



## ETHIOPIA: ACUTE WATERY DIARRHOEA OUTBREAK

DREF Bulletin no. MDRET004

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30 August 2007

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

### In Brief

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 99,654 (USD 82,769 or EUR 60,396) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to respond to the needs in this operation. This operation is expected to be implemented over one month, and will be completed by 30 September 2007; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

[<Click here to go directly to the attached map>](#)

*For longer-term programmes, please refer to the Federation's Annual Appeal for Horn of Africa sub-regional programmes ([MAA64004](#)).*

### Background and current situation

As a repetition of the 2006 floods, when the Federation launched [Emergency Appeal MDRET003](#) to enable the Ethiopian Red Cross Society (ERCS) to provide assistance to people affected by floods, Ethiopia is presently affected by heavy rains, which continue to pour throughout the country. As a result of the rains, floods have occurred in most regions of the country. A severe Acute Watery Diarrhoea (AWD) outbreak has emerged in Oromia region, prompting the regional government to request for assistance from humanitarian organizations present in the country.

A total of 76,081 AWD cases and 863 related deaths had been reported between 15 April 2006 and 13 May 2007. According to the World Health Organization (WHO), the most affected regions are Oromia (30,597 cases), Southern Nations and Nationalities People's Region (15,355 cases) and Amhara (13,386 cases). Currently, an average of 800 to 1,000 cases is being reported per week. The World Health Organization AWD update, published on 27 June, indicated a cumulative total of 82,956 cases and 952 deaths. While an increasing trend in the number of national weekly AWD cases has been observed, it is feared that the situation might deteriorate as heavy rains, which have already generated floods in several parts of the country, continue. Three more woredas (districts) – Aseko woreda in Arsi zone, Robe town of Bale zone in Oromia region, and Dawa Hariwa woreda of Oromia zone in Amhara region – were also affected during the week of 8-15 July 2007. Some AWD cases have also been reported in Jijiga town of Somali region.

In view of this alarming situation, the Government of Ethiopia has requested humanitarian agencies to fill in existing gaps and participate in the response by implementing activities aimed at mitigating the effects of the AWD outbreak. The government is encouraging close coordination among the different actors, in order to avoid duplication of efforts.

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The Oromia regional government, after holding an urgent meeting with partners on 10 July 2007 – including the Ethiopian Red Cross Society – has requested assistance from humanitarian actors present in the region. Numerous reports, which reflect the possible wide spread of the disease, are being received from many regions of the country. The regional government has taken measures to revitalize epidemic response committees at all levels, and assessment teams have been sent wherever suspected cases were reported. Patients have been treated, and health personnel trained, provided with manuals, guidelines and templates of working documents. A regional AWD emergency plan has been prepared and distributed to different stakeholders while medicines, medical supplies, and CTC materials have been distributed.

To address the urgent situation, WHO is conducting a needs assessment and training health workers in East Hararghe while the United Nations Children's Fund (UNICEF) has provided financial support for the procurement of drugs in Oromia. So far, UNICEF has supplied three tents and case treatment centre (CTC) materials to the health administration.

**Table 1: Summary of AWD situation in Oromia Region (25 June to 15 July, 2007)**

| Zone            | Affected Woredas | Affected kebeles | Cases        | Deaths    |
|-----------------|------------------|------------------|--------------|-----------|
| Arsi            | 4                | 32               | 91           | 0         |
| Bale            | 5                | 22               | 46           | 9         |
| Borena          | 4                | 31               | 298          | 5         |
| Guji            | 3                | 28               | 431          | 4         |
| East Shoa       | 2                | 34               | 202          | 0         |
| East Harar      | 12               | 35               | 258          | 7         |
| West Harar      | 1                | 10               | 114          | 3         |
| South West Shoa | 4                | 18               | 483          | 13        |
| <b>Total</b>    | <b>35</b>        | <b>210</b>       | <b>1,923</b> | <b>41</b> |

*Source: WHO and Ministry of Health*

The Oromia region has 17 zones, nine administrations and 285 woredas. Health facilities available in the region include 29 hospitals, 192 health centres, 895 health stations and 1,070 health posts; the region has slightly over 10,000 health professionals of different categories. Whereas the potential health service coverage is about 77 per cent, utilization of health service is only at 27 per cent. Latrine coverage and safe water supply were 20.5 per cent and 45 per cent respectively a year ago (before June 2006).

### Red Cross and Red Crescent Action

An emergency response task force, led by the Secretary General of the Ethiopian Red Cross Society (ERCS) has been established at the National Society's headquarters. Follow up meetings are taking place on a weekly basis, in order to closely monitor the flooding situation and the spread of the AWD outbreak. The ERCS health department conducted an AWD assessment in East Hararghe (Oromia region), with the East Hararghe branch of the National Society providing logistical and technical assistance.

