

ChildFund International

Humanitarian Situation Report Template

Humanitarian Situation Report [15]

COVID-19 – [ETHIOPIA]

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[12th March to the 10th of November 2020]

FOR UPDATES, PLEASE HIGHLIGHT UPDATED SECTIONS IN RED

Part 1: The Overall Situation

COUNTRY:ETHIOPIA

| | | |
|--|------------------|---|
| Total Number of COVID-19 Cases Reported | Number of Deaths | Number of Cases Recuperated |
| 100,327 | 1,537 | 60,710 fully recovered and 2 sent back home |
| SOURCE: https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6 | | |

ChildFund-supported areas (Provide only if you have reliable data on this. You can report on a consolidated basis or by program state/region/province/etc. if you have this detail.)

| Geographical area (country or state/region/province) | Total Number of COVID19 Cases Reported | Number of Deaths | Number of Cases Recuperated |
|--|--|--|--|
| All regions of the country have been affected while the prevalence is more pronounced in urban areas compared to rural areas while more than 67% of the cases are reported in Addis Ababa. | Since the country identified its first case in mid-March, Ethiopia has tested 1,530,110 individuals for coronavirus and 88,982 confirmed positive | The Virus has claimed over 1,537 lives between March-November 10 as a nation | The latest figure has brought the number of recoveries in Ethiopia so far to 60,710 While 2 Japanese relocated back to Japan |
| | The total laboratory tests conducted within 24 hours are 3,889 of these 307 of them are confirmed positive. 7, new death cases were also reported during the last 24 hours | | |
| SOURCE: National Ministry of Health or other reliable source (MOH -Ethiopia Public health Institute) | | | |

- **Any relevant background information about areas affected.** There have been reported cases in Addis Ababa, Adama, Bahir Dar and Dire Dawa, Jimma, Afar, Somali, Tigray, Benishangul Gumuz, regions. Tigray Oromia, and SNNPR. The pandemic has intensified in terms of coverage. Particularly within Addis Ababa City. The number of cases has been increased by 41% within the last one week alone. More than 70% of the cases are reported from Addis Ababa particularly in Addis Ketema, Arada and Lideta Sub cities.
- Contact tracing is becoming a big challenge for almost half of (47%) of the cases are with no known contact with confirmed cases nor travel history.
- **Compared to the previous reporting period, in this month the rate of recovery is showing a good progress while reports of the new cases are showing some declining trend.**
- The number of COVID-19 cases are increasing rapidly due to the presence of community transmission.
- Following the assassination of the prominent musician & activist on June 29 evening in AA, the country experienced a violent demonstrations, conflicts and instabilities Across Oromia region and part of AA as of June 30. This violence and unsafe demonstrations are expected to aggravate the prevalence of the virus. In connection with this, the Government has shut down, internet which became a hurdle for close monitoring and communication of the Covid situation for almost two weeks. According to the Federal and regional Police Commissions and zonal disaster risk management offices (DRMOs), in July 2020 the protests have turned into violence, killing close to 200 people, injured more, damaged significant amount of personal properties and government facilities and displacing thousands of families. The number of IDPs has also exceeded 10,000 according to the reports obtained from OCHA.
- The covid-19 pandemic has also been highly intensified during the last one month. since July 10, there were 15,698 new cases reported in the country, that has showed a 220% increment raising the total number of confirmed cases to 22,818. The death rate has also increased by 228% in the same period. According to the Ethiopia Public health Institute, the capital Addis Ababa has over half of all confirmed cases followed by Somali, Oromia, Amhara and Tigray regions which complete the top 5 regions respectively. Ethiopia has so far conducted 497, 971 laboratory tests. In the month of August Ethiopia was conducting a month-long nationwide campaign on Covid-19 testing. As a result it has increased its daily capacity of testing to an average of 19,000. According to the information obtained from Ministry of Health, Ethiopia will begin manufacturing its own COVID-19 testing kits in a bid to enhance national testing capacity. Currently, there are 52 coronavirus testing centers in the country and more than 20,000 sample tests have been analyzed daily in these centers. Ethiopia has also been producing COVID-19 personal protection equipment and began to export for other countries as well.
- Flood has also been affecting many parts of the country. According to OCHA's August 6, 2020 update, more than 30,000 people have been displaced due to floods in Afar, Gambella, Oromia, and SNNP regions since 20 July. The National Flood Plan estimates 2,066,683 people to be affected by river and flash floods during the 2020 kiremt/rainy season, out of which, 434,154 people (21 per

cent of the total at risk population) across the country are likely to be displaced. According to the UN OCHA's 9th September report, the heavy summer season rains continued to cause flooding in many parts of the country. Some 500,000 people were so far affected, including some 300,000 displaced. Most recently, on 1 September, Awash River broke its embankment and flooded downstream areas in Amibara and Awash Fentale woredas of Afar and Oromia regions. With this recent flood more than 13,000 enrolled children and their families found in Fentale-one of our impact areas has been have also been affected.

