



**HEALTH CLUSTER BULLETIN #4
MAY, 2019**

Ethiopia

Emergency type: Complex
Reporting period: 1-31 May 2019



**6.0 MILLION
IN NEED**



**2.4 M IDP
TARGETED**



**2.4 M HOST
TARGETED**



445 WOREDAS

HIGHLIGHTS

- More than 90% completion of the IDP return exercise has been reported across the country. Official figures are yet to be published. Many IDP have been deposited in collection or transit centres, close to their original homes, with massive humanitarian needs.
- The cholera outbreak that started in Amhara region back in April has continued to spread, now in 54 woredas. A total of 642 cases have been reported, with 20 culture-confirmed, and 8 health facility deaths.
- There is flexibility for the Cluster’s humanitarian support to health facilities and mobile teams to be mostly directed towards the IDP return locations and the cholera outbreak response.
- To strengthen sub-national coordination, the Health Cluster and WHO trained 26 field based officers from WHO, EPHI, RHB and NGO partners, with the curriculum adopted from global Health Cluster coordination training.

HEALTH SECTOR



**20 HEALTH CLUSTER
IMPLEMENTING PARTNERS**

**MEDICINES DELIVERED TO HEALTH
FACILITIES/PARTNERS**



21 ASSORTED MEDICAL KITS

HEALTH CLUSTER ACTIVITIES



49,759 OPD CONSULTATIONS

VACCINATION



55,500 VACCINATED AGAINST MEASLES

EWARS



**1 CONFIRMED
CHOLERA OUTBREAK**

FUNDING \$US



**143 M REQUESTED
12 M 8.4% FUNDED
131 M GAP**

Situation update

The government-led IDP return process continued, with most of the IDP taken out of the sites back to their places of origin. In places like East and West Wollega, Kamashi, West Guji, Gedeo, East and West Hararge, more than 90% completion of the exercise has been reported. Official figures are yet to be published. Many IDP have been deposited in collection or transit centres, close to their original homes, with the expectation that that gives them the opportunity and motivation to rebuild their homes. The situation of the secondary IDP and those back in their homes is dire. For example, a recent inter-agency multi-sectoral rapid needs assessment in the Wollegas found that most returnees had concerns regarding their security and safety, and were in need of humanitarian assistance for farming tools and inputs, shelter and health facility rehabilitation, support with NFI, food, mobile teams and medicines.

The cholera outbreak that started in Amhara region back in April has continued to spread, now in 54 woredas. A total of 642 cases have been reported, with 20 culture-confirmed, and 8 health facility deaths. Tigray, Oromia, Somali, Dire Dawa and Addis Ababa are also affected. It is particularly noteworthy that all 10 sub-cities of Addis Ababa, including 40 woredas, have reported cases within a short period. With the onset of the rains, congestion in the slums, poor sewage and sanitation facilities, low access to clean drinking water, poor regulation and standards for eateries around construction areas that have large numbers of casual laborers, the outbreak in Addis Ababa can only get worse. This calls for speed, strong coordination and commitment by the city health authorities to ensure sufficient measures are put in place to interrupt the transmission.

A drought alert for the Horn of Africa was launched May end. Indications are that the scale of the drought this year will be similar to 2017. Southern Ethiopia, including parts of Somali and Oromia regions will be most affected. The 2019 spring (February-May) rains were late and sub-optimal in almost all rain-receiving areas, delaying crop planting as well as pasture regeneration and replenishment of water sources. Reports of water shortages and deteriorating livestock body conditions and livestock deaths for lack of pasture and water are increasing. 3.8 million people are estimated to be affected by food insecurity in the next few months due to recent climatic events. Food insecurity is expected to peak during June-September. Malnutrition and health-related morbidity and mortality risks exponentially increase during a drought.

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 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 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 have been ruptures in the core pipeline for essential drugs and vaccines, due to systemic bottlenecks. No new emergency stocks for the Cluster have arrived this year, but plans for restocking are on course.
- Partially constituted Cluster coordination team, with inconsistency due to short deployments, and lack of sub-national presence in the areas with active incidents.

