

NATIONAL EMERGENCY COORDINATION CENTER

June 2020

POINTS OF ENTRY AND QUARANTINE
CENTERS JOINT ASSESSMENT REPORT

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1 Acronyms

ECC	Emergency Coordination Center
EOC	Emergency Operation Center
EPHI	Ethiopian Public Health Institute
GBV	Gender Based Violence
ICP	Incident Command Post
IEC	Information Education and Communication
JJU	Jigjiga University
KI	Key Informant
MHPSS	Mental Health and Psychosocial Support
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MoP	Ministry of Peace
MoT	Ministry of Transport
MoWCYA	Ministry of Women and Children Affairs
MoWEI	Ministry of Water, Irrigation and Electricity
NDRMC	National Disaster Risk Management Commission
NECC	National Emergency Coordination Center
NFI	Non-food Item
PLW	Pregnant and Lactating Women
PoE	Point of Entry
PPE	Personal Protection Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
QC	Quarantine Center
RCCE	Risk Communication and Community Engagement
RDRMO	Regional Disaster Risk Management Office
RECC	Regional Emergency Coordination Center
RHB	Regional Health Bureau
RRT	Rapid Response Team
TIU	Temporary Isolation Unit
UMC	Unaccompanied Migrant Child
WASH	Water, Sanitation and Hygiene

2 Executive summary

A multi-cluster assessment was conducted from June 15 – 20, 2020 in six regions and one city council. The teams visited eighteen quarantine centers (QCs) and twelve points of entry (POEs).

Below are the major findings and recommendations:

Coordination:

- The assessment revealed that coordination mechanism has been set up in most visited areas although there is no uniformity in the naming, structure, membership and scope of activity. This has a direct impact on services that are provided at the sites.
- The National Emergency Coordination Center (NECC) is working with the regional governments to strengthen regional ECCs and Incident Command Posts (ICPs). The assessment also found minimal engagement or absence of humanitarian partners in most quarantine centers and point of entries. All relevant partner needs to engage at all level of coordination.

Food:

- Although food is distributed regularly in quarantine centers, emergency food is almost unavailable at POEs except some providing biscuits and water. Furthermore, in almost all quarantine centers, pregnant and lactating women, children and infants and people with chronic health problems are not receiving supplementary food.
- The food cluster should therefore provide support to meet the emergency needs of various groups of people at all points of entry.

Shelter / NFI:

- Temporary shelters and isolation units is a major concern specially at points of entry in Dewele and Metema.
- The assessment also found that points of entry that have temporary shelters and isolation units lack basic facilities such as light, water, food, latrine, waste disposal, PPE and security.
- Furthermore, most of the points of entry do not have the mandatory non-food items. Non-food item is being better supplied in quarantine centers though there some sites report in insufficient quantity. All relevant partners need to address the needs and gaps.

WASH:

- The assessment teams identified major gaps in WASH at the points of entry as well as quarantine centers such as inadequate or limited access to water supply for drinking, personal hygiene and cooking.
- Nearly 69 per cent of points of entry do not have safe drinking water, and 77 per cent do not have latrines. Close to 50 per cent of the quarantine centers visited have poor hygiene in the latrines and 71 per cent do not have showers.
- Relevant partners including the WASH cluster are strongly encouraged to take action to address these immediate needs.

Health and Nutrition:

- The assessment found that daily temperature screening is done in less than 50% of the quarantine centers. Also, isolation of suspected cases, timely lab results for suspected cases as well as those that have finished their mandatory quarantine centers are becoming an issue especially at the points of entry and quarantine centers.
- Nutrition follow-up has been done only in few regional quarantine centers.
- Relevant partners including MoH/EPHI and WHO are strongly encouraged to address the above issues.

Protection:

- The assessment found protection needs of vulnerable groups, including women, persons with disabilities, elderly people, adolescent girls, and unaccompanied and separated children.
- Referral mechanisms to detect and treat GBV/SEA cases are only available in limited sites.
- It was also highlighted that there is no complaint and feedback mechanism for returnees. Returnees in 71% of the quarantine centers identified areas (specially shared or outside latrines) as being unsafe. Protection clusters partners should strongly engage to address needs and gaps.

Risk communication:

- Only 15 per cent of the points of entry and 59 per cent of the quarantine centers have received COVID-19 risk communication materials.
- Only 35 per cent of quarantine centers reported that they have clear messages about the COVID-19 risks.
- The assessment found that these pose a great risk when the returnees integrate to their communities. Relevant partners are strongly encouraged to support the dissemination of risk communication materials.

3 Introduction

The COVID-19 pandemic has now spread in all regions of the country. As of 28 June, 5,689 COVID-19 cases and 98 deaths were reported. The number of recovered COVID-19 patients reached 2,132 as of the same date. Addis Ababa remains the epicenter of the pandemic with 72 per cent of the total COVID-19 caseload reported in the city. It is projected that the peak of the epidemic will occur during the *kiremt*/summer season (June-September). The COVID-19 prevention and control efforts are further challenged by the ongoing arrival of deportees or returnees from Middle Eastern countries. Since April 2020, more than 20,000 returnees arrived from the Middle East (Kingdom of Saudi Arabia, Kuwait, Lebanon, United Arab Emirates) and neighboring countries (Somali, Kenya, Djibouti, Sudan, South Sudan). The returnees have been taken to quarantine centers in Addis Ababa and in the regions to complete the mandatory 14 days quarantine period. COVID-19 has further exacerbated existing humanitarian needs in the country. Following the assessment conducted in quarantine centers in Addis Ababa in May 2020, the Nation Emergency Coordination Center (NECC) in collaboration with relevant regional government sector bureaus and humanitarian partners had conducted a multi-sector assessment in regions from 15-20 June, 2020, in active quarantine centers (QCs) and points of entry (POE) to identify gaps and propose solutions.

Initially, seven regions and one city council (Afar, Amhara, Benishangul Gumuz, Gambela, Oromia, Somali and Dire Dawa). were selected for this assessment. The next plan will be to expand the assessment in other areas.

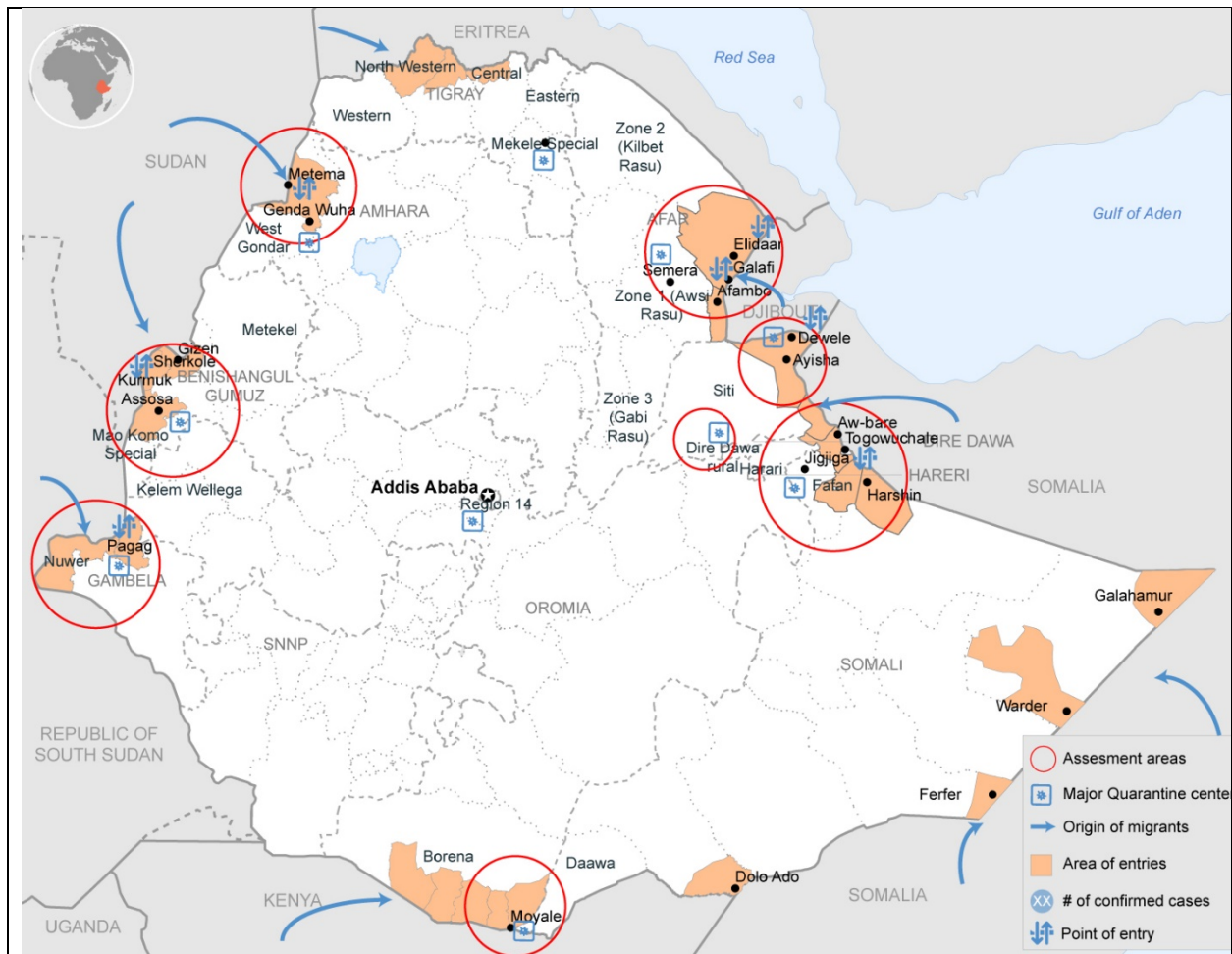
3.1 Purposes of the assessment

After the assessments conducted in Addis Ababa, the main purpose of the assessment is:

- To observe and identify the current status of services at quarantine centers and point of entries
- To identify the needs and gaps at the sites
- To recommend solutions to facilitate multi-sectoral preparedness and response

3.2 Geographic areas covered

Initially, seven regions and one city council (Afar, Amhara, Benishangul Gumuz, Gambela, Oromia and Somali and Dire Dawa) were selected for this assessment. In total, 18 quarantine centers and 12 points of entry were covered in the multi-agency assessment.



Region	Quarantine center	Point of entry
Afar	Galafi Elidaar Semera University Afambo Bark	Galafi Elidaar Modelina
Amhara	Gendewuha High school Genewuha Primary Kokit Secondary School	Metema
Benishangul Gumuz	Assosa University <u>Mankush High School, Guba</u>	Kurmuk
Dire Dawa	Dire Dawa University	
Gambela	Gambela University	Pagag
Oromia (Moyale)	Medo Moyale Primary school Tuka (Moyale woreda) Moyale High school	Bole (Moyale woreda)
Somali	Jiggiga University Moyale primary school	Dewele Togowuchale Moyale (Somali) Mega Tera (Daawa, Somali) Bulodi (Daawa, Somali)

3.3 Assessment participants

Government

1. All regional governments sector bureaus and DRM office in Afar, Amhara, Benishangul Gumuz, Gambela, Oromia, Somali and Dire Dawa city administration	4. Ministry of Water, Irrigation and Electricity (MoWIE)
2. Ministry of Labor and Social Affairs (MoLSA)	5. Ministry of Women and Children Affairs (MoWCYA)
3. Ministry of Peace (MoP)	6. National Disaster risk Management Commission
	7. Ethiopian Public Health Institute (EPHI)

Humanitarian partners

1. ACF	8. OCHA
2. CARE	9. Plan International
3. Doctors with Africa	10. SCI
4. DRC	11. UNDP
5. German Agro Action	12. UNHCR
6. GOAL	13. UNICEF
7. IOM	14. WFP
	15. WHO

3.4 Assessment methodology

A general briefing was given to all teams at the ECC before the assessment was conducted. The briefing covered mostly the tools (checklists) and the methodologies to be used during the assessment.

Each team had a briefing session at regional and woreda level to explain the purpose of the assessment. Most teams also conducted a debriefing at regional level after the assessments.

Teams applied different data collection techniques suggested in the checklists:

Key Informant (KI) Interview: General information, coordination, human resource, NFIs and some aspects of food and drink safety were collected by conduction meeting with key informants.

Observation: Some of the questions related to infrastructure settings were based on the observation of the assessment team. In terms of NFI stock, food and drink safety and infection prevention and control measures, the assessor made a visual verification when possible.

Group discussion: Some of the questions related to food and drink, MHPSS, Health service-related information was collected directly from the beneficiaries (in addition to KI) to have a more complete view of the situation. Selection of participants for group discussions was based on the issue to be discussed. The groups when possible, included equal number of women and men.

4 Key findings, gaps and recommendations

4.1 General information

4.1.1 Overview

In total, 18 quarantine centers and 12 points of entry were assessed. Out of the assessed quarantine centers four are universities and the other are schools. Most of the quarantine centers are located outside of points of entry. In most of the points of entry assessed there is no existing tension between communities except in Mega Tera which is informal point of entry in Dawa zone, Somali region bordering Kenya. Three sites (Semera university, Jigjiga University and Gambela University) reported 26 pregnant and lactating women.

Region	Quarantine center Name	Capacity	# of people in quarantine
Afar	Adadale Polly technique	50	2
Afar	Afambo quarantine center	20	2
Afar	Bark quarantine center (Tindaho)	78	1
Afar	Elidaar	42	6
Afar	University	500	193
Amhara	Gendawuha primary school	150	35
Amhara	Gendawuha secondary school QC	86	85
Amhara	Kokit secondary and preparatory school	80	58
Benishangul Gumuz	Mankush High School /Guba/	160	50
Benishangul Gumuz	Assosa university	1000-2000	147
Dire Dawa	DD University	1600	300
Gambela	Gambela University Quarantine Center	82	38
Oromia (Moyale)	Medo	32	2
Oromia (Moyale)	Moyale High School	64	
Oromia (Moyale)	Moyale primary school	53	21
Oromia (Moyale)	Tukaa	40	
Somali	Jigjiga University	2275	367
Somali	Moyale Primary school	90	6
Somali	Deweile High school	44	134

4.1.2 Quarantine centers and point of entries key findings

Thematic area	Key Findings	Gaps and Challenges	Recommendation	Responsibility
<p>General information</p>	<ul style="list-style-type: none"> - Even though almost all the assessed sites are accessible by vehicle and have paved roads except Mega Tera, Daawa zone, with unpaved road, most of the people cross the POEs on foot both through official and unofficial routs. - Most of the POE are opened except Mega Tera and Pagag which are officially closed but people are still crossing the borders through illegal routes - On average the POEs 30 people per/day cross the borders and are in general labor migrant, migrants in need of protection, local traders and family members. - As Galafi, Dewele and Metema are the main entry points of the country for commodities, a lot of cargo trucks cross these POEs, especially in Galafi that accommodates nearly 1500 - 1800 trucks per day. Some entry points use chemical for truck disinfection. - Regarding to the physical and health condition of the people crossing the point of entry, those who pass through Metema POE have good physical condition, but the rest are physically weak and looks fatigues. - Most of the assessed POEs do not have referral mechanism to asylum seekers/ refugees - In some POEs migrants are staying beyond the mandatory quarantine period: for instance, in Pagag migrants are staying in the reception center for more than 3 months and more than 3,700 POCs are not part of the humanitarian response and living without lifesaving and shelter assistance. - Less attention is given to some POE both from government and partners in terms of logistic support like 	<ul style="list-style-type: none"> - Lose control of borders and unofficial routs - Lack of transportation to move people from PoE to temporary transit/ quarantine center. - Poor linkage between Covid-19 task force at POE and QCs management team. This forces people to stay longer than expected. - High congestion of returnees in some sites especially at Pagag POEs. - Lack of referral system for asylum seekers/refugees - Shortage of chemicals for truck disinfection - Lack of attention and poor management in some POEs both from government and partners - Limited involvement of partners in most of the assessed sites. 	<ul style="list-style-type: none"> - Strengthen the security at informal entry points by the government. - Strengthening community sensitization about the pandemic and reporting of illegal migrants entering to the country. - Transportation from the POE to full-QCs should be improved. - Transport facilities for COVID19 service providers should improve. - Immigration office should have communication with PoEs and put place referral system for asylum seekers - The humanitarian assistance should cover all asylum seekers and urgent relocation is needed. - Car disinfectant chemicals should be supplied especially in the main POEs - Clear job description how to manage the site should be indicated at the Ethio-Kenya point of entry by the two regions (Oromia and Somali) - Strengthening partnership and collaboration to have a coordinated response 	<ul style="list-style-type: none"> - Federal and regional government - MoT, MoFA and Immigration Authorities - “ - ECC in collaboration with region and partners - MoH and EPHI - Immigration Authorities - MoFA and Immigration Authorities and partners

	<p>Ethio-Kenya point of entry in Moyale managed by Somali and Oromia regions.</p> <ul style="list-style-type: none"> - As to the presence of partners, relatively better involvement is observed in Dewele and, Kurmuk POEs but in the other assessed sites it is minimal or inexistent. - In most of the assessed POEs there is no existing tension between communities except in Mega Tera (Daawa zone). 			<ul style="list-style-type: none"> - Regions, EPHI, ECC and partners
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4.2 Coordination

4.2.1 Overview

One of the issues the assessment looked at is the coordination platforms at quarantine sites and some port of entries, more specifically it reviewed the coordination mechanism, structure, functions, as well as the challenges and gaps in coordinating activities. The assessment revealed that in all/almost areas visited some level of coordination mechanism has been set up though there is no uniformity in the naming, structure, membership and scope of activity. The assessment also revealed that there are multiple coordination forums at regional, zonal and *woreda* level and even within the same region the coordination structure varies among quarantine sites. Though the assessment did not thoroughly take stock of coordination platform at different levels in the regions, the compiled information indicates that there are multiple coordination platforms which does not entirely follow the national ECC guideline. The roles and responsibilities and linkage among the various coordination platforms is often unclear and seems to reduce the relevance or effectiveness of the coordination structures. In terms of linkages with regional or zonal, *woreda* level COVID-19 emergency coordination structures again there is no uniformity some have clear and relatively better linkages whilst others have no or poor linkages. Key gaps raised in almost all sites are poor coordination linkages with regional coordination platforms, shortage of resource both financial and materials with some improvement of Amhara regional state.

In Afar region, quarantine sites in Afambo, Bark (Dubti Tendaho), Galafi, Eliddar and Semera University quarantine sites were visited, and all sites have established coordination platforms. Some of the main coordination platforms in the region include EOC, RRT, taskforce and ad hoc sub-committees. As the assessment did not explore into breadth of responsibilities of the coordination mechanisms, the relationship/ linkages among these platforms is not clear. However, it is apparent that quarantine sites have links with one or more of these coordination mechanisms in the region. For instance, the coordination platform maintains links with the RRT at Eliddar and Galafi quarantine centers. Whereas the coordination platform at Samara University quarantine center includes the RDRM, peace and security, RHB and other sector bureaus.

In Amhara region, Gendewuha primary and high school and Kokit High/Preparatory School were visited. The situation in Amhara region is quite different as the overall management of the

sites is led by health officers with no clear engagement with other sectors/stakeholders. Hence, there is no formal link among COVID-19 emergency response coordination mechanisms¹.

In Benishangul Gumuz region, the Assosa university quarantine site and Kurmuk points of entry were sites covered by the assessment. At Kurmuk, the *woreda* health office in coordination with the regional health bureau leads the pandemic response at *woreda* level with the support of partners. Whereas at Assosa university, the coordination platform mostly includes ad hoc taskforce at region, *woreda* and site levels.

The Dewele High School and Dire Dawa University quarantine centers at Dire Dawa city administration were the sites included in the assessment. The city administration established EOC and ad hoc taskforces at different levels. At quarantine sites, The Dire Dawa University has site level coordination but with poor linkage with other coordination mechanisms.

In Gambela region, the Pagag PoE and Gambela University quarantine sites were included in the assessment. The regional EOC is leading the COVID-19 response activities. At quarantine centers, the overall coordination is led by the RHB with the involvement of sector bureaus and partners.

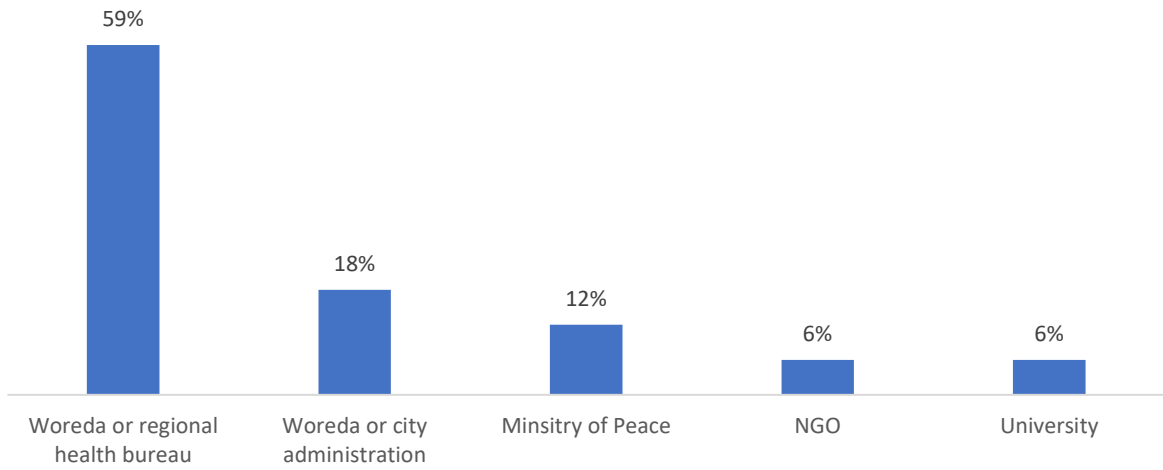
At Moyale, Medo, Moyale primary and high school and Tuka quarantine centers were visited. The COVID-19 emergency response coordination task force under the leadership of the *woreda* health office is established. There is coordination links with zonal, regional bodies and also strong collaboration with partners. The level of multisectoral coordination and interface with *woreda*, zonal and regional platforms ranges from weak to strong across the region and quarantine sites.

In Somali region, the Togowuchale PoE and the Jijjiga University quarantine centers were assessed. There is cross border coordination between the two Moyale towns (Togowuchale and Somaliland) to facilitate and monitor movement across the border. At Jigjiga University, there is no proper coordination arrangement. The only coordination platform are points of entry regional coordination, the steering committees, and regional EOC².

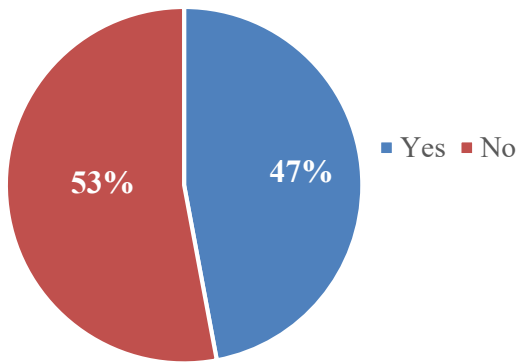
¹ However, upon the end of this assessment, the region has established a Regional Emergency Coordination Center (RECC) at region headquarter and an ICP at Metema to coordinate overall regional information and resources required for COVID-19 prevention and response. The RECC is also linking on a daily basis with the NECC, improving the overcall coordination efforts of the region.

² After the assessment, the region has established a multi-sector ECC that should improve the overall coordination mechanism of regional organizations and partners. There is also an ICP established at Jigjiga University (JJU) to coordinate the day to day operational activities of the quarantine center.

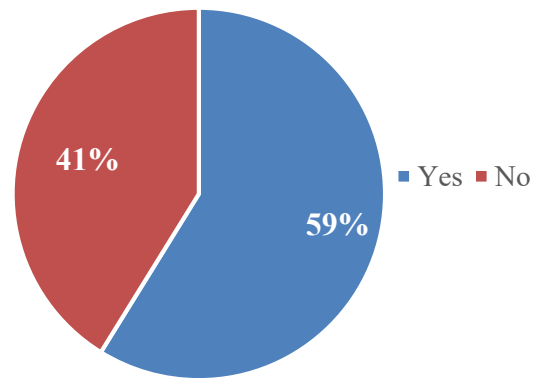
Organisation responsible of the overall management in QCs



QCs with some kind of coordination mechanism to involve partners



QCs using ECC format Registration



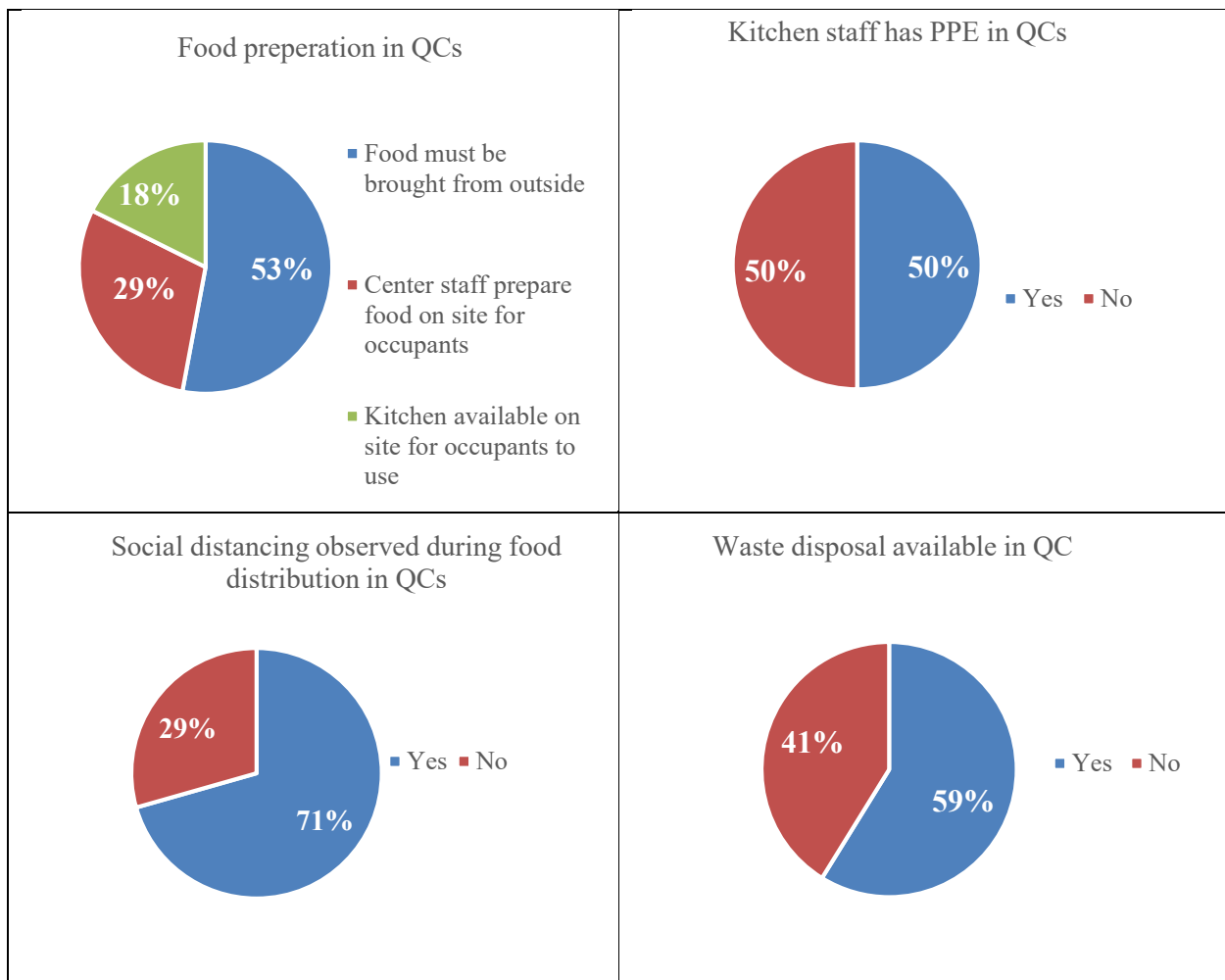
4.2.2 Quarantine centers and point of entries key findings

Sector	Key Findings	Gaps and Challenges	Recommendation	Responsibility
Coordination	<ul style="list-style-type: none"> - Coordination platform set up at different levels (regional, zonal, woreda or on site) - Coordination meetings are held to share updates. In Afar region Eliddar quarantine site has telegram group too for information update with <i>woreda</i> and regional level - Coordination forums are chaired by local authorities/administration in most sites. Exception in Amhara region with very poor coordination at quarantine sites and no link with COVID-19 emergency response coordination. - No partner coordination mechanism also at Tuka site in Moyale. Whereas in Kurmuk <i>woreda</i> health office, RHB and partners collaborate and well coordinate response. - Multiple coordination forums at local and regional level. For example, at Assosa university site, there is well defined coordination structure whilst ad-hoc taskforces are also established in regional, <i>woreda</i> & site levels - At Jigjiga, there is no proper coordination between the entities operating at Jigjiga University quarantine site. 	<ul style="list-style-type: none"> - Poor coordination with <i>woreda</i> and regional bureaus - Weak collaboration among stakeholders working on COVID response. - Lack of knowledge on the responsibility of coordinating /working guidelines. - Administrative bottlenecks which stall activities - No or poor linkage with regional or federal COVID-19 response coordination platform - Weak regional coordination committees - Absence of proper coordination between partners at the quarantine sites - Lack of implementation/use of clear coordination structures. E.g. Assosa University site - Absence of key agencies as per the coordination ICP organogram at some sites e.g. Assosa University - Weak support from other sectors and agencies - In some locations most of the organizations operating in the quarantine sites lacks awareness on the current coordination structure and reporting lines, e.g Jigjiga and Togowuchale 	<ul style="list-style-type: none"> - Develop coordination strategy and establish a strong link COVID-19 response team at different levels - Structure coordination forums at the regional level and establish ICP structure at quarantine sites - Establish multisectoral monitoring and evaluation system at various coordination levels - Strengthen coordination and information sharing between partners and government stakeholders and even among government sector bureaus - Establish clear minimum standards set for the services and management of the quarantine sites. - Strengthen and coordinate collaboration with partners for effective response - Coordinate and manage pool resources for COVID emergency - Develop clear minimum standards the services and management of the quarantine sites - Timely allocation of enough resource for effective response 	<ul style="list-style-type: none"> - ECC in collaboration with region “ - ECC in collaboration with region and partners “ - ECC in collaboration with region and partners “ “ - Regions, ECC and partners “

4.3 Food

4.3.1 Overview

The assessment findings indicate that emergency food is not supplied in most of points of entry. In some of them, it is being inadequately provided both in terms of quantity and variety. On the other hand, for most quarantine centers, food and water are provided regularly (3 meals/day/person). Some quarantine centers do not prepare food within the quarantine centers as they haven't the facility; and they rather rely on purchasing from restaurants or delivery from the local community. However, in almost all quarantine centers, pregnant and lactating women, children/infants and people with chronic health problems are not receiving any supplementary food. The food cluster is therefore strongly recommended to avail emergency food that meets the needs of various groups of people at all points of entry.



4.3.2 Points of entry key findings

Sector	Key Findings	Gaps and Challenges	Recommendation	Responsibility
Food	<ul style="list-style-type: none"> - No emergency food supply (Elidaar, Kurmuk, Moyale Ethio-Kenya and Bole PoEs) - Food being provided, but not adequate in quantity and variety (Pagag, Dewele, Togowuchale, Metema). 	<ul style="list-style-type: none"> - No food supply in place at (Elidaar and Kurmuk), and inadequate and poor quality (Metema, Dewele, Togowuchale) - No food for those with special need and children (Togowuchale) 	<ul style="list-style-type: none"> - Secure adequacy and quality of food 	Food Cluster, NDRMC with its counter parts

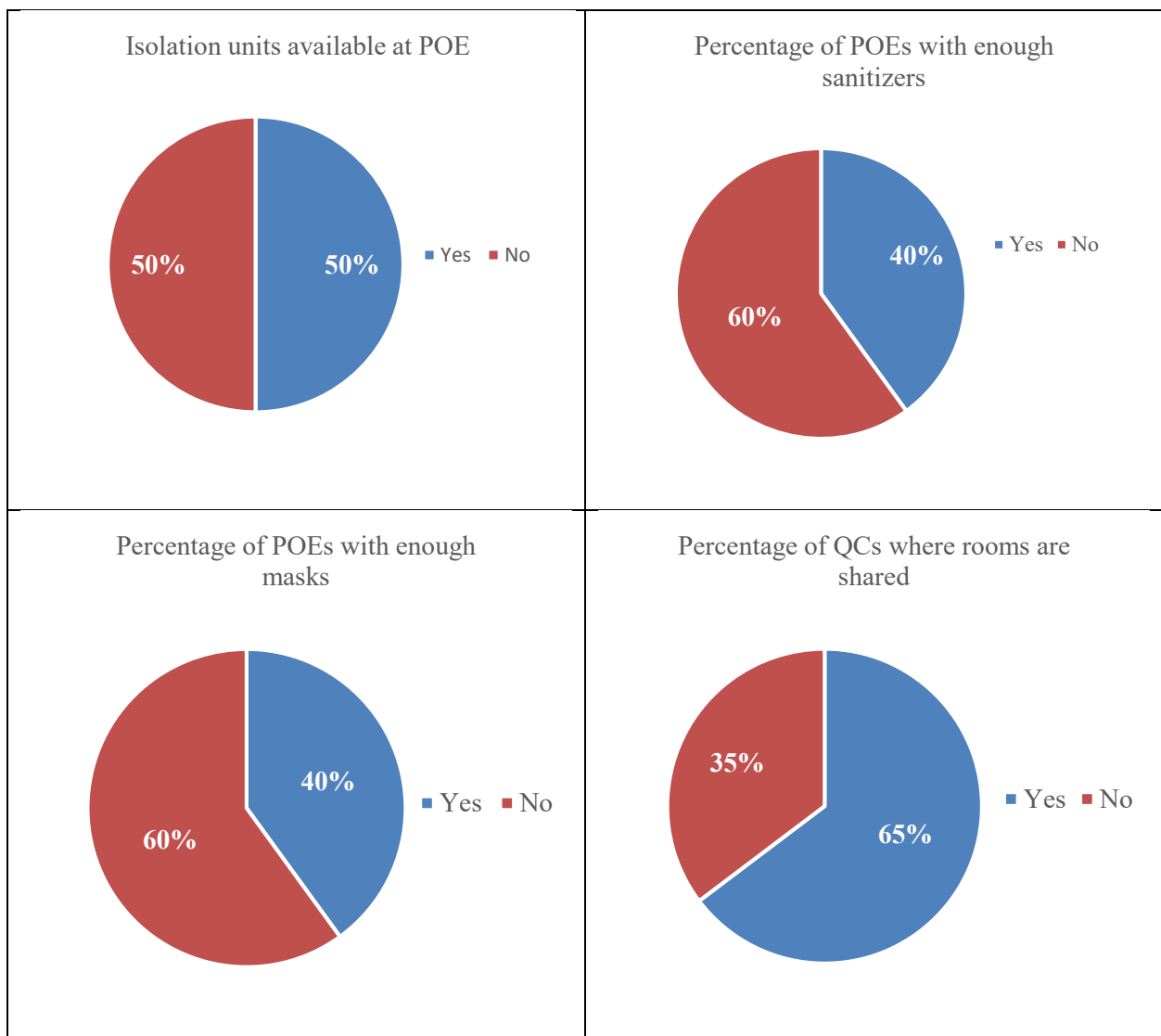
4.3.3 Quarantine centers key findings

Sector	Key Findings	Gaps and Challenges	Recommendation	Responsibility
Food	<ul style="list-style-type: none"> - For most QCs, food and water are being provided- 3 meals/day/person, but no supplementary food for PLW (Elidaar, Semera University, Dire Dawa University, Gambela University, Dubti , Gende Wuha High School, Kokit High School, Dewele High school) - But, in JJU, quarantined people with special need (PLW, chronically ill and infant returnees) are receiving supplementary foods. - Food is being provided by the community in Medo and Tuka as there are no cooking centers. - No kitchen, so, food is bought from outside of the QC though there isn't adequate market access. Water is provided by tracking (Afambo) - No sustainable means of food and drinking water provision (Moyale primary school). 	<ul style="list-style-type: none"> - Poor food quality (Galfi, Gende Wuha HS and Primary School) - In the majority of QCs, no supplementary food for lactating/pregnant mothers, children and those with health problems. - Lack of kitchen for cooking due to which cooked food is bought from vendors/ restaurants (Afambo, Gambela University and Moyale High School) and provided by the community in Medo and Tuka QCs. Budget for food is also an issue in Medo. - No training on COVID-19 for kitchen staff in all QCs except JJU where training was given though not adequate - Poor Waste management in kitchens of most QCs 	<ul style="list-style-type: none"> - Provision of food at acceptable quality and variety. - Under five children, PLW and chronically ill should get supplementary food. - Establish kitchen/cooking facilities - Provide training on precaution measures against COVID-19 for support staff - Excavating a separate waste disposal pit for the kitchen 	Food Cluster, NDRMC with its counter parts MoH/EPHI, WHO

4.4 Emergency Shelter and NFI

4.4.1 Overview

Majority of points of entry are lacking temporary shelters and isolation units. Others have temporary shelters and isolation units without basic facilities like light, water, food, latrine, waste disposal, PPE and security. Furthermore, most of the points of entry haven't the mandatory non-food items. Non-food item is being better supplied in quarantine centers though there is still insufficiency. There are even prepositions in some quarantine centers. But there are also quarantine centers that have not any non-food item. A few of them lack proper NFI registration and handling procedures resulting to wastage. Overall, findings show that there are demands for NFI provision in those quarantine center with no or inadequate supply.



4.4.2 Points of entry key findings

Sector	Key Findings	Gaps and Challenges	Recommendation	Responsibility
Emergency Shelter and NFI	<ul style="list-style-type: none"> - Temporary shelter present without basic facilities like water and latrine facilities at (Metema, Kurmuk, Moyale Ethio-Kenya), and totally absent at (Elidaar, Dewele, Moyale, Togowuchale, Moyale Bole PoEs). - No NFIs are available at (Metema, Elidaar, Togowuchale, Kurmuk, Pagag, Moyale Ethio-Kenya PoEs) - No temporary isolation unit (TIU) (Kurmuk, Dewele, Pagag, Moyale Ethio-Kenya, Bole Moyale). In Togowuchale, there is TIU without waste management facilities. - No basic facilities are available including PPE for support staff and returnees (Dewele) 	<ul style="list-style-type: none"> - Lack of temporary shelter (Elidaar, Galafi, Dewele, Moyale Bole) - The temporary shelters lack basic facilities like food, water, latrine and security (Kurmuk, Moyale Ethio-Kenya). - NFI inadequate at Metema, Togowuchale and totally absent at Pagag PoE. - Absence of facilities like isolation room for suspected cases and PLW (Metema, Kurmuk) - No IPC measures undertaken (Dewele) - There are no TIUs (Moyale Ethio-Kenya and Bole), and the TIU lacks facilities like light, water, waste disposal, medical equipment, PPEs, adequate beds, and fence (Pagag) 	<ul style="list-style-type: none"> - Provide NFI and basic facilities in PoEs where they are lacking. - Establish temporary shelter for PoEs (Eliddar, Dewele, Togowuchale, Galafi) - Establish TIU (Kurmuk, Moyale Ethio-Kenya, and Bole & Dewele PoEs) and provide light, water and waste disposal facilities (Pagag) - IPC measures to be in place and basic facilities to be provided (Dewele PoEs) 	<p>Shelter/NFI Cluster</p> <p>MoH/EPHI, IOM, NDRMC MoH/EPHI, IOM, NDRMC, WHO</p> <p>MoH/EPHI, WHO</p>

4.4.3 Quarantine centers key findings:

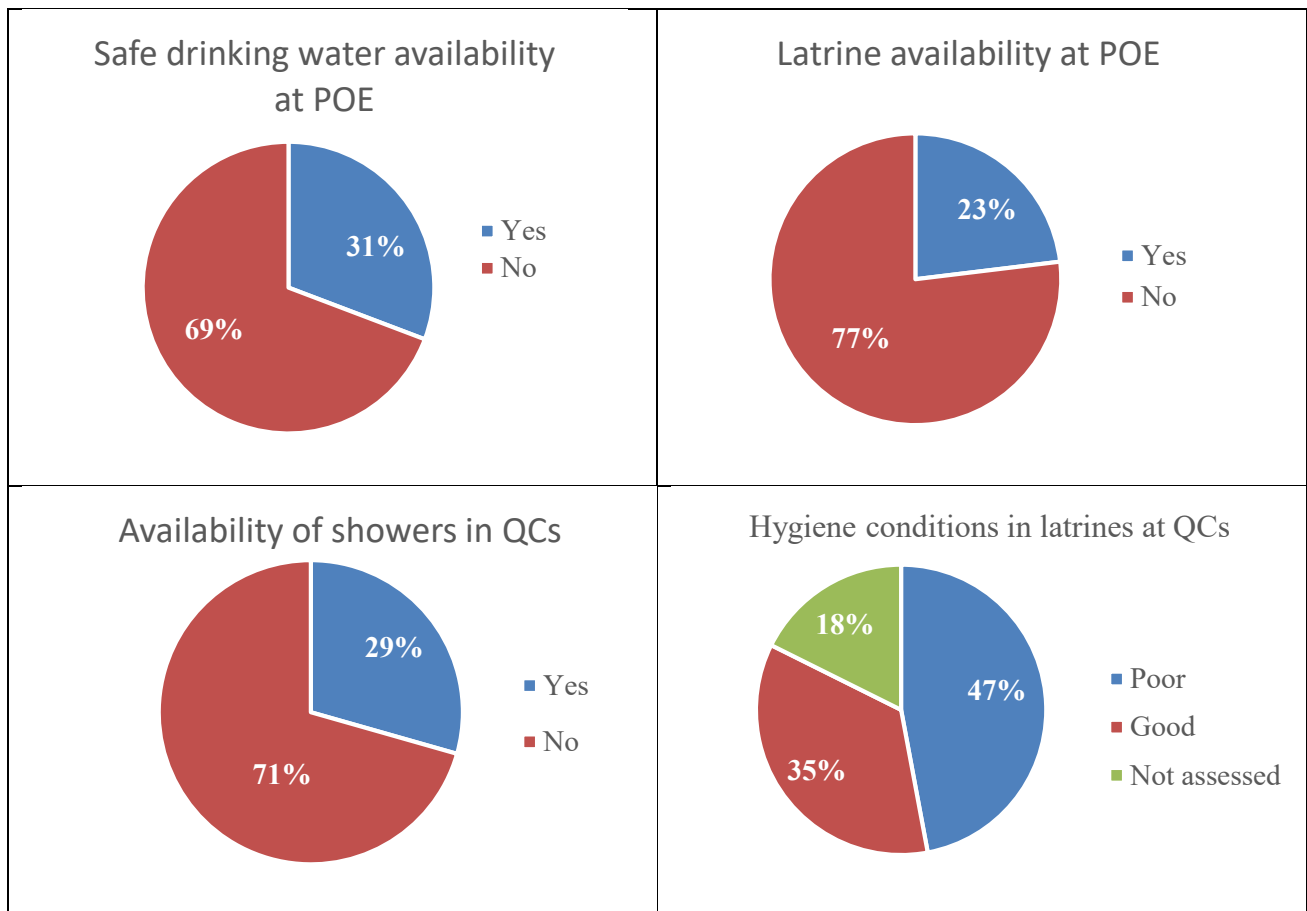
Sector	Key Findings	Gaps/Challenges	Recommendation	Responsibility
Emergency Shelter and NFI	<ul style="list-style-type: none"> - No NFI Dewele and Moyale High Schools, Medo QC and inadequate in Galafi, Tuka, Mankushi, Gambela University and Assosa University. 	<ul style="list-style-type: none"> - Lack of almost all types of NFIs (Galafi, Medo, and Dewele and Moyale High Schools) and of inadequate quantity in Afambo, Tuka and Dire Dawa University. Absence of preposition in Assosa University. 	<ul style="list-style-type: none"> - Appropriate NFI provision and distribution - Consideration of infants and PLW in the preparedness of NFI 	<p>NDRMC, IOM</p> <p>MoWCYA, IOM, NDRMC</p> <p>NFI Cluster, NDRMC</p>

4.5 WASH

4.5.1 Overview

The assessment teams identified huge gaps in WASH (inadequate or limited access to water supply for drinking, personal hygiene and cooking) at the points of entry and quarantine centers. Most of the visited points of entry are in very dry and hot parts of the country and situated in remote locations with poor infrastructure and limited capacity of the local government administration. Therefore, it is essential to prioritize temporary shelters and quarantine sites with some basic WASH facilities for safe and dignified accommodation of return migrants. Almost all QCs assessed have shared latrine facilities, but the hygiene conditions were found to be poor. The assessment team has also highlighted that limited or no presence of humanitarian partners operating in these remote locations. The lack of adequate WASH infrastructure and facilities will further aggravate the infection rates of COVID-19 and other disease outbreaks.

This summary of assessment findings will briefly describe the major gaps and ongoing intervention in the PoEs and QCs. The WASH cluster is further preparing a detail action plan per site to respond to immediate needs and mobilize recourses to support the government's efforts on meeting the basic need of return migrants and host community.



4.5.2 Points of entry key findings

Sector	Key Findings	Gaps & Challenges	Recommendation	Responsibility
WASH	<p>Access to safe water supply</p> <ul style="list-style-type: none"> - No water supply scheme at Metema, Togowuchale and Kurmuk, Bole (Moyale Oromia) PoE - Inadequate water supply at POE such as Galafi and Modelina and Dewele, Togowuchale - In Pagag POE water supplies is available and run by OXFAM. 	<p>Critical water supply gap in most visited entry points.</p>	<p>Detail required Water supply intervention (short term as well as long term) for specific POE including cost estimation is being prepared included in the annex</p>	<p>MoWEI / WASH cluster</p>
	<p>Access to WASH NFI</p> <ul style="list-style-type: none"> - Shortage soap and hand sanitizer at Metema and Dewele PoE 	<p>Limited provision of soaps and hand sanitizers</p>	<p>Required quantity of soap and sanitizer including other WASH NFI to be estimated per site and share to WASH partners for immediate action</p>	<p>MoWEI / WASH cluster</p>
	<p>Access to hygiene and sanitation facilities</p> <p>Hand washing facilities available in some PoE (At Afambo, Galafi and Metema, Dewele, Kurmuk)</p> <ul style="list-style-type: none"> - Inadequate and no latrine facilities in most visited PoE (Afambo, Metema, Kurmuk, Togowuchale) - No temporary shower facilities in most PoE (Meteama, Afambo, - Observed in most PoEs have poor waste disposal mechanism (medical as well as non- medical wastes) - In Pagag POE about 13 sex segregated emergency latrines with 4 stances each and bathing shower is available, but shortage of cleaners reported, and 26 hand-washing facilities have been installed at the communal areas. - In Togowuchale POE, all entering cars/trucks which provide services for return migrants are disinfected. 	<p>Most of the visited POEs lacks basic hygiene and sanitation facilities (latrines, shower, handwashing facilities and proper waste disposal mechanisms)</p> <p>Latrines and showers lack light, no separate blocks, doors are not locked properly therefore women are vulnerable GBV to use the facilities during nighttime</p>	<p>Action plan to prepared for each PoE. Mainly number of temporary latrine blacks to be constructed with hand washing facilities and for preparation of waste disposal pits</p>	<p>MoWEI / WASH cluster</p>

4.5.3 Quarantine centers key findings

Sector	Key Findings	Gaps & Challenges	Recommendation	Responsibility
WASH	<p>Access to safe water supply</p> <ul style="list-style-type: none"> - In Metema QC water delivered through water trucking (2 water tankers per day) - In Dewele, there is a water point at the high school and the railway station has rotos/water tank. - In Assosa University QC water supply is available in all blocks but frequent interruption and water is not lifted to the upper floors. - Water supply scheme is not available in Tuka QC (Moyale) - In Moyale primary school, woreda water bureau in collaboration with UNICEF and Action against hunger are trucking water for the site. <p>Access to WASH NFI</p> <ul style="list-style-type: none"> - Shortage of soap and hand sanitizer near the hand washing station, <p>Access to hygiene and sanitation facilities</p> <ul style="list-style-type: none"> - Functional shared latrine available in most visited QC but lacks Male -female separate latrine, not have light in latrine rooms. Separate male and female latrine available in some sites (Gendewha, Semera and Dawelle, Assosa Univ, Jigjiga Univ, Tuka QC, Medo QC). Poor hygiene condition of latrines observed in Assosa QC - Door and lock of the latrines are broken for Gedewha, Dewele, Medo QC - In Gambela Uni QC, it has shared latrines with locks and 16 functional common shower rooms, but some rooms lack light 	<p>In most visited QC water supply is not adequate. Some sites are supplied by water trucking as temporary solution.</p> <p>Water shortage is also the main challenge for health professionals and support staff for proper functioning of the QC</p> <p>Shortage of basic WASH NFI in most QC (soaps, sanitizers and handwashing containers, sprayers)</p> <p>Most QC have latrine facilities, but the following gaps are reported: some not have separate latrine blocks for men and women and some latrines and shower rooms lack light and property locked doors. Besides, poor hygienic condition of latrine and shower rooms. All most all QC lacks proper waste disposal mechanisms for medical and non-medical wastes</p> <p>Most sites lack proper waste disposal system and this will further aggravate</p>	<p>Action plan to prepared per QC for improving the water supply system.</p> <p>Speed up construction of permanent water system in Dewele (Connecting water supply line to Ethio-Djibouti water supply line)</p> <p>Acton plan which includes distribution plan to prepared per site QC</p> <p>Improving the quality/services of existing latrine facilities per QC</p> <p>Improving the waste disposal system of the QC</p>	<p>MoWEI/ WASH cluster</p> <p>MoWEI</p> <p>WASH cluster</p> <p>Respective administrators of the university / WASH cluster partners</p> <p>Respective administrators</p>

	<ul style="list-style-type: none"> - No shower facility (Afambo QC, Tuke, Moyale primary school and Medo QC), Shower rooms is available in Jigjiga QC but with poor hygienic condition - Observed in most visited QC have poor waste disposal mechanism (medical as well as non- medical wastes) - In Dire Dewa QC there are adequate latrine is available per block with separate building for males and females and latrines have lighting - In Gambela Uni QC, it has shared latrines with locks and 16 functional common shower rooms, but some rooms lack light 	<p>the infection rate COVID 19 and other outbreaks</p>		<p>of the university /MoH/EPHI</p>
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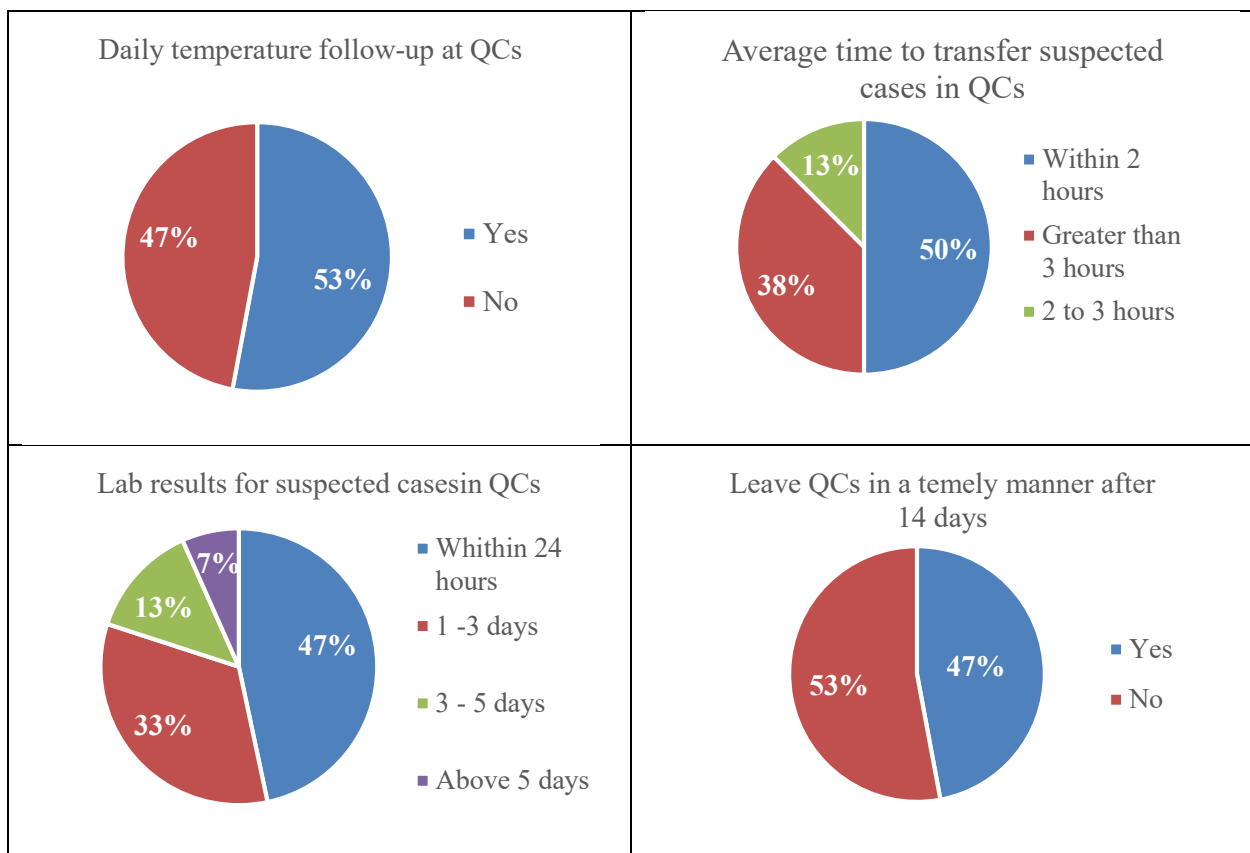
4.6 Health and Nutrition

4.6.1 Overview

The assessment was looking at basic health and nutrition services available in quarantine centers (QCs) and point of entries (POEs). The assessment findings show that there are major differences in services between major quarantine centers located in the towns compared to QCs established at POEs: nutrition follow-up, services for pregnant and lactating women, services available to treat underlying chronic health issues are only available in few major regional quarantine centers.

There are also major differences between the two in terms of managing suspected cases where smaller QCs located often near POEs struggle to isolate these cases, transport suspected cases when there is no isolation unit and obtain lab results in a timely manner. This causes often people to stay in quarantines centers way beyond the mandatory 14 days.

At points of entry, the major issues identified by the assessment teams are non-functioning thermo scanners, insufficient PPEs and poor disinfections of trucks. The lack of isolation centers in some of the PoEs has also been identified as a major risk where suspected cases are transferred to QCs with other return migrants.



4.6.2 Points of entry key findings

Sector	KEY FINDINGS	GAPS	RECOMMENDATION	Responsible
Health	<ul style="list-style-type: none"> - Every returnee including truck drivers are screened with thermos scanning - Health workers wear PPE - Majority of staff have received some training on COVID-19 - Disinfection chemical is available in some POEs 	<ul style="list-style-type: none"> - Issues reported with thermo scanners - Shortage of PPE in most POEs (sanitizers, mask, gown) - No essential drugs and other preventive materials available for the returnees. - In Amhara, suspected cases are transported to quarantine sites together with other passengers - In Moyale (Oromia), comprehensive COVID-19 training was not done 	<ul style="list-style-type: none"> - Need ventilation regularly at PoE centers - Better thermo scanners suitable for the harsh conditions. - Enough PPE should be availed at POE. - Enough disinfectant should also be available at major POEs - Establish temporary isolation sites to isolate suspected case - Establish proper medical waste disposal system as per the guideline 	-

4.6.3 Quarantine centers: key findings

Sector	KEY FINDINGS	GAPS	RECOMMENDATION	Responsible
Health and Nutrition	<ul style="list-style-type: none"> - Daily follow-up on temperature is done only in half of the QCs - Isolation facilities not only available in some of the QCs. When isolation units are not available, suspected cases are transferred to the nearest isolation unit - All quarantine individuals do a lab test after 14 days for quarantine 	<ul style="list-style-type: none"> - Shortage of PPE has been observed in almost all quarantine sites. - Almost half of the QCs do not do a daily temperature check. - When isolation centers are not available on site, delays are observed in isolating/transporting the suspect cases. 	<ul style="list-style-type: none"> - Daily follow-up needs to be done in all sites - Enough PPE needs to be available at all sites - Thermo scanners need to be functional all the time - Laboratory testing capacity should be done timely - Suspected case should be isolated in a timely manner 	MoH/EPHI/Health and Nutrition Clusters

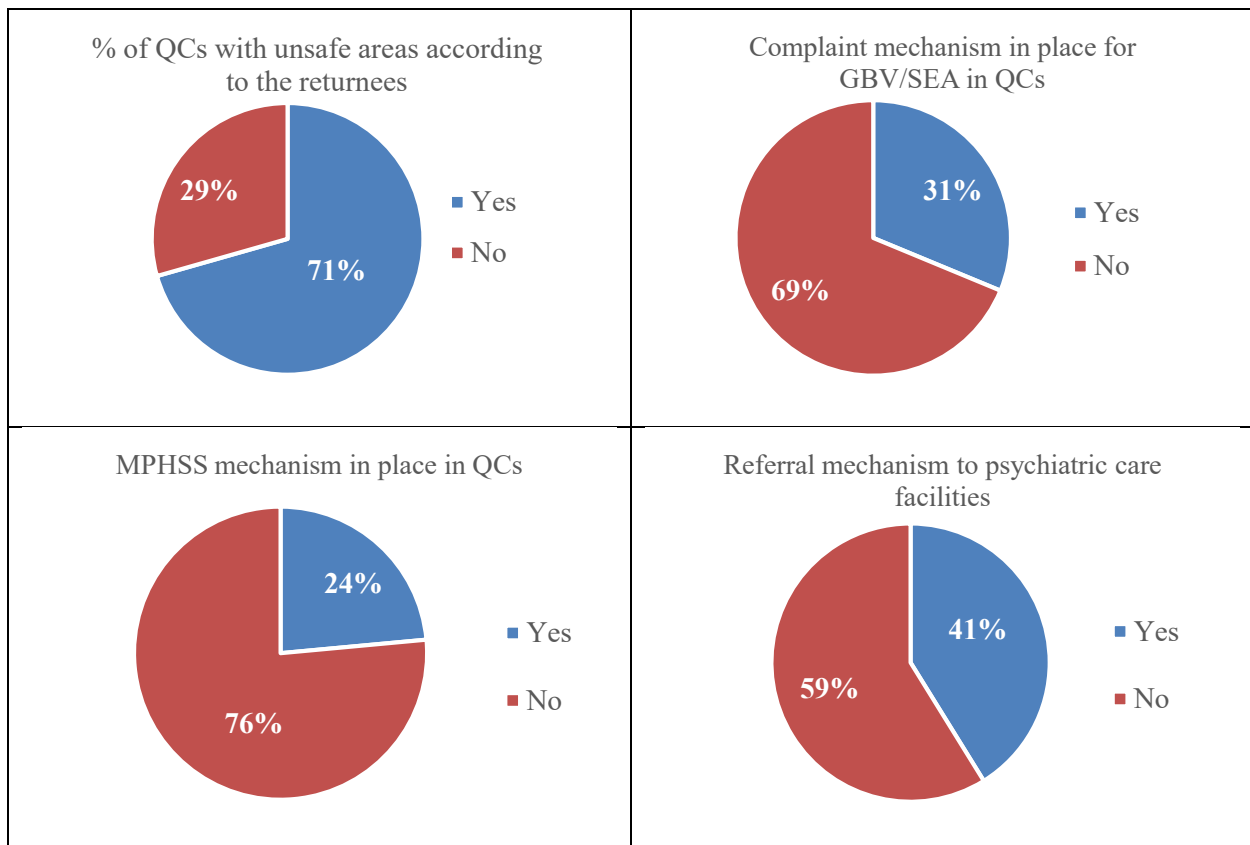
	<ul style="list-style-type: none"> - Nutrition follow up available in major regional quarantine centers - Services for pregnant and lactating women available in major regional quarantine centers. - Services for underlying health issues available in major regional quarantine centers. 	<ul style="list-style-type: none"> - Lab results are not always done timely specially for QCs that are located at POEs and far from laboratories. - Nutrition follow-up is not happening in most sites except the major QCs - Services for pregnant and lactating women, other chronic diseases, people with disabilities are not available in most sites. - Some sites lack basic emergency drugs. - Several sites have calibration issues with thermo scanners. 	<ul style="list-style-type: none"> - Transport to facilitate lab tests and transfer of isolation sites when needed should be always available - Nutrition follow-up needs also to happen in QCs that are at POEs - Nutrition follow-up needs to happen in all QCs. - All sites need to have a minimum service for pregnant and lactating women 	
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4.7 Protection

4.7.1 Overview

The assessment team identified various protection gaps in visited PoEs and QCs. The main identified gaps are limited access to basic services (food, WASH, Shelter /NFI, Health, Nutrition), awareness and understanding of the COVID-19 pandemic. Moreover, the team observed limitation in identifying protection needs of vulnerable groups, including women, persons with disabilities, elderly people, adolescent girls, and unaccompanied and separated children. In limited sites, there are services available to detect and treat GBV/SEA cases as well as referral mechanisms. Weak MHPSS services including limitation of MHPSS professionals and social workers were noted in the QCs and PoEs. It was also highlighted that there is usually no complaint and feedback mechanism in place through which returnees can share complaints, feedback or information and SEA.

The team recommended to establish a strong referral and complaint mechanisms in all QCs, enhance the availability of MPHSS service, to deploy well trained and dedicated social workers and psychologists, and mobilize partners to support protection interventions and MHPSS, ensure access to basic service and design a mechanism to enhance the awareness and understanding of the COVID-19 pandemic. The team also emphasize on the need to distribute dignity kits to girls and women. The summary of key findings are highlighted in the table below.



4.7.2 Points of entry and quarantine centers key findings

Sector	Key Findings	Gaps & Challenges	Recommendation	Responsibility
Protection (PoE)	<ul style="list-style-type: none"> - In the temporary shelter of some POE like Metema, male and female returnees stay in the same room sometimes women stay outdoor - In most of the visited PoE, the temporary shelter doesn't have basic facilities on access to water, latrine, hand washing and bathing facilities. Most sites the returnees are staying 2-3 days and inadequate food and drinking water provided - During the visit in Kurmuk POE the distribution of materials was available at the temporary 2000 dignity kits distributed - In Dewele POE the returnees are being forced by Djibouti security forces to leave the country. They are usually forced to go 20 km up to Ethiopian border (Galile). Returnees are crossing the border in a risky way since there is no means of transport to travel to Ethiopia and being vulnerable to physical and emotional harms. - In Dewele POE , there are children, infants, persons with disabilities & unaccompanied minors among the returnees who are more vulnerable. - At Pagag PoE, 90% of the South Sudanese asylum seekers are women and children. A total of 526 unaccompanied and separated children were registered by Plan International. protection partners have deployed staffs providing protection services, outreach activities, registration and referrals. The team observed that the current living situation and shelter poses children, women and girls at risk of sexual violence and abuse (No lighting at night, open defecation and environmental risks for children at river sides). 	<p>In most POE, the humanitarian response in the area is minimal in line with the prevailing humanitarian crises.</p> <p>At Dewele, there is no facilities convenient to persons with disabilities.</p> <p>Reported sexual violence in the bush, river sides and toilet rooms.</p> <p>Currently, sexual violence survivors are linked to the temporary health institution in Pagag PoE. No proper reporting mechanism for GBV cases</p> <p>Asylum seekers are not aware on the available protection services Shortage of protection items at PoE like dignity kit and diapers for children Reported from Moyale PoE, the gap in trained staff in areas of</p>	<p>Advocate for the improvement the basic facilities/services at POE in collaboration with other clusters</p> <p>Continues distribution of dignity kits on arrival of returnees at the PoE</p> <p>Discussion with Djibouti government on safe and dignified deportation of returnees</p> <p>Ensure the availability of strong referral and complaint mechanisms.</p> <p>Enhance the availability of MPHSS service in all quarantine sites</p>	<p>Protection cluster</p> <p>MoWCYA and protection partners</p> <p>Ministry of foreign Affairs</p> <p>MoH/MoWCYA and Protection cluster</p> <p>MoH/MoWCYA and Protection cluster</p>

		Prevention of Sexual Exploitation and Abuse (PSEA) and GBV.		
Protection (QC)	<ul style="list-style-type: none"> In some QC like Elidaar and Afambo , no social worker assigned and menial health professionals and there is no security guards deployed At Semera QC, 30 security guards assigned, and 3 psychosocial workers are providing service. For some QC (Tendho and Gendwaha, Assosa university, Dewele, Dire Dewa, Mendo, Moyale Primary school) , identification and referral mechanism for vulnerable children is not available and also poor CFM to enable GBV/SEA case management. The Gendwaha and Assosa QC is not safe for the safety and security of women and children. Children share rooms in the quarantine site and unaccompanied minors live in the same house with adults. No separate set up for follow up of children, pregnant and lactating women At Dewele QC, there is MHPSS services offered to the returnees and staff on sites but MHPSS protocol is not in place to identify returnees in need of MHPSS inventions. In most visited QC there is no convenient service/facilities for persons with disabilities. At Gambela and Jiggiga Univ QC, individual counseling is provided for quarantined individuals upon arrival during their stay. Staffs including doctors, nurses, social workers and health officers received a training on GBV & PSEA. And social workers are deployed 	<p>Gap in the deployment of security forces is some sites</p> <p>In most visited QC, no services available to detect or treat GBV/SEA cases and referral mechanisms</p> <p>No well-coordinated site management set up in most visited QC for assigning separate and safe place for vulnerable groups</p> <p>Weak MHPSS services in most QC</p> <p>Needs of persons with disabilities are not considered in all service provision and establishment of facilities</p>	<p>Establish strong security to protect women and children from SEA in Elidaar and Afambo</p> <p>Put in place services available to detect or treat GBV/SEA cases and referral mechanisms</p> <p>The front workers should be trained on GBV with strong GBV referral linkage.</p> <p>Pregnant and lactating women should be isolated and given special emphasis in terms of health services, nutritional supplements and other food items, as required.</p> <p>Distribution of dignity kit for women</p> <p>PSS support services should be in place</p> <p>Ensure the availability of strong referral and complaint mechanisms.</p> <p>Ensure the deployment of dedicated social workers or psychologists</p> <p>Enhance the availability of MPHSS service in all</p>	<p>MoP</p> <p>MoWCYA/Protection partners</p> <p>MoH, MoWCYA/Protection partners</p> <p>MoWCYA/Protection partners</p> <p>MoH, MoWCYA/Protection partners</p> <p>MoH, MoWCYA/Protection partners</p> <p>MoH, MoWCYA/Protection partners</p> <p>MoH</p>

			<p>quarantine sites and mobilize partners to support MoH</p> <p>To oversee implementation of the protection related SOPs developed for the quarantine and isolation centers</p> <p>Ensure BoWCY leadership in all sites for UMC and GBV/SEA</p> <p>Standard reporting mechanism that includes referral and feed-back and complaint mechanism to be properly implemented</p>	<p>MoH, MoWCYA/Protection partners</p>
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4.8 Risk Communication

4.8.1 Overview

Risk communication is an interactive process of exchange of information and opinion on risk among risk assessors, risk managers, and other interested parties. It can also be defined as the exchange of real-time information, advice and opinions between experts and people facing threats to their health or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves and their families under their care.

Overview of the Assessment from Risk Communications and Community Engagement Perspective.

The assessment did not attempt to identify the existence of risk communications strategy in place. However, it aims to identify the existence of risk communications messages across the assessment regions and woredas. Although, the assessment does not provide the full picture of the risk communications and community engagement work on the ground, it offers a steppingstone for implementing risk communications and community engagement plans in points of entry and quarantine centers.

Within this context, the following paragraphs provide a brief summary of the assessment findings of risk communications and community engagement activities at points of entry and quarantine centers.

4.8.2 Points of entry key findings

In Afar, there are designated people for risk communications. However, there is no strong awareness raising activities in the centers. Although there is available risk communications material, it was not properly posted.

In Amhara region, (at Metema) there is no observable and significant challenge outlined in the assessment. However, there is a need to strengthen efforts with budget and human resources to foster functionality.

In Benishangul, (Kurmuk), there is some sort of risk communications activities happening. However, lack of locally translated communications materials was highlighted as a key challenge.

In Dewele PoE, there are no proper risk communication materials. Orientation is also not given to returnees. Some key information is only given to drivers through leaflets. Even this is highly hampered by lack of translation to other languages other than Amharic. No IEC materials are available.

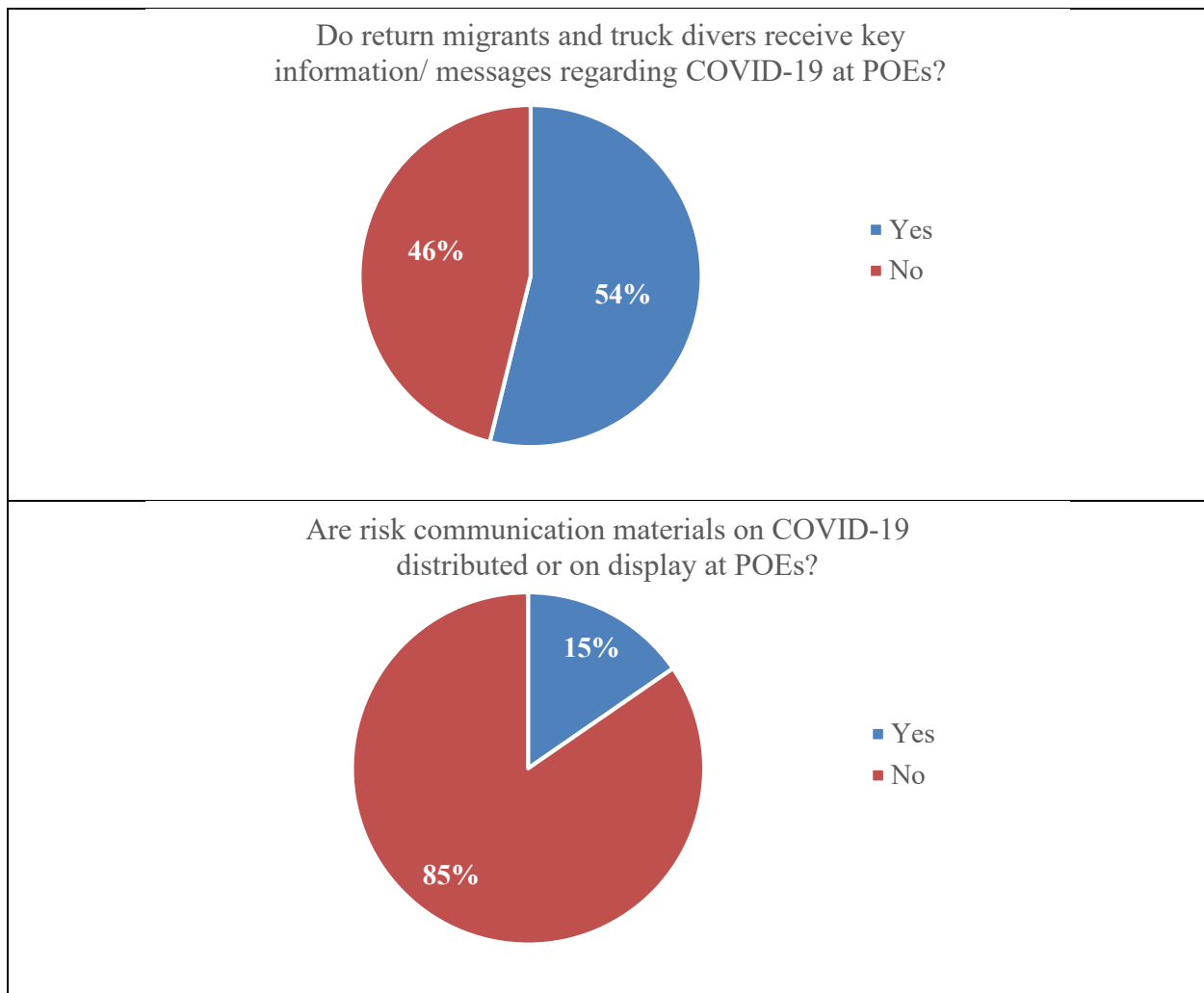
In Gambela (Pagag PoE), returnees arrive through an official route. This created a barrier to provide full information related to COVID-19. However, at their final destination, they will be

provided with information, though a little too late. Also, there are no adequate communications materials available.

In Togowuchale POE, there are COVID-19 related posters. The challenge here is posting of material is not good enough. There are no direct communications. There is no capacity to disseminate risk communications messages. The assessment also identified lack of audio-visual materials and no leaflets. As this is a critical entry point, urgent attention requires in addressing the need.

In Bole Moyale, there is a good start. People are given information through social mobilization activities which include information dissemination through mobile Van by partners.

In Ethio-Kenya main entry, the assessment did not provide adequate information on the gap. However, the recommendation indicated lack of clear message to the returnees. Same applies to Mega Tera and Bulodi where the assessment found out that there is a clear lack of risk communications materials.



Region	Key Findings	Gaps and Challenges	Recommendation
Afar	There is one person assigned for IEC and Psycho-social support in the center	No any strong awareness raising and IEC activities in the center -Posters are available at the check point but not posted on walls in the quarantine compound	The awareness raising and IEC activities should be strengthened -Posters should be posted at the walls in every corner of the QC
	-Risk communication material not posted on wall, key message not shared to people during screening by HWs	Absence of risk communication materials in POE No RCCE materials	Distribute risk communication Material in all POE. Put posters on wall
Amhara (Metema)	No observable and significant challenges outlined		
Benishangul (Kurmuk)	Key health information is given to migrants up-on their entry and discharge to quarantine center by Woreda public health officers and field epidemiologists.	Lack of communication materials that was translated into local languages.	Distribution of communication/IEC materials
Dewele (Somali)	No risk communication means for returnees. Key information on COVID 19 provided for drivers only upon arrival using leaflets The leaflets are in Amharic only.	Key information is not provided for returnees. No IEC materials on COVID-19 (leaflets, banners and posters)	Risk communication need to be strengthened. Provide multilingual applicable IEC materials tailored to meet different groups of the returnees
Gambela (Pagag POE)	Migrants are arriving by foot through unofficial routs being the official POE is closed due to the state of emergency and most of them not receiving key messages of COVID-19 while entering, however they are receiving key information on	No adequate IEC materials for sensitization and awareness creation of COVID-19. Limited risk communication materials observed in the PoE like leaflets, banners and Posters	Attention should be given by all operating agencies to make the humanitarian responses in line to COVID-19 prevention. Conducting awareness creation and display and distribution of IEC materials in the reception center and QC for the new arrivals

	<p>COVID-19 by various humanitarian agencies at their destination reception center, but the level of awareness and behavioral change is low, they are not adhering physical distance, handwashing.</p> <p>Banners and key message dissemination through COAs are the main risk communications materials used at POE. Mass awareness through locally translated audio-visual aids also providing by different partners.</p> <p>Most of the focus group discussants were also reported that, they, particularly women and girls do not know where to report whenever any abuse faced (information gap).</p>		Adequate IEC material and awareness creation mechanism should be applied using necessary languages.
Togowuchale POE	<p>The POE posted COVID-19 posters.</p> <p>The truck drivers and returnees are not provided COVID-19 key messages in POEs. But returnees were given key message in the Temporary quarantine Center.</p>	<p>No key message given truck drivers and returnee at POEs.</p> <p>No audio-visual material to disseminate the COVID-19 key message.</p> <p>No leaflets.</p>	Provide COVID-19 key message to all truck drivers and other crossing in and out individuals.
Bole, Moyale woreda, Borena zone, Oromia	Social mobilization has been carried out through mobile Van by partners	Migrant and returnees receive key messages through mobile VAN	No poster, banners and routine social mobilization
Ethio-Kenya Main Entry	-	Key information and messages regarding COVID-19 are not transmitted to migrants	Key information should be transmitted through well trained professionals, posters and mobile vans
Mega Tera	No risk communication materials on COVID-19 displayed in the POE	No risk communication materials on COVID-19 available to increase the awareness of migrants and people around POE on COVID-19	Banners, posters, leaflets, audios and other IEC/BCC materials should be available at the POE to increase the awareness of migrants and people living around POE about COVID-19

Bulodi		Returnees do not receive key information on COVID 19 and no IEC/BCC materials posted at visible places of QC and PoE	-IEC/BCC materials should be posted at visible areas of PoE and QC and audio messages of COVID 19 should be disseminate using mobile vans
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4.8.3 Quarantine centers key findings

In Afar, there are five quarantine centers, (Galafi, Elidaar, Semera, Afambo and Bark/Dubti tendaho). Across the board, there is some sort of health education given and there is an attempt of risk communications interventions. However, there is no quality intervention and there is clear lack of communication materials and lack of capacity to tailor relevant messages.

In Amhara region, (Gendewuha primary and high school), people in the QC receive information about COVID-19 by health workers. There is also some sort of communication materials such as banners and posters in the QC. However, there are not specifically designed IEC/BCC materials designed to clearly pass messages for people in the quarantine centers. Example there are no messages related to gender-based violence and messages that focused on sexual exploitations /abuse. Besides, information should always be audience specific.

In the primary school, there is no communications of key messages through a sign language for people in need In Koket, there is CFM established but there is no streamlined system to address mistreatment including sexual violence/exploitation/abuse (by aid workers or others).

In Benishangul (Assosa University), there is no formal designated person to risk communications and therefore there is no formal orientation. This needs an urgent follow up.

In Dire Dawa (Dewele), there is no formal orientation to returnees upon arrival. They get information once they are in the QC. There is no risk communication IEC materials distributed to the people under quarantine. There is lack of risk communications materials and no child friendly space. As a result, there is no or poor risk communication.

In Dire Dawa University, People have information on COVID-19 before and after they arrival at the quarantine center. There is dissemination of risk communications materials. This is the best example in providing context specific message though local languages which includes, Amharic, Affan Oromo and Somali. The challenge here is in availing age appropriate materials to all. The research did not indicate the assessment result for Gambela.

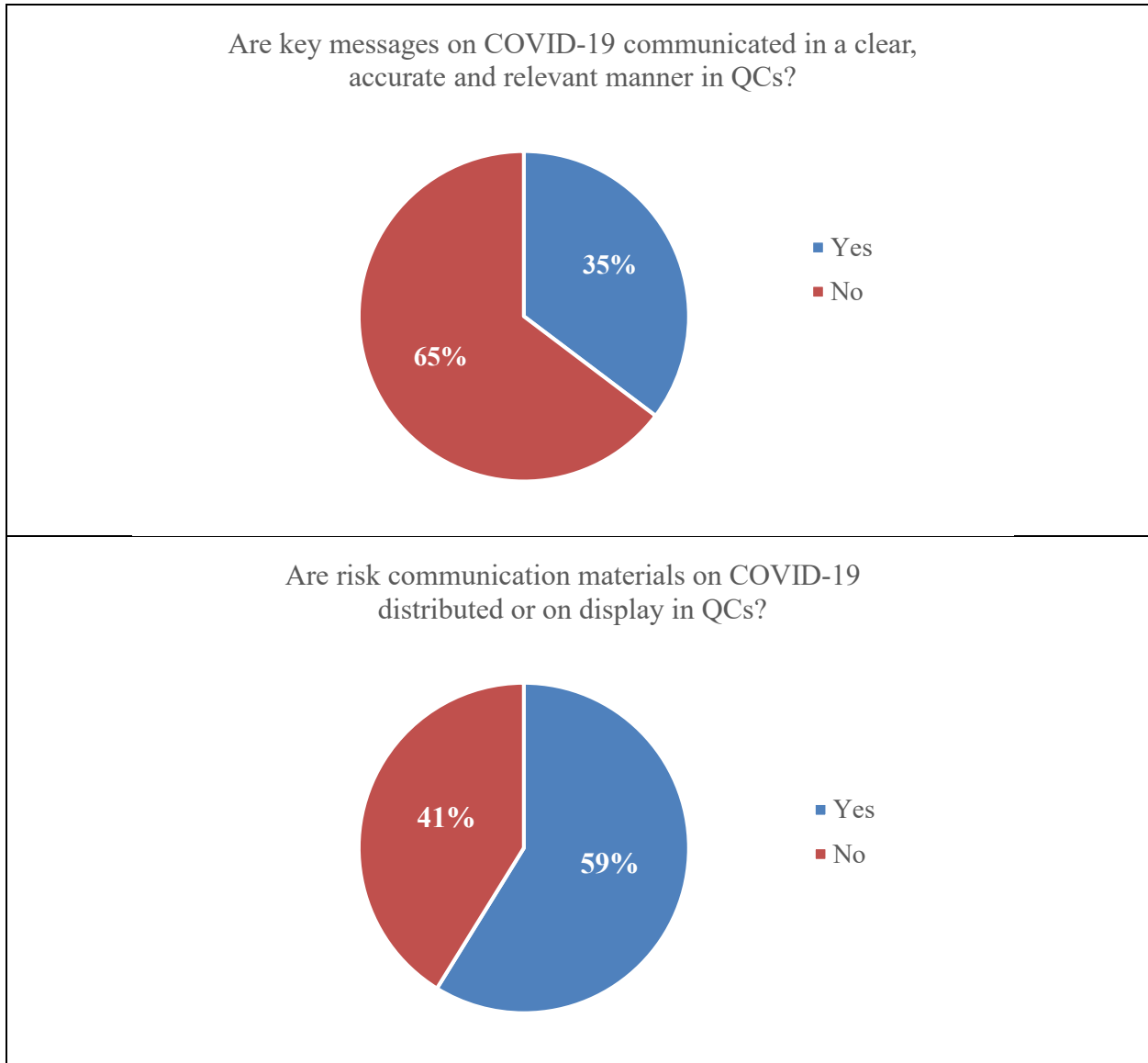
Togowuchale, Jigjiga, there is some sort of information given to people. Regarding Risk communications, only Posters and audio materials are used. There is system in place to convey message though different languages. Orientation is also given on GBV and sexual exploitation. Major gap indicated shortage of communications materials.

In Moyale, returnee in the quarantine center, receive key message regarding COVID-19 before and after arrival to the QCs. However, there is weak compliance and reporting system in QCs on GBV and SEA. As a gap, there is weak monitoring system in QC.

In Medo QC, orientation given on risks of COVID-19 but it happens on arbitrary and there is no formal person assigned to RCCE.

In Moyale Primary School, Quarantined persons receive information regarding COVID-19, purpose of quarantine center before and after arrival. The gap is lack of communications materials. Same happens in Moyale Tuka QC.

In Moyale high School, People in quarantine receive information on COVID-19 before and after arrival. They also receive briefs on sexual violence and exploitation or abuse. The gap is lack of risk communication materials like leaflets, posters, and banners, audio. Besides, there is challenge in coining message and absence of child friendly IEC materials.



Region	Key Findings	Gaps and Challenges	Recommendation
Afar Galafi QC	Health education provided	Poster and other risk communication material not posted on wall	Distribute key message to returnee. Put on poster on visible site in QC
Elidaar Woreda	Health education provided regular to people in quarantine, security personnel and key messages not on wall in QC.	Key message not posed on wall inside QC	
Semera Univ	High risk of infection inside QC Health education provided regular to people in quarantine, security personnel and key messages not on wall in QC.	- High risk of infections inside QC Key message not posed on wall inside QC	Stick with standards to minimize cross infection inside the compound
Afambo, Zone one.	Poor risk communication practice, no Key message posted on wall	Poor risk communication practice	Conduct risk communication activities with teaching aid materials and local language Distribute leaflets, put on wall posters.
Bark (Dubti Tendaho)	- Quarantined people do not receive information regarding COVID-19 before and after arrival. - Quarantined individuals are not well informed. - RCC materials are not enough distributed and posted. No IEC materials for children.	- Lack information consistency. - Unorganized RCC materials. - RCC materials not inclusive of gender-based information	- The people must get daily information - ECC materials should be posted in all places necessary and should be inclusive.
Amhara (Gendewuha Primary and High School High School)	Get information about COVID-19 at the time of arrival at the QC by health workers, The quarantined persons are well informed about the purpose of quarantine through different media and health workers, Banner with key message of COVID-19 transmission and control methods posted in the QC. People in QC clearly communicated about the preventive measures with local language. In the primary school there is no communication of key messages through a sign language for people in need In Kokit, there is CFM established but to address mistreatment including sexual violence/exploitation/abuse (by aid workers or others), but it needs attention in the future time.	- There are no different IEC/BCC materials - There are no clear messages focused on gender-based violence and protection from sexual exploitation/abuse. - Quarantined persons are not well-informed quarantine - There's no system established to manage mistreatment including sexual violence exploitation/abuse (by aid workers or others), but it needs attention in the future time. - In Kokit, there are no children entering the quarantine center so far, but it needs attention for the future,	- Better to provide IEC/BCC materials for all QC. - Better to establish well-organized audio-visual messages and displays for all QC. - Provide information through school min-media for quarantined persons, - CFM needs to be established

Benishangul Gumuz (Assosa university)	RCCE focal person not formally delegated in the compound & no formal orientation for occupants in risk communication during arrival and discharge	The regional and local Task force should Mobilize and deploy well trained social workers & MHPSS professionals Delegate or deploy a team of RCCE for Formal orientation for returnees and for RCCE	Delegate or deploy a team of RCCE for Formal orientation for returnees and for RCCE
Dire Dawa (Dewele High School)	<p>There is no formal way of quarantined returnees receiving orientation before arrival.</p> <p>Health education made on COVID-19 risk communication after individuals arrives at quarantine site.</p> <p>All quarantined individuals were told about the purpose of the quarantine.</p> <p>There is no risk communication IEC materials distributed to the people under quarantine.</p> <p>There is no clear, accurate and relevant manner key message about prevention measures that people received.</p> <p>No child friendly space.</p> <p>There are no IEC materials that state key messages of GBV.</p>	<p>No risk communication key messages of COVID-19 for quarantined people.</p> <p>There is no well-planned health education on COVID-19 for individuals under mandatory quarantine.</p> <p>No IEC materials with key messages of COVID-19 displayed and distributed to the individuals.</p> <p>No infection prevention and control system.</p> <p>There is no child friendly space with IEC materials available.</p> <p>There is no awareness to report and get psychosocial support if one is suffering and get mistreated.</p>	<p>Avail and develop multilingual key messages and display at sites.</p> <p>Develop well-structured way with assigned health staffs for health education</p> <p>Setup and emphasis infection prevention and control system.</p> <p>Establish child friendly space with IEC materials</p> <p>Create awareness on complain confidentially if mistreat happen.</p>
Dire Dawa University	<p>People have an information on COVID-19 before and after their arrival at the quarantine center</p> <p>Quarantined individual will be informed about the purpose of the quarantined procedure and their obligations during and beyond the quarantined time</p> <p>Risk communication materials were distributed to displayed for the people in the quarantined</p> <p>The communication key messages on COVID 19 was communicated in Amharic, Oromifa and Somali languages.</p> <p>There are no IEC materials targeting children. at the quarantined center</p> <p>The key messages they delivered do not include GBV and PSEA messages</p>	<p>Lack of IEC materials of children</p> <p>Lack awareness among the content of risk communication key messages</p>	<p>Avail child friendly IEC materials</p> <p>Risk communication key messages of should be comprehensive such as GBV and PSEA etc. Plus, information where and how complain will report incase violation happed</p>

	People in the quarantine don't know where and how they can report or complain if they have a concern or suffered by mistreatment Including Sexual violence		
Gambela	There is no available information		
Togowuchale Jiggiga	<p>All people arriving in the QC will be provided information regarding COVID-19; the purpose of the quarantine and its obligatory protocols during stay and beyond.</p> <p>Regarding Risk communications means, ONLY Posters and audio materials are used. For information accuracy and relevancy QC uses different staffs with different language knowledge &/or interpreters with the returnees.</p> <p>All returnees are oriented on arrival on basic GBV and sexual exploitation and on abuse by aids workers and what to do if any threatened and where to receive for medical and psychosocial support.</p>	<p>Shortage of Risk communications materials like Banners, leaflets and audio in different languages</p> <p>Level of continues orientation of BGV and sexual exploitation is not onetime job, was not clear on continuity and scale of involvement.</p>	<p>Sufficient Risk communication materials with different languages in Posters, leaflets and audio form should be in place</p> <p>Psychosocial support formal training needs to be provided to health workers,</p> <p>GBV and sexual exploitation and on abuse for the security forces.</p>
Moyale	<p>Returnee in the quarantine received key message regarding COVID-19 before and after arrival to QCs</p> <p>On arrival and onsite orientation about the purpose of quarantine, procedure and their obligation during they stay has been conducted but the returnee are not abiding for the procedures.</p> <p>Returnees have been oriented for compliant about suffering, mistreatment, including sexual violence, exploitation and abuse by aid workers, staffs and other residents</p> <p>Weak compliance and reporting system in QCs on GBV and SEA.</p> <p>In the three QCs IEC/BCC materials (leaflet, poster, banners etc.) is not distributed/ displayed at QCs.</p>	<p>Strengthen follow up and monitoring system in QCs based the procedure and re orient returnees on quarantine center procedures and expected obligation</p> <p>Strengthen compliance and repotting mechanism</p> <p>Distribute IEC/BCC materials which mainstream PSEA and GBV and child friendly key message</p>	<p>Women and children affair Health bureau/Office Partners UN agency (UNICEF/ UNHCR)</p>

Medo QC	Orientation given on risks of COVID upon arrival No focal person for RCCE	RCCE should be Strengthened	Social affairs and Women, children and youth office
Moyale Primary School QC	Quarantined persons receive information regarding COVID19, purpose of quarantine center before and after arrival	Lack of risk communication of COVID-19 distributed or on display to the people in the quarantine Lack of child friendly IEC materials	Provision risk communication materials of COVID – 19 Provision of child friendly IEC materials
Moayele, Tuka QC	Orientation given on risks of COVID upon arrival but not enough. They get short briefing. There is no focal person for RCCE.	RCCE should be strengthened.	Social affairs and Women, children and youth office
Moyale High school	People in quarantine receive information on COVID-19 before and after arrival Purpose of quarantine, the procedures and the obligations during and after quarantine time are oriented The complaint and reporting mechanism of any concern, suffering, mistreatment including sexual violence and exploitation or abuse by aid workers were briefly oriented to the people in quarantine	There is no risk communication materials like leaflets, posters, banners, audio, etc. on COVID-19 displayed to people in the quarantine Key messages on COVID-19 about preventive measures were not communicated clearly to the people in QC There are no any child friendly IEC materials	Risk communication materials should be displayed clearly for public view Key messages should be communicated in appropriate languages Child friendly IEC materials with comic inputs should be

5 Annex 1: WASH cluster action plan

Bases on the assessment result, the WASH cluster has established the cost estimation for the required immediate interventions for the identified gaps.

S/N	Site's Name	Activities	Unit	Qty	Unit Price	Total Price	Note (Assumptions)
Afar							
1	Galafi (POE) Elidaar woreda (50 person)	Construction of temporary latrines	Number	2	35,000.00	70,000.00	4 stance/block
		construction of temporarily showers	Number	2	25,000.00	50,000.00	one for male and one for female
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins	Number	50	200.00	10,000.00	
		Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	4500	12.00	54,000.00	for 3months per day
		Body Soap (1/person)	Number	4500	25.00	112,500.00	
		Hand sanitizer/Alcohols (250ml)	Bottle	4500	45.00	202,500.00	
		Dignity Kit(50%)	No of Kits	2250	180.00	405,000.00	
		Poster (1/20 person)	Number	9	250.00	2,250.00	Renewed monthly and posted at visible places
		leaflets (1/person)	Number	4500	60.00	270,000.00	
		Total for the POE				1,228,750.00	

2	Modelina (POE) Elidaar woreda (20persdons/ day)	Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Construction of solid waste disposal pit	Number	2	2,500.00	5,000.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	
		Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Deploy water trucks	Number	1	6,000.00	6,000.00	
		Provide spray equipment to disinfect trucks and materials	Number	2	900.00	1,800.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner))
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	1800	45.00	81,000.00	
		Dignity Kit(50%)	No of Kits	900	180.00	162,000.00	
		Poster (1/20 person)	Number	6	250.00	1,500.00	
		leaflets (1/person)	Number	1800	60.00	108,000.00	
Total for the POE					555,900.00		
3	Galafi QC (50 persons/day)	Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Construction of solid waste disposal pit	Number	2	2,500.00	5,000.00	
		Provision of solid waste bins	Number	50	200.00	10,000.00	
		Installation of water distribution taps	Number	2	10,000.00	20,000.00	

		Deploy water trucks	Number	90	6,000.00	540,000.00	
		Provide spray equipments to disinfect trucks and materials	Number	2	900.00	1,800.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	hand free
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner))
		Laundry Soap (1/person)	Number	4500	12.00	54,000.00	
		Body Soap (1/person)	Number	4500	25.00	112,500.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	4500	45.00	202,500.00	
		Dignity Kit(50%)	No of Kits	2250	180.00	405,000.00	
		Poster (1/20 person)	Number	9	250.00	2,250.00	
		leaflets (1/person)	Number	4500	60.00	270,000.00	
		Total for the QC				1,743,050.00	
4	Eliddar QC (20)	Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner))
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	1800	45.00	81,000.00	

		Dignity Kit (50%)	No of Kits	900	180.00	162,000.00	
		Poster (1/20 person)	Number	6	250.00	1,500.00	
		leaflets (1/person)	Number	1800	60.00	108,000.00	
		Total for the QC				505,600.00	
5	Semera University QC (500 persons)	Provision of solid waste bins		500	200.00	100,000.00	Almost 3000 persons in 3months
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Materials for environmental sanitation campaign	LS	1	2,000.00	2,000.00	
		Laundry Soap (1/person)	Number	3000	12.00	36,000.00	
		Body Soap (1/person)	Number	3000	25.00	75,000.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	3000	45.00	135,000.00	
		Dignity Kit (50%)	No of Kits	1500	180.00	270,000.00	
		Poster (1/20 person)	Number	75	250.00	18,750.00	
		leaflets (1/person)	Number	3000	60.00	180,000.00	
		Total for the QC				819,250.00	
6	Afambo QC(20)	Maintain and separate existing latrines for male and females	Number	2	7,000.00	14,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	

		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	1800	45.00	81,000.00	
		Dignity Kit(50%)	No of Kits	900	180.00	162,000.00	
		Poster (1/20 person)	Number	6	250.00	1,500.00	
		leaflets (1/person)	Number	1800	60.00	108,000.00	
		Total for the QC				519,600.00	
7	BARK (Dubti Tendaho QC (78)	construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Provision of solid waste bins	Number	78	200.00	15,600.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	468	12.00	5,616.00	
		Body Soap (1/person)	Number	468	25.00	11,700.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	468	45.00	21,060.00	
		Dignity Kit (50%)	No of Kits	234	180.00	42,120.00	
		Poster (1/20 person)	Number	12	250.00	3,000.00	
		leaflets (1/person)	Number	468	60.00	28,080.00	

		Total for the QC					209,676.00	
		Total for Afar Region (POE and QC)					5,581,826.00	
Amhara								
8	Methema/Ga labat (POE)(50 persons/day)	Deploy water trucks	days	90	6,000.00	540,000.00		28.57142857
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00		
		construction of temporarily showers	Number	2	25,000.00	50,000.00		
		Construction of temporary latrines	Number	2	35,000.00	70,000.00		
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00		
		Provision of solid waste bins	Number	50	200.00	10,000.00		
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00		
		Deploy four cleaners	Months	3	10,000.00	30,000.00		(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	4500	12.00	54,000.00		
		Body Soap (1/person)	Number	4500	25.00	112,500.00		
		Hand sanitizer/Alcohols) (250ml)	Bottle	4500	45.00	202,500.00		
		Dignity Kit(50%)	No of Kits	2250	180.00	405,000.00		
		Poster (1/20 person)	Number	9	250.00	2,250.00		
		leaflets (1/person)	Number	4500	60.00	270,000.00		
		Total for the POE					1,798,750.00	
9		Maintain and separate existing latrines for male and females	Number	2	7,000.00	14,000.00		

Gendewuha High School QC(86)	Installation of water distribution taps	Number	2	10,000.00	20,000.00	
	Provide spray equipment to disinfect trucks and materials	Number	2	900.00	1,800.00	
	Deploy water trucks	days	90	6,000.00	540,000.00	
	Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
	construction of temporarily showers	Number	2	25,000.00	50,000.00	
	Construction of temporary latrines	Number	2	35,000.00	70,000.00	
	Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
	Provision of solid waste bins	Number	86	200.00	17,200.00	
	Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
	Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
	Laundry Soap (1/person)	Number	516	12.00	6,192.00	
	Body Soap (1/person)	Number	516	25.00	12,900.00	
	Hand sanitizer/Alcohols) (250ml)	Bottle	516	45.00	23,220.00	
	Dignity Kit (50%)	No of Kits	258	180.00	46,440.00	
	Poster (1/20 person)	Number	75	250.00	18,750.00	
	leaflets (1/person)	Number	216	60.00	12,960.00	
	Provide training for cleaners, food handlers and security workers	Number			-	
Total for the QC					915,962.00	

10	Gendewuha Primary School QC(150)	Maintain and separate existing latrines for male and females	Number	2	7,000.00	14,000.00	
		Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Provide spray equipment to disinfect trucks and materials	Number	2	900.00	1,800.00	
		Deploy water trucks	days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins	Number	150	200.00	30,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	900	12.00	10,800.00	
		Body Soap (1/person)	Number	900	25.00	22,500.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	900	45.00	40,500.00	
		Dignity Kit (50%)	No of Kits	450	180.00	81,000.00	
		Poster (1/20 person)	Number	135	250.00	33,750.00	
		leaflets (1/person)	Number	900	60.00	54,000.00	
		Provide training for cleaners, food handlers and security workers	Number			-	
Total for the QC					980,850.00		

11	Kokit High/Preparatory School (80)	Maintain and separate existing latrines for male and females	Number	2	7,000.00	14,000.00	
		Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Deploy water trucks	days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins	Number	80	200.00	16,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	480	12.00	5,760.00	
		Body Soap (1/person)	Number	480	25.00	12,000.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	480	45.00	21,600.00	
		Dignity Kit (50%)	No of Kits	240	180.00	43,200.00	
		Poster (1/20 person)	Number	72	250.00	18,000.00	
		leaflets (1/person)	Number	480	60.00	28,800.00	
Provide training for cleaners, food handlers and security workers				-			
Total for the QC					851,860.00		
Total for the Amhara Region QC and POE					2,748,672.00		
B/Gumize							

12	Points of entry Kurmuk(40)	Maintain and separate existing latrines for male and females	Number	2	7,000.00	14,000.00	
		Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Deploy water trucks	days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	3600	12.00	43,200.00	
		Body Soap (1/person)	Number	3600	25.00	90,000.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	3600	45.00	162,000.00	
		Dignity Kit (50%)	No of Kits	1800	180.00	324,000.00	
		Poster (1/20 person)	Number	540	250.00	135,000.00	
		leaflets (1/person)	Number	3600	60.00	216,000.00	
		Total for the POE			1,644,200.00		
13	Assosa University QC(500)	Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Installation of Water storage tanker (5MC capacity)	Number	1	8,000.00	8,000.00	
		Provision of solid waste bins	Number	500	200.00	100,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Materials for environmental sanitation campaign	LS	1	2,000.00	2,000.00	

		Laundry Soap (1/person)	Number	3000	12.00	36,000.00	
		Body Soap (1/person)	Number	3000	25.00	75,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	3000	45.00	135,000.00	
		Dignity Kit(50%)	No of Kits	1500	180.00	270,000.00	
		Poster (1/20 person)	Number	450	250.00	112,500.00	
		leaflets (1/person)	Number	3000	60.00	180,000.00	
		Provide training for cleaners, food handlers and security workers				-	
		Total for the QC				941,000.00	
		Total for B/G region				2,585,200.00	
Somali							
14	Dewelee, Ethiopian Galile, Point of Entry (50 person/day)	Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Deploy water trucks	days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	4500	12.00	54,000.00	
		Body Soap (1/person)	Number	4500	25.00	112,500.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	4500	45.00	202,500.00	

		Dignity Kit (50%)	No of Kits	2250	180.00	405,000.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Poster (1/20 person)	Number	9	250.00	2,250.00	
		leaflets (1/person)	Number	4500	60.00	270,000.00	
		Provision of solid waste bins		50	200.00	10,000.00	
		Construction of solid waste disposal pit		1	2,500.00	2,500.00	
		Total for the POE				1,818,750.00	
15	Dewele High School QCs(44).	Maintain and separate existing latrines for male and females		2	7,000.00	14,000.00	
		construction of temporarily showers		2	25,000.00	50,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins		44	200.00	8,800.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Laundry Soap (1/person)	Number	264	12.00	3,168.00	
		Body Soap (1/person)	Number	264	25.00	6,600.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	264	45.00	11,880.00	
		Dignity Kit(50%)	No of Kits	132	180.00	23,760.00	
		Poster (1/20 person)	Number	39	250.00	9,750.00	

		leaflets (1/person)	Number	264	60.00	15,840.00	
		Provide training for cleaners, food handlers and security workers				-	
		Total for the QC				196,298.00	
17	Jigjiga- Points of entry (50 persons/Day)	Installation of water distribution taps	Number	2	10,000.00	20,000.00	
		Deploy water trucks	Days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	4500	12.00	54,000.00	
		Body Soap (1/person)	Number	4500	25.00	112,500.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	4500	45.00	202,500.00	
		Dignity Kit(50%)	No of Kits	2250	180.00	405,000.00	
		Poster (1/20 person)	Number	675	250.00	168,750.00	
		leaflets (1/person)	Number	4500	60.00	270,000.00	
		Provision of solid waste bins	Number	50	200.00	10,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
	Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)	

		Total for the POE				1,985,250.00	
18	JJU QC(2275)	Maintenance of existing latrines	Number	4		-	
		Maintains of existing showers	Number	4		-	
		Construction of solid waste disposal pit for kitchen wastes	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins		1000	200.00	200,000.00	
		Provision of cleaning materials (mop, bucket.)			500.00	-	
		Materials for environmental sanitation campaign	LS	1	2,000.00	2,000.00	
		Laundry Soap (1/person)	Number	6000	12.00	72,000.00	
		Body Soap (1/person)	Number	6000	25.00	150,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	6000	45.00	270,000.00	
		Dignity Kit(50%)	No of Kits	3000	180.00	540,000.00	
		Poster (1/20 person)	Number	900	250.00	225,000.00	
		leaflets (1/person)	Number	6000	60.00	360,000.00	
		Provide training for cleaners, food handlers and security workers				-	
		Provision of PPE's for food handlers, cleaners and other people who are involved in the management				-	
		Total for the QC				1,821,500.00	
		Total for Somali region				5,821,798.00	
Dire Dawa City Administration							

16	Dire Dawa University QC(1600)	Maintenance of existing latrines		4	7,000.00	28,000.00	
		Maintains of existing showers		4	5,000.00	20,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Provision of solid waste bins		800	200.00	160,000.00	As the University may not use all its capacity
		Provision of cleaning materials (mop, bucket.)			500.00	-	
		Materials for environmental sanitation campaign	LS	1	2,000.00	2,000.00	
		Laundry Soap (1/person)	Number	4800	12.00	57,600.00	
		Body Soap (1/person)	Number	4800	25.00	120,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	4800	45.00	216,000.00	
		Dignity Kit(50%)	No of Kits	2400	180.00	432,000.00	
		Poster (1/20 person)	Number	240	250.00	60,000.00	
		leaflets (1/person)	Number	4800	60.00	288,000.00	
		Provide training for cleaners, food handlers and security workers				-	
		Total for the QC					1,386,100.00
Total for the Dire Dawa City administration					1,386,100.00		
Gambella							
19	Pagag Point of Entry, (20 persons/day)	Rehabilitation of motorized borehole	Number	1	250,000.00	250,000.00	
		provision and installation of generators to stop water trucking services	Number	1	450,000.00	450,000.00	

		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	1800	45.00	81,000.00	
		Dignity Kit(50%)	No of Kits	900	180.00	162,000.00	
		Poster (1/20 person)	Number	6	250.00	1,500.00	
		leaflets (1/person)	Number	1800	60.00	108,000.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Total for the POE				1,295,600.00	
20	Gambela University QC(82)	Provision of surface pumps to left water to the buildings	Number	1	50,000.00	50,000.00	
		Provision of solid waste bins	Number	82	200.00	16,400.00	
		Materials for environmental sanitation campaign	LS	1	2,000.00	2,000.00	
		Laundry Soap (1/person)	Number	492	12.00	5,904.00	
		Body Soap (1/person)	Number	492	25.00	12,300.00	

		Hand sanitizer/Alcohols)(250ml)	Bottle	492	45.00	22,140.00	
		Dignity Kit(50%)	No of Kits	246	180.00	44,280.00	
		Poster (1/20 person)	Number	72	250.00	18,000.00	
		leaflets (1/person)	Number	492	60.00	29,520.00	
		Provide training for cleaners, food handlers and security workers				-	
		Provision of PPE's for food handlers, cleaners and other people who are involved in the management				-	
		Total for the QC				200,544.00	
		Total for Gambela region				1,496,144.00	
Moyale (Oromia and Somali region)							
21	Ethio-Kenya Main Entry (20 persons/day)	Deploy water trucks	Days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	1800	45.00	81,000.00	
		Dignity Kit(50%)	No of Kits	900	180.00	162,000.00	

		Poster (1/20 person)	Number	270	250.00	67,500.00	
		leaflets (1/person)	Number	1800	60.00	108,000.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner)
		Total for the POE				1,231,600.00	
22	Mega Tera Points of entry (20 persons/day)	Deploy water trucks	Number	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10 MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	1800	45.00	81,000.00	
		Dignity Kit(50%)	No of Kits	900	180.00	162,000.00	
		Poster (1/20 person)	Number	270	250.00	67,500.00	
		leaflets (1/person)	Number	1800	60.00	108,000.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	

		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	(Monthly salary for 3 months (2500.00ETB/cleaner))
		Provide spray equipment to disinfect trucks and materials	Number	2	900.00	1,800.00	
		Total for the QC				1,233,400.00	
23	Bulodi entry point (20 persons/day)	Deploy water trucks	days	90	6,000.00	540,000.00	
		Installation of Water storage tanker (10 MC capacity)	Number	1	30,000.00	30,000.00	
		construction of temporarily showers	Number	2	25,000.00	50,000.00	
		Construction of temporary latrines	Number	2	35,000.00	70,000.00	
		Installation of Handwashing facilities	Number	2	10,000.00	20,000.00	
		Laundry Soap (1/person)	Number	1800	12.00	21,600.00	
		Body Soap (1/person)	Number	1800	25.00	45,000.00	
		Hand sanitizer/Alcohols)(250ml)	Bottle	1800	45.00	81,000.00	
		Dignity Kit(50%)	No of Kits	1800	180.00	324,000.00	
		Poster (1/20 person)	Number	900	250.00	225,000.00	
		leaflets (1/person)	Number	270	60.00	16,200.00	
		Provision of solid waste bins	Number	20	200.00	4,000.00	
		Construction of solid waste disposal pit	Number	1	2,500.00	2,500.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	

		Provide spray equipment to disinfect trucks and materials	Number	2	900.00	1,800.00	
		Total for the POE				1,461,100.00	
24	Moyale primary school QC (32)	construction of temporarily showers		2	25,000.00	50,000.00	
		Provision of solid waste bins		32	200.00	6,400.00	
		Provision of cleaning materials (mop, bucket.)	Ls	1	500.00	500.00	
		Deploy four cleaners	Months	3	10,000.00	30,000.00	
		Laundry Soap (1/person)	Number	192	12.00	2,304.00	
		Body Soap (1/person)	Number	192	25.00	4,800.00	
		Hand sanitizer/Alcohols) (250ml)	Bottle	192	45.00	8,640.00	
		Dignity Kit (50%)	No of Kits	96	180.00	17,280.00	
		Poster (1/20 person)	Number	30	250.00	7,500.00	
		leaflets (1/person)	Number	192	60.00	11,520.00	
		Total for the QC				138,944.00	
		Total for Moyale areas (Oromia/Somali)				4,065,044.00	
		Grand Total (All)			ETB	23,684,784.00	
					USD	696,611.29	