



UNICEF Ethiopia/2018/Tadesse

Reporting Period: 27 March-3 April 2020

## ETHIOPIA COVID-19

Situation Report No. 3

27 March - April 3, 2020



### Highlights

- The number of reported cases of COVID-19 have doubled in the past week; with cases reported in two regions, and two cities. This has prompted several regions to take prescriptive and immediate steps to significantly reduce and restrict people movement.
- The Government has revised and expanded their worst-case scenario, estimating 102,000 cases over the next three months. A draft Government Inter-agency Ethiopia COVID-19 Multi-sectoral preparedness and response plan is being finalised.
- UNICEF reached 1.6 million people with messages on prevention and access to services through mobile phone messages, information communication materials and local mass media. A further 4.1 million people have been reached through social media platforms.
- Mental Health and Psycho-Social (MHPSS) and protection interventions are being integrated within the pillars of the response and guidelines on avoiding the separation of children have been developed; and MHPSS messages have been finalised and disseminated to government and NGO partners.

### Epidemiological Overview<sup>1</sup>

There have been 35 confirmed COVID-19 cases in Ethiopia since the first case on 13 March 2020, in four administrative areas: Addis Ababa, Dire Dawa cities, Amhara and Oromia regions. Four patients have recovered, and one is receiving intensive care treatment. **There are no children among the confirmed cases.**

There are now three operational isolation centres. As of 2 April, 1,214 travelers are under a mandatory 14-day quarantine and 683 contacts of confirmed cases have been traced. Laboratory tests have been carried out on a total of 1,148 samples: capacity has nearly doubled and over 100 samples can now be tested daily.

### Funding Overview

UNICEF Ethiopia has estimated its initial needs at **US\$28m that includes US\$6m for 300,000 refugees** to support the government in its response to the pandemic. This response focuses on health (largely procurement of essential supplies), risk communication and community engagement, access to water, basic sanitation and hygiene and includes secondary impacts across sectors such as education, nutrition and child protection. The Department of International Development, UK (DFID) has supported an immediate reprogramming of funds allocated in current programmes, and UNICEF has dedicated internal core resources to the emergency, enabling to take immediate action to meet essential health and WASH needs.

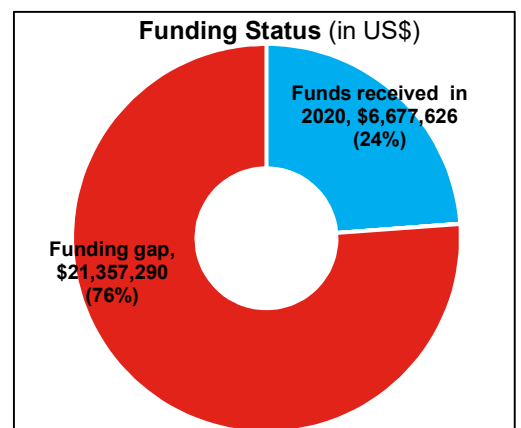
### Situation in Numbers

(For Ethiopia)

**35 confirmed cases**

**1 in severe condition**

**0 deaths**



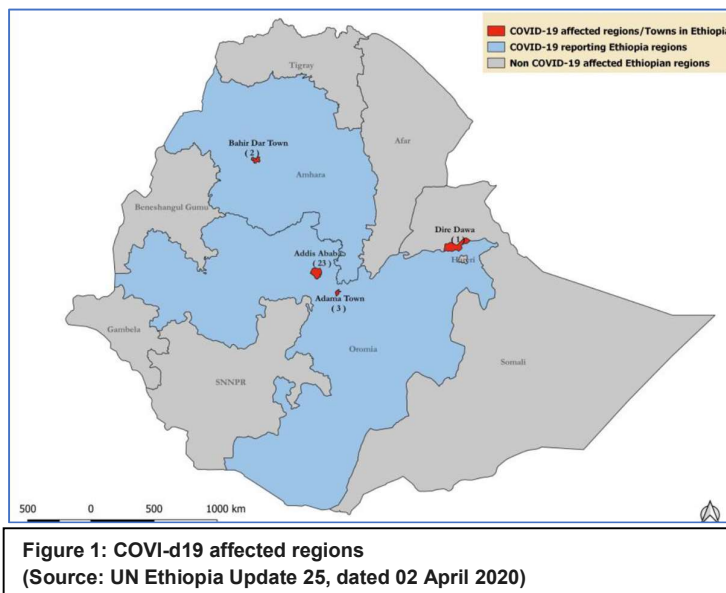
<sup>1</sup> All data from EPHI daily sitreps No. 64-70, WHO and Government of Ethiopia statements.

## Situation Overview

There has been a steady increase in confirmed cases over the reporting period, together with a geographic spread.

Restrictions on the gathering of people introduced at Federal level have been followed by regional restrictions on movement. Following Tigray's example, Amhara, Oromia, SNNP and Afar regional states, and several cities have introduced their own measures to limit movements into and within their areas.

With the shift to local transmission, restrictions being rolled out, and instructions to government workers to work from home, the operating environment is becoming more complex, while pre-existing vulnerabilities are expected to be exacerbated by the impact of the disease.



Ethiopia is already experiencing a challenging health environment. The COVID-19 pandemic is spreading alongside a yellow fever outbreak and cholera episodes in in SNNP, Oromia, and the Somali regions. There are also ongoing measles outbreaks across the country, with Oromia the worst affected region. High population density in IDP sites, refugee camps and in detention facilities represents a high risk for transmission of a range of epidemic disease and several regions are looking into early release of prisoners to decongest detention spaces.

The crisis also occurs at a fragile time for food security. Considering the secondary impact of the COVID-19 pandemic and the recent locust swarm invasion, UNICEF has estimated a 15% increase in the annual caseload of severe acute malnutrition. UNICEF has therefore revised its overall target upwards to 528,500 SAM children including 18,400 refugee children.

## Coordination and Leadership

The Government of Ethiopia have revised their worst-case scenario. It projects that 39 million Ethiopians could become infected with COVID-19. With the introduction of physical distancing and protection measures, the Government hopes to limit the spread to **102,000 cases over the next three months**. Children in Ethiopia may be exceptionally at risk compared to the average epi-curve, due to high incidence of respiratory diseases, malnutrition and acute watery diarrhoea.

## UNICEF's Response: secondary impacts

### **Risk communication & community engagement:**

- 1.6 million people have been reached with risk communication information on COVID-19, through community engagement and mass media since the beginning of the response.
- A further 4.1 million people have been reached in the past two weeks with messaging on prevention and access to services, through social media; of these 330,000 directly engaged with the messages.

### **Water Sanitation and Hygiene:**

- 300,000 people have been reached with critical WASH supplies, and 4 health facilities with improved basic sanitation. This includes 3,000 bars of soap distributed to the Bureau of Labour and Social Affairs to benefit 1,281 children living in street situations in Addis Ababa.
- Starting on 6 April, UNICEF is also planning a large combined distribution of 927,000 bars of soap for 445,000 vulnerable households, including beneficiaries of the Urban Productive Safety Nets.
- On 31 March, three water trucks and six 5,000-litre bladder tanks were deployed to Gambella for water trucking in three refugee camps. A further 3 water trucks will be arriving Gambella over the weekend.
- In Amhara, UNICEF has provided infection prevention supplies, and roto tanks to the existing 4 Emergency Operation Cells (EOCs) and isolation sites.

### **Nutrition:**

- UNICEF is currently distributing 3 months' worth of RUTF supplies to 95% of health facilities across the country to ensure no break in pipeline.
- Guidelines for Infant and Young Child Feeding and for the prevention and treatment of wasting in the context of Covid-19 provided by UNICEF are under review by Ministry of Health and partners.
- Local procurement of 21,300 cartons of RUTF in progress to support about 23,000 severely wasted children.
- Support is being provided to the Ministry of Health to develop the Food and Nutrition response plan in the context of Covid-19 that focuses on; i) SAM and MAM treatment, ii) IYCF communication in the context of Covid-19, iii) Cash transfer, iv) focus on general public who can buy their own food and sure markets and shops are stocked with food.

### **Education:**

- Guidelines for safe school operations have been translated into three languages (Amharic, Oromo and Tigrigna) and are now being finalized. UNICEF has supported the Ministry of Education to test the safe school operation guidelines and the procedures for reopening schools. Schools are likely to be closed until the end of the academic calendar.
- UNICEF, Save the Children and the MOE are supporting the development of a national framework on distance learning to serve as guidance for regional education offices. Continuity of learning will be provided through radio/tv programming, with UNICEF, Save the Children and READ II agreeing to collaborate where possible on this approach.
- The Oromia regional education bureau is working closely with UNICEF and the Federal MoE to restore education through radio & TV programs: 5 active radio stations can be used to reach more than 10 million students (from pre-primary to secondary levels). In Tigray, distance learning for school children commenced on March 30th through regional radio (with a coverage of 95% of the region).

