

HEALTH CLUSTER BULLETIN

December 2024



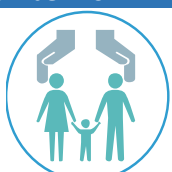
Regional Health Cluster Coordination Meeting conducted for the Oromia region – Credit HCCT

Ethiopia

Reporting Period: 1-31 December 2024



16.4M
PiN of
Health
assistance



6.7M
Targeted



7.3M
Reached



\$ 187M
Required

HIGHLIGHTS

- As of December 2024, Health Cluster partners reached 7.3 million beneficiaries. This includes 897,000 internally displaced persons (IDPs), 328,000 returning IDPs, 5.9 million non-IDPs, and 139,000 returning migrants with humanitarian health services through 56 Health Cluster partners.
- With a dynamic interaction of 247 active mobile health and nutrition teams, they successfully provided essential primary health services, consultations and treatments, reaching 4.9 million individuals across the affected area in the country.
- December 2024, Ethiopia reported 29,946 measles cases and 230 deaths, with a case fatality rate (CFR) of 0.77%.
- As of December 2024, the country has reported a total of 10,225,938 malaria cases and 1,324 deaths.
- Vaccination campaigns have made significant strides. 293,696 children have been vaccinated against measles. As well, 303,575 children received the third dose of the pentavalent vaccine (Penta 3). The cholera vaccination campaign has also reached 1,234,860 individuals, curbing the disease's spread.
- WHO has provided 998 emergency medical kits to various health facilities as well as 247 MHTs across the country.
- As of December 31, 2024, the health cluster has received only \$50.07M of the \$189.34M requirement needed to reach the health target leaving a funding gap of 139.3M (73.5% funding gap).

HEALTH SECTOR



89
56

PARTNERS REGISTERED FOR HEALTH CLUSTER
REPORTING HEALTH CLUSTER PARTNERS



457
50
325
45
121

IEHK (BASIC AND SUPPLEMENTARY)
TESK
PED-SAM
PNEUMONIA
CHOLERA



247
4.9M
478K

ACTIVE MOBILE HEALTH AND NUTRITION TEAMS
OPD CONSULTATIONS
PEOPLE ATTENDED HEALTH EDUCATION AND
AWARENESS SESSIONS



293,696
303,575
1,234,860

MEASLES
PENTA 3
OCV (AS OF OCT 26, 2024)

REPRODUCTIVE AND CHILD HEALTH

66,361
26,592
3,455

ANTENATAL CARE VISITS
POSTNATAL CARE VISITS
SKILLED BIRTH ATTENDANCE

FUNDING STATUS

27% (\$50.9M) OF THE REQUIREMENT (\$ 187.3M) FUNDED

Overall Situation Update

The conflict in parts of the country especially in the Amhara and Oromia regions and other parts continues to have a negative impact on the public health situation in Ethiopia. In Amhara, has numerous public health emergencies, conflict-related health emergencies (IDPs, casualties, and SGBV), as well as drought-related emergency nutrition and VPDs. Further, 50% of IDPs are found in the eastern part of the Amhara region, highest number of the IDPs are found in North Shoa, North Wollo zones and Oromo special Zone.

Again, in recent times part of the country has experienced earthquakes, especially the Awash area of the Afar Region have prompted a significant health response. Seismic activity continues across parts of Afar and Oromia, particularly in Awash Fentale and Dulecha woredas. The tremors mostly emanate from the Fentale volcanic complex in the Main Ethiopian Rift, which has been subject to gradual ground deformation since 2021. Further, two individuals have been reported as seriously injured, and the earthquakes have caused significant damage to infrastructure, including homes, health facilities, schools, and roads.

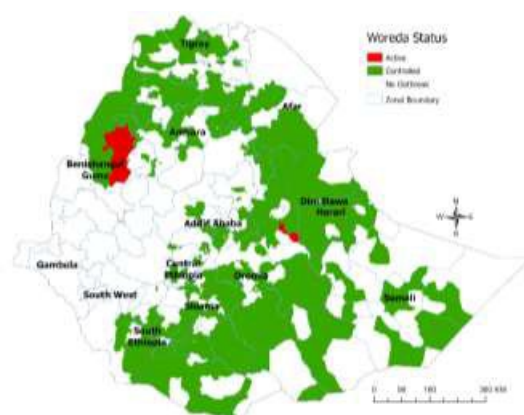
The Country is also on heightened alert due to the risk of Mpox transmission from bordering countries especially Kenya which confirms three new Mpox cases from Nairobi and Mombasa counties.

Measles cases remain a concern due to low vaccination coverage, and malaria has reached epidemic levels, with over 260,208 cases reported in the last week of December.

Despite these challenges, health partners, have reached over 7.0 million beneficiaries in 2024 through intensified outbreak responses and improved coordination. However, the health response remains critically underfunded, with only \$50M of the \$189.34M needed and is further hampered by restricted access due to insecurity.

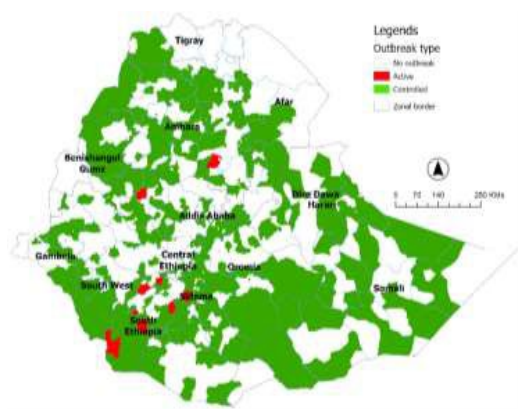
Cholera

From January to December 2024, Ethiopia reported a total of 27,076 cholera cases and 269 deaths, with a case fatality rate (CFR) of 0.99%. Further, cholera has been successfully controlled in 94.5% (222 out of 235) of the affected Woredas, marking significant progress in containment efforts. However, the outbreak remains active in 13 Woredas, all of which are in four regions: Benishangul Gumuz (46.2%), Afar (23.1%), Oromia (15.4%), and Somali (15.4%). Efforts to control the outbreak are critical, especially in areas with limited access to clean water and healthcare services. Continued surveillance, case management, and preventive measures are essential to prevent further spread and sustain recent gains¹.



