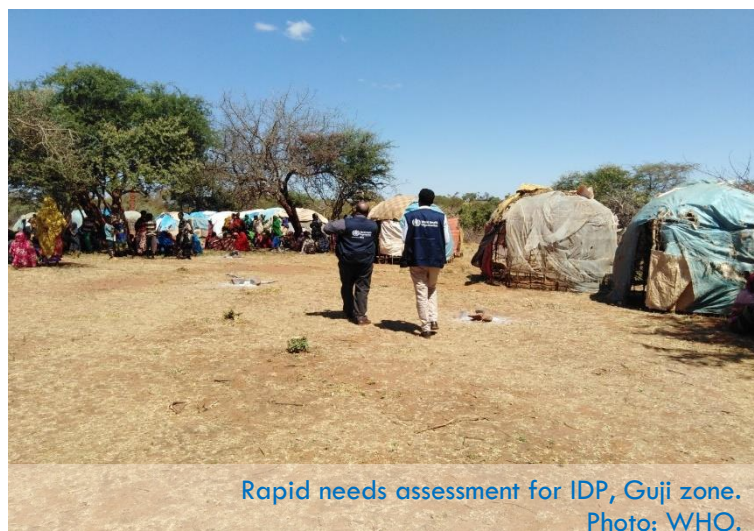




HEALTH CLUSTER BULLETIN #11 December 2019



Ethiopia

Emergency type: Multiple Events

Reporting period: 1-31 December 2019



**6.0 MILLION
IN NEED**



**1.6 M IDP
TARGETED**



**1.6 M HOST
TARGETED**



73 WOREDAS

HIGHLIGHTS

- New cholera outbreaks were confirmed in 4 woredas of South Omo zone and Kelafo woreda of Shebelle zone in addition to Gamo Gofa zone. 704 cases were reported in South Omo, 160 cases in Kelafo and 293 cases in Gamo Gofa.
- A case of cVDPV2 was confirmed in East Shewa zone, not linked to the one of West Arsi zone. The government and partners have planned 3 rounds of mOPV2 vaccination campaigns in 72 high risk woredas in Oromia & SNNPR.
- Considering the insecurity, long distances, low health workers coverage, and minimal presence of humanitarian actors in Guji zone, the implication is reduced availability of and access to essential health services for IDP.

HEALTH SECTOR



20 HEALTH CLUSTER
IMPLEMENTING PARTNERS

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



135 ASSORTED MEDICAL KITS

HEALTH CLUSTER ACTIVITIES



92,756 OPD CONSULTATIONS

VACCINATION



3,596 VACCINATED AGAINST
MEASLES

EWARS



3 CONFIRMED CHIKUNGUNYA,
CHOLERA & DENGUE FEVER
OUTBREAKS

FUNDING \$US



95 M REQUESTED
20.8 M 21% FUNDED
74.2 M GAP

Situation update

In December, EPHI reported new cholera outbreaks in four woredas of South Omo zone and Kelafo woreda of Shebelle zone in addition to another outbreak in Gamo Gofa zone. So far 704 cases were reported in South Omo, 160 cases in Kelafo and 293 cases in Gamo Gofa. All regions and administrative cities except Gambela and Benishangul Gumuz were affected by cholera in 2019. Health Cluster partners are supporting the government in cholera prevention and control activities in all outbreak affected areas. Coordination, case management, surveillance, water and sanitation interventions, risk communication and social mobilization were maintained and strengthened. The outbreak response was enhanced by the teams deployed from national and regional health bureaus with the engagement of communities.

There are ongoing measles outbreaks most notably in West and East Hararge zones, with 1,079 and 2,067 cases reported cumulatively since September. Most cases were from Odabultum woreda, and 65% of cases were children under five. 46% and 77% of cases in West and East Hararge had not received a single dose of measles vaccine. Response interventions including case management and enhanced routine EPI are ongoing. Mass measles vaccination campaigns targeting over 1.5 million children 6 months and 15 years have been planned.

