

Ethiopia

December 2018

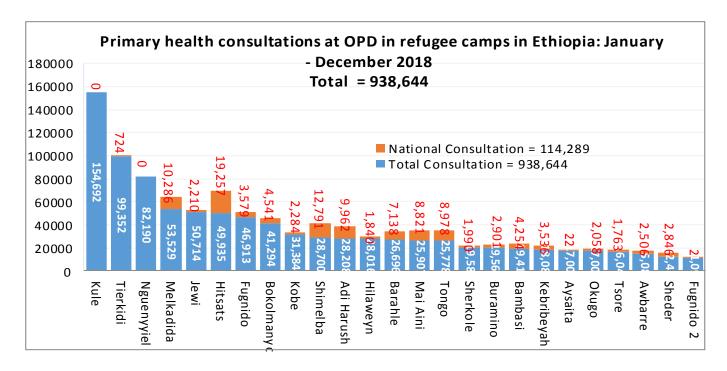
In 2018, 938,644 consultations were provided in primary health care centres, with 44,209 refugees counselled and tested for HIV

5,728 patients were referred to secondary level health care facilities for further diagnostics and treatment

15,735 (97.2%) out of **16,195**, mothers delivered with the help of skilled birth attendants

HIGHLIGHTS

- Forty-four primary health care centers and health posts provide services free of charge for refugees and host communities in all 26 refugee camps where health programmes are implemented jointly with the Government of Ethiopia's Agency for Refugee and Returnee Affairs (ARRA) and NGO partners. Close referral linkages have been established with the Ministry of Health (MoH) to enable refugees to benefit from national health programmes.
- In 2018, a total of 938,644 consultations were provided in all health centers, 12.2% of whom were for members of the host communities. Nearly 40 % of the consultations were made for children under the age of five.
- The most common health problems seen are *upper respiratory tract infections*, *diarrhea*, *lower respiratory tract infections* and *malaria*. The health facility utilization rate to date is 1.0 consultation per refugee per year which is within the standard of 1-4 consultations. The mortality rate in children under five has been kept persistently low throughout the year at 0.1/1,000/month.
- UNHCR, in collaboration with Primary Care International (PCI), provided training on Non-communicable diseases (NCD) to UNHCR and partners' focal points with the main objective of improving the quality of care and strengthen the clinical and community-based management of NCDs at health facilities for refugees.
- The UNHCR Ethiopia Public Health unit participated in an Annual Public Health Review Workshop in Uganda during which relevant experiences from different countries were shared. Topics discussed included epidemic preparedness and response; challenges of medicine procurement and cash-based intervention in health. The new public health M & E tools such as IR-HIS and BSC were also discussed.



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STRATEGIC PRIORITIES

- UNHCR public health unit is in the process of developing a Public Health Sector Strategic Plan for 2019-2023, covering health (including HIV and reproductive health), nutrition and food security and WASH. This will form the basis of programme planning and implementation in all regions where refugees are hosted.
- Epidemic preparedness and response activities in refugee camps have been integrated into the national preparedness and response plan. This includes reporting, surveillance, prevention and response in line with the national strategy that covers both the refugee and the host communities. In 2018, an adequate and timely response was mounted to successfully contain and control measles outbreaks in Tigray (Adi-Harush and Mai-Aini refugee camps) and in Gambella (Ngunyyiel, Pugnido 1, Pugnido 2, Tierkidi, Jewi, and Kule refugee camps).
- Health Commodity Management Information System (HCMIS) has been fully functional at the central Medical
 warehouse in Addis Ababa. HCMIS is a database and tracking system developed for the national drug
 management system by JSI/USAID and helps to track consumption patterns, identify wastages because of
 expiration or/and overstock, identifies possible shortage, and helps in forecasting drug requirement
- UNHCR, in collaboration with ARRA and UNICEF, is advocating for inclusion of refugees in the national initiative for cervical cancer prevention and control programme, including access to human papilloma virus vaccination for women of reproductive age-group within the target.
- Assessments of the quality of care in the health centres has been conducted in refugee camps in the Tigray
 and Somali (Melkadida) regions using UNHCR's revised mobile and web-based Balanced Score Card (BSC)
 assessment tool and the results have been uploaded on the BSC website.

CHALLENGES











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