



Office of U.S. Foreign Disaster Assistance

# DISASTER CASE REPORT

Agency for  
International  
Development

Washington D.C.  
20523

## ETHIOPIA - Drought/Epidemic

Date: Drought began in 1978 and is continuing; shigellosis (dysentery) epidemic reached crisis proportions in April-May 1980 (FY 80)

Location: Throughout Geleb and Hamerbako districts in southwest Gamo Gofa near the borders of Kenya and Sudan

No. Dead: 157 (World Health Organization estimate); 187 (Ethiopian Relief and Rehabilitation Commission estimate)

No. Affected: Population of the disaster area estimated at 84,000; about 25,000 persons were in the immediate vicinity of the outbreak. World Health Organization (WHO) officials reported 1,385 cases

Damage: No comprehensive estimate available. Herd losses: 46,215 cattle, 19,640 goats

### The Disaster

The drought in the southern part of Ethiopia is a long-standing problem of varying intensity. During 1979 and 1980 rainfall was 20% to 60% below normal and water supplies were insufficient for both human and animal consumption. Grazing could not be sustained and whole herds were wiped out in some areas. The drought and resulting loss of livestock left the population in a weakened state, increasing their vulnerability to disease. In normal circumstances local dysentery is not fatal.

### Action Taken by the Government of Ethiopia (GOE)

General drought relief was directed by the Ethiopian Relief and Rehabilitation Commission (RRC). The Commission arranged for the distribution of grains and fortified foods where possible. In the hardest hit areas, 16 feeding centers were set up for children, women, and others in need. The

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central government also assumed responsibility for coordinating transportation. The RRC hired 43 trucks for six months, used 15 of its own trucks, and leased two motorboats from the Army for six months. Some supplies were transported by air.

Regional authorities were also involved in the relief operations. Sub-district administrators, extension agents, nursing aides, and policemen were mobilized to distribute relief supplies. Eight Ethiopian nutrition field workers were assigned to supervise and demonstrate how to prepare fortified food. The Ethiopian Red Cross carried out surveys between May and July to determine the areas most in need of nutritional/medical teams to be provided by the League of Red Cross Societies. (See below under International Community Assistance.) When the teams arrived, the Ethiopian Red Cross assigned one medical student and one driver to each team.

Assistance Provided by the United States Government (USG)

On May 8-10, 1980, the RRC sponsored a field trip to drought-stricken towns in Harerge and Gamo Gofa for potential relief donors. Based on observations of the deteriorating health situation in Kelem and Bume and on assurances from the RRC that local medical support would be available for the effective distribution of medical supplies, the Ambassador decided that a disaster declaration was warranted. On May 12, the RRC officially asked U.S. A.I.D./Ethiopia for assistance and the Ambassador exercised his authority to obligate \$25,000 for the purchase of medical supplies to treat dysentery and related illnesses. These supplies, flown in from the United States and Europe, arrived May 17 and 18 and included:

Tetracycline, 250 mg capsules.....	400,000
Tetracycline syrup, 60 ml bottles.....	500
Ampicillin, 250 mg capsules.....	100,000
Thiabendazole, 500 mg tablets.....	20,000
Piperazine, 500 mg tablets.....	50,000
Intravenous fluid, 5 percent glucose in water, 1/2 liter, giving sets.....	500
Oral rehydration salts, packets.....	20,000

The total amount expended by the USG for this assistance was.....\$22,249

TOTAL \$22,249

Assistance Provided by U.S. Voluntary Agencies

None reported

Assistance Provided by International Community

International Organizations

In response to a request by the GOE for emergency assistance, a United Nations Inter-Agency and Multi-Donor Mission visited Ethiopia from May 27 to June 7 and reported on aid needed from outside sources through the remainder of 1980. Led by U.N. Disaster Relief Office (UNDRO), participants in the Mission included U.N. Development Program (UNDP), UNHCR, International Labor Organization (ILO), Food and Agricultural Organization (FAO), World Health Organization (WHO), World Food Program (WFP), the European Economic Community (EEC), Caritas Internationalis as well as government delegations from France, the Netherlands, Sweden, Switzerland, and the United States.

