HEALTH CLUSTER BULLETIN #2
March 2019

Ethiopia
Emergency type: Complex
Reporting period: 1-31 March 2019

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

HIGHLIGHTS

- Faced with major delays in relief food distribution, subhuman living conditions including lack of or minimal shelter and WaSH facilities, complicated further by the start of short rains, and increasing malnutrition rates of over 20% GAM and 3.4% SAM, the IDP in Gedeo and West Guji have to grapple with resultant diseases and associated health conditions, and high likelihood of epidemics.

- The Health Cluster requires $34.2M to meet its first quarter priorities. With the imminent rupture in core pipeline, $10.3M is required for sufficient quantities of assorted medical kits for the needs of 2M people in IDP sites and host communities.

- EPHI’s application to Measles and Rubella Initiative (MRI) for 1.3 million doses of measles vaccines for preventive and reactive measles campaigns was approved, and delivery in-country is expected by end of April 2019.

- The MHPSS TWG held a workshop on 18 March to launch and utilize the IASC 4W format for mapping activities.
Situation update

The month of March saw new waves of IDP movement in Gedeo and West Guji zones. In late August 2018, some IDP in Gedeo and West Guji were facilitated to return to their homes, with varied levels of acceptance of this process, due to underlying factors that remain unaddressed. Majority of the IDP expressed concern for their security and safety. In January 2019, there were reports of IDP returning from West Guji to Gedeb woreda citing insecurity and harassment. In February 2019, the situation escalated with an estimated 619,071 individuals displaced across both zones according to DTM Rapid Response Assessment (RRA) round 5. The RRA indicated that Gedeo in Gedeo, Kercha and Bule Hora in West Guji were hosting majority of the IDP. The latest estimate by Dilla EOC is 675,737 IDP in Gedeo and 319,822 in West Guji zone. Without a new episode of conflict, it is likely that these increased numbers are attributable to improved access of humanitarians to IDP, and clashes between government forces and armed groups.

Faced with major delays in relief food distribution, subhuman living conditions including lack of or minimal shelter and WaSH facilities, complicated further by the start of short rains, and increasing malnutrition rates of over 20% GAM and 3.4% SAM, the IDP have to grapple with resultant diseases and associated health conditions, and high likelihood of disease epidemics. Based on the current morbidity data, the top common health conditions reported so far are pneumonia, diarrheal diseases, upper respiratory tract infections, acute febrile illness that includes malaria, scabies and intestinal worms.

Access to health services is suboptimal due to limited health facilities, limited staff, and inadequate medical supplies at available public facilities. In Gedeo zone there are 148 health posts that require a minimum of 296 health extension workers, but only 205 are deployed. A health post should serve a population of 5,000 people so Gedeo should have at least 220 of them functional. In West Guji out of the 196 health posts only 80 are accessible due to insecurity. Routine services like expanded program on immunization have been disrupted in the two zones, including complete lack of service due to vandalism, lack of functional refrigerators, recurrent shortage of vaccine supplies, lack of power supply, and lack of vaccine carriers for outreach services. This makes a bad situation worse, further predisposing the population to outbreaks of vaccine-preventable diseases.

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>January</th>
<th>February</th>
<th>March</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OPD consultations in IDP locations</td>
<td>25,981</td>
<td>36,676</td>
<td>70,178</td>
<td>132,835</td>
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<tr>
<td>2. OPD consultations for CU5 in IDP locations</td>
<td>13,933</td>
<td>11,125</td>
<td>16,536</td>
<td>41,594</td>
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<tr>
<td>3. Normal deliveries attended by skilled birth attendants</td>
<td>348</td>
<td>402</td>
<td>209</td>
<td>959</td>
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<tr>
<td>4. WCBA receiving comprehensive RH services (modern contraceptives)</td>
<td>1,911</td>
<td>1,525</td>
<td>1,242</td>
<td>4,678</td>
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<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>29</td>
</tr>
<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>650,501</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>203</td>
</tr>
<tr>
<td>8. Health facilities addressing health needs of persons with disabilities</td>
<td>36</td>
<td>17</td>
<td>7</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>80</td>
</tr>
<tr>
<td>10. Referrals to higher level and specialized services completed</td>
<td>49</td>
<td>125</td>
<td>235</td>
<td>409</td>
</tr>
</tbody>
</table>