- As of November 3, the National Defense Forces (ENDF), led by a command post, started a military offensive operation against TPLF in Tigray regional state. The House of the Federation with its extraordinary meeting held on November 6, 2020, has also adopted a resolution to establish a transitional government in Tigray Region.
- On top of the current heavy War between the Federal Government and the Tigray Regional Troops, sporadic violence and ambushes have also been seen in different parts of the country that have resulted in the deaths of many civilians. In response to those civilian deaths, the government has also commenced an offensive military operation and many rebels are reported to have been killed or wounded and captured. All these security threats and movement restrictions have highly affected the humanitarian operation including Covid-19 prevention and response activities in many parts of the country.
- **Host government posture: Have they declared a state of emergency and/or requested outside assistance? Which nationwide measures has the government taken, e.g., limitation on meetings, internal travel, school closures etc.** (Schools are closed, meetings are banned, and small gatherings require the clearance from MOH, Federal and Addis Ababa city administration and government staff advised to work from home, except essential duties, electric, water and Sanitation departments. Internal travel is not stopped yet. The government has banned public transport all over the country. All the regions have closed their borders and restricted movement in their towns and closed big markets. The government declared and State of Emergency to deal with the pandemic, the government has also partially lifted restrictions on Court which has now allowed to see Child abuse cases. 42 testing labs are now in Operation and testing between 3500 – 4,200 daily, the training of Doctors and Nurses started, the Surge strategy is finalized and in place. Lifted duty and taxation on COVID-19 response materials being imported for the response. Everyone must wear face mask in public places. The millennium hall has been converted to a 1000 bed treatment center. There are now 11 labs in regional cities and 9 in Addis Ababa. The Government has continued to step up its testing Capacity now standing at over 2000 daily, and training of Professional health workers.
- Government's effort of fighting Covid-19 have been challenged with other several humanitarian crises such as the desert locust infestation, violent conflicts and resulting security issues, flooding and drought in many parts of the country etc. A massive twelve-fold increase in Covid-19 cases between June and September is further compounding needs as families have been unable to obtain income or access food due to movement restrictions. Ethiopia currently holds the highest Covid-19 caseload in East Africa. According to the National Disaster Risk Management Commission, at present more than 15 million people are in need of Humanitarian assistance in Ethiopia.

All regions of Ethiopia are free from travel/ movement restrictions related to COVID-19. All regions – with exception of Tigray with its own State of Emergency (SoE) – have adapted earlier regulations to the Federal SoE of 11 April 2020.

The government has issued a revised Humanitarian Response plan which was dictated due to the impact of the pandemic, Impact of the desert locust infestation and Returnees from IDP sites. The total projected people in need due to COVID-19 is currently estimated at 14.6 million, of which 34 per cent are in urban areas. On the other hand, the updated number of People in Need (PIN) due to non-Covid-19 related crises (including new displacements and desert locust affected people) is now 10.6 million persons. The government also lifted the ban of daily use of private vehicles.

European Union and its member states have mobilized €487 Million or 19 Billion Birr to support the Ethiopian Health System amid coronavirus pandemic. According to June 16th OCHA's news brief the financial support is aimed to enhance quarantine sites, realize social protection enhancement, livelihood recovery and strengthen Ethiopia's economic response to the pandemic.

On June 18, 2020, Ethiopia and the World Bank signed a financing agreement amounting \$ 250 million in support of supplemental financing to the second Ethiopia growth and competitiveness programmatic development policy financing. The supplemental budget support is aimed to help Ethiopia to quickly close the current financial gap due to the COVID-19 pandemic and minimize the impact of the crisis on continued implementation of the reform agenda.

Resources inflow in response to Covid-19

- On July 3, 2020, African Development Fund approves \$165 million grant for national COVID-19 emergency response to support Ethiopia's response to the health and economic impacts of the COVID-19 pandemic, including helping to ease fiscal pressures on the economy.
- On August 5, the US government has donated 250 ventilators to Ethiopia to help in its response to the coronavirus pandemic. The donation came after a promise made during a phone conversation between President Donald Trump and Prime Minister Abiy Ahmed in April.
- On 18 September 2020 – UNICEF has provided 380 oxygen concentrators to the Federal Ministry of Health to support its response to the COVID-19 pandemic in Ethiopia. The oxygen concentrators and their accessories were procured with funding from the United States Agency for International Development (USAID) and the United Kingdom's Foreign, Commonwealth.

- a) **What responses has the government put into place to address the health crisis and/or the economic impact?** (More than 12 million face masks have been distributed to the regions, awareness creation and IEC/BCC materials (50K) posters, (400K) brochures. Face mask and gloves are being distributed to federal offices. Awareness and prevention activities are taking place among the returnees/refugees. The government provided 12m birr and is seeking additional financial support from G20 to stabilize the economy. Jack Ma initiative provided 5.4m Facemasks and 1.08m test kits for Africa to be shared by the Africa states. A Local Alcohol factory also provided 400 liters of alcohol to Ethiopia Public Health Institute for their sanitation requirement) The continues to strengthen its capacity in resource mobilization. The government received \$82M from the world bank for the COVID -19 response 50% grant and 50% credit facility. IGAD supported 25 thousand dollar estimated medical supplies for prevention of COVID-19 response. Rotary club Addis Ababa West and other Rotary Clubs abroad donated of 2.2 million ETB worth of medical supplies for the makeshift hospital at the millennium hall to strengthen preparedness in the fight against #COVID19. The government continues to seek additional funding and asking INGOs to state their contribution to the COVID-19 response. The Donors UN, USAID, ERF, ECHO, etc have asked their

partners to re-program a portion of the current fund to deliver the COVID-19 response. There is no new funding for the COVID- response. There have been a number of calls for proposals released in the last one week by different agencies. The AA City Administration has created food Banks in 1200 selected sites to support vulnerable communities. Government through the Minister of Peace seeking Financial or in-kind Support and framework has been developed to guide operations and donations by the resource mobilization committee. There have been over 5000 returnees to Ethiopia in the last 2 weeks and this is causing a strain on the quarantine centers. Bill Gates released \$600,000 towards the Ethiopia COVID response.

