



## HEALTH CLUSTER BULLETIN #22 March 2021

### Ethiopia

Emergency type: Multiple Events

Reporting period: 1-31 March

 **8.7 M**  
PEOPLE IN NEED

 **2.9 M**  
IDP TARGETED

 **1.6 M**  
HOST TARGETED

 **220**  
WOREDAS

### HIGHLIGHTS

- To-date 18 humanitarian organisations are working in Tigray region; 16 of them are delivering their services through Mobile Health and Nutrition Teams (MHNT).
- More than 730,000 people have been displaced in Tigray region; more than 140,000 of them have been displaced from western Tigray to Shire and Adwa.
- 19 suspected Cholera cases and one associated death was reported in Oromia, SNNP and Tigray regions during week 12.
- As of 04 April 2021, the country registered a total of 215,189 confirmed COVID 19 cases, with 2,963 deaths and 161, 968 recoveries .
- 162 suspected Measles cases and one associated death was reported in Amhara, Oromia and Sidama regions during week 12.

### HEALTH SECTOR



**30** HEALTH CLUSTER  
IMPLEMENTING  
PARTNERS

#### MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



**385** ASSORTED MEDICAL KITS

#### HEALTH CLUSTER ACTIVITIES



**168,053** OPD CONSULTATIONS

#### VACCINATION



**11,372** VACCINATED AGAINST  
MEASLES

#### EWARS



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

#### FUNDING \$US



**140 M** REQUESTED  
**M** % FUNDED  
**M** GAP

## Situation update

In March 2021, it was envisaged the situation in the Tigray region would become protracted and worsen, with increased humanitarian needs. However, the available resources in the country would be insufficient to meet the growing need to rapidly respond to the public health consequences of the conflict. Physical access to certain affected rural areas remained difficult due to pockets of conflicts and insecurity; by implication affected population in those locations were denied access to public health and other social services. Up to 22 Woredas were unreachable to health partners with MHNT services. The conflicts were in parts of North West zone; Eastern zone (Wukro, Hawzen); Central zone; Western zone and Southern zone (Maychew - 130Kms South of Mekelle and in Samre and Gijet, 60Kms South East of Mekelle).

For woredas that were becoming accessible, there was need to sustain the operations of MHNTs and the few functioning health facilities. More medical supplies were required to address the pipeline issues and to ensure that the MHNTs and hospitals do not run out of the essential supplies. The health cluster require US\$23.8M (gap US\$21.1M) to support partners sustain operations in Tigray region for the next 6 months. The funds would support SGBV/MHPSS, Covid19 response, MHNT, medical supplies, referral systems (ambulances), coordination in Mekelle and shire, disease surveillance and emergency preparedness among others. A number of health facilities remained non-functional because of insecurity, health worker shortage, attacks on healthcare – for instance looting, vandalism and military occupation of some few facilities. To ascertain the motive for the vandalism and looting of some these health and/or public facilities, an investigations would be required to identify the people.

According to UNOCHAs situation report of #4, 15-28 March, more than 730,000 people are displaced in Tigray region, and more than 140,000 of them have moved from western Tigray to Shire and Adwa. The health cluster continued to advocate for more partners' presence with a special request that the partners operate beyond urban cities. As March 2021, the number of humanitarian partners on the ground rose to 18 compared to only nine (9) in January 2021. Of the 18 partners, 16 use the MHNT modality to deliver services to the different affected population or beneficiaries. During the same period, there was significant increase in geographical access to more woredas by the operational partners. Up to 67% (45/67) of the targeted Woredas was accessed through 50 MHNT compared to only 25% (17/67) woredas supported towards the beginning of Feb 2021.

