

# DREF operation



International Federation  
of Red Cross and Red Crescent Societies

## Ethiopia: Acute Watery Diarrhoea

DREF operation n° MDRET006

2 September 2009

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

**CHF 226,225 (USD 213,420 or EUR 150,817) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 750,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.**

**Summary:** Following the current Acute Watery Diarrhoea (AWD) outbreak in more than 6 regions of Ethiopia, the Federal Ministry of Health (FMoH) has made an appeal to all partners to mitigate the ever increasing AWD outbreaks in the country. AWD cases are increasing all over the country and the number of Woredas (Districts) affected has increased from 27 to 47, including a sub city in Addis Ababa.



Ethiopian Red Cross Society volunteers escort a woman with acute watery diarrhoea.

Ethiopian Red Cross Society (ERCS) has been doing its best in mobilizing resources including Red Cross volunteers, drugs, medical supplies and cholera treatment centres (CTC) equipment as well as in establishing "Red Cross cholera treatment centres" particularly in the compound of one General hospital in Addis Ababa. Drugs, medical supplies and CTC equipment are being distributed to all affected regions including North Shoa of Amhara region, Arsi, West Arsi, East Shoa and West Harrerge of Oromiya.

This operation is expected to be implemented over 3 months, and will therefore be completed by 30 November 2009; a Final Report will be made available three months after the end of the operation (by 30 March 2010).

[<click here for the DREF budget or here for contact details>](#)

## The situation

In Ethiopia only 55 percent of the general population has access to safe water and that percentage drops to 35 percent for those in rural areas. This lack of access to safe water and adequate sanitation increases the morbidity and mortality from diarrhoeal diseases. Health service records and community based surveys indicate that diarrhoeal diseases are major causes of morbidity and mortality in Ethiopia.

Though the overall number of AWD cases in the world has been reduced in recent years, Africa is still the continent with the highest number of cases. Ethiopia has repeatedly been affected by the disease due to poor hygiene conditions, low access to safe water and sanitation facilities. The fact that AWD is a taboo subject among the Ethiopian society further facilitates the spread of the disease. Therefore, AWD outbreaks have become recurrent phenomena in Ethiopia and are worsened by repeated floods affecting several parts of the country.

According to the Federal Minister of Health, 617 new cases with 8 deaths have been reported from 35 districts in 6 Regions in week 32. The cumulative total cases reported from epidemic week 1 to 32 are 6,821 and 135 deaths (CFR 2 percent) from 7 regions. (Source: Weekly Emergency Situation Update) produced by the Emergency Humanitarian Action/AFRO team in collaboration with World Health Organisation (WHO) Country Offices Vol. 2 No.33 17 August 2009)

According to the FMOH recent press release, there are a total of 11,667 cases in the six regions (Oromiya, Amhara, Addis Ababa, Southern Nations Nationalities and People's Region (SNNPR) state, Afar and Somali). It is feared that the cases will be more and the AWD might get worse because of the current rainy season which is expected to continue for more weeks ahead. A significant number of child bearing age female and under five children have also been affected by the current AWD. There is a definite shortage of manpower and CTC equipment including antibiotics, IV Fluids, water treatment chemicals, ORS, savlon, cotton, gloves, adhesive plasters, mattresses, and tents.

Both the FMOH and the regional and zonal health bureaus have requested humanitarian agencies and other partners to extend their humanitarian assistance in terms of provision of experts, drugs, medical supplies and CTC equipment in order to fill the gaps and participate in the response by implementing activities in order to mitigate the effect of the AWD outbreak. In order to address the urgency of the situation, the FMOH along with its partner has conducted joint field assessment.

## Coordination and partnerships

ERCS, through its headquarters and respective branches is working closely with FMOH and respective Regional Health Bureau as well as zonal health office and hospitals (health centres). There is a regular taskforce meeting at Regional Health Bureau where ERCS is sharing information with the partner. ERCS has also been privileged to attend a higher level meeting chaired by his Excellency Ato Kuma Demekessa, Mayor of Addis Ababa city on the 26 August 2009.

The FMOH has been chairing the extraordinary meetings on AWD outbreak for the Health Partner Forum. The national integrated disease (including AWD) surveillance and prevention/control/ coordination committee has been made to be more active and is conducting meeting so frequently. The AWD Emergency plan (including AWD Registration format at health facility level) has been distributed among the stakeholders. The Federal Ministry of Water Resources has also distributed water treatment chemicals (aquatabs) in bulk throughout the nation.

ERCS is working in close collaboration with the Federation Country and Zone offices in terms of resource mobilization. International Committee of the Red Cross (ICRC) is also assisting ERCS in providing vehicles and drivers for transport of drugs and medical supplies to the regions. ERCS is mobilizing resources like drugs, medical supplies and CTC equipments to CTC sites. Almost all cases are being transported by ERCS Ambulance vehicles to cholera treatment centres.