Dengue fever outbreak is ongoing in Gewane woreda of Afar and Dolo Ado and Dolo Bay woredas of Somali. 457 cases were reported in Afar and 315 cases in Somali.

A multi-agency rapid assessment was conducted in Guji zone in December following the new wave of conflict and population displacement. The zonal authorities estimated that there were about 40,000 old IDP and 80,000 new IDP in six woredas of the zone. Majority of these people are living in the host communities, and some are in small collective sites and rental houses. Significant needs were observed in food, nutrition, WaSH, ESNFI and health, with limited humanitarian support. All existing health facilities were functional except three health posts that were closed in Liben woreda. No health facilities were vandalized or looted during the conflict. However, it was notable that all the health facilities were operating with a workforce less than 50% of the recommended numbers. The average distance for people to reach health facilities was shown to be over 10 km. Considering all these factors of insecurity, long distances, low health workers coverage, and minimal presence of humanitarian actors, the implication is reduced availability of and access to essential health services.

Public Health risks, priorities, needs and gaps

Health risks

- 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.
- 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 for vaccine preventable diseases.
- Food insecurity and malnutrition, resulting from erratic rains and drought and floods in some locations, which contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions.

Priorities

- 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 facility level. At subnational levels, areas of support include warehousing capacity, and logistics and distribution mechanisms. Delays in emergency funding and procurement should be addressed.
- Health facilities in many return locations were fully or partially destroyed during the conflict. This means that for some time the population will rely on MHNT for essential health services. There is need to speedily rehabilitate, re-staff and restock these facilities.

Health Cluster Action

Strategy and response processes

Response to cholera 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. Efforts for environmental control measures for chikungunya and dengue fever continued.

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.

2019 HRP dashboard

	Indicator	Q1	Q2	Q3	Oct	Nov	Dec	Total
1	OPD consultations in IDP locations	132,835	131,632	384,401	101,053	101,958	92,756	944,635
2	OPD consultations for CU5 in IDP locations	41,594	47,853	82,081	61,775	74,869	50,232	358,404
3	Normal deliveries attended by skilled birth attendants	959	821	1,462	1,355	1,826	1,521	7,944
4	WCBA receiving modern contraceptives	4,678	5,850	11,186	6,166	10,830	12,562	51,272
5	Epidemic prone disease alerts verified and responded to in 48 hours	29	24	21	259	13	229	575
6	Children 6 months to 15 years receiving emergency measles vaccine	650,501	1,230,912	37,000	603	94	3,596	1,922,706
7	Health facilities providing CMR services for SGBV survivors	120	196	48	44	51	82	196
8	Health facilities addressing health needs of persons with disabilities	36	195	173	21	46	81	195
9	Health facilities providing MHPSS services in IDP locations	33	75	192	23	26	62	192
10	Referrals to higher level and specialized services completed	409	325	709	527	433	319	2,722

Health Cluster coordination

In December, the strategic advisory group and partners meetings were conducted jointly. The meeting reviewed the cluster's work in 2019 and identified achievements as well as areas for improvement. It was noted that Ethiopia developed HNO and HRP documents for the first time and the cluster coordination performance monitoring was completed. It was noted that the cluster partners contributed significantly to effective control of outbreaks that occurred in various parts of the country. The need for intensifying resource mobilization from diverse sources was highlighted as an area for improvement.

The MHPSS TWG held its monthly meeting on December 26, 2019, discussed and accepted the proposal to handover the secretariat role from UNICEF to WHO. The meeting also agreed to postpone to early 2020 the staff care event that was previously planned for December 2019. There were presentations by CCM, CIFA, ERCS and IOM on MHPSS services for returnees in different parts of the country, which highlighted the need for more integration of services and improving referrals.

Training of health workers

MCMDO conducted on the job training for more than 84 health extension workers. Health messages were delivered to 21,561 people.

