

World Health Organisation (WHO)
Ethiopia Programme

Emergency Humanitarian Action (EHA)

Report on the field visit

**to provide technical
support in emergency
preparedness and
response**

**to Amhara Regional
State**

27th November 2006 - 2nd December 2006

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December 2006

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Executive summary

Amhara regional State is one of the nine (9) regions of Ethiopia. It accounts for 28% of the total land mass and 26% (19,137,127 people) of the total population of Ethiopia. The Amhara Regional State is subdivided into 11 zones, 138 districts and 3854 urban and rural kebeles.

This year Amhara region has also experienced Acute Watery Diarrhoea (AWD) out-break that is going on in Ethiopia. Currently 27 districts out of 138 have been affected in 6 zones of the Region. To date 200 deaths and 11,974 cases were reported from affected districts (CFR: 1.67%). The coverage of safe drinking water supply is 40% in Amhara Region and the latrines coverage is 35%. The coverage is almost nil in rural areas for both safe drinking water supply and sanitation facilities. In rural areas water from rivers or unprotected springs is widely used for drinking and for other needs.

In August Floods in Amhara Region have affected 47,100 people and killed 5 people.

The purpose of the mission was to provide technical support to Amhara Regional State in responding to emergency crises including AWD out-break control.

In order to achieve this we performed field visit to Amhara Region where we visited Bahir Dar the capital city, North Gondar zone, West Gojjam zone and some villages affected by AWD. We visited some health facilities including Case Treatment Centres. (CTC). We met and have discussion with key persons from the region, zonal, districts, health facilities staff and communities. We also accessed records from the health facilities visited.

The main findings of the mission are:

- The AWD seems to be under control in most of the affected kebeles except in 6 kabeles in North Gondar and West Gojam districts where more than 90% of total cases of the region are reported from
- AWD multi-sectorial coordination is still lacking at district levels, and also no supervision activity is conducted.
- Case reporting and data management systems are very weak at all levels
- There are very few humanitarian agencies present and assisting in the AWD out-break control in Amhara Regional State.
- Water supply and sanitation facilities are almost inexistent in rural areas in Amhara Regional State where the AWD is going on. Rural population share with animals water from rivers and unprotected springs, main contributing factor of AWD spreading.

In order to improve the response to health emergency crises including AWD out-break response in Amhara Regional State, the mission recommends:

1. To strengthen the multi-sectorial coordination approach and perform regular supportive supervision at all level.
2. Improve case reporting and data management system from the regional to health centre levels, especially at regional and zonal level
3. Humanitarian agencies should increase their assistance to the region, advocate for more humanitarian agencies to establish and develop programme for Amhara Region
4. Improve water supply and sanitation facilities in rural areas by activating the various Water/Sanitation and Hygiene promotion projects (WASH) designed for Amhara Region: European Union Water Initiative (EUWI), African Development Bank WASH project and Finland Government WASH project.

List of acronyms

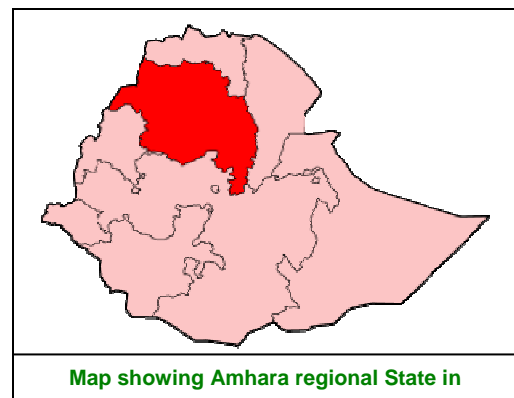
ADB:	African Development Bank
AWD:	Acute Watery Diarrhoea
CFR:	Case Fatality Rate
CTC:	Case Treatment Centre
DPPA:	Disaster Preparedness and Prevention Agency
EHA:	Emergency Humanitarian Action
EPR:	Emergency Preparedness and Response
ERCs:	Ethiopian Red Cross Society
EUWI:	European Union Water Initiative
EW:	Early Warning
FSDPO:	Food Security Disaster Preparedness Office
GoE:	Government of Ethiopia
RHB:	Regional Health Bureau
RWRB:	Regional Water Resource Bureau
TOR:	Term of Reference
UNICEF:	United Nations Fund for Children
WASH:	Water/Sanitation and Hygiene promotion
WHO:	World Health Organization