Health Cluster Action

2019 HRP dashboard

	Indicator	Jan	Feb	Mar	Apr	May	Total
1	OPD consultations in IDP locations	25,981	36,676	70,178	38,352	49,759	220,946
2	OPD consultations for CU5 in IDP locations	13,933	11,125	16,536	13,068	20,158	74,820
3	Normal deliveries attended by skilled birth attendants	348	402	209	150	370	1,479
4	WCBA receiving comprehensive RH services (modern contraceptives)	1,911	1,525	1,242	1,026	2,248	7,952
5	Epidemic prone disease alerts verified and responded to in 48 hours	4	3	22	21	3	53
6	Children 6 months to 15 years receiving emergency measles vaccine	3,060	390,277	257,164	779,126	55,500	1,485,127
7	Health facilities providing CMR services for SGBV survivors	54	29	120	12	196	411
8	Health facilities addressing health needs of persons with disabilities	36	17	7	0	195	255
9	Health facilities providing MHPSS services in IDP locations	26	33	21	4	75	159
10	Referrals to higher level and specialized services completed	49	125	235	170	77	656

Strategy and response processes

The Health Cluster has emphasized to 9 partners whose EHF SA1 projects were accepted, that the emergency health services should move with the IDP as the return process continues. Support to health facilities and mobile teams should mostly be directed towards the return locations. Also, the Cluster negotiated with EHF, and got the greenlight to repurpose some of the EHF funds to the ongoing cholera outbreak response. The outbreak hadn't happened at the time of the initial proposal submission and reviews. Thanks to this flexibility, 7 of the partners will utilize \$482,000 to support different elements of cholera response in Addis Ababa, Hararge, northern Amhara, Tigray, and Somali and West Guji in case they are affected later on.

The national cholera outbreak response is coordinated at the EPHI's EOC, with regional and zonal health bureaus activating their EOC too. The response has so far focused on case management, social mobilization and risk communication, logistics and supplies, surveillance and laboratory investigation, and WaSH. Recently the Health Cluster SAG proposed that this year things have to be done differently, in order to contain the outbreak quickly. Specific areas of focus include active case finding, NGO partners' support to the response in Addis Ababa, use of holy water sites as an opportunity for social mobilization and risk communication, strengthening government's regulation and inspection especially of commercial farms, providing clear guidelines and SOP for case management, and the use of OCV in high risk populations. Already, about 750,000 doses OCV from the ICG are in-country, and up to 17,000 people have been vaccinated in Addis Ababa.

The IDP return response plans for Gedeo and West Guji were drafted. Health requires about \$4.4M in West Guji and \$955,000 in Gedeo to support immediate essential services for returnees and early recovery efforts.

Health Cluster coordination

In May, the Health Cluster held the strategic advisory group (SAG) and monthly coordination meetings, focussing on the first standard allocation of Ethiopia Humanitarian Fund (EHF), and the planned IDP return process.

At the sub-national level, weekly coordination meetings continued in West Wellega, East Wellega, Gedeo, West Guji zones, Amhara and Somali regions. These meetings are conducted by the Health authorities and co-chaired by WHO.

Field support and monitoring

UNFPA conducted supportive supervision for the EHF supported project sites of Gedeo and West Guji zones from May 5-8, 2019. Orientation on the contents and rational use of emergency RH kits was provided to the health service providers and woreda and zonal health officials.

Provision of essential drugs and supplies

WHO distributed 2 cholera investigation kits in Amhara and Tigray regions, 10 to EPHI and 5 to Addis Ababa health bureau. One central cholera complete reference kit was delivered to Oromia RHB.

UNICEF dispatched 12 EDK to East and West Hararge IDP to support the essential health service, to serve 30,000 people for 3 months. Also, cholera outbreak response was supported by prepositioning of CTC kits in Amhara, Tigray and Oromia regions.

