



DREF operation	Operation n° MDRET021
Date of Issue: 05 August 2020	Glide number: EP-2019-000080-ETH
Operation start date: 15 July 2019	Operation end date: 15 November 2019
Host National Society(ies): Ethiopian Red Cross Society	Operation budget: CHF 338,886
Number of people affected: 930 people	Number of people assisted: 968,600 people (90,000 households)
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), Finnish Red Cross and The Netherlands Red Cross	
Other partner organizations actively involved in the operation: Federal Ministry of Health (FMOH), Ethiopian Public Health Institute (EPHI), 3 Regional Health Bureaus, UNICEF, WHO.	

A. SITUATION ANALYSIS

<Click [here](#) for the budget and [here](#) for the Contacts>

1 Description of the disaster

According to the [WHO Weekly Bulletin](#) on cholera outbreaks and other emergencies issued on 18 August 2019, from 12 April to 11 August 2019, 1,005 cholera cases, 37 confirmed and 18 associated deaths (cholera case fatality rate: 1.00%) had been reported from five regions and two city administrative in Ethiopia. The affected administrative towns and regions were Oromia (437 cases, 43.5 %), Amhara (202 cases, 20%), Afar (164 cases and 1 death, 16%), Addis Ababa (146 cases, 14.5%), Diredawa (1 case.0.001%), Somali (33 cases, 3%) and Tigray (22 cases, 2%). In the capital, Addis Ababa the main affected sub-cities were Kality and Addis Katema, which account for more than 50% of the cases reported in the town. By 11 August 2019, the total number of deaths recorded was 18. Of these cases, 13 were confirmed by culture of the stool specimen to identify vibrio cholera serogroup presence (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. Prior to this report from WHO, Ethiopian Public Health Institute (EPHI) confirmed that there was cholera outbreak in Oromia, Amhara, Somali and Tigray and other cases were reported in Addis Ababa on 4 June 2019.

Ethiopia has a low sanitation coverage and has been frequently affected by Acute Watery Diarrhea and Cholera outbreaks. In Ethiopia, the general population have poor access to safe drinking 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 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.

As part of the cholera outbreak response, the Ethiopian health authorities set up 13 Cholera Treatment Centres (CTC) across the affected regions and deployed 847 health professionals in the affected regions to support the operation. To control the outbreak, the following activities were implemented by the government with allocated budget of ETB 134.2 Million: surveillance, early case detection, case management, repositioning medical supplies and laboratory equipment's at the strategic warehouse.

To support Government action, Ethiopian Red Cross Society (ERCS), with support from IFRC, launched a [DREF operation](#) for CHF 338,886 to reduce the morbidity and mortality due to the Cholera outbreak in the affected zones of Amhara and Oromia and sub-cities in Addis Ababa, through implementation of social mobilization and awareness creation activities targeting an overall 350,000 people or 70,000 households.

Summary of response

Overview of Host National Society

The Ethiopia Red Cross Society (ERCS), with the financial support obtained from the IFRC DREF, deployed 300 volunteers and 24 branch staffs to support the cholera response. The ERCS staff and volunteers worked closely and collaborated with the 847 health professionals deployed by the Ethiopian government from FMOH/Ethiopian Public Health Institute/EPHI. The focus of the ERCS volunteers was on social mobilization in public gatherings, marketplaces, schools including door to door campaigns.

Through continuous social mobilization, ERCS raised community awareness and engaged households in the response activity and supported surveillance and early case detection with support from ERCS volunteers in coordination with the health professionals at the respective kebeles. Case management was done by health professionals while the government prepositioned medical supplies and laboratory equipment's at strategic warehouses.

Through collaboration with FMOH, trainings were provided to 300 ERCS volunteers and 18 government staff on social mobilization and early case detection before deployment. Short messages on cholera prevention were provided by UNICEF to ERCS volunteers and distributed to the public. Leaflets from FMOH were also distributed by ERCS volunteers to the targeted population during house to house visits at the intervention kebeles. The activities were implemented in coordination with all the stakeholders. The main coordination mechanisms were the weekly taskforce meetings where updates were shared. The continuous joint monitoring at the district level was found to be impactful in minimizing cholera cases and brought the number of cases to zero by the end of October 2019.

