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Emergency Plan of Action (EPoA) Ethiopia: Cholera outbreak response

 International Federation
of Red Cross and Red Crescent Societies

DREF n°: MDRET021 / PET053	Glide n°: EP-2019-000080-ETH
Date of issue: 16 July 2019	Expected timeframe: Four (4) months
Operation start date: 15 July 2019	Expected end date: 15 November 2019
IFRC Focal Point: Marshal Mukuware, Disaster Management Delegate, East Africa CCST	NS Focal point: Daniel Ayele, Head, Disaster Preparedness and Response Department
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 338,886	
Total number of people affected: 871 people	Number of people to be assisted: 350,000 people (70,000 households)
Host National Society presence (n° of volunteers, staff, branches): Ethiopian Red Cross Society (220 Volunteers, 20 Staff and 3 branches).	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, Netherlands Red Cross, Finnish Red Cross	
Other partner organizations actively involved in the operation: Federal Ministry of Health (FMOH), Ethiopian Public Health Institute (EPHI), 3 Regional Health Bureaux, UNICEF, and World Health Organization (WHO).	

A. Situation analysis

Description of the disaster

According to [WHO Weekly Bulletin](#) on Outbreaks and other Emergencies issued on 7 July 2019, from 25 April to 23 June 2019, 688 cholera cases, 23 confirmed and 15 associated deaths (Cholera case fatality rate: 2.30%) have been reported from five regions in Ethiopia, including Addis Ababa administrative city. As of 7th July 2019, the number of regions affected by the cholera outbreak increased to seven (7). Afar and Diredawa regions are new regions to record and report cholera cases with the Afar region totalling 131 cases and one death. The most affected of all seven regions is Oromia (360 cases, 41%), followed by Amhara (202 cases, 23%), Afar (131 cases, 15%), Addis Ababa (125 cases, 14%), Somali (33 cases, 4%) and Tigray (19 cases, 2%). The main affected sub-cities of Addis Ababa are Kality and Addis Katema, which account for more than 50% of the cases reported in Addis Ababa. By 10 July 2019, the total number of deaths recorded was 17. Of these cases, 13 were confirmed by culture (5 in Oromia, 4 in Addis Ababa, 2 in Amhara and 2 in Tigray). The main identified risk factor is said to be the contaminated water sources.

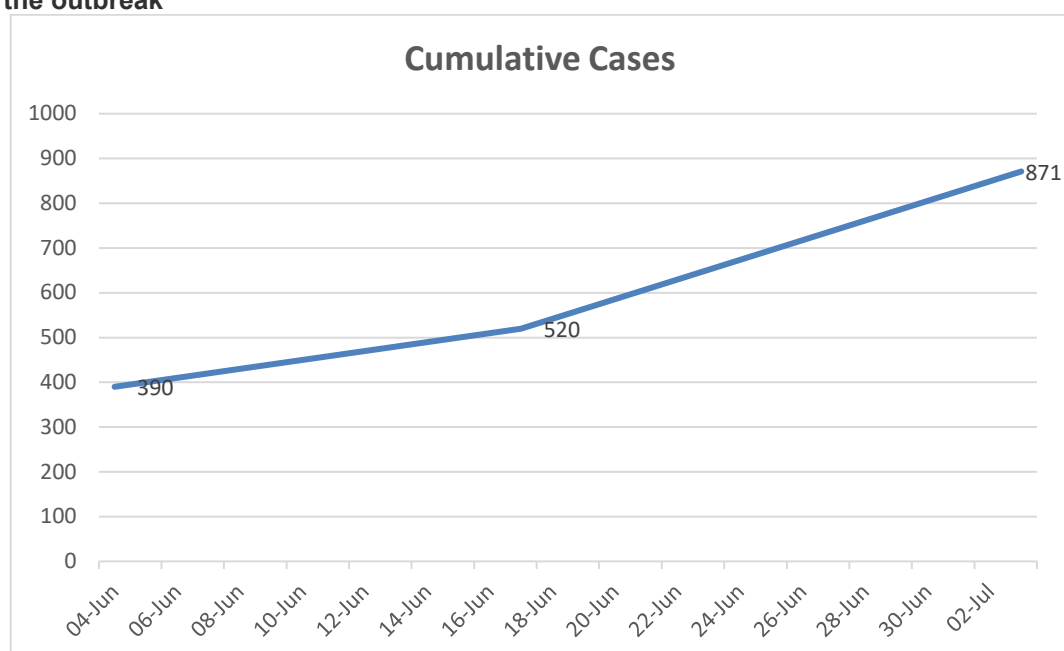
Ethiopia has a low sanitation coverage and has been frequently affected by Acute Watery Diarrhoea and Cholera outbreaks. In Ethiopia, the general population have poor access to safe water and sanitation facilities, and the situation is worse for those in rural areas. The national sanitation coverage in Ethiopia is only 57% which translates to more than 45 million people without access to improved sanitation facilities. Health services records and community-based surveys indicate that diarrhoeal diseases are major causes of morbidity and mortality in Ethiopia because of low access to safe water and adequate sanitation.