Training of health workers

The **Health Cluster** and **WHO** conducted a five days Health Cluster coordination training on 27-31 May in Bishoftu. 26 officers drawn from WHO's emergency team, EPHI, various RHB and NGO partners participated. Session facilitators were sourced from the GHCU, WHO's regional and country offices, and OCHA country office. The curriculum was adopted from the Global Health Cluster training, with the aim of strengthening subnational coordination of the health response in a country with multiple emergencies but shrinking humanitarian funding. It is expected that the officers will double-hat and better coordinate partners at the field level.



On May 1-4, **UNFPA** trained 27 healthcare service providers on clinical management of rape in Hawassa, coming from health facilities in the districts affected by the crisis in West Guji and Gedeo zones.

Child health

Measles vaccination campaign (SIA) has been conducted in Midhega Tola, Babile and Kumbi woredas of the Hararges targeting 52,420 children under five with a coverage of 112%. The campaign was led by zonal health office with participation of partners.

Measles vaccination was conducted for South Sudan refugees children age 6 month to 14 years at entry points in Gambella. Until May 4,801 children at refugee camps and 1,283 children at points of entry were vaccinated against measles. 1,492 South Sudanese children have received polio vaccines, including 47 in May.

The Preparation and microplanning for MOPV2 ring vaccination in Dollo and Jarar zones of Somali Region following the confirmed cVDPV Polio Outbreak is ongoing.

Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 18-21, 2019, Ethiopia

	Malaria		MM		SAM		AFP		Anthrax		Cholera		Measles		NNT		Rabies		MD
	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Death
A/Ababa	223	0	16	1	305	1	1	0	0	0	0	0	57	0	0	0	84	1	10
Afar	5990	0	2	0	1367	2	0	0	0	0	0	0	50	0	0	0	0	0	1
Amhara	21376	0	15	0	1759	0	10	0	68	0	157	11	452	1	3	1	94	1	19
B/Gumuz	5921	2	9	0	43	0	1	0	0	0	0	0	20	0	0	0	29	0	2
D/Dawa	22	0	0	0	118	0	0	0	0	0	0	0	2	0	0	0	0	0	3
Gambella	4894	2	0	0	76	0	0	0	0	0	0	0	6	0	0	0	0	0	1
Harari	53	0	4	0	124	0	0	0	0	0	0	0	35	1	0	0	0	0	4
Oromia	7468	0	100	2	8867	10	19	0	0	0	0	0	893	3	0	0	16	0	39
SNNPR	28857	1	50	0	3672	32	164	1	0	0	0	0	24	0	4	2	4	0	9
Somali	4024	0	35	0	4405	1	0	0	0	0	0	0	296	1	0	1	0	0	5
Tigray	6806	0	4	0	439	0	1	0	17	0	0	0	37	0	0	0	253	0	5
G/total	85634	5	235	3	21175	46	196	1	85	0	157	11	1872	6	7	4	480	2	98

Both weekly IDSR national completeness and timeliness for week 18-21 was 90% with Benishangul Gumuz falling short of the required 80% in week 19.

The cholera outbreak that started in Amhara region back in April has continued to spread, now in 54 woredas. A total of 642 cases have been reported, with 20 culture-confirmed. Tigray, Oromia, Somali, Dire Dawa and Addis Ababa are also affected.

A single case of patient with bi-pedal paralysis was reported from Bok woreda of Somali region, and tested positive for polio virus (cVDPV) at EPHI National reference laboratory. Samples were sent to CDC Atlanta for further characterization.

Since 2018 May 2,737,071 travelers have been screened for EVD at 23 points of entry. Out of these, 16,112 had travel history to DRC, 1,882 were followed for 21 days and 214 are currently under follow up.

Chikungunya outbreak was reported in Kebridahar woreda of Somali region. So far there are 115 cases from host community and 25 cases from military camp. The mosquito breeding sites were destroyed and bed nets distributed.