I/ Background

Ethiopia is located in the North Eastern part of Africa. Its area is around 1.1 million square kilometres. It borders with five countries - Eritrea in the north, Djibouti in the east, Sudan in the west, Kenya in the south and Somalia in the southwest. With a total Population of 77.4 million in 2005, it has become the second most populous country in Africa just after Nigeria

Ethiopia has a federal structure and it is composed of nine (9) Regional States and two (2) city Administrations. Each state is further divided into districts. Ethiopia is divided in 600 Districts. The district is the basic decentralized administrative unit and has an administrative council composed of elected members.

Amhara regional State is one of the nine (9) regions in the country accounting for 28% of the total land mass and 26% of the population. According to the 1998 Ethiopian fiscal year activity report of the RHB the total population was estimated to be 19,137,127. The region is subdivided into 11 zones, 138 districts and 3854 urban and rural kebeles. The health service coverage from government health facilities is estimated to 88.4%. Safe drinking water supply and sanitation facility coverages are 40% and 35% respectively. Most of the population in Amhara region are agro-pastorals.



Map showing Amhara regional State in

Emergency crises in Amhara region: The Acute Watery Diarrhoea outbreak in Ethiopia that has started in Gambella Region in April 2006, has sprayed in 6 more regions including Amhara Regional State and one municipality as of November 2006. It has reached to Amhara Region in August 2006. The first case of AWD in Amhara region was reported in August 10, 2006 in Tach Armacho District of North Gondar Zone and has progressively sprayed in 26 other districts. Currently 27 districts have been affected in 6 zones of the Region. Also in August Floods in Amhara Region has affected 47,100 people and killed 5 people.

WHO has been working and supporting the government of Ethiopia for the past 35 years. WHO provides technical support for the government of Ethiopia with in the following priority areas: a) communicable disease prevention, control and eradication, b) essential drugs and medicines policy, c) expanded programme on immunization, d) health and environment, e) HIV/AIDS, f) integrated disease surveillance and response, g) integrated management of childhood illnesses, h) making pregnancy safer, i) mental health and substance abuse, j) violence and injury prevention and k) women's health and l) emergency and humanitarian action (EHA). WHO has supported the GoE in responding to the emergency crises of the year such as Drought, Floods and Out-break diseases (AWD, meningitis, Polio and measles epidemics). Also WHO has supported the surveillance of diseases with epidemic potential and the EPR at national and regional levels.

II/ Objective of the mission

The purpose of the mission was to provide technical support to Amhara Regional State in responding to emergency crises including AWD out-break control.

III/ Methodology

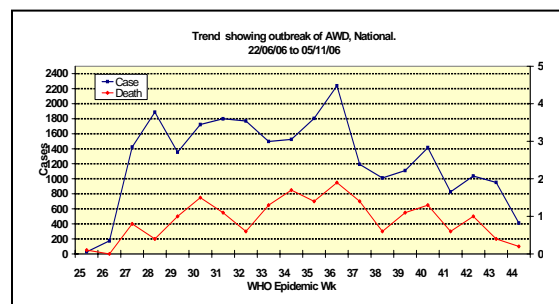
In order to achieve this objective we performed field visit to Amhara Region from 27th November 2006 to 2nd December 2006. The mission was carried out by Amey Kouwonou, EHA Field Officer based in Addis Ababa and Desta Mbonu, WHO Consultant from Amhara Region based in Bahir dar. The mission visited Bahir Dar city, North Gondar zone and Burie and Jabi districts in Gojjam zones and some villages respectively. Also we visited some health facilities including Case Treatment Centres. (CTC). We met with key persons from Amhara RHB, North Gondar zone and Gojjam zone, Burie and Jabi district health administrations and the communities. We had working session with health staff from the facilities visited. We also accessed records from the health facilities visited. Debriefing session was organised at the end of each field visit.

