

**World Health Organisation (WHO)  
Emergency Humanitarian Action (EHA)  
Ethiopia Programme**

# **Report on field trip**

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

## **to Oromiya Regional State Ethiopia**

**13<sup>th</sup> March 2007 – 23<sup>rd</sup> March 2007**

**Report prepared  
by:**

**Amey Kouwonou, MD, MSc (Epidemiology), Field Officer  
EHA/WHO Ethiopia**

**March 2007**

## Table of content

<b>Executive summary</b> .....	<b>3</b>
<b>List of acronyms</b> .....	<b>4</b>
<b>I/ Background</b> .....	<b>5</b>
<b>II/ Objective of the mission</b> .....	<b>6</b>
<b>III/ Methodology</b> .....	<b>6</b>
<b>IV/ Findings</b> .....	<b>6</b>
<b>A/ Situation</b> .....	<b>6</b>
<b>At regional level</b> .....	<b>6</b>
<b>Bale Zone</b> .....	<b>7</b>
<b>Borena zone</b> .....	<b>9</b>
<b>Guji Zone</b> .....	<b>9</b>
<b>B / Interventions</b> .....	<b>10</b>
1) <i>Coordination</i> .....	<i>10</i>
2) <i>Emergency Preparedness and Response Plan</i> .....	<i>10</i>
3) <i>Surveillance</i> .....	<i>11</i>
4) <i>Case management</i> .....	<i>11</i>
5) <i>Water/Sanitation and Environmental health</i> .....	<i>11</i>
6) <i>Community education and mobilization</i> .....	<i>12</i>
7) <i>Resource mobilization</i> .....	<i>12</i>
8) <i>Supervision activities</i> .....	<i>12</i>
9) <i>WHO response</i> .....	<i>12</i>
10) <i>Response from other humanitarian agencies</i> .....	<i>13</i>
11) <i>other major health interventions</i> .....	<i>13</i>
<b>C / Main gaps/problems identified</b> .....	<b>14</b>
<b>D / Strengths / Opportunities</b> .....	<b>14</b>
<b>E / Threats</b> .....	<b>14</b>
<b>V / Key achievements of the mission</b> .....	<b>15</b>
<b>VI / Recommendations</b> .....	<b>15</b>
<b>Annexes</b> .....	<b>18</b>
<i>Annex 1</i> Mission itinerary and persons met .....	<i>18</i>
<i>Annex 2</i> : AWD affected districts in Oromiya Region as of 10 March 2007 .....	<i>21</i>
<i>Annex 3</i> : AWD cases by affected Zones in Oromiya Region as of 10 March 2007 .....	<i>22</i>
<i>Annex 4</i> : AWD trend per affected Zones in Oromiya Region from week 48 (2006) to week 10 (2007) .....	<i>23</i>
<i>Annex 5</i> : Actions taken on despot and recommendations made to control the AWD out-break in Dalo-Mana District, Bale Zone .....	<i>24</i>

## Executive summary

Oromiya regional State is one of the nine (9) regions of Ethiopia. It is the biggest national regional states. It accounts for 32% of the total land mass and 35.32% of the total population of Ethiopia. As most of the regions, in 2006 Oromiya regional state experienced many disasters such as drought out, flood and out-break diseases. Every year drought out affects more than 500,000 people especially in Borena Zone. In 2006 Flood has affected 21,900 people and has displaced 9,052 people. In Oromiya regional state initially Acute Watery Diarrhea (AWD) out break cases were identified in West Arsi, Arsi Negle Woreda Danshe village on June 22/06/06. Currently 63 districts (woredas) in 8 zones out of 23 are affected in Oromiya Region. A total of 26,427 AWD cases and 286 deaths were reported up to date (CFR: 1.1%). In 2006 polio and measles out-breaks were also reported from Oromiya Region. Additionally Avian Influenza and Rift Valley fever remain other health threats for Oromiya Regional State.

The main objectives of the mission were to provide technical assistance for improving coordination among the various partners working in emergency response especially in controlling AWD, identify capacity gaps and priority action plans in the AWD affected zones/woredas (districts) and make recommendations for improving emergency response including AWD control programmes in Oromiya Regional State.

In order to achieve these objectives site visits, interviews, meetings, observations, record reviews and debriefings were carried out from 13<sup>th</sup> March 2007 to 23<sup>rd</sup> March 2007.

### *The main findings of the mission are:*

- There is no contingency plan in place at all levels (Region, zones and districts);
- In general, cases of AWD are decreasing in most of the affected districts in Oromiya Region but are increasing in 3 districts: Dalo-mana district in Bale Zone; Galana district in Borena Zone and Girja district in Guji Zone;
- Multi-sectoral coordination committees were established at all levels to prevent and control AWD out-break but most of the committees are not functioning;
- Staffs lack knowledge on planning and there is very limited supervision activities undertaken by regional and zonal health authorities;
- Water supply and sanitation coverages were found to be very low in Oromiya Region especially in rural communities where more people are affected by AWD. In rural areas, the population uses water from river sources together with animals. Most households in rural communities do not have latrines and they use open fields for defecating;
- The rural community in Oromiya region lacks knowledge on health issues, especially on environmental hygiene and sanitation.

