

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Ethiopia: Acute Watery Diarrhoea

DREF operation n° MDRET006

19 March 2010

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 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.

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 Acute Watery Diarrhoea (AWD) outbreak in more than 6 regions of Ethiopia in August 2009, the Federal Ministry of Health (FMOH) made an appeal to all partners to mitigate the ever increasing AWD outbreaks in the country. AWD cases had rapidly increased affecting up to 47 Woredas (districts) of the country including sub-city in capital Addis Ababa.

ERCS, responding to the appeal from the FMOH and emerging needs in the country, mobilized resources including Red Cross volunteers, drugs, medical supplies and equipment for Case Treatment Centres (CTCs). Initial response activities were implemented in North Shoa of Amhara region, Arsi, East Shoa and West Harerge of Oromiya region. Based on the magnitude of the problem it was obvious that there was a need to more aggressively carry out activities to mitigate outbreak and prevent further spread of AWD in other districts of Ethiopia. ERCS requested the International Federation of Red Cross and Red Crescent Societies (IFRC) to support preventive and control activities including establishment and/or support to CTC.

A total of two CTCs were established by the ERCS in Addis Ababa. First CTC was established at Zeweditu Hospital and run jointly by the Medecins Sans Frontieres (MSF) Belgium. The second CTC was established at Menilik II Hospital run by the ERCS. A total of four Health Centres of Ministry of Health (MoH) in Shiromeda, Akaki, Gulele and Addis Ketema were supported to establish CTC corners. Two cholera kits and 100 kg of chlorine were procured to support ERCS activities at CTC and community levels.

The ERCS in cooperation with the Addis Ababa Health Bureau produced and disseminated radio spots on AWD prevention and control measures as well as other related health messages.

Response to AWD outbreak was closely coordinated with United Nations agencies such as World Health Organization (WHO) and United Nations Children's Fund (UNICEF), Oxfam GB, MSF Belgium, Federal Ministry of Water Resources (FMOWR), International Rescue Committee (IRC), Public Service Institution (PSI), FMOH, Regional Health Bureau (RHB) and hospitals. ERCS was working closely with the IFRC Country Office, Eastern Africa Regional office and International Committee of the Red Cross (ICRC) office in Ethiopia as well as Spanish Red Cross to ensure effective utilization of all available resources within the Red Cross Red Crescent Movement partners.

The major donors to 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>

[**<click here for the final financial report or here to view 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.

Number of AWD cases had rapidly increased from July to August 2009. According to the FMOH, a total of 617 new cases with 8 deaths were reported from 35 districts in 6 regions only in week 32. There were a total of 11,667 cases in the six regions (Oromiya, Amhara, Addis Ababa, Southern Nations Nationalities and People's Region (SNNPR), Afar and Somali). It was feared that the cases would be more and the AWD might get worse because of the rainy season which was expected to continue for more weeks ahead. A significant number of child bearing age female and under five children had also been affected by the AWD. Responding to emerging outbreak both the FMOH and the regional and zonal health bureaus 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 to mitigate the effect of the AWD outbreak. In order to address the urgency of the situation, the FMOH along with its partner conducted a joint field assessment. FMOH projected that that a number of cases may reach 130,000 affecting 90 Woredas by November 2009 if adequate response operations were not taken.

Considering a number of public and religious holidays in September and October 2009 which encouraged social gatherings and people crowding, there was a concern that AWD outbreak might be exacerbated. Over 2.5 million people were expected to attend various public and religious ceremonies. Based on this concern, the Ethiopian authorities and humanitarian agencies including the ERCS reorganized themselves to undertake preparedness and AWD control measures right at the event sites. The ERCS headquarters and its branches were actively monitoring the situation and participating in coordinated preparedness activities.

Opening of schools in second week of September 2009 might have escalated the situation in Addis Ababa considering that there are around 1,700 schools in the capital city. The Water, Sanitation and Hygiene (WASH) Cluster members including ERCS were working closely with the Addis Ababa RHB and Addis Ababa Water and Sewerage authorities in terms of access to safe water and sanitation facilities at schools.

Effort made by Ethiopian Health authorities, United Nations and humanitarian agencies, and ERCS has resulted in controlling the outbreak and later managed to decrease the number of new cases in November 2009 in most of the affected regions¹. ERCS continued awareness and community training activities through December 2009 on prevention and preparedness. These interventions beyond the initial timeframe of September to November 2009 were necessary to cover wider areas and address community awareness needs through training of trainers (ToT), volunteers and communities.