European Economic Community (EEC) - provided 80 tons of butter oil and 100 tons of powdered milk; value approximately \$752,000.

League of Red Cross Societies - the League issued an appeal on July 1, 1980 to provide five nutritional/medical teams to Ethiopia. The teams arrived in Ethiopia in August and were stationed in the field as follows:

- Two British teams in Jijiga (Harerge Region)
- One Swiss team in Mena/Meslo (Bale Region)
- One Norwegian team in Mega (Sidamo Region)
- One Finnish team in Key Afer (Gamo/Gemu Gofa Region)

The societies providing the nutritional/medical teams also provided medicaments for a two month period. (See below under Voluntary Agencies.)

UNICEF - provided seven nutrition workers and one coordinator to assist at feeding centers.

World Health Organization (WHO) - provided \$50,000 in medicines for use in the Gamo Gofa area; provided medical personnel already located in the area to conduct a survey of the incidence of bilharzia.

Governments

Canada - donated \$128,960 in cash.

Switzerland - supplied 100 tons of wheat-soy meal, value not reported.

Voluntary Agencies

Australian Red Cross - provided the services of a secretary, value not reported.

Canadian Red Cross - cash grant of \$8,550.

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Christian Relief and Development Association - provided medical supplies (ampicilin and oral rehydration salts) valued at \$14,530 and supplementary food valued at \$33,810.

Danish Red Cross - provided the services of their Chief Delegate.

Finnish Red Cross - donated rubber shoes worth \$67,925; supplied a nutritional/medical team valued at \$34,925.

German (Dem. Rep.) Red Cross - provided 20 cartons of medicaments worth \$59,600, clothing valued at \$63,390, medical supplies valued at \$56,100, and the services of a medical assistant, valued not reported

German (Fed. Rep.) Red Cross - provided the services of an administrator, value not reported.

Great Britain Red Cross - donated \$232,930 in cash; supplied 160 kg of medical supplies valued at \$1,888, ten sleeping bags valued at \$320, and two Toyota landrovers worth \$21,525. Also provided spare parts for the landrovers, the services of a medical coordinator, and the services of two medical teams; value not reported.

Hungarian Red Cross - provided five tons of milk powder, 10 tons of sugar, and an unknown quantity of medicaments. Total cost including transportation was \$31,524.

Irish Red Cross - \$1,070 cash donation.

The Socialist People's Libyan Arab Jamahiriya - \$2,000 cash donation.

Luxemburg Red Cross - cash grant of \$2,425.

Netherlands Red Cross - cash grant of \$50,900.

New Zealand Red Cross - cash grant of \$950.

OXFAM - provided 110 tons of faffa valued at \$71,818 and five feeding kits, value not reported.

Nordic Societies - cash grant of \$606,000.

Norwegian Red Cross - cash donation of \$41,000; services of a nutritional/medical team, value not reported.

Norwegian Save the Children Association - supplied nine nutrition workers to assist in feeding centers.

Swedish Red Cross - provided the services of a medical coordinator, value not reported.

Swiss Red Cross - provided medicaments and hospital supplies and equipment valued at \$3,215; services of a nutritional/medical team, value not reported.

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U.S.S.R. Red Cross - provided three tons of medicaments, two tons of sugar, one ton of sweetened condensed milk, 0.5 ton of powdered milk, and one ton of baby food; value not reported.

TOTAL \$2,337,355

\* Please note - because of the long duration of the drought and the widespread area affected, many donor records do not show their expenditures for relief work connected with the dysentery epidemic or for drought relief in just the Galeb and Hamerbako districts. Therefore, the figure for total international community assistance should be viewed only as a rough estimate.