ERCS volunteers implemented social mobilization activities in affected communities within Addis Ababa, Amhara, and Oromia and Afar regions. The social mobilisation activities implemented in Afar region were supported by Finnish Red Cross, as well as the distribution of soap and water purification tablets to 15,000 households in Afar region.

The FMOH requested support from ERCS in response to the outbreak including their participation in the steering committee which guided the implementation of response actions. ERCS therefore engaged in the response and was one of the members of the steering committee, working in close collaboration with FMOH, EPHI, Regional Health Bureau, UNICEF, WHO, Hospitals and Health Centres. In addition, ERCS participated in taskforces at regional level.

In coordination with EPHI, ERCS, through its Red Cross branches carried out the following activities:

- Close monitoring of the evolution of the outbreak, through ERCS HQ and Regional/Zonal ERCS Branch offices.
- ERCS HQ purchased and distributed water treatment tabs, soap, and antiseptic solution (detergents) with its own budget of ETB 380,000 for 10,000 households in each region (Amhara, Oromia and Addis Ababa), a one-time provision from its own sources.
- All implementing branches of the National Society facilitated a “training on ECV and Cholera outbreak response” for 300 volunteers and ambulance drivers. The topics covered in the training included: Overview of current Cholera outbreak and Response, Prevention and Control Strategies, Infection Prevention and Personal Equipment, Social Mobilization, and Coordination.
- A total of 56 social mobilization campaigns were conducted in all implementing branches using audio vans, reaching about 968,600 people.
- 45,000 households received WASH household items including soap, detergents, and water purification chemicals.
- 900 households' visits to train and create awareness on hygienic practices.
- 300 volunteers trained on ECV and cholera response.
- ERCS Branch Offices participated in meetings at the respective Regional Health Bureau levels.
- ERCS attended Health Partner Forum (HPF) and the extraordinary meeting on the current cholera outbreak response chaired by EPHI.
- ERCS HQ provided regular situational updates to Partner National Societies (PNSs).

Overview of RCRC actors in country

There were 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. ERCS manages all its Emergency Responses and respective funding through its National Response Plan, to ensure coordination and complementarity.

On its part, the Finnish Red Cross provided financial support to ERCS to conduct social mobilisation activities and to purchase and distribute soap and water purification tablets to 15,000 households while the NLRC, is implementing health interventions in Somali Region with ERCS and supported with 80,000 EURO to the Cholera response.

An IFRC Surge Operations Manager was deployed to support the Population Movement Emergency Appeal provided technical support in managing this DREF operation. ERCS and its Movement partners convened regular coordination meetings in the HQ to share updates on the emergency situation, strategies, needs, resource gaps and Movement actions to date.

Overview of non-RCRC actors in country

In Ethiopia, the overall Emergency Health response was led by the FMOH and supported by United Nations (UN) agencies, and other 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 and 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 social mobilization, ambulance service, distribution of water purification chemicals, soap and detergents. The Government of Ethiopia (GoE), recognised 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 respective roles of the actors:

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	<ul style="list-style-type: none"> Social mobilization Soap and detergents distribution Water purification strips NFI distribution
National Disaster Risk Management Commission (NDRMC)	Countrywide	<ul style="list-style-type: none"> Early warning messages Provided press release on flood Overall coordination of the flood response Provision of Food & Non-food items

Needs analysis and scenario planning

Please refer to [EPoA](#) for the details On the needs analysis.

Targeting

Through this operation, ERCS targeted an overall 350,000 people (70,000 households) in Oromia, Amhara and Addis Ababa regions based on the caseload and severity of the outbreak and reached 968,600 people or 90,000 households through hygiene promotion, soap and water purification chemical distribution and key health message transmission which is 128.6% of the planned targeted beneficiaries.

Risk Analysis

None of the identified operational risks materialized during this operation, thus, it was implemented as planned. Refer to [EPoA](#) for details on anticipated operational risks.