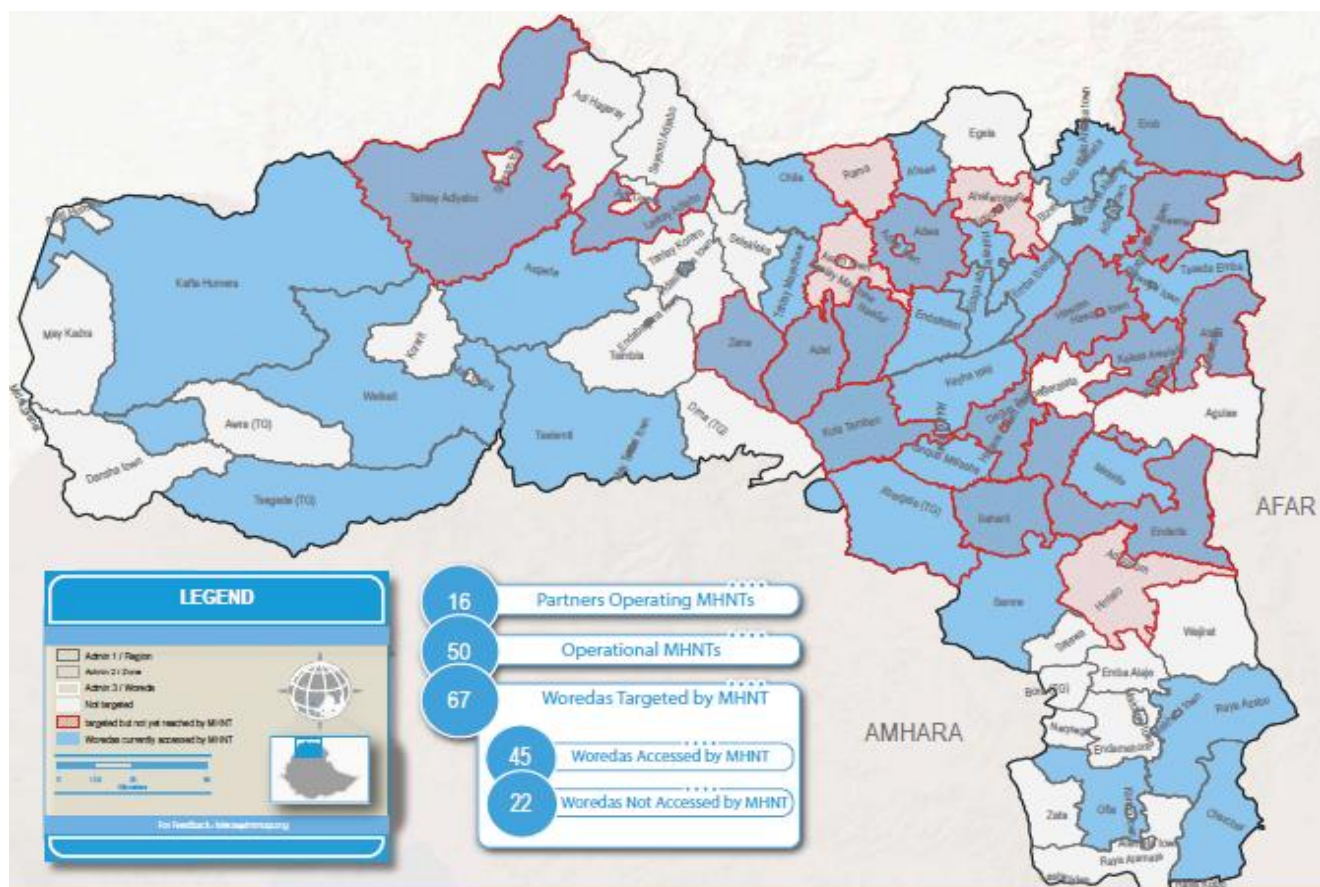


Figure 1: MHNTs operating in Tigray as of 19 March 2021

According to UNOCHAs situation report of #4, 15-28 March, the inter-communal conflict that erupted in North Shoa Zone, Amhara Region on 18 March resulted in an unknown number of casualties, destruction of social and community

infrastructure, looting and destruction of private property. The Shoa Zonal Administration, reported population displacement in the South of Ataye in Shewa Robit, Kewet Efrata, and Gidim Ataye Amtsockia Gemza Woredas. The Ethiopian Red Cross and the host community assisted the displaced people with food and other relief supplies, which turned out very limited compared to the needs. The Zonal Administration registered the IDPs who urgently required food, nutrition, shelter and NFI, health, WASH, and protection services.

**Suspected Cholera** outbreak reported in Oromia and SNNP region. A total of 19 suspected Cholera cases and 1 associated death was reported week 12. Twelve (12) of the suspected cholera cases were from Oromia region and seven (7) were from SNNP region; one Cholera associated death was reported in Kochore woreda, Gedio zone of SNNP region.

Also in week 12, twenty eight (28) suspected **Polio** cases were in Oromia and Amhara regions; 16 of the cases were from Oromia, and nine (9) from Amhara region.