Strategy and response processes

The Health Cluster requires $34.2M to meet its first quarter priorities. With the imminent rupture in core pipeline, $10.3M is required for sufficient quantities of assorted medical kits for the needs of 2M people in IDP sites and host communities. 160 existing mobile health and nutrition teams (MHNT) are faced with funding constraints, and many will be phasing out. MHNT have been used to reach populations with life-saving emergency health services, including IDP that have none or limited access to health facilities. These are largely utilized in Somali, SNNP, Oromia and Afar regions. $3M will maintain some of these MHNT, while gradually shifting direct support of USD 10.8 million to the more sustainable health facilities and outreach services in those locations, to ensure continuation of health services including reproductive health. There’re ongoing widespread disease outbreaks in the country with measles the most notable. IDP are at increased risk of measles outbreaks. Even without AWD cases currently, more than 200 hotspot woredas mostly in Somali, Tigray, Afar, Dire Dawa, Oromia and Addis Ababa and IDP sites remain at high risk of outbreaks. USD 6 million is required for preparedness, case management and outbreaks control. Conflict affected Kamashi, Dawa, W&E Wellega, W&E Harhage, West Guji, Gedeo, and Borena/Moyale, will be prioritized in that order.

Ethiopia successfully conducted a workshop on prioritization, resource mapping and multi-sectoral partnership collaboration for the implementation of National Action Plan for Health Security (NAPHS, 2019-2023) from 13-14 March 2019 with the financial and technical support from WHO, then officially launched on 15 March 2019 by HE Mr. Demeke Mekonnen, Deputy Prime Minister of the Federal Democratic Republic of Ethiopia. Several follow on actions are expected as a commitment of key stakeholders to ensure Ethiopia’s capacities to prevent, detect and respond to health emergencies are strengthened. EPHI, WHO and partners will identify critical gaps and mobilize resources for implementation of priority activities. A communication network involving EPHI, donors, WHO and partners will be created for coordination, planning, financing and implementation, roping in the National One Health Steering Committee, relevant ministries and sectors, and the military. The implementation will be monitored robustly led by EPHI and WHO, providing regular updates.
Health Cluster coordination
In March, the Health Cluster held the strategic advisory group (SAG) and monthly coordination meetings, during which the focus was on first quarter prioritization and humanitarian-development nexus. IDP response remained a key topic, with concerns on the situation and acute needs resulting from new waves of displacement in Gedeo and West Guji. 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 very necessary to continue lobbying for sub-national Health Cluster Coordinators for the locations with acute events.

Field support and monitoring
WHO deployed a team of 16 national and 3 international technical staff to set up the incident management system in Gedeo and West Guji, supporting partners’ coordination, surveillance and assessments in Gedeo and West Guji. The team was able to work with partners via the Health and Nutrition coordination and EOC, participated in various sectoral assessments for IDP, and directly supported health facilities and trainings.

Assessments
An assessment by WHO in Gedeo zone revealed a dire situation of 19 out of 40 health facilities lacking any water services. All the 6 health facilities in Gedeb woreda have no water services, however, MSF-E and UNICEF have recently supported 3 of them with temporary measures. A follow up assessment of a sample of 5 health facilities in Gedeo and West Guji zones, Amhara and Somali regions, showed poor cleanliness of toilets/latrines, 4 facilities didn’t have hand washing facilities, 3 facilities had no showers and waste disposal pits, and all the 5 facilities had no functional IPC committees. This is against the backdrop of upsurge in IDP numbers and movement, poor living conditions, and very high risks of AWD outbreaks. Without sufficient water in health facilities, and high sanitary measures, infection prevention and control is compromised, hence turning the facilities into infection transmission centres. 22 random water samples from IDP sites were tested, and 13 (59%) were positive for E.coli hence not suitable for drinking.

Provision of essential drugs and supplies
During a previous assessment by WHO, it was found that both West and East Wellega zones had some stocks of medicines in their warehouses that were not necessarily reaching the health facilities and IDP locations, due to lack of transport and poor stock management system. WHO followed up and provided a mini-truck to support both zones deliver regular and emergency medicines from zone to woredas/IPD sites, and secured temporary storage facilities of 77 m² for East Wellega for 3 months.
As part of preparedness for AWD outbreak, UNICEF prepositioned CTC kits at Regional Health Bureaus for rapid response and effective containment of AWD outbreak.
UNFPA distributed emergency RH kits to 25 health facilities in West Guji, Siti and Fafan zones and Gambella region refugee camps and surrounding host communities.

