HEALTH CLUSTER

Flooding and population displacement, Dasenach. Photo: WHO.

HEALTH CLUSTER BULLETIN #19
September 2020

Ethiopia

Emergency type: Multiple Events
Reporting period: 1-30 September 2020

0.6 MILLION IN NEED | **2.0 M IDP TARGETED** | **4.5 M HOST TARGETED** | **231 WOREDAS**

HIGHLIGHTS

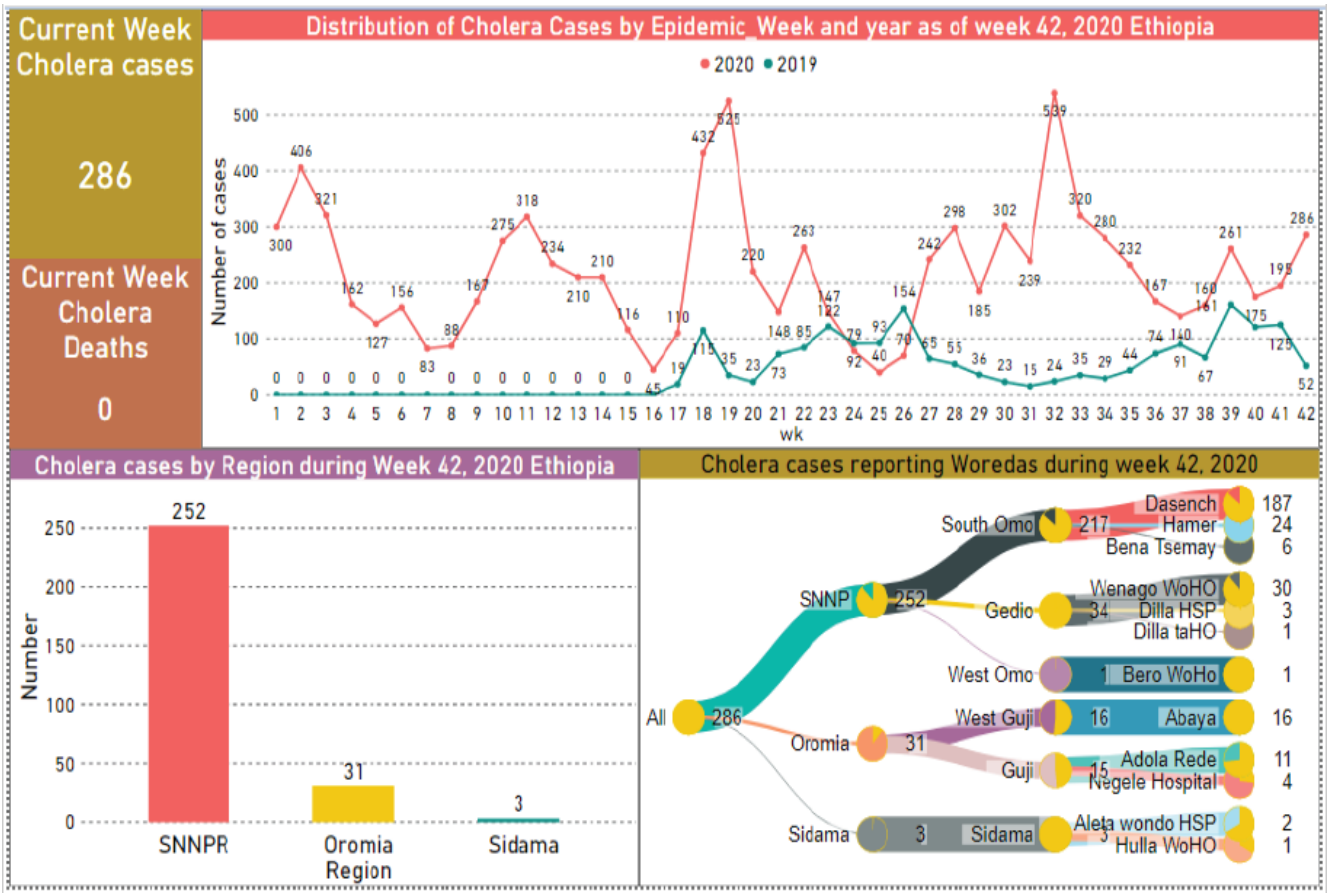
- As of 22 October, 91,693 confirmed cases and 1,396 deaths of COVID-19 have been reported in Ethiopia, from 1.42M laboratory tests conducted.
- Active cholera outbreaks continue in 12 woredas of SNNP, Sidama and Oromia regions. Affected zones include Sidama, West Omo, South Omo, Guji, West Guji and Gedeo. So far this year the country has reported more than 10,000 cases.
- Flooding in Dasenech woreda affected 24 of the 40 woredas, and displaced 62,790 people (85.5 % of the woreda population) who settled in 13 sites.
- The Health Cluster urgently requires **$64.3 million to reach 2.1 million** people with essential health services before the end of the year.

