HEALTH CLUSTER BULLETIN #3
April 2019

Ethiopia
Emergency type: Complex
Reporting period: 1-30 April 2019

6.0 MILLION IN NEED
2.4 M IDP TARGETED
2.4 M HOST TARGETED
445 WOREDAS

HIGHLIGHTS

- The return process already started in various IDP locations, including Gedeo, West Guji, Assosa, Kamashi, East Wellega, West Wellega, East Hararge, Borena, Fafan and Dawa. Many IDP have asked for assurances on their safety and security in areas of return and origin, and continued humanitarian assistance.

- FMOH/EPHI declared AWD outbreak in northern Amhara, with one case confirmed as vibrio cholerae. So far 182 cases and 12 deaths were reported; Telemt woreda 111 cases and 8 deaths, Abergelie woreda 68 cases and 3 deaths, and Beyeda woreda 3 cases and 1 death.

- The Health Cluster received $6.2M from the first standard allocation of the EHF. Out of this, $2.45M was assigned to emergency health pipeline to restock assorted medical and reproductive health kits. The rest was assigned to frontline projects targeting woredas hosting IDP and returnees in Assosa, Kamashi, West Wellega, East Wellega, West Hararge, East Hararge, West Guji, Gedeo, and Borena. Also 10 woredas in Somali region were prioritized by the sub-national Cluster.

HEALTH SECTOR

- 19 HEALTH CLUSTER IMPLEMENTING PARTNERS
- 21 ASSORTED MEDICAL KITS
- 38,352 OPD CONSULTATIONS
- 779,126 VACCINATED AGAINST MEASLES
- 1 CONFIRMED AWD OUTBREAK
- 143 M REQUESTED
- 11.3 M 7.9% FUNDED
- 131.7 M GAP

FUNDING $US

VACCINATION

EWARS

ASSORTED MEDICAL KITS

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

HEALTH CLUSTER ACTIVITIES

19

21

38,352

779,126

1

143 M

11.3 M

131.7 M

19

21

38,352

779,126

1

143 M

11.3 M

131.7 M
Situation update
In April, the Ministry of Peace and NDRMC launched the government’s strategic plan to address internal displacement in Ethiopia. The plan is intended to ensure the voluntary, safe, dignified and sustainable return, reintegration or relocation of conflict-displaced populations, implemented in three phases based on the IDP readiness and willingness to move. About 800 thousand IDP would be moved in the first phase. The third objective identifies the provision of interim multi-sector humanitarian assistance, including essential health services, to IDP in areas of displacement, return or relocation as a priority.

The return process already started in various IDP locations, including Gedeo, West Guji, Assosa, Kamashi, East Wellega, West Wellega, East Hararge, Borena, Fafan and Dawa. Many IDP have asked for assurances on their safety and security in areas of return and origin, and continued humanitarian assistance. It was reported that in Kercha woreda for example, both government and humanitarians provided food and NFI for the returnees.

FMOH/EPHI declared AWD outbreak in northern Amhara, with one case confirmed as vibrio cholerae. So far 182 cases and 12 deaths were reported; Telemt woreda 111 cases and 8 deaths, Abergelie woreda 68 cases and 3 deaths, and Beyeda woreda 3 cases and 1 death. 3 temporary cholera treatment centers were set up. Woreda RRT and regional investigation teams were deployed. Cholera investigation and treatment kits were prepositioned in Amhara, and delivery to the outbreak locations continues. EOC is activated in Gondar. AWD TWG was reactivated in Addis, with biweekly meetings at the PHEOC.

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, with some directly affected by the conflicts and displaced, and partners’ inability to recruit adequately.

• There have been ruptures in the core pipeline for essential drugs, vaccines and supplies, due to systemic bottlenecks and donor fatigue towards humanitarian funding for health response. Out of 34 emergency health kits and commodities, 10 are already out of stock, and 18 will rupture by April.