*In order to improve the response to health emergency crises including AWD out-break response in Oromiya Region, the mission recommends that:*

1. Zonal, district and Kebele's administration should reactivate as soon as possible the multi-sectoral coordination committees;
2. The FMoH, OHB, zonal administrations and humanitarian agencies should continue to ensure technical, material and financial supports including supportive supervisions to all

affected districts and give special attention to Dalo-mana, Galena and Girja districts that are currently reporting more cases;

3. For the short term, improve drinking water and use of latrines by the population through the distribution and education on water purification products and community awareness on use of latrines; The activities going on by Water/Sanitation and Hygiene promotion projects (WASH) designed for Oromiya Region such as EUWI and ADB WASH projects should be more intensified to address the current AWD epidemic in the region.

4. The FMoH and humanitarian agencies should assist the region in the development of regional, zonal and district contingency plans

### List of acronyms

<b>ADB:</b>	African Development Bank
<b>AI:</b>	Avian Influenza
<b>AWD:</b>	Acute Watery Diarrhoea
<b>CFR:</b>	Case Fatality Rate
<b>CTC:</b>	Case Treatment Centre
<b>DPC:</b>	Disease Prevention and Control
<b>DPPA:</b>	Disaster Preparedness and Prevention Agency
<b>EHA:</b>	Emergency Humanitarian Action
<b>EPR:</b>	Emergency Preparedness and Response
<b>EUWI:</b>	European Union Water Initiative
<b>FMoH:</b>	Federal Ministry of Health
<b>GoE:</b>	Government of Ethiopia
<b>HEW:</b>	Health Extension Workers
<b>IEC:</b>	Information, Education and Communication
<b>IV:</b>	Intra Veinus
<b>NGO:</b>	Non Governmental Organization
<b>MoARD:</b>	Ministry of Agriculture and Resource Development
<b>ORB:</b>	Oromiya Health Bureau
<b>ORS:</b>	Oral Rehydration Salt
<b>RHB:</b>	Regional Health Bureau
<b>RVF:</b>	Rift Valley Fever
<b>RWRB:</b>	Regional Water Resource Bureau
<b>SNNPR:</b>	Southern Nation Nationalities People's Region
<b>UNICEF:</b>	United Nations Fund for Children
<b>WASH:</b>	Water/Sanitation and Hygiene promotion
<b>WHO:</b>	World Health Organization

## I/ Background

***Ethiopia:*** 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.

***Oromiya Regional State:*** Oromiya Regional State is the biggest national regional states in Ethiopia stretching from South to east and west and shares internal borders with all regions except Tigray. It also shares international borders with Sudan in the Southwest and Kenya in the south.

The region is administratively divided in to 17 zones, 245 districts (Woredas) and 36 town administrations, comprising 6500 kebeles.

The total population of Oromiya as of 2006 is estimated to be 26,965,915 with 1:1 sex ratio, of this total pastoralists and agro pastoralists constitute 12%. It accounts for 32% of the total land mass and 35.32% of the total population of Ethiopia

There are 29 hospitals, 192 health centers, 895 health stations and 1070 health posts, owned by government, other Gov. and NGOs. There are about 8,172 health professionals of different categories serving the population of the region. There are also seven health science colleges and 18 TVETs providing trainings for midlevel health professionals and extension workers respectively. The potential health service coverage is 70.5% and the health service utilization is 27%.

The latrine coverage before the outbreak is 7.6% and safe water supply coverage is 13.6%. The water supply and latrine coverage are very low in rural areas.

***Emergency crises in Oromiya region:*** Oromiya regional state also has being experienced many disasters such as drought out, flood and out-break diseases. Every year drought out affects more than 500,000 people especially in Borena Zone. In 2006 Flood has affected 21,900 people and has displaced 9,052 people. In Oromiya regional state initially AWD out break cases were identified in West Arsi, Arsi Negle Woreda Danshe village on June 22/06/06. Starting from that particular point the disease has spread in 7 other zones. In the past the region had two episodes of AWD epidemic:

- In 1970 apparently imported from Djibouti resulting in several hundred deaths in Eastern and much of central Oromiya.
- In 1985, another epidemic struck the region which spread from the then Harerghe province to the central and southern part of the region.

Also in 2006 polio and measles out-break were reported from Oromiya Region.

**WHO:** 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). Additionally WHO has supported the surveillance of diseases with epidemic potential and the EPR at national and regional levels.

### **II/ Objective of the mission**

The objectives of the mission were to provide technical assistance for improving coordination among the various partners working in emergency response especially in controlling AWD, identify capacity gaps and priority actions plans in the AWD affected zones/woredas and make recommendations for improving emergency response including AWD control programmes in Oromiya Regional State.

### **III/ Methodology**

A field trip mission was carried out to Oromiya Region from 13<sup>th</sup> March 2007 to 24<sup>th</sup> March 2007 by Amey Kouwonou, EHA Field Officer based in Addis Ababa assisted by Dr Amano Gisso, WHO Consultant in Bale Zone and Mrs. Tiruwork, WHO Consultant in Borena and Guji Zones.

The mission was in Gooroo and Dala-mana districts in Bale Zone, Gelana and Bule-Hora districts in Borena Zone and Girja district in Guji Zone respectively. The mission visited 9 health facilities and 8 AWD Case Treatment Centres.

