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Reporting Period: October 2020

## ETHIOPIA

### Novel Coronavirus (COVID-19)

Situation Report No. 20

October 2020



### Highlights

- In October, schools across the country started to re-open in a phased approach with 26.9 million students (3.5 million in pre-primary; 20.7 million in primary; 2.7 million in secondary) expected to go back to school. Among them 12.6 million are girls. In support of schools re-opening, UNICEF will reach 3,500 schools in nine regions with packages of support including COVID-19 WASH supplies and teacher training packages on COVID-19 preventative strategies alongside Risk Communication and Community Engagement (RCCE) interventions. To date, UNICEF has already provided 1,000 schools with handwashing and school cleaning supplies, including six schools for refugee children. Solar radios with USB capacity have been provided to a total of 20,000 households to ensure children continue learning, including to those in refugee and internally displaced settings. In addition, 175,358 children (79,136 girls) in formal and non-formal education institutions have benefitted from handwashing and school cleaning supplies provided with UNICEF support.
- In the reporting period, a total of 93,120 Permanent Direct Support beneficiaries in the Urban Productive Safety Net Programme (UPSNP) received the first of six-monthly cash transfer top-ups, to mitigate the negative impacts of COVID-19, and support them in meeting immediate basic needs such as food.

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

As of 31 October, Ethiopia had 96,169 confirmed cases of COVID-19 with 1,481,369 sample tests conducted and 52,517 recoveries, the latter representing 54.6 per cent of all patients. The total number of deaths reported as of 31 October was 1,469, representing an overall CFR of 1.5 per cent. The highest number of cases still being reported were in Addis Ababa, followed by Tigray, and Oromia regions. The decline in the number of confirmed cases can be attributed to the decline in the number of tests being conducted. Since the start of the Home-Based Isolation and Care (HBIC) management system of asymptomatic and mild cases in mid-July, 26,925 COVID-19 confirmed cases have been followed up through this system as of 31 October.

At the national Emergency Operation Centre (EOC) meeting held on 23 October, the Ethiopian Public Health Institute (EPHI) said there is a slight increase in positivity among those aged 15-24 years. Positivity in the age group 0-4 is 0.9 per cent and 2.8 per cent<sup>2</sup> in the 5-14 age group.

As of 31 October, 1,876 Health Care Workers (HCWs) had tested positive for COVID-19 and 77 had died. On-going shortages of basic Personal Protective Equipment (PPE) such as N95 face masks, face shields and gowns remain a

### Situation in Numbers



**96,169** confirmed cases



**335** in critical condition

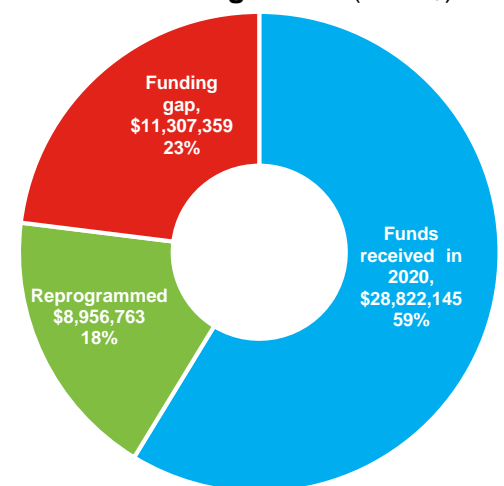


**1,469** deaths



**52,517** recoveries

### Funding Status (in US\$)



<sup>1</sup> Please note that, the main data sources for the Epidemiological Overview section are [Minister of Health updates @lia\\_tadesse](#), and the EPHI Daily Sitrep No. 277.

<sup>2</sup> This data is based on a presentation at EPHI in the EOC.

concern. Adding to this is that the available PPE is prioritized for health care workers providing direct support to COVID-19 positive patients, leaving other health care workers delivering essential services vulnerable.

## Funding Overview

UNICEF Ethiopia's COVID-19 response plan is costed at US\$49 million and currently has a 23 per cent funding gap. The plan supports the government in health (procurement of essential supplies, including PPE and essential drugs, and the overall primary health care system), RCCE, and access to WASH products and services. Furthermore, it addresses the secondary impact of COVID-19 across sectors such as education (remote learning and preparations for the re-opening of schools), nutrition (prevention and treatment of acute malnutrition) and child protection (case management, psychosocial support and interim care/family tracing and re-unifications). The plan also includes the development of tools to strengthen accountability to affected populations and to ensure that beneficiaries are protected from Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) through monitoring, strengthening professional capacity, and establishing complaints mechanisms.

## Situation Overview

### Schools re-open as planned from mid-October, but with regional variation

In September, the government of Ethiopia decided to re-open schools in three phases: schools in rural districts were to re-open in phase one on 16 October; schools in regional towns and zones were to re-open on 26 October; and lastly, schools in Addis Ababa and the surrounding towns were to re-open in phase three on 09 November. At the same time, all schools (regardless of their location) were to avail classroom learning for students in exam classes (grades 8 and 12) on 26 October. The decision also required all schools to re-open only if they put in place mandatory measures that include the wearing of face masks except for children under the age of five years and students with exceptional health problems. Based on the above schedule, most regions have re-opened although there are variations among them. For instance, Oromia and Tigray were anticipated to be among the regions to re-open fully in the first two phases (16 and 26 October) and yet the two regions did so only for students that had to take national examinations. Only 53 percent of schools in five regions (Amhara, Benishangul-Gumuz, Gambella, Southern Nations Nationalities and Peoples and Somali) have reported reopening. In addition, 63 percent of pre-primary and primary, and 33 percent of secondary school children have returned to school. Regional variations have also been observed. In the Somali region, one-in-three children have returned to school. Urban schools in Addis Ababa and the surrounding Oromia region have not reopened schools.

UNICEF continues to advocate for safe school re-opening and supporting the government's school return plans. Overall, UNICEF is gearing up to reach 3,500 schools in nine regions with packages of support including COVID-19 WASH supplies and teacher training on COVID-19 preventative strategies complemented by RCCE interventions. One key intervention is UNICEF's contribution to the development and production of 800 leg-actioned handwashing facilities which also have provisions for children with disabilities. These will be distributed among 800 primary schools, which will be among the 3,500 that will receive packages of support. So far, 1,000 schools in nine regions, which are part of the 3,500 targeted schools, have already received WASH supplies, which include packages of handwashing and school cleaning supplies such as soap, hand sanitizers and water containers with taps. UNICEF is also supporting the development and printing of communication materials including COVID-19 teacher booklets and posters for students. This package of information, education and communication materials, which are currently in printing stage, will be distributed among 3,500 schools in nine regions. Furthermore, in the reporting period, UNICEF had deployed staff to eight regions to technically support and monitor the re-opening process. At country level, only 22 per cent of schools have drinking water from a protected source and only 11 per cent have handwashing facilities (UNICEF, ONE WASH Ethiopia, Ministry of Health 2018). Given the low percentage of schools with adequate basic WASH facilities from pre-COVID times, the provision of WASH in schools continues to be considered as the most critical need to support safe school operation.

### UNICEF Somali Field Office generates evidence through its COVID-19 interventions

The Somali Field Office published two key articles on interventions that were directly supported technically and financially by UNICEF. These articles were published in the *Journal of Advances in Medicine and Medical Research* in August and October 2020. The first of these is entitled "[Application of Call Centre as COVID 19 Alert and Surveillance System in Pastoralist Communities of Somali Region of Ethiopia](#)". The article describes how a toll-free call centre was used to reach pastoralists in the Somali region with information on COVID-19 as well as to receive alerts of possible positive COVID-19 cases. Alerts received between 13 March - 30 June 2020 were analysed based on a retrospective chart review of surveillance databases of the toll-free call centre system and the traditional system based on health system access. A total of 414 alerts were reported, of which 259 (62 per cent) were from the toll-free call centre, 49.3 per cent of which met the criteria as suspected cases and 22 (8.5 per cent) were confirmed positive for COVID-19. Alerts

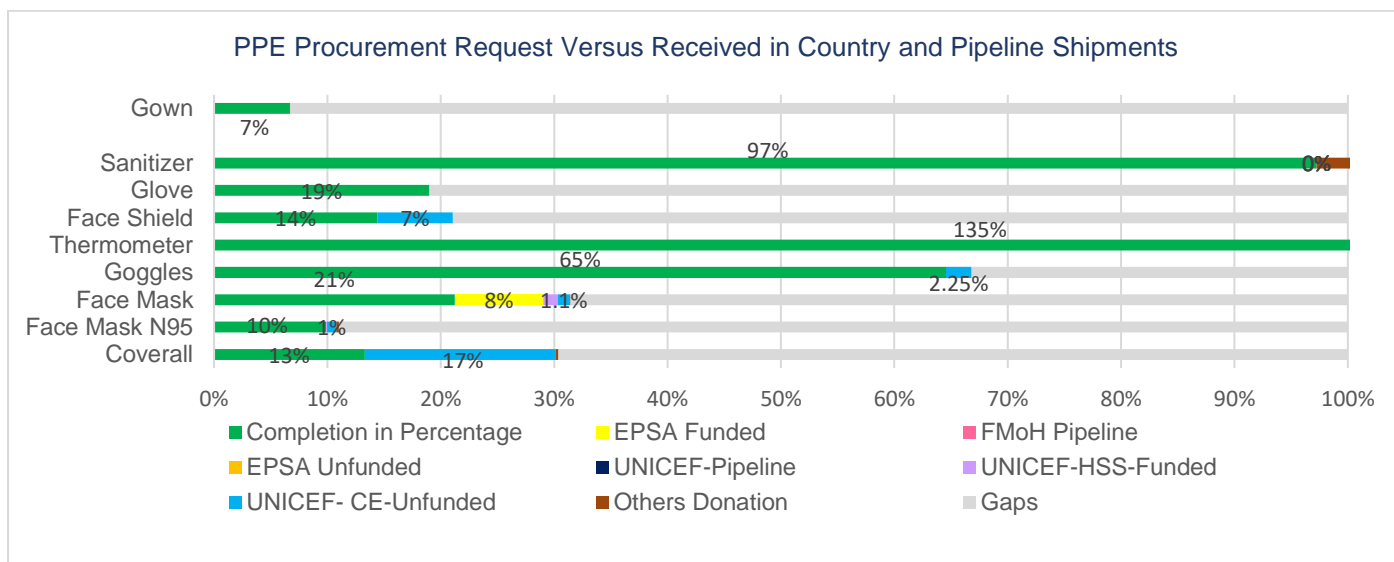
were received from all the 11 zones in the region through the call centre compared to only six zones through the health facilities. The study concluded that the call centre system provided an effective way that guarantees a wider coverage for monitoring alerts and offered a potential, long-term surveillance system to monitor disease outbreaks and other public health interventions in the aftermath of the COVID-19 pandemic.

The second analysis titled “[Rapid Assessment of Indirect Effect of Handwashing Campaign during COVID-19 Risk Communication and Community Engagement on Diarrhoea and Respiratory Illness among Children under Five in Jijiga Town of Somali Region of Ethiopia](#)” documents the indirect effect of handwashing campaigns during COVID-19 RCCE on diarrhoea and respiratory infection among children under five. The study design was both cross sectional survey and retrospective chart review, focusing on Jijiga between November 2019 - 30 June 2020. Accordingly, handwashing practices among households and the reported number of diarrhoea and acute respiratory infections in the District Health Information System (DHIS) database four months before and four months during COVID-19 RCCE handwashing campaign were assessed. The results indicate that 255 (44 per cent) of the 580 households assessed had basic handwashing facilities, and 171 (67.1 per cent) of the 255 households with hand washing facilities demonstrated appropriate hand washing techniques. The study has also confirmed that COVID-19 interventions and investment could be used to support and strengthen non-COVID-19 complementary routine health services.

## Preparedness and response actions

### Health

In the reporting period, UNICEF continued supporting national and sub-national EOC coordination platforms for the COVID-19 response at the federal, regional, and city administration levels through four health emergency consultants and 15 RCCE Technical Assistants (TAs). UNICEF has also handed over 139 oxygen concentrators to the Federal Ministry of Health (FMoH). In the Amhara region, 46 oxygen concentrators were distributed to the treatment centers. These oxygen concentrators will be used for the treatment of moderate and severe COVID-19 cases. In the long-term, the oxygen concentrators will be re-purposed for the treatment of pneumonia in children, a leading cause of child death in Ethiopia. In addition, UNICEF has provided the following PPE and health supplies to the FMoH: 2,000 surgical masks; 6,380 N95 masks; 20,000 face shields; 43,600 goggles; 110,620 of hand sanitizers 250ml; 45,000 hand sanitizers 75-100ml; 30,000 surgical caps; and 6,000 coveralls. Even with this injection, PPE and health supplies remain limited. Based on field observation in Benisghangul-Gumuz, for instance, it was observed that PPE needs still remain high for the health workers that work in non- COVID-19 related facilities. The current PPE procurement requests versus PPE received in-country/in pipeline is depicted in the below graph which shows that gowns, N95 masks, face shields, gloves and coveralls are particularly low.



In addition, 1,933 people were provided with training to sensitize the community on COVID-19 prevention and control measures, while 150 HCWs were trained on Infection Prevention and Control (IPC), which include 30 HCWs working with refugee communities. UNICEF has continued to support the monitoring of essential health services (EHS) through the periodic deployment of a third-party firm to monitor 250 health facilities in four regions (Oromia, SNNP, Amhara and Somali). The monitors assess the status of maternal neonatal and child health (MNCH) services. The preliminary findings indicate a drop in curative services for children under the age of five years, an increase in vitamin A and deworming (probably due to campaigns), absenteeism of health workers (due to fear and lack of PPEs) and disruption

of outreach services. To expand, curative care services for children under the age of five years at the facility level were interrupted due to the pandemic in 5.3 per cent of the primary hospitals (all in Oromia and 14.3 per cent of the regional sample). The pandemic disrupted outreach curative services for children under the age of five years in 2.4 per cent of all the surveyed facilities (5.3 per cent of primary hospitals, 1.5 per cent of health centres, and 2.5 per cent health posts)<sup>3</sup>. Two-thirds (68 per cent) of health facilities reported that human resource challenges are affecting the continuity of sexual reproductive maternal new-born child and adolescent health (SRMNCAH) services during the COVID-19 outbreak. A greater proportion of health centres (75 per cent) encountered human resource challenges followed by health posts (61 per cent), and primary hospitals (58 per cent). Lack of trained service providers was the main human resource challenge reported by 42 per cent of health facilities, followed by repurposing of staff (21 per cent), and absenteeism of staff due to fear of contracting the virus (18 per cent).

### Communication for Development (C4D)

During the reporting period, 2,667,109<sup>4</sup> people (including 97,455 refugees) were reached and engaged through house-to-house visits, community volunteers, and mobile van outreach activities. The refugees were reached and engaged in Afar, Tigray, Somali, Benishangul-Gumuz and Gambella regions. Likewise, UNICEF supported the Ministry of Education (MoE), financially and technically, to design and produce [materials](#) (including posters and teacher support booklet) for school re-opening. The materials have been produced in 13 local languages and are expected to reach about 100,000 teachers and more than 10,000 schools in the next three weeks.

Regional RCCE pillars in Oromia, SNNP and Tigray regions have continued to receive feedback and complaints through regional hotlines. The feedback was shared with the relevant zonal and *woreda* pillars for their action. In the reporting period, over 27,724 people gave feedback which included reports on the lack of service and food shortages in quarantine centres; rumours that people were dying from COVID-19 in some zones of SNNP, that requires further verification; few daily tests; reluctance to use masks; and an alarming increase in reported pneumonia cases in Hawassa.

In the reporting period, a new strategy has been developed by the RCCE pillar in EPHI to encourage and reinforce COVID-19 preventative strategies and compliance and roll out is expected to start soon. The new strategy is intended to address some of the issues which are within the mandate of RCCE. The main component of the strategy are: to advocate for political leadership and ownership at all levels; mainstream COVID-19 prevention in all sectors (e.g. all sectors at all levels ensure that 'No mask, No service' and 'No handwashing, No service' and a 100 per cent mask wearing in schools policies are adhered to); engage institutions to mobilize masks for the underserved; and improve community perception of risk.

### Water, Sanitation and Hygiene (WASH)

In the reporting period, through the partnership with Action Against Hunger (AAH), six roto tanks of 10m<sup>3</sup> supplied by UNICEF have been installed at Mendi Hospital treatment center and Mendi High School in Oromia, which was a previous isolation center. Similarly, a total of 9,274 people received WASH Non-Food Items (NFIs) together with key hygiene messages. Among these, 7,520 were vulnerable people inclusive of 5,520 located in West Hararghe, Oromia (875 of whom are Internally Displaced Persons - IDPs) and another 2,000 in Bale Zone, Oromia. The remaining 1,754 people reached with WASH NFIs had been admitted for COVID-19 in East Shoa, East Hararghe, West Hararghe, Bale, and Guji zones. In addition, with support from the US Office of Foreign Disaster Assistance (OFDA) eight health facilities in Oromia (Chora, Arsi Negele, Hirna, Robe, Hawa Gelan, Gimbi, Shambu and Muketuri hospitals) have received COVID - 19 WASH NFIs as well as PPE and supplies. Among these eight hospitals, six of them are now providing full services to more than 30,000 patients and people visiting the facilities.

In the reporting period, 67 COVID-19 affected people (16 men, 15 women and 36 children) in Liben *woreda*, Oromia have benefitted from the construction and repair of household latrines with hand washing facilities installed. UNICEF hired monitors as well as provided technical support for the households. In terms of the number of health care facilities with improved sanitation, in the reporting period, Chora Hospital in Buno Bedele Zone of Oromia region was disinfected including its surrounding environment using UNICEF supplied sprayers, calcium hypochlorite (HTH) and protective supplies (boots and heavy-duty gloves). More than 8,500 people visiting the facility have benefitted from improved sanitation in the center. In addition, Hirna Hospital has connected the toilets and handwashing facilities with water supply and the cleanliness of the latrines has been maintained.

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<sup>3</sup> Breaking down the data regionally, outreach curative care services for children under the age of five at primary hospitals were disrupted only in Oromia in which 14.3 per cent of the facilities. At health centre level, 7.7 per cent of health centres in Somali and 2.9 per cent in SNNP interrupted the services due to the pandemic. One health post in every ten (11.1 per cent) in Somali and 4.8 per cent in SNNP ceased providing outreach curative care services for children. The pandemic disrupted provision of curative care services for children under the age of five through house to house visits at 3.8 per cent of health posts.

<sup>4</sup> This figure includes 19,418 people who have been reached during the reporting period through WASH-led RCCE activities.

## Child Protection

In the reporting period, in Amhara, Benishangul-Gumuz, SNNP, Somali and Oromia regions, 26,599<sup>5</sup> people received key messages on COVID-19 and on how to mitigate risks to GBV<sup>6</sup>. Among these, 3,212 were refugees and 3,589 were IDP returnees. In addition, in Amhara, Tigray and Oromia regions, PPE that includes masks and hand sanitizers were given to 250 (nine working with IDPs) social and community service workers<sup>7</sup>. Since the onset of the response, a total of 2,172 social and community service workers have been provided with PPE, inclusive of 381 who work with refugee communities.

In the reporting period, in Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNP, Somali and Tigray regions, 421<sup>8</sup> cases including 23 for refugee children and 203 for IDP returnee children were reported and referred for case management that included, referral to health, psychosocial, and legal services. In the reporting period, a total of 84<sup>9</sup> children in Amhara, Benishangul-Gumuz and SNNP region, who were without parental or family care were provided with appropriate alternative care arrangements. Among these, ten were refugee children while 21 were returnee migrant children. In addition, some 667<sup>10</sup> women and girls of reproductive age in Amhara, Benishangul-Gumuz, Gambella, SNNP, Somali and Tigray regions, have been provided with dignity kits. Among these, 532 were adolescent girls of reproductive age, while the remaining 135 were women and include 50 refugees, 205 IDP returnees and 15 returnee migrants.

In this reporting period, in Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNP and Somali regions, a total of 8,214<sup>11</sup> people including 6,057 children and 2,157 primary caregivers have received Mental Health and Psycho-social Services

<sup>5</sup> In Amhara, 6,237 people (3,055 male and 3,182 female) were reached with information about COVID-19 and the risks of violence and life-threatening conditions during migration. Messaging was conducted using community mobilization platforms such as marketplaces and back to school campaigns via megaphones in Bati, Habiru and Wore Babu *woredas*. In Benishangul-Gumuz, 4,347 people (3,212 in refugee camps and 1,135 in host communities) were reached with awareness-raising messaging on COVID-19 prevention and how to access child protection (CP)/GBV services. In Oromia, 3,479 people (3,109 IDP returnees and 370 in host communities) were reached with awareness-raising messaging on COVID-19 prevention and how to access child protection/GBV services. In SNNP, 2,753 people (1,191 male, 1,082 female in the development and 220 male, 260 female in IDP returnee settings) were reached with awareness-raising messaging on CP/GBV risk prevention, mitigation, reporting and referral pathways and COVID-19 prevention measures. This was conducted by *woreda* Bureau of Women Children Affairs (BoWCA) and social workers in Gedeb, Kocheri and Yiregachefe *woredas* and Dilla town. In Somali, 9,783 people (4,994 male and 4,789 female) were reached with awareness-raising messaging on GBV and violence against children (VAC) prevention (including harmful practices) and lifesaving. This was conducted by UNICEF and its partner, the regional BoWCA across Somali region quarantine centres and IDP sites; Qoloji, Dakasufti, Bunda, Qaran Dango, Adadle and Horsed in Fafan, Shabelle and Dawa zones and, Dawanle quarantine centres.

<sup>6</sup> So far, we have been collecting data on the number of people reached with key messages. Data is collected from regional level partners which they receive from *woreda* and community level social workers/community service workers.

<sup>7</sup> In Amhara, 66 social workers and community service workers (26 female) based at Habiru *woreda* (UNICEF Children on the Move-COTM project *woreda*) were provided with PPE materials to enable them to continue providing case management services. In Oromia, 149 social workers have been supported with self-care materials and training on COVID-19 prevention and CP/GBV issues. Nine social workers are deployed by Imagine One Day for emergency response, 15 by BoWCA, and four by Bureau of Labour and Social Affairs (BoLSA) and 121 by COTM programmes. In Tigray, 35 *kebele*-level community service workers received protective materials (face masks, hand sanitizers and handwashing alcohol) through UNICEF support so that they could provide services such as identification and referral of violence and exploitation cases.

<sup>8</sup> In Amhara, five children (two boys and three girls) in Raya Kobo and Habru *woredas* who were victims/survivors of sexual and gender-based violence were supported and referred to law enforcement bodies by UNICEF-supported BoWCY social workers. In Benishangul-Gumuz, 16 children (six boys, five girls in refugee camps and five girls in host communities) were identified and referred for case management services by UNICEF-supported social workers. Services included referral for NFI and MHPSS, health services and care arrangements. In Gambella, 13 children (seven boys and five girls) who were recently relocated to Nguenyiel Refugee Camp from Pagak Reception Center and carrying out their 14-day mandatory quarantine were provided with case management services by Plan International. In Oromia, 27 children (three boys and 24 girls) who were victims/survivors of sexual violence were reported and received health and PSS services in UNICEF-supported One Stop Centres. Among these, 11 cases were from the development and 16 from IDP returnee settings. In SNNP, 321 children (74 boy and 60 girls in the development and 101 boys and 86 girls in IDP returnee settings) were reached with case management services including identification, best interest assessment, referral (to health, legal and other child protection services), case review, follow-up and case closure. In Somali, 16 cases of rape were referred from Awbare, Qabribayah and Babile to Jijiga One Stop Center. Survivors of violence received comprehensive response services including health, legal aid, psychological first aid and support services. In Tigray, 24 rape survivors (two boys and 22 girls) received comprehensive case management services (medical, legal and psychosocial support) at Ayder One Stop Center. The One Stop Center provides services to victims where a rape has happened within the last 72 hours. New case management tools are used during service provision by social workers at the One Stop Center.

<sup>9</sup> In Amhara, eight children (four boys and four girls) travelling to Djibouti with a plan to cross to the Middle East were intercepted (rescued by police at transit points to Djibouti) and returned to Raya Kobo *woreda*. With the support of trained social workers, the children were reunified with their families. In addition, 13 children (nine boys and four girls) who have returned from the Middle East (seven), Djibouti (three) and Sudan (three) have been supported and reunified with their families in Habru Bati and Mettema *woredas* in the region. In Benishangul-Gumuz, ten unaccompanied and separated refugee children (six boys and four girls) were placed in foster care with volunteers in the camp to protect them from COVID-19, violence and abuse. In SNNP, family tracing and reunification was completed for 53 children (43 boys and ten girls) living on the street and at risk of COVID-19 in Gedeb *woreda* and Dilla town by trained social workers and the *woreda* BoWCY child protection focal person.

<sup>10</sup> In Amhara, 15 women returnees from Djibouti at Bati Quarantine centre received dignity kits with UNICEF support. In Benishangul-Gumuz, 100 adolescent girls (50 in refugee and 50 in host communities) received dignity kits with UNICEF support. In Gambella, 150 adolescent girls and 50 women in Jor and Itang *woredas* received dignity kits supplied by UNICEF through BoWCY. In SNNP, Gedeo zone IDP returnee areas, UNICEF supported the supply of materials to Unaccompanied and Separated Children (UASC) and vulnerable women and girls. Dignity kits were distributed to 84 adolescent girls (70 in development and 14 in IDP sites) and 60 women (48 in development and 12 in IDP sites) in Kocher *woreda* and Dilla town. In Somali, UNICEF supported the regional BoWCA to distribute dignity kits to 169 girls and ten women across IDP sites; Qoloji, Dakasufti, Bunda-Qaran Dango, Adadle and Horsed in Fafan, Shabele and Dawa zones. In Tigray, 29 rape survivors received dignity kits during their visits to One Stop Centres.

<sup>11</sup> In Amhara, 66 children (34 boys and 32 girls) returned with families from Sudan via Mettema Yohannes and quarantined in Gendewuha Center were reached with MHPSS messages and information on risks of movement and COVID-19. In Benishangul-Gumuz, 356 children (77 boys and 279 girls) and 392 caregivers (all women) in refugee camps were reached with COVID-19 adjusted MHPSS messages. In Gambella, 14 children (six boy and eight girls) and ten caregivers (five men and five women) in Nguenyiel and Pungido II Refugee Camp were reached with COVID-19-adjusted MHPSS messages. In Oromia, 68 children (17 boys and 22 girls in the development and 11 boys, 18 girls in IDP settings) and 81 caregivers/parents (26 men and 39 women in the development and four men and 12 women in IDP settings) were reached with COVID-19 adjusted MHPSS messages. The children included survivors of sexual violence and children in quarantine and isolation centres. In SNNP, 1,464 children including UASC and vulnerable children (697 boys and 513 girls in the development and 164 boys and 90 girl in IDP returnees settings) and 1,674 parents/caregivers (571 men and 792 women in the development and 147 men and 164 women in IDP returnee settings) in Gedeo zone IDP returnee areas were reached with COVID-19 adjusted MHPSS messages. In Somali, 4,089 children (1,937 girls and 2,152 boys) across IDP sites received psychological first aid from UNICEF-supported BoWCY social workers. The sites were Qoloji, Degahle, Bombas Qudhacmatan, Dakasufti, Bunda-Qaran, Dango, Adadle and Horsed in Fafan, Shabele and Dawa zones, Site Zone and three quarantine centres; Jijiga University, Dawanle and Moyale.

(MHPSS). Among the 6,057 children, 370 were refugee children, 4,089 were IDP children, 283 were IDP returnee children and 66 were migrant returnee children. Similarly, among the 2,157 primary caregivers, 402 were refugees and 327 were IDPs returnees.

In Oromia, the regional Bureau of Women Children and Youth (BoWCY) were supported by social workers during the school re-opening program to mobilize 3.1 million Ethiopian Birr from different sources including from government sectors, private sectors and CSOs to support vulnerable children in back-to-school readiness, through the provision of self-care and school materials. The endorsement and launch of the MHPSS tools (Save the Children International tools) and identification of 70 trainees on MHPSS for Oromia to support non-COVID-19 and COVID-19 related MHPSS activities has likewise been undertaken. In Tigray, during the month of October, four sessions of COVID-19 prevention and psychosocial messages were transmitted through DW TV, radio, including Mekelle FM, to the general public, particularly families, caregivers and children. Psychiatrists from Ayder Hospital and experts from the Center for Victims (VCT) and Mekelle University participated in these awareness-raising activities. According to media officials, between 3 and 4.2 million people were reached as a result of these sessions.

## Education

In this reporting period, through distance learning initiatives over 3 million (1.65 boys and 1.4 girls) children were reached in Oromia, Benishangul-Gumuz and Somali regions. Among these 1.3 million were boys in primary school while 300,000 were in secondary school. Similarly, 1.1 million girls were in primary school and nearly 250,000 were in secondary schools. A total of 4,899 refugee children in primary school (2,955 boys and 1,944 girls) were also reached through radio education in Benishangul-Gumuz. While schools in different regions are being re-opened in a phased manner, it is important that distance education remains accessible and its coverage is expanded with a focus on equity, with specific efforts made to reach children in hard-to-reach areas facing challenges to access appropriate communication channels.

In addition, among the already reported 20,000 solar-powered radios<sup>12</sup> that had been distributed to Regional Education Bureaus (REBs), 11,400 solar-powered radios with USBs have reached end-users in Benishangul-Gumuz, Gambella, Amhara and Somali regions. Of these, 2,500 were distributed to IDP children and another 2,500 to refugee children. Similarly, a total of 1,000 primary schools, six of which service refugee children, have been equipped with packages of handwashing and school cleaning supplies including soap, hand sanitizers and water containers with taps. As a result, 175,358 children (79,136 girls) accessing formal and non-formal education are benefitting from handwashing and school cleaning supplies. In addition, 336 primary schools have implemented safe school protocols, six of which service refugee children in Gambella and Benishangul-Gumuz regions.

## Nutrition

In the reporting period, as part of its COVID-19 response, UNICEF supported the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management through training or orientation on appropriate nutrition. This includes Infant and Young Child Feeding (IYCF), Severe Acute Malnutrition (SAM) treatment and nutrition for COVID-19 patients in the context of the pandemic. In October, 1,235 trainees were oriented in Oromia and Amhara regions. In Oromia and Amhara regions primary caregivers of children aged 0-23 months and 24-59 months received IYCF counselling through facilities and community platforms. During the reporting period, a total of 13,495 caregivers were provided with IYCF counselling through in community platforms (11,533) and health facilities (1,962). In the reporting period, a total of 4,843 SAM children were admitted for treatment.

In addition, UNICEF is implementing an innovative monitoring of the emergency response in the context of COVID-19 using the end-user monitoring (EUM) tool. The EUM collects a wide variety of data including information on counselling satisfaction. For the current reporting period, a total of 479 registrations were conducted across the country on EUM. The EUM has evaluated the nutrition specific services in 217 health facilities with the following findings: 91.7 per cent have proper admission, 86.2 per cent have proper discharge criteria, 78.3 per cent have proper SAM management, 4.1 percent none of the above. With respect to WASH, 42.9 per cent have water access, 66.8 per cent of the people have waste disposal, 56.2 per cent have latrine and handwashing facilities, and 12 percent none of the above.

## Communication, Advocacy and Partnerships (CAP)

UNICEF's advocacy and communication efforts in the reporting period focused on the re-opening of schools and on the importance of educating children to protect themselves and others from COVID-19. Among the posts on UNICEF Ethiopia Country Office's digital platforms is an Op-Ed by the Office's Representative discussing [the case for safely re-opening schools in Ethiopia](#). Similarly, photos from the field as schools re-opened in phase one were featured on social

<sup>12</sup> There are plans to procure an additional 13,000 solar-powered radios.

media. In addition, UNICEF supported the FMOH with its 'clean hands, save lives' campaign launched on the [#GlobalHandwashingDay](#) with a production of different campaign materials for digital media. This year's theme was "I wash my hands properly to save lives" to connote the direct link between handwashing and COVID-19 prevention.

In connection with the continuation of essential services in the context of the pandemic, other notable highlights from the reporting period include:

- A media joint statement: [WHO, UNICEF and ROTARY reaffirm their commitment to sustain Africa's polio-free status by ensuring Ethiopia stays polio-free.](#)
- A feature of Ethiopia on UNICEF's global website: [Staying strong in the fight against polio.](#)

In the reporting period, 6,637,300 impressions were achieved, of which 237,000 were on Twitter and 6,400,000 on Facebook; whilst the number of engagements was 45,300 of which 1,300 were on Twitter and the remaining 44,000 were on Facebook.

## Social Policy, Evaluation and Research (SPEAR)

In the reporting period, UNICEF's social policy related work, together with the Ministry of Labor and Social Affairs (MoLSA), focused on the provision of the first of six monthly cash transfer top-ups consisting of 360 Ethiopian Birr to all 50,050 UPSNP Permanent Direct Support (PDS) households in 11 cities (reaching a total of 93,120 beneficiaries). This cash transfer has been provided with the financial support from the Swedish International Development Cooperation Agency (SIDA) and is an unconditional cash transfer aimed at supporting the most vulnerable to afford basic needs such as food during COVID-19. In addition, in Oromia, hygiene kits and materials for responding to COVID-19 were procured and distributed to five *woredas* (Gursum, Mieso, Inkolowabe, Dodota and Adami Tulu). A total of 312 households (46 males and 266 females), inclusive of 112 children (80 males and 32 females) received supply provisions consisting of 54 kgs of flour, 1.5 liters of edible oil and 16 kgs of macaroni per household.

## Challenges

The health sector is facing several challenges. Though the current occupancy in the treatment and isolation facilities is less than 60 per cent, if there was a rapid increase in the number of cases, existing treatment facilities would be quickly overwhelmed. A shortage of reagent for COVID-19 tests and of PPE continues to persist. In addition, following the lifting of the State of Emergency, as well as a low risk perception, COVID-19 precaution measures have been noticeably neglected by the public, especially on public transportation and in public gatherings, including bars and nightclubs. The new RCCE strategy is aimed at addressing these changes.

In relation to school re-opening, the MoE developed strict protocols to be followed to mitigate the risk of COVID-19 transmission in schools. However, this has strained the already scarce resources that schools have. Further, the MoE committed to delivering two masks for each student by procuring them from local industrial parks. However, the factories have not been able to produce the 50 million masks required on time, causing delays to the re-opening of schools in some regions. Social workers deployed by BoWCY and NGO partners also lack access to quarantine and isolation centers and physical space in the health facilities to provide psychosocial support for those with COVID-19.

Who to contact for further information: Adele Khodr  
UNICEF Ethiopia Representative  
UNICEF Ethiopia  
Tel: +251 11 5184001  
Fax: +251 11 5511628  
Email: [akhodr@unicef.org](mailto:akhodr@unicef.org)

Michele Servadei  
Deputy Representative  
UNICEF Ethiopia  
Tel: +251 11 5184001  
Fax: +251 11 5511628  
Email: [mservadei@unicef.org](mailto:mservadei@unicef.org)

Trevor Clark  
Chief-Field Operations and Emergency  
UNICEF Ethiopia  
Tel: +251 11 5184082  
Fax: +251 11 5511628  
Email: [tblark@unicef.org](mailto:tblark@unicef.org)

## Annex A Summary of Programme Results

Sector	UNICEF and IPs				Cluster/Sector Response	
	2020 Target	Total Results	2020 Refugee Target	Total Refugee Results	2020 COVID-19 Target	Total Results*
<b>Risk Communication and Community Engagement (RCCE)</b>						
<b>Health</b>						
# of people trained/oriented to sensitize the community on COVID-19 prevention and control measures.	5,000	24,980	1,000	670		
Number of people reached on COVID-19 through messaging on prevention and access to services <sup>13</sup> .	30,000,000	46,551,403 <sup>14</sup>	700,000	685,009		
<b>C4D</b>						
Number of people engaged on COVID-19 through RCCE actions <sup>15</sup> .	9,000,000	11,178,236	300,000	175,699		
<b>Communication, Advocacy and Partnerships</b>						
Number of impressions on social media (Twitter and Facebook) for COVID-19 stories / prevention messages <sup>16</sup> .	20,000,000	14,723,147 <sup>17</sup>		-		
Number of social media engagements on COVID-19.	2,000,000	244,095 <sup>18</sup>		-		
<b>Child Protection</b>						
Number of people reached on COVID-19 through messaging on prevention and access to child protection / GBV services.	30,000	91,871	500	13,360	300,000	95,304
<b>Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</b>						
<b>Health</b>						
Number of healthcare facility staff and community health workers provided with PPE.	10,000	15,119	1,500	119		
<b>WASH</b>						
Number of facilities (treatment, isolation quarantine sites) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene through emergency water trucking, roto tanks to prevent COVID-19 transmission.	200	161	15	24	426 <sup>19</sup>	
Number of people reached with critical WASH supplies (including hygiene items) and services.	2,500,000	2,236,518	100,000	56,625	2,694,005	
Number of people with access to basic sanitation services.	500,000	131,791	200,000	45,000	2,694,005	
Number of health care facilities with improved sanitation.	200	280	15	11	326	
<b>Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</b>						
<b>Health</b>						
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control.	550	2,358	50	744		
<b>Education</b>						
Number of children supported with distance/home-based learning <sup>20</sup> .	6,079,349	5,236,987 <sup>21</sup>	29,542	5,552	6,200,000	
Number of households receiving a solar radio (with USB Capacity).	60,000	20,000	40,000	2,500	500,000	
<b>Child Protection</b>						
# of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19.	750	2,172	500	381	1,000	2,116
# of child protection cases reported and referred (by type of service).	12,000	3,398 <sup>22</sup>	500	66	2,500	
Number of children without parental or family care provided with appropriate alternative care arrangements.	9,000	1,909	200	151	2,500	221

<sup>13</sup> This is 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 and Radio).

<sup>14</sup> Please note that this total figure does not include mass-media level activities, which are not included in the results tracker nor in the Annex A table above, because of potential double-reporting against previous reported figures. However, such RCCE activities using mass-media are still ongoing. In addition, this figure includes WASH-led hygiene promotion activity results, which amounts to 19,418 in the reporting period alone.

<sup>15</sup> These refer to two-dimensional communication activities.

<sup>16</sup> This is a new indicator and replaces the previous indicator that measured the number of people reached on COVID-19 through messaging on prevention and access to services, with a focus on social media engagement. The previous indicator has been discontinued, noting the challenge of measuring unique individuals, by impressions.

Number of women and girls of reproductive age provided with dignity kits.	8,000	4,185 <sup>23</sup>	2,000	825	70,000	12,920
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support.	40,000	36,921 <sup>24</sup>	1,000	4,822	66,000	13,014
<b>Nutrition</b>						
Number of staff trained or oriented on appropriate nutrition (IYCF, SAM treatment, nutrition for COVID-19 patients) in the context of COVID-19.	40,762	5,963	-	79	n/a	
Number of primary caregivers of children aged 0-23 months and 24-59 months who received IYCF counselling through facilities and community platforms.	73,260	272,375	3,680	52,874	42,474	
Number of number children 6 to 59 months affected by SAM admitted for treatment.	73,260	68,980	3,680	2,485	36,630	
<b>Support access to continuous education, social protection, child protection and gender-based violence (GBV) services</b>						
<b>Field Operation and Emergency</b>						
Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse.	20	-	-	-	n/a	
Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors.	100	34	-	-	n/a	
<b>Education</b>						
Number of boys and girls provided with learning materials for back to school / school re-opening after COVID-19 (IDPs).	60,000	-	40,000	-	355,000	
Number of pre-primary and primary schools equipped with handwashing and school cleaning supplies.	439	1,000	65	6	n/a	
Number of schools implementing safe school protocols.	439	336	65	6	n/a	
Number of children accessing formal and non-formal education with handwashing and school cleaning supplies.	315,187	175,358	140,655	-	500,000	
<b>SPESI</b>						
Number of beneficiaries (affected by COVID-19) receiving cash transfers through existing safety nets.	90,000	93,120		-		

<sup>17</sup> Reach/impressions of 6,637,300 people: on Twitter 237,300 and on Facebook 6,400,000 people (for the reporting period).

<sup>18</sup> Engagement of 45,300 people: on Twitter 1,300 and on Facebook 44,000 people (for the reporting period).

<sup>19</sup> This target is a combination of two indicators: water trucking and rehabilitation and maintenance of water schemes and pipe-line expansion as per the Humanitarian Response Plan (HRP), June 2020.

<sup>20</sup> The indicator targets primary and secondary school students aged 7-17 years.

<sup>21</sup> This report shows a reduction to around 3.04 million children (1.4 million girls), is the actual result of the reporting period. However, in terms of the result reported in the Annex table A and the results tracker, the 5.2 million has been kept since the 3.04 million are subsumed in the latter, which is the highest achievement from the beginning of the COVID-19 response.

<sup>22</sup> In this reporting period, 421 cases including 23 for refugee children and 203 for IDP returnee children were reported and referred for case management that has included, referral to health, psychosocial, and legal services.

<sup>23</sup> In the reporting period, 667 adolescent girls and women received dignity kits. Among these, 50 were refugees, 205 IDP returnees and 15 returnee migrants.

<sup>24</sup> In the reporting period, those supported with MHPSS were 8,214 children (total 6,057 of whom 3,158 are boys and 2,899 girls) and their primary caregivers (total 2,157 of whom 753 are male and 1,404 female), including 370 refugee children (83 boys and 287 girls), and 66 returnee children (34 boys and 32 girls).

## Annex B: Funding Status

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Reprogrammed	\$	%
Nutrition	6,027,372	2,263,929	2,985,099	778,344	13%
Health	14,318,065	9,599,181	1,341,360	3,377,524	24%
WASH	11,737,062	8,850,638	741,914	2,144,510	18%
Child Protection	3,256,939	1,508,768	1,888,441	0	0%
Education	9,106,268	1,539,518	1,202,021	6,364,729	70%
C4D	1,898,765	1,993,053	0	0	0%
SPESI	2,678,832	3,031,887	797,928	0	0%
CAP	34,344	35,170	0	0	0%
Field Operations	28,620	0	0	28,620	100%
<b>Total</b>	<b>49,086,267</b>	<b>28,822,145</b>	<b>8,956,763</b>	<b>11,307,359</b>	<b>23%</b>