IV/ Situation analysis

B/ At regional level

1) AWD Situation

The first case of AWD in Amhara region was reported in August 10, 2006 in Tach Armacho Woreda of North Gondar Zone and has progressively sprayed in 27 other districts in 6 zones. To date 200 deaths and 11,974 cases were reported from affected districts (CFR: 1.67%). Currently most of the cases are reported from of N.Gondar and W.Gojjam Districts.

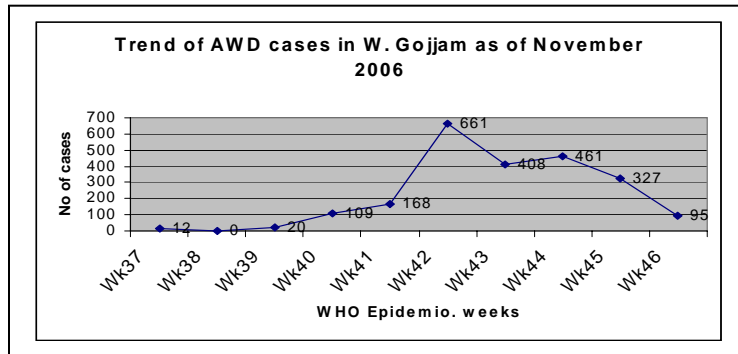


In 2006 Malaria represents 24.3% (5,029 cases out of 20,656 consultations) of total consultation of the centre (as of end October 2006).

C/ West Gojjam Zone

With a total population of 2,674.977 people, West Gojjam zone is divided in to 13 districts and 364 kebekles

AWD Situation



The first case was reported on 9 September 2006 in Agibre Wonjela kebele in Jabie Tehnan district. To date 2,705 cases and 31 deaths were reported (CFR: 1.15%).

West Gojam zone is Malaria endemic zone. There is no increase in cases seen up to date.

In West Gojjam zone the mission also met with the Burie and Jabie district health administrations and visited the Health post of Wainyma workima in Burie district.



Burie district with a population of 155,415 people, it is divided in 28 kebeles. 17 out of the 28 kebeles are affected by AWD since 13 October 2006. The first case was reported from Wohni Durbetie kebele. To date 159 cases and 4 deaths were reported (CFR). Six (6) CTCs were established for the case management, but 4 are closed due to reduction of cases. Migra (56 cases) and Wohmi Durbatie (46 cases) are the two affected kebeles reporting cases in Burie district.

Jabi district with a total population of 257,178 people is divided in 42 kebeles. 38 kebeles out of 42 are affected by AWD since 4 September 2006. The first was reported from Agibi-Wongella kebele. To date 1,569 cases and 3 deaths were reported (CFR: 0.2%). Eight (8) CTCs are established for case management.

V / Interventions

A/ At Regional level

a. Coordination

Regional Task Force on AWD is established few weeks ago in Bahir Dar. It is a multi-sectoral committee that is comprised of the RHB, RWRB, FSDPO, WHO, UNICEF and MSF Greece. The meeting is chaired by the head of Amhara Regional Health Bureau. The task force meet twice a month. Also five (5) sub-committees are in place to address and follow up sectoral issues: advocacy and social mobilisation committee, Hygiene and sanitation committee, surveillance committee, logistics committee and case management & laboratory committee. Each committee provides briefing on its work progress during the Regional Task force forum. Every 2 days the committee provides briefing on the AWD situation to the head of emergency

disaster management committee. The same committees are been established at zonal and district levels, but in some areas the committees are not functioning as required.



