HEALTH CLUSTER BULLETIN #9
October 2019

Ethiopia
Emergency type: Multiple Events
Reporting period: 1-31 October 2019

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

HIGHLIGHTS

- A new cVDPV2 polio outbreak was confirmed in Seraro woreda of West Arsi zone, and the response commenced with EPHI’s EOC leading the way.

- According to zonal authorities, about 50,000 people were displaced by conflict in Guji since June 2019, half of them during the second half of October. As of now there is no humanitarian presence or response in the zone, despite the identified needs across sectors.

- Health, Nutrition and WaSH Clusters established a TWG on the integrated approach for 2020 HRP projects. The team is working on the criteria and minimum package for integrated response.

HEALTH SECTOR

<table>
<thead>
<tr>
<th>20</th>
<th>HEALTH CLUSTER IMPLEMENTING PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>173</td>
<td>ASSORTED MEDICAL KITS</td>
</tr>
<tr>
<td>101,053</td>
<td>OPD CONSULTATIONS</td>
</tr>
<tr>
<td>603</td>
<td>VACCINATED AGAINST MEASLES</td>
</tr>
<tr>
<td>3</td>
<td>CONFIRMED CHIKUNGUNYA, CHOLERA &amp; DENQUE FEVER OUTBREAKS</td>
</tr>
<tr>
<td>95 M</td>
<td>REQUESTED</td>
</tr>
<tr>
<td>20.8 M</td>
<td>21% FUNDED</td>
</tr>
<tr>
<td>74.2 M</td>
<td>GAP</td>
</tr>
</tbody>
</table>
Situation update

The EPHI reported that since April this year, there have been 1,942 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.

The map below shows the summary of immediately reportable diseases.

A new cVDPV2 polio outbreak was confirmed in Seraro woreda of West Arsi zone, and the response commenced with EPHI’s EOC leading the way.

8,841 suspected measles cases were reported from Amhara, Afar, Oromia, Somali and SNNP regions since the beginning of the year. 72% of the cases had not received a single dose of measles vaccination, and the cases include adults up to age 45 years.

53,238 suspected and 29 confirmed cases of Chikungunya were reported in Dire Dawa and Afar regions. Dengue fever outbreak continued in Afar region, with 1001 suspected cases and 6 confirmed cases reported. Visceral Leishmaniasis (Kala-azar) outbreak was reported in Borena zone of Oromia region, with 33 cases confirmed. In Somali and Oromia regions, Polio (cVDPV2) outbreaks were confirmed and responded to.

A Government-led multi-agency rapid needs assessment was conducted in 5 conflict-affected woredas (Adola Rede, Goro Dola, Liban, Oddo Shakiso and Wadera) of Guji zone. The assessment aimed to confirm the impact of on-going clashes between Government security forces and Unidentified Armed Groups (UAG) on affected communities, discuss the situation with conflict affected households and local officials, and assess the urgent needs of conflict-affected communities. Due to ongoing insecurity, the team was unable to reach affected kebeles. According to zonal authorities, about 50,000 people were displaced since June, half of them during the second half of October. There are reports of damage to productive and private assets, civilian casualties and deaths and subsequent increased vulnerability due to loss of livelihoods. The affected woredas include; Aga wayu, Gum Eldelo, Goro Dola, Liban, Seba Boru and Wadera. As of now there is no humanitarian presence or response in the zone, despite the identified needs across sectors.
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**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>October</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD consultations in IDP locations</td>
<td>132,835</td>
<td>133,632</td>
<td>101,053</td>
<td>748,921</td>
<td></td>
</tr>
<tr>
<td>OPD consultations for CSU in IDP locations</td>
<td>41,594</td>
<td>47,853</td>
<td>82,081</td>
<td>61,775</td>
<td>233,303</td>
</tr>
<tr>
<td>Normal deliveries attended by skilled birth attendants</td>
<td>959</td>
<td>821</td>
<td>1,462</td>
<td>1,355</td>
<td>4,597</td>
</tr>
<tr>
<td>WCBA receiving comprehensive RH services (modern contraceptives)</td>
<td>4,678</td>
<td>5,850</td>
<td>11,186</td>
<td>6,166</td>
<td>27,880</td>
</tr>
<tr>
<td>Epidemic prone disease alerts verified and responded to in 48 hours</td>
<td>29</td>
<td>24</td>
<td>21</td>
<td>25</td>
<td>99</td>
</tr>
<tr>
<td>Children 6 months to 15 years receiving emergency measles vaccine</td>
<td>650,503</td>
<td>1,230,912</td>
<td>37,000</td>
<td>603</td>
<td>1,919,016</td>
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<tr>
<td>Health facilities providing CMR services for SGBV survivors</td>
<td>120</td>
<td>196</td>
<td>48</td>
<td>44</td>
<td>196</td>
</tr>
<tr>
<td>Health facilities addressing health needs of persons with disabilities</td>
<td>36</td>
<td>195</td>
<td>173</td>
<td>21</td>
<td>195</td>
</tr>
<tr>
<td>Health facilities providing MHPSS services in IDP locations</td>
<td>33</td>
<td>75</td>
<td>192</td>
<td>23</td>
<td>192</td>
</tr>
<tr>
<td>Referrals to higher level and specialized services completed</td>
<td>409</td>
<td>325</td>
<td>709</td>
<td>527</td>
<td>1,970</td>
</tr>
</tbody>
</table>