Gov't waives 78 Billion Birr in tax as part of economic stimulus package. New Financial assistance (soft Loan) obtained from IMF 411 Million USD in support of COVID-19. And the 2020 general election that was meant to take place in August 29, 2020 has now been postponed indefinitely due to the COVID-19 pandemic. The Government of France announced on Wednesday May 13, 2020 that it will disburse EUR 40 million budgetary support to Ethiopia in support of the country's effort in the fight against COVID-19 pandemic. The Government of Qatar have also supported 9 tons of Medical supplies to the government of Ethiopia to support its effort to fight the Corona Virus.

The Federal Ministry of Transport has issued a directive that limits the use of a private car, reduces the number of passengers in a car and readjusts service fee for cross country public busses, among others. The directive was prepared based on the state of emergency declared recently. The system of limiting use of private cars will be implemented based on the last number of the registration plate, where odd and even numbers will only be allowed on the road on alternate days. Both private and government cars will only use 50 percent of their passenger capacity. Authorities have also limited the number of cross-country busses going out of Addis Ababa to 82 per day, and passengers will be required to fill up a form for follow up purpose. The Ministry of Transport allowed for cross-country public transports services across the country on Thursday after almost all regional states have banned public transport services to and from their respective regions as measures to contain the spread of the COVID-19. The government has relaxed some restrictions that was made to curb the transmission of the Virus. Restrictions in relation to the number of passengers and lifting of air transport to some Countries can be sited as an example. The government has also announced that the schools will resume their operation in the new academic year as of September 2020.

Oromia, Amhara, SNNP, Tigray, Afar regional states as well as Dire Dawa City Administration were among the major regional states that have closed their borders banning cross-country public transport vehicles.

Despite the ongoing response program by the government and other partners, there are still several challenges in the response program:

- There is critical shortage in PPE, sanitation material for frontline health and aid workers .
- IDP sites lack sufficient WASH facilities
- Most isolation, treatment and testing centers seem underequipped and also insufficient
- Routine emergency activities (regarding e.g. cholera, flood, locust, malnutrition, malaria in SNNP) have been deprioritized.
- Millions of people (particularly daily laborers in urban centers) have suffered economic hardship due to COVID-19 and are in critical need of food and livelihoods support.

The Ministerial committee has endorsed a new Directive as per the State of Emergency to prevent, control and minimize the consequence of COVID-19. Accordingly, people who have tested positive can receive home care if they fulfill all the requirements stated on the directive.

The Ethiopian Public Health Institute have announced that Ethiopia launched nationwide testing for antibodies to the novel coronavirus. The testing campaign to check infection rates and levels of immunity to the virus lasts through July 14. The testing will be carried out in all Ethiopia's regional states as well as in the city administrations of the capital Addis Ababa and Dire Dawa, it added.

- **What travel restrictions has the government put in place for travelers entering the country?** (Travelers entering the country have to be quarantined for 14 days in government hotels at their own cost. Flights have stopped 30 routes, there is a travel ban to 30 countries. The countries land borders are all closed. No new visas are being issued.) An additional 50 flights routes have been stopped. In total 80 routes have been stopped. Bole Airport will be the Air hub through which all the COVID-19 response supplies, equipment, humanitarian workers will be shipped to all parts of Africa. Ethiopia to open five more border checkpoints in the month of May.
- The travel restrictions made two months ago have now been lifted for some countries and the total number of destinations grew to 42.
- the government has issued a new a directive (Directive No 30/2020) for the prevention and control of covid-19 pandemic on October 5,2020. The directive provided the particulars of prohibited activities and duties to be imposed on individuals to prevent and mitigate the impact of COVID-19.
- After seven months of closure due to the coronavirus pandemic, Ethiopia is planning to open schools between end of October- early November depending on the regional scale of Covid-19 prevalence and preparedness of schools. The decision was made after the MoH's recommendation on the 5th round 3rd emergency meeting that was held by the House of People's Representatives of Ethiopia on September 18, 2020.
- Following the Government's announcement and guidelines for a phased reopening of schools, schools in the capital Addis Ababa and in some regions are gradually opening their doors to students, starting with grade 8 and 12 students, who need to sit for the national examinations. Schools in some of the refugee camps have also reopened with the necessary precautions put in place, also focusing on grade 8 and 12 students. Nevertheless, the reopening of the rest of the classes which was decided to take place on November 9, is postponed due to the prevailing security situations and issues related to lack of readiness.

Part 2: The Situation in Areas Where ChildFund Works

The Corona Virus cases have been intensifying in many of the ChildFund Operational areas. Particularly in Addis Ababa. Two of the Operational areas Merkato and Arada areas are the hot spot areas identified by the city administration. The report obtained from two of our LP working in the two areas have revealed that one of our enrolled families and employees of the LPs have been taken to the quarantine center respectively. During the last week there were 10 cases among ChildFund families (6 Female/4 male) that tested positive for COVID-19. Of these, 2 (1 Girl and 1 boy) are enrolled children.

During this reporting week 12 (8 F & 4 M) new cases were reported in ChildFund families.