Forum of the regional first Task Force meeting on AWD held in Bahir Dar, Amhara Region

The mission participated in the fourth Task Force meeting organized by the RHB on 28th November 2006. The main recommendations of the forum were:

- To support the distribution of water/guards,
- To fully involve the RWRB in AWD out-break response at all levels
- To organize supportive supervision mission to the most affected districts: N. Gonda and West Gojjam. Two teams that include RHB, Environmental health office, WHO and UNICEF were formed. TOR and checklist were developed. Teams are supposed to perform the supervision within 2 weeks.

The objectives of the mission are to provide technical support to the more affected districts; to ensure the multi-sectoral coordination on AWD at zonal, district and kebele levels and to assist both districts in planning to avoid shortage of drugs and medical supplies.

b- Regional EPR plan

There is no ERP plan for the region. But there is an emergency preparedness committee set up to respond to the flood crisis in August 2006. The committee has developed emergency action plan for the flood crisis few months ago and had shared it with DPPA at national level. Currently the same committee coordinates the AWD response in the region. The committee is part of the Regional Task Force on AWD. The Regional Disaster Prevention Office is more focused on food security.



WHO and UNICEF staff discussing on EPR plan with the head of EW& DP Department of Amhara Region

In order to extend the Regional Disaster Prevention responsibilities the regional bureau in collaboration with the GoE has planned an assessment on Non-Food Items in Amhara region that is currently going on.

c- Surveillance

The surveillance system is very weak in Amhara Region. Data collection and analysis are done at all levels except in N. Gonda zone where only AWD data have being compiled and analysed. The other surveillance data is forwarded to high level without keeping record. The common problem at all level remains the case reporting. Staff seems not to know the importance and necessity of reporting on time to high level. The completeness and timeliness of report are very low in Amhara Region especially report from North Gondar district.



WHO staff assisting the surveillance officer of Amhara RHB in analysing AWD surveillance data

d- Case management



Treatment Site at Kokit Nucleus Health Center in Metema District

Case management seems to be good, and most of the areas the CFR has dropped to less than 1% after few days of the occurrence of the out-break. The CTCs are established in most affected areas. Treatment protocol and case definition are available at the sites. ERCS has

provided drugs and medical supplies that have been allocated to the referral hospital in Bahir dar and N. Gonda and west Gojam districts. MSF Greece has closed 3 CTCs in N. Gondar due to reduction of reported cases.

A total of 52 health workers were deployed few days ago in affected areas to replace others. Health centers received drugs and medical supplies from WHO and UNICEF few weeks ago. The RHB has received funds from WHO to support operational cost for the region and health staff training.

e) Water sanitation and Environmental health

The majority of the people living in Amhara region are rural population. The quasi totality of the rural areas does not have access to safe drinking water and sanitation facilities. The majority of the rural population uses open areas for defecation. Water for drinking and for other needs is collected from rivers and unprotected springs also used by animals. RWRB provided water/guards and chlorine to affected areas.



One of the drinking water collection site in Jabi district

Water/guards for water purification is distributed to AWD affected families only. The reason is that the stock is not enough to cover the entire affected area population. Water/guards and PUR water maker for water purification distributed were provided by UNICEF and PSI.

The RWRB procured the water purification products from PSI. Currently the region is out of stock despite the availability of fund for procuring them. There is shortage of the product in the country. According to the Deputy Head of WRO, there are many projects on Water Sanitation and Hygiene promotion (WASH) for Amhara region but only one has currently being implemented (World Bank Water Initiative) in 30 districts. The other projects not yet functioning are ADB/WASH project in 29 districts and Finland Government/WASH project in 12 districts.

f) Community education and mobilization

Very little community education is going on. The education is more focused on how to use the water/guards for water purification. Mass community education was conducted in the region in August.

g) Resource mobilization

The region received support from the Government/FMOH, UN agencies (WHO, WFP, OCHA and UNICEF) and NGOs (MSF Greece, MSF Holland and ERCS)

h) Supervision activities

No supervision activities are performed by the RHB. But the task force forum of this week has recommended a supportive supervision in the 2 more affected districts. Two teams will be sent to N. Gondar and West Gojjam districts for one week. WHO is part of the supervision team.