**Measles** outbreak was also confirmed in different woredas of the country. A total 162 suspected measles cases and one associated death were reported in week 10. Amhara region had 129 of the cases and Oromia region had 10 and Sidama region had 10 cases.

As of 04 April 2021, the country had registered a total of 215,189 confirmed **COVID 19 cases**, with 2,963 deaths and 161,968 recoveries. Response continued through the national and subnational PHEOC, with partners supporting various pillars at all levels.

## **Public Health risks, priorities, needs and gaps**

### **Health risks**

- With ongoing community transmission of COVID-19, Ethiopia remains at high risk of increasing caseloads and mortalities, thereby straining the health system.
- 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.
- Revitalization of the healthcare delivery system in Tigray region.
- 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**

- Shortage 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 by conflict, floods and other causes. There is need to speedily rehabilitate, re-staff and restock these facilities.

## Health Cluster Action

### Strategy and response processes

The cluster focused on ensuring availability and expansion of essential health services in Tigray and other conflict affected parts of the country. Expansion of mental health and psychosocial support services to conflict affected populations including survivors was also a major area of focus for the cluster. Emergency health kits were dispatched to North Shewa and Oromo special zones of Amhara after intercommunal violence erupted in several locations.

### Health Cluster coordination

As for Tigray response, the Health cluster continued to provide leadership to the Health response, partner coordination, technical assistance and operation support in response to both Regional Health Bureau and partner efforts. In March, WHO activated a second Sub National Health Cluster coordination forum in Shire in addition to the existing one in Mekelle with participation of nine partners.

The central cluster continued to participate in the coordination meetings held at Chagni (for Metekel) and Gonder. However, this participation is under challenge because of overlapping commitments and shortage of human resources. The health cluster continued its regular weekly virtual meetings in which update and guidance on the ongoing partners' contribution to essential health services and the emergency response in Tigray is shared.

Monthly Partners 4W and HRP for the whole country was collected and analysed, partners presence map produced and quarterly HRP response dashboard was published. Currently 19 reporting partners (3UN, 13INGO, 3NNGO) are operating in 220 woredas in different parts of the country. The cluster reached a cumulative of 480,090 people with health IEC messages through January to March. Products are found here:

<https://www.humanitarianresponse.info/en/operations/ethiopia/health>

### Field Monitoring and Support

The Health Cluster IMO was on a support mission to Tigray to strengthen information management. Who is doing what, where and when (4W) has been collected to help coordination of efforts. The 4W information helped in identifying duplications, possible gaps, and to inform decision makers. One Subnational Coordinator was deployed to Tigray to support coordination at Mekelle and Shire. Coordination worked on the preparedness and response of disease outbreaks including Cholera, Flood preparedness and response and drought anticipated action plan in Oromia region, closely monitored by the regional surveillance team. The health Cluster coordinated the response in the Cholera outbreak Woredas and presented the information in the weekly National Health Cluster team to inform partners with interventions in the outbreak area to support the response. The Subnational Health Cluster supported in coordinating the post conflict IDP crisis response in Konso Zone of SNNP region.

### 2021 HRP dashboard

Indicators	January	February	March	Total
1.1.1. Total number of kits distributed	401	160	385	946
1.1.2. Total Number of OPD consultations	119,602	117,336	168,053	404,991
1.1.3. Number of normal deliveries attended by skilled birth attendants	1,201	1,451	2,232	4,884
1.1.5. Number of children 6 months-15 years receiving emergency measles vaccination	1,186	3,505	11,372	16,063
1.1.7. Number of community members receiving health IEC messages	126,788	220,414	132,888	480,090
1.2.1. Number of alerts investigated and responded to timely within 48 – 72 hours of notification	52	393	41	486
1.2.5. Number of Health workers trained and have the capacity to manage an outbreak	-	-	151	151
1.3.1. Number of individuals needing mental health and psychosocial support and receiving it	15,622	24,897	32,791	73,310
1.3.2. Number of eligible survivors of rape receiving post-exposure prophylaxis within 72 hours of an incident or from exposure, and emergency contraception within 120 hours of an incident or from exposure.	4,529	8,505	330	13,364
1.3.4. Number of individuals with injuries and disabilities treated and referred for further care	85	348	65	498
1.4.4. Number of Health facilities conducting integrated diseases surveillance and reporting	273	476	95	476



## Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 13-16, 2021, Ethiopia

Region	Malaria (Confirmed & clinical)		Suspected Meningitis		SAM		Suspected AFP		Suspected Measles		Suspected NNT		Suspected Rabbies		Maternal	Scabies	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Deaths	Cases	Deaths
Addis Ababa	179	0	8	0	200	0	2	0	14	0	0	0	5	0	5	1032	0
Afar	7968	0	20	0	1351	1	1	0	0	0	0	0	0	0	4	1	0
Amhara	15912	0	60	0	2273	3	29	0	226	3	2	4	501	5	15	10176	0
Benishangu	4483	0	5	0	116	0	0	0	10	0	0	0	33	0	3	130	0
Dire Dawa	84	0	0	0	83	0	0	0	0	0	0	0	0	0	1	71	0
Gambella	3860	0	5	0	120	0	0	0	0	0	0	0	0	0	0	13	0
Harari	56	0	20	2	96	0	0	0	0	0	0	1	0	0	4	57	0
Oromia	8035	0	186	0	10541	7	46	0	105	0	7	1	22	0	47	4344	0
Sidama	1951	0	31	1	888	6	7	0	15	0	2	0	0	0	0	297	0
SNNPR	20772	0	37	0	2743	8	6	0	58	0	2	0	39	0	5	1328	0
Somali	4549	0	66	0	6884	0	7	0	11	0	0	0	0	0	1	92	0
Tigray	510	0	0	0	834	0	0	0	1	0	0	0	49	0	14	480	0
<b>Grand Total</b>	<b>68359</b>	<b>0</b>	<b>438</b>	<b>3</b>	<b>26129</b>	<b>25</b>	<b>98</b>	<b>0</b>	<b>440</b>	<b>3</b>	<b>13</b>	<b>6</b>	<b>649</b>	<b>5</b>	<b>99</b>	<b>18021</b>	<b>0</b>

EPHI reported that on each epi week from 13 to 16, most regions met the required 80% IDSR reporting completeness and timeliness.

### Training of health workers

**IMC** – the MHPSS counsellor provided on-the-job training for 16 Health workers and for 38 government health workers. The MHPSS counsellor also trained 85 community sensitization religious leader & community influential persons on prevention and control of aspect of Cholera outbreak.

**IOI** conducted COVID-19 related trainings to 176 health workers in West Guji, Gedeo, East Wollega and West Wollega zones in collaboration with ZHDs.

**FIDO** trained 16 health workers from respective woreda health offices and prioritized health facilities on basic PHEM to improve the capacity of outbreak response and management. The participants were from Itang, Akobo and Lare woredas of Gambela region.

### Provision of essential drugs and supplies

**WHO** donated 174 IEHK module, 91 TESK set, 31 cholera kit, different nutrition medicine equipment, WASH and PPE materials to partners and zonal health offices in all regions in March.

**AAH** continued its implementation in Gambella, Amhara, Oromia, Benshangul, and Tigray. AAH reached 17,063 OPD consultations with MHNT teams. 1743 individuals received MHPSS support. The covid-19 sensitization and support for health office were also been continued with 11827 individuals reached with different information campaigns.

**GOAL** MHNT conducted medical consultations for 1,157 clients in Yirgacheffe and Abaya woredas. 144 Women of child-bearing age received modern contraceptives. In Somali region (Galadi, Daratole, Bokh woredas), medical consultation was conducted for 1,553 clients, and health education conducted for 6,413 individuals. In Tigray (Enderta, Sasie Sadaaba, Kilete Awulalo, Kola Temben and Hintalo Wajirat), medical consultation was conducted for 1,906 clients and health education conducted for 1,891 individuals.

**WVI** procured life-saving medicines and medical supplies to support 15 HF's in Mekelle and 5 districts in Raya Alamata, Raya azebo, Raya Chercher, Olfa and Mehene districts. Distributed medicines to 15 HF's. Distributed COVID-19 protective materials to 15 HF's. On top of that, World Vision Ethiopia facilitated routine immunization activities in each of the six woredas. WVI provided logistical support to Public Health emergency Management Team in 6-targeted woredas in Mekelle, Raya Alamata, Raya Cherecher, Olfa, and Mehene to support in outbreak investigation and verification.

**FIDO** vaccinated 392 children in Lare woreda as per the EPI schedule in March, of these 239 children received measles vaccine. They also conducted active surveillance in Kungiguch health center of Lare woreda of Nuer zone. During the active case surveillance, a total of five cases were identified, 4 were COVID -19 cases and one was a suspected measles case.

