



Mass measles vaccination campaign in West Wellega.  
Photo: WHO

**HEALTH CLUSTER BULLETIN #1**  
**February 2019**

**Ethiopia**

Emergency type: Complex  
Reporting period: 1-28 February 2019



**6.0 MILLION**  
**IN NEED**



**2.4 M IDP**  
**TARGETED**



**2.4 M HOST**  
**TARGETED**



**445 WOREDAS**

**HIGHLIGHTS**

- 6 million people affected by various humanitarian crises over the past year need to access essential life-saving health services, of which 4.8 million will be targeted by the Health Cluster.
- 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.
- At the sub-national level, weekly coordination meetings continued in West Wellega, East Wellega, West Guji zones, Amhara and Somali regions. There is urgent need for sub-national Health Cluster Coordinators for locations with acute events.
- EPHI and UNFPA trained 73 health workers in Guji-Gedeo on MHPSS and MISP, and WHO trained 46 surveillance, data management and PHEM officers from Somali, Oromia and SNNP regions on PHEM/IDSR guidelines.

**HEALTH SECTOR**



**13** HEALTH CLUSTER  
IMPLEMENTING PARTNERS

**MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS**



**68** ASSORTED MEDICAL KITS

**HEALTH CLUSTER ACTIVITIES**



**36,676** OPD CONSULTATIONS

**VACCINATION**



**390,277** VACCINATED AGAINST MEASLES

**EWARS**



**2** CONFIRMED MEASLES AND  
SCABIES OUTBREAKS

**FUNDING \$US**



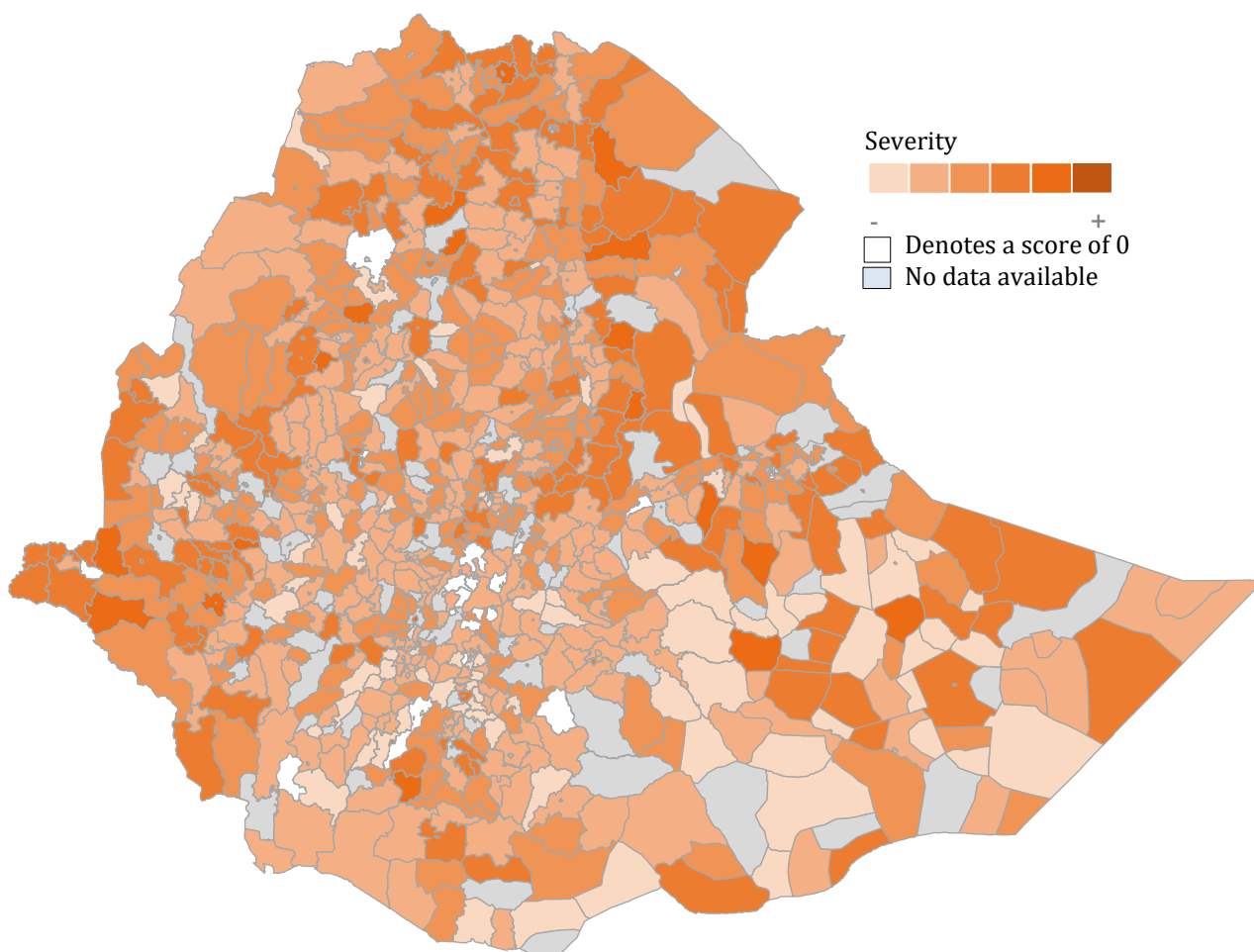
**143 M** REQUESTED  
**5.1 M** 3.6% FUNDED  
**137.9 M** GAP