4 animal cases of guinea worm were detected in Gog woreda of Gambella region. Further investigations are ongoing.

Support to health service delivery

UNICEF's 49 MHNT in Afar and Somali regions made 33,993 new consultations in May, of which 44% were children under five and 32% were women. UNICEF TA supported the cholera and IDP operations in Oromia in planning, coordination and monitoring.

WVI in consortium with SCI is implementing the lifesaving multi-sectorial emergency response project for IDP, returnees, and host communities in Gedeo zone with funds from ECHO. 1,452 adults and 1,352 children under 5 years of age received healthcare consultations in May. 44 newborns were delivered by midwives. The Outreach team facilitated 2 referrals from the community to health facilities. Supportive supervision for 6 health facilities particularly to improve documentation, recording, reporting and case management was done. Local health facilities were supported to transport health and nutrition commodities from health centers to health posts.

IOM continued to provide lifesaving services through mobile health and nutrition teams. The teams conducted 6,115 medical consultations out of which 4,124 were children under five, screening for malnutrition and referral, health education and promotion activities for 5,797 people in high priority IDP and return locations in Gedo, West Guji and East Wellega. Mental health and psycho-social support was provided for 11,430 clients. IOM is supporting rehabilitation of Chiriku health post in Yirgacheffe woreda, damaged during the conflict in Gedeo zone, to strengthen the health system thereby increasing access for health services for IDP and host communities.

MCMDO's project facilitated conflict affected IDP/returnees and host communities to access essential health and nutrition service through the mobile teams. 5 MHNT and 2 CMAM teams were deployed in West Guji and West Wollega zones. Cumulatively 151,023 beneficiaries received services in West Guji as at end of May. 26,409 people benefited from the services in Nejo and Boji Dirmaji woredas of West Wollega. Limited treatment options for patients with chronic diseases and those needing secondary management is a big concern in the area.



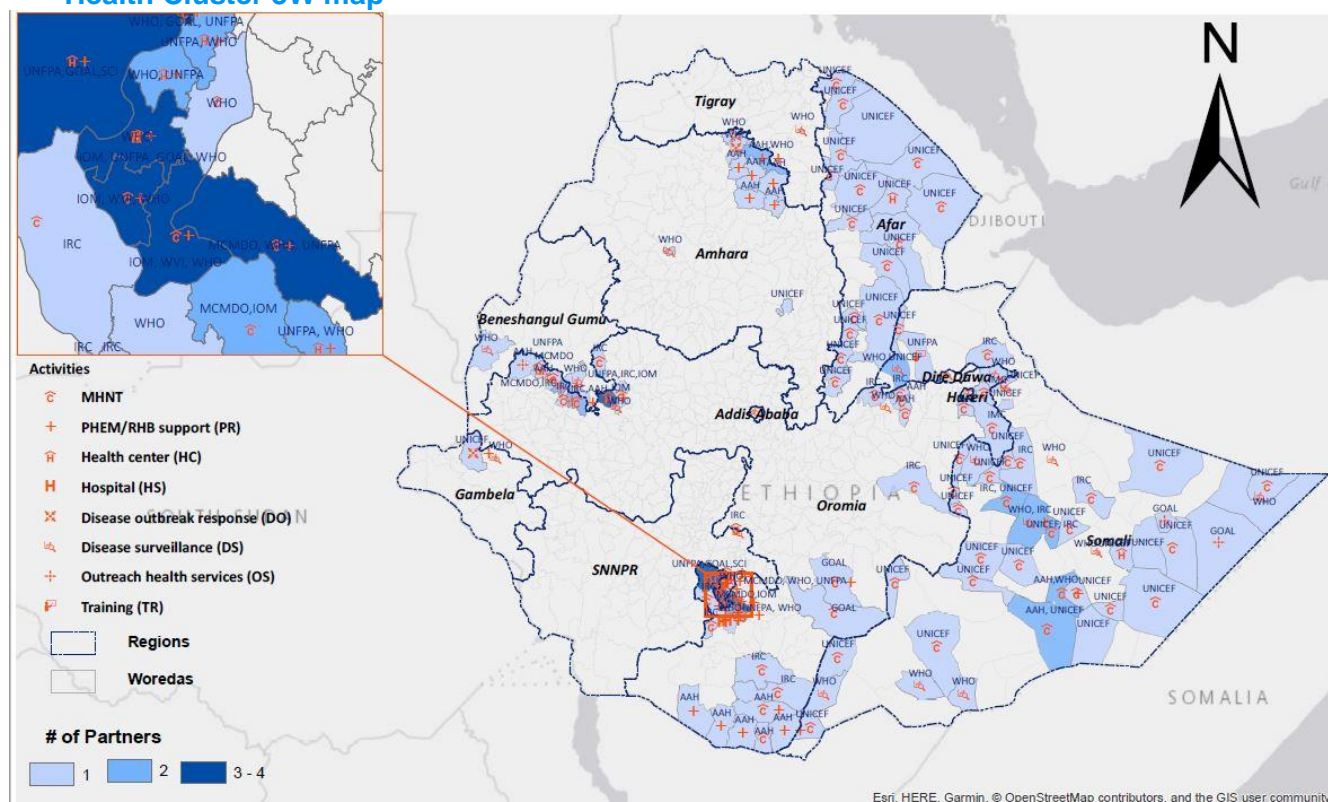
CARE supported distribution of supplies and medicines from regional and zonal offices to woredas and kebeles, in response to the cholera outbreak in West Hararge. Vehicles were assigned for joint assessment technical teams, sample collection and transportation to regional and EPHI laboratories. 46 tents were provided for setting up CTC. 118,171 sachets of water purifier were distributed to cholera infected and prone woredas of Chiro, Miesso, G/Bordede and O/Bultum. CARE is playing a significant role in the zonal cholera coordination forum.