Measles

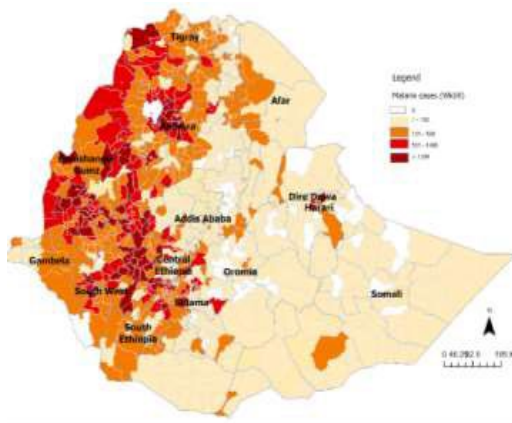
From January to December 2024, Ethiopia reported 29,946 measles cases and 230 deaths, with a case fatality rate (CFR) of 0.77%. Approximately 86.7% of the cases were concentrated in five regions: Oromia (45.7%), South Ethiopia (15.8%), Amhara (10.4%), Sidama (9.4%), and Central Ethiopia (5.3%). Alarming, 50.4% (15,042 cases) of the total reported cases were among individuals with zero doses of routine measles vaccine, highlighting critical gaps in immunization coverage. While measles outbreaks have been controlled in 95.2% (240 out of 252) of affected Woredas nationwide, the outbreak remains active in 12 Woredas. Strengthened vaccination campaigns and enhanced surveillance are vital to fully contain the outbreak and prevent further resurgence¹.



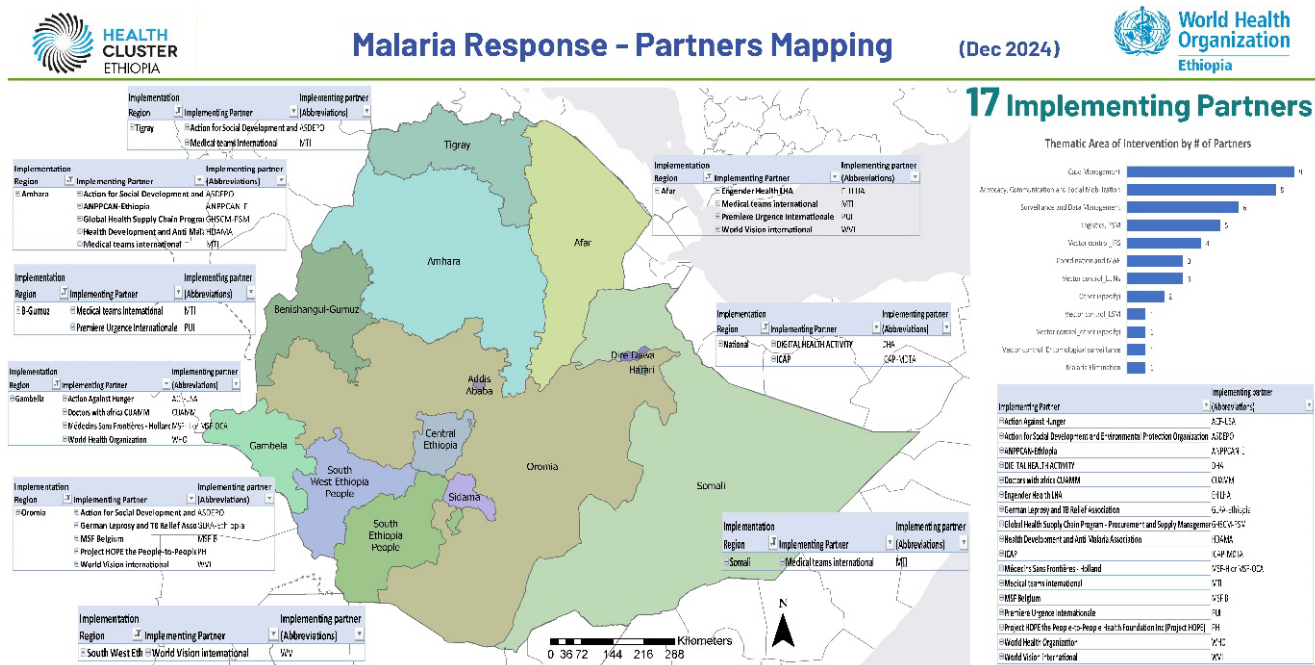
¹ PUBLIC HEALTH EMERGENCY OPERATIONS CENTER (PHEOC), ETHIOPIA; Multi Outbreak Situation Response Weekly Bulletin #90 (23– 29 December 2024)

Malaria

As of December 2024, the country has reported a total of 10,225,938 malaria cases and 1,324 deaths. Approximately 86% of the malaria cases were concentrated in five regions namely, Oromia (42.4%), Amhara (20%), Southwest Ethiopia Peoples' Region (SWEPRS) (9.6%), South Ethiopia (9.1%), and Central Ethiopia (4.9%). However, the highest case distribution per 100,000 population was seen in the Benishangul Gumuz region, with 1,029 cases per 100,000 people. Of the total reported cases, 95.2% were lab-confirmed, with *Plasmodium falciparum* accounting for 57.1%¹.