## Situation update

6 million people affected by various humanitarian crises over the past year need to access essential life-saving health services. Up to 2.7 million children need emergency vaccination, and access to family planning and maternal health services by 1.9 million women and girls is expected. Of the 2.9 million people displaced internally (IDP), mostly due to conflict, drought and food insecurity, 2.4 million will need health assistance. More than 5.6 million people in communities hosting IDP and non-IDP affected locations are affected by similar crises, and 3.6 million will need support to access essential life-saving health services.

Region	HC PiN	HC Target IDP	HC Target Non-IDP	Total HC Target
Addis Ababa	33,411	6,583	26,828	33,411
Afar	230,192	48,417	181,775	230,192
Amhara	399,736	9,288	200,000	209,288
Benishangul Gumuz	194,503	58,407	136,096	194,503
Dire Dawa	3,165	0	3,165	3,165
Gambela	29,084	24,689	4,395	29,084
Harari	4,383	2,044	2,339	4,383
Oromia	2,990,260	1,224,101	755,000	1,979,101
SNNP	334,135	149,334	184,801	334,135
Somali	1,578,191	816,316	750,799	1,567,115
Tigray	232,694	47,357	141,337	188,694
<b>TOTAL</b>	<b>6,029,755</b>	<b>2,386,536</b>	<b>2,386,536</b>	<b>4,773,072</b>

### Severity of 2019 Health needs map



## 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

	Indicator	January	February	Total
1	OPD consultations in IDP locations	25,981	36,676	62,657
2	OPD consultations for CU5 in IDP locations	13,933	11,125	25,058
3	Normal deliveries attended by skilled birth attendants	348	402	750
4	WCBA receiving comprehensive RH services (modern contraceptives)	1,911	1,525	3,436
5	Epidemic prone disease alerts verified and responded to within 48 hours	4	3	7
6	Children 6 months to 15 years receiving emergency measles vaccine	3,060	390,277	393,337
7	Health facilities providing CMR services for SGBV survivors	54	29	83
8	Health facilities addressing the health needs of persons with disabilities	36	17	53
9	Health facilities providing MHPSS services in IDP locations	26	33	59
10	Referrals to higher level and specialized services completed	49	125	174

## Strategy and response processes

For the first time, Ethiopia was able to compile the humanitarian needs overview (HNO), a vital step in the humanitarian program cycle. This process that began in November last year was a deviation from the past when the annual humanitarian response was heavily reliant on the results of the Meher assessment, and skewed towards food insecurity and malnutrition. This time, four themes informed the overall needs analysis; food insecurity and malnutrition, conflict and internal displacement, morbidity from infectious diseases, and loss of ability to ensure self-sustenance. The Health Cluster analysed the needs of the sector based on previous disease epidemics, outpatient services availability, measles vaccination coverage and utilization of fourth antenatal care visits. The humanitarian response plan (HRP) mainly informed by the HNO was produced with Health Cluster addressing four objectives of saving lives with essential Health services, functional early warning system, ensuring inclusivity for persons with special needs and support to resilience and early recovery.