**Health Cluster coordination**

The monthly Health Cluster coordination meeting was conducted focusing on disease outbreak response, IDSR, and the national malaria guideline. Detailed updates were shared by partners on their operations in the field.

The monthly strategic advisory group (SAG) meeting focused on the 2020 humanitarian needs overview (HNO), discussing the joint inter-sectoral analysis framework (JIAF) and identifying priority populations.

MHPSS TWG held the monthly meeting on October 29, 2019. Plans to transfer the TWG secretariat responsibility to another UN agency were discussed. It is understood that IOM or WHO will take on this role. An advocacy event on staff care is planned for December.

SRH TWG also held its monthly meeting, where shortage of RH kits and funding were highlighted.

Health, Nutrition and WaSH Clusters established a TWG to work on the integrated approach for 2020 HRP projects. Biweekly meetings were conducted, and already terms of reference and membership was agreed. The team is now working on the criteria and minimum package for integrated response.

At the sub-national level, biweekly coordination meetings continued in West Wellega, East Wellega, Gedo, West Guji zones, Amhara and Somali regions, led by the Health authorities and WHO as co-lead.

**Field support and monitoring**

The Health Cluster joined ECHO, GOAL and WFP on a field support and monitoring mission in the West and East Hararge for Nutrition and Food projects. Although the mission was cut short due to civil unrest, the first two days were spent visiting several health facilities and brainstorming on ideas like the integrated approach of response.

Both DFID’s field visit to Gedeo and West Guji and IRC’s field mission to Borena made similar observations on the need to strengthen the linkages between development work and humanitarian response. Implementing partners should work with existing health system to ensure a smooth transition from emergency to recovery.

**Provision of essential drugs and supplies**

UNOPS facilitated distribution of 94 MT of humanitarian supplies including TSFP, RUTF and CSB++ for Somali RHB, GOAL, Ethiopia and Mercy Corps. CTC kits and emergency supplies were delivered to Siti zone, and IEHK to Erer, Jarar and Siti zones. Mosquito nets and emergency supplies were delivered to flood affected communities of Shabelle zone, and blood collection supplies were distributed to Jarar, Korah and Shabelle zones.

UNICEF prepositioned 100 CTC kits at EPHI and prioritized regions. 30 EDK were distributed for MNCH services for refugees and host communities in Shire and Assosa zones. 5,500 long LLIN were distributed to over 11,000 refugees in high malaria risk Tsore refugee camp in Benishangul Gumuz region.

WHO distributed 43 IEHK, cholera and SAM kits to partners in Addis Ababa, SNNP and Somali regions.
Training of health workers

WHO, UNICEF and UNFPA conducted a refresher training on emergency health and reproductive health kits for 20 participants from Health Cluster partners. The training was focussed on the contents of the various kits and indication for use and solving any bottlenecks to partners' access to these kits.