Health cluster partners Malaria response

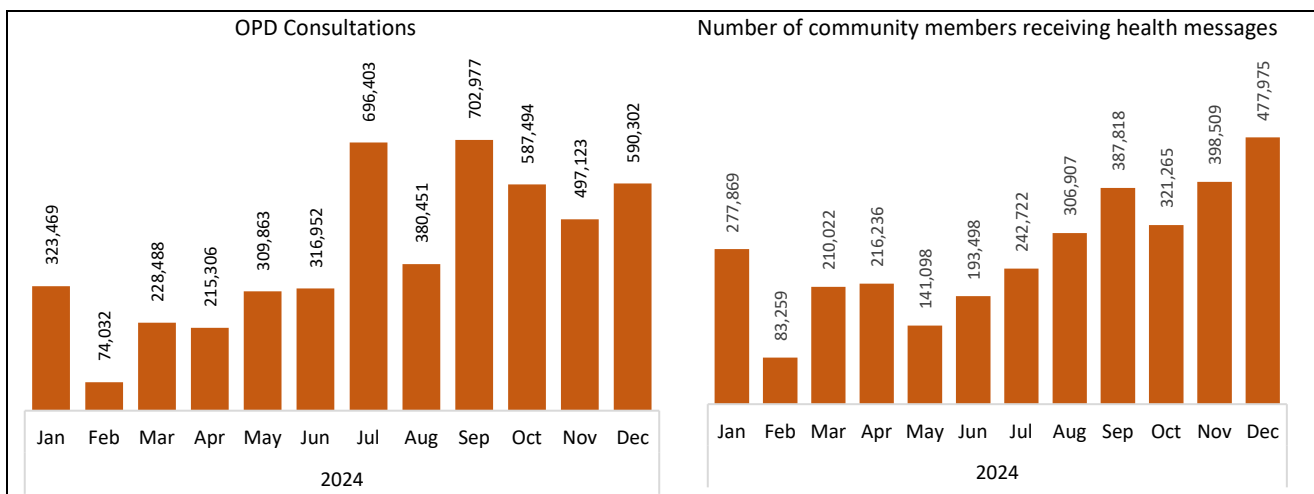
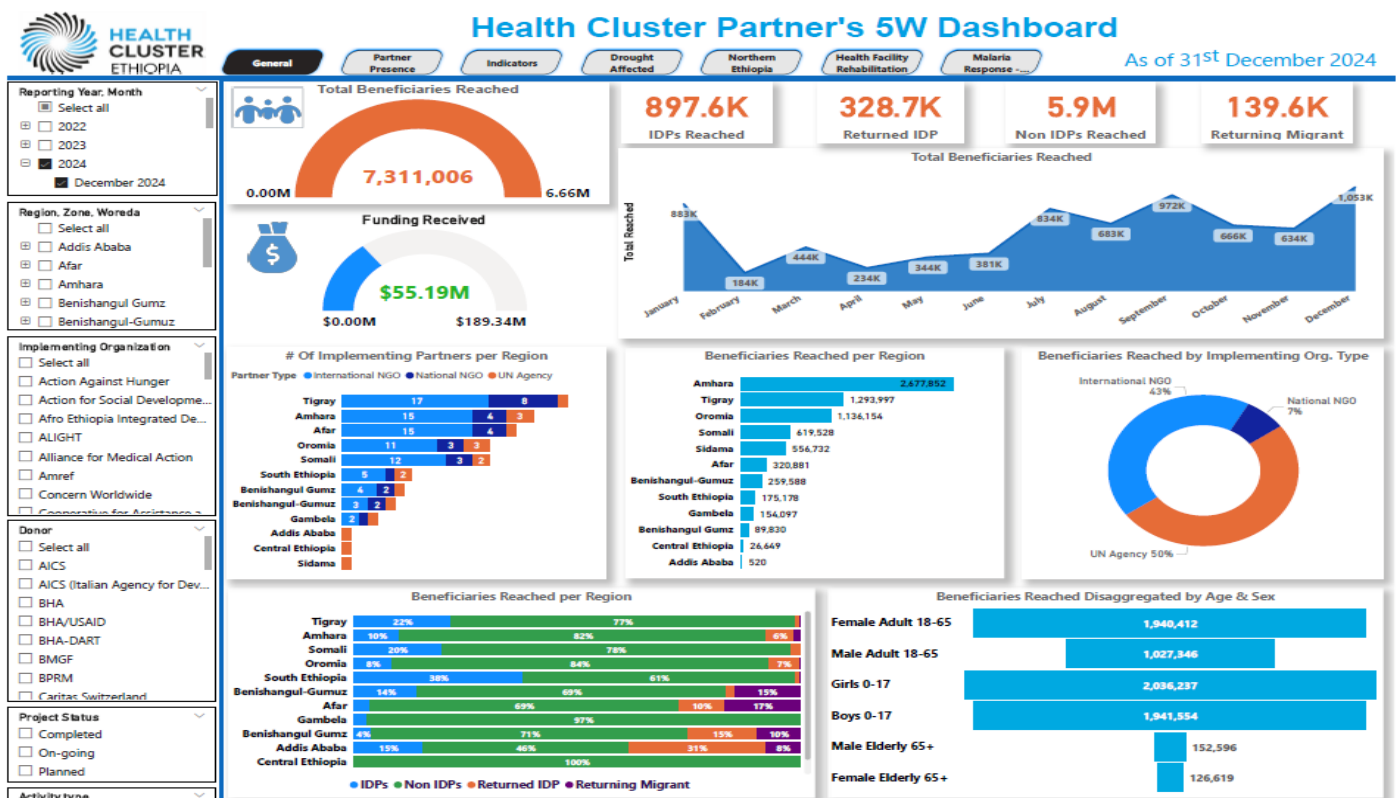