## Health cluster coordination

In February, the Health Cluster held the strategic advisory group (SAG) and monthly coordination meetings, during which the focus was on clarifying emergent issues on the 2019 HNO and HRP process that was nearing completion. IDP response remained a key topic, with more partners moving into the Wellegas as the security space opened up. At the sub-national level, weekly coordination meetings continued in West Wellega, East Wellega, 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

UNICEF's two weeks field support mission in the Wellegas identified lack of adherence to the MHNT guidelines among partners, especially on team composition. The Health Cluster will hold follow on discussions with specific partners. Zonal level coordination is ongoing in Nekemte and Gimbi, but Nutrition predominates Health in the joint meetings. UNICEF will endeavour to deploy some health officers to support WHO in co-leading the meetings, as the current team is mostly nutrition officers. UNICEF Oromia field office has assigned one pick-up vehicle to assist in distribution of Health and Nutrition supplies from the zonal offices to health facilities, as transportation was identified as a gap. UNICEF is in the process of distributing 43,139 LLIN in West (21,969) and East (21,170) Wellega, and has deployed one WaSH officer to provide technical support to strengthen the WaSH cluster.

UNFPA conducted a joint project monitoring visit with government officials to East and West Hararge IDP locations, and observed that IDP in West Hararge were generally forgotten, receiving no humanitarian services despite their dire situation.

## Assessments

A team from WHO and Health Cluster visited Central Gonder at the end of February to assess the health needs of 90,736 newly displaced people. In addition to meeting with Health authorities at region, zone and woreda levels, an IDP site visit was conducted as part of the mission. As majority of the IDP in the Amhara region are living within host communities, provision of free medical services to them has been identified as a crucial intervention, but despite a directive from the RHB, health facilities are still hesitant to comply because the details of reimbursement of costs incurred have not been clearly outlined. The RHB is currently working on SOP to address this. Disruption of water supply to the town of Aykel needs to be treated as a matter of highest urgency, because the IDP and health facilities are using water from a dirty river.



## Provision of essential drugs and supplies

Following several reports of shortages of medicines in the Wellegas, despite significant amounts of kits having been dispatched for the ongoing emergency, the WHO deployed a team of logistics experts in mid-February to review the supply chain, identify bottlenecks and propose solutions for the problem. It was found that both zones had some stocks in their warehouses that were not necessarily reaching the health facilities and IDP locations, due to lack of transport and poor stock management system. In addition the building assigned as a medical warehouse is not fit for purpose. Partners in these areas, including WHO, UNICEF, IRC and SCI were asked to work with the ZHO to support distribution of kits. A schedule for this exercise was agreed and WHO and UNICEF are already leading the way. Also WHO will support the ZHO to rent a warehouse in Nekemte, while the existing one is under rehabilitation, and conduct on-job training for 12 warehouse and logistics officers on supply chain & warehousing management in both zones. The Cluster will continue to work with the pipeline managers to ensure that kits are directly available to implementing partners, in addition to the current stream where support is channelled through the Health Bureaus.



## Training of health workers

Under the auspices of the IDP early recovery initiative, UNFPA and EPHI jointly conducted a competency based training for 74 health workers from health facilities in Gedeo and West Guji. The 5-days training on SRH and MHPSS aimed at strengthening capacity of the participants to improve the quality of the SRH and MHPSS services in the conflict affected areas. UNFPA led the SRH segment of the training, and its linkages with MHPSS. The SRH topics were selected to match the MISP. 27 health workers in Harraghe were also trained on MISP.



To mitigate underreporting by health facilities, and to enhance real time events reporting from the field through event-based surveillance as a basis for early warning, WHO conducted a refresher training on existing PHEM/IDSR guidelines for 46 WHO surveillance, data management and PHEM officers from Somali, Oromia and SNNP regions. The objective of the training was to operationalize *national early warning alert and heightened surveillance* system for the existing notifiable disease surveillance system in the country.

## Child health

### Measles mass vaccination campaign

Led by the Zonal Health Office, measles mass vaccination campaign was completed in the entire 10 target woredas of West Wollega zone. The reported vaccination coverage was 91% (38,646) and 86% (350,498) for the IDP and host communities respectively. More data is expected from remote kebeles of two woredas and hence, the coverage is likely to increase. As this was an integrated campaign, vitamin A supplementation, de-worming and nutrition screening coverage reported to range between 75.0% and 79.0% for IDP and host communities. Due to security reasons, the campaign was not conducted in some kebeles in Leta Sibu and Mena Sibu woredas. All Cluster partners including WHO, UNICEF, MSF-E, MCMDO, IRC, and AAH operating in West Wollega participated in the campaign by

providing human resources, technical and logistics support. In East Wollega zone measles mass vaccination campaign will be conducted in March, in five of the six IDP hosting woredas as this was already completed in Sasiga woreda by MSF-Spain just one month ago.



