IN THIS ISSUE

A Note from Our Country Director 3
Amref Health Africa's COVID-19 Response in Ethiopia 4
Overview of Amref Health Africa COVID-19 Initiative Projects 6
Leveraging Mobile Technology to Train Health Workers to Fight COVID-19 Across Ethiopia 8
Amref Youth Leaders Engage in Community Outreach to Fight COVID-19 and Gender-Based Violence 9
Back to Basics: Enabling WASH to Stem the Spread of COVID-19 in Ethiopia 10
Upholding RMNCH Gains While Responding to the COVID-19 Pandemic 12

Awash Bank in Partnership with Amref Health Africa: Safe and Inclusive Sanitation Facilities in Public Schools in Addis Ababa 13
A Group of Amref Health Africa in Ethiopia Staff and Friends Provide Food Aid Amid the COVID-19 Pandemic 15
Amref Sprints to Action 16
Maintaining the Momentum of Widening Public Awareness on COVID-19 17
Lessons Learned Through Our COVID-19 Response 18
Our COVID-19 Response in Pictures 19
COVID-19 in Ethiopia: A Timeline of Major Events 2020

January 25
Point of entry screening of travelers at entry Bole international Airport

March 13
First confirmed COVID-19 case reported in Addis Ababa

March 16-24
Series of national measures imposed - school closure, restriction of public gatherings, mandatory quarantine of international travelers upon arrival and closure of land borders

April 8
Ethiopia declares a state of emergency to help curb the spread of COVID-19

October 5
MoH issues a new directive for the prevention and control of the COVID-19 pandemic

October 30
Reopening of schools in Addis Ababa

Cover Page Photo: A school girl at a handwashing facility near a toilet block constructed by Amref Health Africa for girls, Andinet Primary School, Addis Ababa

Photo: Alexander Awoke for Amref Health Africa
A Note from Our Country Director, Misrak Makonnen

Over the past seven months since COVID-19 was first confirmed in Ethiopia on March 13, 2020, we have seen the tremendous impact globally, including the ways in which we live and work in Ethiopia. Since then, there has been 96,169 total cases, of which over 50% are concentrated in our capital city, and 1,469 deaths reported by the Ministry of Health as of October 31, 2020. Its rapid spread triggered a series of directives from a five-month state of emergency to major preventive measures to reduce transmission.

The pandemic has posed a real threat to Ethiopia’s already fragile health landscape. It has also threatened the numerous population health gains of the nation and has tested the capacity of the health infrastructure in Ethiopia to contain the spread of COVID-19. Even though the five-month state of national emergency has been lifted and restrictions are being eased, until there is an effective vaccine or treatment, the fight against COVID-19 will continue.

Amref Health Africa in Ethiopia has been working closely, and tirelessly, with the Ministry of Health, Ethiopian Public Health Institute, and Regional Health Bureaus to fight our way through this global crisis. In line with the government’s approach, we have prioritized coordination and collaboration, risk communication and community engagement, community and facility-based surveillance, and infection prevention and control as our strategic approach to fighting COVID-19 in Ethiopia.

In this newsletter, we are sharing our experience and learnings on how, amidst the fear and confusion, we were able to adjust our current interventions and mobilize resources to support the response to this pandemic. I want to take this opportunity to thank our staff, for choosing to be resilient over fear; our donors, for their understanding and flexibility in changing their priorities in times of need; and our government partners, for openly sharing with us their needs in order to better support them.

In these unprecedented times, we have to stand by our partners. We continue our endeavor in supporting the country’s COVID-19 response, while ensuring the essential services we have been investing in for such a long time are not affected. As the process of vaccine development continues, we will work tirelessly with our partners to bring forward the latest developments to our beneficiaries in need. We look forward to hearing from you, about opportunities to learn and collaborate further in our common fight against COVID-19.
Amref Health Africa’s COVID-19 Response in Ethiopia

In preparation for what was then a possible outbreak of COVID-19 in Ethiopia, the Ministry of Health (MoH) and the Ethiopian Public Health Institute (EPHI) worked diligently to develop a COVID-19 multi-sectorial preparedness plan early this year, prior to the first COVID-19 case in the country.