Of those ChildFund families who were reported to have been infected by the virus, 7 (3 Female and 4 male) have recovered and returned to their homes. The rest are also reported to have been in good health condition.

| Partner Organization (Use Salesforce identifying code/name.) | # of Enrolled and Sponsored Children | | COVID19 Cases Reported in ChildFund Communities (Y/N/Unknown) Provide number if available. | Number of Enrolled Children Reported with COVID19 (If available.) | Number of enrolled children diseased as result of COVID19 |
|---|--------------------------------------|----------|---|---|---|
| | Sponsored | Enrolled | | | |
| AIDO | 1929 | 2379 | 22 (14 F & 8 M) | 6(3 B & 3 G) | None |
| Boset | 2,153 | 2,735 | 6 cases | 2 (Boys) | None |
| Dugda | 3113 | 3751 | None | None | None |
| EOC | 1121 | 1497 | Unknown | None | None |
| Fentale | 1865 | 2451 | None | None | None |
| FHIDO | 2942 | 3845 | Unknown | None | None |
| Balaya | 2654 | 3562 | None | None | None |
| Sodo Buee | 2116 | 3144 | 1 case | None | None |
| Silti Aynage | 3160 | 3573 | Y [1 female] | None | None |
| T. Birhan | 2416 | 3188 | 16 (14M & 2 F) | None | None |
| Siraro | 1719 | 2503 | None | None | None |
| Love for Children | 1945 | 2362 | Unknown | None | None |
| Sheger | 1565 | 1916 | Unknown | None | None |

Child deaths: List any sponsored child (with Partner organization and child ID from salesforce) diseased as a result of COVID19. (Note: These need to be reported immediately following the regular sponsorship protocols.) (NO CHANGE)

| Partner Organization (Use Salesforce identifying code/name.) | What is the status of the program/sponsorship processes (operational/suspended)? | | | | | |
|---|--|-----------|-------------------------------|----------------------------|---------------------------|-------------|
| | Program Implementation | CVS | M&E Level 2 | Enrollment /Disaffiliation | Sponsorship Communication | DFC |
| AIDO | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Boset | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Dugda | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| EOC | Reduced | Completed | System not in place this year | Operational | Operational | Operational |

| | | | | | | |
|--------------|---------|-----------|-------------------------------|-------------|-------------|-------------|
| Fentale | Reduced | Suspended | System not in place this year | Operational | Operational | Operational |
| FHIDO | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Balaya | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Sodo Buee | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Silti Aynage | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| T. Birhan | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Siraro | Reduced | Suspended | System not in place this year | Operational | Operational | Operational |
| Love for | Reduced | Completed | System not in place this year | Operational | Operational | Operational |
| Sheger | Reduced | Completed | System not in place this year | Operational | Operational | Operational |

- Please note the suspension of operations is a moving target.

Note: As a global measure, all sponsor visits have been suspended. YES

- **What issues are children in these areas facing (food shortages, safety concerns, schools closure, etc.)?** School closure, food shortages, safety concerns, sanitation and hygiene
- **Child protection risks caused or exacerbated by crisis situation.** YES- some single parents could only go out in search of income because their children were in school or at the ECD centers now they have to stay home or leave the children unattended as they go in search for food.

There is an increased possibility of violence as tension increases in homes due to small space and when the father has no income (Not being able to Provide the basic necessities) and stays home the whole day, this leads to frustrations and may result in abuse.

The parents are not equipped to provide guidance on how the children could wisely use the time away from school to keep up with the curriculum. And even where they can the children do not have access to reading materials as these are shared when they are in school. The poor families do not have access to the online (TV based) teaching mechanisms.

There are efforts in Oromia regional state to commence the education program using TV, Radio and Social Media (face book) Educational programs using TV and Radio have started.

Due to the restrictions imposed by the government in fear of the pandemic, the local economies are apparently highly affected. The informal sector on which many of the enrolled families located in the urban areas have relied on are stranded. For instance, a major source of livelihood for many of rural youths and women of Dugda area including ChildFund Ethiopia's enrolled families is the vegetable sector. This district is also a hub for many of the youths coming from different districts of the region including from Siraro area to work on vegetable production, marketing, loading and unloading as well as transportation of agricultural products. This sector is also now been highly affected due to the movement restrictions. Another sector which employs the youth of the area is the construction materials such as sand, but this has also been highly affected due to the closure of many of the construction sites.

