

# DREF operation update



## Ethiopia: Acute Watery Diarrhoea

DREF operation n° MDRET006

15 October 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.

**Period covered by this update: August 2009 to 30 September 2009**

**Summary: CHF 226,225 (USD 213,420 or EUR 150,817)** was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 31 August 2009 to support the Ethiopian Red Cross Society (ERCS) in delivering assistance to some 750,000 beneficiaries. The Netherlands Red Cross made a contribution from its Silent Emergency Fund (SEF) of EUR 30,000 (CHF 45,448) towards replenishing of the DREF.

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.



Orientation session for ERCS volunteers before deployed to the Red Cross CTC in Addis Ababa

The number of reported AWD cases was reported to be about 13,652 cases during the first week of September 2009 affecting 77 woredas in 7 regions with case fatality of 2.2 percent. It is also estimated that the population at risk is around 8.63 million in the affected regions.

The ERCS was asked by the FMoH to establish additional cholera treatment centres (CTC) at Menilik II Hospital. The first CTC established by the ERCS at Zeweditu Hospital was run jointly with Médecins Sans Frontières (MSF) Belgium. The ERCS CTC admitted 192 cases of AWD (50 percent female) within a period of two weeks from 27 August to 12 September 2009. AWD cases were reported at Health Center and Health Post level. The ERCS has supported four (4) Health Centers in establishing CTC corners in regions affected by AWD, namely in Shiromeda, Akaki, Gulele and Addis Ketema as support to Ministry of Health (MoH). A total of CHF 61,000 has been utilized from the DREF allocation.

The Ethiopian Red Cross Society, along with the Addis Ababa Health Bureau, has produced and disseminated radio spots on AWD prevention and control measures and other related key health messages.

A rapid health and water and sanitation (WatSan) assessment was conducted by Senior Health Officer from Geneva and WatSan Delegate from Eastern Africa Zone. They provided the ERCS with technical advice in tackling the AWD outbreak and expanding community-level interventions, identifying activities for mid and long-term interventions and prevention activities. Two cholera kits and 100 kg of chlorine were received through logistical support from the Eastern Africa Zone office in Nairobi.

The ERCS continues to work closely with the Federation Secretariat in Geneva, Eastern Africa Zone, the Country office, and the International Committee of the Red Cross (ICRC) to ensure effective and coordinated utilization all available resources in responding to AWD outbreak. Close working relationships developed with United Nations agencies such as World Health Organization (WHO) and United Nations Children's Fund (UNICEF), Oxfam GB, Federal Ministry of Water Resources (FMoWR), International Rescue Committee (IRC), Public Service Institution (PSI), Federal Ministry of Health (FMoH), Regional Health Bureau (RHB) and hospitals.

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 28 February 2010).

The major donors of the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on:

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

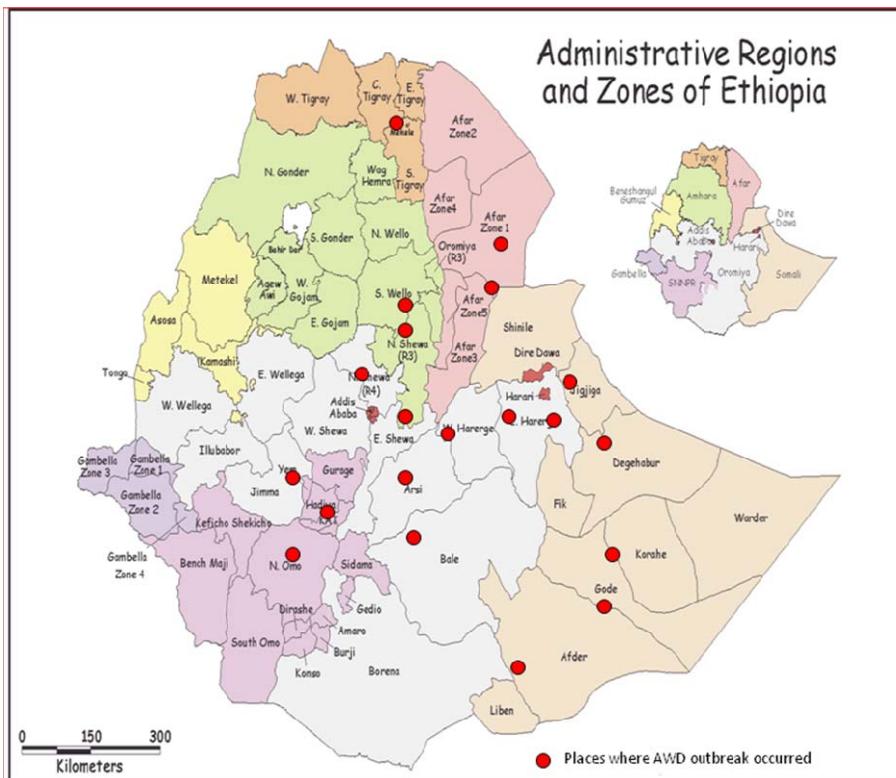
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## The situation