The Preparedness and Response Plan for COVID-19 aimed to promote early warning, identification, and confirmation of COVID-19 cases; build the capacity of health workers to isolate and treat cases; establish a risk communication and community engagement strategy; and improve collaboration and coordination of the preparedness and response plan at the national and regional levels.

After the first case of COVID-19 was confirmed in Ethiopia, several directives to prevent and contain the virus followed, including a five-month State of Emergency, suspension of Ethiopian flights to 30 countries, an initiative to quarantine all passengers arriving to Ethiopia for 14 days, and a COMBAT campaign, all led by multidisciplinary ministerial leaders. Amidst these preparations and directives, the health care system in Ethiopia faced challenges as the COVID-19 pandemic further exposed critical gaps in emergency preparedness and response, and disparities in the quality of health care and public service delivery across Ethiopia.

Since the beginning of the outbreak, Amref Health Africa has engaged in a series of efforts to support the federal, regional, zonal, and woreda level governments in COVID-19 response. Amref’s goal has been to mitigate the impacts of this pandemic by focusing on the most vulnerable populations and the health system as a whole.

Our interventions to COVID-19 have been implemented through a three-prong approach:

i) strengthening risk communication and community engagement;

ii) supporting community and facility-based surveillance; and

iii) investing in infection prevention and control (IPC), including increasing the availability of water and sanitation products.

We have responded to the COVID-19 crisis through close coordination and collaboration with the MOH, the EPHI, and Regional Health Bureaus. Currently, our COVID-19 interventions support response activities in eight regional and administrative states, covering a total of 94 woredas.

<table>
<thead>
<tr>
<th>Woredas</th>
<th>Addis Ababa</th>
<th>Afar</th>
<th>Amhara</th>
<th>Benishangul Gumuz</th>
<th>Gambella</th>
<th>Oromiya</th>
<th>SNNPR</th>
<th>Somali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Woredas Supported</td>
<td>4</td>
<td>21</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>12</td>
<td>9</td>
<td>27</td>
</tr>
</tbody>
</table>

Note that LEAP is implemented in all regions.
Figure 1. Amref Health Africa in Ethiopia’s approach and select activities implemented for COVID-19 response.

<table>
<thead>
<tr>
<th>Risk Communication and Community Engagement</th>
<th>Community and Facility-Based Surveillance</th>
<th>Infection Prevention and Control (IPC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disseminate key IEC/SBCC preventive messages through various communication channels to targeted audiences</td>
<td>• Orient COVID-19 response orientation for HEWs using mobile learning platform (LEAP)</td>
<td>• Conduct facility-level rapid IPC assessments</td>
</tr>
<tr>
<td>• Train and deploy volunteers for community outreach for COVID-19 prevention</td>
<td>• Train health workers, health information technologists (HIT), and HEWs on COVID-19 surveillance systems (with an emphasis on contact tracing in communities and linkages to health services)</td>
<td>• Dissemination of IPC guidelines to health facilities and train health workers, HEWs, and community volunteers on IPC</td>
</tr>
<tr>
<td>• Hold COVID-19 awareness campaigns engaging youth</td>
<td>• Develop tailored monitoring tools for adoption within existing systems</td>
<td>• Secure water points for hand washing in health facilities and in the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide PPE materials to beneficiaries in intervention areas</td>
</tr>
</tbody>
</table>

Amref Health Africa Webinar on COVID-19
Join us weekly

Africa Dialogues on Covid-19

Find below a link to a webinar recording with Dr. Lia Tadesse, Minister of Health Ethiopia, sharing her insights on ‘Ensuring Continuity of Essential Health Services Beyond the COVID-19 Pandemic’.

