

### HIGHLIGHTS

- As of 26 July, the country counted 13,968 confirmed cases, including a record 761 new cases on 24 June. Of the total caseload, 6,216 people have recovered, while 223 people have died.
- The guideline that sets a 72 hours' quarantine period for people coming from abroad with COVID-19 free certificate has been revised and increased five days.



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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 13,968

A logarithmic expansion of community transmission of COVID-19 has started in June 2020 and continues to date. Most of the confirmed cases in recent weeks did not have a history of travel and a contact with a known confirmed case. An overwhelming majority of the infected are asymptomatic—they do not show any symptom of the virus. As of 26 July, the number of confirmed COVID-19 cases in the country has reached 13,968. Of the total caseload, 6,216 people have recovered, while 223 people have died. Overall, Ethiopia has conducted a total of 382,339 sample tests so far. Addis Ababa remains the epicenter of the pandemic. Meanwhile, the guideline that sets a 72 hours' quarantine period for people coming from abroad with COVID-19 free certificate has been revised and increased to five days.

### Multi-sector assessment of QCs and PoEs recommends enhanced coordination and improved response

The National Emergency Coordination Center (NECC), in collaboration with relevant regional Government sector bureaus and humanitarian partners, conducted a multi-sector assessment of active quarantine centers (QCs) and points of entry (PoEs) from 15 to 20 June. The assessment team visited 18 QCs and 12 PoEs across six regions (Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, and Somali) and Dire Dawa City Council.

The purpose of the assessment was to see first-hand the status of quarantine centers and points of entry and gauge the quality of services provided. The assessment revealed that coordination mechanisms have been set up in most visited areas, although there is no uniformity in the naming, structure, membership and scope of activity. The NECC is working with the regional Governments to strengthen regional ECCs and Incident Command Posts (ICPs). The assessment also found minimal engagement or absence of humanitarian partners in most QCs and PoEs.

In terms of basic services, critical gaps were observed in food, shelter and NFIs, WaSH, health and nutrition and protection. Although food is regularly distributed in quarantine centers, it is nearly unavailable at PoEs, except some providing biscuits and water.

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- Finding of a multi-sector assessment of quarantine centers and points of entries across six regions and Dire Dawa City Council recommended for enhanced coordination and improved COVID-19 response.
- The NECC is working with regional Governments to strengthen regional ECCs and Incident Command Posts (ICPs). The assessment also found minimal engagement or absence of humanitarian partners in most QCs and PoEs.
- A joint observation mission initiated by OCHA visited IDP returnees in Chinaksen *woreda*, East Hararge zone, Oromia region and Tuli Guled *woreda* of Somali region in late June. The team identified that some 534 households (2,887 individuals) have returned from Tuliguled to 14 *kebeles* of Chinaksen *woreda* and some 5,093 IDPs households who have been displaced from within Tuliguled *woreda* have returned to their places of origin as of 27 June 2020.

Temporary shelters and isolation units is a major concern, especially at PoEs in Dewale and Metema. The PoEs that have temporary shelters and isolation units lack basic facilities such as light, water, food, latrine, waste disposal and personal protective equipment (PPE). Nearly 69 per cent of PoEs do not have safe drinking water, and 77 per cent do not have latrines. Close to 50 per cent of the quarantine centers have poor hygiene in the latrines and 71 per cent do not have showers. Daily temperature screening is done in less than 50 per cent of the quarantine centers. Isolation of suspected cases, timely lab results for suspected cases as well as those that have finished their mandatory quarantine centers are an increasing concern.

Significant protection needs of vulnerable groups, including women, persons with disabilities, elderly people, adolescent girls, and unaccompanied and separated children were observed in visited sites. There is no complaint and feedback mechanism for returnees. Returnees in 71 per cent of the quarantine centers identified areas (specially shared or outside latrines) as being unsafe.

In terms of risk communication, only 15 per cent of the points of entry and 59 per cent of the quarantine centers have received COVID-19 risk communication materials. Only 35 per cent of quarantine centers reported that they have clear messages about the COVID-19 risks.

## IDPs returning from Oromia and Somali regions need immediate and sustainable support

Peace and reconciliation efforts between Oromia and Somali regions is bearing some fruit in resolving the lingering conflict displacement crises in both regions since 2017. Initiated by OCHA, a joint observation mission visited IDP returnees in Chinaksen *woreda*, East Hararge zone, Oromia region and Tuliguled *woreda* of Somali region in late June. The purpose of the mission was to understand the overall return process, assess voluntariness, evaluate the humanitarian response preparedness and needs/gaps. The mission in Chinaksen *woreda* on 20-22 June identified that some 534 households (2,887 individuals) have returned from Tuliguled to 14 *kebeles* of Chinaksen *woreda*. An additional 8,445 households (39,648 individuals) are expected to return soon. Meanwhile, the mission in Tuliguled on 23-27 June identified some 5,093 households who were displaced from within the *woreda* and that have now returned to their places of origin as of 27 June 2020.