i) WHO response

WHO has assigned 2 consultants for 4 months to support the Amhara RHB in responding to emergency situation including AWD out-break. Many assessments on AWD were conducted by WHO consultants. WHO has strengthened the surveillance system and also uses the surveillance team to monitor the AWD out-break situation in all sites. WHO has allocated funds for the procurement of essential drugs and medical supplies, health staff relocation, staff training and to support regional and peripheral operational costs. WHO has contributed to the establishment of Task Force on AWD at regional level. Currently WHO Consultant is assisting the regional data manager in compiling and analysing the AWD data from districts.

j) Response from other humanitarian agencies

Very few humanitarian are assisting in responding to AWD out-break in the Amhara region. As WHO, UNICEF also has assigned one consultant to the RHB for technical support. Also UNICEF supported the WRO in providing essential drugs for case management and water/guards for water purification.

ERCS provided drugs and medical supplies. MSF Greece and MSF Holland are involved in the case management in N. Gonda zone.

k) Other health activities

The RHB initiated Enhance Outreach Strategy for 7 days in the entire region. During that period TT and measles vaccinations Vitamin A distribution, de-worming campaign are undertaken in the region. The campaign started on 25th December 2006 and will end on 1st December 2006.

B/ North Gondar Zone



WHO Consultant meeting with the Gondar Zonal Communicable Disease Prevention and Control Programme Coordinator

There is zonal multi-sectoral task force on AWD going on since last September 2006. Health, Commerce, Agriculture, Water resource, Education departments and MSF are part of the task force members. The forum meets twice a month. The meeting is chaired by the head of Zonal administration and the secretary of the forum is hold by the head of health department.

MSF Greece and MSF Holland assist in case management. A total of 24 CTCs were established, currently 3 were closed.

WHO assists in surveillance, health staff training, health staff relocation and provision of essential drugs through the RHB.

There is no Zonal EPR plan developed for the zone

The zone has poor water supply and sanitation facilities. The population of affected villages use water from rivers and unprotected springs.

Mass community mobilization was done inside the communities and schools by health professionals and authorities just for one week during the first days of out-break occurrence in the zone.

No supervision activities conducted by the zonal health department.

Resource mobilization: the supplies of the zone are provided by the RHB. Also support is received from UNICEF, WHO and MSF.

According to the officials from zonal health department most of the localities were sprayed (indoor spray) in June 2006. Also ITNs were distributed to the population. Malaria drugs (Coartem, Chloroquine and Quinine) are pre-positioned in the zone by the RHB.

C/ West Gojjam Zone

There was multi-sectoral task force on AWD established at zonal level. But the task force stopped meeting one month ago.

Other health issues:

ITNs mosquito net bought using Global Funds was distributed in 3 districts out of 13. There is a plan to buy more ITNs for other districts. Some high risk localities have been sprayed in June and July this year. Also malaria drugs are pre-positioned in the zonal capital.



WHO staff discussing with the head of health department of W Gojjam Zone

Surveillance data are centralised at the zonal level and monitoring chart for out-break disease are posted in the surveillance officer office.

Burie district: Task force on AWD is going on twice a week. Also 5 sub-committees are in place and meet regularly.

Regarding malaria program, kebeles were sprayed but no ITN was distributed. Malaria drugs are available. Health Extension workers treat patient with high fever using coartem. Paracheck for quick laboratory testing is not available.

Jabi district: There is multi-sectoral coordination meeting going on once a week. The health posts visited are having monitoring chart for all major communicable disease including malaria and AWD posted.