UNFPA conducted capacity development trainings on MISP) for RH in three rounds/sessions for 80 health workers from East Hararge, West Guji and Dawa zones. CMR trainings were provided in 4 sessions to 100 participants from East Wollega, Dawa, East Hararge and West Guji zones. Long acting family planning training was provided to 20 health workers in Geddo and West Guji zones.

GOAL conducted health education sessions for 1,778 (578 M, 1200 F) individuals on a key health messages in Abaya woreda. In Medawolabu woreda, 102 (54 M, 48 F) people were provided health messages on topics of hygiene and sanitation, ANC and family planning, immunization, rational use of drugs, and nutrition.

WHO in collaboration with EPHI and FMOH conducted the IDSR adaptation workshop, where 25 health workers received TOT training for the new IDSR 3rd edition. 40 clinical health workers from Benishangul Gumuz region received training on dracunculiasis case identification and management. 21 health workers from EPHI received training on data management and visualization.

Child Health

In December, a case of cVDPV2 was confirmed in East Shewa zone, not linked to the one of West Arsi zone in September. In response to these cVDPV2 outbreaks, the government and partners have planned to conduct three rounds of mOPV2 immunization campaigns in 72 high risk woredas in Oromia and SNNP regions. The round zero campaign was conducted from 21 to 24 December with a coverage of 117.5% (82,262 children) in Oromia and 102.2% (185,505 children) in SNNP region. UNICEF supported vaccine management and social mobilization.

Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 49-52, 2019, Ethiopia

Region	Malaria		MM		SAM		AFP		Measles		NNT		Rabies		Maternal Death	Scabies	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Deaths	Cases	Deaths
Addis Ababa	284	0	26	1	238	0	0	0	42	0	0	0	145	0	4	2802	0
Afar	7377	3	2	0	947	1	0	0	90	0	0	0	0	0	0	0	0
Amhara	52545	3	25	0	2667	7	18	0	383	1	3	1	110	1	29	17640	0
B. Gumuz	23569	3	31	0	136	0	5	0	5	0	0	0	23	0	2	343	0
Dire Dawa	267	0	0	0	91	0	2	0	0	0	0	0	0	0	1	206	0
Gambella	7403	0	7	0	90	0	0	0	3	0	0	1	0	0	3	5	0
Harari	242	0	13	0	105	1	0	0	98	2	0	0	0	0	0	105	0
Oromia	15676	0	159	0	9612	11	23	0	1982	4	6	0	25	2	27	13361	0
SNNPR	26251	1	66	0	2383	6	18	1	395	1	1	1	6	0	6	10271	0
Somali	5862	0	45	1	5744	4	8	0	56	0	0	0	0	0	6	34	0
Tigray	21871	0	7	0	853	1	4	0	9	0	0	0	327	1	4	3065	0
Total	161,347	10	381	2	22,866	31	78	1	3,063	8	10	3	636	4	82	47,832	0

EPHI reported that on each epi week from 49 to 52, most regions met the required 80% IDSR reporting completeness and timeliness.

6 joint RHB/ZHB/WHO outbreak/ emergency alert investigation missions were conducted. These included 1 mission in SNNPR for cholera, 1 in Afar for chikungunya, 1 in Oromia for measles, 1 in Benishangul Gumuz for dracunculiasis and 2 in Somali for cholera and measles.

Provision of essential drugs and supplies

UNOPS facilitated distribution of 88 Mt of humanitarian supplies including drugs, consumables, RUTF and WaSH NFI from RHB and GOAL.

WHO distributed 135 IEHK, cholera and SAM kits to partners in Addis Ababa, Oromia and Somali regions.

UNFPA procured and imported emergency RH kits through EHF and CERF funded projects to the country and ready to be distributed to partners in January 2020.

Support to health service delivery

Mercy Corps MHNT provided medical consultation for 5,670 people including 3,168 CU5. Mercy Corps has also provided vaccination services to 1,637 CU5 and maternal health services to 590 mothers.

