HEALTH CLUSTER

**HEALTH CLUSTER BULLETIN #10**
**November 2019**

Mass treatment of scabies cases, West Guji. Photo: MCMDO.

# Ethiopia

Emergency type: Multiple Events
Reporting period: 1-30 November 2019

**6.0 MILLION IN NEED** | **1.6 M IDP TARGETED** | **1.6 M HOST TARGETED** | **73 WOREDAS**

## HIGHLIGHTS

- Cholera outbreaks continued across the country, totalling 2,074 cases since April, with cases currently reported in 4 woredas of Oromia and Afar regions, and partners supporting government-led response.
- Awi zonal authorities reported that over 21,000 people were displaced into the zone since September 2018, majority from Metekel zone in April 2019. The IDP are in dire need of essential services including health.
- The leadership of the MHPSS TWG secretariat was transferred from UNICEF to WHO, and the group is expected to steer partners towards integrating elements of MHPSS in their health projects.

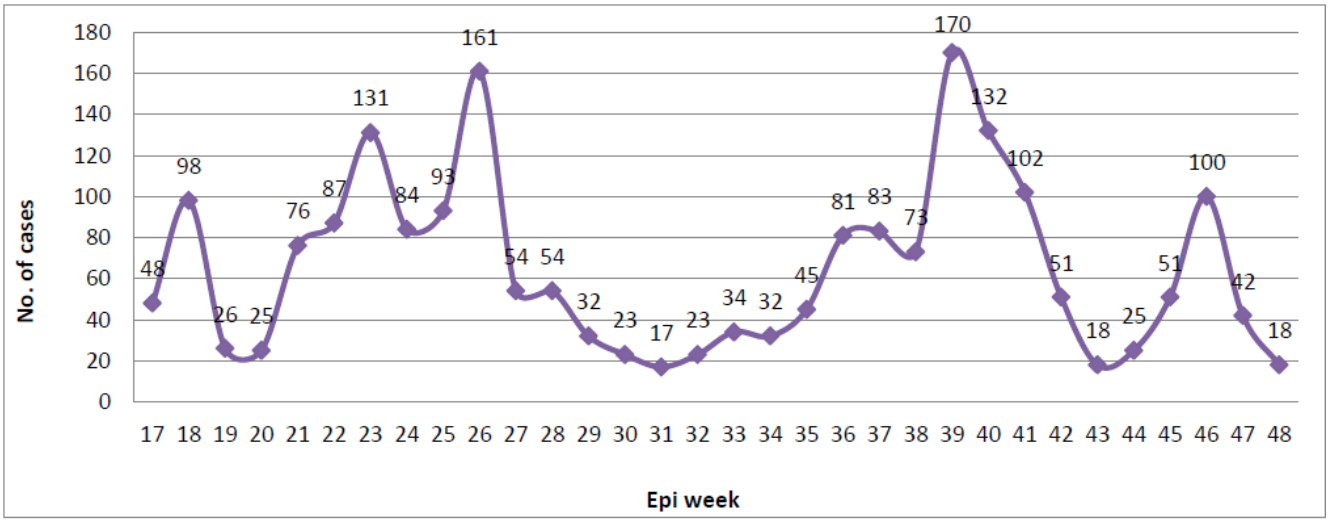
## HEALTH SECTOR

| | |
|---|---|
| 20 | HEALTH CLUSTER IMPLEMENTING PARTNERS |
| **MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS** | |
| 113 | ASSORTED MEDICAL KITS |
| **HEALTH CLUSTER ACTIVITIES** | |
| 101,958 | OPD CONSULTATIONS |
| **VACCINATION** | |
| 594 | 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

The EPHI reported that since April this year, there have been 2,074 cases of cholera in the country, with all regions and administrative cities affected, except Gambela and Benishangul Gumuz. Health Cluster partners are providing support for cholera prevention and control activities in all outbreak affected areas. Coordination, Case management, surveillance and social mobilization are maintained and strengthened. The outbreak response is enhanced by the response teams deployed from national and regional health bureau with the engagement of communities.