Prior to this report from WHO, Ethiopian Public Health Institute (EPHI) confirmed the cholera outbreak in Oromia, Amhara, Somali and Tigray and the cases reported in Addis Ababa on 4th June 2019. As of 3rd July 2019, there were at least 871 cholera cases reported with 17 deaths: 1 from Afar, 2 from Oromia and 14 from Amhara region.

Location	No. of affected zones	Number of Cases	Number of Deaths	Population
Amhara	2	202	14	20,401,000
Addis Ababa	9 sub-cities	125	0	3,273,000
Oromia	2	360	2	33,692,000
Tigray	2	19	0	5,056,000
Somali	1	33	0	5,453,000
Diredawa	1 sub city	1	0	440,000
Afar	1	131	1	1,723,000
Total		871	17	70,038,000

Source: Ethiopian Public Health Institute Press Release (3rd July 2019)

Evolution of the outbreak



Source: Ethiopian Public Health Institute Press Release (3 July 2019)

The stool samples taken from suspected cases confirmed that the cause of the outbreak was the bacteria, *Vibrio Cholera*. Ethiopian health authorities have set up 13 Cholera Treatment Centres (CTC) across the affected regions.

Assessments are currently ongoing to identify communities at high risk and most vulnerable to the outbreak. In Addis Ababa, cholera vaccination campaigns are planned targeting prisons, schools, street children and rehabilitation centres. Since the vaccination alone does not prevent the disease 100%, it is highly recommended by health professionals that the community should keep the environment clean, utilize water only from protected sources, ensure hands washing at all critical times, and practice appropriate utilization of toilets.

As part of the Cholera outbreak response, the government deployed 847 health professionals in the affected regions to support the operation. To control the outbreak, the following core activities (surveillance, early case detection, case management, prepositioning drugs and laboratory equipment's at the strategic warehouse) are being implemented by the government with allocated budget of ETB 134.2 Million. In addition, social mobilization activities are ongoing to raise community awareness and engage them actively in this response.

It is planned at national level that the case detection and surveillance will be strengthened by reporting cases at daily basis through existing structures.

At federal level, various task forces have been set up by the Federal Ministry of Health, and likewise in the regions, the same structures were put in place accordingly.

Summary of the current response

Overview of Host National Society

The Ethiopian Red Cross Society (ERCS) volunteers are currently implementing social mobilization activities in affected communities within Addis Ababa city and Afar region. The social mobilisation activities implemented in Afar region are through Finnish Red Cross support. ERCS is one of the members of the steering committee organized by the Federal Ministry of Health (FMOH) in Addis Ababa; some sub-committees are also working with the ERCS Disaster Preparedness and Response department at the HQ and regional branches level. ERCS supported by Finnish Red Cross is also planning to distribute soap and water purification tablets to 15,000 households in Afar region.

The FMOH has requested support from ERCS in the response to the outbreak including participation in the steering committee on implementation of response action.

ERCS is working in close collaboration with FMOH, EPHI, Regional Health Bureau, UNICEF and WHO, as well as Hospitals and Health Centres. There is also a regular task force meeting at regional health bureau where ERCS is sharing information with the partner.

In response to the EPHI press release, ERCS through its Red Cross branches have been carrying out the following activities:

- ERCS HQ, Regional/Zonal ERCS Branch offices are closely monitoring the evolution of the outbreak and updating to HQ.
- ERCS HQ purchased and distributed Water treatment tabs, soap, and antiseptic solution (detergents) with its own budget of ETB 380,000 for 10,000 HHs in each region (Amhara, Oromia and Addis Ababa) a one-time provision. The DREF will complement the initial distribution which was below minimum standards
- ERCS Addis Ababa Branch office facilitated “training on Cholera outbreak response” on 18 June 2019, for 40 Volunteers and 10 Ambulance drivers. The topics covered in the training included: Overview of current Cholera outbreak & Response, Prevention & Control strategies, Infection prevention and Personal Equipment, Social Mobilization, and Coordination.
- ERCS Addis Ababa branch office conducted a social mobilization session for two (2) days in two target sub cities of Addis Ababa (Addis Ketema and Bole sub cities) using audio vans. The estimated number of people reached through this mass education is more than 50,000 people.
- ERCS Branch Offices are participating in the recently activated platform meeting at the respective Regional Health Bureau levels.
- ERCS is attending the Health Partner Forum (HPF) & the extraordinary meeting on the current cholera outbreak response being chaired by EPHI.