WHO, UNICEF and IOM conducted MHPSS orientation workshop for 15 participants from Health Cluster partners, as part of the TWG’s initiative of continued awareness raising, and advocate for integration of MHPSS in health response.

WHO trained 72 health workers on cholera prevention and control and infection prevention and control in various regions in Ethiopia. 65 health workers in Benishangul Gumuz region were trained on on vaccine preventable diseases and 27 on nutrition screening.

UNFPA conducted Basic Emergency Obstetric and Newborn Care (BEmONC) capacity development trainings for 90 health workers in IDP and returnee locations in East Hararghe, West Guji, East Wollega Gedeo and Fafan zones. Clinical management of rape training was conducted for 25 health workers in Gedeo and West Guji health facilities.

IOM supported 3 trainings (1 Gedeo - 55 HEW in Kochere woreda, 2 West Guji - 30 HEW in Bule Hora and 34 in Kercha woredas) on cholera key messages for the community.

MCDO trained 110 HEW and 23 health professionals on different topics including cholera prevention and preparedness planning, disease surveillance, PHEM and MCH services. On the job support for 78 HEW continued.

Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 40-44, 2019, Ethiopia

<table>
<thead>
<tr>
<th>Region</th>
<th>Malaria</th>
<th>MM</th>
<th>SAM</th>
<th>AFP</th>
<th>Measles</th>
<th>NNT</th>
<th>Rubies</th>
<th>Measles</th>
<th>Rubies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis Ababa</td>
<td>226361</td>
<td>6</td>
<td>389</td>
<td>7</td>
<td>28399</td>
<td>38</td>
<td>79</td>
<td>0</td>
<td>1462</td>
</tr>
<tr>
<td>Afar</td>
<td>8956</td>
<td>1</td>
<td>3</td>
<td>1228</td>
<td>5</td>
<td>0</td>
<td>81</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>73596</td>
<td>1</td>
<td>16</td>
<td>3293</td>
<td>6</td>
<td>22</td>
<td>243</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>B. Gumuz</td>
<td>29383</td>
<td>3</td>
<td>32</td>
<td>263</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dire Dawa</td>
<td>193</td>
<td>0</td>
<td>0</td>
<td>93</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gambella</td>
<td>7188</td>
<td>1</td>
<td>4</td>
<td>51</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Harari</td>
<td>496</td>
<td>0</td>
<td>10</td>
<td>114</td>
<td>0</td>
<td>0</td>
<td>130</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Oromia</td>
<td>25299</td>
<td>0</td>
<td>195</td>
<td>12097</td>
<td>13</td>
<td>37</td>
<td>873</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SNNPR</td>
<td>42360</td>
<td>0</td>
<td>58</td>
<td>3967</td>
<td>10</td>
<td>11</td>
<td>19</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Somali</td>
<td>5312</td>
<td>0</td>
<td>43</td>
<td>6075</td>
<td>2</td>
<td>0</td>
<td>80</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Tigray</td>
<td>33277</td>
<td>0</td>
<td>7</td>
<td>938</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>226361</td>
<td>6</td>
<td>389</td>
<td>7</td>
<td>28399</td>
<td>38</td>
<td>79</td>
<td>0</td>
<td>1462</td>
</tr>
</tbody>
</table>

EPHI reported that on each epi week from 40 to 44, most regions met the required 80% IDSR reporting completeness and timeliness.

Support to health service delivery

MCDO reached 50,182 beneficiaries with lifesaving health and nutrition services in nine woredas of West Guji zone (32,127), Gedeo zone (4981), West Wollega zone (4,060), and Kamashi zone (9,014). The services provided through MHNT and outreach teams included consultation and treatment, nutrition, ANC, FP, delivery, PNC, EPI, Vitamin A supplementation and deworming. Out of 22,722 consultations 6,048 were under five children. 1,163 WCBA received comprehensive reproductive health service. 11,569 under five children and 4,695 PLW were screened for malnutrition, out of which 162 SAM and 751 MAM under five and 1,868 MAM PLW were identified and linked to the respective programs. Health education sessions were conducted for 18,398 beneficiaries.