**MC MHNT** reached 408 beneficiaries in gablalu woreda with medical consultation, 91 of which were children under 5 years, 17 were between 5 to 18 years, 260 were above 18 years, 35 were elderly people and 5 were persons with disability. MC also provided COVID-19 related IEC messages for March to 1,582 people, 14 were persons with disability. In addition, the MHNT identified and treated 5 SAM children without medical complication. Complications at outreach sites.

**MCMDO** provided MHNT response project in Tigray, B. Gumuz, Afar and SNNPR regions. Reached 44,535 beneficiaries with life-saving health and nutrition services. Accordingly, reached 15,636 beneficiary in Kamashi and Metekel zones (Kamash, Yaso, Dangur, Guba and Mandura woredas), 18,738 beneficiaries in Tigray region and 1,086 beneficiaries in Amibara woreda of Afar; 9,093 beneficiaries in Wanago woreda of Gedeo provided consultation and treatment, ANC, FP, delivery, PNC, EPI, nutrition screening and OTP service, Vitamin A and deworming).

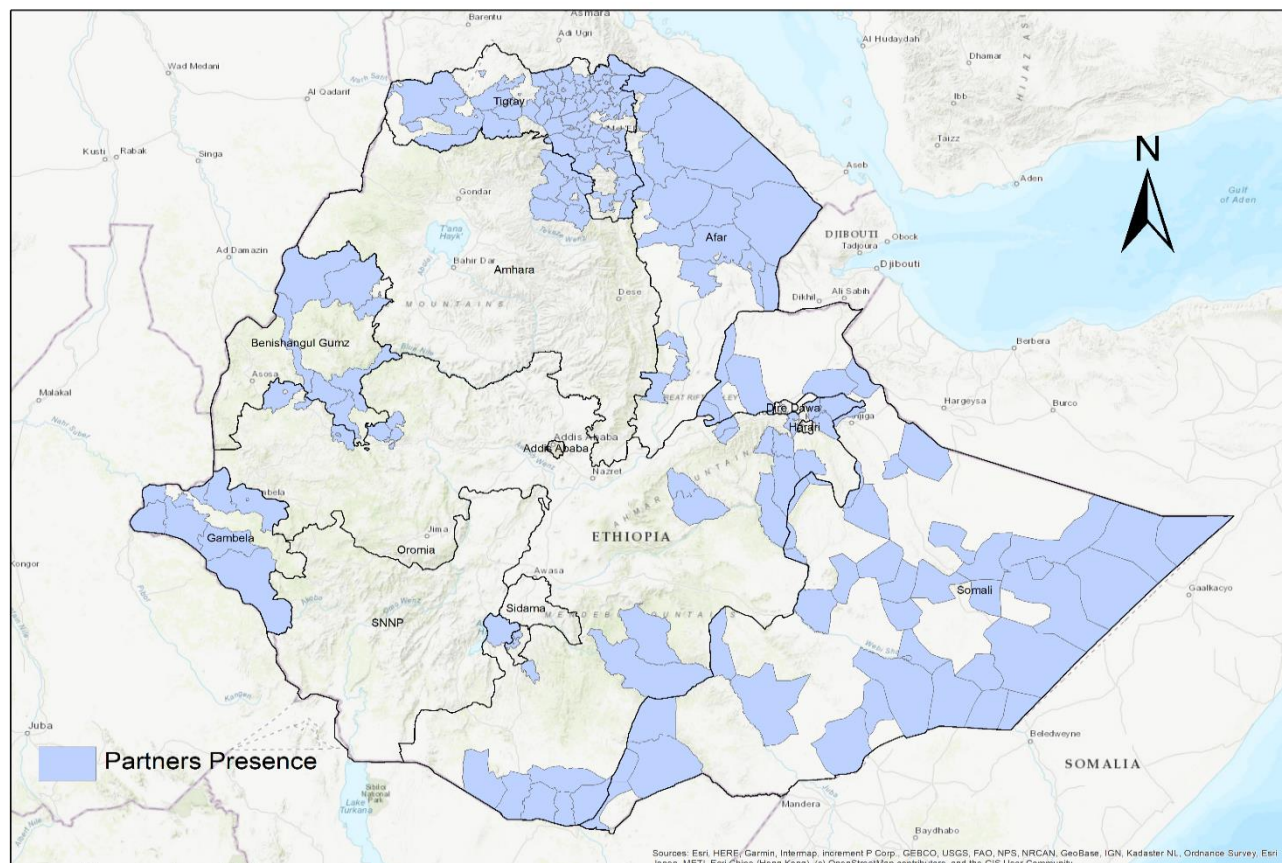
**MSF S** reached 241 individual, 165 group Mental Health consultation with a total of 2,912 participants through Migrants and returnee's response project. 1,556 patients seen by Outpatient consultation, 157 Psychiatric cases identified and treated in TCC. MSF S distributed 384 NFI in IDP camps, provided 10,000 litre water tanks in 8 IDP sites, constructed 48 latrines for 10 IDP sites in Tigray. Vaccinated 1,173 children, reached 4,719 with OPD consultations, conducted 380 Mental Health individual sessions, 271 Mental health group sessions, 6,092 Mental health beneficiaries. MSF in Metekel emergency project, conducted 104 Mental Health Individual consultation and 27 group sessions with 3,895 Participant, reached 21,766 IDPs with health promotion activities, Cumulative 5,684 medical consultations, 265 ANC follow ups done, 10 OTP admission and 1 GBV case managed.