Training of health workers
WHO and EPHI-PHEM logistics teams conducted a training on basic logistics and warehouse management in West and East Wellega, for 21 woreda and zonal logisticians and storekeepers, as a follow up to the capacity assessment that had been done earlier. The participants were introduced to inventory management tools and record keeping, and assisted to properly arrange their warehouses.

Child health
Application for vaccines
Via the EPHI, UNICEF and WHO supported FMoH for the application to Measles and Rubella Initiative (MRI) to secure measles vaccines for preventive and reactive campaigns targeting IDP and host communities in locations affected by ongoing measles outbreaks in Oromia, Somali and Amhara regions. The application was approved by MRI for 1.3 million doses and the vaccines are expected to arrive in the last week of April 2019.
Measles mass vaccination campaign
Led by the Zonal Health Office, measles mass vaccination campaign was completed in five of the six IDP hosting woredas of East Wollega zone, as this was already completed in Sasiga woreda by MSF-Spain in January. The reported vaccination coverage was 93% (255,745) for the IDP and host communities combined. As this was an integrated campaign, vitamin A supplementation, de-worming and nutrition screening were also conducted. All Cluster partners including WHO, UNICEF, MSF-E, MCMDO, IRC, and AAH operating in East Wollega participated in the campaign by providing human resources, technical and logistics support.

UNICEF supported reactive measles vaccination campaign in Bale zone of Oromia region through supporting microplanning preparation, coordination, social mobilization and monitoring the quality of the campaign at regional and zonal level. Technical assistance from the national and Oromia field offices were deployed. Vitamin A supplementation and case management were supported.

### Communicable disease control and surveillance/ EWARS

Table 1: Number of cases reported during WHO Epi week 10-13, 2019, Ethiopia

<table>
<thead>
<tr>
<th>Region</th>
<th>Case Meningitis</th>
<th>Case SAM</th>
<th>Case AFR</th>
<th>Case Measles</th>
<th>Case NNT</th>
<th>Case Rabies</th>
<th>Clinical &amp; confirmed malaria</th>
<th>Case Reapting Fever</th>
<th>Case Anthrax</th>
<th>Case Death</th>
<th>Maternal Death</th>
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</thead>
<tbody>
<tr>
<td>A/Ababa</td>
<td>15</td>
<td>297</td>
<td>1</td>
<td>0</td>
<td>57</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Afar</td>
<td>2</td>
<td>1063</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Amhara</td>
<td>13</td>
<td>2213</td>
<td>1</td>
<td>8</td>
<td>338</td>
<td>0</td>
<td>1</td>
<td>20</td>
<td>3</td>
<td>11738</td>
<td>1</td>
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<tr>
<td>B/Gumuz</td>
<td>13</td>
<td>68</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>36</td>
<td>0</td>
<td>5516</td>
<td>2</td>
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<tr>
<td>D/Dawa</td>
<td>0</td>
<td>87</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td>17</td>
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<td>Gambella</td>
<td>1</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3687</td>
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<tr>
<td>Harari</td>
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<td>97</td>
<td>0</td>
<td>1</td>
<td>49</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>29</td>
<td>0</td>
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<tr>
<td>Oromia</td>
<td>101</td>
<td>8449</td>
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<td>17</td>
<td>1408</td>
<td>9</td>
<td>3</td>
<td>14</td>
<td>2</td>
<td>4428</td>
<td>27</td>
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<tr>
<td>SNNPR</td>
<td>36</td>
<td>3939</td>
<td>11</td>
<td>282</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>13010</td>
<td>28</td>
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<tr>
<td>Somali</td>
<td>21</td>
<td>4153</td>
<td>0</td>
<td>2</td>
<td>708</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>4211</td>
<td>0</td>
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<tr>
<td>Tigray</td>
<td>6</td>
<td>492</td>
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<td>12</td>
<td>0</td>
<td>0</td>
<td>337</td>
<td>0</td>
<td>9093</td>
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<tr>
<td>Total</td>
<td>209</td>
<td>20905</td>
<td>21</td>
<td>318</td>
<td>2627</td>
<td>14</td>
<td>7</td>
<td>501</td>
<td>5</td>
<td>58006</td>
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</table>

The weekly IDSR national completeness for week 10-13 was 93% with all the 11 regions and administrative areas above the required 80%. The national timeliness for the same period was 89%, with all the reporting units above the required 80%.