Below is the epi curve of cholera cases over the year.




Chikungunya outbreak is ongoing in 3 woredas of Afar region and 1 woreda of Somali region. 4,334 cases were reported since the onset in September.

Dengue fever outbreak is ongoing in Gewane woreda of Afar region. 1,187 cases with 49 new cases without death were reported since the outbreak started in September.

The impact of conflict induced displacement from April 2019 is still felt within Metekel and Awi zones. Although the security situation has improved in Awi zone following the creation of a command-post and deployment of security forces, sporadic violence and killings continue along the regional boundary of the two regions. IDP on both sides are unwilling to return due to safety and security concerns. According to Awi zonal estimates, 21,000 people were displaced into the zone since September 2018, majority from Metekel zone in April 2019. There were reports of lootings and damage to assets, civilian casualties and subsequent increase in vulnerability due to loss of livelihoods and overburdened coping mechanisms. Currently, most of the displaced people live in host communities. Attempted assessments were hampered by insecurity and lack of access to the remote locations hosting most IDP. Information regarding the IDP was received from zone and woreda officials and from discussions with IDP in kebele/woreda capitals. The IDP are in dire need of food assistance and essential health services. Zonal authorities reported high cases of malaria, diarrhea, scabies and respiratory diseases. The risk of disease outbreaks is high due to lack of shelter for most of the IDP.

## 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 | Total |
|---|---|---|---|---|---|---|---|
| 1 | OPD consultations in IDP locations | 132,835 | 131,632 | 384,401 | 101,053 | 101,958 | 851,879 |
| 2 | OPD consultations for CU5 in IDP locations | 41,594 | 47,853 | 82,081 | 61,775 | 74,869 | 308,172 |
| 3 | Normal deliveries attended by skilled birth attendants | 959 | 821 | 1,462 | 1,355 | 1,826 | 6,423 |
| 4 | WCBA receiving comprehensive RH services (modern contraceptives) | 4,678 | 5,850 | 11,186 | 6,166 | 10,830 | 38,710 |
| 5 | Epidemic prone disease alerts verified and responded to in 48 hours | 29 | 24 | 21 | 259 | 13 | 46 |
| 6 | Children 6 months to 15 years receiving emergency measles vaccine | 650,501 | 1,230,912 | 37,000 | 603 | 94 | 1,919,610 |
| 7 | Health facilities providing CMR services for SGBV survivors | 120 | 196 | 48 | 44 | 51 | 196 |
| 8 | Health facilities addressing health needs of persons with disabilities | 36 | 195 | 173 | 21 | 46 | 195 |
| 9 | Health facilities providing MHPSS services in IDP locations | 33 | 75 | 192 | 23 | 26 | 192 |
| 10 | Referrals to higher level and specialized services completed | 409 | 325 | 709 | 527 | 433 | 2,403 |

## Health Cluster coordination

Monthly SAG and partner meetings were conducted focussing on integration among health, WaSH and nutrition clusters. A joint TWG was established after a series of discussions among the cluster coordinators. This TWG will prioritize defining a minimum service package for different settings that includes health, nutrition and WaSH interventions. Biweekly meetings continued in Somali region and Gedio & West Guji zones, and monthly meetings were held in other regions. The MHPSS TWG held its monthly meeting during which the leadership of the secretariat was transferred from UNICEF to WHO. The staff care event originally planned for December 9, 2019 was postponed to early 2020 following discussion by TWG members.

## Training of health workers

**UNFPA** conducted clinical management of rape (CMR) training to 40 health workers in selected project sites in Fafan and East Hararge zones. Minimum Initial Service Package (MISP) for RH training was conducted for 45 health workers in East Wollega and Fafan zones. Basic Emergency Obstetric and Newborn care (BEmONC) training was conducted for 18 health workers in Dawa zone.

**IOM** in collaboration with E. Wollega zone conducted a 3 days PHEM training for 35 health workers. IOM also carried out a 4 days mass health education session in collaboration with the West Guji zone and WHO in Kercha and Bule Hora woredas reaching more than 50,000 individuals.

