To : Chief Delegate, ADDIS ABABA

From : Team Leader, BRCS Medical Team, JIJIGA

Date : August 12, 1974

Subject : Survey of the Activities of the BRCS Team in Jijiga March 26 - August 8, 1974

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1. MEDICAL CLINICS

Numbers of patients seen:

April	1,583
May	1,954
June	2,037
July	2,513
August	2,397
Total	10,484

Numbers of patients seriously sick:

April	unrecorded
May	133
June	225
July	323
August	198
	879

Transport of patients:

21 patients were taken to hospital, 3 of which were admitted to hospitals which charge a fee.

a) Nonia Baread, age 2, from Arabi village near Jijiga.
Admitted to ALERT Hospital, Addis Ababa, under Dr. J. James.
Treatment: plastic surgery to gross burns
Fee : ETH$ 500.- (paid)

b) Mohammed Abdi, age 2, from Torassi near Kebre Bayer.
Admitted to ALERT Hospital, Addis Ababa, under Dr. J. James.
Treatment: plastic surgery to cleft palate and hare lip.
Fee : ETH$ 250.- (paid)

c) Mohammed Yusef, age 10, from Durawale near Kebre Bayer.
Admitted to Ras Makonnen Hospital, Harrar, under Dr. N. Smilersky.
Treatment: bone graft to spine
Fee : unknown (ETH$ 100.- deposit paid)

Conditions treated: (see sketch map for locations)

Treatment was mostly symptomatic and as we only used laboratory investigations very occasionally, diagnosis rested on clinical findings.

Tuberculosis was frequent south of Jijiga in Kebre Bayer. Bloody diarrhoea leading to death in children was common in Faffan before we took public health measures. Leprosy, both early and advanced, was rare. We only saw about 20, and they were spread over the area (each case of leprosy was reported to the Leprosy Field Worker from Bisidimo).

Faffan has a bad reputation for malaria, but although many people appeared to have malaria, slides of blood from ten people were all negative.

Severe kwashiorkor and marasmus cases were frequent in Faffan, Tuli-Guled and Kebre Bayer.

There were many extensive burns cases in Kebre Bayer.

Pellagra was almost universal in Fara Hodly.

2. QUACK STICK MEASUREMENTS

This we did for the Ethiopian Nutrition Institute 31-3-74 - 21-4-74.
Total number of children measured: 1,083

Results were sent to E.N.I. (see summ ry of results, Appendix A).

The percentage of children malnourished at 75% (i.e. severe malnutrition) varied greatly from place to place (see sketch map 1 and 2).

3. IMMUNIZATIONS

In the period 26-3-74 - 8-8-74 the following were performed:

BCG immunizations :	8,994
Smallpox vaccinations:	10,117

Tables showing the numbers done in each village have been sent to the TB Demonstration Center in Addis Ababa and the Smallpox Eradication Scheme Center in Addis Ababa.

4. FOOD DISTRIBUTION

4.1 Food given out as relief associated with our clinics

(in approx. 25 kg items)

April	38	
May	72	
June	149	
July	614	
August	826	
Total	1,699	(approx. 425 quintals)

The increase in distribution was possible after we acquired a second Land-Rover and traler from the New Zealand Team in mid-June.

We distributed:

dried milk	660	sacks
CSM	468	"
dried milk	74	tins in packs of six
dried soup	60	sacks
protein tonic	85	"
sugar	5	"
rice	14	in 22 kg packs
liquid milk sachets (Swedish milk)	116	in 20 kg boxes
faffa	58	sacks
WSM	135	"
baby food	98	in packs of 12 bottles
Salb	2	sacks

4.2 Food paid out to workers in food-for-work projects

There were projects in 7 places

1.	Jijiga town	road construction
2.	Kebre Bayer	water reservoir and latrines
3.	Faffan	latrines and refuse pit
4.	Loi Wanaji	road construction
5.	Tuli-Guled	water reservoir and clinic construction
6.	Sheddar	well and reservoir
7.	De Morga	road construction

Total amount of grain distributed: 399 quintals

5. RECOMMENDATIONS FOR THE FUTURE

5.1 Improved public health service

Regular village clinics where there is no dresser by teams of nurses or dressers based in Jijiga could perform the following services:

1. give publich health teaching
2. give treatment to TB and leprosy patients that are unable to travel to Jijiga
3. continue vaccinations (BCG and smallpox, at present, perhaps polio vaccine in the future)
4. act as an ambulance service for patients that need hospital admission

I hope the ERCS will donate a Land-Rover to the Public Health Department of Harrarge Province in order that such a team can be formed.