• 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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>1 OPD consultations in IDP locations</td>
<td>25,981</td>
<td>36,676</td>
<td>70,178</td>
<td>38,352</td>
<td>171,187</td>
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<tr>
<td>2 OPD consultations for CUS in IDP locations</td>
<td>13,933</td>
<td>11,125</td>
<td>16,536</td>
<td>13,068</td>
<td>54,662</td>
</tr>
<tr>
<td>3 Normal deliveries attended by skilled birth attendants</td>
<td>348</td>
<td>402</td>
<td>209</td>
<td>150</td>
<td>1,109</td>
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<tr>
<td>4 WCRA receiving comprehensive RH services (modern contraceptives)</td>
<td>1,911</td>
<td>1,525</td>
<td>1,242</td>
<td>1,026</td>
<td>5,704</td>
</tr>
<tr>
<td>5 Epidemic prone disease alerts verified and responded to in 48 hours</td>
<td>4</td>
<td>3</td>
<td>22</td>
<td>21</td>
<td>50</td>
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<tr>
<td>6 Children 6 months to 15 years receiving emergency measles vaccine</td>
<td>3,060</td>
<td>390,277</td>
<td>257,164</td>
<td>779,126</td>
<td>1,429,627</td>
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<tr>
<td>7 Health facilities providing CMR services for SGBV survivors</td>
<td>54</td>
<td>29</td>
<td>120</td>
<td>12</td>
<td>215</td>
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<tr>
<td>8 Health facilities addressing health needs of persons with disabilities</td>
<td>36</td>
<td>17</td>
<td>7</td>
<td>0</td>
<td>60</td>
</tr>
<tr>
<td>9 Health facilities providing MHPSS services in IDP locations</td>
<td>26</td>
<td>33</td>
<td>21</td>
<td>4</td>
<td>84</td>
</tr>
<tr>
<td>10 Referrals to higher level and specialized services completed</td>
<td>49</td>
<td>125</td>
<td>235</td>
<td>170</td>
<td>579</td>
</tr>
</tbody>
</table>

Strategy and response processes

The Health Cluster received $6.2M from the first standard allocation of the EHF. Out of this, $2.45M was assigned to emergency health pipeline to restock assorted medical and reproductive health kits. The rest was assigned to frontline projects targeting woredas hosting IDP and returnees in Assosa, Kamashi, West Wellega, East Wellega, West Hararge, East Hararge, West Guji, Gedeo, and Borena. Also 10 woredas in Somali region were prioritized by the sub-national Cluster. The response will be a mix of health facility and MHNT services, based on the location and population. The pipeline projects will run for 12 months to allow for importation and buffer stocks, whereas the frontline will be implemented for six months. A lot of flexibility will be required in the projects as most of the target populations are on the move.

The national Public Health Emergency Operations Centre (PHEOC) was activated on 1 April. Premised at the EPHI, the PHEOC will ensure a unified command system is in place to coordinate preparedness and response activities for IDP based on the incident management system. The incident manager will discharge his duties through various units including public information and risk communication, data management, planning and M&E, logistics and supply chain management, health workforce, among others.

Health Cluster coordination

In April, 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.

A joint Health Population and Nutrition (HPN) group and Health Cluster meeting with Somali Regional Health Bureau was held in Jijiga. The aim was to discuss current regional priorities, which the president outlined as water, health, education, roads and women and youth empowerment. It was agreed that the RHB with technical support from partners would conduct a resource mapping exercise that then informs the next course of action.

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. It is important to continue lobbying for sub-national Health Cluster Coordinators for the locations with acute events.

Field support and monitoring

The Health Cluster team deployed one person to East and West Wellega during the last week of April to visit partners and some of the emergency projects under implementation. Overall the feedback on the sub-national Cluster was positive, with regular weekly meetings conducted in both Nekemte and Gimbi, and active participation in inter-cluster coordination. Partners regularly update the 5W matrix and share activity reports. Some elements of the MHNT require improvement. These include adherence to staffing norms, essential services package and work schedule. Although significant support has been provided to ZHO by WHO, UNICEF and other partners to address some of the systemic bottlenecks identified in pharmaceuticals supply chain, a lot more still needs to be done to ensure medicines are available at the health facilities. There were common concerns regarding planned IDP return process, especially due to lack of details and unpredictable security situation.