HEALTH SECTOR

30	HEALTH CLUSTER IMPLEMENTING PARTNERS
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS	
899	ASSORTED MEDICAL KITS
HEALTH CLUSTER ACTIVITIES	
151,935	OPD CONSULTATIONS
VACCINATION	
10,536	VACCINATED AGAINST MEASLES
EWARS	
5	CONFIRMED COVID-19, POLIO, YELLOW FEVER, CHOLERA, MEASLES OUTBREAKS
FUNDING $US	
195 M	REQUESTED
20.7 M	11% FUNDED
174.3 M	GAP

Situation update

Cholera outbreaks continue in 12 woredas of SNNP, Sidama and Oromia regions. Affected zones include Sidama, West Omo, South Omo, Guji, West Guji and Gedeo. So far this year the country has reported more than 10,000 cases. Most of the woredas are remote and hard to reach, especially during this rainy season. Cluster partners including SWAN, WHO, UNICEF, CUAMM, GOAL are supporting the response. Additional support is continuing in logistics, trainings, surveillance, assessments, outbreak investigations, and case management. Advocacy, mobilization of additional resources and capacity building will continue.



A joint rapid needs assessment was conducted on 3-10 September 2020 in Fentale, Bosset and Adama woredas and Haro Hadi/ Metehara town of East Shewa zone, Oromia region. Heavy flooding resulted from the overflow of Awash river coupled with the rise of Beseka Lake in Fentale woreda. Infrastructures were destroyed by the floods, including roads from Metehara town to Addis Ketema and to Gudo Fuafuate hence interrupting transportation. The number of displaced individuals exceeded 33,000. Ongoing emergency response only covered 25% of the needs.

Another joint assessment was conducted in South Omo and Konso zones from 26 August - 04 September 2020 to assess the impact of the floods and conflict in Dasenech woreda and Konso zone. The Omo river overflow led to floods in Dasenech woreda affecting 24 of the 40 woredas, and displaced 62,790 people (85.5 % of the woreda population) who settled in 13 sites. Vast acrage of crop and grazing land was flooded. 54 houses, 14 schools, 3 health posts, 9 irrigation schemes, and 32 water pumps were destroyed. 8,982 people were displaced from three woredas of Konso zone (Karat Zuria, Kena and Segen Zuria) due to conflict with Ale Special woreda along border kebeles of the two areas. Urgent needs for food, shelter, WaSH, health and nutrition were reported.

As of 22 October, 91,693 confirmed cases and 1,396 deaths of COVID-19 have been reported in Ethiopia, from 1.42M laboratory tests conducted.. Response continues through the national and subnational PHEOC, with partners supporting various pillars at all levels.

Useful sites for information include:
Health Cluster on Humanitarian Reponse: https://www.humanitarianresponse.info/en/operations/ethiopia/health
EPHI: https://www.ephi.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

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

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). The health cluster reached 3.4M of its 6.5M targeted people, with only 11% of the required funding, ensuring that COVID-19 activities were integrated into ongoing essential health services for vulnerable populations. Health cluster's urgent requirement of $64.3M was in cluded in the key asks for advocacy out of the HRP-MYR.