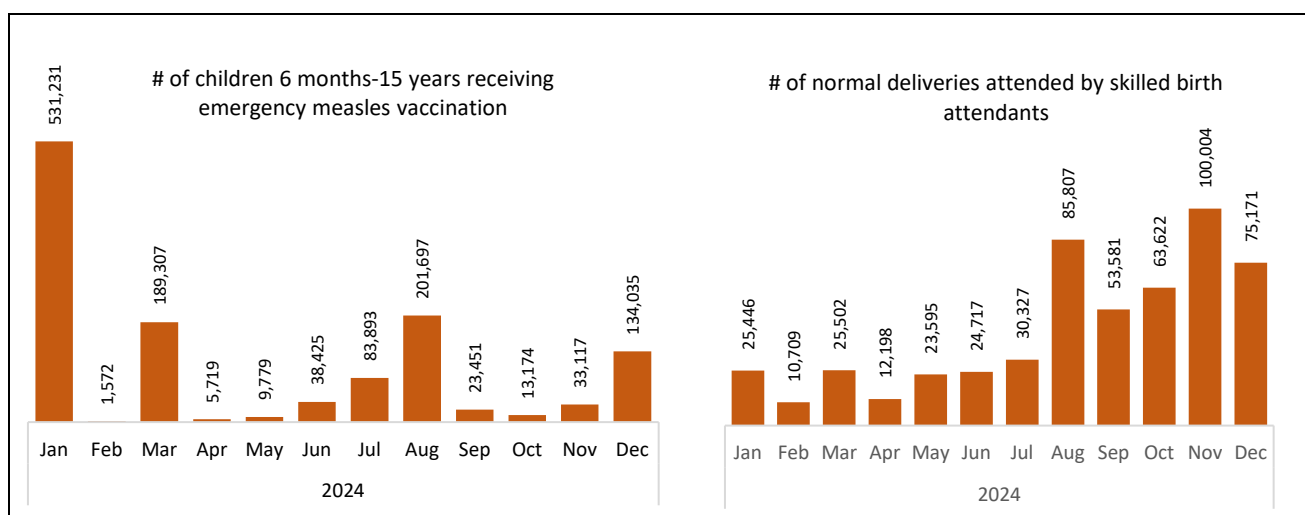
Health Cluster Action

- Successfully conducted a virtual Health Cluster coordination meeting with active participation from 51 attendees. Provided a comprehensive update on the current health emergencies in the country and facilitated discussions. Achieved a key milestone by supporting the Ethiopian Public Health Institute (EPHI) in mobilizing partners to contribute to the last-mile delivery of critical medical supplies, including anti-malaria drugs and rapid diagnostic tests (RDTs).
- Participated in a two-day high-level meeting organized by the Ethiopian Disaster Risk Management Commission (EDRMC) to address the recent earthquake in the Awash Fentale areas.
- Across the country, the regional Health Cluster coordinators supported the collection, compilation, and sharing of Meher/Dayr assessment health sector reports to develop the regional and national health sector assessment report, as such the draft report was shared with the regional authorities for comments and feedback before finalization.
- HCCT successfully organized and actively engaged with the Regional Cluster Coordination Team (RCCT), where a detailed presentation was delivered highlighting the regional health situation, ongoing response efforts, identified gaps, and key advocacy messages. This engagement strengthened collaboration between the RCCT and the national Health Cluster team, resulting in actionable recommendations to address gaps and enhance the response.

- The Health Cluster was actively engaged in the Multi-Cluster Initial Rapid Assessment (MIRA) needs assessment for Amhara's Wag Himra Zone, specifically Dehana and Gaz Gidla woredas, was conducted from 2nd to 6th December 2024. As such, a report was generated highlighting the critical health humanitarian needs in the assessed areas, identified the immediate response priorities, and provided actionable recommendations to address the identified gaps effectively.
- The Health Cluster (HC) has made significant progress in addressing critical health needs in conflict-affected areas, achieving several key activities and outcomes. As such, successfully organized and actively participated in coordination meetings and strategic advisory group meetings to support the health humanitarian response and improve health outcomes. As a result, 7.0 million beneficiaries were reached across 580 out of 1,150 woredas in 97 zones. This includes 897.6K internally displaced persons (IDPs), 328,700 returning IDPs, 5.9 million non-IDPs, and 139,600 returning migrants, all of whom accessed services provided by 56 Health Cluster partners.

HRP Response Dashboard





Regional Health Cluster Coordination Teams

In Oromia, coordinated a Joint Outbreak Response Assessment to address low response outcomes. The assessment covered 12 zones, 20 Woredas, and one health center and health post per Woreda, ensuring comprehensive evaluation. Twelve partners, including the Regional Health Bureau (RHB), participated, fostering collaboration and improving outbreak response efforts.

Under Somali region, the health cluster coordinator participated in various meetings including the regional health bureau EOC, DRMB, and the EU humanitarian development and peace nexus mission meeting and provided health cluster inputs and concerns on ways humanitarian response could be well coordinated to enhance resilience in responding to health emergencies.

Under Amhara, participated in one multi agency rapid assessments of flood affected areas to identify health needs of the affected communities for coordinated response activities. Health needs of affected and vulnerable populations were identified like vaccination, provision of 2,500 bed nets to prevent malaria. RCCE services were provided on prevention of water borne diseases to about 25,000 beneficiaries.



Sub-National HC Partners Meeting—Credit to Afar HCC

Response Gaps/Challenges

Inadequate funding: the health cluster continues to face a substantial funding shortage which is taking a heavy toll on the health response. As of December 31, 2024, the health cluster has received only \$50.07M of the \$189.34M requirement needed to reach the health target leaving a funding gap of 139.3M (73.5% funding gap). This has made it difficult for the health cluster partners to reach the increasing number of vulnerable populations in need of essential health services.

Lack of Access due to insecurity: the conflict situation in the country especially in Amhara and Western Oromia Regions not only results in increasing health needs of the population but also restricted access of health partners to the areas most affected by the population affected by this conflict who are in dire need of health assistance. These have been exacerbated by the growing need whilst also restricting access by health partners to vulnerable populations in these conflict-affected areas of the country.