Mental health and psychosocial support

On 18 March, the MHPSS TWG held half-day workshop in Addis Ababa. 30 participants from 22 agencies - including EPHI/PHEM, UN agencies, INGO, NNGO, academic institutions, as well as representatives of the Health Cluster and Health and Nutrition Working Group attended the workshop. UNICEF will consolidate the information received from all participating agencies and other stakeholders that were contacted bilaterally and produce a 4W mapping report as well as regional MHPSS service directories. The report and directories will support planning, coordination and advocacy activities in the area of MHPSS, and will facilitate the development of referral pathways and mechanisms. In addition, the mapping exercise has provided an opportunity to standardise and contextualise the MHPSS terminology and key programmatic principles across different humanitarian contexts in Ethiopia.

Support to health service delivery

GOAL Ethiopia is implementing essential life-saving mobile health and nutrition service for IDP and host community in Doolo, Bale, West Guji, and Gedeo zones. The MHNT include health education, ANC services for pregnant women, and family planning services for women in reproductive age. The leading causes of morbidity in adults include intestinal parasite, acute febrile illness, AURTI, non-bloody diarrhea, dyspepsia, conjunctivitis, and UTI. Cases that require further management are referred to the health centre and hospital. Support is provided to the health posts including HEW capacity development in recording and reporting, active case search and sensitization. The team transport supplies to health facilities along the way to its operational site. Some of the challenges faced include shortage of drugs and medical supplies, lack of physical facilities where to pitch MHNT, and shortage of qualified health workers.
UNICEF continued support to MHNT in 49 woredas of Afar (20) and Somali (29) regions. This model prioritized emergency affected and hard to reach districts in both regions. Over 135,000 LLIN were procured and distributed for IDP residing in malaria prone areas of Oromia, Benishangul Gumuz, SNNP and Somali regions. The nets are expected to cover over 67,500 families.

At present, WVI in consortium with SCI is implementing the lifesaving multi-sectorial emergency response project for IDP, returnees, and host communities in Gedeo zone with ECHO funding. A total of 3,229 adults and 4,260 children under 5 years received healthcare consultations. Additionally, the project staff provided supportive supervision visits to health facilities particularly to improve documentation, recording, reporting and case management. The project supports the local health facilities in transportation of health and nutrition commodities from health centers to health posts. Outreach team provides transportation service for critically ill patients from the community to health facilities. The 14 healthcare workers deployed by WVI in four health centers in Kochre and Gedebo woredas are providing basic curative and preventive health services. 77 women gave birth at the facilities and received immediate PNC services.

MCMDO is currently providing MHNT and CMAM services in four woredas of West Guji and West Wollega zones, with support from EHF and internal funds. MHNT services were provided to the selected kebeles and IDP sites, a total of 10,576 consultations and treatment of which 2,036 were under-five children, 1,131 WCBA received comprehensive reproductive health service and 153 delivery were conducted, and 2,208 under one children received measles vaccine. Project monitoring and evaluation was conducted with UNOCHA in West Guji zone. Internal monitoring was also conducted. Meetings were held with woreda administration and woreda health office regarding security.

IRC is providing basic primary healthcare services through MHNT in response to drought and conflict affected IDP settled at thirteen woredas of Oromia and Somali regions funded by humanitarian agencies EHF, SIDA and ECHO since October-2018. IRC conducted 24,361 (11,014M, 9,466F) consultations of which 4,036 (1,940M; 2,096F) were children under five. 301 (149M; 152F) under-one children were fully vaccinated and 510 pregnant women received TT vaccine and ANC services. IRC in collaboration with West Hararge zonal health office conducted a joint supportive supervision for two woredas, Doba and Mi’eso on March 25-26, to monitor the project performance, with 23 (16M, 7F) participants.
Plans for future response
The Health Cluster through partners will implement essential life-saving health services for IDP and host communities in emergency locations. Conflict affected Kamashi, Dawa, Wellegas, Harhages, West Guji, Gedeo, and Borena/Moyale, will be prioritized. Response to on-going measles and scabies outbreaks, and hotspot woredas for acute watery diarrhoea (AWD), 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
SCI, MSF-H, Islamic Relief, MDM-F, Mercy Corps, Irish Aid, UNFPA, GOAL, IRC, CARE, AAH, MCMDO, IMC, DFID, Irish Aid, UNFPA, IOM, WHO, UNICEF.

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