Part 3: ChildFund's Response

3.a. Overall

- **Who is or will be leading/managing the response?** LPs / with support from the CO; There are national level initiatives led by the MoE and MoWCY with which CO is working. Content has been developed by the MoE for the panel discussion to be conducted soon and televised at a national level. The panel discussion is intended to be 60 minutes long and would be covering on how to keep children safe emotionally, socially, physically, and spiritually amid the Covid-19 pandemic. Very informative and child friendly TV spots are also being prepared on the issues of assertiveness and child participation in the preventive measures and efforts against the outbreak. We are also planning for the Country Director of ChildFund Ethiopia to convey a one minutes message on the response efforts of ChildFund International and ChildFund Ethiopia against the Covid-19 outbreak.
- **How is ChildFund linked with humanitarian coordination structures, i.e., in which clusters or working groups do we participate? The most recent/next meeting and who is representing ChildFund? Donor meetings we have attended, or missions that we are aware of related to the response?** This is a purely government led process and the EHCT is the only link, HINGO has representation in this forum and that is how we get information. Health Cluster, Protection cluster, Wash Cluster in the clusters we are represented by the Emergency and Program Specialists and the CD represents ChildFund at the HINGO (NO CHANGE)
- **Planned, desired or ongoing response – inside or outside current operational areas.** Inside current operational areas and outside through collaboration with the government Ministries.
- **National Level desires**
 - b) A concept supporting the most vulnerable children (girls on the streets) to be relocated and reunified with family
 - c) A concept on Support to Caregivers/parents via Media (Radio and TV) and engage children.
- **Community Level desires**
 - d) Cash transfers to the most vulnerable families in communities where we work
- **Community Level Ongoing response**
 - e) Provision of Soap, handwashing facilities, community awareness messages.
- **Who are we partnering or collaborating with to provide our response?** Administration officials at the District Levels and Ministry of Women, Children and Youth, and Ministry of Education at the Federal Level
- **What kind of response activities or interventions are being provided?** Awareness creation and provision of soap and water and installation of handwashing facilities. Discussing Child Protection and vulnerability during this time of partial lockdown and Education programs for Children and caregivers with federal government. Supporting the most vulnerable families.

- **The most recent/next meeting and who is representing ChildFund?** COVID 19 EHCT Meeting on Friday AAH will represent the HINGOs. There is a meeting today 31st March represented by DRC. The HINGO meeting took place on the 7th of April and CD attended. The next ECHT meeting will be on 16th April with the HINGO reps.
- **Donor meetings we have attended, or missions that we are aware of related to the response?** Through representation, all donors are aware. The representative reported back to the HINGO on the 7th April, that there were no new opportunities for COVID-19 for the NGOs, but donors were willing the re-program the already approved budgets. The percentage varied from donor to donor, so each NGO was to approach their donors individually with the ask for approval. WFP had not approved the request to make a 2 month food distribution as proposed, and PPEs are still not available for the frontline staff, and UN is developing a LFA to align all the COVID Activities. This is also aligned to the government response. The concerns around who long staff will be paid should this go on was raised to the donors, USAID is flexible; EHF 15%; WFP, UN, silent and ECHO will give guidance. The request to government to waive the 80/20 rule was received positively as long as the amounts used for the COVID response is clearly indicated. A number of calls for proposal were released by various donors during the last week though most require geographical presence in locations we are not, there are a few that we hope to compete for. Reached out to Netherland and Austrian Embassy and Austrian Embassy has requested a concept note. Netherlands was not opening funding opportunities. Participated in the ChildFund/Alliance Members meeting and made a presentation – Received funding from Germany and Korea as a result. This week’s meeting was cancelled.
- **Next steps.** 1. Strengthen the relationship with CCRDA and a consortium of other CSOs for advocacy. 2. Draft a concept note on the Child Friendly Quarantine Center. 3. With the MOE air programs on Child Protection and education. 4. Draft concept note on Cash Transfer to vulnerable families. We supported the CCRDA resource mobilization unit to develop and proposal for the COVID-19 response. EOI for Desert Locust response and concept note on COVID-19 response
- **For sitreps submitted after ChildFund response has been initiated, what is the current progress of implementation vs. the established response plan?** The CO has allocated a total of more than 73,790 USD to all the 13 LPs to support their effort on awareness raising and provision of sanitary materials, as well as water and other logistics. LPs are implementing the activities and the progress will further be shared in the next sitrep. Together with the Ministry of Women, Children, and Youth affairs, the development of age appropriate IEC materials and messages for COVID-19 prevention is well underway. There are also response initiatives focusing on the most vulnerable groups such as street children.

3.b. Program Response

Please organize your program response report as per the 4 objectives included in our global response plan. You can add an additional category if you have response activities planned or executed that do not align with these objectives. For each objective use the questions below to guide your report.

- **What kind of response activities or interventions have been executed? What support items are needed or have been collected/distributed?**
 - o LPs have continued with the provision of hand-washing points, soap distribution, sanitizer distribution, and IEC/BCC materials, community awareness through, billboard, banner, mobile vehicles and loudspeakers, as well as through mass media – national TV and Radio.

- ChildFund Ethiopia is still seeking for additional resources to support the most vulnerable communities through cash transfers, as the economic down-turn hits the poor households in the urban
- **What is the current progress of implementation vs. the established response plan?**
 - The response activities started in March and have continued through May. All planned activities are being implemented, including first round cash transfers program which are now been completed in six targeted sub-cities of Addis Ababa through five LPs. However, resource limitation is huge challenge hampering CO response in a bigger scale.
- **Who are we partnering or collaborating with to provide our response?**
 - We (ChildFund and the LPs) are partnering with Government entities at all levels – from the federal level to regional and zonal and district levels. We also are also coordinating with like-minded non-governmental organizations in our intervention areas.
- **What kind of response activities are you still planning for the coming period?**
 - Cash transfers to vulnerable households
 - Food support for highly vulnerable families and children
 - Agricultural inputs supplies
 - Support children to pursue their distance education who have no access to TV &Radio
 - Use of community radio programs
 - Use of TV programs
 - Supports the efforts of different actors including Govt. to mobilize, store and distribute food items to needy community members
 - Capacity building of health institutions to respond to the pandemic this could include establishment of testing, isolation and treatment centers
 - Encouraging and involving of more of volunteers including university students
 - Work with teachers in the preparation of work sheets for students to work at home.
 - CFK is exploring ways for sending Masks (N95) to ChildFund Ethiopia

Resource constraint is becoming a key challenge in the response endeavor for the CO.