In May, **SCI's** nine mobile and six temporary static Health and Nutrition Teams provided services in Somali, SNNP and Oromia regions. 34,406 beneficiaries in hard to reach areas received medical consultations. The services provided include IMNCI, general adult consultation, ANC, PNC, health education and communication, active case finding and nutritional screening and linkage.

IRC is currently providing lifesaving primary healthcare services through mobile health and nutrition teams and health system support in response to conflict induced IDP influx in 10 woredas of Oromia region through funding from SIDA and ECHO. In May 2019, 21,040 people (9,050 male, 11,990 female) received PHC services of which 5,562 (2,280M; 3,282F) were children under five and 15,478 (6,770 male; 8,708 female) were adults. As part of the MHNT activities, 2,442 people (OTP U5=230; MAM U5= 725 & MAM PLW=737) were screened for malnutrition and provided nutrition treatments (direct and through referral). Moreover, 920 (472 male; 448 female) under-one children were fully vaccinated, and 978 pregnant women received TT vaccination and ANC services.

GOAL Ethiopia is implementing essential life-saving basic mobile health and nutrition services including provision of free essential drugs and health education for reserved locations and has limited health service access of IDP, returnees and host communities in different IDP sites of Somali Region (Doolo Zone Bokh, Daratole and Galadi Woreda), Oromia Region (Bale Zone, Meda Welabu and Dolo Mena Woreda), West Guji Abaya Woreda and SNNP region (Gedeo Zone Dilla Zuriya and Yirgachefe). In May 2019, 2,790 adult and 866 under-five children received medical consultations. 7 patients were referred for further treatment at nearby health facilities.

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, Gedeo, and Borena/Moyale, will be prioritized. Response to on-going cholera, measles, and scabies outbreaks, as well as the early warning system will be considered. 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

DFID, EPHI, MSF-E, MSF-H, GOAL, IRC, WVE, SCI, CARE, MC, AAH, IMC, MCMDO, UNOPS, IOM, WHO, UNFPA, UNICEF.

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