Thirty Red Cross volunteers have received training as trainers of trainers (ToT) on epidemic control. They have in turn conducted training to 300 community members in ten kebeles (five kebeles in Fedis woreda and five kebeles in Babelle). Additionally, 1,000 bags of 1-litre Ringer Lactate were sent to East Hararghe and medical supplies were dispatched to West Arsi (Oromia region) for Merti, Jeju and Aseko woredas on 11 June 2007. Assessments are currently being carried out in Bale and Borena zones and more ToT sessions are being provided to additional Red Cross volunteers.

In the spirit of cooperation among International Red Cross and Red Crescent Movement (Movement) partners, the International Committee of the Red Cross (ICRC) has made available significant logistical means in order to assist the National Society in implementing its activities. The Federation Sub-zone office in Addis Ababa is providing support to the ERCS in liaison with the Federation zone office in Nairobi and the Geneva Secretariat.

## Proposed Plan of Action

The ERCS health department, including the water and sanitation (WatSan) unit, will continue mobilizing volunteers and personnel from regional and zonal branches, while the national headquarters staff will provide professional and technical support, together with the local health facilities personnel. The geographical areas being considered by the ERCS are eight zones in Oromia region. However, the coverage may be extended in the course of implementation. The DREF-funded Red Cross intervention will provide immediate support to six CTCs that have been established by the government. The Red Cross intervention will initially target to reach 6,000 people (1,000 people per cholera kit), with priority given to children aged under five years and women between the age of 15 and 49 years.

**Goal: The Acute Watery Diarrhoea (AWD) epidemic in Oromia region is controlled and mitigated.**

**Objective 1: To provide support to case treatment centres (CTC)**

### Expected result:

- Six CTCs are provided with AWD kits, Ringer Lactate and feeding utensils.

### Activities:

- Procuring 10,000 bags of Ringer Lactate;
- Procuring six AWD kits;
- Providing feeding utensils (2,000 sets of cups and plates);
- Transporting and distributing the procured items to selected CTCs.

The AWD kits will be channelled through the Federation; three kits are available in the Nairobi emergency stock and are in the process of being transported to Addis Ababa. Ringer Lactate, plates and cups will be purchased locally by the ERCS; the National Society has already identified suppliers in order to expedite the procurement process.

Meanwhile, the ERCS has made available funding from its own budget in order to allow its health department to conduct Participatory Hygiene and Sanitation Transformation (PHAST) trainings. At the initial stage, 160 Red Cross volunteers in 16 kebeles of eight zones within Oromia region will be trained. It is expected that up to 3,200 volunteers within the affected communities will receive PHAST training.

Finally, an emergency appeal may be launched in due course. The appeal will possibly cover a wider geographical area in order to maintain an adequate level of flexibility in responding to the AWD outbreak and the flooding which is occurring in several parts of the country.

## Budget outline

| Description                                      | Unit | Quantity | Unit cost (CHF) | Total (CHF)   |
|--|------|----------|-----------------|---------------|
| Ringer Lactate (1 litre with IV transfusion set) | Bag  | 10,000   | 2.8             | 28,000        |
| AWD kits   | Kit  | 6        | 8,199           | 49,194        |
| Plates and cups                                  | Set  | 2,000    | 1.39            | 2,780         |
| Transport costs for AWD kits                     | Kits | 6        | 3,280           | 19,680        |
| <b>Total**</b>                                   |      |          |                 | <b>99,654</b> |

\*\* In-country transport will be carried out using the ICRC transport facilities.

## How we work

All International Federation assistance seeks to adhere to the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief* and is committed to the *Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)* in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

### The Federation's Global Agenda

The International Federation's activities are aligned with under a Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