3.b.1. Stop COVID-19 from infecting children and families

ChildFund's Global Response Plan

To help children and families protect themselves from COVID-19, we are installing community, handwashing stands; educating communities about symptoms, hygiene measures and where to get tested or treatment; and distributing soap, hand sanitizer, gloves and masks to families and frontline, health workers. For children who are being treated for COVID-19 or are subject to quarantine measures, we are creating child-friendly spaces with age-appropriate toys and reading matter.

- Continued with installing community, handwashing stands; educating communities about symptoms, hygiene measures and where to get tested or treatment; and distributing soap, hand sanitizer. Lobbying with UNICEF to ensure government provides child-friendly spaces and keep young children with primary caregivers as much as possible.
- Working with Childfund Korea on a GIK opportunity for N95 Masks
- Different WaSH activities have been in place in the CO operational areas
- Following the decision of the government for re-opening of schools, ChildFund and its local partners will be working with the local government to make sure that the necessary

preparations have been made or not in terms of the creating a public awareness and cleaning of schools compounds before the resumption of classes.

3.b.2. Ensure that children get food they need

ChildFund’s Global Response Plan
 To ensure that the most vulnerable families can keep food on the table, pay rent and cover other basic needs, we are providing cash for those families most needing this support, such as those who have lost their income because of COVID-19, child or elder-headed households, and/or households affected by disability or chronic illness. Where possible, we are distributing food and basic household items directly, carefully abiding by COVID-19 protection measures

- 4,406 litres of edible oil and 15,600 Kg of wheat flour was procured and provided for identified 624 needy households located in Sodo Bue, Fentale and Boset districts through LPs operating in the respective districts.
- 300 highly food insecure households target families displaced by clan conflict and vulnerable to COVID – 19 are provided with 15,000 Kg (15 Quintal) grain maize at Fentale district.
- 1,600 households provided with 180.5 Q of wheat flour, 450 Q of maize, 800 pcs of 500 gm spaghetti, 1,600 bottles (3liters) edible oil.
- 200 target women are provided with 50 Q improved Teff Seed and 108.5 Q wheat seed.

3.b.2. 1. Cash Transfers and vouchers

-Is your CO planning or implementing cash transfers as part of COVID19 response? Yes
- If so, briefly description of progress to date. The discussions are on-going with the LPs to identify the most vulnerable in the community. We have received approval from IO to use part of the NSP funds to start off with. The Rapid Vulnerability Assessment is being conducted by the LPs to identify the beneficiaries. Cash Transfer guidelines released to the LPs and cash disbursed to the LPs. The LPs have completed transferring the funds to the vulnerable households and accomplishment reports are received.

- Supported vulnerable households through cash transfers
- Working with CFK to a proposal to provide support through Cash Transfers

Cash transfers executed

| Beneficiaries | | | Amount transferred (US\$) | Transfer mechanism (i.e. mobile money, banking system other financial service provider etc, |
|---------------|-----------------------|-------|---------------------------|---|
| Total | Gender (if available) | | | |
| | Female | Male | | |
| 2,018 | 1,168 | 850 | 79,126 | 80% through bank transfer and 20% through on-spot cash payment |
| 3,266 | 1,742 | 1,524 | 98,217.81 | 90% through bank transfer and 10% through on-spot cash payment |
| 6,657 | 3,925 | 2,732 | 252,935.11 | |

| | | | | |
|-----|-----|-----|-----------|--|
| 340 | 340 | - | 12,779.96 | All have been done through formal banking system |
| 349 | 349 | | 54,451.30 | All have been done through formal banking system |
| 850 | 512 | 338 | 40,589.00 | |

3.b.2.2. Other responses in relation to objective 3.b.2.

None

ChildFund’s Global Response Plan

We are supporting community-based child protection systems that identify, respond to and refer cases of abuse, neglect, violence or exploitation. We are also providing virtual, online psychological first aid and counseling, and supporting temporary shelters for children who live on the street, providing hygiene supplies, food and other basics. We are also arranging safe and appropriate care for children who are separated from their caregivers due to treatment or prevention measures.

- In collaboration with the Ministry of Women Children and Youth Provide food and non-food items to children who live in the streets including sanitary towels for the girls. Following the engagement with the Ministry of Women Children and Youth , ChildFund Ethiopia has made a support of sanitary pads for 107 adolescent girls and women, and also powder milk for more than 70 young children most in need. All of these girls, women and children are in a shelter, and provision of the support by ChildFund has also got a commendable media coverage.
- With the Ministry of Education, Content has been drafted for the panel discussion to be conducted soon and televised at a national level.
- The LPs continued to closely look out on reports of child abuse cases.

3.b.3. Keep children safe from Violence: physically and emotionally

- With the Ministry of Education, we will support the messaging to caregivers through radio and TV to keep the children safe

3.b.4. Help children continue to do their job: Learning

ChildFund’s Global Response Plan

While schools remain closed, we are supporting children’s learning through activities and tutoring sessions online or by radio. For students without reliable internet access, we are distributing home learning kits with materials and guides for their use.

- Still under discussion with the MoE
Government has introduction education through TV and radio, however this will not reach the poor who have not access to these facilities.

- A total of 3,480 children (1851 boys and 1629 girls) received quiz’s and short notes on compulsory subject, English, Mathematics, Afaan Oromo, Chemistry, Physics, Biology and social science which developed by district education offices. Besides, 260 students of grade 5 to 10 provided with reference books (two reference books per students).