Multiple health emergencies as such, the country is managing multiple outbreaks, including cholera, measles, malaria, and dengue fever, through a multi-outbreak response system activated in March 2023, involving regular coordination meetings and the expansion of the Public Health Emergency Operations Center the ongoing cholera outbreak, rising cases of malaria and the low vaccinates coverage among the children against the vaccine preventable diseases seems to have eroded the gains made over the years. The low-funding for-health cluster partners has impeded major activities such as procurement

of medical supplies and deployment of Mobile Health Teams to hard-to-reach areas and areas where the health system is disrupted due to damage to health facilities. This has left the population with limited or no access to health services in the areas.

Next steps

- HCCT in collaboration with EPHI and MOH is actively organizing for a H3 validation workshop as part of roll out of the program in the country.
- Ongoing MIRA assessment in earthquake affected areas (Oromia and Afar).
- Upcoming MIRA assessment- OCHA is planning a MIRA assessment in hot spot woredas in North Wollo zone (Mekat, Gidan and Gazo woredas-from 16th to 22nd January 2025).

Health Cluster Partners Updates-

World Health Organization (WHO)

Earthquake Response:

Two thousand households in Dulecha and Awash Fentalie received emergency shelter and Food, nutrition and nonfood items (NFI). Protection services, Mental health and psychosocial support (MHPSS), and dignity kits prepositioned. Three mobile health teams requiring targeted protection were deployed for screenings; 4 mobile clinics providing health while and nutrition services are providing at IDP sites. Common conditions include Severe Acute Malnutrition (SAM), upper respiratory tract infection (URTI), and malaria. Two individuals were injured; 16 schools in Afar were severely damaged, while 21 were partially damaged, 8 schools were severely damaged, and 6 were partially damaged. A total of 7,211 students were affected. 7 health facilities impacted. A total of 472 bed nets were distributed, and educational outreach was conducted for 204 households. One hospital in the Gebirasu zone with 138 health professionals, 38 dedicated to IDP response. Door-to-door active case searches conducted; cholera risk remains high, but no outbreaks reported. Air sediment and groundwater samples were collected to assess health impacts. A Rapid Response Team of 12 experts and 3 mobile health teams deployed to support the response.

Amhara Health and Nutrition Response:

From December 23 to 31, 2024, WHO deployed a rapid response team to conduct rapid assessments in the region. The team provided technical support, coordinated efforts, and managed the treatment of Severe Acute Malnutrition (SAM) and other public health emergencies. On December 25 and 27, WHO delivered essential medical supplies including IEHK, PEDSAM, NCD, TESK, and Pneumonia Kits, totaling over 7.0 metric tons, benefiting more than 49,000 children and adults. WHO actively participated in the MIRA and led the preparation of the final report. The organization also supported the activation of the Incident Management System (IMS) in the North Wollo zone and coordinated health response activities in Bugna, Lasta, and Lalibela woredas.

Malaria Response:

WHO continued to provide technical assistance for the ongoing malaria outbreak and supported the operation of Emergency Operations Centers (EOC) in the affected regions. This included the activation of IMS at both national and regional levels. WHO facilitated the airlift of antimalarial medications from Tanzania, offering both technical and financial support to the Ministry of Health (MoH). The Ethiopian Pharmaceutical Supply Service (EPSS) was also supported in distributing these medicines to remote areas. In December 2024, WHO contributed 2,353 kg of malaria supplies, benefiting over 153,000 individuals. The organization assisted in data collection and analysis, contributing to the creation of a multi-



Essential medical supplies delivery by WHO – Credit WHO

outbreak map, which included malaria data and was utilized in the development of the national weekly Public Health Emergency Operations Center (PHEOC) bulletin for the Ethiopian Public Health Institute (EPHI).

Cholera Response:

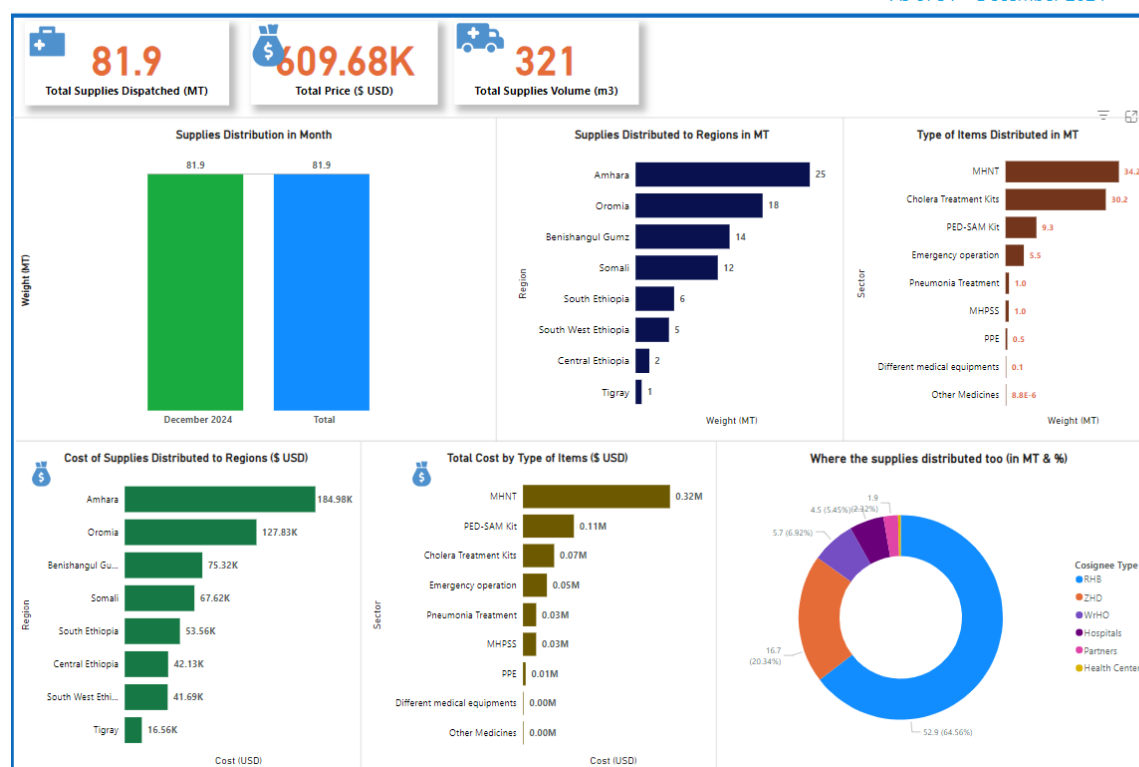
WHO continued to provide technical support for the national cholera Technical Working Group (TWG).