 Provision of essential drugs and supplies

WHO’s operations support and logistics team was in Dilla and Bule Hora for two weeks. Unlike Bule Hora, the Dilla ZHO has maintained good warehouse and stock management practices since last year’s support mission. One complete IEHK was prepositioned at WHO office for any acute needs that may arise. A lot more support is required for Bule Hora, including training for warehouse and logistics staff, assisting them to properly arrange the warehouse, and fleet management.
Child health

Measles mass vaccination campaign
The MCV-SIA campaign was conducted in all woredas of Bale zone in ten days. Children of 6 months to 15 years age were targeted. 778,553 children were vaccinated, with the the vaccination coverage estimated at 93%. However, five woredas, namely Agarfa, Dinsho, Gindhir, Gurra Dhamole and Sinana delayed in sending their final reports due to security challenges, vaccine shortage and unable to complete mop-up activities. The campaign was facilitated and implemented by the RHB, EPHI, FMoH, PFSA and partners.

Communicable disease control and surveillance

Table 1: Number of cases reported during WHO Epi week 14-17, 2019, Ethiopia

<table>
<thead>
<tr>
<th>Region</th>
<th>Malaria</th>
<th>Meningitis</th>
<th>SAM</th>
<th>AFP</th>
<th>Anthrax</th>
<th>AWD</th>
<th>Measles</th>
<th>NNT</th>
<th>Rabies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case</td>
<td>Death</td>
<td>Case</td>
<td>Death</td>
<td>Case</td>
<td>Death</td>
<td>Case</td>
<td>Death</td>
<td>Case</td>
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<tr>
<td>A/Ababa</td>
<td>173</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>278</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Afar</td>
<td>5115</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1209</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Amhara</td>
<td>11440</td>
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<td>8</td>
<td>0</td>
<td>1854</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td>B/Gumuz</td>
<td>4937</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D/Dawa</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>121</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Gambella</td>
<td>3941</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>76</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Harari</td>
<td>37</td>
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<td>3</td>
<td>0</td>
<td>106</td>
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<tr>
<td>Oromia</td>
<td>4471</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>8829</td>
<td>14</td>
<td>12</td>
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<tr>
<td>SNNPR</td>
<td>16357</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4298</td>
<td>22</td>
<td>5</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Somali</td>
<td>4177</td>
<td>2</td>
<td>43</td>
<td>0</td>
<td>4600</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>7999</td>
<td>37</td>
<td>7</td>
<td>0</td>
<td>413</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>58672</td>
<td>41</td>
<td>83</td>
<td>1</td>
<td>21832</td>
<td>40</td>
<td>35</td>
<td>0</td>
<td>56</td>
</tr>
</tbody>
</table>

The weekly IDSR national completeness for week 14-17 was 93% with all the 11 regions and administrative areas above the required 80%. The national timeliness for the same period was 91%, with all the reporting units above the required 80%.

FMOH/EPHI declared AWD outbreak in northern Amhara, with one case confirmed as vibrio cholerae. So far 182 cases and 12 deaths were reported; Telemt woreda 111 cases and 8 deaths, Abergele woreda 68 cases and 3 deaths, and Beyeda woreda 3 cases and 1 death. 3 temporary cholera treatment centers were set up. Woreda RRT and regional investigation teams were deployed. Choler investigation and treatment kits were prepositioned in Amhara, and delivery to the outbreak locations continues. WHO is supporting on-going active surveillance. EOC is activated in Gondar. AWD TWG was reactivated in Addis, with biweekly meetings at the PHEOC. The Outbreak is in very hard to reach locations with poor network connectivity. Logistics is very difficult for personnel and supplies.