Medecins Sans Frontieres Belgium has become one of the close partners to ERCS at Zweditu Memorial General Hospital CTC where both are working together and complementing each other (sharing CTC resources such as chlorine, establishing infrastructure such as electricity line, planning to share the Amharic version of key health messages for MSF Belgium to reproduce it for mass sensitization and community

awareness). MSF Belgium has also established 4 CTCs in Addis Ababa. They have already mobilized experts from Brussels including one hygiene and four water and sanitation (WatSan) Coordinators.

United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) are working closely with the Federation at Zweditu General Hospital CTC in terms of providing tents and orienting the Red Cross volunteers on duty. UNICEF and WHO are also supporting the CTC at yekatit 12 General Hospital in Addis Ababa.

Hospitals and health centres are also working closely with ERCS in identifying CTC sites in their compound. ERCS is also directly providing drugs, medical supplies, ambulance services, tents and Red Cross volunteers.

## Red Cross and Red Crescent action

In response to requests from the FMOH, Regional and Zonal Health Bureau, the Ethiopian Red Cross Society has carried out the following crucial activities in more than six affected regions since March 2009:

- Conducted Field assessment at North Shoa, West Harerge, Oromiya and Somali Moyale (2x).
- Distributed drugs, medical supplies and CTC equipment (tents, jerry can and laundry soap) to six affected regions (East Shoa, Arsi, West Arsi, West Harerge, North Shoa, Somalia and Oromiya Moyale) since March 2009 totalling more than 1 million ETB.
- Organized a cross border task force at Moyale with the Kenyan authorities.
- Regularly attended the Health Partner Forum (HPF) and the extraordinary meeting on the current AWD outbreak chaired by FMOH-Public Health Emergencies (PHE) Directorate.
- Provided 2 tents to Zweditu Memorial General Hospital in Addis.
- Mobilized the Red Cross volunteers and ambulances for transporting and carrying the affected persons. On average, the 6 active ambulances at the capital are mobilizing 50 to 60 people per day to the CTC. Currently, ERCS has mobilized 70 to 80 volunteers on shift basis.
- Also mobilized health professional volunteers and all health professional of the National Society (including blood bank nurses and physicians) on a shift basis.
- ERCS has also assigned its health experts and health officers for the whole of the working hours at CTC in Zweditu memorial and Menilik II General Hospital.
- Processing the purchase of more drugs, medical supplies and CTC equipment for distribution and pre positioning. Personal protective equipment (PPE) including closing, rubber boot and apron have been procured for the Red Cross volunteers on duty.
- Holding a daily morning sessions and/or meetings at the ERCS headquarters among heads of departments as well as disaster and health experts-chaired by the Secretary General.
- East Shoa branch of ERCS has provided 4 tents to Adama Hospital located-80 Kms south east of Addis Ababa, where there are more than 40 cases being treated for AWD.
- Commenced establishment of "Red Cross CTC Centre" at the compound of Menilik II Hospital on 28 August 2009. Emergency procurement and transport of already available CTC equipment are underway.
- Provided second round humanitarian assistance for the North Shoa holy water site dwellers (28 August 2009) with blankets, drugs, IV fluids, ORS, jerry cans, aquatabs, ladle, soap, tea pot and supplementary feeding kit with more than 15 utensils of different quantities, dry ration.
- At the capital, the Regional Health Bureau is organizing coordination committees and sub committees up to the grass root level (Regional- sub city- kebeles) where ERCS is represented at all level.
- ERCS staff and volunteers have been given orientation and health education on AWD causes, symptoms, mild case management, preventive and control measures.

## The needs

Based on the magnitude of the problem it is obvious that there is a definite need for mitigating the current AWD outbreaks in the six regions of the country. This can be carried out through preventive and control activities as well as establishing or supporting CTC. The estimated total beneficiaries will be more than 750,000 including 144,000 under five children and 187,000 child bearing age women. It should also be noted that a mid term and long term WatSan intervention is recommended, as access to safe and adequate water as well as sanitation facilities are on the lower side in many of the regions. Besides, the poor hygienic and sanitation behaviour should be addressed.

**Table1 : Summary of 10 June – 22 August 2009 AWD outbreak in some of the affected regions.**

Region	Zone/Woreda	Cases	Deaths
Amhara	North Shoa/Mojana wadera	925	20
Addis Ababa Administrative council	All sub cities in Addis except Kirkos	901	261
Oromiya	West Harrerge/Anchar, Gobakorecha, Meiso and Chero woredas	512	10
Oromiya	East Shoa/Fentale, Beset and Adami Tulu woredas	40	1
Oromiya	Arsi/Merti woreda	55	1
Oromiya	West Arsi/ Shashemene, Shala, Akile, Kofele	814	17
Oromiya and Somalia (Moyale)	Moyale	620 (as of June 2009)	9

Sources: FMOH, RHB, ZHB \* As of 24 August 2009- Addis Ababa Regional Health BUREAU

## The proposed operation

The ERCS Health and Care Programme Department will continue mobilizing volunteers and personnel from the regional and zonal branches to support the CTC Centres, while the National Headquarters staff will provide professional and technical support, together with the local health facilities Personnel. ERCS will also establish CTC in collaboration with regional health bureaus and hospitals. Also, the ERCS will procure the necessary drugs, medical supplies, CTC equipment and water treatment chemicals centrally from the local market. Key health messages on promotion of positive hygiene and sanitation behaviours will be developed and produced in the form of information, education and communication (IEC) materials in the local languages.

