



**HEALTH CLUSTER BULLETIN #16**  
**May 2020**



MHNT conducting vaccination for pregnant women, Bercano woreda.  
 Photo: Mercy Corps.

**Ethiopia**

Emergency type: Multiple Events

Reporting period: 1-31 May 2020



**10.6 M**  
**IN NEED**



**2.0 M IDP**  
**TARGETED**



**4.5 M HOST**  
**TARGETED**



**231 WOREDAS**

**HIGHLIGHTS**

- As of 22 June, 4,663 confirmed cases and 75 deaths of **COVID-19** have been reported in Ethiopia, a 12-fold increase within one month, affecting all regions and city administrations in the country.
- Other ongoing disease outbreaks in the country include cholera, measles, cVDPV2, yellow fever, and increased caseloads of malaria.
- The national **flood** taskforce issued the second alert for the Kiremt rainy season from June to September, with a very high probability of heavy rainfall in the western, south western and central parts of the country.

**HEALTH SECTOR**



**30** HEALTH CLUSTER  
 IMPLEMENTING PARTNERS

**MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS**



**3,451** ASSORTED MEDICAL KITS

**HEALTH CLUSTER ACTIVITIES**



**203,460** OPD CONSULTATIONS

**VACCINATION**



**7,680** VACCINATED AGAINST  
 MEASLES

**IDSR**



**5** CONFIRMED COVID-19, POLIO,  
 YELLOW FEVER, CHOLERA,  
 MEASLES OUTBREAKS

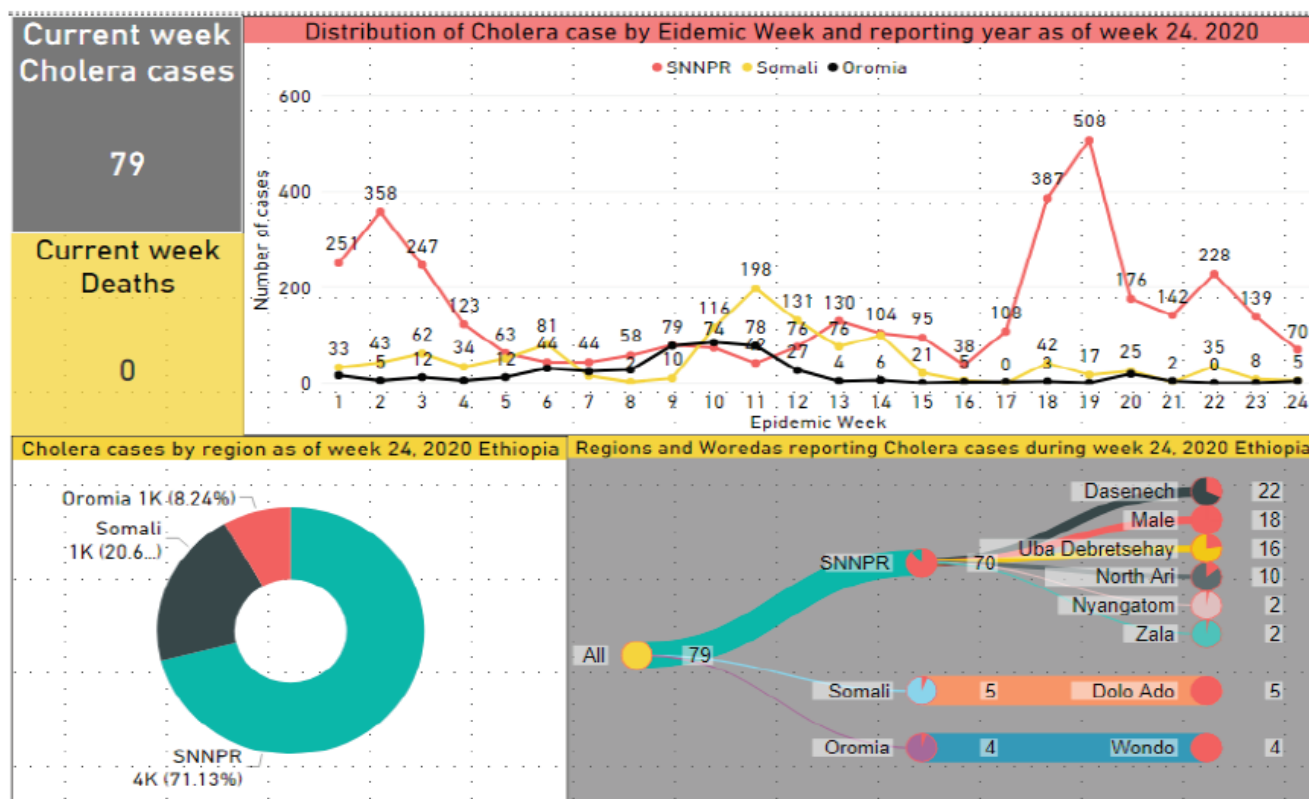
**FUNDING \$US**



**195 M** REQUESTED  
**7.7 M** 4% FUNDED  
**187.3 M** GAP

## Situation update

**Cholera** outbreaks continue in three regions of Somali, SNNP and Oromia. The woreda reporting cases in the last four weeks include Abaya, Dolo Ado, Desenach, North Ari, Nyagatom, Wonago and Wondo. The national epidemiological curve for total caseloads is comparable to last year. Some of the partners supporting government response include SCI, IRC, MCMDO, IOM, WHO and UNICEF.



**Measles** outbreaks continued mostly in Oromia region, with some cases also reported in Amhara, Afar, Somali and SNNP regions. Some of the woredas with active transmission include Adaba, Agarfa, Burka Dimtu, Chiro Zuria, Dodola, Gololcha, Kokosa, Meta, mieso, Oda Shakiso, and Siraro. Partners supporting response include IMC, ACF, GOAL, MCMDO, CRS, CARE, WVE, WHO, UNICEF and USAID Transform project. The national measles SIA that was postponed in March due to COVID-19 outbreak is now rescheduled for early July.

3 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported from West Arsi, Hadiya and wolayita zones. **Malaria** caseloads have increased during the Belg rains, notably in Amhara region.

As of 22 June, the country has reported 4,663 confirmed cases of **COVID-19**, a 12-fold increase within one month, affecting all regions and city administrations. Response continues through the national and subnational PHEOC, with support from partners in different forms. At the time of writing, there were 9.0M confirmed cases and 472,172 deaths globally, including 229,589 cases and 5,084 deaths in 47 African countries.