- ERCS has deployed 50 trained volunteers to support activities in Addis Ababa region
- ERCS HQ provides situational update to Partner National Societies (PNSs).

Overview of Red Cross Red Crescent Movement in country

There are six (6) PNSs' present in Ethiopia, including Austrian Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Netherlands Red Cross (NLRC) and Swiss Red Cross, with different strategies to support ERCS Cholera outbreak response. There is an agreement with ERCS that all emergency health activities should be harmonised with the ERCS National Response Plan 2019.

ERCS, through bi-lateral support from Movement partners, is complementing this emergency response operation following a government call to humanitarian agencies to respond to the Cholera outbreak and the existing need in the targeted regions. The Finnish Red Cross has provided ERCS support to conduct social mobilisation activities in Afar region and is equally planning to support ERCS distribute soap and water purification tablets to 15,000 households. The NLRC, is implementing health interventions in Somali Region with ERCS. The NLRC has indicated that they will be able to support ERCS response if an outbreak occurs in their operational areas. In addition, Swiss Red Cross projects are implemented in Moyale region and they are closely monitoring the situation in Moyale where a suspected case was not confirmed as a cholera case. Like NLRC, the Swiss Red Cross have also indicated possibility to contribute financially to the ERCS response and will identify gaps remaining following the Disaster Relief Emergency Fund (DREF) launch.

All issues including potential bilateral and multilateral actions are discussed in movement coordination meetings. Additionally, ERCS convenes regular coordination meetings in Addis Ababa for the concerned stakeholders to share updates on the situation in Ethiopia and neighbouring countries, and Movement action to date. Increasingly, there are more consultation meetings among the Movement partners and ERCS on the needs, strategies and resource gaps.

The IFRC provides technical and financial support to ERCS through its African Union Office in Addis Ababa as well as the Eastern Africa Country Cluster Support Team (EA CCST) and Regional Office for Africa, both based in Nairobi, Kenya. An IFRC Surge Operations Manager is currently in-country supporting the ongoing Population Movement Emergency Appeal and will support the management of this DREF operation until a full time Operations Manager is recruited. ERCS has been in constant communication with the cluster office and has been sending updates of the situation as it evolves.

Overview of non-RCRC actors in country

In Ethiopia, the overall emergency Health response is led by the FMOH and supported by UN agencies, INGOs. Task forces have been established at national and regional level with the participation of all stakeholders, including ERCS. The technical coordinators from ERCS HQ Disaster Preparedness and Response Department regularly participate in steering committee meetings for better coordination with non-movement partners on the emergency response.

National and sub-national committees were established to oversee the distribution of procured items, the implementation of mass education, for the identified risky areas of the country. ERCS has played a key role in supporting the government efforts in the three targeted regions through its social mobilization, Ambulance service, distribution of water purification chemicals, soap and detergents.

The Government of Ethiopia (GoE), recognises more than 90 humanitarian organisations operating in Ethiopia and supporting the government-led Cholera outbreak response in collaboration with UNICEF and WHO.

The below table captures who's doing what and where:

Who	Where	What
MOH /Regional/ Zonal	Countrywide	<ul style="list-style-type: none"> Overall coordination of the cholera outbreak response operation
Ethiopian Public Health Institute (EPHI)	Countrywide	<ul style="list-style-type: none"> Coordinate Cluster meeting and sharing reports Releasing press release Coordinate Vaccination campaign Coordinate surveillance
UNICEF	Countrywide	<ul style="list-style-type: none"> Coordinating Social Mobilization activities CTC establishment Technical support to health authorities
MSF-Spain	Addis Ababa	<ul style="list-style-type: none"> Establishment of CTC tent Provision of CTC equipment
ERCS	4 Regions including Afar with Finnish RC support as well as, Addis Ababa, Amhara and Oromia through this DREF operation	<ul style="list-style-type: none"> Social mobilization Soap and detergents distribution Water purification strips

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

According to EPHI, the latest report on Cholera outbreak response, indicate that the transmission of Cholera outbreak is likely to continue across Ethiopia due to poor awareness, low level of sanitation facilities and less improvement on positive behavioural change towards the control of diarrheal diseases. The same report indicated that provision of water purification chemicals, Social mobilization to create awareness and Ambulance service for early case treatment at the nearby health facilities will be priority concerns in Cholera outbreak response.