The organization offered technical assistance to manage the cholera outbreak in Metekel, Benishangul-Gumuz, deploying six technical officers to assist in response efforts, including the Oral Cholera Vaccine (OCV) campaign in the region.

Logistics Support:

WHO Ethiopia Supply Distribution Dashboard

As of 31st December 2024



International Organization for Migration (IOM)

In collaboration with EPHI, IOM conducted a three-day training on MPOX management and its MHPSS implications for 99 government health professionals (77 males, 22 females) from various Points of Entry, including Bole International Airport, in Adama. A five-day training on Basic Public Health Emergency Management (PHEM) and Psychological First Aid (PFA) was held at Kombolcha with 60 participants (51 males, 9 females) from South Wollo Zone, 20 Woredas, and IOM staff. A one-day workshop on GBV referral pathway strengthening for 30 participants (21 males, 9 females) was organized in collaboration with the Central and North Gondar social affairs bureau. IOM and the Tigray Regional Health Bureau conducted a 12-day BEmONC training for 25 government health workers (19 females, 6 males) in Mai Chew from November 22 to December 3, 2024. Medical supplies were distributed to Momona Health Center in Mekelle (1,200 beneficiaries), Lekatit 11 Primary Hospital in Mekelle (6,400 beneficiaries), Alganesh Health Center in Shire (560 patients), and Central Gondar Zone Health Office (7,500 individuals).



A Opening the ceremony by religious leader and IDP representative at Maidimu IDP camp, Northwest and cultural music at Seba-care IDP camp in Mekelle Tigray, December 2024– Credit IOM

A Polio Vaccination Campaign in Borona Meleb and Dawa Zone vaccinated 41 under-five children (20 females) and raised awareness about vaccination benefits for 1,450 individuals. IOM supported voluntary relocation for 820 households (3,840 individuals) from Qoloji IDP to Bayahaw Site in Shabele Zone, providing pre-departure and arrival screening. The Bunity Health Post in Koore Zone, Southern Ethiopia, was constructed and equipped to resume health services. It was officially handed over on December 18, 2024, in the presence of senior officials and community members. IOM supported voluntary relocation from Endabaguna to Mai-Dimu in two rounds, providing medical screening and escorts. Lastly, a WHO Core Capacity Assessment at six international Points of Entry was conducted in coordination with EPHI, gathering critical data on population mobility trends to guide future public health interventions.

Positive Action for Development (MCMDO)

MCMDO has deployed 11 mobile health teams: 2 teams in SE, 4 in the Afar region, 2 in Benishangul, and 3 in the Oromia region, all dedicated to providing essential primary healthcare services. Additionally, mental health and psychosocial support (MHPSS) services have been integrated to alleviate stress caused by drought, conflict, and other emergencies. In December 2024, MCMDO emergency mobile health and nutrition response teams provided lifesaving health and nutrition services to a total of 11,288 beneficiaries, of which 6,495 were female as well as 1,651 under five children and 3819 were female. These services were delivered in Sedal and Dangur woreda in Benishangul-Gumuz, Dasenech woreda in the SNNP region, Chifra, Elida, Afdera, and Ewa woreda in the Afar region, and Dubuluk, Dugdedawa, and Gumbi Boredede woreda in the Oromia region. The services included consultations and treatment, ANC, FP, delivery, PNC, EPI, nutrition screening and provision of OTP service, and Vitamin A supplementation and deworming. In the same month, various social mobilization and awareness creation activities were conducted using megaphones and cultural clubs in all operational woredas. More than 23,185 people were reached with awareness messages on common communicable diseases in collaboration with woreda and zonal health departments.



OPD Consultation and treatment — Credit MCMDO

Premiere Urgence Internationale (PUI)

PUI has been supporting cholera response efforts in Metekel zone of Benishangul Gumuz Region in four woredas where the outbreak occurred in three woredas—Pawi, Mandura, and Dangur—Cholera Treatment Units (CTU) and Cholera Treatment Centers (CTC) were strengthened to combat the outbreak. Health workers were assigned to provide 24-hour care in collaboration with the Woreda Health Office, with PUI covering their daily subsistence allowance (DSA). To support patients and health workers, food was distributed to each treatment center, along with essential Infection Prevention and Control (IPC) materials. Job aids, derived from national and conventional cholera treatment guidelines, were printed and disseminated to enhance treatment practices, while on-the-job training was provided to health workers. Capacity building initiatives targeted both health workers and community members, including the sensitization of 210 selected individuals, such as community leaders, religious leaders, and community health workers, on cholera prevention.



Cholera outbreak response Advocacy at the Zonal level Credit PUI

A Rapid Response Team (RRT) comprising 96 health workers from four woredas was trained to focus on prevention and treatment. Advocacy at the zonal level raised awareness about the project and enhanced stakeholder engagement at the woreda and kebele levels. Community awareness campaigns reached 97,291 people through various methods, including megaphones and community health volunteers. Ambulance services were also provided for suspected cases in Mandura woreda. Additionally, the project offered full technical and logistical support to the zonal technical team for the cholera oral vaccination campaign conducted in Dangur and Bulen.

