

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ETHIOPIA: MENINGITIS

11 June, 2001

This Ops Update is intended for reporting on emergency appeals.

Appeal No. 12/01

Launched on 7 March, 2001 for CHF 1,006,787 for 3 months.

DREF Allocated: CHF 200,000

Beneficiaries: 1.5 million

Operations Update No. 2; Period covered: 22 March - 31 May, 2001 (last Ops Update/Sitrep issued: 23 March, 2001);

“At a Glance”

Appeal coverage: 133%

Related Appeals: 01.13/2001, Annual Appeal for Ethiopia

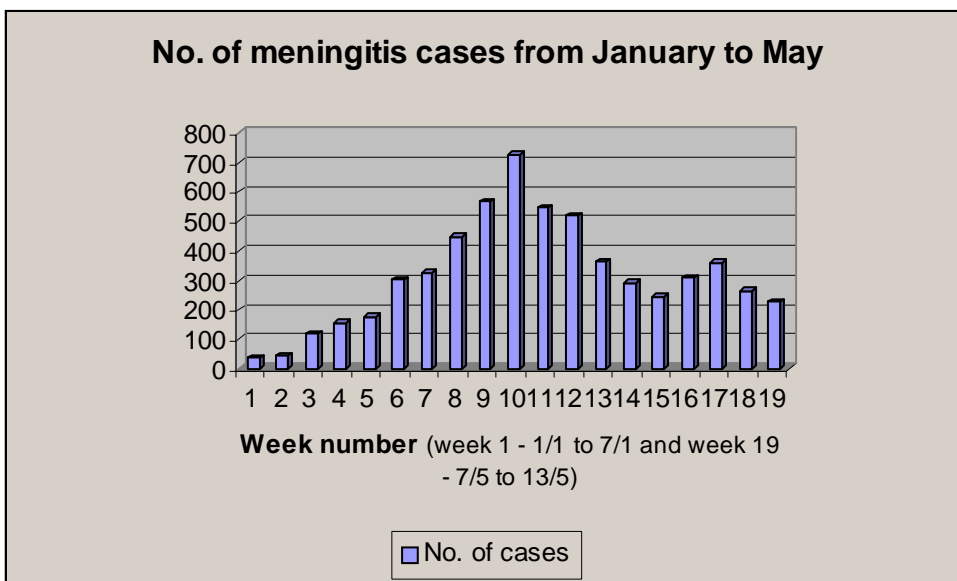
Outstanding needs: None

The Disaster/Situation: This appeal was launched on 7 March, 2001 to provide immediate assistance to the Ethiopian Red Cross Society (ERCS) to procure and deliver vaccines, increase public awareness, and facilitate mass vaccination campaigns for 1.5 million beneficiaries over a 3 month period. A strong and timely donor response has provided the means to effectively implement the planned activities.

Operational Developments:

As of 23 May, 6,240 meningitis cases and 311 deaths had been reported since the outbreak of the epidemic in October 2000. 9 regions, 33 zones and 105 districts have reported cases. This, in effect, means that 31.2% of the country's population are living in affected areas with the Amharan region reporting 58% of the cases. The spread of the epidemic has slowed considerably since early March when a peak was reached with 724 cases being reported in one week. By comparison, there were 227 cases in the week of 7th to 13th May. This is shown graphically in Figure 1 below. If this epidemic were to follow a normal pattern, then the worse could be considered to be over especially since the main rainy season has started in some regions. However, areas unaffected up to now are reporting cases and some of these districts are reaching the epidemic threshold of 10 cases per 100,000 population.

Figure 1: Meningitis cases in Ethiopia



Red Cross Red Crescent action w

The Federation issued an appeal on March 7 for 1.5 million vaccines and funding to support the ERCS in a meningitis vaccination campaign in three most affected zones in Amharan Region. The operation was kick started with 200,000 CHF from the Federation’s Disaster Relief Emergency Fund (DREF) which purchased an initial 200,000 vaccines in mid March allowing the operation to start in North Shoa. An additional 800,000 vaccines were procured and transported at the beginning of April. This stock has allowed the ERCS to operate in all three zones and target the woredas that have reached the threshold attack rate. It was only in late May that additional supplies have been required and a further 360,000 vaccines will arrive at the beginning of June.

Health w

Objective 1: To procure 1.5 million doses of vaccine and 15,000 boxes of syringes for use in the North Shoa, West Gojam and Oromia zones in Amhara region as well as 5 packs of latex tests and 8,000 vials of oily chloramphenicol for use nationally

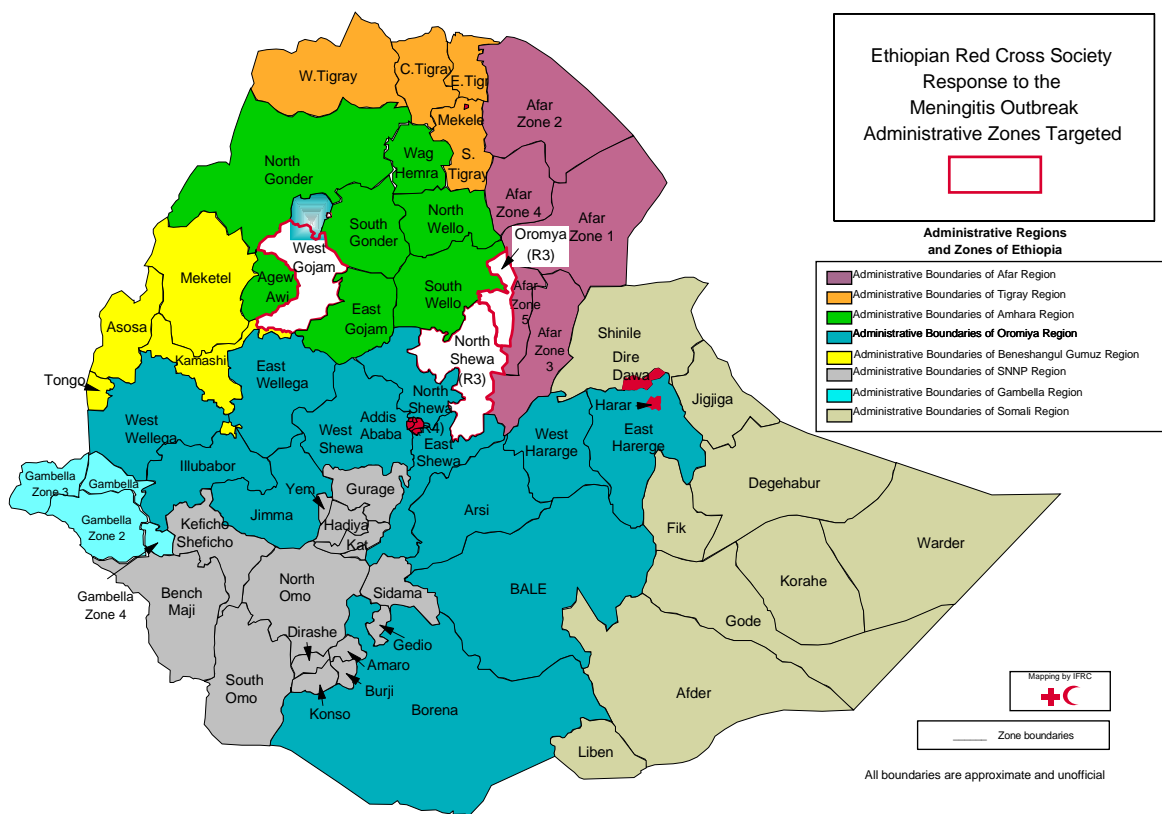
The Federation has brought in 1 million vaccines and an additional 370,000 are in the process of being ordered and transported. Vaccines have been procured through the International Crisis Group (ICG) based in Geneva consisting of representatives of WHO, UNICEF, Federation and MSF, once an action plan has been approved. Vaccines are stored at the central Ministry of Health cold store before they are sent to the zones. The cold chain has been maintained throughout the operation.

Objective 2: To assist the Ministry of Health in the vaccination campaign in North Shoa, West Gojam and Oromia zones through the deployment of Red Cross volunteers for the purpose of mobilizing communities so that at risk groups are vaccinated and awareness levels are raised

The ERCS has played a major role in halting the epidemic in the three zones through assisting the Ministry of Health to respond quickly to an outbreak once the epidemic threshold has been reached. Collection and communication of case data has been vital in this operation. While systems are in place through the Federal, Regional and zonal Ministry of Health, information is not always complete, accurate or timely and so it has been an essential component of this operation to support the Ministry of Health in the areas of surveillance and collection of data. Weekly updates through the Federal Ministry of Health backed up by data direct from the field has allowed, in the main, for prompt responses.

Action plans and budgets for the campaigns have been developed with the zonal and district Ministry of Health with the ERCS branches playing a proactive and competent role. Action plans are focused around targeting populations most at risk (70% of the total population) -- an approximate estimate of those between 2 and 30 years old. However, doubts about certain population figures and their age distribution have been aired. Plans also include the number of teams to be deployed, their operation site and their target population. Briefing of health staff before an operation has usually been carried out with the ERCS field co-ordinator supported by the Federation Delegate. Training of volunteers on their roles and responsibility has been carried out in the same fashion. There are usually two volunteers in a team of five with three health workers. Volunteers have also been involved in social mobilization and encouraging people to travel to the vaccination sites. As part of the operation, educational materials have been produced and circulated.

Figure 2: Map of Ethiopia showing ERCS areas of operation



Vaccines have been transported to the zonal headquarters and from there to the operational centres using a cold chain. Operations have taken from five to twelve days depending on the number and efficiency of teams, the success of the mobilization of the community and the nature of the terrain and environment in which the operation has been conducted. Coverage rates have varied considerably with rates of over 100% in towns explained by the movement of people into urban centres for markets or social occasions to rates below 60% in some more remote areas. It has been the policy of the ERCS/Federation to review coverage rates at the end of the campaign and encourage a return for further vaccination in those kebeles that have not achieved a satisfactory coverage. In any case, close surveillance of all areas that have undergone vaccination is an essential part of the operation.

Covering three zones stretched the capacity of the ERCS and Federation on several occasions and more personnel would have improved the support that was provided to the Ministry of Health. However, 820,000 vaccines have been sent to the zones and, at the time of writing, 620,627 have been

used (wastage rate of 7%) with 580,026 people being vaccinated. The table outlines the areas where the operations have been carried out.

Name of zone	Name of woreda	Date of campaign	Nos. Vaccinated	Coverage rate
West Gojam	Jabi	26/4 to 3/5	40,752	72.6%
	Quarit	1/5 to 6/5	35,589	67.4%
	Bure	5/5 to 13/5	104,604	74.9%
	Degadamot	12 to 22/5	79,102 (prov)	
	Yilma Densa	30/5 to 8/6	102,745 (planned)	
Oromia	Dawachefa	11/4 to 22/4	64,861	74.3%
	Artuma Jillie	11/4 to 22/4	55,672	72.3%
	Bati	29/4 to 7/5	57,309	77.4%
North Shoa	Angolele Asagirt	21/3 to 5/4	38,236	54.8%
	Kewet	21/3 to 5/4	41,118	65.6%
	Afrata Gidem	12/5 to 19/5	62,783	79.9%
Total			580,026	
Total with planned			682,771	

Note: prov. is provisional figure

National Society Capacity Building w

This has provided an ideal opportunity for the ERCS at headquarters to improve its capacity for co-ordination. More importantly it has challenged those branches that were involved to play a major supporting role to the zonal and district health authorities in the vaccination campaigns. This has meant that the branch staff have gained valuable experience and self-confidence and volunteers have



been mobilized and given fulfilling work to do. The visibility of the Red Cross has been high during the campaigns and contacts with communities have been strengthened.

Federation Delegation w

The Federation has supported the ERCS through a short-term delegate from 7 to 19 March who helped to set up the operation and then an emergency health delegate from 27 March to 27 May who was a key

player in supporting the operations in the field. With her ERCS counterpart, this delegate assisted the Ministry of Health in the planning, organizing and implementation of the operation in the three zones. This involved advising in all aspects of the operation as well as assistance in the briefing of health personnel and training of volunteers. The Federation Head of Delegation has assisted the ERCS in co-ordination at central level and attended all the agency co-ordination meetings.



Coordination

Co-ordination in this operation has been reasonably good. Weekly meetings of the local co-ordinating group have been held to share information, update partners on the number of new cases, receive feedback on the different agencies' vaccination campaigns and agree new interventions. The meetings are attended by personnel from the Federal Ministry of Health, WHO, UNICEF, MSF (H), MSF (B), MSF (Sw), MSF (F) as well as the Federation and the ERCS. Decisions and action plans are

shared with the ICG in Geneva who make allocations of vaccines based on the country's need and their global perspective. Co-ordination has also been apparent in the field with ERCS and Federation co-operating with MSF (F) and MSF (H). This has involved sharing of information as well as loaning of vaccines.

Outstanding needs

The operation is fully funded and there currently are no outstanding needs.

For further details please contact: Josse Gillijns, Phone: 41 22 730 4224; Fax: 41 22 733 03 95; email: gillijns@ifrc.org

Donors providing in-kind relief in response to large-scale emergencies are urged to contact the Federation's Logistics and Resource Mobilization Department to avoid any unnecessary delays in the clearance and delivery of emergency relief assistance.

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

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ETHIOPIA - MENINGITIS EPIDEMIC						ANNEX 1
APPEAL No. 12 /2001		PLEDGES RECEIVED			11.06.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				1'006'787		TOTAL COVERAGE 133.4%
CASH CARRIED FORWARD						
AMERICAN - RC		40'000	USD	65'120	27.03.01	
AMERICAN - GOVT/OFDA		25'000	USD	40'700	14.03.01	
AUSTRALIAN - RC		27'440	AUD	24'666	14.03.01	
AUSTRALIAN - RC		1'870	AUD	1'618	14.05.2001	
BRITISH - RC		24'510	GBP	59'069	22.03.01	PROCUREMENT OF VACCINES
BRITISH - RC		15'828	GBP	38'937	16.03.01	
DANISH - RC		138'750	DKK	28'583	28.03.01	
ECHO (01003)		460'000	EUR	698'878	28.05.2001	
FINNISH - RC		33'637	EUR	51'747	15.03.01	
GERMAN - GOVT		200'000	DEM	157'320	10.04.01	
SWEDISH - RC		650'000	SEK	112'905	22.03.01	
SWISS - GOVT				50'000	30.04.2001	
SUB/TOTAL RECEIVED IN CASH				1'329'543	CHF	132.1%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
BRITISH - RC		5'490	GBP	13'231	22.03.01	HEALTH DELEGATE
SUB/TOTAL RECEIVED IN KIND/SERVICES				13'231	CHF	1.3%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						