B. OPERATIONAL STRATEGY

Overall Operational objective

The main objective of this DREF operation was to reduce the morbidity and mortality due to the Cholera outbreak in the affected zones in Amhara and Oromia and 8 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, 50,000 people (10,000 households) in the high-risk population were reached with distribution of water purification chemicals, soap, and detergents and 968,600 people with social mobilization.

Proposed strategy

The GoE reached 700,000 people through mass vaccination in the affected regions with the support of WHO and Government of South Korea. The mass vaccination was started on 24 June 2019 in Addis Ababa and across in the affected regions. As such, 300 volunteers of ERCS worked with the FMoH by raising awareness and encouraging people to take the vaccination in Oromia, Amhara and Addis Ababa where the NS implemented this operation.

In addition, the National Society was engaged in the distribution of hygiene items, and reached 45,000 HH, promotion of hygiene with the objective of improving the Water, Hygiene and Sanitation (WASH) conditions in these three most affected areas, which contributed to reducing the rising trend of the disease in the areas.

The design and implementation of this operation was based on identified needs as well as feedback from the targeted communities. The following activities were prioritized in this response:

- Provision of training on Cholera outbreak response and Epidemic Control for 300 volunteers and staffs.
- 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 was done through the deployment of 60 volunteers (20 per region) to conduct social mobilizations on cholera prevention and treatment reaching 45,000 persons (90,000HH). During the social mobilization, the trained volunteers mobilized communities, demonstrated 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 were used; speakers, generators, leaflets, posters, temporary tents, megaphones and ERCS visibility materials. The required materials were obtained by renting them from the local suppliers (audio vans, generators, and loudspeakers), whereas ERCS received leaflets and posters and temporary tents from UNICEF. The social mobilization campaigns were conducted in 3 intervention regions to address the affected communities once in weekly basis.
- A total of 90,000 Households were reached with house to house environmental sanitation and hygiene promotion activities carried out and follow up on the actual change of behaviour has been made within the targeted communities. This was done through the deployment of 220 volunteers for three days a week for 12 weeks (36 days).
- 45,000 HH received WASH items 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 was hard for volunteers to conduct water chlorination at specific water points. As such, the preferred methodology for NS was 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 the 300 volunteers, were briefed to conduct a one-day distribution across all three target regions.
- Some 238 T-shirts with cholera prevention messages and other visibility materials were procured and distributed among the volunteers and staff.
- Water purification chemicals, detergents, soap procured and distributed to the affected people.

ERCS collected 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 was analysed and used to inform changes in the operational strategy.

Community Engagement and Accountability (CEA) was one of the approaches to make the targeted communities at the heart of the operation. ERCS ensured the integration and mainstreaming of community engagement and six (6) feedback mechanisms put in place during the whole course of the operation in six implementing branches. The NS was engaged in collecting community feedback to enable them take corrective measures. A feedback desk was put in place during the distribution and sensitization sessions as well as during the door to door visits. In addition, a post distribution monitoring was conducted as required. To ensure community participation, community representatives e.g.

Leaders, women groups, religious leaders, youth groups were identified to work with on the social mobilization campaigns and flood response activities.

Management and coordination of the Cholera outbreak operation was further strengthened through:

Human resources: Some 300 volunteers were trained and deployed to support implementation of this operation as follows:

- 300 volunteers deployed for 3 days per week for 12 weeks to conduct 12 door-to-door sessions.
- 300 Volunteers were deployed once a week for 12 weeks for 12 mass sensitization sessions.
- Volunteers were deployed for distribution of WASH items such as water treatment chemicals, Soap and detergents.


In addition to the volunteers, 9 ERCS field level staff (3 people per region) conducted supervision of volunteer activities at least 2 days per week for 16 weeks. The 6 staffs per region were participated due to wide geographical spread of regions in Ethiopia. IFRC in country Ops manager and CCST focal point visited implementation area and supported lessons learned workshop.

Communication: Contact with the ERCS volunteers and branch was maintained as well as effective communication between all levels of the operation. Periodic meetings were held to provide updates and information 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 was done per ERCS procurement procedure. Some 6 audio vans and generators were rented locally and used for mass sensitization sessions.

