were tested positive for COVID-19 via community testing in and around Qoloji and Gabogabo IDP sites, Somali region. Of the 17 confirmed cases, seven (7) cases left the site and are currently being traced. This is the first time COVID-19 cases are reported amongst IDPs. The first health professional in Qoloji IDP site also tested positive on 2 August and is currently in isolation. The DRMB and humanitarian partners agreed to set up an incident command post (ICP) to coordinate the response. The ICP will start operation on 10 August. According to data from the Displacement Tracking Matrix 22 (DTM 22), around 78,000 IDPs live in Qoloji IDP sites (Qoloji 1 and 2).

HIGHLIGHTS

- At least 17 IDPs were tested positive for COVID-19 via community testing in and around Qoloji and Gabogabo IDP sites, Somali region as of 3 August 2020. Of the 17 confirmed cases, seven (7) cases left the site and are currently being traced.
- Local community leaders said that they are facing huge challenges in their effort to carry out sensitization and awareness raising campaign because of the deep misconception and spreading falsehood.
- As of 10 August, 124,219 people were affected by flooding in Afar, Amhara, Oromia, Gambella, SNNP and Somali regions, of whom 53,158 people were displaced.
- The National Disaster Risk Management Commission, in collaboration with humanitarian partners, is currently working on flood preparedness and response measures. A Flood Response Plan will be finalized this week, which will also include a cholera response element.

On 6 August, OCHA, UNICEF, WFP together with the Somali region Disaster Risk Management Bureau (DRMB) Director visited the Qoloji IDP sites and the designated isolation center. The team observed concerning progress in the implementation of COVID-19 prevention and management efforts as mass random testing had reportedly stopped, and no contact tracing is taking place. The surveillance work had also stopped because of the rumor spreading amongst the IDPs that health workers are the source of infection. Prior to the confirmation of COVID-19 cases in the IDP sites, the local clinics used to receive more than 100 people per day; after the confirmation of the 17 cases the number of outpatients dropped to three people per day. Local community leaders said that they are facing huge challenges in their effort to carry out sensitization and awareness raising campaign because of the deep misconception and spreading falsehood.

Overall, even amongst people with good awareness on COVID-19 prevention method, adherence to mask-wearing, hand washing, and physical distancing rules is low, calling for behavior change communication techniques in COVID-19 messaging. The EOC is currently planning a week-long risk communication and community engagement campaign across the country, the dates and the content of which will soon be made public.

Although COVID-19 is primarily a health emergency, its impact is being felt across all sectors mostly amongst the vulnerable section of society. In addition to COVID-19, Ethiopia's humanitarian context is aggravated by severe flooding leading to livelihood loss and displacement, desert locust, new conflict displacements and other disease outbreaks. All these, often inter-related crisis, are having a significant impact on income loss and food security. At present, the 2020 Humanitarian Response Plan mid-year review is being finalized and will capture additional humanitarian needs since the release of the 2020 HRP and the revision to the requirement made in June 2020.

Flooding affects 124,219 and displaces an additional 53,158

Flooding due to above normal rainfall, especially in the second decade of July, in the south western, western and central parts of the country continue to affect and displace people living along river basins. As of 10 August, 124,219 people were affected by flooding in Afar, Amhara, Oromia, Gambella, SNNP and Somali regions, of whom 53,158 people were displaced.

The release of water from dams (several dams have either reached their maximum level or nearing full capacity) to the downstream areas has contributed to the situation. Some dams such as Gibe and Tekeze have started discharging. The release of dam water increases the flood risk in downstream communities, including in South Omo zone of SNNPR and Western and North Western zones in Tigray region.

The National Disaster Risk Management Commission, in collaboration with humanitarian partners, is currently working on flood preparedness and response measures. A Flood Response Plan will be finalized this week, which will also include a cholera response element. A Flood Contingency Plan prepared by the National Flood Task Force in June to mitigate the adverse impacts of floods during July – October 2020 projected that flooding will affect more than 2 million people and displace an estimated 435,000 people in flood-prone areas across the country during the *kiremt* season (June to September).