Support to health service delivery

GOAL Ethiopia is implementing essential life-saving mobile health and nutrition services for IDP and host community 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 and SNNP region (Gedeo Zone Dilla city Administration and Yirgachefe) reserved for locations and populations of limited access. In April, 3901 adult and 2329 under-five children consultations were conducted and treated. Also, health education, ANC, PNC, family planning, HIV, vaccination, nutrition screening and referral services were provided by the MHNT. The teams faced shortages of emergency health kits which were later sourced from WHO.

IMC deployed three MHNT and provided different health services for 2963 individuals in April in Gursum, Fedis and Babile woredas of East Hararge zone. 1004 children were vaccinated against vaccine preventable diseases, 1633 adult and U5 children received consultation, 215 children and 105 PLW were screened for malnutrition of which 23 MAM and 53 SAM cases were identified and treated. Also 934 individual received health education on communicable disease prevention and control.
IRC is currently providing basic primary healthcare services through MHNT in response to drought and conflict affected IDP settled at thirteen woredas of Oromia regions funded by EHF, SIDA and ECHO since October-2018. In April the IRC implemented lifesaving primary health care services through consultations for 17,773 (7,213M, 10,530F), out of which 4,109 (1,801M; 2,308F) were children under five and 13,664 (5,442M; 8,222F) adults. 2,442 (OTP U5=92, MAM U5= 1,130 & MAM PLW=889) individuals were screened, linked and received nutrition treatment under OTP and TSFP. 261 (95M, 166F) under-one children were fully vaccinated, 331 pregnant women received TT vaccine ANC services, and 143 Women received modern contraceptive. 9600 bags of IV fluids and essential drugs were distributed at five woredas in Guji and Borena zones.

IOM In the month of April, IOM continued to provide lifesaving health and nutrition services deploying mobile health and nutrition teams. The teams are conducting medical consultations, screening for malnutrition and referral, health education. And promotion activities in high priority IDP sites in Gedo, West Guji and East Wellega benefiting 21,209 people. IOM is also closely working with the woreda health bureau to meet the increasing health needs of IDPs supporting the Surveillance of reportable diseases. Additionally this month psychosocial support teams have provided support in lay counselling, increasing community awareness on mental health, positive coping mechanisms and recreational activities for 13,000 IDPs and host-communities.

MCMDO’s project facilitated conflict affected populations to access essential health and nutrition services. 5 MHNT and 2 CMAM teams were deployed to respond to humanitarian needs in West Guji and West Wollega zones. In West Guji, until April more than 129,954 IDP/ returnees and host communities have benefited. 97 HEW, 17 health professionals and 18 community workers have been trained. In West Wollega’s Nedjo and Boji Dirmaji woredas, until April 20,530 benefited from services. In April, 12,830 consultations and treatment were conducted, of which 4,221 were children under-five, 428 WCBA received comprehensive reproductive health service, and 40 deliveries were attended by the MHNT midwives/nurses. 37 HEW were trained. Internal monitoring was conducted to all MHNT by the supervisor and program coordinator. Weekly coordination meetings were held with woreda health offices. The teams also supported routine disease surveillance activities. 3984 people received health education, and water chemical was distributed to 978 households.

The sexual and reproductive health working group in humanitarian settings was established and two coordination meetings was conducted in mid and end of April, co-chaired by UNFPA and government. UNFPA is also facilitating the third party emergency RH kits procurement process for EPHI for the IDP response. Emergency RH kits were distributed to 13 health centers and 1 hospital in Gedeo zone, 12 health centers and 1 hospital in West Guji zone, 1 health center in East Wollega and 1 health center in West Wollega, with a total of 29 health facilities benefiting.
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 measles, scabies and AWD 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
EPHI, SCI, Islamic Relief, MDM-F, MSF-H, MSF-E, UNFPA, IRC, AAH, MCMDO, IMC, WVE, ECHO, USAID/OFDA, UNFPA, WHO, WFP.

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