Response to cholera outbreaks continues to be structured around case management, social mobilization and risk communication, logistics and supplies, surveillance and laboratory investigation, and WaSH. 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 September, the health cluster continued its weekly virtual meetings to regularly update and guide on the ongoing partners' contribution to essential health services and COVID-19 response. Emphasis was on partners integrating COVID-19 activities in their existing projects. 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.

2020 HRP dashboard

Indicators	Q1	Q2	Q3	Total
1. Number of health facilities including COVID-19 isolation facilities and mobile teams supported in crises affected locations	88	468	1,728	1,728
2. Number of OPD consultations	385,567	574,238	581,757	1,541,562
3. Number of normal deliveries attended by skilled birth attendants	2,297	4,428	11,593	18,318
4. Number of women in child bearing age receiving modern contraceptives	32,057	28,078	49,626	109,761
5. Number of community members receiving health IEC messages including COVID-19	291,065	2,103,852	1,005,887	3,400,804
6. Number of assorted emergency medical kits and COVID-19 PPE kits distributed in crises affected locations	551	3,900	651	5,102
7. Number of cases with injuries and disabilities treated and referred for further care	577	502	1,351	2,430
8. Number of cases receiving mental health and psychosocial support services including COVID-19	153	19,881	47,397	67,431
9. Number of survivors of SGBV receiving clinical care for rape	13	15	128	156
10. Number of epidemic prone disease alerts including COVID-19 verified and responded to within 48 hours	718	915	5,931	7,564
11. Number of children 6 months to 15 years receiving emergency measles vaccination	407,529	82,125	1,542,963	2,032,617

Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 36-40, 2020, 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
A Ababa	96	0	2	0	94	0	0	0	4	0	0	0	101	0	7	1,381	0
Afar	7,559	0	6	1	1,533	5	0	0	1	0	0	0	2	0	5	0	0
Amhara	41,453	1	30	0	2,610	1	10	0	33	0	2	0	177	2	27	6,911	0
B Gumuz	7,860	0	8	0	74	3	0	0	1	0	0	0	27	0	1	280	0
D Dawa	80	0	0	0	61	0	0	0	0	0	0	0	0	0	0	66	0
Gambell	4,371	0	3	0	62	0	0	0	0	0	1	0	0	0	0	7	0
Harari	57	0	9	0	141	0	0	0	1	0	0	0	0	0	2	58	0
Oromia	12,794	2	118	3	10,308	3	32	0	131	0	5	0	19	0	27	5,129	0
Sidama	2,611	0	1	0	722	0	0	0	0	0	0	0	0	0	0	20	0
SNNPR	16,586	0	20	0	2147	2	3	0	14	0	1	0	39	0	5	1,204	0
Somali	4,740	0	103	0	6,550	0	4	0	0	0	0	0	0	0	1	39	0
Tigray	13,859	0	6	0	690	0	2	0	2	0	5	0	86	0	1	1,963	0
Total	112,066	3	306	4	24,992	14	51	0	187	0	14	0	451	2	76	17,058	0

EPHI reported that on each epi week from 36 to 40, most regions met the required 80% IDSR reporting completeness and timeliness.

Training of health workers

IRC trained 35 HEW and 35 HCW on COVID-19 prevention, control and surveillance in three woredas of SNNP region. IRC also trained 210 HEW and HCW on COVID-19 guidelines.

Provision of essential drugs and supplies

WHO donated 458 emergency health kits to partners and zonal health offices in all regions.

Support to health service deliver

Mercy Corps supported 3 MHNT in 3 woredas of Somali region which are Tuliguled, East Imey and Goljano. MHNT provided medical consultation for 2,586 beneficiaries of whom 921 were under five years, 338 were 5-18 years, 1,122 were adults above 18 years, 192 were elderly people and 13 disabled people. 429people received MHPS services. 146 children were vaccinated against measles. The MHNT identified and treated 103 SAM children without medical complications at outreach sites.