5.2 Continuation of projects that aid community health and development

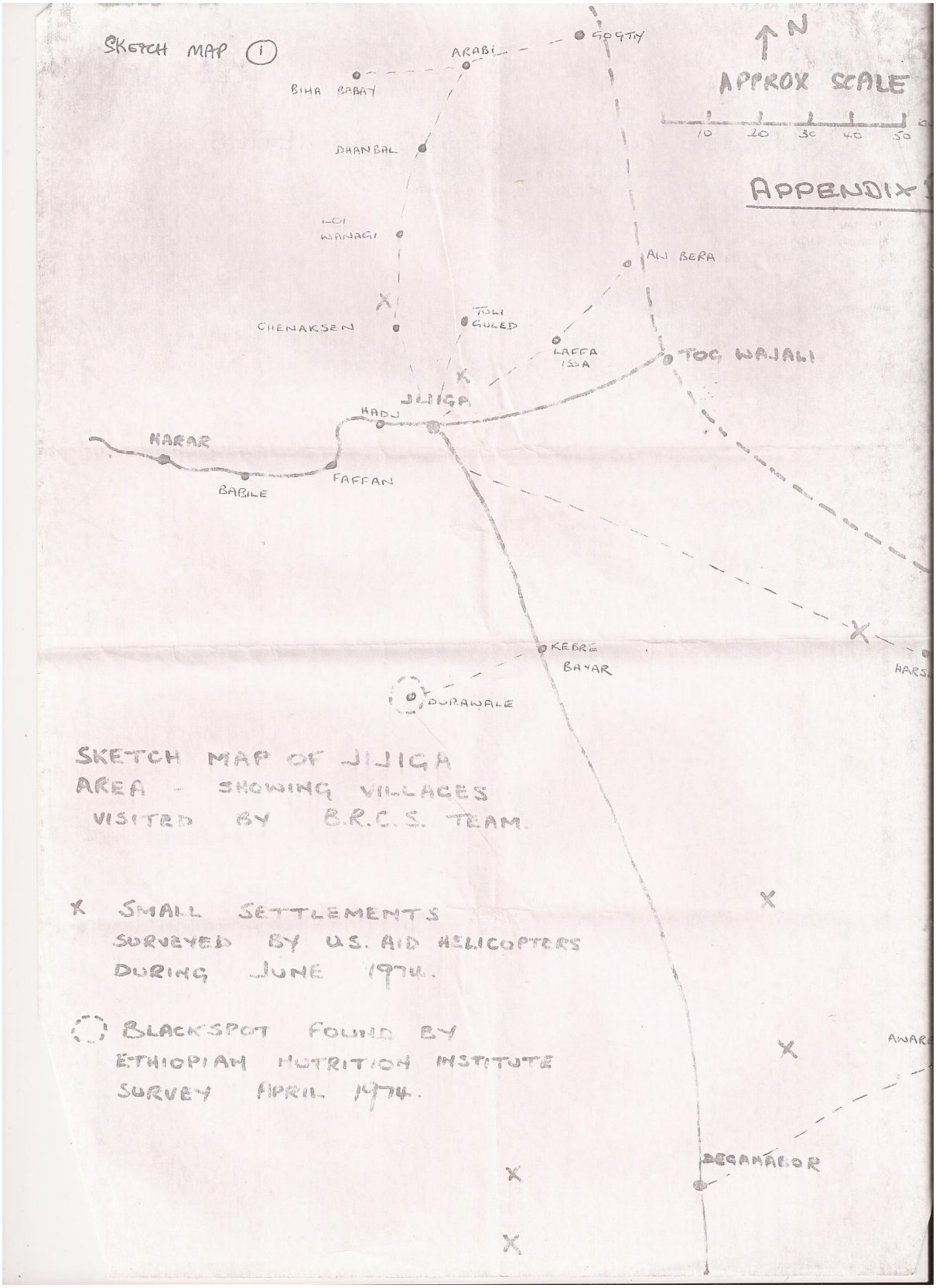
We have organised 6 food-for-work projects and hope that local governors and health official will organise many more such projects. We have found that chlorination of a contaminated well at Faffan has been a most useful temporary measure in controlling diarrhoea.