Useful sites for information include:

Health Cluster on Humanitarian Response: <https://www.humanitarianresponse.info/en/operations/ethiopia/health>

EPI: <https://www.epi.gov.et/index.php/public-health-emergency/novel-corona-virus-update>

WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

WHO: <https://www.afro.who.int/health-topics/coronavirus-covid-19>

JHU: <https://coronavirus.jhu.edu/map.html>

The national **flood** taskforce issued the second alert for the Kiremt (summer) rainy season for the period June to September. There's a very high probability of heavy rainfall especially in July and August in the western, south western and central parts of the country. A multicluster contingency plan is under compilation. Already 470,164 people were affected and 301,284 displaced by the recent heavy Belg rains. Ongoing multisectoral response includes health interventions by partners like SCI, IOM and GOAL, guided by the recently completed response plan of \$30.7M.

## Public Health risks, priorities, needs and gaps

### Health risks

- Following WHO's declaration of COVID-19 outbreak as a pandemic, Ethiopia was categorized as very high risk due to its position as an air travel hub.
- Communicable disease outbreaks due to low literacy levels, poor and congested living conditions, poor WaSH facilities and practices, mass gatherings and activities, and low vaccination coverage.
- Conflict and population displacement leading to increased health demands to the facilities, due to new and pre-existing conditions and diseases, mental health burden, sexual and gender-based violence, and other sexual and reproductive health needs.
- Food insecurity and malnutrition, resulting from erratic rains and drought in some locations, which contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions.

### Priorities

- COVID-19 outbreak readiness and response.
- Delivery of essential life-saving emergency health services to vulnerable populations by ensuring sufficient quantities of quality medicines and medical supplies, and health workers teams to perform the work.
- Work with and strengthen the capacity of the existing health system by training health workers and establishing humanitarian-development linkages.
- Enhance quality of the response through field level coordination, monitoring and support to partners with the main focus on IDP/return locations and new incidents.
- Improve the collection and collation of data and information from partners, present it in information products and use it for decision making, resource mobilization and guiding the response.
- Support joint and integrated approaches with other Clusters targeting the same locations and populations with humanitarian response.