The mission met with key persons from zonal and district administrations, health facilities and the communities visited. Working sessions with health staff were held. The mission accessed records from the health facilities. Debriefing session was organised at the end of the field visit.

### **IV/ Findings**

#### **A/ Situation**

##### **I- At regional level:**

**Acute Watery Diarrhea:** In Oromiya regional state initially ***Acute Watery Diarrhea out break*** cases were identified in West Arsi, Arsi Negle Woreda Danshe village on June 22/06/06. Starting from that particular point and time the out break has been expanding its

coverage and spread to the neighbouring kebeles, woredas and zones. As the outbreak increase its scope the neighbouring zones of Oromiya regional state and SNNPR region affected by AWD in short period of time. Guji, East Shoa, Arsi, Bale and Borena Zones are affected respectively through time. Currently 63 districts in 8 out of 23 zones are affected. It concerned West Arsi, Arsi, Guji, Bole, Borena, East Shoa, Jima Zones (Annex 2). Most of the cases are reported from Dalo-mana district in Bale zone; Abayaa, Galana, Bule Hora and dugda Dawa districts in Borena zone and Girja district in Guji zone.

There are a total of 26,427 cases and 286 deaths reported up to date from Oromiya Region (CFR: 1.1%) (Annex 3).

***Other health issues:*** Malaria, Acute Respiratory infections, Diarrhoeal diseases, intestinal parasites and skin diseases remain the first top diseases in the region. This differs from district to district.

***Polio*** cases have been reported from East Harerghe Zone, the north-eastern part of Oromiya Region since 1 July 2005. Up to date 7 cases were recorded. The last case reported on 7 November 2006.

In 2006 a total of 16 episodes of ***measles out-break*** were recorded in 13 districts in Oromiya Region with a total of 160 cases.

***Also Avian influenza (AI) and Rift Valley fever (RVF)*** remain health threats for Oromiya Region. No case of AI either RVF amongst animals and humans is reported yet

***Water/Sanitation and Hygiene:*** Water source for the community for drinking and other purpose differ from rural to town. The urban dwellers are mainly using tap water, while the rural communities are using water from different sources mainly from rivers.



The water supply coverage of the region is 13.6 % which is very low, and the rural population of the region has limited access to improved water supply service. This is worse even for sanitation coverage, which is only 7.6 %. The number of latrines constructed in the rural areas is very low and the majority of the people are not aware of personal hygiene and environmental sanitation. The communities are practicing poor-disposal of excreta, unhygienic handling of food and utensils and poor domestic waste disposal including animal wastes.

## **2- Bale Zone**

Bale zone population is estimated to 1,244,491 people. The zone is administratively divided in 17 districts and 6 town administration.

Eleven (11) districts are affected by AWD. To date 32 deaths and 1,762 cases were reported from affected districts (CFR: 2%).

The coverage of safe drinking water supply is less than 15% in Bale zone and the latrines coverage is less than 10%. The coverage is almost nil in rural areas for both safe drinking water supply and sanitation facilities. Water from rivers is used for drinking and other needs in rural areas. Most of the population uses opened areas for defecating.

***Gooroo district:*** Gooroo district is one of the 10 districts of Bale Zone. With a total population of 81,300 people, it is divided to 28 Kebeles. Out of 28, 14 kebeles are affected by AWD since 10 January 2007. A total of 596 cases and 16 deaths are reported up to date. The district has poor water supply system and no latrine facilities. No community education is going on. There were 6 CTCs in the district. Currently 2 are closed.

*The clinic of Gooroo town* (capital city of Gooroo district) has a CTC with 4 beds. There were 2 patients the day of the visit on 14 March 2007.

Patients affected by AWD admitted in the CTC of Gooroo clinic on 15/03/07



AWD patients in one of the CTCs in Bale Zone (16/03/07)

***Dalo-mana District:*** The population of Dala-mana district is 81,718. It is divided in 15 Kebeles. The first case of AWD was reported on 31 January 2007 from Erba village. Up to date 378 and 13 deaths were reported. Currently 11 kebeles out of 15 are affected. There are 5 CTCs established in the district. The district received manpower (6 additional health staff) from the zonal health administration.

The district does not have safe water supply system. The entire population uses water from rivers. There are 2,235 latrines in the districts. Four rounds community education were carried out when AWD cases were reported from neighbouring districts. Currently community education is undertaken by the HEW. There is a committee task force on AWD established in the district capital Mana.

The committee is comprised of the district administration, Women affairs, Education bureau, agriculture bureau, water bureau, police, the health centre in-charge, the laboratory technician and the pharmacy in charge. The committee is chaired by the district administration head. The committee meet daily basis. But since few weeks ago the committee stopped meeting.



Education session going on in the CTC of the health centre Mana town (16/03/07)

The health centre of Mana town (capital city of Dalo-mana district) provides outpatient, antenatal and post natal consultation, PMTCT, VCT, vaccination and basic laboratory services. Due to the AWD out-break a CTC of 9 shelters (6 tents of 6m x 4) and 3 shelters using plastic sheeting was established.