Dr. P. Wilson
Team Leader BRCS Team Jijiga

APPENDIX A

Summary of Quack Stick Results showing Percentage of Children who were malnourished at 75%

DATE	PLACE	TOTAL MEASURED	% NO. MALNOURISHED AT 75%
MAR 31	Tuli-Guled	192	44
APR 2	Lef Umar (near Laffa Issa)	23	17
3	Laffa Issa	157	30
4	Sheddar (near Laffa Issa)	38	42
4	Gobabley (near Laffa Issa)	16	31
5	Wella Wanaji (near Laffa Issa)	130	31
8	Kochar (near Chenaksen)	49	22
9	Yogyog (near Chenaksen)	11	0
9	Golimaya (near Chenaksen)	23	30
10	Lugo (near Chenaksen)	33	15
15	Tefera Boro (alias Aw Bera)	177	7
17	Hera Gael (near Laffa Issa)	46	9
17	El Ahmar (near Laffa Issa)	52	2
18	Loi Wanaji	44	39
21	Arabi	92	32



SKETCH MAP OF JIJIGA AREA - SHOWING VILLAGES VISITED BY B.R.C.S. TEAM.

X SMALL SETTLEMENTS SURVEYED BY U.S. AID HELICOPTERS DURING JUNE 1974.

◌ BLACKSPOT FOUND BY ETHIOPIAN NUTRITION INSTITUTE SURVEY APRIL 1974.

LEAGUE OF RED CROSS SOCIETIES

World Federation of National Red Cross, Red Crescent and Red Lion and Sun Societies