Though the report of new AWD cases as well as newly affected Woredas (districts) seems to decrease, early in September 2009 the FMoH projected that a number of cases may reach 130,000 affecting 90 Woredas by November 2009. According to the FMoH, the total number of cases reached were 13,652 in the first week of September 2009 with case fatality rate of 2.2 percent. About 77 Woredas in 7 regions (Oromiya, Amhara, Tigray, Afar, Somali, Addis Ababa and Southern Nations and Nationalities and Peoples) reported the AWD cases.

Considering a number of public and religious holiday in September 2009 which would encourage social gatherings and people crowding, there was a concern that current AWD outbreak might be exacerbated. Based on this concern, the Ethiopian Government authorities and the humanitarian agencies have reorganized themselves to undertake preparedness and AWD control measures right at the event site including the 1<sup>st</sup> October Orthodox Church holiday at South Wollo of Amhara region where an estimated 100,000 might gather to celebrate the religious holiday. In addition, preparation is underway for the Erecha ceremony of the Oromo culture which is soon to be held at Bishoftu of Oromiya region some 40 km South-East of Addis Ababa where more than 2.5 million people are expected to attend the ceremony. The ERCS is actively working with Health Bureau and Water, Sanitation and Hygiene (WASH) Cluster members (part of the Task Force) on preventive and preparedness measures. The National Society headquarters and its Oromiya regional branch as well as East Shoa branch are actively monitoring the situation and participating in coordination of preparedness activities.

The opening of schools during the second week of September 2009 might escalate the situation in Addis Ababa. There are around 1,700 schools in the capital city. The WASH Cluster members including ERCS are working closely with the Addis Ababa regional health bureaus and Addis Ababa Water and Sewerage authority in terms of access to safe water and sanitation facilities at schools.



Map showing geographical distribution of AWD cases as of 27 August 2009

Regions – 7  
 Woredas – 77  
 Cases – 13,652  
 CFR – 2.2%

Population at risk  
 8.63 m in affected areas

Projected number of cases in November 09  
 130,000

## Coordination and partnerships

The ERCS has been working in close collaboration and coordination with the FMoH while implementing activities in response to AWD outbreak. The ERCS Addis Ababa Branch office has been part of all taskforce and coordination meetings held in Addis Ababa with MoH and other agencies.

Similarly, in 6 affected regions ERCS Branch offices have been participating in the taskforce and Coordination meetings held in their respective areas. The International Federation secretariat office in Geneva, the Eastern Africa Zone office in Nairobi and the country office have been working closely with ERCS in launching the DREF operation, resource mobilization, facilitation of importing cholera kits and chlorine, as well as rapid health and WatSan assessment.

The ICRC delegation in Ethiopia has also provided vehicles and financial support to the headquarters and the Addis Ababa Branch to facilitate effective response activities by the ERCS.

Joint efforts were made by partners such as United Nations Children's Fund, World Health Organization, MSF Belgium, ERCS and other humanitarian agencies to address community needs in August and the first week of September 2009 that considerably contributed to control of AWD cases in Addis Ababa as well as in the regions. Particular close collaboration has been developed between the ERCS and MSF Belgium in establishing of CTCs. The MSF Belgium provided technical advice as well as CTC beds and chlorine.