Security: The security environment in Ethiopia remained volatile and various parts of the country also insecure. However, with the measures taken during planning of the operation, no incident was registered and implementation conducted with no security related disruptions.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 968,600</p> <p>Male: 474,614</p> <p>Female: 493,986</p>	
Indicators	Target	Actual
# of households reached with environmental sanitation and Hygiene promotion	70,000	90,000
# of volunteers trained on ECV & Cholera outbreak response	220	300
# of joint monitoring conducted	3	3
# of volunteers involved in door to door hygiene promotion	220	300
# of social mobilisation campaigns conducted	12	12
# of volunteers involved in door to door hygiene promotion	60	300
# of ERCS staff involved in the operation	9	12
Narrative description of achievements		
<p>The kickoff meeting and planning workshop for DREF cholera response was officially conducted on 8th August 2019 where all relevant stakeholders from implementing branches, government focal points, volunteers to be engaged in the operation, staff from HQ, PNS and IFRC based in Nairobi and Addis Ababa were introduced to the project. The workshop was aimed to reviewing of Cholera Response Plan and to discuss the roles and responsibilities amongst stakeholders. The workshop was for one day with a total participation of 24 people (Male=21 Female=3). At the end of the workshop, recommendations and conclusion were made after having a robust discussion on the plan of action of each respective implementing branches. Budget for operation was transferred to each implementing branches from HQ.</p> <p>Concerning ECV training for volunteers, a total of 300 volunteers were trained in Addis Ababa, Amhara and Oromia. The training was facilitated by the trained health professional from Government Health bureau and staff from branch for 3 days. It was conducted in all branches as per their plan of action.</p> <p>Following the completion of training to 300 volunteers in three implementing branches on ECV, the branches deployed all the volunteers to conduct door to door hygiene and environmental sanitation messaging and reaching a total of</p>		

90,000 HHs. The operation exceeded the planned output because of recruitment of extra 80 volunteers 300 volunteers against the planned 220.

More volunteers were recruited because two more branches were increased in the scope of coverage which were not initially planned because of the magnitude of the case load from those districts

Social mobilization sessions were conducted In Addis Ababa (60,340 people in 3 sessions), In Oromia (15,650 people in 6 sessions) and Amhara (5,202 people in 3 session) for a total of 12 sessions for the targeted audience in area where there is mass gathering. The total people reached through key health messages of Cholera response were 90,000 HH (450,000 people).

ERCS conducted a joint monitoring with UNICEF representatives in all implementing branches during the social mobilization & distribution session to support and guide the volunteers in maintaining the quality, and dissemination of key messages of Cholera response for the targeted audiences.

The National Society ensured the significance of Community Engagement and Accountability (CEA) components in every cycle of the operation. Therefore, the PMER unit prepared CEA plan to ensure that the community being involved in decision making, feedback and complaint mechanisms put in place, using appropriate communication channels while the branches implementing the activities.

In Addis Ababa

- Trained 100 volunteers on ECV, Social mobilization activities, House to house visit, case finding, referrals, on Cholera Prevention and Response, in collaboration with EPHI assigned staff & UNICEF staff.
- Conducted Social mobilization activity in three sub cities namely Addis Ketema, Nefassilk, and Kaliti continuously from August to October 2019. The program was conducted for three days a week in every mass gathering areas including bus stations, markets, schools, along streets using “Montarbo” by renting ISSUZ.
- The intervention reached about 300,000 people with social mobilization activities.
- Reached 100,000 people with key health messages of Cholera prevention & response in distribution of leaflets prepared by FMOH and UNICEF.
- Reached 270,000 Households in house to house visit. Distribution 270,000 households water treatment tabs & soap for hand washing.
- Distributed 25,000 detergents for 25,000 households for washing clothes.
- Distributed 20,000 detergents for Health centers for disinfection purposes.

In Amhara

Intervention areas were at 3 zones namely South Wollo, North Wollo and North Gondar.

South Wollo: Intervention areas were in 3 districts namely Dessie, Ambasal, Geshen, and Haike.

- Trained 64 volunteers in each district, staffs and board members at Geshen, Geberieal, Mariam, Medeanialme, Kedanemehret and Haike Estifanos on ECV, Social mobilization, house to house visit activities, in order to do hygiene promotion awareness raising, following the training a total of 256 community volunteers were deployed.
- Addressed around 80,000 people who came from various parts of the country, in AWD prevention and control awareness raising. These people used to come yearly to this Place for the religious ceremony. The volunteers distributed water treatment tabs & soap for hand washing. At the same time volunteers demonstrated the proper usage of the tabs to the gathered people. This activity was done in collaboration with district MOH office.
- Distributed 80,000 leaflets about cholera prevention and control which was received from MOH office.

North Wollo: Intervention area is Wagemera zone, Abergele District in 7 kebeles.

- Trained 36 volunteers in each kebele in total 252 community volunteers in 7 kebeles on ECV, Social mobilization, house to house visit activities in collaboration with district MOH offices. Following the training they were deployed at the respective kebeles & villages.
- Addressed a total of 120,000 people in social mobilization activity
- Addressed in visiting and informing the Cholera Prevention and Control to a total of 453,600 house to house visit.

North Gondar: Intervention was in three districts namely Telemet and Armachiho , Tegedei

- Trained 30 volunteers in each district having a total of 90 community volunteers in 3 districts on ECV, Social mobilization, house to house visit activities in collaboration with district MOH offices. Following the training they were deployed at the respective kebeles & villages.
- All 3 districts are hard to reach areas, and as Red Cross not able not to intervene in such type of areas. It is only ERCS & Regional, District MOH who were implementing the Cholera response program.
- Both branch offices (North Wollo and North Gondar) were transporting the items with vehicle to the place where the vehicle could reach then after rented donkeys & Horses to transport the items to the affected areas.
- Trained 102 volunteers (55 male and 47 female).
- The volunteers in collaboration with Government authorities distributed 45,000 soaps and water chemicals to a total of 35,000 people.

In Oromia

In Oromia Region the intervention areas were in 3 zones namely: -

- West Arsi Zone two woredas, Shalla Woreda, Shashamane Zuria Woreda and Shashemene town,
 - East Harerge zone at two woredas Fedis Woreda & Goro Gutu Woreda,
 - West Harrarghe Zone at two woredas Gumbi Bordede woreda & Gemechis woreda)
- Oromia ERCS Regional office accomplished Cholera prevention & Control activities at 7 districts.
 - Trained 210 volunteers in collaboration with MOH office on ECV, Social Mobilization, House to house visit in relation to Cholera prevention and control.
 - Reached 700,000 people on social mobilization using 6 Montargo on rented ISSUZU.
 - Distributed 16,220 leaflets & poster (4,420 Afan Oromo, 10,000 Amharic leaflets 1,800 posters collected from the regional Ministry of Health Beuro.
 - In total 65 banners for visibility issues were printed and distributed for each district.
 - Six Audio prepared on Cholera with local languages. rented six pairs of Montarbo (sound system) with its full equipment,
 - Nine vans deployed, one for each intervention area, for social mobilization activity.
 - T-Shirts with caps (300 pieces) for those volunteers and stakeholders participating on the program was printed with logos of ERCS, IFRC, and distributed to each zone.
 - Social mobilization activity completed in a total of seven districts for 36 days and a total of 349,841 (M= 156,428 & F= 193,413) people were addressed with the social mobilization campaign in seven districts
 - 35,902 home visits were conducted
 - Covered a total of 143 kebeles.
 - Soap (15 pcs for each HH) and water purification chemicals (15 pcs for each HH) was completed.
 - Local media (FM radio) was used to create awareness on Cholera for 30 minutes on air.
 - 20 toilets were constructed (mainly in Fedis woreda) by the community after getting awareness on the outbreak.

Challenges

- Inadequate budget inhibited completion of all activities and limited the number of households reached through awareness.

Lessons Learned

- It is good to allocate adequate budget to execute the activities targeted for such emergency responses.

Water, sanitation and hygiene

People reached: 225,000

Male: 110,150

Female:114,850



Indicators	Target	Actual
# of households supported reached with households WASH items to improve hygiene and sanitation condition	10,000	45,000
%/# of target people using distributed items properly	80% or 40,000 people	80% or 40,000 people
# of HHs supported with soap, detergents and water purification chemicals	10,000	45,000
# of households visited during environmental sanitation activities	10,000	90,000
# of hygiene promotion activities conducted	36	56

Narrative description of achievements

In the beginning of the planning workshop, it was assumed that all procurement items would be purchased and managed centrally at the HQ. For instance, 238 T-shirts for volunteers & staff was procured for visibility and message to communities on cholera prevention for the National Society during the implementation of the cholera response. The T-shirt has the logo of both ERCS & IFRC logos with text message (**Stand together against Cholera**) at the back of the duplicated T-shirts which is appropriate key message for Cholera response in Ethiopia. During the planning workshop, it was being suggested that the text message should also consider local languages both Amharic and Afan Oromo. Therefore, additional production of T-shirts for Oromia region was purchased and distributed to those who worked actively on Cholera response operation.

The hygiene promotion informed targeted audience on the appropriate utilization of soap, detergents and water purification chemicals and reached 45,000 households for the reduction of water borne and water related diseases among the affected communities. In this operation, a total of 56 door to door hygiene promotion sessions were conducted in Addis Ababa, Amhara and Oromia by deploying the trained ECV volunteers, this was achieved due to increased number of volunteers.

The initial plan of 10,000 households was exceeded because two districts were included to the response and there was under casting in the planning and actualised on the implementation with optimal numbers

Sanitation items including 150,000 soap, 150,000 water treatment tabs and 50, 000 detergents were procured and distributed to ERCS Regional Offices and it was the responsibility of ERCS Regional offices to distribute to the district level responsible committee and ERCS volunteers. ERCS volunteers distributed the items to beneficiaries being guided by the established district level committees.

Hygiene promoters were trained in house to house visit and discussed the importance of hand washing at critical times, environmental cleanliness, the proper utilization of latrines and the hygiene items were distributed to visited households. In the meantime, ERCS volunteers sensitized each household to make use of the detergents for washing clothes and keep away from children. A total of 90,000 households were visited during environmental sanitation activities. This was achieved because the original plan took into account 220 volunteers to be deployed for the operation, whereas 300 volunteers were actually deployed. In addition, the EPoA planned for volunteers to only work 5 days a week, while during implementation, they were deployed 7 days a week to ensure maximal results. The results obtained by ERCS on this operation is also thanks to the efforts of the health extension workers during that specific operation period, as their actions complemented those of the trained volunteers.

Challenges

- Long process of procurement.

Lessons Learned

- It would be prudent to understand the emergency situation and expedite procurement procedures of the NSs accordingly, to provide flexibility under emergency situations.

Influence others as leading strategic partner

Indicators:	Target	Actual
# of IFRC monitoring missions conducted	2	1
# of lessons learnt workshop conducted	1	1

Narrative description of achievements

This was a one-day lesson learning workshop held in Addis Ababa at ERCS Training center. Participants were from the intervention areas within the three regions namely Oromia, Amhara and Addis Ababa and included government authorities, health provider stakeholders, branch secretaries and some volunteers. Each district presented the process of the implementation and lesson learnt. The lessons have been important for the NSs future intervention strategy.

Challenges

- In Amhara region, unexpected heavy rainfall and the prevalence of prolonged rainy season affected project implementation.
- Poor road access to the intended site to distribute the purchased items especially in North Gondar & North Wollo.
- Ethnic based conflict in North Gondar was a hindrance to deliver the items within the specified period and continue with the hygiene trainings.
- Telemt woreda which is 427 km far from the Gonder town was difficult to access in Amhara region due to poor infrastructure (off road) as it was not an easy task to transport the water, sanitation, and hygiene items

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/07-2020/6	Operation	MDRET021
Budget Timeframe	2019/07-2019/11	Budget	APPROVED

Prepared on 16/Jul/2020

All figures are in Swiss Francs (CHF)