APPENDIX C

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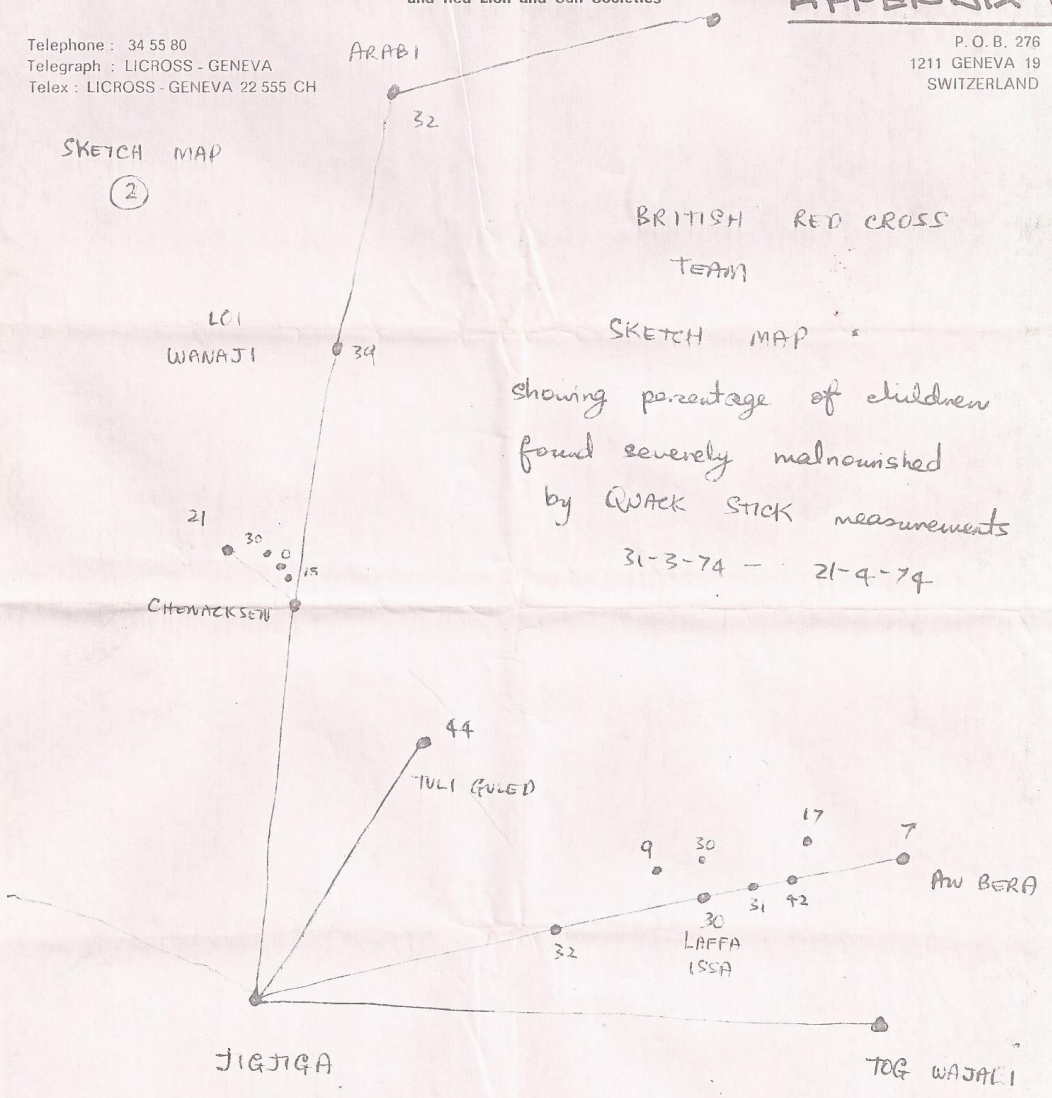
SKETCH MAP
(2)

BRITISH RED CROSS
TEAM

SKETCH MAP

showing percentage of children found severely malnourished by QUACK STICK measurements

31-3-74 — 21-4-74



APPENDIX D

BRITISH RED CROSS TEAM - JIGJIGA, ETHIOPIA

MARCH - AUGUST 1974

Recommendations for future relief team work

I have read the Final Mission Report of the British Team from Gewane and endorse all the recommendations made therein.

I would like to add the following points :

1. Team Selection :

Too exact a job description leads to trouble later if the conditions change and different, more routine tasks are undertaken. It would be helpful to emphasize at the beginning of the mission that delegates must be flexible about what type of work they will be called upon to perform.

For a team living in an isolated place, I would recommend that there should be a minimum of two men per team. Our team in Djigar encountered difficulties when we continued to work when David Ellaway was ill. On one occasion, we took quite a risk in venturing out 100 kilometres into the bush with threat of heavy rain. Three members of the team of four were licensed drivers and we all agreed that we would have been able to share work more justly if all had been able to drive.

2. Communications :

We were luckier than the Gewane team as we did have telephone communication to headquarters in Addis, but there were many occasions when there was no service due to strikes or system failures. This lack of communication became potentially serious on two occasions :

(a) when David Ellaway became seriously ill and I was thinking of arranging his transfer to Addis

(b) when the political situation became very tense and there was a military take-over of Jigjiga together with threat of invasion by Somalia.

Of course we had no means of communication in the field and in retrospect I think this was bad. We had breakdowns in out-of-the-way places and were lucky that they were only minor.

I agree with Dr. Michael that radio communications would lead to greater safety and efficiency.

3. Handover of equipment :

I heartily endorse what Dr. Michael has said in his report about the disposal of equipment.

Conclusion :

It has been a very worthwhile six months but it is sad for us that there are no plans for helping the villagers now that we have gone. We were disappointed that our offer to initiate members of the Ethiopian Red Cross or other health workers of Ethiopia into our daily work was not taken up.

I am very proud of the sum total of work done by the team and I hope the British Red Cross continue to send Medical Relief Teams.

15th August 1974

Philippa Wilson