### Contact information

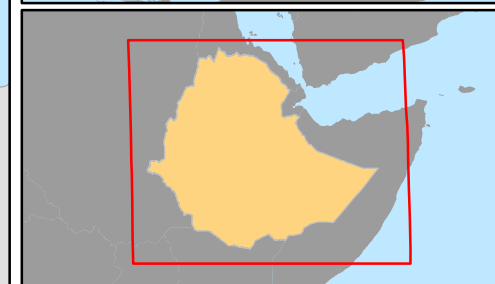
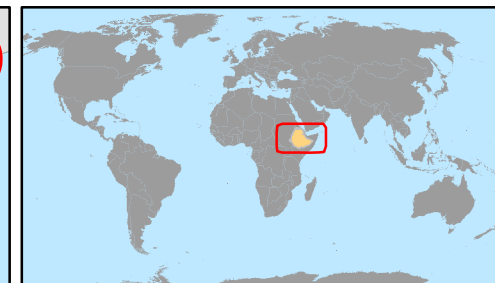
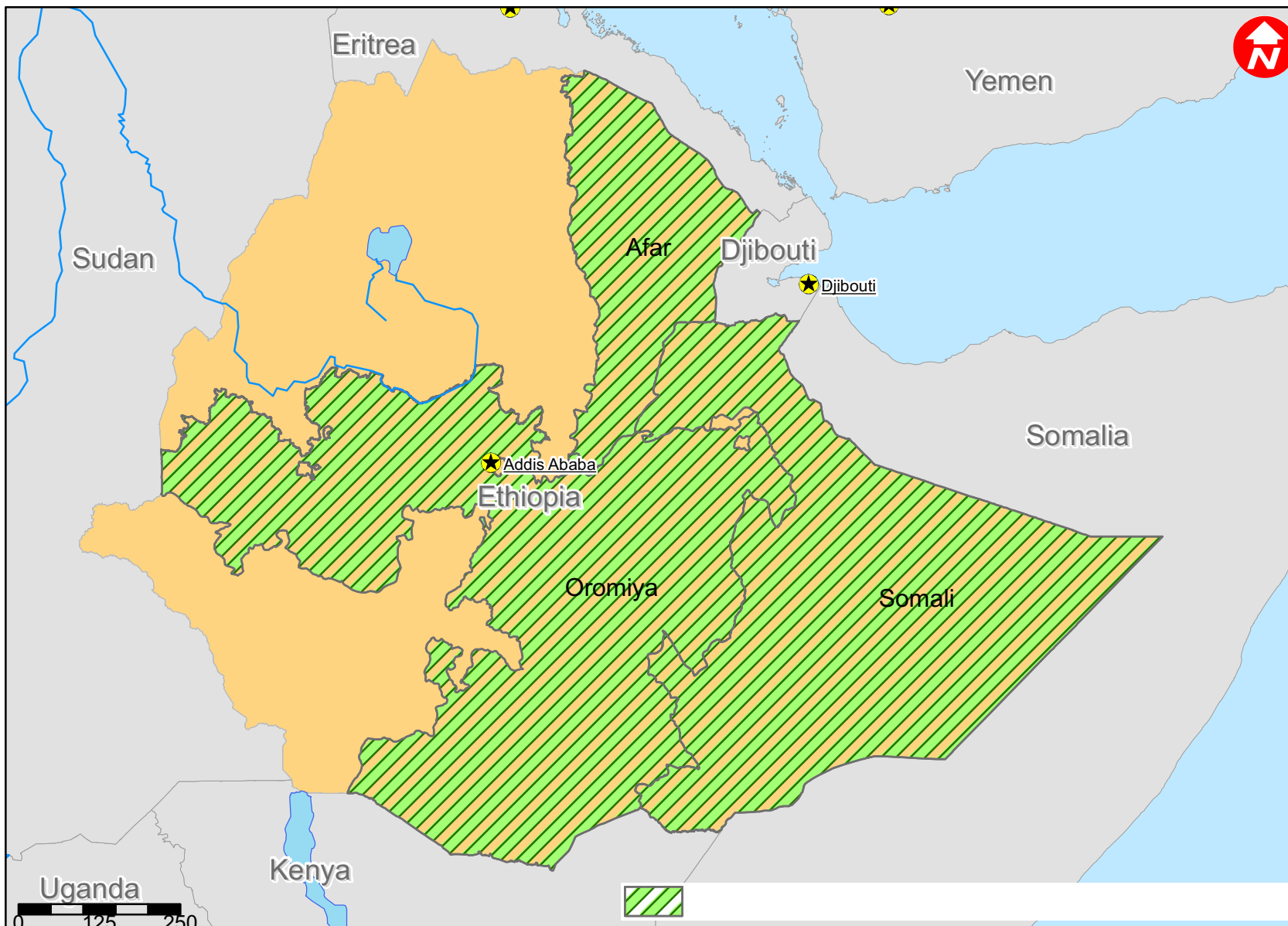
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[<Map below; click here to return to the title page>](#)



# Ethiopia: Acute watery diarrhoea (AWD) outbreak



Between 15 April 2006 and 13 May 2007, 76,081 cases of AWD and 863 related deaths were reported. There is currently an average of 800 to 1,000 cases per week. The latest WHO AWD update states cumulative cases and deaths of 82,956 and 952 respectively. In view of this particularly alarming situation, the government of Ethiopia has requested all humanitarian agencies to fill the gaps and participate in the response by implementing activities in order to mitigate the effect of the AWD outbreak, and in close coordination in order to avoid duplication of efforts.