MDRET021 - Ethiopia - Epidemics

Operating Timeframe: 15 Jul 2019 to 15 Nov 2019

I. Summary

Opening Balance	0
Funds & Other Income	338,886
DREF Allocations	338,886
Expenditure	-327,749
Closing Balance	11,137

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	67,981	41,664	26,317
AOF5 - Water, sanitation and hygiene	256,114	285,185	-29,072
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	324,095	326,850	-2,755
SFI1 - Strengthen National Societies	903	1	902
SFI2 - Effective international disaster management	7,716		7,716
SFI3 - Influence others as leading strategic partners		899	-899
SFI4 - Ensure a strong IFRC	6,173		6,173
Strategy for implementation Total	14,791	899	13,892
Grand Total	338,886	327,749	11,137

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Budget Timeframe	2019/07-2019/11	Budget	APPROVED

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MDRET021 - Ethiopia - Epidemics

Operating Timeframe: 15 Jul 2019 to 15 Nov 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	186,590	133,234	53,356
Water, Sanitation & Hygiene	186,590	131,746	54,844
Medical & First Aid		1,487	-1,487
Logistics, Transport & Storage	31,844	50,167	-18,323
Storage		2,300	-2,300
Distribution & Monitoring	2,001		2,001
Transport & Vehicles Costs	29,843	47,867	-18,024
Personnel	71,376	43,202	28,174
National Society Staff	5,806	297	5,509
Volunteers	65,569	42,905	22,665
Consultants & Professional Fees	5,796		5,796
Professional Fees	5,796		5,796
Workshops & Training	16,905	47,438	-30,533
Workshops & Training	16,905	47,438	-30,533
General Expenditure	5,693	33,706	-28,014
Travel	5,175	844	4,331
Information & Public Relations		32,862	-32,862
Office Costs	518		518
Financial Charges		1	-1
Indirect Costs	20,683	20,003	680
Programme & Services Support Recover	20,683	20,003	680
Grand Total	338,886	327,749	11,137

to the beneficiaries. As a result, North Gonder zonal ERCS Branch office used donkeys and horses to transport the items.

Lessons Learned

- Limited monitoring visit from the HQ limited information access by the project team,
- Distribution of items should have been best if it was the priority and distribution done immediately to the branch level.
- Proper planning is key to effective emergency response for cholera, consideration should be given to issues of access in relation to road condition and adequate budgeting.

D. Financial Report

The overall amount allocated for this DREF operation was CHF 338,886 of which CHF 327,749 (96.71%) were spent. A balance of CHF 11,137 will be returned to the DREF pot.

Explanation of variances:

- Medical and First Aid budget line was expensed by CHF 1,487 although not budgeted for, because during training of ECV first aid was mainstreamed and the costs were incurred in this regard. This was essential to build wholistic capacity of our first respondents.
- Storage budget line was also expensed by CHF 2,300 though not budgeted. This was essential but oversight initial budget because all procured items recurred safe in at HQ and the branches.
- Distribution and Monitoring budget line remained unspent because of civil unrest, movement was restricted, and remote monitoring was used through emails and telephones.
- Transport and Vehicles Costs budget line was overspent by CHF 18,024 (60%). Two more districts were added in the coverage depending the case load and need of response and therefore increase in mileage. In Amahara and Oromia, unconventional transport like horses and donkey carts were used to reach in accessible locations increasing the cost of transportation. Moreover, due to the conflict there was hike or escalation of transport costs
- National Society Staff budget line was underspent by 94% with a positive balance of CHF 5,509 because there was no staffing budget line for headquarters as well as branch. DREF regulation was not allowing during this operation.
- Professional Fees budget line remained unspent because there were no professional services engaged.
- Workshops and Training was overspent by CHF 30,533 (280%) because there was an additional 80 volunteers and also there was kick off meeting for key stakeholders in every district , which was not stated in the original budget spent from this relative line.
- Information and Public Relations budget line was expensed by CHF 32,862 although it was not budgeted for, due to it was essential for visibility as well as increased awareness, this costs relate use of TV spots, local FM radios.
- Office Costs budget line remained unspent because there were complimentary projects.

Contact information

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact:

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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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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace