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**OCHA Situation Report No. 2
Acute Watery Diarrhea (AWD) – Ethiopia (Draft)**

This report is based on information received from OCHA Ethiopia.

Situation

1. There was an Acute Watery Diarrhoea (AWD) outbreak in Gambella Region in April 2006 which was confined to that region. However in June 2006 West Arsi Zone, Oromiya Region reported cases of AWD in 15 woredas. This region is located along a main transport route causing the disease to spread rapidly to six woredas in the neighbouring Southern Nations Nationalities and People Region by July. Efforts to contain the disease have not been successful and cases have now been confirmed in the capital Addis Ababa and as far south as Guji zone about 200 kms from the border with Kenya.
2. As of 21st August, the total confirmed cases and deaths reported are 13160 and 148 respectively. Cases are increasing at an alarming rate in West Arsi and Guji Zones and there are further reports of small scale cases over a wide range of geographical areas. Guji Zone is particularly concerning at the Case Fatality Rate is now over 3%.

National and International Response

1. The Oromia regional response plan entitled, *Acute Watery Diarrhoea (AWD) Emergency Plan for Oromia Region (including good practice guidance also useful for National Emergency AWD Plan)*, was finalised on the 18th August. Contributions to the response were provided by the Oromia Regional Health Bureau, WHO, Merlin, MSF-CH, MSF-B and UNICEF.
2. At the federal level, a joint WHO/ Ministry of Health proposal requests funding on Epidemic Preparedness and Response to AWD in Ethiopia stating that the 'causative agents of Acute watery Diarrhea' include 'Vibrio cholerae serogroups O1 and V.cholerae O139 which are associated with epidemic Watery Diarrhea.'
3. There are currently 44 Case Treatment Centres (CTCs) in the affected areas but only 32 of these are currently operational.
4. UNICEF has provided a range of supplies for the CTCs, water treatment and hygiene. It has also provided money for support staff for the CTCs, a logistician and training costs for 450 community leaders and office equipment for zonal level. It is providing training for an inter-agency team to provide support to the CTCs. UNICEF and WHO have been the main agencies supporting the

Zonal and Regional Government teams on the ground. To date, UNICEF has dispatched supplies amounting to about USD 1 million. In addition, about US\$ 200,000 has been provided from UNICEF in the form of cash based support or purchases outside of pre-positioned stock.

5. WHO has also provided drugs and medical supplies, training to health workers, support to the national rapid assessment teams worth US\$ 100, 000 to Gambella, Oromiya and SNNP regions.
6. NGO partners are providing training to the CTC staff. PSI, ACF, MSF-B and Merlin are giving continued support to the CTCs, support to community hygiene and sanitation, provision of supplies and the general treatment, prevention and containment of the disease.
7. IRC has sent a WATSAN team to Wolayita Zone, SNNPR to complement IMC's health programme there by improving water and sanitation facilities.
8. OCHA is supporting the coordination efforts at both regional and national levels.
9. The UN Family through OCHA has planned to release \$400,000 USD to assist the response efforts.

Gaps in the Humanitarian Response¹

10. The situation in Guji Zone, Oromia is of particular concern because of the potential spread in Southern Ethiopia and Kenya. The coordination and health service in this zone is much weaker than other areas and there are high levels of migration both by pastoralists and also gold miners. The Case Fatality Rate is currently 3%.
11. WHO and UNICEF have been the lead agencies to support the Government in responding to the emergency in Oromia and in Gambella regions, but is seriously running out of funds and pre-positioned supplies to continue support.
12. A Declaration of the AWD as a national emergency ideally at Federal level but also at regional level is needed immediately. Until this happens it is difficult for donors to access funds.
13. Supply of basic medicines is urgent. For large quantities of medicines to be purchased, which may need to be undertaken from outside, first the Government must confirm at the highest level that the drugs will not be held in customs, but will be allowed urgent passage. DPPA should be involved in the coordination of the emergency and in ensuring quick passage of items through customs.
14. Mass Communication is needed on the outbreak in Oromiya and Amharic in both of the local and surrounding areas warning people about the disease and how to protect themselves and also nationally so that people travelling to the Zone will be aware of precautions they have to take.
15. Improving the hygiene, sanitation and isolation aspects of the CTCs is required – support needed for running the larger CTCs, on-going support needed for the teams currently being trained to help the CTCs to improve in these areas.
16. Co-ordination and data management support to Government coordination mechanisms at each level – Regional, zonal and woreda is required.

¹ Information for this section is taken primarily from the Acute Watery Diarrhoea (AWD) Emergency Plan for Oromia Plan.

17. Setting up community Oral Rehydration Points (ORPs) (one per 200 h/h) and training and supporting the key staff in how to undertake community surveillance, disinfection of houses, distribution of soaps, water purification chemicals and other hygiene items.
18. Supply of consumables – for the CTCs, the community hygiene promotion activities.
19. Increased staffing, supervision, coordination support and logistics is required.
20. Training for all sanitarians in the region on what to look out for – to improve surveillance and early response; improved case management and community ORPs with multiple roles including surveillance.
21. Improved surveillance, data collection – methods, forms and compilation.
22. Assess and undertake immediate repairs to the roads in the remotest woredas (Regional Roads Dept)
23. Making information available on a regular basis - There is also a need to make available regular information on the current situation including for organisations working in development and emergencies in Ethiopia, so that they can decide how best to respond in their existing areas of work as well as in support of AWD response efforts.
24. The Emergency Plan for Oromia Region estimates that \$US 9.6 million is needed immediately to effectively stop the spread of cases of AWD and effectively treat those infected. This estimate is just for the five zones currently affected in Oromia Region.
25. At the federal level, the joint WHO/ Ministry of Health proposal requests over \$ US 1.5 million. Given the estimated financial cost of containment and treatment in Oromia Region, the amount requested at federal level is likely to rise in response to the increasing nationalisation of this crisis.
26. This situation report, together with further information on other ongoing emergencies is also available on the OCHA Internet Website at <http://www.reliefweb.int>.

Telephone: +41-22-917 12 34	Fax: +41-22-917 00 23	E-mail: ochagva@un.org
In case of emergency only:	Tel. +41-22-917 20 10	
Desk Officer:	Mr. Ousmane Watt Direct Tel. +41-22-917 22 40 Mr. Jean Charles Dougrou Direct Tel. +41-22-917 27 91	E-mail: watto@un.org E-mail: dougrou@un.org
Press contact: (GVA) (N.Y.)	Ms. Elizabeth Byrs Ms. Stephanie Bunker	direct Tel. +41-22-917 26 53 direct Tel. +1-917-367 51 26
OCHA Ethiopia	Mr. Bjorn Ljvngquist, Acting Humanitarian Coordinator Mr. Paul Hebert Head of Office	direct Tel: +251-11-5517648 direct Tel: +251-11-5513725