### Situation of IDPs returning to Chinaksen and Tuliguled



Figure 1 Damaged health post, Contome kebele, Tuliguled *woreda*, Somali region

Almost all the returnees reported that the return process was consultative and voluntarily and follows a series of meetings conducted over a year and which was speeded up recently. The Government said the current return was mainly due to the pressure from the returnees themselves and in fear of COVID-19 expansion in congested sites in areas of displacement.

The assessment team in Chinaksen identified that there are huge gaps in responding to immediate humanitarian needs and lack of preparedness as well as capacity of the Government to address the needs. Moreover, returnees' access to basic services particularly health, WaSH and education services remains challenging due to the damage to basic services infrastructure.

The returnees also requested Government to pursue peace and reconciliation efforts at grass roots level to sustain peace in the areas of return. Although

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- Almost all the returnees reported that the return process was consultative and voluntarily and followed a series of meetings over a period of one year, and which was speeded recently.
- Returnees' access to basic services particularly health, WaSH and education services remains challenging due to the damage of the basic services infrastructure. IDPs also requested Government to pursue peace and reconciliation efforts at grass roots level to sustain peace in the areas of return.
- The National Flood Task Force, led by the National Disaster Risk Management Commission (NDRMC) has started releasing flood early warning information to mitigate the impact of flooding in flood-prone areas identified by the Contingency Plan.
- The Joint Government – Humanitarian Partners National Flood Contingency Plan for 2020 kiremt season (June to September) projected that flooding will affect some 2,066,683 people and displace an estimated 434,154 in flood-prone areas across the country

returnees have accessed their farming lands, farm tools and seeds are critical gaps. Huge need for rehabilitation of basic services (schools, health posts and water schemes) also remains. In Tuliguled, only 1,522 households were able to receive food and NFIs and the remaining caseload are still to receive the much-needed support. Some 3,571 households require immediate food and NFI assistance. There was no pre-positioned food or shelter materials in most of the areas that were visited. Access to basic services seems that it will be a challenge for the long haul unless stakeholders intervene immediately and at large scale.

### Background

Inter-communal conflict between the Oromo and Somali in 2017 left about 24,370 Jarso clan members displaced from Tuliguled *woreda*, including Tulu town and were hosted in different *kebeles* of Chinaksen *woreda*. Similarly, over 13, 898 Jarso clan members were displaced from across the border *kebeles* with Tuliguled *woreda* and retreated back into Chinaksen *woreda* and were hosted in adjacent *kebeles* of Chinaksen. On the other hand, over 42,535 Geri clans of Somali were displaced from 52 *kebeles* of Chinaksen and sheltered in Tuliguled, Qollogi, Jijiga and other adjacent *kebeles* of Chinaksen as well as Somali region.

## Flood task force alerting communities in high risk areas on flood prevention and mitigation measures

The National Flood Task Force led by the National Disaster Risk Management Commission (NDRMC) has started releasing flood early warning information to mitigate the impact of flooding in flood-prone areas identified by the Contingency Plan. There are reports of increased water level in major dam reservoirs such as Koka, Tendaho, Kesem Megech, and Tekeze because of a heavy and extended rains. The Awash River, for example, has reached its full capacity and broke its embankment at two points, causing flooding and displacement of 422 households (1,784 individuals) in Sebeta and 64 households (339 individuals) in Illu *woredas*, Oromia region.

The flood-displaced people have received food and NFIs from NDRMC and no additional needs were identified so far. Additional flood reports are coming from various parts of the country according to NDRMC who highlighted the need to strengthen flood alert and early warning messaging to communities including flood prevention measures in high flood risk areas.

### Flooding due to *kiremt* rains to affect more than 2 million people and displace more than 434,000

The Joint Government-Humanitarian Partners National Flood Contingency Plan for the 2020 *kiremt* season (June to September) projects that flooding will affect some 2,066,683 people and displace an estimated 434,154 people in flood-prone areas across the country. More than US\$103,315,000 is required to respond to flood related needs, including search and rescue, shelter and NFIs, Agriculture, Food, Nutrition, WaSH, Health and protection services.

As part of the preparedness to the Contingency Plan, clusters are preparing minimum supplies available at stock. The Flood Alert #2 released on 04 June following the National Metrological Agency's (NMA) *kiremt* weather outlook indicated a very high probability of wetter climate (especially in July and August) in the southwest, western and central parts of the country.