Visit the Amref’s Resource Center and Dalberg website for additional information.
For inquiries about this regular webinar please reach out using these email addresses: COVID@dalberg.com or info.COVID-19@amref.org.
Overview of Amref Health Africa COVID-19 Initiative Projects

Strengthening Health Systems for COVID-19 Response in Developing Regions

With the support of USAID’s Office of U.S. Foreign Disaster Assistance (OFDA), this project’s goal is to prevent catastrophic impacts due to the COVID-19 pandemic on internally displaced populations and their host communities, focusing on mothers and children in 40 woredas across Afar, Benishangul, Gambella and Somali regions.

COVID-19 Response in Afar, Amhara and SNNPR

Supported by Global Affairs Canada, this COVID-19 project aims to slow the spread of COVID-19 by providing PPE to health workers and health facilities; rapidly deploying water and sanitation supplies, such as handwashing stations; training health workers on COVID-19 prevention and treatment; and providing COVID-19 education within communities, targeting five woredas in Afar, Amhara and SNNP regions.

COVID-19 Response Achievements:

- Over two million people reached with our community awareness campaign on COVID-19 prevention measures in several areas of the country.
- More than 900 young volunteers engaged for community outreach, raising the awareness of vulnerable communities.
- Nearly 16,000 health extension workers and 1500 supervisors trained on COVID-19 response - early prevention, case detection and referral.
- Over 150 health centres, treatment, isolation and quarantine centres received personal protective equipment, hygiene and sanitation supplies, and handwashing facilities.
- More than 500 health workers trained on IPC.
- More than 10,000 communities received hygiene and sanitation supplies, hand sanitizer, hand soap, facemasks and more.
- 35,000 have access to handwashing facilities through the provision of plastic water reservoirs and plastic hand-washing stands.
- More than 10,000 communities reached with our community awareness campaign on COVID-19 prevention measures in several areas of the country.
- Nearly 16,000 health extension workers and 1500 supervisors trained on COVID-19 response - early prevention, case detection and referral.
- Over 150 health centres, treatment, isolation and quarantine centres received personal protective equipment, hygiene and sanitation supplies, and handwashing facilities.
- More than 500 health workers trained on IPC.
- More than 10,000 communities received hygiene and sanitation supplies, hand sanitizer, hand soap, facemasks and more.
- 35,000 have access to handwashing facilities through the provision of plastic water reservoirs and plastic hand-washing stands.

Other projects adapted to meet COVID-19 response needs

- Making WASH Everybody’s Business
- WASH SGD
- WASH Livelihood Gambella (SMART)
- Emergency WASH Gambella
- Packard Funded RH-QOC Project
- Afaro- Improving SRHR Outcomes of Afari Young People
- Yes I Do Alliance project

Transform Health in Developing Regions COVID-19 Response

Through the activation of the crisis modifier fund of USAID’s Transform Health in Developing Regions activity, this response aims to safeguard longstanding investments in maternal and child health in developing regional states, and protecting gains from sliding back as a result of the COVID-19 pandemic by enabling the continuity of the provision and utilization of essential maternal and child health services. This initiative supports the emergency preparedness and response capacity of the Regional Health Bureaus (RHBs) in Afar, Benishangul-Gumuz, Gambella, and Somali, while covering implementation in 58 woredas (see our story on page 12).

LEAP – Mobile-based Learning Platform for HEWs

To enable health extension workers (HEWs) to provide an effective and timely community-level COVID-19 response, Amref Health Africa and the Ministry of Health (MoH) jointly rolled out the LEAP initiative in May 2020. LEAP is a mobile learning platform being used to train HEW across Ethiopia to increase their knowledge and skills to help contain and prevent the spread of COVID-19. As of 31st October, 21,332 HEWs have been enrolled, of which 95% have completed the training (see our story on page 8). This initiative is supported by multiple donors.
Health extension workers (HEWs) are one of the most trusted sources of health information at the community-level in Ethiopia. They spend their days travelling door-to-door, visiting families in their homes, conducting outreach and providing basic health services to the community. Since the onset of the COVID-19 pandemic, HEWs suddenly found themselves standing at the frontlines of a national fight against a rapidly spreading virus.