3.b.5. Other responses

Below Sections for Internal Use Only

Part 4: Office and Staff Status

| Office Status (Open/Closed) | Number of Staff: | | | | |
|--|---------------------------|-----------------------------|------------------------|----------------------|---------------------|
| | Diagnosed with COVID19 | Diseased from COVID19 | Working from Office | Working from Home | On Special Leave |
| Open, but a majority of staff are working from home. This fluctuates based on the assignment they have to accomplish and internet connectivity at home | <u>None</u> | <u>None</u> | <u>12</u> | <u>35</u> | |

Notes: (NO CHANGE)

- Any cases of staff diseased need to be reported immediately to RD and GHR. (Noted)
- Special leave as per [COVID19 Administrative Guidelines](#). (Noted)

Number of staff/partner organization staff completed WHO COVID online training <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>. (Not yet assessed)

Part 5 Human Resources (NO CHANGE)

- Which visitors are there in the country ? Please include names, functions, contact information and arrival/departure dates for both IO and RO staff (note: due to the travel ban, this will apply only once the ban has been lifted) NONE – Noted
- Any gaps in staffing/need for deployment from other COs or Global Teams? NO
- Are there any other major HR issues? NONE

The government is willing to make exceptions for experts in the management of COVID-19 who would like to come and support the management of the pandemic. We just have to submit the details. There is still the discussion around the 14days quarantine though.

Part 6 Safety & Security (NO CHANGE)

- **Are police and other services functioning in the normal manner?** YES – and many more have been deployed to ensure there are no public gatherings in pubs and night clubs and religious meeting
- **Are the courts still operating?** Not at full capacity and no new cases are being taken, like other federal officers they are required to work from home. Now the Courts are closed, except a few essential staff
- **Are there reports of looting or increased criminality?** YES, with no daily labour work they have no recourse, there have been attacks on foreigners as Corona carriers, and the cost of items have gone off the roof the government is appealing to shop owner to stop exploiting the consumers and asked the citizen to stop attacking foreigners. There has been not reports on attacks on foreigners this week.
- **Have military personal being deployed to patrol towns or cities?** YES- they have been deployed on border control and Dam protection.
- **Confirm the safety of staff and their families in the affected area.** So far all the staff and their families are safe.
- **Have Safety and security risks/mitigation plans been updated to current environment?** Yes- and they continue to be discussed regularly. UNSS has stopped its weekly updates and monthly meeting with the security focal points and they have not put in place another mechanism to share the security updates.
- **Recommendations around any upcoming travel planned for staff or donors (note: Only once global travel ban has been lifted)** - Noted (Lilly Omondi – Hope to travel home for my leave once this is all over)

Part 7 Grants : List all active grants:

| Grant Job Code | Grant Name | Donor | Status of Implementation (Normal/Reduced/Suspended) | Any specific guidance received from donor? (Yes/No) |
|----------------|--|-----------------------|---|---|
| 12-0326D | Integrated Family based Econ. Strengthening and Env'tal Protection Project | ChildFund Deutschland | Reduced | No |
| 12-0390D | Sustainable Food Security program in Sodo Buee | ChildFund Deutschland | Reduced | No |
| 12-0393D | Women Empowerment through Integrated | ChildFund Korea | Reduced | No |

| | | | | |
|----------|---|---------------------|--|-----------------------------------|
| | Devt Intervention Project | | | |
| 12-0399D | Youth Economic Empowerment Project II (YEPP II) | Barnfonden | Reduced | No |
| 12-0416D | Quality Education Project | ChildFund Korea | Reduced | No |
| 12-0417D | Balaya MCH Project | ChildFund Korea | Reduced | No |
| 12-0418D | Siraro natural Disaster Recovery Project | ChildFund Australia | Implementation to re-start as of July 1, 2020 for six months | Yes |
| 99-0253D | EPEI Project - 2019 - CAF America | CAF America | Reduced | No |
| 3-0381D | Pilot project on child-care centers for the Rural Productive Safety Net Program beneficiaries | World Bank | Contract Signed activity reduced | No |
| 12-0452D | Trachoma Project | CFK | Contract Signed | Budget revision is under progress |
| | COVID Emergency response | CFK | Fund has been transferred to CO account | Implementation started |
| | Cholera Emergency Response | CF Germany | Fund has been transferred to CO account | Implementation started |
| | IDP support | CF Taiwan | Fund not yet transferred | |
| | | | | |

Provide any additional narrative on how the COVID19 crisis affects implementation of your major grants.