Meanwhile, the Commission has so far provided food, NFI, boats and helicopter to support regional Governments' flood response efforts. Critical gaps identified include food and non-food items, boats and budget to cover the full operation.

Some 470,163 people were already affected, of whom 301,284 were displaced by flooding due to spring/*gu* rains across Somali, Oromia, Afar, SNNP, and Harari regions as well as Dire Dawa City Council

HIGHLIGHTS

- A total of At least 6789 Cholera cases were reported between January and August 2020 across SNNP (4819 cases), Somali (1319) and Oromia (651) regions. The most affected zone (South Omo zone) in the most affected region (SNNPR) counts 3144 cases.
- Low access to water supply as well as sanitation and hygiene facilities, inadequate supply of water treatment chemicals, chlorine and WaSH NFIs, inadequacy of water storage tanks, poor hygiene promotion and practices remain to be WaSH challenges.
- Zonal authorities led and supported the multi-sector Cholera response since the first case was reported on 4 May 2020 from Yarta kebele of Minet Goldia *woreda*.

At least 3,144 cholera cases reported in South Omo zone

At least 6,789 cholera cases were reported between January and August 2020 across SNNP (4,819 cases), Somali (1,319) and Oromia (651) regions.

The most affected zone (South Omo zone) in the most affected region (SNNP) counts 3,144 cases so far. Nearly all affected people were above five years of age, according to a joint Government and partners' assessment on 20-

30 July 2020. The difficult terrain and inaccessibility of most of the affected *kebeles* in the zone as well as gaps in knowledge and skills in sample collection, packaging and transportation have had significant drawbacks on quality and results of samples. More than 60 per cent of the zone's population are using unsafe water supply sources; 32.8 per cent of water supply schemes are non-functional, three times greater than the regional average.

Overall, the drastic lack of safe water supply and sanitation services across most of the country leaves populations with no option but to resort to the use of unprotected water sources such as rivers, ponds and streams. Incidences of flooding due to above normal rainfall significantly increases the risk of cholera in these areas. The situation is even more pronounced in this particular time of COVID-19 where frontline workers are overwhelmed with other crises. It is therefore critical to urgently address the current cholera outbreaks and implement some early action measures in the very high-risk areas before they expand to the rest of the country and the situation gets out of control.

Ongoing Response

Zonal authorities led and supported the cholera response since the first case was reported in Yarta *kebele* of Minet Goldia *woreda*. They advocated the outbreak to local administrators since the onset, deployed personnel and logistics support to affected areas, provided technical support to the response team at zonal, district and health facilities and cholera treatment centers (CTCs), provided on-site orientation to zonal, district and HFs staffs on health and WaSH, and provided hands on support for the preparation of the zonal-level response plan.

Five shallow wells were maintained by zonal and *woreda* offices in Minet Shasha *woreda*. In addition, three (3) CTCs were established by the Zonal Health Department to clinically manage cases. UNICEF repurposed and distributed WaSH NFIs and water treatment chemicals that were intended for prevention of COVID-19 pandemic and continues to dispatch additional WaSH supplies through the Regional Water Bureau. Meanwhile, the INGOs, ERCS, and SCI provided logistic support in delivering WaSH and medical supplies.

As part of the health response, drugs and medical supplies were distributed to Minet Shasha, Minet Goldeia and Surma *woredas*. Save the Children also recently gave training on the management of cholera outbreak for health workers in West Omo zone. Agreement