### **Vaccination of new arrivals**

UNICEF continues to support Gambella RHB to vaccinate South Sudanese refugees at the entry points. In February, out of 90 new arrivals reported, 33 were children 6 months to 4 years old and all received measles and polio vaccines. Since January 2019, a total of 1,345 (100% target) South Sudanese child refugees received polio vaccine while 1,156 children (100% target) received measles vaccine upon arrival.

### **Communicable disease control and surveillance/ EWARS**

There were no new cases of AWD. 1,686 suspected measles cases were reported in February (Epi weeks 6-9). Amhara, Oromia and Somali regions were affected. Cases mostly occurred in children under 5 years (55.7%), 5-14 years (23.4%) and 15-44 years (20.5%). In Amhara, regional vitamin A supplementation coverage is estimated at 60%, and regional six months vaccination coverage was 79% which is below the expected coverage. Some health posts (67), health centres, and hospitals do not provide routine vaccination including measles.

### **Reproductive Health**

#### **Gedeo - West Guji IDP response**

UNFPA deployed SRH/GBV consultant with support from EHF in 6 selected woredas. Emergency RH kits equipping 10 health centres and 1 hospital were distributed to Gedeo zone. The Kits are expected to benefit 16,143 beneficiaries. Awareness raising and demand creation activities on the areas of SRH and GBV were provided to 4,271 IDP and returnees by deploying 18 social workers, advocacy workshop and monitoring activities were conducted in Gedeo and West Guji zones. The project was ended on Feb. 19, 2019.

#### **East and West Hararge IDP response**

10 health centres and 4 hospitals are equipped with emergency RH kits supplied by UNFPA. The kits are expected to benefit 39,708 direct beneficiaries.

#### **Gambella refugees' response**

Using Sweden and Japan funding, UNFPA is implementing SRH and GBV interventions for South Sudanese refugees and surrounding host communities in Gambella. 5,000 dignity kits and RH kits were procured and ready for distribution in March. The Japan funded project will end by July 2019.