## Red Cross and Red Crescent action

The ERCS Health and Care department continues to mobilize volunteers and personnel from the regional and zonal branches to support the CTC Centres, while the National headquarters staff provides professional and technical support, together with the local health facilities personnel.

### 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 information, education and communication (IEC) materials on AWD control and prevention key health messages.
- Provision of Oral Rehydration Salts (ORS) for household level management of mild cases before referral.
- Provision of ambulance services.
- Procurement and distributing of cholera and/or AWD kits, medical and IV fluids modules as well as volunteers.
- Procurement and provision of CTC equipments including drugs and medical supplies.
- Assigning Red Cross volunteers at CTC.
- Establish Red Cross CTC.

### **Progress**

A CTC has been established at Menilik II Hospital. Procurement and provision of CTC equipments including drugs and medical supplies have been made at the Red Cross CTC by ERCS. A total of 63 ERCS youth volunteers and 10 health professional volunteers have been deployed to the ERCS CTC.

A total of 192 cases were admitted to the ERCS CTC at Menilik II Hospital in less than a month with only one reported death. A total of 6 ambulances were assigned during this period at the capital for transportation of AWD cases and covered 9,883 km distance. They were able to transport 799 AWD cases.

Radio messages and/or spots were broadcasted through the national media for more than 15 days, 3 times a day on AWD prevention measures. A total of two thousand (2,000) posters were printed in collaboration with FMoH on AWD prevention and distributed. A total of 10,000 aqua tabs, 10,000 Oral Rehydration Salts, and 10,000 pieces of soap were dispatched to 6 affected regions to support ERCS branches in response activities.

The ERCS deployed about 120 volunteers both in two public gatherings, namely; Gishen Mariam, South Wollo of Amhara region and Erecha in Bishoftu of Oromiya Region, more than 100,000 people celebrated the Gishen Mariam religious holiday. The role of ERCS volunteers was to disseminate AWD prevention messages through posters and discussions as well as distributed aqua tabs. At Gishen, the Red Cross volunteers also engaged in cleaning the temporarily constructed sanitation facilities.

Emergency health need assessment in North Shoa was conducted by International Federation team in the beginning of September 2009. The International Federation team has come up with appropriate technical recommendations for the short, mid and long-term possible interventions as the way forward.



Red Cross volunteer taking care of a patient at Red Cross case treatment centre (Menilik II hospital) in Addis Ababa

**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.
  - Identification of Red Cross volunteers and community members for Participatory Hygiene and Sanitation Transformation in Emergency Response (PHASTER) training.
  - Conduct and cascade PHASTER Training.
  - Procurement, demonstration and provision of water treatment chemicals to the beneficiaries.
  - Protection and chlorination of water sources.

**Progress**

Preparations have been done for conducting National level training of trainers (ToTs) workshop for 42 participants from 7 regions. It is envisaged that the trained ToTs will cascade the PHASTER training in their respective areas.

Protection and chlorination of water sources was carried out by the Ethiopian Government Water Biro in all sub-cities of Addis Ababa. Water treatment chemicals were purchased and distributed to six regions.

Community Based Health First Aid (CBHFA) training of trainers training for 30 facilitators was conducted from 16 to 23 September 2009.

**Logistics**

**Objective:** Ethiopian Red Cross Society will be in a better position to respond to public health emergencies such as AWD on 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.
  - Importing of additional cholera kits and WatSan kits from either Nairobi or Geneva.
  - Identification and registration of suppliers list.
  - Mobilizing and storing of necessary resources at strategic locations in either regional or zonal branches.

**Progress**

Drugs, medical supplies and CTC items have been purchased and distributed both to the Red Cross CTC and to the regions through the Red Cross branches. A total of two cholera kits and 100 kg of chlorine have been imported through the Federation Eastern Africa Zone office in Nairobi, Kenya.

The ERCS Health and Care department is on the process of purchasing the required items for replenishing the stocks at the headquarters and storing of necessary resources at the strategic locations in 4 regions of the country.

**Challenge**

Unavailability of CTC items such as chlorine and CTC beds from local market delayed the operation.

**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	<b>Global Agenda Goals:</b> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact</li> </ul>
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out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

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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