Kebebush Castero, a HEW at Kolfe-Keranio Health Center in Addis Ababa, is among thousands of frontline health workers working tirelessly to contain the virus. Kebebush and her colleagues go door-to-door tracking suspected cases, and ensuring the community has the knowledge and skills to protect themselves against COVID-19. However, just a few months back, the novelty of COVID-19 meant many HEWs were ill-prepared to effectively respond to the rapidly spreading virus.

Kebebush is now one of nearly 40,000 HEWs across Ethiopia who have been trained in preventing and containing COVID-19 using LEAP. LEAP is a mobile phone-based learning platform which uses SMS and voice-delivered content to train HEWs on symptom identification, contact tracing, expected referral protocol, methods to reduce COVID-19 related stigma and discrimination, and how to provide psychosocial support. LEAP is both basic and smartphone friendly, and offers users access to peer collaboration over group chat, evaluation of their knowledge through quizzes, and direct access to support and supervision. Over the last six months, 19,090 HEWs and 1,600 supervisors were trained.

Kebebush believes the training is necessary to equip HEWs like herself with skills and knowledge about COVID-19: “As COVID-19 swept the world, I happened to first hear about it and the preventive measures from the media along with everyone else. That was scant information for me as a health worker because I am supposed to be on the frontline educating and helping others. Then, this training came through at the right time through my mobile phone; the skills and knowledge I needed to acquire instantly became available at my fingertips,” Kebebush says.

Kebebush was eager to participate, quickly completing each of the four modules of the training. “I just wanted to be equipped with the skills and knowledge about COVID-19 case identification and preventive measures as quickly as I could, so I would be educating my community and saving lives. This mobile phone-based platform is easy to walk through and comprehend in a very short period of time.”

LEAP offers HEWs an innovative approach to training during a sensitive and unpredictable time. Digital learning is not only the new direction of education, but also offers the best method of learning in the midst of a pandemic. Amref anticipates future collaboration with the MoH to adapt LEAP to include training content for other essential services, followed by curriculum for other health workers across different thematic areas. By making continued learning accessible and available to Ethiopia’s health workers, Amref Health Africa can contribute to a skilled, knowledgeable, and confident health workforce.
Amref Youth Leaders Engage in Community Outreach to Fight COVID-19 and Gender-Based Violence

After COVID-19 was declared a pandemic by the World Health Organization (WHO) in March 2020, many global governments have declared national lockdowns, with strict enforcement, to contain transmission of the virus. Ethiopia’s federal government declared a five-month national emergency and imposed some restrictions; however, a strict national lockdown was not a suitable approach for Ethiopia since a large majority of the population depends on the informal economy and daily income for livelihood. Instead, Ethiopia’s COVID-19 response has focused on prevention through behavior change, informed by risk communication and community engagement campaigns.

Amref Health Africa has mobilized its Youth Advisory Group (AYAG) to launch a community outreach initiative to increase the awareness of communities on COVID-19 prevention. The AYAG consists of 46 youth representatives from diverse backgrounds, organized with the mission of representing youth voices in national health and development agendas. As a collective, the AYAG engages in multi-sectoral youth-adult partnerships, and drives forward innovative youth-led solutions.

Several media platforms - television, radio, public billboards, bus advertisements... have reinforced the importance of frequent hand washing, social distancing, and wearing a mask in all public places, as recommended by the WHO. However, these platforms have left out a significant portion of the population. Accordingly, the AYAG’s COVID-19 community outreach initiative took to the streets to maximize their reach. They targeted densely populated markets and public spaces to counter disinformation by delivering fact-based messaging on virus transmission, prevention, and how to access services such as testing and toll-free call centers. These messages were disseminated by the AYAG members in person, using megaphones, not only to educate the community on COVID-19, but also to make a call to action for the community to take precaution as best as possible.