The International Medical Corps (IMC)

The organization has been providing primary health care services through Mobile Nutrition and Health Teams (MNHTs) and Surge Teams, supporting 50 health facilities (46 health centers and 4 hospitals) in 24 woredas across Tigray, Oromia, and Amhara regions. These teams, comprising medical doctors, nurses, midwives, MHPSS officers, and community mobilizers, have conducted 33,718 outpatient consultations, including 9,279 for children under five. Skilled birth attendance was provided to 1,834 pregnant women, while 4,442 women attended four or more ANC visits, and 2,963 women received family planning services. Further, trained healthcare providers on topics such as CMR/IPV, STI prevention, BEmONC, IPC, and ERW, benefiting 114 participants. On-the-job training was also provided to 67 healthcare workers. Health education and awareness campaigns have reached 159,008 individuals through community mobilization, schools, markets, and health facilities. A review meeting in Tigray with 30 participants highlighted progress and identified areas for improvement, while joint supportive supervision was conducted in Sheraro Woreda to enhance collaboration and performance. IMC facilitated 34 referrals, providing ambulance support and fuel for healthcare delivery. Again, supported vaccination campaigns, including measles (1,554 children) in Liben Woreda and HPV (9,513 girls aged 9–14) in Shire Town and IDP sites. For malaria prevention in West Hararghe Zone, 510 cases were tested, with 60 confirmed and treated, while 144 households were assessed for LLIN use, and health education was provided.



Provision of basic primary health care service through Mobile Nutrition & Health Team (MNHT) –Credit IMC

Medical Teams International MTI

During the reporting period, a total of 39,776 consultations were provided across multiple health facilities supported by MTI in the Tigray, Afar, Somali, Dire Dawa, Amhara, and Benishangul-Gumuz regions. These consultations included 6,144 adult consultations, 1,051 consultations for children under five, 76 MHPSS consultations, 1,640 reproductive health services, and 220 institutional deliveries. A total of 309 cases were referred to higher-level health facilities for advanced secondary and tertiary care. Extensive RCCE activities reached 31,634 individuals through health education on cholera, malaria, scabies, COVID-19, diarrheal diseases, NCDs, and maternal health. Additionally, 84 healthcare workers were trained on various health interventions, and 58 others participated in capacity-building training on health-related topics. Significant donations were made to improve service delivery, including HMIS registration books, medication shelves, fuel for referral services, and medical consumables. More than 34,000 individuals participated in health education activities, with special campaigns such as World AIDS Day, 16 Days



During the provision of Long-Acting Reversible Contraceptives (LARC) training Credit to

of Activism to End Gender-Based Violence, and polio vaccination efforts reaching 2,410 children. Immunization efforts included the vaccination of 576 children against measles and 308 children under one year with routine immunizations. Disease surveillance and TB mass screenings led to the detection of 10 new TB cases, all of whom were started on treatment. Preventive activities for malaria and cholera included distributing 4,475 bed nets and cholera training for 31 Woreda RRT members and community leaders, while infrastructure support projects such as a cooking house at Berhale refugee camp, installation of a 10,000-liter water tank, and renovations to Metema General Hospital's maternity ward enhanced service delivery. Mental health services supported 1,067 cases, while 1,488 women and girls received sexual and reproductive health services. MTI also supported referral services through donations of ambulance parts and fuel, and 142 patients were referred for advanced care. Community-based activities included cleaning campaigns involving 872 refugees and training on long-acting reversible contraceptives for 15 healthcare workers. MTI engaged in collaborative initiatives like the SENS survey with UNHCR, the PRM Grant Kick-off in Samara, and performance reviews with regional and Woreda government partners. Ongoing efforts to strengthen health systems were implemented, including site-specific construction projects, staff training, and medical donations to support the health infrastructure across all regions.

Success Story by PAD: Strengthening Health Systems via warehouse rehabilitation in Ziquala woreda.

In Ziquala Woreda, the efficient management and storage of essential medical supplies have historically been hindered by inadequate infrastructure at the Woreda Health Office's central warehouse. The lack of proper storage facilities posed significant risks to the quality of pharmaceutical and medical commodities (PMC) and disrupted effective inventory management. Recognizing the critical role of proper warehousing in health service delivery, Positive Action for Development (PAD) prioritized the rehabilitation of the central warehouse. The intervention involved comprehensive maintenance, including masonry, roofing, metalwork, plastering, glazing, painting, and electrical installations, to restore the warehouse's structural integrity and ensure it met the necessary standards for PMC storage. The impact of this refurbishment has been transformative, significantly improving operational efficiency, safeguarding medical supplies, and enhancing inventory management practices. Health workers can now track supplies more accurately, distribute them efficiently, and streamline administrative processes through improved documentation and record-keeping. This intervention has fostered a more organized and responsive health system, ultimately enhancing the delivery of health services to the community. The head of the Ziquala Woreda Health Office praised the initiative, highlighting how the upgraded facility ensures commodities are well-preserved and readily available when needed. Looking ahead, the success of this project serves as a model for future health infrastructure improvements in the region, demonstrating the importance of investing in essential facilities to strengthen supply chain management and improve community health outcomes.



Ziquala woreda health office head at the Woreda Health Office. – Credit to PAD

FHI360 success story: Empowering Students Through School Club to Combat Malaria

Over the past two years, Dire Dawa has faced a sharp increase in malaria cases. According to U.S President’s Malaria Initiative, the city reported an almost 10-fold increase of cases in the first half of 2022. Malaria remains a significant health challenge. The USAID Healthy Behaviors Activity implemented activities to address malaria in Dire Dawa across communities. One approach was to reach students, teachers, and administrators in schools to increase knowledge and foster prevention behaviors. The Activity conducted a comprehensive training session in March 2024 for directors and malaria club leaders from 20 primary schools, empowering them as leaders in the fight against malaria in their communities. Participants left the training equipped with the knowledge and strategies needed to protect their communities. The impact of this training was soon evident through the proactive actions taken by school administrators, club leaders, and students to integrate malaria awareness into school club activities, the classroom, and the community, leading to tangible improvements in community health.