GOAL’s MHNT is active in 3 woredas of Deratole, Gelatti and BOH. The services include consultation and treatment, screening and treatment for malnutrition, and antenatal care for pregnant mothers. 1,435 adult and 180 under five children consultations were conducted in October. 542 female and 201 male adults received health education messages from the team. The team took part in mass polio campaign led by the RHB by providing rental vehicles in the seven Dollo zone woredas.
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 (2,275) and CUI (1,711). 36 pregnant women attended normal deliveries by skilled birth attendants. Also 480 WCBA received comprehensive RH services. 44 cases were referred to higher level services. 1,711 under five children and 233 PLW were screened for malnutrition by the MHNT, out of which 16 boys and 22 girls were identified for SAM, 103 boys and 129 girls identified for MAM and 48 PLW identified for MAM. These were linked to TFU and TSFP programs. MHNT provided psychosocial support for 213 mentally ill patients and d referred to nearby health facilities.

UNICEF conducted 49,255 new medical consultations in Afar (14,783) and Somali (34,472) regions through mobile health and nutrition (MHNT) and Sustainable Outreach Strategy (SOS) teams. Out these 41% were under five children and 33% were women.

UNOPS conducted 14,188 outpatient adult consultations in IDP locations and 5,465 outpatient consultations for children under five in IDP locations. 154 normal deliveries were conducted, and 76 mothers received family planning service. 203 children aged between 6 months and 15 years received measles vaccine. A surge team with vehicles was deployed for CTC in Siti (Erer - 4 HW) and Dawa (Hudet - 2 HW) zones.

IOM provided basic lifesaving health response in the 3 zones (Gedeo, Guji and E.Wellega) of returnees covering 25 IDP sites in 7 woredas, through 6 MHNT. 10,771 medical consultations were conducted. 4,466 under five children were screened for malnutrition of which 10% were found to have MAM and SAM and referred for nutrition treatment. 867 women in reproductive age received SRH services. 11,068 IDPs and host communities were reached with health promotion and education services.

Mercy Corps MHNT in Berano, East Imey, Aware, Dig, Degahmadow, Gunagado & Tuliguled woredas provided medical consultation for 3,275 beneficiaries of whom 1,747 were under five children. The MHNT referred 31 cases from the hard to reach areas they work to higher level and specialized services and assisted 7 normal deliveries. The teams identified and started treatment for 57 SAM children.

MSF-Spain continues support for Gambela hospital to strengthen the quality of secondary healthcare for refugees and host community in the region. 1,935 patients received emergency care, 236 patients were admitted to surgical ward with 72 urgent interventions, 250 deliveries were conducted and the neonatal unit admitted 72 new-borns. 360 individuals benefited from mental health consultation and as a part of ongoing support to the regional blood bank 277 units of blood were collected, screened and were availed for use in the hospital. The migrants and returnees project at Bole International Airport provided medical consultations for 1,305 arrivals with 7 referrals to advanced medical care, 310 individual mental health consultations were also performed onsite with 166 admissions to MSF temporary counselling centre for individual counselling and group psycho education. 10 patients were referred to a psychiatric hospital for management of severe mental health disorders.

WHO conducted health education on malaria, cholera, proper latrine utilization, safe water handling, liquid and solid waste management, and nutrition for 12,576 individuals in Yirgachefe, Gedeo, Wonago and Kochore woredas. The WHO team in Gedeo zone received recognition certificates from the zonal administration and health office for their contribution to the IDP response.

IRC is responding in 9 woredas i.e. Guchi in Borena zone, Sasiga, Haro Limu and Limu for East Wollega zone, Lalo asabi and Gimbi woredas of West Wollega zone, Dilla Zuria and Yergachafe of Gedeo zone and Oda Bilgi in Assosa zone. In October 69,526 consultations were conducted (12,753 -East Wollega, 7,393 - West Wollega, 34,401- Yirgachefe, and 14,979 – Assosa) through surge team support to health facilities. Moreover, the IRC provided technical and logistic support to health facilities and woreda health offices.
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 ongoing 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**


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