Safe water and sanitation coverage is still a concern in many parts of the targeted regions. To control the Cholera outbreak transmission that the affected population still needs, the provision of drinking water, water purification chemicals, social mobilization activities for awareness creation. According to UNICEF in Ethiopia 60 to 80% of communicable diseases are attributed to limited safe water and inadequate sanitation and hygiene services. Diarrhoea is a leading cause of under-five mortality in Ethiopia with at least 70,000 deaths a year i.e. 23% of under-five deaths¹.

¹ UNICEF 2019

The rainy season in Ethiopia has commenced and this will most likely increase the cases/incidences of Acute Water Diarrhoea (AWD) and cholera cases. In addition to the risks associated with the rains, the fasting season by the orthodox Christians (July- August) will see increased gatherings and these mass gatherings may result in a further spike in cholera cases. Therefore, ERCS interventions which will be focusing on Hygiene promotion, Social Mobilization, & Community awareness raising has to continue at least until the end of October 2019.

Targeting

Through this operation, ERCS will target an overall 350,000 people (70,000 households) in Oromia, Amhara and Addis Ababa regions based on the caseload and severity of the outbreak. Based on data analysis, there is also a likelihood that there is a high risk of propagation of the outbreak in these three regions. The geographic target may be expanded to other regions should the situation worsen.

The targeted households for distribution of items will be selected by ERCS within all age in the three high risk regions.

Scenario planning

Best case scenario	Most likely scenario	Worst case scenario
<p>The cholera outbreak is contained with no further spreads being reported in new areas. This will be based on the inter-agency response actions including vaccination activities, social mobilisation and provision of water purification chemicals.</p> <p>The security situation remains calm and enable access to affected communities</p>	<p>New cases will be reported in non-affected regions; however, the situation will be contained through establishment of CTCs as well as scaling up of hygiene promotion activities</p>	<p>The outbreak spreads across the country, affecting more regions thus overwhelming the capacity of the government and humanitarian actors to contain it.</p> <p>The security situation deteriorates, impacting the ability of implementation of response efforts.</p>
ERCS Action		
<p>ERCS will continue implementing awareness raising activities as well as distribution of water purification chemicals</p>	<p>ERCS revises the DREF operation to support newly affected areas. ERCS will also request a timeframe extension.</p>	<p>ERCS revises the response plan to ensure the outbreak is contained. ERCS will also request surge support from Movement partners to ensure CTCs are set-up in all affected areas.</p>

ERCS will carry out social mobilization activities to enable the National Society (NS) and its partners to review and adjust the work plan in support of the Cholera affected communities. This will allow ERCS and Movement partners to ensure the provision of an adapted and relevant support. It will also provide an opportunity to assess and understand weather predictions and incorporate changes in the proposed response.

ERCS could execute the implementation of the planned activities in the targeted parts of the country. ERCS and its respective branches will also focus the operation in a better area if they have restricted access in some implementing regions.

Risk Assessment

Ethiopia is constantly affected by inter-ethnic and religious conflict which affects the ability of the humanitarian actors to access affected communities and implement response actions. However currently the situation in the country is calm and enabling. The ERCS will continuously monitor the situation to ensure staff and volunteer safety. The acceptance of the ERCS by local communities will also reduce the risk of attacks on their staff and volunteers as well as ensuring access.

The rainy season and up-coming religious gatherings (pilgrimage by Orthodox Christians) may result in a spike in cholera cases. To mitigate this the ERCS will use social mobilization and mass sensitization campaigns to ensure awareness in good health and hygiene practices.

B. Operational strategy

Overall Operational objective

To reduce the morbidity and mortality due to the Cholera Outbreak in the affected zones in Amhara and Oromia and sub-cities in Addis Ababa, through implementation of social mobilization and awareness creation activities targeting an overall 350,000 people of 70,000 households. Of the targeted numbers above, some 50,000 people (10,000 households) in the high-risk population will be reached with distribution of water purification chemicals, soap, and detergents. Given the specific Ethiopian context with slow kick offs of operations and potential delays in procurement, this operation will be implemented for an initial timeframe of four months.

Proposed strategy

The GoE has secured cholera vaccines to reach 700,000 people in the affected regions with the support of WHO and government of South Korea. To ensure success of the vaccination exercises (which started 24 June in Addis Ababa, 8 July in Oromia and Afar and will continue through August) across the country, the ERCS has been requested by the FMOH to support with raising awareness of the cholera vaccination. The vaccinations are scheduled in Ahmara for a later date) As such, 220 volunteers of ERCS will work with the FMOH by raising awareness and encouraging people in Oromia, Amhara and Addis Ababa where the NS is implementing this operation. In addition, by distributing hygiene items and ensuring widespread hygiene and sanitation promotion, the NS aims to improve the Water, Hygiene and Sanitation (WASH) conditions in these three most affected areas and thus contribute to reducing the rising trend of the disease in the areas.