Red Cross and Red Crescent action

In response to requests from the FMOH Regional and Zonal Health Bureaus, the ERCS carried out activities in more than six affected regions since March 2009. The activities included field assessments, distribution of drugs, medical supplies and CTC equipment (tents, jerry cans and laundry soap) to six affected regions (East Shoa, Arsi, West Arsi, West Harerge, North Shoa, Somalia and Oromiya Moyale). The ERCS was active in the capital city and mobilized up to 80 volunteers and 6 ambulances for transporting the affected to CTCs. Volunteers were active at CTCs on shift basis and standing-by to assist communities for 24 hours. ERCS staff and volunteers provided orientation and health education to communities on AWD causes,

¹ UNOCHA Humanitarian Bulletin

symptoms, mild case management, preventive and control measures. ERCS 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.

Based on the magnitude of the problem, particularly in six regions of the country and capital city, there was a definite need to scale-up activities to mitigate AWD outbreak. ERCS asked the IFRC for DREF allocation to scale-up preventive and control activities and support CTCs, thus covering almost 750,000 beneficiaries in targeted regions. The ERCS Health and Care Department mobilized volunteers from the regional and zonal branches to support CTCs and deliver key health messages to communities on hygiene and sanitation behaviours. Headquarters staff, together with local health facilities personnel, provided technical and professional support to volunteers and field staff. ERCS conducted a number of ToT on AWD control, response and preparedness, and participatory hygiene and sanitation transformation (PHAST) in Emergency for staff and volunteers from 28 zonal and 6 regional offices including Addis Ababa city branch.

ERCS experienced some delays in the implementation process mainly linked to lack of Oral Rehydration Salts (ORS) and unavailability of some CTC equipment such as beds and chlorine in the local markets. Later chlorine was imported from Kenya.

Achievements against objectives

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 suspected 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 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.

- A CTC was established at Menilik II Hospital and drugs, medical supplies and equipment were provided by the ERCS. A total of 63 ERCS youth volunteers and 10 health professionals (volunteers) were deployed by the National Society to CTC.
- 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 2,000 posters were printed in collaboration with FMOH on AWD prevention and distributed.
- A total of 6 ambulances were assigned during the outbreak at the capital city for transportation of AWD cases and covered around 10,000 km distance. They were able to transport around 1,500 AWD cases.
- ERCS deployed Red Cross volunteers at public and religious gatherings. In South Wollo of Amhara region, Erecha in Bishoftu, Kulubi town, East Harerge of Oromiya region where up to 175,000 people gathered to celebrate religious holiday. ERCS deployed 190 volunteers to spread AWD preventive messages and distribute aqua tabs. In addition ERCS volunteers were engaged in cleaning the temporary sanitation facilities. Activities covered period from September to December 2009.
- Drugs, medical supplies and CTC items were purchased and distributed to both Red Cross CTC and to the regions through Red Cross branches including 100 kg of chlorine and two cholera kits.
- ToT workshop on AWD control, response and preparedness was conducted in October 2009 for 40 participants (14 percent women) from 28 zonal and 6 regional branches in order to cascade training to their respective zones and train communities in targeted areas. A total of 1,000 volunteers (45 percent women) from 280 kebeles trained in respective zones by trainers on AWD prevention, response, preparedness, surveillance and patient referrals.

- A total of 29 health extension agents and Red Cross volunteers (62 percent women) were trained in Community-Based Health and First Aid (CBHFA) building their capacity to work within their communities in disease prevention, health promotion, First Aid, disaster response and preparedness.

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.

- A total of 10,000 aqua tabs, 10,000 ORS, and 10,000 pieces of soap were dispatched to 6 affected regions to support ERCS branches in response activities.
- A total of 42 participants from 7 regions attended ToT workshop on PHAST in Emergencies from 29 October to 3 November 2009. Participants, as trained facilitators, continued to cascade PHASTER training in their respective zones.
- A total of 1,000 volunteers were trained under Emergency Health facilitated hygiene promotion to 37,828 community members using PHASTER tools.
- ERCS conducted AWD prevention and control activities in 20 Zonal branches.
- Approximately 750,000 community members were reached through training, media and delivering key health messages during the operation.

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.