**MCMDO** provided on the job training for more than 89 health extension workers, covering topics including cholera prevention and preparedness and community surveillance.

**MSF-Spain** deployed emergency response team to Sidama zone and assessed the readiness of 5 hospitals & one Health Center and provided training on mass causality response for 43 medical & 46 non-medical staff in Yirgalem & Leku hospitals with simulation exercise.

**IRC** conducted PHEM and cholera case management training for 15 heath workers in Oda Bidigilu woreda. 28 health workers were trained on MHPSS. IRC conducted training on mental and psychosocial support (MHPSS) for 28 health workers and PHEM training for 30 health workers in collaboration with Borena zone and Guchi woreda. 125 health workers were trained on PHEM and RRT orientation in West Wollega and 136 health workers in East Wollega zone.

**WHO** conducted 6 days Immunization in Practice (IIP) training for 98 EPI focal persons and PHEM officers. 53 sentinel surveillance staff training on influenza surveillance. CBS training was conducted for community volunteers in Tigray (300), Oromia (30), Somali (60) and Amhara (30) Regions.

## Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 45-48, 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 | 323 | - | 16 | 1 | 254 | 4 | 1 | - | 519 | - | - | - | 98 | - | 1 | 3,016 | - |
| Afar | 7,422 | - | 3 | - | 1,052 | 1 | - | - | 157 | - | - | - | - | - | 1 | - | - |
| Amhara | 70,851 | 4 | 26 | 1 | 2,542 | 3 | 15 | - | 696 | - | 1 | 2 | 94 | 2 | 24 | 24,984 | - |
| B. Gumuz | 30,168 | 2 | 30 | - | 260 | - | 6 | - | 131 | - | - | - | 26 | - | 3 | 5,122 | - |
| Dire Dawa | 203 | - | - | - | 100 | - | - | - | 40 | - | - | - | - | - | 1 | 89 | - |
| Gambella | 6,837 | - | 6 | - | 68 | - | - | - | 53 | - | 1 | 1 | 3 | - | - | 6 | - |
| Harari | 256 | - | 11 | - | 185 | - | - | - | 36 | 3 | - | 1 | - | - | 2 | 109 | - |
| Oromia | 24,380 | 2 | 847 | 2 | 9,731 | 5 | 22 | - | 1,519 | 1 | 5 | 1 | 44 | 1 | 42 | 10,347 | - |
| SNNPR | 32,866 | - | 55 | - | 2,950 | 6 | 7 | - | 818 | - | 4 | - | 9 | - | 6 | 12,376 | - |
| Somali | 5,569 | - | 40 | - | 5,346 | - | 4 | - | 395 | - | - | - | - | - | 2 | 11 | - |
| Tigray | 28,236 | 1 | 4 | - | 974 | 1 | 1 | - | 183 | - | - | - | 229 | 13 | 3 | 1,002 | - |
| **Total** | **207,111** | **9** | **1,038** | **4** | **23,462** | **20** | **56** | **-** | **4,547** | **4** | **11** | **5** | **503** | **16** | **85** | **57,062** | **-** |

EPHI reported that on each epi week from 45 to 48, most regions met the required 80% IDSR reporting completeness and timeliness.

### Provision of essential drugs and supplies

**UNOPS** facilitated distribution of 86 Mt of humanitarian supplies including medical, nutrition and WaSH supplies supported by RHB and Mercy Corps.

**WHO** distributed 113 IEHK and SAM kits to partners in Oromia and Somali regions.

**UNFPA** distributed emergency RH kits which equipped 6 health centers and 2 hospitals in Gedeo and West Guji zones. The kits will directly benefit 9,558 emergency affected populations on sexual and reproductive health services.

**MSF Spain** donated a mass casualty kit that can treat 200 trauma cases to Yirgalem general hospital.

### Support to health service delivery

**MCMDO** reached 47,826 beneficiaries with lifesaving health and nutrition services through the mobile health and nutrition teams in 9 woredas in 4 zones in 3 regions. In West Guji zone (Kercha, Hambala Wamana, birbirsa Kojowa and Bulehora woredas) 29,602 people were reached, 5,667 in Gedeb woreda of Gedeo zone, 5,417 in West Wollega (Nejo and Mana Sibu woredas), and 7,140 in Kamashi zone (Agalometi and Yaso woredas). The services included clinical consultation and treatment, nutrition, ANC, FP, delivery, PNC, EPI, Vit A and deworming.

**IMC** provided lifesaving emergency health services and cholera response for IDP and returnees in East and West Hararghe zones. The services included OPD consultations for adults (8,913) and CU5 (3,641). 94 pregnant women attended normal deliveries by skilled birth attendants. Also 2,322 WCBA received comprehensive RH services. 89 cases were referred to higher level services. 6,448 under five children (3,040 boys and 3,048 girls) and 4,398 PLW were screened for malnutrition by the MHNT. 113 (44 boys and 69 girls) were identified for SAM and 2,914 (1,408 boys and 1,506 girls) and 1,325 PLW were identified for MAM. These were linked to TFU and TSFP programs. MHNT provided psychosocial support for 1,690 mentally ill patients referred to nearby health facilities.

**GOAL** reached 643 clients with medical consultation. 493 were adults (187 male and 306 females). 150 were children under five (76 male and 74 females). Health education was provided for 2,646 individuals (912 male and 1,734 females). The team supported social mobilization for polio campaign by providing logistics and also provided health and nutrition services for newly displaced people from Dibicha kebele.

**UNOPS** supported 61 health workers in 13 woredas mainly IDP sites and cholera treatment centers in Somali region. 7 SUV were provided to facilitate movement of RHB's mobile health and nutrition teams.

**IOM** is providing basic lifesaving health responses in the 3 zones (Gedeo, Guji and E.Wellega) of returns covering 21 IDP sites in 7 woredas. Health services were provided by deploying 6 MHNT. 15,015 medical consultations were provided. 4,381 under five children were screened for malnutrition of which 10% were found to have MAM and SAM were referred to stabilization centers. 1,665 women in reproductive age were given SRH services. 4,693 IDP and host communities were reached with health promotion and education services.

**Mercy Corps** provided medical consultation for a total of 1,808 beneficiaries 923 of whom were under five years and 885 were above the age of five years. 58 cases were referred to Health Centers/Hospitals for secondary services and the MHNT assisted 9 normal deliveries. 104 SAM children without medical complications were identified and treated at MHNT and outreach sites.

**IRC** reached 101,337 beneficiaries with consultation in all 9 woredas, of which 20,887 were in East Wollega, 7,519 in West Wollega, 37,668 in Yirgachafe and Dilla zuria of Gedeo, and 22,044 in Assosa, Oda Bildig with medical consultation through surge team support. Technical and logistic support were provided to the HFs and woerda health offices of our operation in the month of November.