The design and implementation of this operation is based on identified needs as well as feedback from the targeted communities. Thus, the following activities will be prioritized in this response:

- Training of 220 volunteers on Cholera outbreak response and Epidemic Control for Volunteers training for volunteers;
- Conduct community awareness on WASH issues in three target regions through the deployment of 6 mobile (audio) vans (2 per region) for 12 sessions for 3 months (12 per region, once per week). This will be done through the deployment of 60 volunteers (20 per region) to conduct social mobilizations on cholera prevention and treatment. During the social mobilization, the trained volunteers will mobilize communities, encouraging them to get the cholera immunization and demonstrate appropriate hand washing procedures with soap, perform dramas (theatre) on the cholera prevention with question and answer sessions to measure knowledge attitudes and perceptions on cholera and general health and hygiene. In addition to the audio vans, the following equipment's/logistics will be required; speakers, generators, leaflets, posters, temporary tents, megaphones and ERCS visibility materials. The required materials will be obtained by renting from the local suppliers (audio vans, generators, and loud-speakers), whereas ERCS will receive leaflets and posters and temporary tents from UNICEF. The social mobilization campaigns will be conducted in 3 intervention regions to address the affected communities once in weekly basis.

- Conduct house to house environmental sanitation and hygiene promotion activities and follow up on the actual change of behaviour within the targeted communities. This will be done through the deployment of 220 volunteers for 3 days a week for 12 weeks (36 days).
- Provision and distribution of WASH items for 10,000 households sufficient for 3 months in targeted regions and orientation on how to use distributed items (15 strips of water purification tabs per household, 15 pieces of soap per household and 15 detergents per household). Due to scarcity of water, it will be hard for volunteers to conduct water chlorination at specific water points. As such, preferred methodology for NS is to distribute water purification tablets and ensure demonstration sessions for proper use and follow up at household level to assess compliance with recommendations. For this activity, all 220 volunteers, will be briefed to conduct a one-day distribution across all three target regions.
- Procurement of 238 T-shirts for volunteers (220) and NS staff (18) and other visibility materials with cholera messaging.

ERCS is regularly collecting information on the prevailing situation from its implementing branches as well as deployed volunteers working on the ground. The collected information and evolution of the outbreak will continue to be analysed and will be used to inform changes in the operational strategy.

Community Engagement and Accountability (CEA) is one of the approaches to make the targeted communities at the heart of the operation. ERCS will ensure the integration and mainstreaming of community engagement and feedback mechanisms put in place during the whole course of the operation. The NS will be engaged in collecting community feedback by putting in place a feedback desk during the distribution and sensitization sessions as well as during the door to door visits. In addition, a post distribution monitoring will be done as per required. To ensure community participation, community representatives e.g. Leaders, women groups, religious leaders, youth groups will be identified to work with on the social mobilization campaigns and community sensitization.

Management and coordination of the Cholera outbreak response operation will be further strengthened through:

Human resources: Some 220 volunteers (100 from Addis, 60 from Oromia and 60 from Amhara) will be trained and deployed to support implementation of this operation as follows:

- 220 volunteers will be deployed 3 days per week for 12 weeks to conduct 36 door-to-door sessions.
- 60 volunteers (20 per region) will be deployed for once a week for 12 weeks for 12 mass sensitization sessions.
- 220 volunteers deployed for one day distribution of WASH items to 10,000 households.

In addition to the volunteers, some 9 ERCS field level staff (3 people per region) will ensure supervision of volunteer activities at least 2 days per week for 16 weeks. The 6 staff per region are needed due to wide geographical spread of regions in Ethiopia.

IFRC in country Ops manager and CCST focal point will also visit implementation area and support lessons learned workshop.

Communication: Constant contact with the ERCS volunteers and branch will be maintained as well as effective communication between all levels of the operation. Periodic meetings will be held to provide updates and information on progress. Use of pictorial, NS newsletter and web will inform on progress.

Logistics and Procurement: Establishment of a fast-track procurement process by getting specifications on time and pre-qualification of potential suppliers to enhance lead times to supply needed commodities to the community. This will be done per ERCS procurement procedure. Some 6 audio vans and generators will also be rented locally to be used for mass sensitization sessions.