### Needs and gaps

- Significant shortages of qualified health staff to implement the response in emergency affected locations, in an already strained health system, and partners' inability to recruit adequately.
- There is need to strengthen the regular supply chain for medicines, and harmonize it with the emergency streams to reduce incidents of stock-outs at health facilities, and address delays in emergency funding.
- Health facilities in many return locations were fully or partially destroyed during the conflict. There is need to speedily rehabilitate, re-staff and restock these facilities.

## Health Cluster Action

### 2020 HRP dashboard

Indicator	Q1	Apr	May	Total
1. Number of health facilities including COVID-19 isolation facilities and mobile teams supported in crises affected locations	198	387	468	468
2. Number of total OPD consultations	385,567	197,724	203,460	786,751
3. Number of normal deliveries attended by skilled birth attendants	2,297	1,564	1,550	5,411
4. Number of women in child bearing age receiving modern contraceptives	32,057	7,567	11,371	50,995
5. Number of community members receiving health IEC messages including COVID-19	291,065	575,221	1,161,669	2,027,955
6. Number of assorted emergency medical kits and COVID-19 PPE kits distributed in crises affected locations	551	449	3,451	4,451
7. Number of cases with injuries and disabilities treated and referred for further care	577	86	228	891
8. Number of cases receiving mental health and psychosocial support services including COVID-19	153	2,253	15,431	17,837
9. Number of survivors of SGBV receiving clinical care for rape	13	8	3	24
10. Number of epidemic prone disease alerts including COVID-19 verified and responded to within 48 hours	718	604	191	1,513
11. Number of children 6 months to 15 years receiving emergency measles vaccination	407,529	2,545	7,680	417,754

## Strategy and response processes

The country continues response to the Health sector's scenario 3 COVID-19 EPRP. Objectives of the response include minimizing caseloads, deaths and the impact of the outbreak on the health system. In line with this plan, the multisectoral national plan is also under implementation coordinated at the NDRMC's emergency coordination centre (ECC). Revision of Ethiopia 2020 HRP to incorporate COVID-19 response was completed, with the health cluster's target population increasing from 3.2M to 6.5M people, with a funding requirement of \$195M. The cluster's approach is to integrate COVID-19 activities into ongoing essential health services for vulnerable populations.

Response to cholera and measles outbreaks continues to be structured around case management, social mobilization and risk communication, logistics and supplies, surveillance and laboratory investigation, WaSH and the use of OCV. The EPHI and RHB lead the interventions, with Health Cluster partners supporting as and when assigned by the authorities. Surge support to functional health facilities remained the main modality of response for Health Cluster partners, with some also able to offer technical support to the local health authorities. Mobile teams remain an option whenever necessary.

### Health Cluster coordination

In May, the health cluster held weekly virtual meetings to regularly update and guide on the ongoing partners' contribution to essential health services and COVID-19 response. It was noted that all partners had integrated COVID-19 activities in their existing projects. Additional partners have joined the cluster since the COVID-19 was confirmed in the country. The EHF SA1 proposals review was finalized. 18 partners were funded for 18 health projects covering about 80 woredas. Subnational coordination is ongoing in all regions and some zones. It is noted that regions and zones which had ongoing emergency response activities before the COVID-19 outbreak have stronger and more consistent coordination mechanisms. A lot of support has been provided by the national cluster to new priority locations.

### Field Monitoring and support

A field mission was undertaken to assess COVID-19 response in eastern zones of Oromia region, Dire Dawa city administration and Harari region. It was noted that partners presence was minimal in cities including Adama, Dire Dawa and Harar. Partners presence was more notable in rural woredas of East Shewa, East and West Hararge zones. Several examples of local resource mobilization were observed, for example buildings offered for isolation facilities, cash and in-kind donations.

### Training of health workers

**MCMDO** conducted on the job orientation for 103 health extension workers.

**IOM** supported COVID-19 IPC training for 83 health workers in West Wollega zone and COVID-19 community based surveillance training for 195 health extension workers in Gedeo zone.

**IMC** conducted community sensitization & religious leaders training on outbreak prone diseases including COVID-19 for 200 individuals.

**OWDA** conducted orientation on community-based surveillance for vaccine preventable diseases, priority zoonotic diseases and COVID-19 for 283 community health volunteers, 25 HEW and 15 animal health technicians in 4 woredas of Somali region.

**ACF** conducted orientation for health workers about IPC and surveillance of cholera and COVID-19 in Moyale woreda, Borena zone.

### Provision of essential drugs and supplies

**WHO** donated 119 emergency health kits to partners and zonal health offices in all regions.

**UNICEF** dispatched 12 EDK to East and West Hararge IDP locations to support the essential health services, and donated 3,200 COVID-19 PPE kits to government.

## Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 14-17, 2020, Ethiopia

Region	Malaria (Confirmed & clinical)		Suspected Meningitis		SAM		Suspected AFP		Suspected Measles		Suspected NNT		Suspected Rabbits		Maternal Death	Scabies	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Deaths	Cases	Deaths
A Ababa	101	-	9	-	131	1	2	-	7	-	-	-	145	-	4	1,485	-
Afar	6,889	-	15	-	1,052	2	-	-	73	3	-	-	-	-	6	-	-
Amhara	39,357	2	14	1	2,683	-	4	-	861	8	2	-	148	1	25	7,291	-
B Gumuz	10,629	-	5	-	104	-	1	-	-	-	-	-	35	-	4	344	-
Dire Dawa	244	-	-	-	98	-	-	-	-	-	-	-	-	-	-	115	-
Gambella	5,333	-	7	-	102	1	-	-	-	-	-	-	-	-	-	7	-
Harari	101	-	16	-	66	-	1	-	15	-	-	-	-	-	6	77	-
Oromia	11,121	-	128	-	9,409	5	5	-	1,244	4	5	-	19	-	44	5,019	-
SNNPR	16,889	3	14	-	2,650	6	1	-	9	-	1	3	12	-	7	1,685	-
Somali	5,006	-	65	-	5,452	-	12	-	31	-	-	-	-	-	10	47	-
Tigray	7,362	-	3	-	849	1	-	-	28	-	-	-	162	-	14	1,779	-
<b>Total</b>	<b>103,032</b>	<b>5</b>	<b>276</b>	<b>1</b>	<b>22,596</b>	<b>16</b>	<b>26</b>	<b>-</b>	<b>2,268</b>	<b>15</b>	<b>8</b>	<b>3</b>	<b>521</b>	<b>1</b>	<b>120</b>	<b>17,849</b>	<b>-</b>

EPI reported that on each epi week from 19 to 22, most regions met the required 80% IDSR reporting completeness and timeliness.

### Support to health service delivery

**IMC** Provided OPD consultations for adults (4,319) and CU5 (2,650) through lifesaving emergency health services & outbreak response. 3,269 children were supplemented with Vit A & deworming and 5,173 children were vaccinated against measles during defaulter tracing campaign. 578 pregnant women attended normal deliveries by skilled birth attendants. 4,279 WCBA received comprehensive RH services including modern contraceptives. 185 cases were referred to higher level services and 82 clients received mental health and psychosocial support. 5,759 CU5 and 1,830 PLW were screened for malnutrition. Health education and promotion was conducted for 6,020 clients and caretakers.

**MCMDO** reached 31,737 beneficiaries through lifesaving primary health care and nutrition service. 13,266 beneficiaries received consultation and treatment services of which 4,439 CU5. 1,502 WCBA received modern contraceptives. 363 pregnant women received ANC1 & 4 services. 21 deliveries were attended by MHNT midwives. Health education on COVID-19 was conducted for 51,627 beneficiaries. 62 cases who needed secondary level management were referred to hospitals. 8,767 CU5 and 3,951 PLW were screened for malnutrition. 180 SAM & 577 MAM CU5 and 1,417 MAM PLW identified and treated.

**IOM** continued provision of essential services in East Wollega, West Guji and Gedeo amid the COVID-19 response. IOM conducted 6,395 medical consultations, screened 1,479 CU5 years for malnutrition and reached 21,174 individuals with key health messages. 1,111 women received basic SRH services. IOM supported the cholera response in Wonago woreda and floods response in Gelana woreda deploying MHNT to Meteri and Ejersa kebeles, and donated 344 bags and 3,575 pieces of

**GOAL** MHNT conducted 7,250 medical consultations in Yirgachefe, Medawolabu, Dolomena and Gelana woredas. Health education was provided for 2,318 individuals. 11 women in child bearing age received modern contraceptives. In Somali region (Galadi, Daratole, Bokh woredas), 1,685 consultations were conducted, and health education provided for 2,904 individuals.

**IRC** provided health education on COVID-19 prevention at Refanti, Suge and Tutine HP and hand washing demonstration performed for 319 participants in Haro limmu woreda, East Wollega. Awareness creation and community mobilization was done at Fufate outreach of Lelisa Bareda HP, Galo HC, B/Balo HP. Isolation room were prepared at Anger HC and Balo HC and health education was given for 872 community members and clients in Sasiga woreda, East Wollega. IRC reached 10,143 beneficiaries with consultation services in Oda Bildgilu woreda.

**OWDA's** MHNT reached 3,483 people with health messages on COVID-19 in different woredas of Dollo and Shebelle zone. OWDA MHNT provided primary healthcare services in Danot and Daratole woredas and conducted consultations for 4,239 patients (2,543 female and 1,696 male).

**UNICEF** MHNT in Afar and Somali regions conducted 33,993 new consultations, of which 44% were CU5 and 32% were women. Among South Sudanese refugees at the points of entry, 32 children under five were vaccinated against measles. From January 1 to 31 May 2020, children vaccinated against measles reached 4,801 at refugee camps & 1,283 children at entry points. In May, 47 children received polio vaccination at entry points. Since January 2020, 1,492 South Sudanese refugees children received polio vaccines.

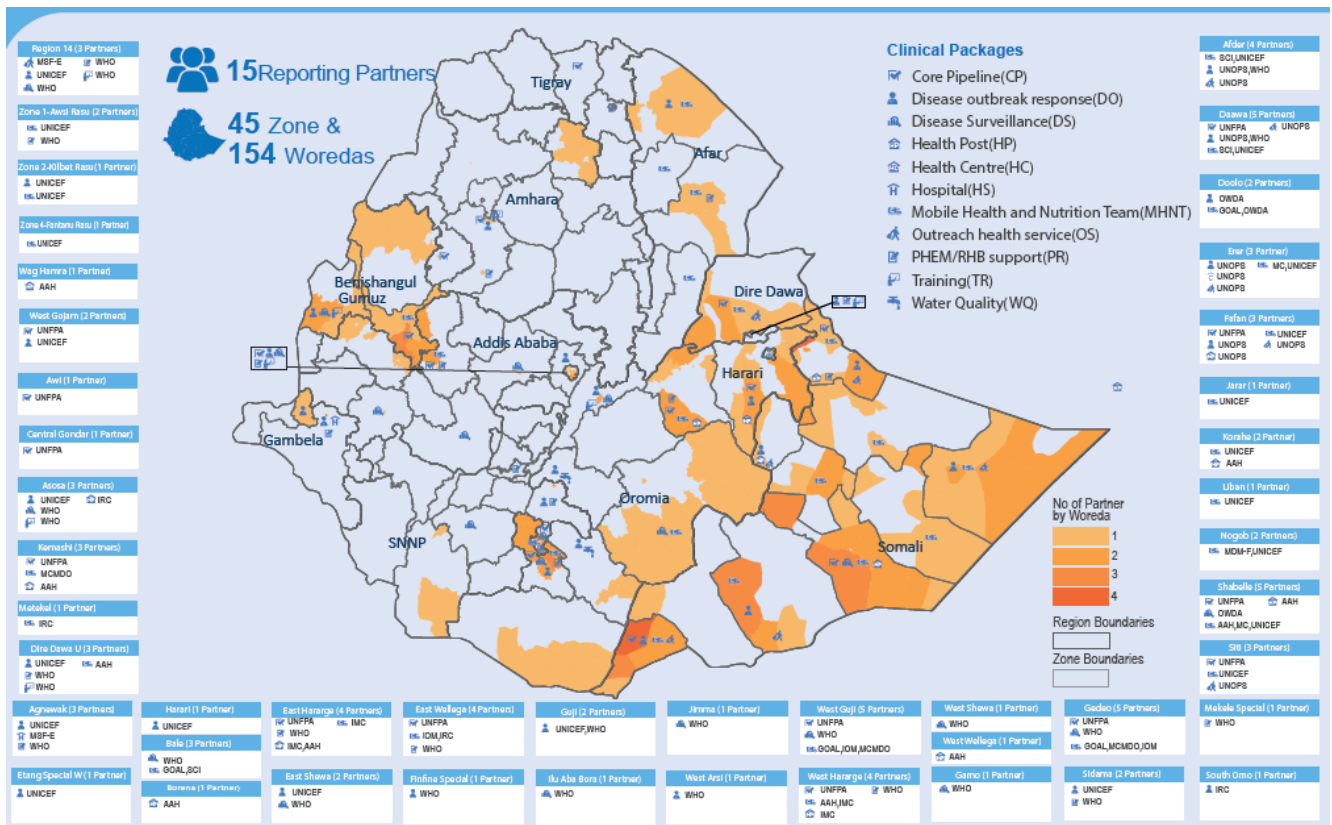
**SCI** MHNT reached 12,587 beneficiaries through compressive curative, preventive and promotive primary health care services and saved many lives of victimized population group mainly women and children. SCI is supporting risk communication, IPC, coordination pillars of COVID response at national and sub-national level.

**Mercy Corps** runs three MHNT in three woredas of Somali; namely Tuliguled, East Imey and Bercano. The MHNT provided medical consultation for 2,829 beneficiaries of whom 559 were under five years, 896 were between 5 to 18 years, 908 were adults above the age of 18 years and 466 were elderly people. 149 children were vaccinated against measles. In addition, the MHNT identified and treated 56 SAM children under five without medical complications at outreach sites.

**ACF** continued supporting government in awareness raising activities on COVID-19 using locally translated IEC materials in all its operational areas. Different hygiene and sanitation materials and other essential commodities were procured and distributed to health facilities as part of COVID-19 and essential health response. ACF provided logistics and transportation of medicine/equipment from woredas to health facilities. ACF supported quarantine and isolation centers with materials in Moyale, Guchi and Miyo woredas of Borena zone.

**MSF-Spain** continued to support Gambela hospital to strengthen the quality of secondary healthcare for refugees and host community. 1,260 patients received emergency care. 153 patients were admitted to surgical ward. 114 life-saving surgical interventions were performed. 236 individuals received mental health consultations. 157 units of blood were collected, screened and availed for transfusion. 41 group sessions of psycho-education with 525 participants were conducted. COVID-19 RCCE activities were started including messages on hand washing and mandatory quarantine. 119 persons were reached in these sessions.

## Health Cluster 3W map



## Plans for future response

The Health Cluster will continue working with the PHEOC to support various thematic pillars TWG. As COVID-19 EOC have been activated in all regions, partners will contribute to and participate in readiness and response efforts at subnational level. The Health Cluster through partners will continue implementing essential life-saving health services for IDP, returnees and host communities in emergency locations. Conflict affected zones with new IDP and returnees will be prioritized, while the needs of chronic IDP will be assessed from time to time. Response to on-going cholera and measles outbreaks, as well as the early warning system will be strengthened. Surge support to the existing network of health facilities and outreach services will be preferred as much as possible, with mobile health and nutrition teams (MHNT) reserved for locations and populations of limited access.

## Health Cluster meeting partners

### National

UNFPA, IOM, WHO, UNHCR, GOAL, UNAIDS, FIDO, UNESCO, UNRCO, WVE, ECHO, MCMDO, UNICEF, ACF, OWDA, SCI, IRC, IMC, PIN, CARE, CRS, CCM, CWW, USAID PHC Transform, FHI360 IDDS, GHSC-PSM, MSF-E; OCHA, CUAMM, GNE, UNDP, RCO, UN Women, Mercy Corps, Child Fund, Plan International, Nutrition International.

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