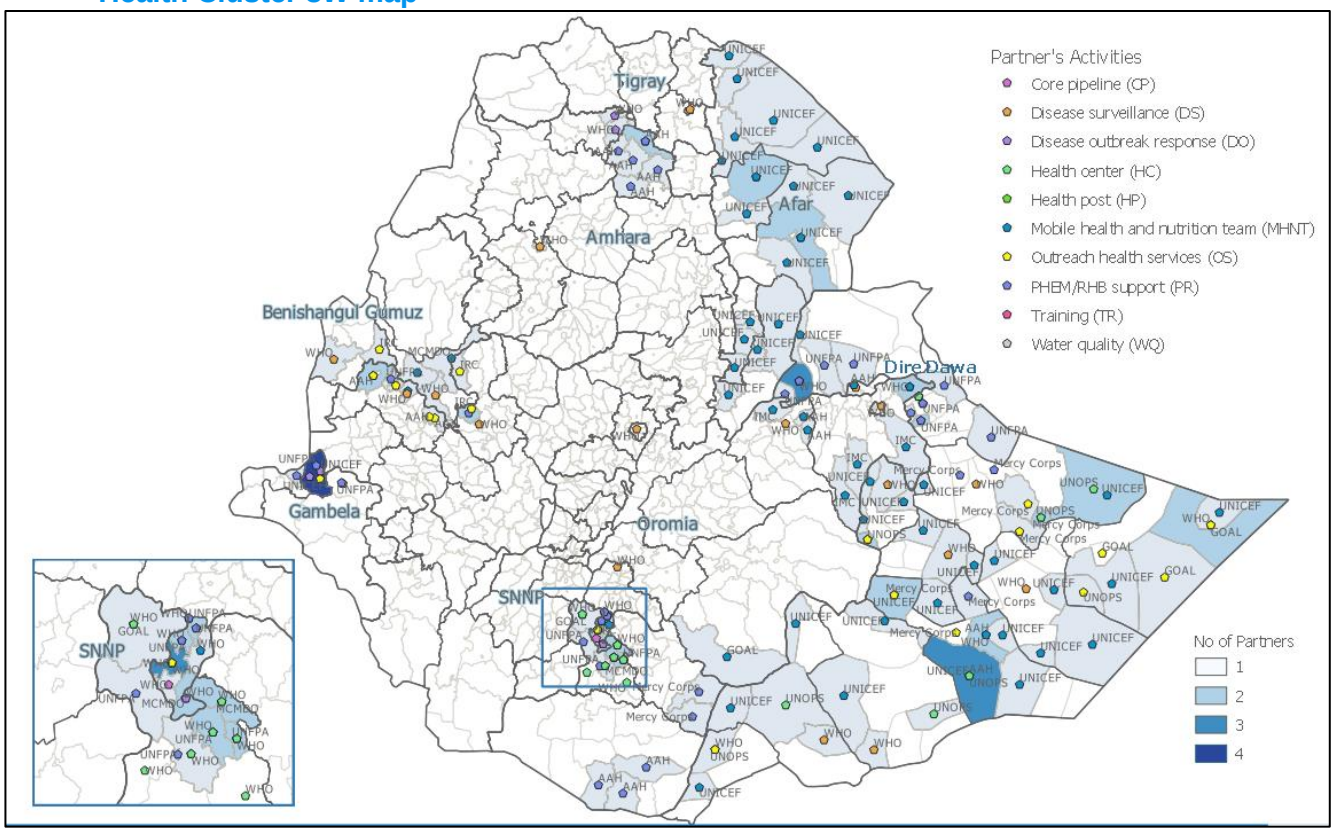
**MSF-Spain** continued to support Gambela hospital to strengthen the quality of secondary healthcare for refugees and host community in the region. 2,078 patients received emergency care, 215 patients were admitted to surgical ward with 56 urgent life-saving surgical interventions, 215 deliveries were conducted, and the neonatal unit admitted 43 new-borns. 290 individuals received mental health consultations, and 57 units of blood were collected, screened and availed for use in the region. The migrants and returnees project at Bole International Airport provided medical consultations for 1,278 arrivals with 16 referrals for advanced medical care. 1,527 deportees participated in psycho-education upon arrival, 174 admissions were made to MSF trauma and counselling center, 360 individual mental health consultations were provided on TCC and 35 group session with 330 participants. 11 patients were referred to a psychiatric hospital for management of severe mental health disorders.
MSF-Spain conducted an emergency assessment in Guba woreda on IDP in the remote kebeles of Albuta, Mankush and Almahal. OPD consultation is ongoing in Albuta kebele where 374 consultations were made out of which 43 % were malaria cases. NFI and mosquito net distribution was completed in the kebele. A multi-antigen vaccination campaign will be commenced once PCV, Penta vaccine are secured from MOH. MSF will use internal measles vaccine

stock for the campaign. In Mankush a stabilization center with 15 bed capacity was established and care started. Shortage of RUTF was reported.

**UNICEF** provided long lasting insecticide treated nets (LLIN) for 2,200 IDP households living in a high malaria risk area in Metekel zone.



### 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, IMC, IOM, SP, IRC, FIDO, AAH, MDM, DFID, UNICEF, ICRC, WVI, SCI, MCMDO, USAID, CCM, UNFPA, UNOPS, WHO, MSF-E.

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