Security: The security environment in Ethiopia remains volatile and in various parts also insecure. Security threats range from minor to serious crimes to civil unrest and targeted violence. Recent violent attacks on members of the government have triggered considerable security operations in various parts of the country and other effects. To ensure that participating Red Cross Red Crescent (RCRC) personnel are adequately protected and the programme activities can be implemented adequate security risk mitigation measures need to be implemented. This includes but is not limited to situation monitoring and providing timely security advise to field personnel. RCRC personnel should be clearly identifiable by wearing the RCRC visibility wear, e.g. T-shirts, caps, jackets. All participating RCRC personnel should complete the relevant IFRC Stay Safe e-Learning programs, e.g. Personal Security, Security Management, or Volunteer Security. IFRC personnel will need to coordinate security risk management measures closely with the IFRC Representation to the African Union and adhere to the established risk management measures, which includes seeking travel security clearance, staff and mission tracking, maintaining regular contact with the IFRC AU Representation.

C. Detailed Operational Plan



Health

People targeted: 350,000 People

Male:171,500

Female:178,500

Requirements (CHF): 67,981

Needs analysis: This operation is being implemented in Cholera affected zones in the regions of Amhara and Oromia and sub-cities in Addis Ababa. Ethiopia frequently experiences AWD and Cholera outbreaks and Health service records and community-based surveys indicate that diarrheal diseases are major causes of morbidity and mortality in Ethiopia because of low access to safe water and adequate sanitation. At least 70,000 deaths of children under-five are attributed to diarrheal diseases. Limited access to hygiene information, as well as safe water are a major cause of the cholera and AWD outbreaks.

Population to be assisted: Social mobilization activities will be carried out by the trained volunteers on Cholera outbreak response in each target region for three months. It is aimed to address 350,000 target population in high risk area in 3 regions through mass education using various techniques. Key messages will be duplicated on the major topics of safe water handling at household level, improving and upgrading the toilet, Household water treatment, appropriate hand washing practice and on diarrheal related diseases. The operation will also train the 220 ERCS volunteers (100 in Addis Ababa, 60 in Oromia and 60 in Amhara Regions) who will be deployed for the cholera outbreak response.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced								# of households reached with environmental sanitation and Hygiene promotion (Target: 70,000 households)								
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines								- # of volunteers trained on ECV & Cholera outbreak response (Target: 220 volunteers)								
	- # of joint monitoring conducted (Target: 3 visits)																
Activities planned		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Week																	
AP0011	Train 220 volunteers on Cholera outbreak response in coordination with FMoH and District Health Offices																

AP011	Conduct Joint monitoring in coordination with MoH/WHO/UNICEF																		
P&B Output Code	Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population	- # of volunteers involved in door to door hygiene promotion (Target: 220 volunteers)																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP011	Support mass vaccination campaign through 220 volunteers																		
P&B Output Code	Health Output 1.4: Epidemic prevention and control measures carried out.	<ul style="list-style-type: none"> - # of social mobilisation campaigns conducted (Target: 12 sessions) - # of volunteers involved in door to door hygiene promotion (Target: 60 volunteers) - # of ERCS staff involved in the operation (Target: 9 staff) 																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP011	Social mobilization activities through mobile vans, Megaphone at the selected places for the targeted audiences to support vaccination campaign and hygiene promotion																		
AP011	Supervision of field activities through implementation timeframe.																		



Water, sanitation and hygiene

People targeted: 50,000

Male: 26,950

Female: 28,050

Requirements (CHF): 256,114

Needs analysis: This operation is being implemented in Cholera affected zones in the regions of Amhara and Oromia and sub-cities in Addis Ababa. Ethiopia frequently experiences Acute Watery Diarrhoea and Cholera outbreaks and Health service records and community-based surveys indicate that diarrheal diseases are major causes of morbidity and mortality in Ethiopia because of low access to safe water and adequate sanitation.