Cholera cases SNNP Jan – Aug 2020

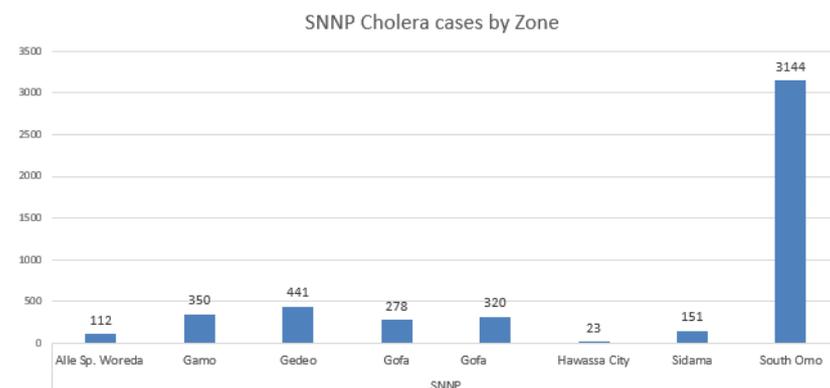


Figure 1 Source: National Emergency Coordination Center

HIGHLIGHTS

- Outside SNNPR, Afder (712 cases) and Shebele (309 cases) zones are the two most affected zones in Somali region, while West Guji (230 cases) zone is the most affected in Oromia region followed by West Arsi (171 cases) zone and Shashemene Town (143 cases). Some of the affected zones are those affected by recent flooding, while others are conflict-prone areas and areas with already deep food insecurity. Shashemene Town is amongst the town that most suffered from recent violence following the killing of artist and activist Hachalu Hundesa and where several people lost their houses and livelihood.
- From 64,594 IDPs that were returned to Kamashi and Assosa zones of Benishangul Gumuz region (BGR) from West Wollega zone (Oromia region), more than 37,000 were re-displaced and are currently sheltered in seven (7) woredas (Gimbi, Boji Dirmeji, Lalo Asabi, Nedjo, Leta Sib, Kiltu Kara and Mene Sib) of West Wollega zone.

was reached between Government and partners to set up a cholera response coordination platform at zonal and *woreda* levels.

Gaps and challenges

Low access to water supply as well as sanitation and hygiene facilities, inadequate supply of water treatment chemicals, chlorine and WaSH NFIs, inadequacy of water storage tanks, poor hygiene promotion and practices remain to be WaSH challenges.

Major gaps to the health response include, knowledge and skill gaps on cholera outbreak response, weak public health emergency management and surveillance systems, very low community awareness and presence of cultural barriers that favor related outbreak, lack of access to health services, shortage of health manpower and supporting staff at various levels, shortage of medical and Infection Prevention and Control (IPC) supplies.

Significant gaps in finance, logistics and coordination challenges also remain. Problems related to road access, security, population mobility, electricity and connectivity, difficult terrain and distance from zone, region and center add to the above challenges.

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Some 37,000 secondary displaced persons in West Wollega need immediate and sustainable solutions

From 64,594 IDPs that were returned to Kamashi and Assosa zones of Benishangul Gumuz region (BGR) from West Wollega zone (Oromia region), more than 37,000 were re-displaced and are currently sheltered in seven (7) *woredas* (Gimbi, Boji Dirmeji, Lalo Asabi, Nedjo, Leta Sib, Kiltu Kara and Mene Sib) of West Wollega zone.

Amongst the main reasons for the secondary displacement include, lack of basic services, lack of protection, insecurity, inter-communal tension and fragile social cohesion, poor governance and lack of livelihood in their places of origin. In addition, peace and reconciliation activities were mainly conducted at higher levels with limited involvement of IDPs.

The IDPs have not received humanitarian assistance for almost one year, and they urgently require food, shelter and health services. The IDPs also raised protection concerns, including poor protection from the weather and lack of privacy, increased exposure to COVID-19 infection due to overcrowding, insecurity and risk of SGBV, and loss of documents for their houses and land.

All the IDPs do not have full access to health services due to lack of cash for paid services. Access to basic services, particularly, potable drinking water, sanitation, health, nutrition, education, food, shelter and non-food items are limited due to insecurity, and the zonal Government policy to limit assistance to secondarily displaced IDPs. Inter-communal tension persists resulting in a fragile social cohesion despite ongoing peace building efforts initiated by the Government and other stakeholders.