MCMDO reached 22,102 beneficiaries with lifesaving primary healthcare and nutrition services in West Guji, Gedeo and Afar. 10,572 consultation were done at OPD of which 2,754 were under five children. Health education and awareness creation were given to 40,997 beneficiaries on Covid-19 and other communicable diseases. 1264 Mothers have received ANC consultation and 1,140 WCBA have FP service. 2838 client have got MHPSS service.

GOAL MHNT conducted 866 medical consultations in Yirgachefe, Medawolabu, Dolomena, Abaya and Gelana woredas. Health education was provided for 2,699 individuals. 89 women in child bearing age received modern contraceptives. In Somali region (Galadi, Daratole, Bokh woredas), medical consultation was conducted for 727 clients, and health education was provided for 10,683 individuals.

UNICEF MHNT in Afar and Somali regions conducted 47,324 new consultations, of which 42% were CU5 and 35% were women. In September 1,443 children received measles vaccine at refugee camps in Gambella region.

CRS reached 2,450 individuals with health education and hand washing demonstration at health facility and community level. 12,682 people were reached with key health and COVID-19 messages in Meyu-Muluke, Kumbi, Midega-Tola, Chinaksen and Siraro. CRS MHNT in Medigatola and Chinaksen reached 8,293 patients (of these 44% are IDP) with OPD consultations. 30 clients in Siraro woreda received psychosocial support services.

MSF-Spain continued providing healthcare assistance at Gambela regional hospital. 800 patients received emergency care, 89 patients were admitted to surgical ward, and 74 urgent life-saving surgical interventions performed. 171 individuals received mental health consultations. Health education for patients and caretakers on malaria, outbreak prone diseases, maternal and child health and COVID-19 prevention continued. Migrants and returnees response project are supporting mental health and health promotion at Sidis Kili quarantine center. 7 group sessions were conducted for 82 participants.

Plan International reached 8,561 people in Afar and Amhara regions with lifesaving nutrition and primary healthcare services that included OPD consultations, delivery with skill birth attendant, measles vaccination and contraceptives for women in child bearing age, and health education integrated with COVID-19 messages. Plan International supported the local health capacity with essential COVID-19 prevention items such as PPE, hand sanitizers, and soap, and technical and logistics support in 3 woredas in Wagherma zone of Amhara region and 3 woredas in zone 1 of Afar region.

Concern Worldwide provided technical and logistics support for the community based activities & testing. With support of OFDA supported vehicles, more than 13,650 cases were tested for Covid-19, and 540 cases identified.