Population to be assisted: A total of 10,000 HHs will be targeted for the provision of body soap and water purification chemicals in 3 targeted regions. In addition, 5,000 IEC materials received from UNICEF will be distributed for targeted audience during the mass education through audio vans. ERCS will also procure detergents to be used for household disinfection as well as in ambulances and health facilities.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	# of households supported reached with households WASH items to improve hygiene and sanitation condition (Target: 10,000 households)															
	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	%/# of target people using distributed items properly (Target: at least 80% or 40,000 people)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Distribute water treatment products (chlorine tablets), sufficient for 90 days, to 10,000 households in 3 regions (5 strips per month for 3 months)																
AP026	Sensitize and orient targeted communities on safe water storage and use of water treatment chemicals																
AP026	Monitor treatment and storage of water through household surveys																
P&B Output Code	WASH Output 1.5: Hygiene-related goods (HHs) which meet Sphere standards and training on how to use those goods is provided to the target population	<ul style="list-style-type: none"> - # of HHs supported with soap and detergents (Target: 10,000) - # of households visited during environmental sanitation activities (Target: 10,000) - # of hygiene promotion activities conducted (Target: 36 sessions) 															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP026	Distribute soap sufficient for 90 days, to 10,000 households in 3 regions (5 pieces per month for 3 months)																
AP026	Distribute detergents sufficient for 90 days, to 10,000 households in 3 regions (5 detergents per month for 3 months)																
AP026	Implement House to House environmental sanitation activities																
AP026	Conduct hygiene promotion activities (3 days a week for 3 months)																

Budget

The overall budget required for this operation is CHF 338,886 as seen in below budget.

*all amounts in
Swiss Francs
(CHF)*

International Federation of Red Cross and Red Crescent Societies

DREF OPERATION

MDRET021- Ethiopia - Cholera Outbreak

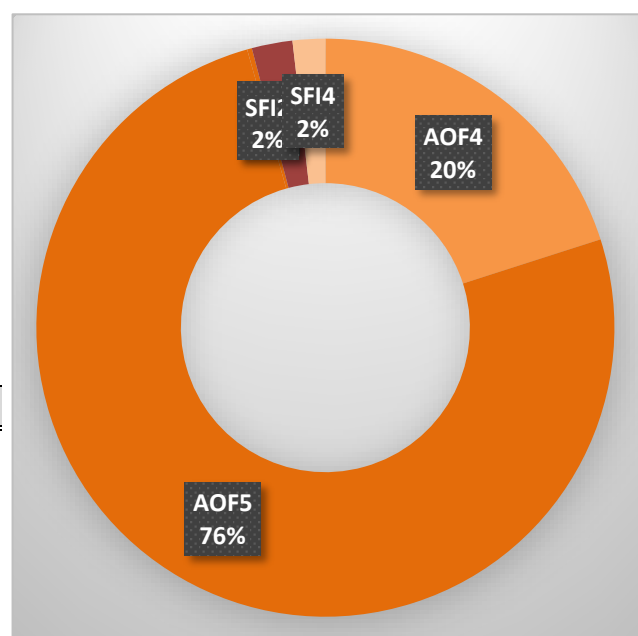
15/07/2019

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	186,590
Relief items, Construction, Supplies	186,590
Distribution & Monitoring	2,001
Transport & Vehicles Costs	29,843
Logistics Services	0
Logistics, Transport & Storage	31,844
National Society Staff	5,806
Volunteers	65,569
Personnel	71,376
Professional Fees	5,796
Consultants & Professional Fees	5,796
Workshops & Training	16,905
Workshops & Training	16,905
Travel	5,175
Office Costs	518
General Expenditure	5,693
DIRECT COSTS	318,203
INDIRECT COSTS	20,683
TOTAL BUDGET	338,886

Budget by Area of Intervention

AOF4	Health	67,981
AOF5	Water, Sanitation and Hygiene	256,114
SFI1	Strengthen National Societies	903
SFI2	Effective International Disaster Management	7,716
SFI4	Ensure a strong IFRC	6,173
TOTAL		338,886



Reference documents



Click here for:

- Operation update
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:**Ethiopia Red Cross Society**

- Engida Mandefro; Deputy Secretary General; email: engida.mandefro@redcrosseth.org

In the IFRC**IFRC East Africa Country Cluster Support Team:**

- Andreas Sandin, Ops Coordinator, EA Country Cluster Support Team, Nairobi; mobile phone: + 254-202835000; email: andreas.sandin@ifrc.org
- Marshal Mukuware, Disaster Management Delegate, EA Country Cluster Support Team, email: marshal.mukuware@ifrc.org

IFRC Africa Regional Office for Regional DCPRR Unit:

- Adesh TRIPATHEE, Head of DCPRR; phone: +254 780 930278; email: adesh.tripathee@ifrc.org
- Khaled Masud, Regional Operations Coordinator, email: khaled.masud@ifrc.org, phone: +254 (0) 780 930278

In IFRC Geneva

- Nicolas Boyrie, Senior Officer - Operations Coordination, Tel +41 79 152 5147; email: nicolas.boyrie@ifrc.org
- Karla Morizzo, DREF Senior Officer; phone: +41 (0) 22 730 4295; email karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges support:**IFRC Africa Regional Office for Resource Mobilization and Pledge:**