Taking in to account the magnitude of the problem, sensitivity of the cases, low access to safe water and sanitation facilities, and the degree of vulnerabilities, the geographical areas being targeted by ERCS for intervention are Oromiya, Somali, Amhara and Addis Ababa. Through this DREF, ERCS is planning to reach about 150 kebeles where by the total beneficiary will reach about 750,000 people (150,000 households). Proportionally, ERCS will reach about 144,000 under five children and 187,000 child bearing age women.



Ethiopian Red Cross Society volunteers transport a case of acute watery diarrhoea

## Emergency health

**Objective: The morbidity and mortality from the current AWD outbreak in the intervention regions will be reduced through mobilizing the community awareness creation activities as well as through supporting or establishing CTC.**

### Activities planned:

- Community based surveillance and emergency health need assessment.
- Household visits for early detection of suspect cases by volunteers and referral to treatment centres.
- Printing and distribution of IEC Materials on AWD control and prevention key health messages.
- Provision of ORS for household level management of mild cases before referral.
- Provision of ambulance services.
- Procurement and distributing of cholera and/or AWD kits –volunteer, medical and IV fluids modules.
- Procurement and provision of CTC equipments including drugs and medical supplies.
- Establish Red Cross CTC and deployed of Red Cross volunteers to CTC.

## Water, sanitation and hygiene promotion

**Objective: The risk of waterborne diseases will be reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to 150,000 families in 4 geographical areas for 3 months.**

### Activities planned:

- Assessment of access to safe water and sanitation facilities in the intervention regions.
- Assessment of the communities hygiene behaviours and need for hygiene commodities.
- Identification of Red Cross volunteers and community members for Participatory Hygiene and Sanitation Transformation in Emergency Response (PHASTER) Activities.
- Conduct and cascade PHASTER Training reaching out affected communities.
- Procurement, demonstration and provision of water treatment chemicals to the beneficiaries.
- Protection and chlorination of water sources.

## Logistics

**Objective: Better position the National Society to respond to public health emergencies (such as AWD) in a timely manner through repositioning and pre-identification of suppliers.**

### Activities planned:

- Replenishing the stocks with drugs, medical supplies and CTC equipments from local markets.
- Procurement and deployment of additional cholera kits and WatSan kits.
- Identification and registration of suppliers.
- Mobilizing and storing of necessary resources at strategic locations in either regional or zonal branches.

## 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.*

The International Federation's activities are aligned with its 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****For further information specifically related to this operation please contact:**

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

<b><u>DREF OPERATION BUDGET SUMMARY</u></b>		<b>Annex 1</b>
	<b>NAME</b> Ethiopia - Acute Watery Diarrhoea	<b>MDRET006</b>
	<b><u>RELIEF NEEDS</u></b>	
500	Shelter	
505	Construction Materials	
510	Clothing and Textiles	3,856
520	Food	
523	Seeds and Plants	
530	Water and Sanitation	38,638
540	Medical and First Aid	57,270
550	Teaching Materials	9,100
560	Utensils and Tools	13,454
570	Other Supplies and Services	24,202
	<b>Total Relief Needs</b>	<b>146,520</b>
	<b><u>CAPITAL EQUIPMENT</u></b>	
580	Land and Buildings	
581	Vehicles Purchase	
582	Computers and Telecom Equipment	
584	Office/Household Furniture and Equipment	
587	Medical Equipment	
589	Other Machinery and Equipment	
	<b><u>TRANSPORT, STORAGE AND VEHICLES</u></b>	
590	Storage - Warehouse	
592	Distribution and Monitoring	2,000
593	Transport and Vehicles Costs	15,000
	<b><u>PERSONNEL</u></b>	
600	International Staff	
640	Regionally Deployed Staff	5,000
661	National Staff	3,000
662	National Society Staff	2,000
670	Consultants	
	<b><u>WORKSHOPS AND TRAINING</u></b>	
680	Workshops and Training	20,000
	<b><u>GENERAL EXPENSES</u></b>	
700	Travel	5,000
710	Information and Public Relations	5,000
730	Office running costs	5,000
740	Communication Costs	3,000

750	Professional Fees	
760	Financial Charges	
790	Other General Expenses	
	<b><u>SERVICE FEES</u></b>	
	Service Fees	
	<b><u>PROGRAMME SUPPORT</u></b>	
599	Programme Support - PSR	14,705
	<b>Total Operational Needs</b>	<b>79,705</b>
	<b>DREF ALLOCATION</b>	<b>226,225</b>