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- “His father works as a waiter to support our living, but his earnings couldn’t cover our basic needs. Hence, I decided to come back here so that I might plow the farmland that was already devastated due to the conflict. The farmland has now started yielding some good harvest.” Sali added, “I could not take good care of the children as I spend much of my time in the field. I usually give them tea and pieces of bread in the morning and go to the field, leaving them at home.”
- Before I came into the health center, I was very nervous and daunted by the fear of losing my son but you were all so kind and reassuring when we arrived and this took away a lot of my apprehension,” said Buya. “Dhugaa Waaqayyoo Goofaan isin haa Eebbisu,” added Buya in Afan Oromo which means “May God bless you”
- “I promise you that all that you taught me about breastfeeding, complementary feeding and nutritional care of ill children will be implemented within my family and others. I also promise you that I will complete all the treatment period for my son.” Said Buya Sali while expressing appreciation for the wonderful treatment and care showed to her son.

## Given a second chance

As we prepare to celebrate the 2020 World Humanitarian Day on 19 August, we feature real-life humanitarian heroes who put themselves at the forefront of crises to save lives and avert human suffering. The following story is dedicated to real-life heroes from an NGO, MCMDO, who saved the life of Bilise Ayala, an 11-month old child, via a multi-faceted nutrition response to save the life of malnourished children in returned community of West Guji zone, Oromia region.

It was a hot sunny day and no one was around. We were about to leave Guracho Jaldu Rural Health Post (about 10 km east of Kercha town). As we got closer to our vehicle, we heard a sudden noise coming from behind us. Kadija Ahmed, a health extension worker in Guracho Jaldu rural area was waving her hands towards us- signaling us to wait for her. Then we saw a mother with mournful face holding a seriously sick child in her lap sitting in front of the health post. Kadija immediately screened the child whose mid-upper arm circumference (MUAC) was 10 cm and weighed 4.7 kg. The child had diarrhea with severe dehydration. Knowing the perilous condition of the child, Kadija screamed at us and said the child needed to be referred to Kercha Health Center, which is supported by MCMDO partner, for better treatment and care. The transportation to the health center was facilitated by UNICEF.



*Figure 2 Bilise Ayala measured during TSFP distribution at Guracho Jaldu Rural Health Post. Photo Credit: MCMDO Ethiopia/Abishu Nageso*

Bilise Ayala, an 11-month-old boy, was born while his parents were sheltering at Yirga IDP camp, following the deadly clash between the Gedeo and Guji communities along the border area of the two zones. Bilise has sadly become one of the hundreds and thousands of children whose health, nutrition, education and general well-being was affected by the conflict. As we were heading to Kercha, Buya Sali, Bilise’s mother, started talking to us, “His father works as a waiter to support our living, but his earnings couldn’t cover our basic needs. Hence, I decided to come back here so that I might plow the farmland that was already devastated due to the conflict. The farmland has now started yielding some good harvest.” Sali added, “I could not take good care of the children as I spend much of my time in the field. I usually give them tea and pieces of bread in the morning and go to the field, leaving them at home.”

Daniel Birru, SC Officer at Kercha Health Center, admitted Bilise for Management of SAM and diarrhea with severe dehydration where therapeutic milk and drugs are used to manage underlying infections to save the lives of children. Thanks to the support provided by MCMDO, UNICEF, WFP and the regional/ zonal/ *woreda* Health Bureau, the health center was equipped with well trained personnel and adequate health facilities. Ten days after admission at the Kercha Health Center, Bilise was discharged fulfilling criteria (achieving target weight) and was then transferred out to Targeted Supplementary Feeding Program (TSFP). Finally, Bilise was cured of all medical complications that could have claimed her life. While Bilise’s life was saved, more still needs to be done to increase awareness of malnutrition and its causes, early referral of children and early identification of children at risk in IDP/returnee communities so they are referred before their lives are in danger due to medical complications associated with SAM. With these interventions, Malnutrition,

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infections, and stunted growth malnutrition cycle and related death can be halted through strong commitment, multi-faceted nutrition intervention, and comprehensive efforts to better care for children.

“Before I came into the health center, I was very nervous and daunted by the fear of losing my son but you were all so kind and reassuring when we arrived and this took away a lot of my apprehension,” said Buya. “Dhugaa Waaqayyoo Goofaan isin haa Eebbisu,” added Buya in Afan Oromo which means “May God bless you”. “I promise you that all that you taught me about breastfeeding, complementary feeding and nutritional care of ill children will be implemented within my family and others. I also promise you that I will complete all the treatment period for my son.” Said Buya Sali while expressing appreciation for the wonderful treatment and care showed to her son.

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