Some of the 9 shelters (CTC) where 41 AWD patients are treated in Mana health centre in Bale Zone / Oromiya Region (16/03/07)

On 15 March 2007 41 patients (26 patients under five) were admitted. Due to lack of staff and the workload at the CTC all staff were reassigned at the CTC. Other services are almost closed. The center lacks drug, disinfectants, staff and fund to support operational cost. Also the staff are not trained on AWD case management.

The AWD management protocols were provided two months after the onset.

Before the out-break malaria was the main cause of consultation followed by worms and acute respiratory infections. The centre provides surveillance data monthly basis.

### 3/ **Borena Zone**

Borena Zone with a population of 1,073,673 is administratively divided in 10 districts. The first case of AWD was reported in September 2006 from Moyale Zone. To date a total of 2,784 cases and 42 deaths were reported (CFR:1.5).

Galana District: Total population is 66,120 people. The district is divided in 15 Kebeles. The first case of AWD was reported on 24/05/99 from Tore kebele. Up to date 291 cases and 12 deaths were reported. There are a total of 4 CTCs established.

One of the CTC is established in the health centre of Tole town (capital city of the district). The day of the visit (on 19 March 2007) there were 2 patients admitted in the CTC. But the same night there were 17 new admissions.

Safe drinking water and latrines coverage is very low in the district.

Bule Hora district: Total population is 257,975 people. The district is divided in 28 Kebeles. 15 Kebeles out of 28 are affected by AWD out-break. The first case was reported on 18/02/07. Up to date a total of 74 cases and 2 deaths were reported. One CTC is established in the District hospital of Bule hora town. There is a plan to open 4 more CTCs in the district. Request was sent to the Zonal Health office for support.

### 4/ **Guji Zone**

The total population of Guji Zone is 1,314,098 and it is administratively divided in 10 districts. Seven district out of 10 are affected by WAD out-break. The first case of AWD was reported early November 2006 from Bore Zone. To date a total of 4,987 cases and 98 deaths were reported (CFR:2.0). Safe drinking water and latrines coverages are very low.

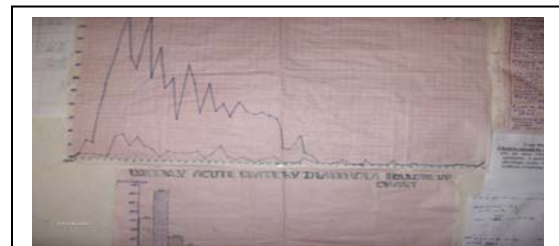


Chart showing AWD trends (daily and weekly cases) posted in one health post in Guji Zone (23/03/07)

***Girja district:*** Girja district is divided in 20 Kebeles with a total population of 49,339 people. Ten Kebeles are affected b AWD since July 2006. Up to date a total of 531 cases and 23 deaths (health facilities and community) were reported. There are 3 CTCs established in the district.

There were 23 patients admitted in the CTC of the clinic of Arenfama (capital city of the district). The centre receives an average of 30 AWD patients per day and admits an average of 5 patients daily. The centre has shortage of drugs, supplies and disinfectants regularly. Also CTC materials such as bed, mattresses are lacking.

There is no safe drinking water supply system in the district. The entire population uses water from rivers. A small quantity of water purification products was distributed to the population few days ago. Very few latrines exist in the district but not used. The population uses the opened air for defecating. The committee set up at district level to coordinate AWD control activities is not currently active.

## **B/ Interventions**

### *1/ Coordination*

The first days of occurrence of AWD out-break two committees were established at regional level to control the out-break: A multi-sectoral committee on AWD chaired by the head of the Oromiya Health Bureau comprised of the RHB, and all line regional ministries. And also a regional response team comprised of technical people (Deputy Head of OHB, the DPC head, the environmental health officer, laboratory technician, the pharmacist and Logistician) that meet weekly. Currently the multi-sectoral committee is not functioning.



Also at Zonal, districts and kebeles levels coordination bodies were established but unfortunately none is currently active.

Currently WHO consultants (2) are putting effort in reactivating the committees at zonal and district levels in Bale, Guji and Borena Zones.

### *2/ Emergency Preparedness and Response Plan*

In 2006 regional emergency team members were trained on emergency preparedness and response. A total of 29 health staff and 3 laboratory technicians were trained on Avian Influenza issues. There is no emergency stock at the region level. There is no strategic plan on EPR developed for the region.

**Due to lack of contingency plan, most of the CTCc looks like this during the first days or weeks of occurrence of the out-breaks before getting support from the FMoH, OHB and Humanitarian agencies (21/03/07)**



### 3/ Surveillance

The surveillance system is established at all levels but not functioning as planned. For example the Dalo-mana district health centre in Mana town only provides monthly surveillance data to the Zone. The weekly surveillance form is not available in the centre. The staff are not aware of it. There is a surveillance focal points at all levels who compile and analysis the data. WHO surveillance staff are assigned in most of the areas and assist the MOH staff in monitoring disease with epidemic potential, data collection and analysis. At regional level and in most of the zones health offices surveillance data are computerized. But most of the district health offices do not have computers for data keeping and analysis. The completeness and timeliness of report are low in Oromiya Region. This is due to poor communication facilities (radio, telephone, and internet access), difficult accessibility to areas (bad road condition), lack of transport facilities and lack of staff at all levels.