**UNICEF** MHNT in Afar and Somali regions conducted 44,689 medical consultations of which 41% were with children under 5 and 35.8% were with women. Also continued to support the Gambella RHB to vaccinate South Sudanese refugee children at entry points and refugee camps. 1,859 children vaccinated against polio and 2,951 children vaccinated against measles at entry points in Gambella. UNICEF deployed technical assistants to MoH, EPHI, and RHBs to support coordination of the COVID-19 outbreak preparedness and response at national and subnational level. UNICEF also supported 20 MHNT in Tigray. The MHNT reached 25,607 people with counselling, 1,557 with MNCH services, 6,335 children under 5 received clinical consultation, 3,515 were screened (489 MAM: SAM: 192) and 1,744 children were immunized. UNICEF distributed 20 SDD and now installed in 20 selected health facilities; they also distributed 12 tents to Shire (through MSF-Holland), and prepositioned 6 CTC kits for cholera prevention, and delivered 10 EDKs to Tigray RHB for the MHNT.

**IMC** reached 3,833 adults and 2,416 children under 5 with OPD consultation for IDP and returnees in East and West Hararghe zones. Among those, 8 clients were with disability, 4,375 children provided Vitamin A supplement & dewormers and 169 pregnant women attended by skilled birth attendants. 2,199 WCBA received comprehensive RH services. 33 clients were received MHPSS. 19 provide referral services to higher HF's. 3,161 children under 5 & 1,018 PLWs were screened for malnutrition. Out of which 76 were identified with SAM and 313 and 200 PLW identified with MAM. MHNT provided Health education, and health promotion sessions for 4,391 clients and caretakers. Active case search and house-to-house visits were conducted on 3,972 households and 11,829 individuals were screened for ARI. 3,034 children under 5 were vaccinated against measles. IMC also reached 42,722 individuals with community mobilization and awareness creation. Donated 6 hand washing facilities for 6 isolation centres.

**IOM** continued essential health services in East Wollega, West Guji, Gedeo zone, Dire Dawa (millennium site) and East Hararge (Kersa, Goro Gutu) IDP camps. In response to the Northern Ethiopia crisis, IOM supported 2 IDP camps in North and central Gondar, 11 sites in Mekelle and 1 in Shire. Cumulatively 18,271 medical consultations were conducted, and 4,490 children screened for malnutrition. Reached 57,796 individuals with key health messages and 2,386 women received basic SRH services. Two RCCE session on COVID-19 was conducted in Sasiga and Guto Gida woreda primary school for 200 students and 40 teachers. COVID-19 prevention messages were delivered by IOM health teams, 40 umbrellas and 240 T-shirt with COVID-19 prevention message distributed for teachers and students.

### Health Cluster partners presence map



### Plans for future response

The health cluster will continue working with the government departments to deliver essential life-saving healthcare services to the most in need populations. Partners will contribute to and participate in readiness and response efforts at subnational level. The cluster's priority target populations will include IDP, returnees and host communities in emergency locations. New conflict and flood induced IDP and returnees will be prioritized, while the needs of chronic IDP will be assessed from time to time. Response to the ongoing cholera 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

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

#### Contacts:

Dr. Patrick Abok, Health Cluster Coordinator,  
abokp@who.int, +251 967897964

Banchiayehu Girma, Information Management Officer,  
bayoub@who.int, 0945184987