A recent rise in sexual violence against children in Ethiopia has led the AYAG to make raising awareness on sexual violence in the context of COVID-19 a priority. The AYAG’s community outreach initiative has echoed key messages of ‘No More Violence against Girls and Women’ in nine sub-cities of Addis Ababa to increase awareness on the rise of gender-based violence (GBV), an unintended impact of COVID-19, and to encourage individuals to speak out and challenge GBV in their communities. Through this initiative, more than 225,000 people were reached during community outreach in September.

The AYAG was established in December 2018 with a strong spirit of social impact and demand for active participation in decision making affecting youth. Their involvement in community-level COVID-19 response and anti-sexual violence organizing is a prime example of a youth-responsive approach, shifting practice norms away from working for young people to working in partnership with young people.
Like other countries around the world, Ethiopia, Africa’s second most populous nation, is reeling from the effects of the pandemic on a fragile health system, while at the same time grappling with the very real threat of economic recession and its devastating consequences.

The government declared a five-month state of emergency, imposed movement restrictions, and enforced social distancing and wearing of face masks while out in public; yet, the pandemic continues to hold the country in its grip. Nonetheless, restrictions are slowly being lifted and the country is continuing to make strides towards some level of normalcy, with the implementation of a new directive for the prevention and control of the COVID-19 pandemic. But even as we focus on moving forward while concurrently finding and implementing more long-term solutions to stemming the spread of COVID-19, simpler interventions such as handwashing with soap and water must not be overlooked.

Research has shown that washing your hands with soap and water is one of the most effective ways of protecting yourself and others from infection. Despite its simplicity, handwashing remains out of reach for an estimated three billion people around the world who do not have access to facilities with water and soap within their homes. In countries such as Ethiopia, 60% to 80% of communicable diseases are caused by limited access to sanitation and hygiene services and safe water, a reality that makes it harder for the government to respond to the coronavirus pandemic effectively and for disadvantaged communities to keep themselves safe using basic resources.

To complement government efforts to increase access to improved Water, Sanitation and Hygiene (WASH), Amref Health Africa has partnered with WASTE, a Dutch non-profit organisation, to promote proper handwashing and improved sanitation. The project, dubbed Financial Inclusion Improves Sanitation and Health (FINISH), primarily aims to increase demand for and supply of sanitation and hygiene facilities within communities by making them affordable.

To create demand among low income households, Amref Health Africa promotes the benefits of improved latrine systems, including hygiene and disease prevention, and engages health workers to conduct door-to-door campaigns to explain the significance of improved sanitation and facilitate visits to sanitation facilities to allow households to experience them. Once demand is created, this unique model then seeks to address the financial barrier that prevents communities
from investing in these facilities by leveraging partnerships with financial institutions to offer affordable loans, encouraging households to pool their resources in order to access loans that average 364 USD per latrine. These funds are paid directly to the local contractors and masons, with whom Amref is collaborating with to develop affordable sanitation options that work within the local context. Since the launch of the FINISH project in 2018, close to 300 sanitation facilities have been constructed in five districts of Oromia and Amhara regions, and 126,000 more are planned over the next five years. As a result, there has been significant improvement in handwashing practices, more community-led initiatives to construct latrine systems, and increased willingness to pay for improved WASH facilities. This approach is a relatively simple yet holistic approach to a complex challenge, but one whose success will be dependent on deeper community engagement and sustained multi-sectoral cooperation to plug the $2.8 million USD funding gap that threatens to reverse gains and to lead to greater investment in affordable, accessible WASH facilities, especially during the COVID-19 pandemic. It is crucial that now, perhaps more than ever before, water, soap and basic sanitation – core pillars of infection prevention and control – are made available, especially to vulnerable communities. Until we find a viable vaccine or treatment, improved WASH practices remain the first line of defense against the COVID-19 pandemic.