HIGHLIGHTS

- The United Nations Emergency Relief Coordinator has provided a compelling vision for moving from a reactive to an anticipatory humanitarian system. Today, we can predict with growing confidence the occurrence and humanitarian impact of climatic shocks.
- Ethiopia is highly vulnerable to climate-related shocks and stresses, more frequent seasonal droughts, erratic rainfalls, and prolonged dry spells. As a way to strengthen the resilience-centered approach, the UN Emergency Relief Coordinator has chosen Ethiopia to pilot the Anticipatory Action Framework (AAF) for drought.
- “My son moved quite a long distance away from Weeb kebele looking for feed to the cattle and the family. Unfortunately, he was killed there due to a clan conflict and, we lost 25 cattle. I was left alone without any support bearing a responsibility of caring for the four children of the deceased,” she added.

The secondary displaced people were welcomed by the host community in Oromia at the initial phase of their displacement in September 2018, and host communities provide the initial essential services. However, due to the protracted presence of secondary displaced IDPs and absence of durable solutions, the host community is fatigued, their resources are depleted and can no more afford to assist. Most of the IDPs are living in rental houses whose cost has become too expensive for them given their limited income.

According to an inter-agency multi-sectoral needs assessment conducted in secondary displaced-hosting *woredas* of West Wollega zone from 8-12 June 2020, the IDPs are not willing to return to Benishangul Gumuz region due to instability and insecurity in their places of origin. They have requested for re-settlement in Oromia region as part of their durable solutions.

Moving from a reactive to an anticipatory humanitarian system

The United Nations Emergency Relief Coordinator has provided a compelling vision for moving from a reactive to an anticipatory humanitarian system. Today, we can predict with growing confidence the occurrence and humanitarian impact of climatic shocks. In these cases, neither the shock nor the way a crisis will unfold should surprise us. Data can contribute to facilitate the decision to trigger the release of pre-arranged finance for pre-agreed interventions that mitigate the impact of such hazards before they happen. By taking this anticipatory approach – using evidence of risk instead of suffering – to respond, we can better protect and save more lives, and increase the impact of available funds.

Ethiopia is highly vulnerable to climate-related shocks and stresses, more frequent seasonal droughts, erratic rainfalls, and prolonged dry spells. To strengthen the resilience-centered approach, the UN Emergency Relief Coordinator has chosen Ethiopia to pilot the Anticipatory Action Framework (AAF) for drought. The AAF aims to mitigate the impact of an out-of-the-ordinary drought shock. The AAF will also support stronger linkages between humanitarian and development efforts, to shield communities’ developmental gains, and to demonstrate the effectiveness of risk financing methods in dealing with vulnerabilities. The framework has three interconnected components: 1) a robust forecasting embedded in a transparent decision-making process (the model); 2) a pre-agreed action plan that can fundamentally alter the trajectory of the crisis (the delivery); and 3) a pre-arranged finance (the money). OCHA undertook extensive consultations with Government, partners, donors, international financing institutions, and clusters. The plan is to finalize the Anticipatory Action Framework by September 2020.

Saving livelihoods saves lives

Buna Bulicha is a 62 years old woman and a mother of eight children: seven girls and one boy. She lives in Borena zone, Oromia region. Buna was amongst the pastoralist communities who were severely affected by the drought due to failed rains in 2016/2017.

The drought resulted in food insecurity and caused severe shortage of pasture for their livestock. She said, “Pastoralists in Borena zone lost all their livestock during the 2016 and 2017 drought, and this made us extremely vulnerable to subsequent whether shocks.”

A back-to-back failure of the seasonal *genna* rains in 2017 exacerbated the living condition of Buna and the entire pastoralist community in her district.



