

# Ethiopia

June 2018

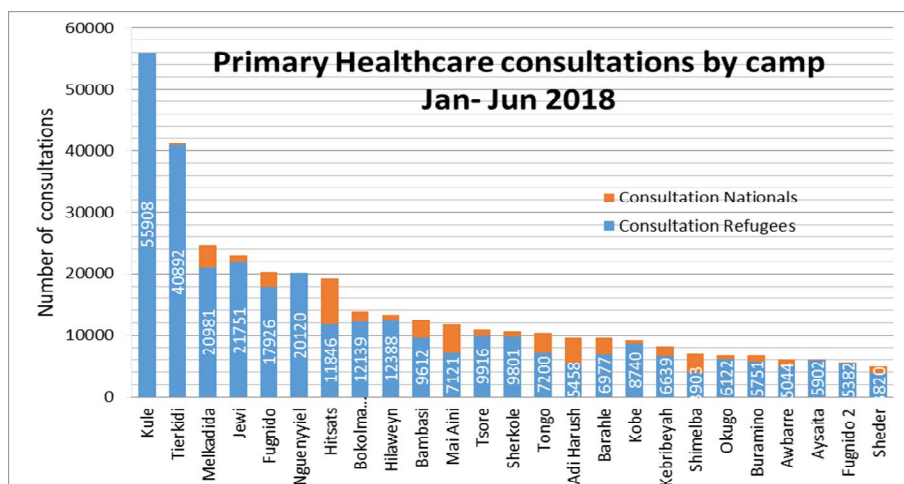
In 2018, more than **395,000** consultations were provided in primary health care centres while more than **18,000** refugees were counselled and tested for HIV

More than **2,100** patients were referred to secondary level health facilities for further diagnostics and treatment

More than **6,300** mothers delivered with the help of a skilled birth attendant

## HIGHLIGHTS

- Forty-four primary health care centers and health posts provide services free of charge for refugees and host communities in all 26 camps where health programmes are implemented jointly with the Government of Ethiopia's Administration for Refugee and Returnee Affairs (ARRA) and NGO partners. Close linkages have been established with the Ministry of Health (MoH) and UN partners to enable refugees to benefit from national health programmes.
- In the first half of 2018, a total of 395,943 consultations were provided in all health centers, 11.5% of whom were for members of the host communities. 38% of the consultations were for children under the age of five.

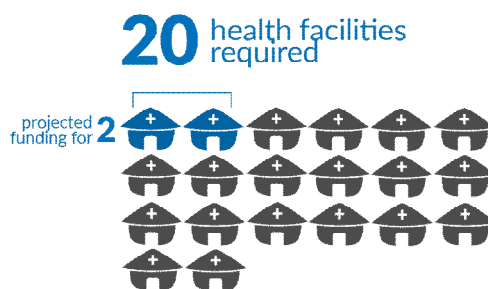
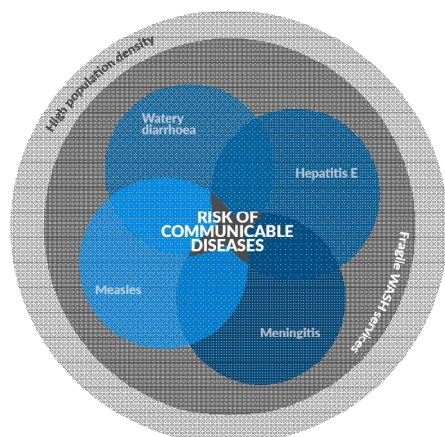


- The most common health problems seen are *upper respiratory tract infections*, *diarrhea*, *lower respiratory tract infections* and *malaria*. The health facility utilization rate to date is 1.1 consultation per refugee per year which is within the standard of 1-4 consultations. The mortality rate in children under five is 0.1/1,000/month and remains within the expected range.
- New health service initiatives:** UNHCR has commenced the roll-out of the mobile tablet based Health Information System (HIS) in an effort to improve the ease, efficiency and accuracy of health data collection. A UNHCR team provided training and 300 tablets to ARRA and other health partners in field locations.

## STRATEGIC PRIORITIES

- The Ethiopia Refugee Programme Public Health Sector Strategic Plan 2014–2018 - covering health (including HIV and reproductive health), nutrition and food security and WASH -, forms the basis of programme planning and implementation in all regions where refugees are hosted.
- Key objectives of the public health response are to improve access to quality primary health care; strengthen disease prevention and health promotion; improve childhood survival; ensure access to integrated prevention services of non-communicable diseases, including mental health; reduce the transmission of HIV and facilitate universal access to antiretroviral therapy; improve access to comprehensive reproductive, maternal and new-born health.
- **Linkages:** Strengthen the multi-sectoral approach between health, nutrition, WASH and livelihood programmes for cross referral to enhance the intake of complimentary services, as well as preventive health services. Community-based outreach activities are being reviewed with the aim to have a united workforce addressing topics in health, nutrition and WASH, reduce existing overlaps and enhance efficiency of the programmes.
- **Enhancing health service quality:** Capacity building continues to be conducted in cooperation with Regional Health Bureaus for health providers in all refugee camps. Assessments of the quality of care in the health centres are being conducted in several camps using UNHCR's revised Balance Score Card. The mobile Health Information System will be rolled out in the second half of 2018 to enhance the timeliness and quality of health data. Emergency preparedness plans are being updated.

## CHALLENGES



**LACK OF MEDICAL REFERRAL FACILITIES**  
 at a close distance



**CHALLENGING DATA COLLECTION & UNDERREPORTING**

## External / Donors Relations

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