



HIGHLIGHTS

- According to official reports from the Federal Ministry of Health (FMOH), 634 new cases and one death of AWD (CFR of 0.2%) have been reported from 5 regions and 1 city administration in epidemic week 39.
- The government and the humanitarian partners began mid-meher assessment on 28 September 2009, following the late start of meher rains and generally below normal rains across most of the country.
- Increase numbers of malnutrition cases continues to be reported in East and West Harerghe, Arsi and West Shewa zones of Oromiya and many parts of Somali region

GENERAL SITUATION

a) Political, social, security overview for the week

- The overall security situation in the country remained stable during this week. No major security incidents involving humanitarian staff members have been reported.

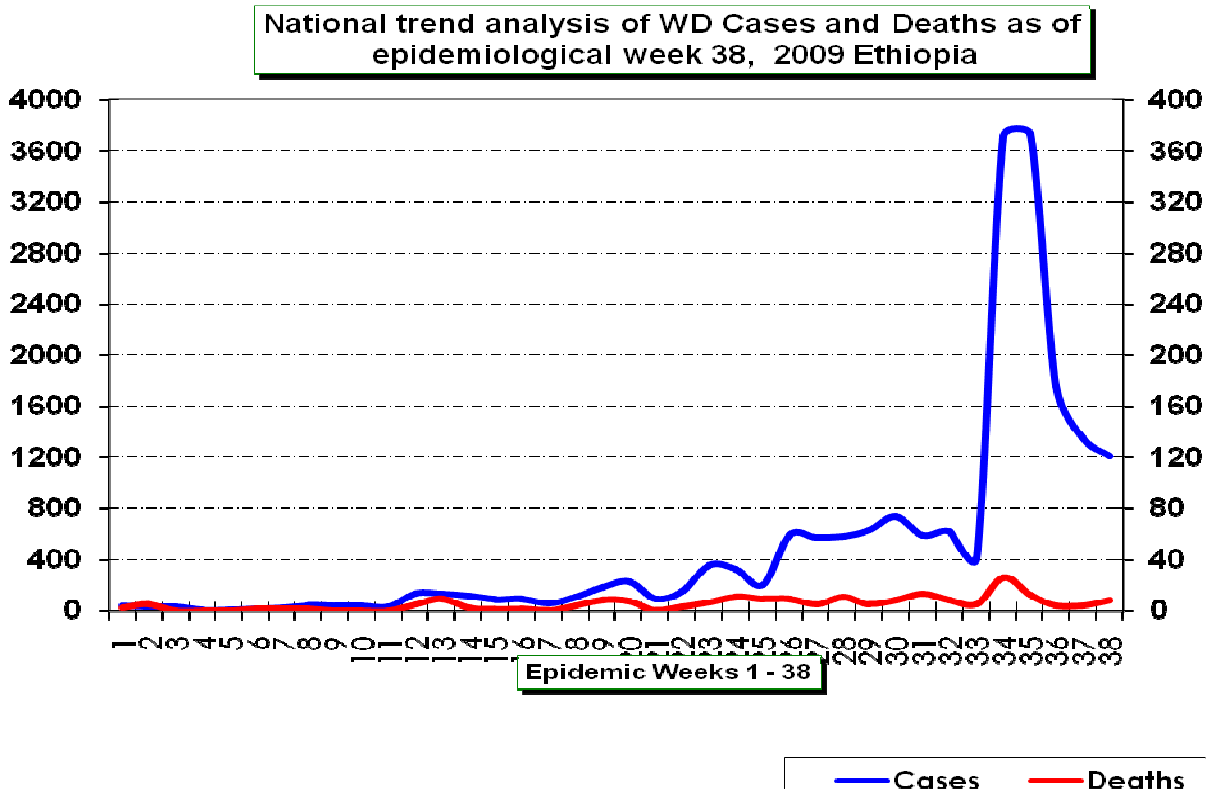
b) Main events of interest/ concern for health (displacements, conflicts, disease outbreaks, etc.)

Food security and malnutrition

- The meher rains (main rains in July – September, with harvest from November) started late by two to four weeks and have stopped early in most of the crop-producing areas, leading to poor crop establishment in many parts of the country. Unless rainfall continues well into October, crops may not reach maturity and this could become the lowest harvest season of the past six years.
- While findings of the ongoing mid-meher assessment may take a few weeks to analyse and publish, the present food security situation on ground already appears worrisome. The meher is the dominant rainy and harvest season, responsible for about 90% of national crop production – yet the prospects do not look good. To worsen the situation, the last belg (short rains January – March with harvest from July) season crop production was below normal, and as a result the last meher food stocks are presently running out. Subsequently the price of staple food is currently higher than normal, making households even more vulnerable to food shortages.
- Food security situation is particularly deteriorating in many parts of the Somali region, and in East and West Harerghe, Arsi and West Shewa zones of Oromiya region. In parts of southern Somali region, there are reports of some livestock deaths, increased and unusual human migrations from rural to urban areas and to Food Distribution Points, and critical water and pasture shortage. Also, following two consecutive poor belg/gu seasons in 2008, the pastoralists in the Somali region have not fully recovered the livestock.
- Meanwhile crops are already performing poorly or even drying up in several areas of eastern and southern Tigray, parts of eastern Amhara, many low lands of eastern Oromiya, the southern low-lying areas of SNNPR, and nearly the whole of Gambella. The prospect of harvest in these areas looks gloomy.

Acute watery Diarrhoea (AWD)

- According to official reports from the Federal Ministry of Health (FMOH), 634 new cases and one death of AWD (CFR of 0.2%) have been reported from Afar, Amhara, Somali, Oromiya, and SNNP Regions and Addis Ababa city from 21 - 27 September 2009. The continuous movement of hundreds of thousands of pilgrims and migrant labourers to and from holy water sites and private farms are contributing to the spread of the disease. The re-opening of schools in mid-September also requires a special attention. Contingency plans have been developed by the FMOH, regional health bureaus and humanitarian partners to address the situation.



Influenza A H1N1update

- According to official reports from the Federal Ministry of Health (FMOH), no new cases of Influenza A H1N1 have been reported this week. The total confirmed cases in the country is still six.

ANALYSIS & HEALTH CONSEQUENCES: Health problems & Needs of affected populations.

Food insecurity and malnutrition

- The Emergency Nutrition Coordination Unit (ENCU) reports that nutrition surveys conducted in Amhara, Oromiya and SNNP regions between July and September 2009 reveal conditions characterized as “serious” to “normal” in surveyed areas. Global Acute Malnutrition (GAM) ranging from 10.8 per cent to 12.8 per cent in Amhara (Ambassel and Zequalla woredas in North Wollo zone) and Oromiya (Habro woreda in West Hararghe zone and Abaya woreda in Borena zone) indicates a serious nutritional status, while GAM levels ranging from 4.9 per cent to 7.6 per cent in SNNPR (Bule and Gedeb woredas in Gedio zone, and in Sidama Coffee Livelihood zone) indicate improvements in the nutritional situation. Furthermore, rapid assessment findings in four woredas of Oromiya’s West Shewa zone (Dano, Gindeberet, Jeldu and Adaberga) indicate a deteriorating food security situation, with reports of depleted household food stocks. Similar food insecurity is reported in parts of SNNP (Loma and Gena Bonsa woredas in Dawro zone), where up to 70 per cent belg crop failure has been recorded.

Acute Watery Diarrhoea (AWD)

- Numbers of reported cases in the country are declining and the overall case fatality rate was around 1%. The highest numbers of cases are reported from Addis Ababa, the capital city. The source of infection and mode of transmission differs from one region to another. Particularly in Addis Ababa the most important source of infection are Holy water sites and infected ponds, wells and rivers. Poor sanitation practice and lack of latrine especially around the holy water sites aggravated the situation. The pipe water source in Addis Ababa is otherwise safe for drinking. In Addis clustering of cases along streams and rivers in the affected communities was observed.
- Critical gaps in the response include inadequate lack of CTC materials and drugs in the other regions except Addis Ababa, lack of funds for operational budgets, inadequate protection of water sources, poor hygiene practices and trained health staff. Case detection and management is still a challenge in CTCs located remote community where health workers have little experience in AWD treatment, preventative measures in communities also needs to be further strengthened.
- The absence of clean safe water supply, proper sanitation facilities, medical care and very poor and overcrowded living conditions in the state farms and holy water sites serves as an appropriate foci of infection for AWD transmission within the regions and other areas of the country

Addis Ababa Total AWD Cases

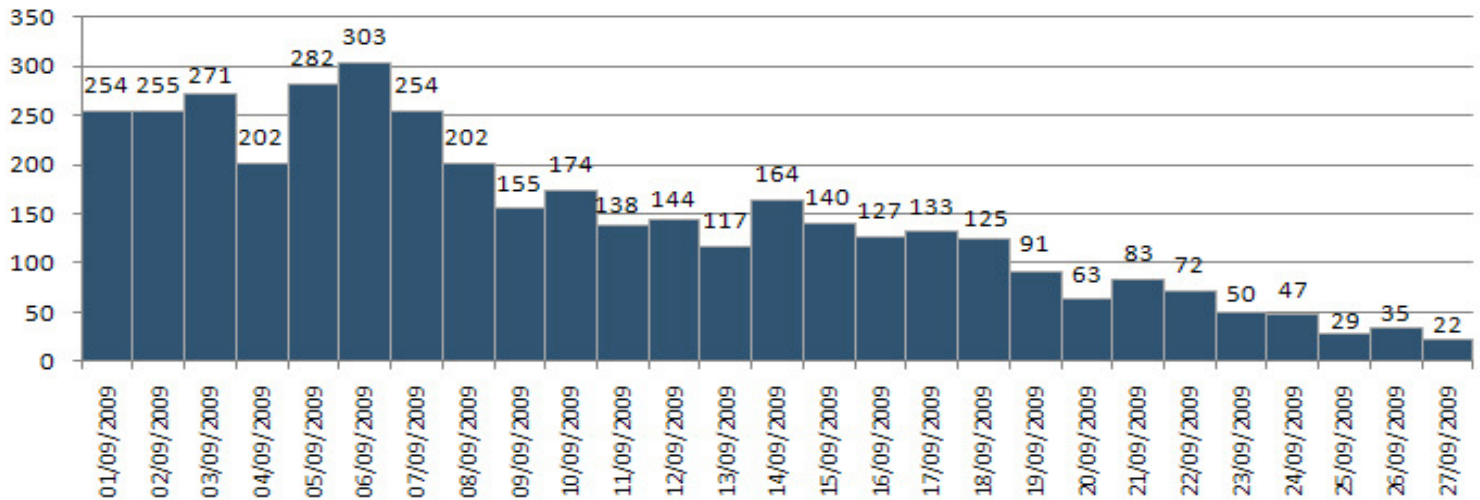


Figure 1. Trend of AWD cases in Addis. Source: FMOH website.

The above graph shows the trend of the outbreak in Addis Ababa. There is significant decline in the number of reported cases as on 27th September 2009. FMOH and partners continue to support the response in Addis and other regions.

ACTIONS (in relation or response to the issues mentioned above)

- WHO activities (field trips, assessments, gap filling, coordination, information sharing, training, etc.) & needs (Human resources, material, and infrastructure) and other partners support.**

Food insecurity and malnutrition

- This week WHO has continued its technical support to regions in responding to food and nutrition crisis in Ethiopia. WHO is technically supporting the roll out of OTP and monitoring and on-job trainees of health workers for management of severe acute malnutrition.

- As the roll out of Therapeutic Feeding Programmes (TFPs) in drought-affected regions proceeds, partners continue to support the Ministry of Health in establishing Out-patient Therapeutic Programmes (OTP) services at the kebele level in the most affected areas, reports UNICEF.

Acute watery Diarrhoea (AWD)

- Response is ongoing at both federal and regional levels. The central command centre continues to provide guidance, meeting twice a day to plan and coordinate response activities. WHO continues to provide technical support for regions to strengthen surveillance, early warning system, assessment of AWD response, and on job training of health workers to improve the quality of AWD management.
- There is growing concern over the potential for further spread of the disease due to up-coming pilgrimages and labour migration, as well as the start of the new school year in mid-September. A joint (Ministry of Health, UNICEF, WHO, and Population Services International) team conducted a mission to North Wollo zone of Amhara Region to assess the preparedness activities in place in view of the religious celebration to begin on 1 October at Gishen Mariam.
- The communication team that is led by Federal Ministry of Health in collaboration with development partners including UNICEF, WHO and PSI among others has tried to look at the situation on the ground and came up with a Communication plan that has 8 main components. The mission did hold meetings with religious leaders, responsible offices, the regional information bureau, the district Ethiopian Red Cross society, and youth groups.
- Prepositioning of supplies, rapid response teams composing of health, WASH and communication led by FMOH in collaboration with WHO and humanitarian partners are in Gishen Mariam, Amhara Region to provide support to the population attending the religious festival for the next 2 to 3 weeks. WHO has funded training of health workers in patient management in CTCs, and supporting operational cost for CTCs in Amhara Region. WHO has recruited 6 Additional staff to support the current AWD outbreak in Addis Ababa, Afar, Oromia, Amhara, and SNNP Regions. However providing the necessary response to an estimated 300 – 500,000 pilgrim attending religious festivals in different parts of this huge country is providing tremendous logistic and supplies challenge for humanitarian agencies in these sites.

COORDINATION

- This week, WHO actively participated in the technical officers/UNOCHA, WASH cluster/MoWR, Nutrition cluster and Ethiopian Humanitarian Country Team (EHCT)/UNDP meetings held in Addis Ababa.
- WHO is supporting and facilitating the coordination for the preparedness and response of influenza A by the UN country team and AWD by the FMOH and the regional health bureaus.

COMMENTS

- WHO is working effectively in partnership with the FMOH, RHBs and partners in strengthening capacity of the federal and regions for better health and nutrition response. Timely information/data sharing by the FMOH needs improvement to strengthen intervention activities by humanitarian partners. Current humanitarian response in Ethiopia is supported by funds from the Finnish Government, Humanitarian Relief Fund (HRF) and WHO internal contributions.