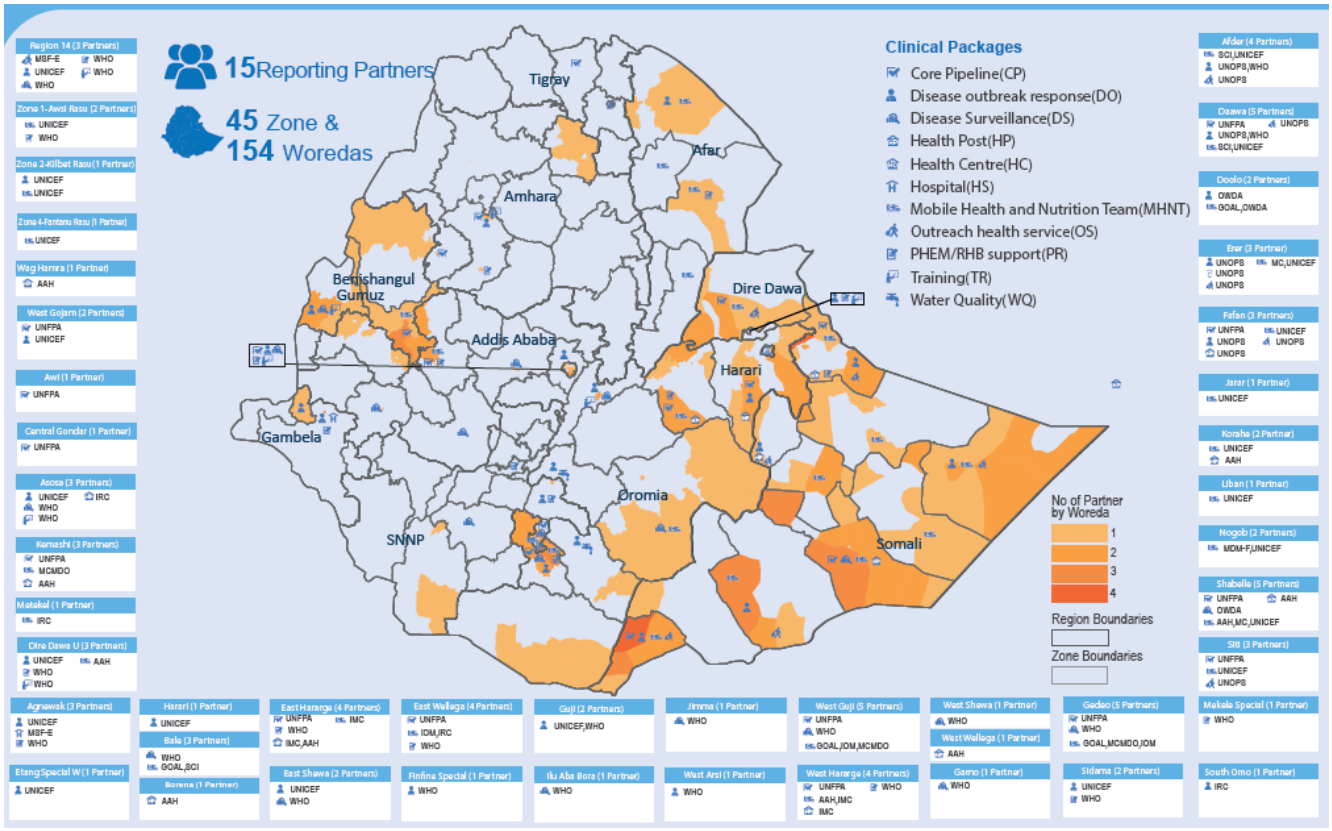
OWDA MHNT treated 5,942 patients in Gursum, Shilabo, and Dhobawayn woredas of Somali region. MHNT reached 28,420 people with health education including COVID-19 messages through different channels targeting different groups. OWDA provided mental health and psychosocial support to 352 individuals where the majority of them had contact with COVID-19 cases.

IOM delivered essential health services in East Wollega, West Guji and Gedeo zones. 12,402 medical consultations were conducted, screened 3,229 children for malnutrition and reached 19,364 individuals with key health messages. 1,892 women received basic sexual and reproductive health services. Supported Dire Dawa health office with 1,800 pieces of surgical masks, 15 liters of hand sanitizers and rented 1 vehicle for the polio campaign. Conducted scabies campaign in 3 kebeles of Kercha woreda in collaboration with WaSH team.

IRC supported remote health facilities by deploying 21 government HCW and covering their daily perdiem for 10 days. Supported active case search by deploying 34 HEW and 4 HCW and covering their perdiem. Supported COVID-19 screening at community level and at different entry points to towns (Keyafer, Hana & Dimeka) by covering daily perdiem for 10 HCW. Provided 4,800 liters of gas (Nafta) and 1,200 liters of benzine for strengthening EPI services. Supported polio campaign by assigning a vehicle. Conducted supportive supervision and monitoring of activities in Oromia region.

AAH continued supporting government in awareness raising activities on COVID-19 using locally translated IEC materials in all its operational areas. Field teams supported the polio vaccination campaign in its operational areas through logistics and technical support.

Health Cluster 3W 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 includeIDP, returnees and host communities in emergency locations. New conflict and floods induced IDP and returnees will be prioritized, while the needs of chronic IDP will be assessed from time to time. Response to 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

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

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