- Since mass gatherings are prohibited to exercise social distancing, almost all grant activities pertaining to - trainings, awareness raising sessions including via coffee ceremonies, community conversations, school-based activities (schools are closed indefinitely), meetings with community and government stakeholders, joint monitoring and supportive supervisions, home visits by Health Extension Workers and data collection for surveys - have been affected.
- The CHSA directive to have CSOs work from home or stay at home, will further hamper the LPs capacity to respond and monitor the situation in the communities.
- Ethiopia has been facing additional burden on COVID-19 owing to the returnees migrant from Kingdom of Saudi Arabia and Djibouti. 3300 people have already returned and are under quarantine center at AA university and Dire Dawa while more than 2000 are expected to return to the country on April 14, 2020.
- According to UNOCHA’s report issued on April 14, 2020, Ethiopia is facing right now the Desert locust devastation of crops and animal feeds in many parts of the country. This has brought another threat to the food security situation of the country in addition to the current COVID-19 pandemic and its economic impacts.
- Other reports include the impact of Cholera which of 25 deaths have been reported and now there is an outbreak of Yellow fever. Yellow fever has claimed 35 lives
- There is high rainfall (more than 200 mm) and average daily temperature 20-30 °C expected in western Ethiopia and some parts of Ethiopia, this will result for Vector borne disease outbreaks especially malaria. Furthermore, extreme rainfall will cause overflow / flash flooding and landslide in lowland and sloppy areas of Ethiopia. This will result causality, death and displacement and aggravate vector and water born disease outbreaks

Part 8 Funding (How much subsidy/emergency funding has gone into the COVID -19 response?)

Provide information about potential sources of funding, including grant donors, subsidy, Emergency Action Fund, Alliance members, GIK, etc., for these emergency response efforts using the chart below:

| Donor | Program | Amount (USD) | Requested? (Y/N) | Confirmed? (Y/N) |
|---------|--|--------------|------------------|------------------|
| Subsidy | COVID 19 response | 55,353.00 | | <u>Y</u> |
| PEF | COVID 19 response | 23,437.00 | | <u>Y</u> |
| NSP | Cash Transfer to Vulnerable Household | 79,126.00 | <u>Y</u> | <u>Y</u> |
| NSP | COVID Response for Handwashing facilities – source of Fund NSP | 6, 125.00 | <u>Y</u> | <u>Y</u> |
| PEF | COVID-19 response-intervention, | 12,426.49 | <u>Y</u> | <u>Y</u> |
| Grant | COVID-19 response-intervention, | 3,759,518.00 | <u>Y</u> | <u>N</u> |

| | | | | |
|---------|---|------------|----------|--|
| NSP | COVID-19 response | 64,000.00 | <u>Y</u> | <u>Y</u> |
| Grant | COVID-19 response/ WaSH and Livelihood Support for BMZ project beneficiaries | 120,000.00 | <u>Y</u> | <u>Y (Implementation started in July)</u> |
| Subsidy | Cash Transfer to Vulnerable Household | 24,000.00 | <u>N</u> | <u>Y</u> |
| NSP | Cash Transfer | 25,000.00 | <u>Y</u> | <u>Y</u> |
| PEF | Cash Transfer | 200,748.08 | <u>Y</u> | <u>Y</u> |
| Grant | Siraro natural Disaster Recovery Project | 59,270.87 | Y | Y (Agreement signed but budget not yet released) |
| EAF | Capacity Building for CO. Emergency Management Unit | 40,150.00 | Y | Y |
| NSP | Response to Conflict induced IDPs in West Arsi zone | 10,000 | Y | Y |

- Budget

- o Outline how we will use this funding with a rough topline budget.

| Amount (USD) | Key intervention |
|--------------|---|
| 55,353 | <ul style="list-style-type: none"> o Awareness raising and community campaign in all its operational areas o Installation of hand washing facilities within communities o Provision of sanitary materials such as soap, for the communities and different local government institutions such as health facilities o • Support local quarantine centers with different materials |
| 23,437 | <u>Same as above</u> |
| 79,126 | Cash Transfer for vulnerable household found in AA operational districts |
| 6, 125 | Supported for installation of Handwashing Facilities, Support district health facilities, police stations & courts with different sanitation materials at Tesfa Birhan LP operational area |
| 12,426 | Supported for awareness rising activities and provision of sanitary materials for communities found in FHIDO operational area |

| | |
|------------------|--|
| 64,000 | This CF Korea supported fund is yet to be determined on how best to be utilized as per the CO Covid-19 response plan.- Project implementation started |
| 120,000 | WaSH and Livelihood support within three Districts (Dugda, Boset and Basona Woreana) awaiting approval – Approved, cash transferred, and implementation started |
| 24,000 | Cash Transfer to vulnerable household in operational districts will begin as soon as the funds hit our accounts. - Implemented |
| 25,000 | Cash Transfer to vulnerable household in 4 Addis Ababa operational districts and one LP operating in Oromia will begin as soon as funds hit the account. - Done |
| 200,748.08 | Cash Transfer to vulnerable household in all the 13 operational districts already received the fund and all transferred to participants. |
| 59,270.87 | Fund to be used for livelihood support through purchasing of small ruminants for the poor households who have been affected by recurrent drought and the current lockdown in relation to Covid-. |
| 30,652.00 | To hire Humanitarian affairs specialist and other capacity building activities |
| 19,000.00 | To support IDPs in West Arsi Zone |

Part 9 Media/Communications (NO CHANGE)

- List of media who will be or have been contacted with press releases. None The proposed activity with the Federal government will be on Radio and TV, and the Federal government will take lead and we will provide the technical expertise. This will be co-funded by Childfund and government. The CD and the CP/Gender and Advocacy specialist participated in TV coverage, while the CD and PSD were also interviewed by the media at the handing over the Sanitary materials and Milk to the Ministry of Women Children and Youth.
- List of emergency CO spokespeople, including name, location, contact information, and languages spoken. None
- Plans for collecting photos/videos/stories, e.g., should an outside photographer be hired? None
- Key points for messaging and visibility, particularly any host-government sensibilities that must be considered. None
- Support needed or requested from IO, GSS or Global Teams – whether onsite or remote. None

/end