17-year-old Tsebaot Zelalem attend her school’s malaria club. Was inspired by what she learned, she took notice of stagnant water near her route to school, recognizing it as a potential breeding ground for malaria-carrying mosquitoes. Tsebaot approached her school director and club lead to discuss the issue, and her director contacted the local police station, which collaborated with the municipality to address the issue. Her knowledge and agency led to swift community action, including the removal of the stagnant water by local authorities. A week later, community members reported a noticeable decrease in mosquito density, which may contribute to reducing the risk of malaria transmission. While the actions of this student led to immediate community intervention, another student, Simah Muktar, from the same school demonstrated how malaria education can transform family practices at home. Eight-year-old Simah had never realized the danger of malaria, despite living in a high-risk area. After a classroom lesson on malaria, she became deeply concerned that her family did not regularly use or maintain their insecticide-treated net, which they had received in a Ministry of Health distribution campaign. Simah rushed home that day and had a concerned conversation with her family, telling them what she’d learned about the risks of malaria and urging them to hang their net immediately. Her family, moved by her plea, immediately hung the ITN and committed to using it every night. By institutionalizing malaria education in Dire Dawa schools, students are empowered to drive change in their communities and homes. Education, along with building agencies for children, can be a powerful tool in combating malaria and enhancing community health.



Photo Credit: FHI360, USAID Healthy Behaviors Activity, September 2024

Acknowledgment of health cluster partners

The Health Cluster partner has contributed greatly to this bulletin, and for that we are truly grateful. We greatly value the insight and effort you have put into this journal, and your dedication to supporting vulnerable and the affected populations is remarkable. Thank you for your continued partnership and collaboration for better health outcomes.

Region	Implementing Partner	Program Partner
Amhara	ACF, AEID, ASDEPO, CARE, CUAMM, CWW, EMwA, FHI 360, FIA, GOAL, Humedica e.V, IOCC, IOM, MSI, MTI, PAD, PI, RHB, SCI, WV	ACF, AEID, ASDEPO, CARE, CUAMM, CWW, EMwA, FHI 360, GOAL, Humedica e.V, IOCC, IOM, MSF-H, MSI, MT, PAD, PI, SCI, UNICEF, WV
Somali	ACF, ALIMA, ASDEPO, CARE, CUAMM, CWW, FHI 360, GOAL, HL/HPA, IMC, IOM, IRC, MDM-G, OWDA, PAPDA, SCI, VSF-S, WHO	ACF, ALIMA, ASDEPO, BHA, CARE, CUAMM, CWW, FHI 360, GOAL, HPA, IMC, IOM, IRC, MdM, OWDA, PAPDA, SCI, VSF-S, WHO
Oromia	ACF, ASDEPO, CARE, FIDO, GOAL, GPDI, IMC, IOM, JSI, MC, MCMDO, PH, PI, SCI, UNICEF, VSF-S, WV	ACF, BHA, CA, CARE, FIDO, GOAL, HEKS/EPER, HOPE, IID, IMC, IOM, JSI, MC, MCMDO, PI, SCI, SOS CV, UNICEF, VSF-S, WV
Tigray	ACF, ASDEPO, EMwA, FHI 360, GOAL, Humedica e.V, IMC, IOM, MCMDO, MdM, MIM, MTI, Nexus, PI, SCI, WV	ACF, ASDEPO, EMwA, FHI 360, GOAL, Humedica e.V, IMC, IOM, MCMDO, MdM, MT, PI, SCI, UNFPA, WV
Benishangul-Gumuz	ACF, ASDEPO, HelpAge, IOM, MCMDO, MTI, PI, PUI	ACF, ASDEPO, HelpAge, IOM, MCMDO, MT, PI, PUI
Afar	Amref, ASDEPO, Engender Health, EUP, GOAL, HL/HPA, Humedica e.V, IMC, IR, MCMDO, MdM, MSI, MTI, Nexus, PI, PUI, WV	Amref, ASDEPO, Engender Health, EUP, GOAL, HPA, Humedica e.V, IMC, IR, MCMDO, MdM, MSI, MT, Nexus, PI, PUI, RRT, WV
South Ethiopia	CUAMM, GOAL, IOM, MSI, PUI, WV	CUAMM, GOAL, IOM, MSI, PUI, WV
Gambela	DPO	DPO
Dire Dawa	MTI	IMC

Health Cluster Donors

Ethiopia Humanitarian Fund (EHF), European Civil Protection and Humanitarian Aid Operations (ECHO), European Union (EU), Global Alliance for Vaccines and Immunization (Gavi), Italian Government, Japan Government, Korea International Cooperation Agency (KOICA), the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), the United States Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA).

Information Sources

- 1- Health Cluster: [Ethiopia Health Cluster Bulletin \(October – November 2024\) - Ethiopia | ReliefWeb](#)
- 2- Interactive Dashboard: [Microsoft Power BI](#)
- 3- Ethiopia Health Cluster 2024 HRP Implementation Dashboard- [Ethiopia Health Cluster 2024 HRP Implementation Dashboard \(As of November 2024\) - Ethiopia | ReliefWeb](#)

ETHIOPIA HEALTH CLUSTER TEAM

Richard Langat
Health Cluster Coordinator
Email: langatr@who.int

Seth Annuh
Information Management Officer - Health Cluster
Email: annuhs@who.int

Dr. Meseret Abraham
PHO
Email: abrahamm@who.int

Henock Sileshi
Information Management Officer - Health Cluster
Email: sileshih@who.int