MCMDO reached 44,970 people with lifesaving health and nutrition services through the MHNT in nine woredas of Oromia, SNNPR and Benishangul Gumuz regions. The services included 14,608 clinical consultation and treatment, nutrition, 1,172 ANC, 1,915 family planning, delivery, PNC, EPI, vitamin A and deworming. 52 cases were referred for secondary level management. From 8,875 under five children and 4,121 PLW screened 89 SAM and 402 MAM CU5 and 1,408 MAM PLW were identified and referred to the respective programs. Logistics support was provided to zonal and woreda health offices and 17,250 soaps distributed to households.

IMC provided lifesaving emergency health services and cholera response for IDP and returnees in East and West Hararge zones. The services included OPD consultations for adults (12,634) and CU5 (5,616). 87 normal deliveries were attended to by skilled birth attendants. 1,880 WCBA received comprehensive RH services. 84 cases were referred to higher level services. 9,120 CU5 (3,938 boys and 5,182 girls) and 3,029 PLW were screened for malnutrition by the MHNT, out of which 70 (34 boys and 36 girls) were identified for SAM and 2,198 (922 boys and 1,276 girls) were identified for MAM, and 726 PLW identified for MAM. These were linked to TFU and TSFP programs. MHNT provided psychosocial support for 2,150 (1,001 M and 1,149 F) mentally ill patients and referred them to nearby heal facilities.

GOAL provided medical consultations 738 adults and 179 children under five in four woredas of Oromia. 26 mothers received ANC services. Health education was conducted for 2457 people. 79 CU5 benefited from vitamin A supplementation and 88 were dewormed. Out of 1213 CU5 screened, 13 had SAM and 121 had MAM. 80 out of 235 PLW screened had MAM.

UNOPS supported MHNT conducted 9,319 outpatient adult consultation in IDP locations, 5,107 outpatient consultations for CU5, and 150 normal deliveries. 85 mothers received family planning services, 256 children received measles vaccine.

IRC reached 75,569 people with clinical consultations in 9 woredas of Oromia, SNNP and Benishangul Gumuz., of which 18,031 were in East Wollega, 7,608 in West Wollega, 10,658 in Yirgachafe and 12,912 in Gedeo, and 23,145 in Assosa, through surge team support to government health facilities. Moreover, the IRC provided technical and logistics support to the health facilities and woreda health offices.