“Since the launch of the FINISH project in 2018, close to 300 sanitation facilities have been constructed in five districts of Oromia and Amhara regions, and 126,000 more are planned over the next five years.”
Developing regional states (DRS) in Ethiopia are at a greater risk of COVID-19 related challenges. Decades of under-investment, recurrent disease outbreaks, and climate and conflict induced displacement in Afar, Benishangul-Gumuz, Gambella and Somali have contributed to longstanding disparities in health and development. Regional Health Bureaus in the DRS, now, perhaps more than ever before, are leaning on the support of partners to address critical gaps in emergency preparedness, and to continue with the delivery of public services amid the ongoing pandemic.

Over the last several years, the DRS have witnessed significant population health and development gains, however the pandemic has threatened these gains and has tested the capacity of DRS to contain the spread of COVID-19. For example, the utilization of maternal and child health services between April and June, just when COVID-19 began to spread rapidly, showed a decreasing trend. Although, utilization recovered in subsequent months, this trend provoked a fear of irreversible disruptions in the use of essential services, at the time. The initiation of the crisis modifier fund through USAID Transform Health in Developing Regions (HDR) has supported the DRS in quickly responding to gaps and needs identified by the Regional Health Bureaus’ Emergency Operations Centers. The fund intends to support DRS in creating resilient systems to safeguard achievements to date, and has enabled DRS to ensure continuity of essential maternal and child health services while responding to the pandemic.

The Head of the Afar Regional Health Bureau, Dr. Fereje Rebisa shared, “we have received more than 1.1 million ETB worth of sanitation and hygiene supplies from Transform HDR. This is a notable support that has come at the right time for the Afar region. I would like to thank USAID and the partners that implement the program for this timely support provided to our communities.” In collaboration with government and non-government partners, the Transform HDR team is committed to continuing their strategic response to the COVID-19 pandemic, all while effectively delivering routine maternal and child health services to the communities they serve.

Upholding RMNCH Gains While Responding to the COVID-19 Pandemic

Dr. Fereje Rebisa, Head of Afar Regional Health Bureau, interviewed by Regional Media

Photo: ©Amref Health Africa/Mohammed Awol
Amidst great uncertainty about COVID-19, there is one thing we are quite certain about: washing our hands, wearing masks, and maintaining physical distancing remains our first line of defense against the spread of COVID-19. Handwashing is simple, however, the reality of inadequate access to water and safe sanitation facilities complicates a critical prevention practice against COVID-19.

After several months of school closures, schools in Addis Ababa are planning to reopen by the end of October. The safe reopening of schools, through the implementation of preventative measures such as students wearing masks, practicing social distancing, and having access to hygiene and sanitation amenities is a key priority for the government. The absence of adequate sanitation and hygiene facilities in schools not only negatively impacts attendance and the quality of education students receive, but is also a barrier to the safe reopening of schools during the ongoing COVID-19 pandemic.

Amref Health Africa has been working to construct 10 sanitation facilities in Addis Ababa in partnership with Awash Bank since November 2019. Through the construction of gender-specific toilet blocks with handwashing stations and water reservoirs, the initiative aims to contribute to universal access to WASH in schools. In the wake of COVID-19, this partnership has become an opportunity to support Addis Ababa schools in fighting the pandemic and preparing schools for safe reopening in late October.

In consultation with education and health office stakeholders, the project selected ten schools from nine sub-cities in Addis Ababa based on pit to student ratios. Currently, the student population per school ranges from 517 to 2,412 students. On average, there is about one functional toilet available per 60 students. Through this initiative, safe toilets, handwashing stations, and water reservoirs are being constructed to service over 15,000 students across ten public schools in Addis Ababa. The facilities have been designed to be gender-specific to minimize safety risks faced by girls, and inclusive of the needs of students with physical disabilities. To date, the construction of seven school sanitation facilities (70% completion) have been completed and the remaining three are expected to be finalized by the end of November 2020.
At Gelan No. 2 Primary School in Addis Ababa, school principal, Alyad Wogari, spoke of his school's experience with inadequate sanitation facilities and the burden it places on the quality of education his students are able to have. His female students, especially, lack the amenities they need to attend school.