- Drugs, medical supplies and CTC equipment were purchased including plastic brooms, plastic sheeting, aqua tabs (9,362) and heavy duty gloves (500 pair).
- Two cholera kits and 100 kg of chlorine were purchased through the Eastern Africa Regional Logistics Unit in Nairobi, Kenya and deployed in affected areas including CTC in Addis Ababa.
- The IFRC Country Office and Logistics Unit in Nairobi, Kenya facilitated procurement of one WatSan kit 2 (for 2,000 people) with financial support from the Spanish Red Cross Society.
- Two big tents (12X6m), 20,000 soap, 2,000 jerry cans and 300 blankets were procured and stocks replenished.

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 vision is to inspire, encourage, facilitate and promote at all times all forms of

The International Federation's work is guided by [Strategy 2020](#) which puts forward three strategic aims:
1. Save lives, protect livelihoods, and strengthen recovery

humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

- from disaster and crises.
2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this operation please contact:

- **In Ethiopia:** Ethiopian Red Cross Society, (Fasika Kebede, Secretary General), phone: +251 115 159 074; email: ercs.sg@ethionet.et
- **In Ethiopia:** IFRC Country Representation Office (George Gigiberia, Country Representative, Addis Ababa), phone: +251 911 207 163; email: george.gigiberia@ifrc.org
- **In Kenya:** Eastern Africa Regional Office (Nancy Balfour, Disaster Management Coordinator, Eastern Africa, Nairobi), phone: +254.20.283.5208; Fax: +254.20.271.2777; email: nancy.balfour@ifrc.org
- **In South Africa:** Africa Zone Office (Dr Asha Mohammed, Head of Operations, Johannesburg); phone: +27 11 3039700; email: asha.mohammed@ifrc.org
- **In Geneva:** Pablo Medina, Operations Advisor; phone: +41.22.730.43.81; fax: +41 22 733 0395; email: pablo.medina@ifrc.org

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

International Federation of Red Cross and Red Crescent Societies

MDRET006 - Ethiopia - Acute Water Diarrhoea

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/8-2010/2
Budget Timeframe	2009/8-2009/11
Appeal	MDRET006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	226,225					226,225
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	226,225					226,225
C6. Other Income	226,225					226,225
C. Total Income = SUM(C1..C6)	226,225					226,225
D. Total Funding = B + C	226,225					226,225
Appeal Coverage	100%					100%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	226,225					226,225
E. Expenditure	-226,178					-226,178
F. Closing Balance = (B + C + E)	47					47

International Federation of Red Cross and Red Crescent Societies

MDRET006 - Ethiopia - Acute Water Diarrhoea

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/8-2010/2
Budget Timeframe	2009/8-2009/11
Appeal	MDRET006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		226,225					226,225	
Supplies								
Clothing & textiles	3,856							3,856
Water & Sanitation	38,638	607				607		38,031
Medical & First Aid	57,270	13,695				13,695		43,575
Teaching Materials	9,100							9,100
Utensils & Tools	13,454							13,454
Other Supplies & Services	24,202							24,202
Total Supplies	146,520	14,302				14,302		132,218
Transport & Storage								
Storage		3,385				3,385		-3,385
Distribution & Monitoring	2,000	4,019				4,019		-2,019
Transport & Vehicle Costs	15,000	49				49		14,951
Total Transport & Storage	17,000	7,454				7,454		9,546
Personnel								
International Staff		440				440		-440
Regionally Deployed Staff	5,000							5,000
National Staff	3,000							3,000
National Society Staff	2,000							2,000
Total Personnel	10,000	440				440		9,560
Workshops & Training								
Workshops & Training	20,000							20,000
Total Workshops & Training	20,000							20,000
General Expenditure								
Travel	5,000	1,171				1,171		3,829
Information & Public Relation	5,000							5,000
Office Costs	5,000							5,000
Communications	3,000	366				366		2,634
Other General Expenses		30				30		-30
Total General Expenditure	18,000	1,566				1,566		16,434
Contributions & Transfers								
Cash Transfers National Societies		187,012				187,012		-187,012
Total Contributions & Transfers		187,012				187,012		-187,012
Programme Support								
Program Support	14,705	14,605				14,605		100
Total Programme Support	14,705	14,605				14,605		100
Services								
Services & Recoveries		799				799		-799
Total Services		799				799		-799
TOTAL EXPENDITURE (D)	226,225	226,178				226,178		47
VARIANCE (C - D)		47				47		