### 4/ Case management

CTCs are set up when needed, most of the time inside the health facilities. The number of CTCs in the region is changing permanently due to closing and opening any time when needed.



There is an average of 3 to 4 CTCs per affected district. CTCs received support mainly from the MOH and also from WHO (technical support, training, staff relocation and drugs); UNICEF (tents, cholera beds, mattresses, blankets, drugs and disinfectants) and other agencies such as Merlin (case management), MSF (case management), CONCERN (drugs) and CCM (Ringer lactate and ORS). Main problems faced in the CTCs are drugs and chemicals shortage, lack of clinicians and inadequate CTC infrastructures and materials.

### 5) Water sanitation and Environmental health

Since the onset of the epidemic different activities are under way. Oromiya water resource bureau has supplied water purification products for the community at risk. Also UNICEF and PSI provided some quantity of water purification products such as pure water sachets, water guard and chorine.

Health education on water, Hygiene and sanitation was given to the community at risk by the local authorities.

Some district such as Gooroo took its own initiative to construction community latrines. 1194 latrines were initiated and currently 536 are completed and are in use.



Construction of community latrines in Gooroo district (17/01/07)

### 6) *Community education and mobilization*



This is one of the rare health facilities with educating IEC materials posted in the center (18/03/07)

During the first weeks of occurrence of the diseases community education was initiated and conducted by the regional health authorities. Currently the health extension workers continue the sensitization inside the community. Very little IEC materials on AWD are seen in the health facilities and none inside the communities.

### 7) *Resource mobilization*

The region received support from the Government/FMOH, UN agencies (WHO, WFP, OCHA and UNICEF) and NGOs (Merlin, CCM, MSF and CONCERN)

### 8) *Supervision activities*

Very rare supportive supervision activities are performed by the RHB, almost none from the zonal health administrations to the district. But the district health administrations besides the logistic constraints are regularly carrying out supportive supervision missions to the kebele levels.

### 9) *WHO response*

WHO has assigned 2 consultants to Oromiya Region. The first consultant was assigned since May 2006 and the second consultant since last January. The consultants assist the RHB in responding to emergency situations: floods, drought out, Avian Influenza and Rift Valley Fever threats and diseases out-break (AWD, polio, measles and meningitis out-breaks.

WHO facilitated, funded and carried out many assessments on Floods, drought out, nutrition, AWD, meningitis, malaria, measles, Rift valley Fever, Avian Influenza and polio in Oromiya region. WHO supported various routine and mass vaccination campaigns. WHO has strengthened the health treats surveillance system. Funds have been allocated to procure essential drugs and medical supplies, ensure health staff relocation, train staff and support regional and peripheral operational costs. Currently WHO Consultants are activating the AWD committees at zonal and district levels.



Partial view of supplied drugs in one health centre in Oromiya Region (20/03/07)



Training on AWD for health officers from Bale zone in Goba town, 16-18 March 2007

Also during the mission period (from 14 to 16 March 2007), the RHB conducted training on AWD to the zonal and district health officers in Goba town with more than 40 participants from Bale Zone. The training is partially funded by WHO. The objectives of the training were:

- To develop skill and Knowledge on the over all Control and management of the epidemic
- To sensitize the Administrative council leaders about the magnitude of the problem and the consequential negative socio economic impact
- To reduce mortality from AWD

#### 10) Response from other humanitarian agencies

Very few humanitarian agencies are present in Oromiya region. Consultants are assigned by WHO (2) and UNICEF (1) to support the region in controlling health emergencies such as AWD out-break. UNICEF supports the establishment and management. UNICEF has also provided water purification products to the regional water resources office. CCM (Italian NGO) has provided Ringer lactate and ORS for the AWD case management. CONCERN provided drugs, plumpy nut, F100 and F75 for the management of malnutrition cases. MERLIN assists in the case management in some districts. Also MSF assisted in the case management during the first weeks of occurrence of the out-break.

#### 11) Other major health interventions

**Malaria programme:** Malaria prevention programme is on going in the high malaria areas in Oromiya Region. Malaria drugs are pre-positioned in sites. The high risk Kebeles were sprayed last year before the rainy seasons. Some districts have already plan the spray for the current year.

Also each household in the high risk Kebeles were supplied with impregnated treated nets. Health Extension Workers are performing management of suspected and no complicated cases of malaria inside the community and referring the complicated cases to health facilities. They also raise community awareness on malaria issues.



Mosquito nets supplied by the FMOH in the store of the health centre / Tole town, Gelana Zone (21/03/07)

**Polio cases:** Polio case investigations and management were carried out and specimen taken for laboratory confirmation. Polio mass vaccination campaigns were conducted in the region.

**Measles out-breaks:** Measles case investigations and management were undertaken and specimen taken for laboratory confirmation.

*Rift Valley Fever:* Many assessments of RFV were carried out in this region especially in Moyale Zone that shares the same border with Kenya. FOA and WHO support the MoARD and the FMOH respectively in responding to the RFV threat in Moyale Zone in Oromiya and also in SNNPR and Somali Regions. The support includes surveillance strengthening amongst animals and humans, development of national strategy plan, guidelines and protocols for RFV and training of staff on RVF issues

*Avian influenza:* The Avian Influenza surveillance and prevention activities are going on in Oromiya Region partially supported by humanitarian agencies especially WHO. Regional Rapid Response Team will be trained on Avian Human Influenza soon

### **C / Main gaps/problems identified**

1. Absence of EPR plan in the region at all levels (Region, zones and districts);
2. Delay and incomplete reporting of routine data and outbreak report and almost no information sharing practice;
3. Weak health data analysis going on in most of the woredas and zones due to of Critical shortage of human resource and/or lack of skill and/or low awareness on use of data analysis for early detection of outbreak and timely response ;
4. Weak supportive supervision with no regular feedback at all level;
5. Poor planning at all levels and lack of mean of transport resulting to regular shortage of drugs and medical supplies;
6. Limited financial capacity to cover the operational costs;
7. Poor Water/Sanitation facilities in the Region;
8. Poor communication systems (bad road, poor radio, telephone, internet facilities);
9. Little knowledge of the community on personal and environmental hygiene.

### **D / Strengths / Opportunities**

1. High commitment of health staff at peripheral levels;[
2. Existence of Disaster Preparedness and Response Office in the region;
3. Presence of WHO and UNICEF Consultants to assist in responding to emergency crises.

### **E / Threats**

- The approach of the rainy season increases the AWD threat.

## **V / Key achievements of the mission**

1. Briefing of AWD training participants on WHO mission, WCO activities and the necessity of having multi-sectoral interventions approach to control AWD out-break in Oromiya in particular and in Ethiopia in general.
2. Rapid assessment of the situation, identification of gaps, supportive supervision, on-the-job training in all sites visited and recommendations make for improving the actual AWD out-break situation.
3. Action plan developed with zonal authorities to control the disease in more affected districts such as Dalo-Mano, Galana and Girja districts in Bale, Borena and Guji zones respectively.
4. Orientation was given to the WHO Consultants for the areas of actions including health threats to be monitored closely.

## **VI / Recommendations**

### **A/ Short term**

#### ***At regional level***

#### **Coordination**

- 1) Oromiya Regional Office should support the multi-sectoral coordination approach on AWD at zonal and district levels;
- 2) OHB should carry out regular supportive supervision missions to zonal and district levels;

#### **Surveillance and case management**

- 3) The FMoH, OHB and humanitarian agencies should support the surveillance and reporting systems at all levels in the Region through provision of communication materials such as HF radios, cars and motorcycles;
- 4) Support the printing and distribution of case definition and case management protocol of common and epidemic diseases to all health facilities (FMoH, OHB and humanitarian agencies);
- 5) Support the zonal and district health offices in the areas of staff, training, supply of drugs, medical equipment and supplies and provision of operational cost to run the health facilities and ensure regular supervision missions (FMoH, RHB and humanitarian agencies);
- 6) Special attention should be given to three more affected districts: Dalo-mana district in Bale Zone; Galana district in Borena Zone and Girja district in Guji Zone where drugs and medical supplies, CTC construction materials, staffing and supportive supervision are immediately needed;
- 7) OHB assisted by the FMoH and WHO should strengthen the close monitoring of diseases with epidemic potential in the areas including malaria;

#### Water/Sanitation

- 8) The RWRO assisted by UNICEF and PSI should ensure the availability of water purification products to AWD affected communities. Give priority to Dalo-mana, Galena and Girja districts in Bale, Borena and Guji Zones respectively;
- 9) Reactivate the WASH project and give priority to the AWD affected districts (RWRO and ORB);

#### Advocacy and Social mobilization

- 10) Assist in the development of IEC materials promoting good practices on health, water, sanitation and environmental health to be dispatched to the communities (FMoH, ORB, and humanitarian agencies);

#### Supervision

- 11) Supportive supervision missions should be conducted by the OHB to zonal and district levels. During the missions feed back, monitoring of planned activities and in-service training of staff should be carried out;

#### Other

- 12) Humanitarian agencies including WHO should continue their assistance (technical, materials and financial) in EPR to health threats to OHB;
- 13) In order to ensure the control of AWD more effort is needed in the areas of water, sanitation and hygiene promotion. The increase of humanitarian agency's supports in these areas is highly needed;

#### ***Zonal and district levels***

##### Coordination

- 14) The zonal and district administration should reactivate the multi-sectoral coordination committee on AWD at zonal and district levels. The minutes of the coordination meetings should be recorded, shared and filed;

##### Water/Sanitation

- 15) The zonal and district administrations assisted by the water resource bureau should evaluate the need and request water purification products from the RWRO for the AWD affected communities;
- 16) Water purification products made available to zones and districts should be distributed to the population as soon as possible followed by community education;

##### Supervision activity

- 17) The zonal health bureau should ensure regular supportive supervisions and timely feedback to district level;

#### ***Community level***

- 18) The distribution of water purification products should be followed by community education on AWD (major signs, mode of contamination and prevention measures);

- 19) Develop, pre-test, duplicate and dispatch IEC materials in the health facilities and inside the communities;
- 20) Local and Community radios could be used to raise the community awareness on health issues such as AWD out-break;

## **B/ Mid-term**

### ***At regional level***

#### **Coordination**

- 21) Cross-regional coordination meetings and visits for sharing experiences should be initiated by the regions;

#### **EPR**

- 22) Emergency Preparedness and Response plan should be developed for the region. The regional administration office will take the lead;

### ***Zonal and district levels***

#### **Surveillance**

- 23) Head of health facilities and surveillance officer at health facility level should be trained and sensitized on the surveillance data analysis and the necessity of reporting timely manner;

### ***Community***

- 24) The communities should always be fully involved in the programme design, implementation and monitoring.

## Annexes

### Annex 1: Mission itinerary and persons met

Date	Site	Persons met	Position	Contact
13/03/2007	Trip to Gobe (Bale Zone)	Dr. Amanu Gisso	WHO Consultant on EPR in Oromiya Region	gissoamanu@yahoo.com
14/03/2007		Dr. Wendemagen Kegne	WHO Surveillance Officer Oromiya and Gambella Regions	0911 86 59 06
		Dr Djibril Abdulman	UNICEF Consultant	0911 40 67 10
	Visit to Gooroo health center	Helen Galaou	Nurse	
		Guezai Kalari	Envir. Health staff	
		Brahan asnlif	Nurse in charge	022 44 70 171
	Trip tp Gooroo district	Brahanu Gudata	IDSR Focal point	
		Braham Legata	Deputy health adm. office	
		Yeshi Emsulu	Env. Health officer	
15/03/07	Trip to Dalo-mana district	Zegedji Kemetsu	Heald Dist health Office	
		Kafayalew Wolde Bachir Beker	Head health centre Dist Adm. Deputy Head	
16/03/07		Gadissa Anbesse	Zone health dept head	0911 90 52 58 022 665 13 27
		Tashoman	Surveillance focal	

		G/Marian	point	
	Trip back to Awassa			
18/03/07	Trip to Borena Zone	Dr Tiruwork	WHO Consultant	
19/03/07	Trip to Gelana Zone	Bekele Napo	Head of district health office	0911 90 91 07
		Simtayeho Fekepe	Com. Dis. Cont. Officer	
		Wodayo Wouba	Sanitarian officer	
		Adisson	Nurse CTC in-charge	
		Tamirou	Nurse	
		Godana Dufo	Nurse Officer	
		Mulegueda Dida	District Admin	
		Ayalo Detu	Acting	
	Trip to Gewa Kebele	Geboyan Tesfaye	Health Extension Worker	
		Asresawo Tesfaye	Health Extension Worker	
		Workeron Debera	Nurse	
	Trip to Bule Hora district	Dr Tolessa Eticha	Medical director Bule Hora Hospital	0911 41 31 35
		Hiwot Amanu	Nurse	
		Ahmed Gidey	Senior PH Nurse	
		Maleku Tsegaye	Acting District Health Office head	
20/03/07	Trip to Dugda Dawa district	Ashenafi Tefera	Nurse	HP of Melkasada Kebele
		Almaze Lole	Nurse	HP of Melkasada Kebele
		Hiruy Berga	Head Officer	Health Centre of Fincewe
			Fincewe	Fincewe

---

<b>21/03/07</b>	Trip to Guji Zone	Gobena Buraima Dejene Alimayun Abdalla Souleman Danko Imaya  Dambella Baluku Ayele Mariam  Basaku Oda	Zonal Surveillance focal point Com. Dis. Cont Zonal Enviro. Health Zonal Com. Dis. Cont District District Head  District deputy head Health Extension Worker Chimba clinic, Adola Dist.	0981 19 04 89 / 90
<b>22 - 23/03/2007</b>	Trip back to Addis Ababa via Awassa	Arrival in Addis on 23/03/07		

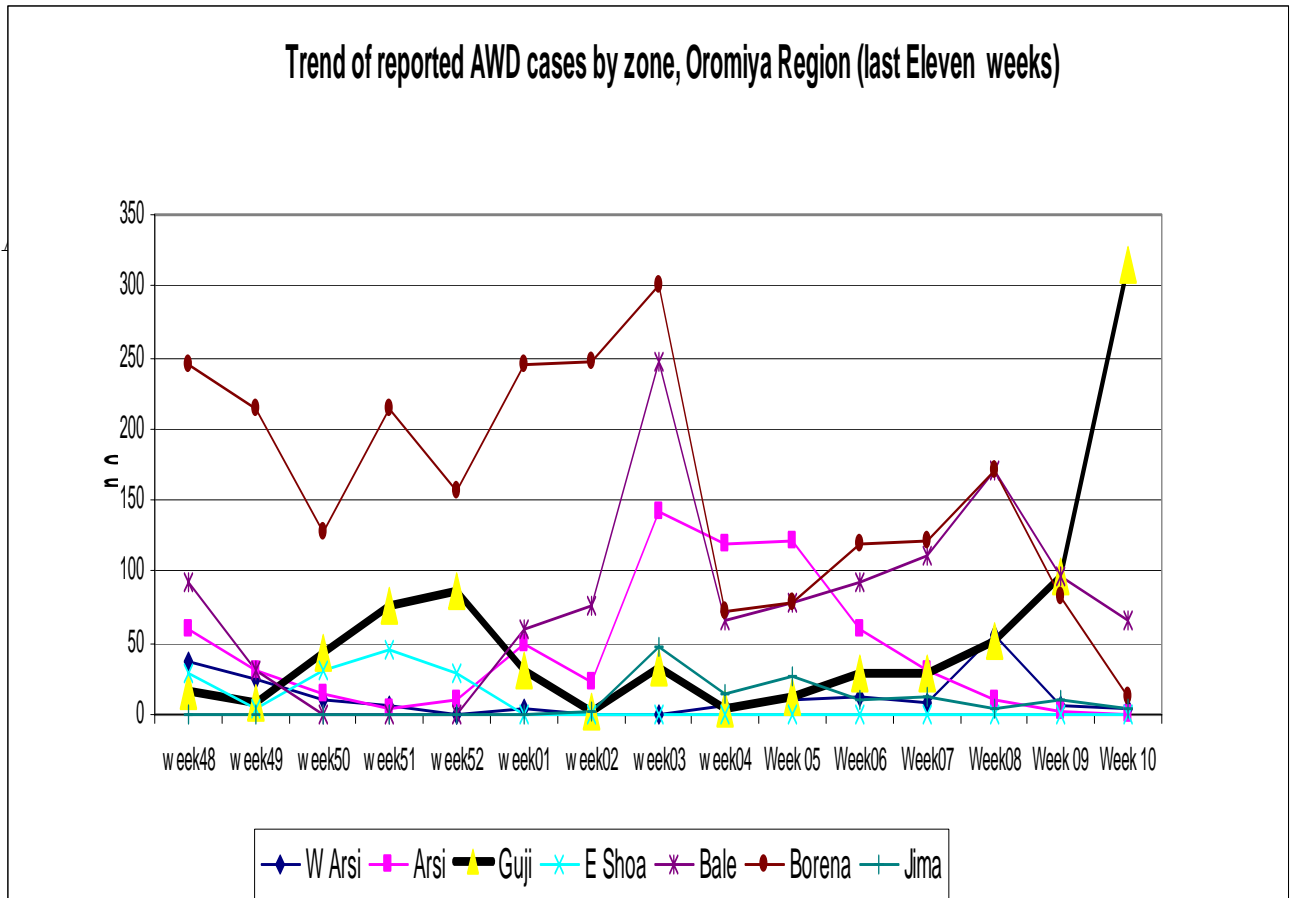
---



**Annex 3: Table showing AWD cases per affected Zones in Oromiya Region as of March 2007**

<b>Distribution of AWD cases by zone of Oromiya Region, 2006-2007(15/10/98-1/07/99)</b>						
<b>Zone</b>	<b>Affected woredas</b>	<b>Zonal population</b>	<b>Cases</b>	<b>Attack rate per 100000 population</b>	<b>Total deaths</b>	<b>CFR total</b>
<b>W Arsi</b>	10	1580922	14130	893.8	139	1.0
<b>Arsi</b>	14	2552188	2279	89.3	8	0.4
<b>Guji</b>	8	1078581	4987	462.4	98	2.0
<b>E Shoa</b>	6	1289453	457	35.4	5	1.1
<b>Bale</b>	11	1244491	1762	141.6	35	2.0
<b>Borena</b>	7	1007920	2784	276.2	42	1.5
<b>Jima</b>	6	2628601	129	4.9	6	4.7
<b>Burayu</b>	1	46,691	17	36.4	1	5.9
<b>Total</b>	<b>63</b>	<b>11,428,847</b>	<b>26427</b>	<b>231</b>	<b>286</b>	<b>1.1</b>

**Annex 4: AWD trend per affected Zones in Oromiya Region from week 48 (2006) to week 10 (2007)**



**Annex 5: Actions taken and recommendations made to control the AWD out-break in Dalo-Mana District, Bale Zone**

**Action taken**

1. Following the request from the mission, the police evacuated all visitors from the CTC compound;
2. On-the-job training on case management was provided to clinicians by the mission team comprised of WHO Field Officer, WHO and UNICEF Consultants;
3. Sensitization of all on the necessity of restricting visits to the CTC was conducted;
4. Briefing of the surveillance focal point at the FMOH in Addis on phone about the situation in Dalo-mana district;
5. Supply of Ringer lactate, ORS and drugs to the Mana health center the following day;
6. Debriefing of the head of ORB DPC head and head of Zonal health office on the situation in Dalo-mana district;
7. Truck from UNICEF full of CTC construction materials, drugs and disinfectants left Addis Ababa on 15 March 2007 and it is supposed to arrive to Bale Zone on 17 March 2007.

**Recommendations**

1. The DPC head of OHB attending the training in Goba was requested to travel back to Addis as soon as possible to mobilize resources for Dalo-mana district;
2. WHO and UNICEF Consultant were requested to assist the Zonal Health Office to plan supportive supervision visits to all affected sites in Dalo-mana district;
3. WHO and UNICEF Consultants were requested to go back to Dalo-mana district to assist in controlling the AWD out-break. The team will visit the 5 CTCs of the district;
4. The head of Zonal Health Office should reactivate as soon as possible the zonal coordination committee on AWD;
5. Regular supportive supervision missions should be undertaken by the zonal health office.