VI / Main gaps identified

1. Absence of EPR plan for the region
2. Lack of supervision and monitoring activities at all levels
3. Weakness of the case reporting system at all levels and weakness of the surveillance data management at regional and zonal levels
4. Poor planning at all levels
5. Limited financial capacity to cover the needs
6. Humanitarian agency interventions in the region are very little
7. Almost inexistence of Water/Sanitation facilities in rural areas in Amhara Region
8. Little involvement of the community in the programme implementation

VII / Strengths / Opportunities

- Existence of qualified health staff to deliver health services in the region
- Commitment of the Staff
- Regional and peripheral health administrations well structured
- Existence of Disaster Preparedness and Response Office in the region
- Presence of WHO and UNICEF Consultants to assist in responding to emergency crises
- Availability of humanitarian response funds

VIII / Threats

- Since Ethiopia still maintains its troops in Somalia and Eritrean troops are still occupying the buffer zone between Ethiopia and Eritrea, the political situation between Ethiopia and its neighbouring countries of Eritrea and Somali remains tense and can deteriorated anytime.
- The Government can anytime ask for the closure of some humanitarian agency programmes in the country for various reasons.

IX / Key achievements of the mission

1. Schedule the development of the ERP plan for the region that will start as soon as the non-food item assessment will be completed. The Head of EW& disaster Prevention department (Zetihun Simie) and WHO Consultant will coordinate this.
2. Active participation in the fourth regional task force meeting on AWD in Bahir dar.
3. Collection of AWD data from the sites (North Gondar zone) that do not report regularly to the high level. Also the surveillance staff in the N. Gondar zone has been sensitized on the necessity and importance of always reporting on time.
4. Identification of urgent gaps and development of proposal to support the response to AWD out-break in the region. The proposal will be finalized by the head Communicable Disease Control, RHB (Zetihun Simie) and be sent to WHO for funding. The areas to cover are: staff training on case reporting; staff relocation, operational costs for the more affected districts and procurement of equipment for data management.
5. Recommendation for supportive supervision to W. Gojjam and N. Gondar, zones more affected by AWD by the regional teams. Recommendations were made for regular supervision to zonal and district levels.
6. The Deputy Head of RWRB (Dr Alemayehu Mekomen) to convince the EUWI to give priority to the district affected by AWD regarding water supply, sanitation facility construction and hygiene promotion. Also recommendations were made for finding supplier from abroad for water purification products.
7. Orientation was given to the WHO Consultant for the areas of actions including health threats to be monitored closely.
8. Increase knowledge of the Regional, Zonal and district health administration staff on WHO activities in the sector of Emergency Humanitarian Action
9. In-service training conducted in all sites visited.

X / Recommendations

At regional level

Coordination

- 1) A minute of the regional task force on AWD should develop for each meeting, and the minute should be shared with the forum members days before the following meeting.
- 2) Support the zonal and district task force on AWD by providing technical assistance, regular supportive supervision feedback and by sharing the minute of the Regional task force meeting with peripheral administrations.
- 3) Initiate cross-regional coordination meeting on emergencies crises

EPR

- 4) Technical and financial support is needed for the development of EPR plan for the region and also initiate EPR plan for each district. According to the Head of Early

Warning and Disaster Prevention department of FSDPO the region EPR plan will be developed as soon as the on going non-food assessment will be completed.

Surveillance and case management

- 5) Strengthen the surveillance and reporting systems at all levels in the Region.
- 6) Support the RHB in managing surveillance data through assignment of data entry clerk and data analysis equipment such as additional desktop.
- 7) There is high need of assisting the RHB in provision of essential drug and medical supplies, staff training and relocating health staff in affected districts by the humanitarian agencies. Staff training should also cover the aspect of drugs store management in order to minimize the regular problem of shortage of drugs.
- 8) Humanitarian agencies should extend their programmes in affected districts in Amhara Region. Currently very few agencies are present in Amhara Region especially in AWD affected districts.