### **Mental health and psychosocial support**

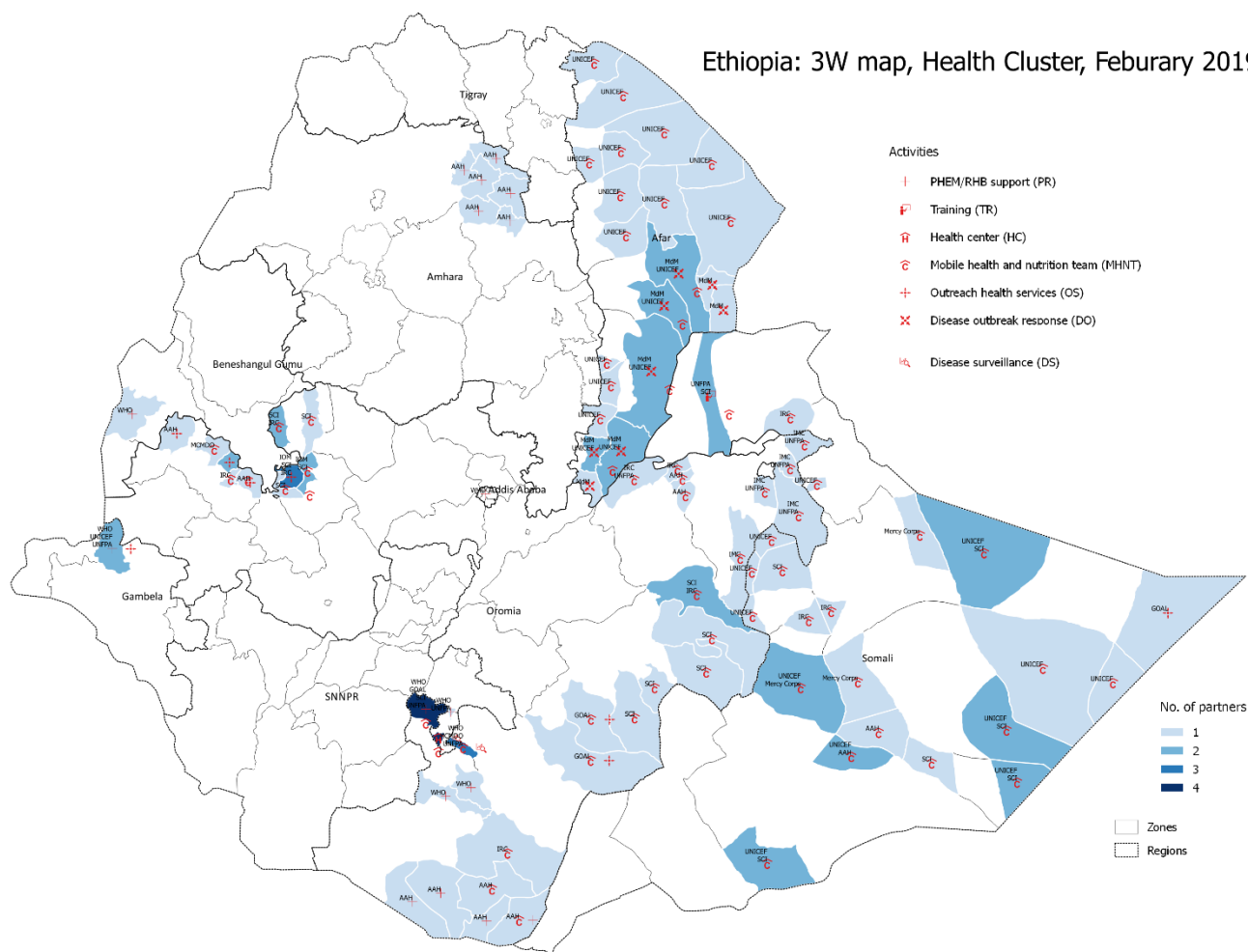
The EPHI-led IDP response and early recovery initiative identified three thematic areas of mental Health and psychosocial support (MHPSS), sexual and reproductive health (SRH), and Health facility rehabilitation. A costed action plan has been drafted, and a technical working group constituted for each. As part of the MHPSS preparatory activities, two roundtable meetings were conducted by partners in February, with strong participation from IOM, the University of Addis Ababa, FMOH's disease prevention and control directorate, and UNICEF's Child Protection section. The group is in the process of 4W mapping which will inform the next steps.

### **Support to health service delivery**

IRC provides PHC services through MHNT in response to drought and conflict affected IDP in six woredas of Somali region and thirteen woredas of Oromia region, funded by EHF, SIDA and ECHO. In February 2019 40,533 (17,802M, 22,731F) OPD consultations were conducted, including 23,695 (11,673M; 12,022F) children under five. 898 (514M, 384F) under-one children were fully vaccinated, 3,641 PLW received TT vaccine, and 846 pregnant women received ANC services. IRC and Somali RHB conducted joint supportive supervision in six MHNT supported woredas from 9-20 February and 90(51M, 39F) individuals participated. A similar exercise in Sasiga and Haro Limu woredas involved 104(48M, 56F) individuals.

WVI is implementing the lifesaving multi-sectorial emergency response project for IDP, returnees, and host communities in Gedeo zone with ECHO funding. In February OPD consultations were conducted for 1,007 (F=594, M=413) adults and 518 children under 5 years. Additionally, the project staff provided supportive supervision visits to health facilities particularly to improve the health documentation, recording, reporting and case management. The project also supports the health facilities to the transport health and nutrition commodities from health centres to health posts, and assists in referring critically ill patients from the community to health facilities. 14 health workers deployed by WVI in the four health centres in Kochre and Gedeb districts are providing basic curative and preventive health services. 29 women were assisted to give birth and received immediate PNC services. 1830 people both IDP, returnees and host communities members received basic health education messages on child vaccination, environmental sanitation and personal hygiene.

### Health Cluster 3W map



### 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

EPHI, USAID, ECHO, UNFPA, WHO, IOM, UNICEF, MCMDO, CARE, AAH, WVI, GOAL, IRC, IMC, ICRC, Islamic Relief, Mercy Corps, MSF-H, MDM

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