### **Child Protection:**

- Mental Health and Psycho-Social (MHPSS) messages have been updated to include disability and translated into Amharic (with translation into Tigrigna in progress). MHPSS is now included under case management in the national planning and response architecture.
- Child protection case management tools have been adjusted to include COVID-19 and materials developed and tested among irregular migrants returned from Djibouti and Kingdom of Saudi Arabia in quarantine sites in Dire Dawa and Addis Ababa, respectively.
- Advocacy has been carried out to prevent and mitigate the separation of children from parents/caregivers and to prevent/mitigate institutionalization of children affected by COVID-19.
- Advocacy has started with Federal Attorney General and Federal Supreme Court at federal level and some initiatives are taking place at regional level on the release or pardon of women prisoners who have their children with them.
- On April 3, 2,000 Dignity kits, 30 recreation kits and 2,000 soap bars with information and communication materials were distributed to Addis Ababa Science and Technology University which had, by 4th April received 770 Ethiopian returnees, including children and women. Note the specific breakdown by sex/age-range is in process led by the site manager of the facility. UNICEF and IOM are preparing for more comprehensive registration and case management on 6th April, after ensuring all necessary protective mechanisms are in place.

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## Annex A: Summary of Programme Results

		UNICEF and IPs				Cluster/Sector Response	
		Overall needs	2020 Target	Total Results	2020 Refugee Target	Total Refugee Results	2020 Target
<b>A. Risk Communication and Community Engagement including social science</b>							
<b>Health</b>							
# of people trained/oriented to sensitize the community on COVID-19 prevention and control measures		5,000	-	1,000	-		
Number of people reached on COVID-19 through messaging on prevention and access to services <sup>2</sup>		30,000,000	1,602,600	700,000	-		
<b>C4D</b>							
Number of people engaged on COVID-19 through RCCE actions <sup>3</sup>		2,500,000	55,000	300,000	-		
<b>Communication, Advocacy and Partnerships</b>							
Number of people reached on COVID-19 through messaging on prevention and access to services, with a focus on social media engagement.		10,000,000	4,160,281 <sup>4</sup> 330,687 <sup>5</sup>				
<b>B. Infection Prevention and Control</b>							
<b>Health</b>							
Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment		10,000	-	1,500	-		
<b>WASH</b>							
Number of people reached with critical WASH supplies (including hygiene items) and services <sup>6</sup>		1,584,113	302,000 <sup>7</sup>	30,000	-		
Number of people with access to basic sanitation services		500,000	-	200,000	-		
Number of health care facilities with improved sanitation		1,000	4	15	-		
<b>Prevent and address the secondary impact of the outbreak- minimize the human consequences of the outbreak</b>							
<b>Health</b>							
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control		550	-	50	-		
<b>Education</b>							

<sup>2</sup> This 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, Radio). This also includes the dissemination of posters and brochures.

<sup>3</sup> These refer to two-dimensional communication activities.

<sup>4</sup> **Reach:** On Facebook- 22 posts, 2 million impressions; Twitter - 36 tweets; 91,000 impressions; (27 March - 3 April 2020).

<sup>5</sup> **Engagement:** Facebook 100,000 engaged Twitter - 1465 engagements (27 March - 3 April 2020).

<sup>6</sup> includes urban safety net beneficiaries with access to hygiene assets (soap, IEC materials etc) managed by the social protection programme, funded by WASH.

<sup>7</sup> This includes 2,000 dignity kits and soaps provided to the Addis Ababa Science and Technology University on April 3, 2020.

Number of pre-primary and primary schools equipped with handwashing and school cleaning supplies		439	-	59	-		
Number of children supported with distance/home-based learning <sup>8</sup>		TBD	-	TBD	-		
Number of schools implementing safe school protocols		439	-	59	-		
<b>Child Protection</b>							
# of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19		375	-	125	-		
# of child protection cases reported and referred (by type of service)		1,300	-	250	-		
Number of children without parental or family care provided with appropriate alternative care arrangements		300	-	100	-		
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support		3,000	-	1,000	-		
<b>Nutrition</b>							
Number of primary caregivers of children aged 0-23 months and 24-59 months who received IYCF counselling through facilities and community platforms.		39,000	-	2,340	-		
Number of number children 6 to 59 months affected by SAM admitted for treatment.		39,000	-	2,340	-		
<b>Social Policy/Social Protection</b>							
Socio-Economic Impact of COVID-19 with focus on children and women developed (y/n)		-	-				

## Annex B: Funding Status

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	2,269,000	2,006,000	-	263,000	12%
Health	8,683,649	2,766,256	-	5,917,393	68%
Wash	8,435,500	686,957	-	7,748,543	92%
Child Protection	1,692,985	506,463	-	1,186,522	70%
Education	4,402,126	671,950	-	3,730,176	85%
C4D	2,181,656	0	-	2,181,656	100%
SPESI	340,000	40,000	-	300,000	88%
CAP	30,000	0	-	30,000	100%
<b>Total</b>	<b>28,034,916</b>	<b>6,677,626</b>	<b>0</b>	<b>21,357,290</b>	<b>76%</b>

<sup>8</sup> Estimate based on % in each region.