Alyad states “the number of toilets we have in our school is disproportionate to the large number of students we enroll each year. There is about one toilet seat available per 60 students. The resulting challenges faced by students are far worse for our female students, in particular. Girls require different forms of support to stay in school comfortably, and to excel in their education. When it comes to sanitation facilities, they need privacy. The toilet blocks constructed have been well received by everyone, but, especially by the girls. The hygiene facilities have allowed our girls to have the amenities and space necessary to feel comfortable while at school. Now, more than ever, with the COVID-19 pandemic, toilet blocks with handwashing facilities are extremely important. The Awash - Amref Health Africa for WASH initiative really came at the right time. We are now able to welcome our students for this new academic year with a new toilet block with handwashing taps and a water reservoir. I have no doubt that this will be exciting for our girls...”
COVID-19 has shook the world. It has disrupted the daily lives of families, communities, governments, and health systems in every region of the globe. Like many nations, the rapid spread of COVID-19 in Ethiopia has had a spiraling impact on the nation’s economy. According to the Central Statistics Agency of Ethiopia, over 38% of the nation’s GDP is accounted for by the informal economy. Many households in Ethiopia were already vulnerable to economic insecurity because of their dependence on daily wages, pre-COVID-19. The spread of COVID-19, and the resulting impacts on the economy, has only made livelihood and food security even more of a pervasive challenge.

To meet the subsistence needs of a growing number of households, a group of Amref Health Africa staff and their friends independently came together to raise money to provide food assistance to 15 households in Addis Ababa. The Government of Ethiopia put forth a call to action for those who can to come forward, in support of those with a need. Accordingly, this group stepped up and donated their time and money to support a local effort.

The funds mobilized by this group are expected to feed 15 households over the span of three months. Non-perishable food items have been purchased and delivered to local food banks who will disperse the food aid to the community through volunteers.

This group of Amref Health Africa staff and their friends are grateful to have been able to contribute to this local food aid effort and are committed to continuing to support community efforts to mitigate the impacts of COVID-19.

A Group of Amref Health Africa in Ethiopia Staff and Friends Provide Food Aid Amid the COVID-19 Pandemic
We have established a COVID-19 Emergency Coordination Taskforce to make timely decisions, and take actions to ensure business continuity focusing on i) safety and security of Amref Ethiopia staff, ii) service continuity for beneficiaries, iii) stakeholder engagement and communications, iv) efforts to mobilize resources for stopping the pandemic at national and regional levels, and iv) up-to-date review of financial impact of the COVID-19 pandemic on the organization and mitigation measures.

We have established an Emergency Communication Taskforce to develop and communicate staff safety messages, and to document and communicate the latest COVID related updates to all staff. We conduct regular virtual meetings to sensitize all staff to the latest office protocol.

We have enforced staggered work schedules and made the office a safe place for those who need to come to the office on a regular basis. For those coming to the office, we have made hand sanitizer available, and have enforced mask use and physical distancing in the offices. We encourage work from home whenever possible and have adjusted our HR policies accordingly.

As we continue to engage in national COVID-19 response efforts, we are also taking steps to maximize the safety of our staff at both the country and field office level.

Prioritizing Staff Safety

• We have established a COVID-19 Emergency Coordination Taskforce to make timely decisions, and take actions to ensure business continuity focusing on i) safety and security of Amref Ethiopia staff, ii) service continuity for beneficiaries, iii) stakeholder engagement and communications, iv) efforts to mobilize resources for stopping the pandemic at national and regional levels, and iv) up-to-date review of financial impact of the COVID-19 pandemic on the organization and mitigation measures.

• We have established an Emergency Communication Taskforce to develop and communicate staff safety messages, and to document and communicate the latest COVID related updates to all staff. We conduct regular virtual meetings to sensitize all staff to the latest office protocol.