HIGHLIGHTS

- “I am very thankful to SOS Sahel Ethiopia and UNOCHA. My cattle which survived due to the support from the continued project are now the source of my livelihood today.”
- The 2020 World Humanitarian Day will be celebrated on 19 August under the theme: #RealLifeHeroes. In Ethiopia, the day will be commemorated with several online activities, including:

“My son travelled long distance looking for pasture and water for the cattle and the family. Unfortunately, he was killed during one of his ventures due to a clan conflict and we lost 25 cattle. I was left alone without any support bearing a responsibility of caring for the four children of the deceased,” she added.

Buna said that she was left with 6 cattle but had no one to help her in looking after them and did not know how to manage them.

While she was in such a daunting situation, Buna heard one night about the continuation of an SOS Sahel Ethiopia-implemented project (funded by the UNOCHA-managed Ethiopia Humanitarian Fund - EHF) from which she previously benefited. Buna was quick to make her case with the NGO.

Luckily, she was eligible for support by the project and she received two months’ worth feed for her two breeding cattle and veterinary service. In a short period of time, she saw her cows’ body condition improve and along with that improvement, her hopes revived.

“I am very thankful to SOS Sahel Ethiopia and UNOCHA. My two cattle are the source of my livelihood today.”

2020 World Humanitarian Day in Ethiopia

The 2020 World Humanitarian Day will be celebrated on 19 August under the theme: #RealLifeHeroes. In Ethiopia, the day will be commemorated with several online activities, including:

1. Humanitarian quiz, which has gone live since 10 August (<https://quiz.tryinteract.com/#/5f2919c08d40c200148fe751>)
2. Virtual photo exhibition, which will go live on 19 August (<http://reallifeheroesinethiopia-exhibit.tumblr.com/>)
3. Global film on humanitarian heroes, which will be aired on 19 August with subtitles in local languages (both on Facebook and Twitter).
4. A coffee book on IDP stories under the title: Surviving the Odds: Stories of Displacement will be released online on 19 August.
5. A statement by NDRMC and the Office of the Resident and Humanitarian Coordinator will precede the official launch of the photo exhibition and airing of the film on 19 August (both on Facebook and Twitter).

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 breakdown in the graph).

HIGHLIGHTS

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- Last month (July), the HRP was at its lowest July funding level of the past eleven years.

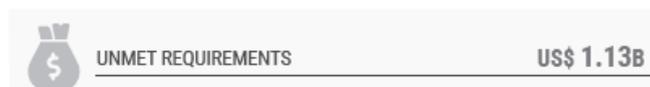
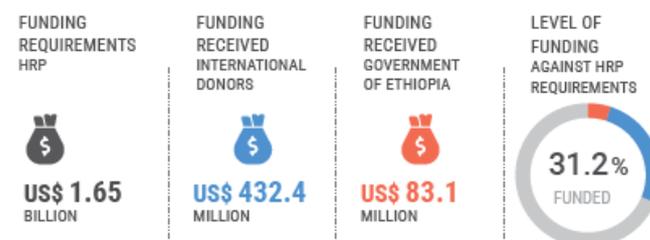


ETHIOPIA

Overview of funding towards the Humanitarian Response Plan

As of 3 August 2020

In-country 2020 HRP Funding Update



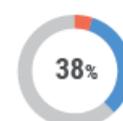
HRP Funding Update as per FTS



Note: The % difference between the FTS funding level and in-country funding level is due to Government funding. While FTS only tracks financial contributions by international donors, OCHA Ethiopia adds to this the Government of Ethiopia's financial contributions towards the HRP.

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



\$481.5M
Unmet requirements

NON-FOOD SECTORS



\$653.2M
Unmet requirements

Last month (July), the HRP was at its lowest July funding level of the past eleven years. The unmet requirements have never been so high before in Ethiopia at mid-year, and never before exceeded \$1 billion. Particularly the non-food clusters are severely underfunded. The July food funding level of 38 per cent is also the lowest it has been in the last 5 years (See snapshot at <https://bit.ly/30Nq9IY> for more graphical analysis of the HRP funding status over the last decade)

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