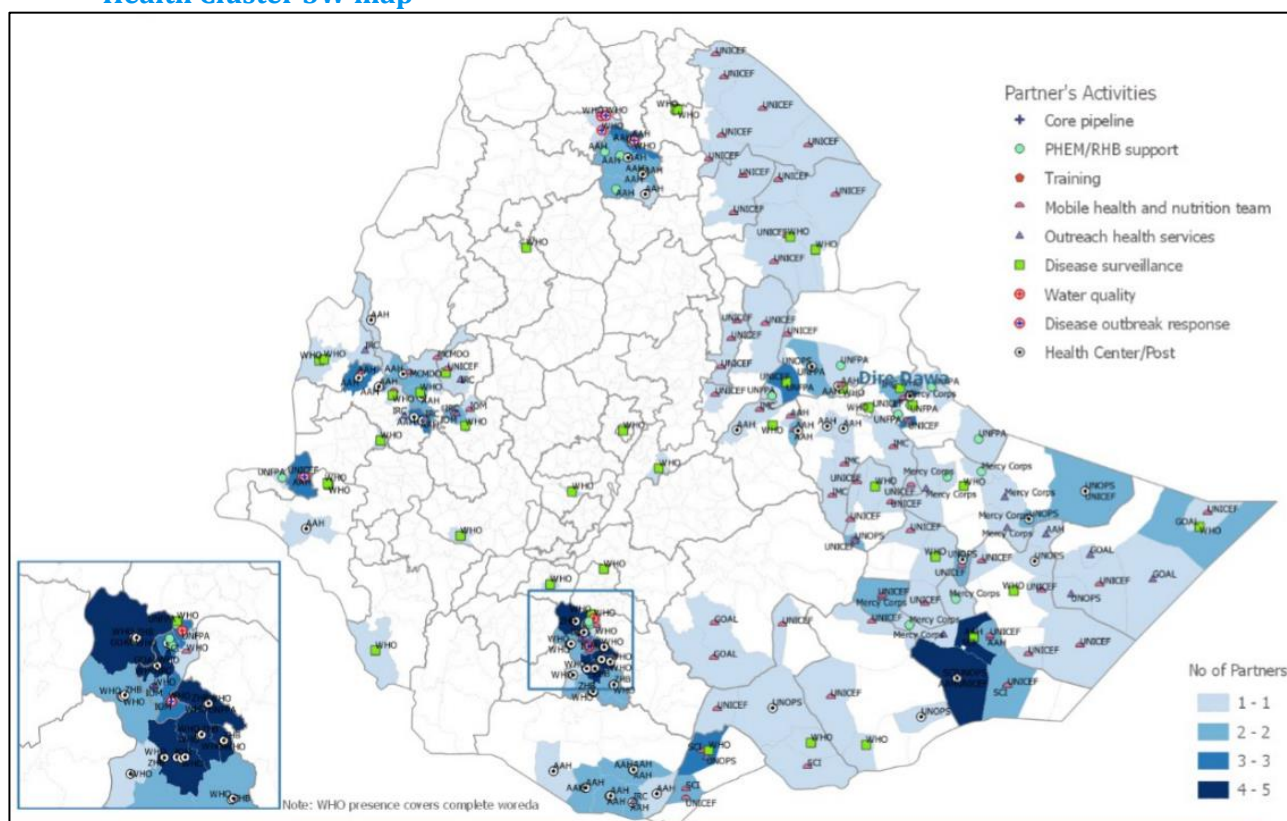
MSF-Spain continued to support secondary health services at Gambela hospital that serves refugees and host communities. 2,045 patients received emergency care, 221 were admitted to surgical ward with 107 urgent life-saving surgical interventions. 197 deliveries were conducted and the neonatal unit admitted 69 new-borns. 260 people received mental health consultation and as a part of on-going MSF blood bank team collected, screened and availed 90 units of blood for use in the region. 1,733 deportees received medical consultations at Bole International Airport with 8 referrals to advanced medical care. 1,774 deportees participated in psycho-education upon arrival, 288 admissions made to MSF trauma and counselling center, 250 individual mental health consultations were provided on TCC and 18 group sessions with 268 participants. 9 patients were referred to a psychiatric hospital for management of severe mental health disorders. An emergency intervention is on-going in Guba woreda of Benishangul Gumuz where 1,278 clinical consultations were conducted. A multi antigen vaccination campaign was completed for measles, PCV, PENTA and dT, with 94% measles coverage. 1,022 children and 409 women of child bearing age were vaccinated.

WHO conducted water quality monitoring at major IDP/returnee locations and distributed 14,100 aqua tabs to households in Gedeb, Yirgachefe, Wonago and Chorso woredas.

UNICEF supported multisectoral (WaSH, health, risk communication & social mobilization) response to cholera outbreaks in South Omo and Gamo Gofa zones of SNNP region. UNICEF supported MHNT conducted 41,997 medical consultations in Afar (14,197) and Somali (27,800) regions. Of these, 16,318 (39%) were CU5 and 14,634 (35%) were women.



Health Cluster 3W map



Plans for future response

The Health Cluster through partners will implement essential life-saving health services for IDP, returnees and host communities in emergency locations. Conflict affected Kamashi, Dawa, Wellegas, Hararges, West Guji, Guji, Gedeo, and Borena/Moyale, will be prioritized. Response to on-going cholera, measles, chikungunya, and dengue fever 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

EPHI, IRC, MCMDO, AAH, USAID, UNICEF, IOM, UNFPA, MSF-E, MSF-H, MdM-F, WHO, FIDO, GOAL, ECHO.

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