• We have enforced staggered work schedules and made the office a safe place for those who need to come to the office on a regular basis. For those coming to the office, we have made hand sanitizer available, and have enforced mask use and physical distancing in the offices. We encourage work from home whenever possible and have adjusted our HR policies accordingly.
September 13, 2020 marked six-months since the first case of COVID-19 was confirmed in Ethiopia. Collectively, many of us have felt a wide range of emotions including fear, suspense, and uncertainty. Many of us have felt confined by the restrictions imposed, and frustrated by not knowing what may come next. Six months later, we find ourselves still fighting to stem the pandemic. We are doing the best we can to keep ourselves and those around us safe, while we await a clinical breakthrough.

To recognize the six-month mark since the first case of COVID-19 in Ethiopia, and to maintain the momentum of widening public awareness, Amref Health Africa in Ethiopia ran a week-long awareness campaign from September 7 through September 13, 2020. This week gave Amref the opportunity to reflect on the last six months, and reinforce key messages on preventative measures such as handwashing, mask wearing, and physical distancing, which we know are currently the most effective tools we have to fight COVID-19.

At the community level, the week-long campaign engaged Amref staff and volunteer youth leaders in the intervention areas to encourage community members to actively practice preventative measures. In Addis Ababa, youth leaders used Amref vehicles decked with key messages and images to alert the community of the risks of COVID-19.

Online, Amref continued the campaign using social media to raise awareness. Staff members posted pictures with COVID-19 prevention-oriented messages, and also advocated for the continued delivery of essential services.

In addition to disseminating key COVID-19 messages, it was important for our week-long campaign to take the time to recognize the efforts and the commitment to public service of our health workers who have worked tirelessly to respond to this national emergency, and the broader health needs of Ethiopians.

Our week-long awareness campaign, marking six-months since COVID-19 entered the scene in Ethiopia, coincided with the week of the Ethiopian New Year. We welcomed 2013 with well wishes for the New Year, and a candid reminder that COVID-19 is still very real. We may not know what the future amid COVID-19 will hold, however we do know that we can take steps to protecting ourselves and those around us by wearing a mask, maintaining physical distancing, and frequently washing our hands.

Amref has been committed to fighting COVID-19 during these first six-months, and will continue to work with the Ministry of Health, Ethiopian Public Health Institute, Regional Health Bureaus, and regional preparedness and response coordination platforms until the virus is no longer a part of our reality.
Lessons Learned Through Our COVID-19 Response

- **Strengthening community level care for COVID-19 Response is critical.** The public health emergency management system could not cope with community need of testing and follow-up with confirmed cases. This gap should be taken as an opportunity to strengthen our lower level of service delivery in testing and engaging more our HEW in contact tracing.

- **Leveraging technology for COVID-19 response has been extremely valuable.** Digital learning solutions are strong channels for training health workers on the front lines in a way that is responsive to global standards, including physical distancing. This technology should be leveraged even further through potential scale up for other health training needs.

- **Schools have a major need for WASH related support.** School health across Ethiopia is in need of improvement. The COVID-19 pandemic has only highlighted the dire state of WASH in schools. Plans to safely reopen schools have been delayed due to a lack of clear strategy and standardization across the nation. This presents an area of opportunity for partners, particularly focusing on school WASH interventions.

- **Advocacy should explicitly be a part of the COVID-19 response agenda.** The pandemic has intensified socioeconomic disparities, such as access to essential health services, food insecurity, livelihood instability, and experiences of harmful traditional practices and gender-based violence. Advocacy and an active response to these disparities, through coordination and communication, need to be integrated into the larger COVID-19 response plan.

- **Strengthening primary health care also improves emergency response systems.** Investing in strong primary health care infrastructure and fostering multi-sectoral collaboration helps to minimize disruptions to the delivery of essential services, allowing emergency preparedness and response efforts to focus on containing outbreaks.

Key Sources for Information about Amref Health Africa Global COVID-19 Response

Amref COVID-19 Africa Information Centre  
https://amref.org/coronavirus/

#COVID19Africa Social Media Toolkit  
https://amref.org/coronavirus/social-media-toolkit/
Our COVID-19 Response in Pictures