- Francisah Cherotich - Kilel, Senior Officer Partnership and Resource Development, phone: +254 712 867 699; email: francisah.kilel@ifrc.org

For In-Kind donations and Mobilization table support:**IFRC Africa Regional Office for Logistics Unit:**

- RISHI Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)**IFRC Africa Regional Office:**

- Fiona Gatere, PMER Coordinator, phone: +254 780 771 139; email. fiona.gatere@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

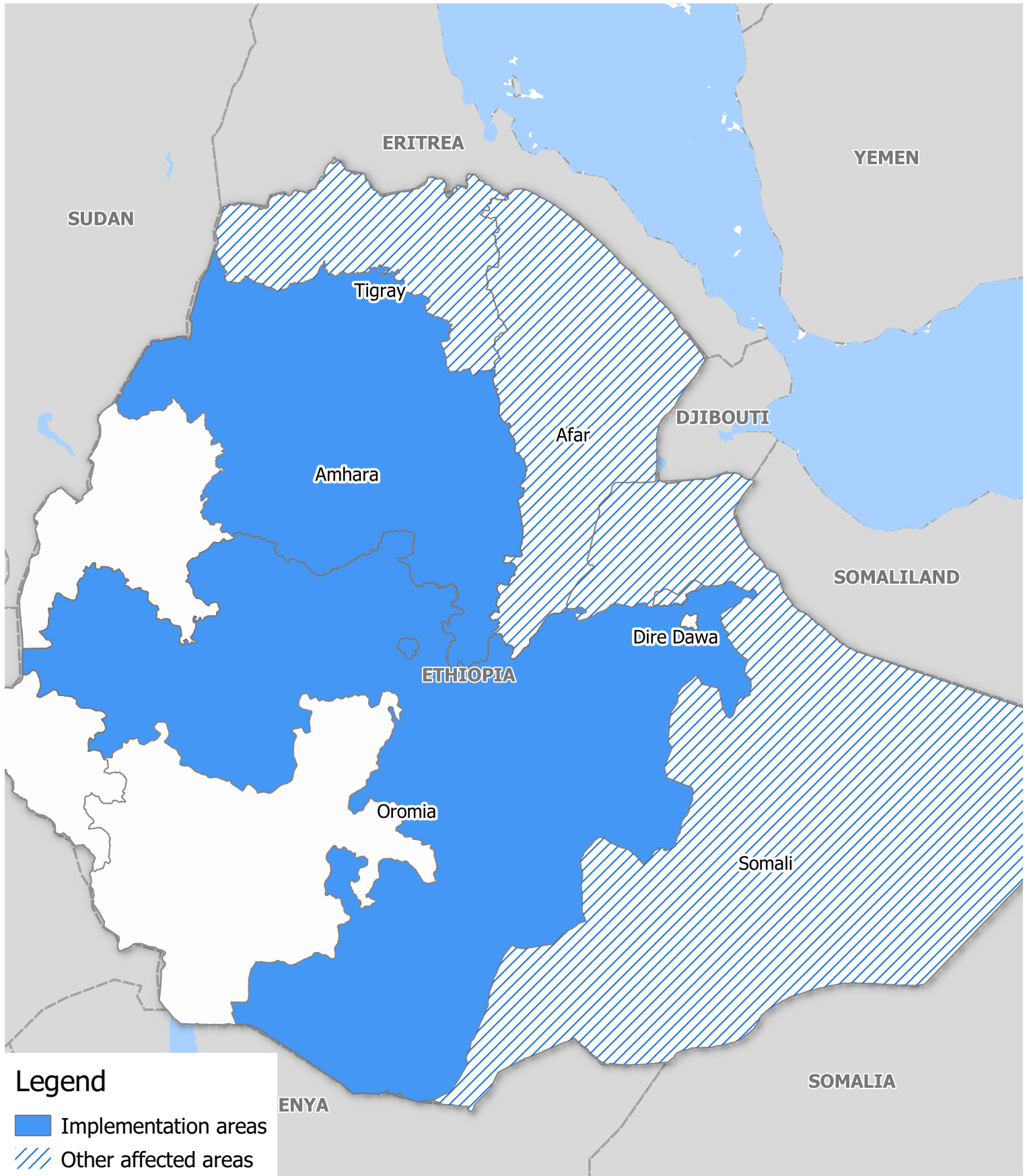
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Saving lives, changing minds.





Ethiopia Cholera Outbreak Disaster Relief Emergency Fund



Legend

- Implementation areas
- Other affected areas

* Finefine Zuria, Oromia region planned area of implementation, no geographical data available.

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data Sources: GADM, IFRC, ERCS.