Water/Sanitation

- 9) The RWRO should identify suppliers for water purification products from abroad to be able to cover the needs
- 10) UNICEF and PSI should increase if possible their assistance to the RWRO in the area of provision of water purification products
- 11) The distribution of water purification products inside the community should be supported and encouraged RWRO and other humanitarian agencies.
- 12) Ensure safe drinking water supply to all affected areas through the WASH project initiative. The WASH projects priority areas should be shifted to AWD affected districts. Also the WASH projects that have not yet been implemented should start as soon as possible for life saving in Amhara Region

Advocacy and Social mobilization

- 13) Programme on community education on AWD should be strengthened in affected areas. ERCS could be used for implementing community education programme.

Supervision

- 14) The RHB should performed regular supportive supervision missions to zonal and district levels for ensuring staff motivation, feed back, monitoring of planned activities and in-service training of staff.

Other

- 15) WHO and other humanitarian agencies should continue to provide technical assistance (especially in the areas of surveillance, case management, case reporting, multi-sectoral coordination and EPR) and also financial and in-kind support in order to improve the Regional EPR capacity including AWD out-break response in Amhara Region.
- 16) Such missions should be organized regularly and preferably quarterly basis.

Zonal and district levels

Coordination

- 1) Task force meeting should be documented through writing of the meeting minute including participant list. Share the meeting minute with forum members, lower and high level authorities.
- 2) Assist the affected districts in organizing multi-sectoral coordination meeting on AWD

Surveillance

- 3) Support the zonal health department through training on surveillance case reporting systems
- 4) Continue the close monitoring of diseases with epidemic potential in the areas including malaria

Water/Sanitation

- 5) Involve the community in distributing water purification products inside the communities

Supervision activity

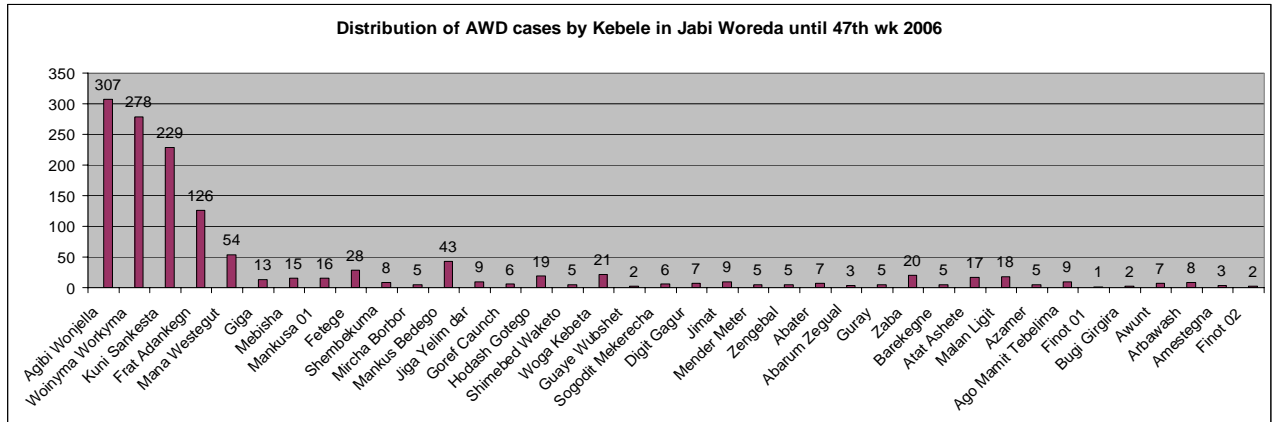
- 6) The zonal health administration should ensure regular supportive supervision and timely feedback to district levels.

Mission itinerary and persons met

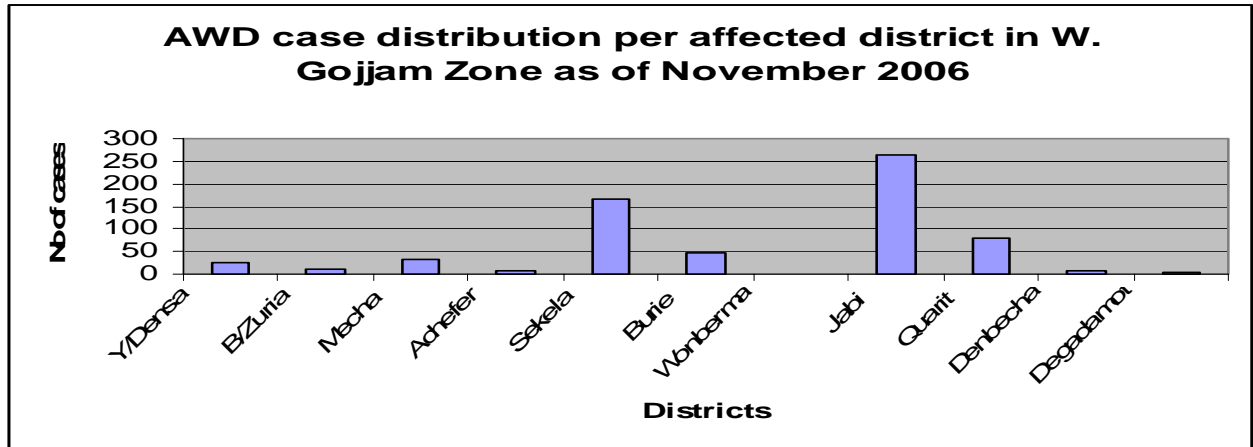
Date	Site	Persons met	Position	Contact
27/11/2006	Trip to Salam			
28/11/2006	Trip to Bahir Dar	Dr Desta Abunu	WHO Consultant on EPR	0911 71 59 47 Desta_below@yahoo.com
		Dr Tchedela Otolora	UNICEF Consultant on AWD	0911 64 13 58 tsedhim@yahoo.com
	Visit to FSDPO Office	Zetihun Simie	Head EW& Disaster Prevention department	058 2 78 21 26
	Visit to the RHB	Dr. Asrat Genet	Head RHB	RHB
		Dr Endale Engida	Deputy Head RHB	RHB
		Gezahegu Tamir	Surveillance Focal Point	RHB 058 2 20 66 15 gzatamir@yahoo.com
		Dr Alemayehu Mekomen	Deputy Head RWRB	RWRB 0918 34 02 13
		Atotilahun Yomah	Heath serv. & Cap. Build.	RHB
		Ato Kassa Tirunah	Head Com. Disea. control	RHB 0918 76 6 15
		Yemenu	Head sanitation depart.	Chairperson wat/san com.
		Getachew Tiruneh	Adv. & soc. Mobil. Commit	Chairperson
		Gezahign Tamu	Surveillance committee	Chairperson
		Mulusew Ligilem	Logistics committee	Chairperson
		Ato Tilahun Yimalu	Case manag. & Lab. Com	Chairperson
		Eva	MSF	Bahir Dar
29/11/2006	Trip to N. Gondar			
	Visit to Gondar Health Adm. Off	Fasil Chekol	Health officer, Pharmacy department	Zonal health department
		Berhanu Melak	Com. Disease prevention and Control programme	Zonal health department
	Visit to Tada Health Center	Webalash Nega	Nurse	Tada Health Centre
30/11/2006	Trip to West Gojjam			
		Negash Tesfu	Head Zonal Health dep.	Zonal health department
		Solomon Getahun	Planning & Programming section	Zonal health department
		Tesfaye Zwedie	Head Com. Dis & Pre. Cont. Dep	Burie district health dep.
		Ayana Tirunneh	Surveillance officer	Jabi district health dep.
		Yenewome Acham	Nurse	Jabi district health dep.
01/12/2006	Visit to Mankusa Health Centre			
		Alemayeho Bekiu	Nurse	Mankusa Health Centre
		Medina kamal	Lab. Technologique	Mankusa Health Centre
		Barchigize Demem	Nurse	Mankusa Health Centre
02/12/2006	Trip back to Addis			

Annexes

Annex 1: Table showing AWD cases per kebeles in Jabi District as of November 2006



Annex 2:



Annex 3:

