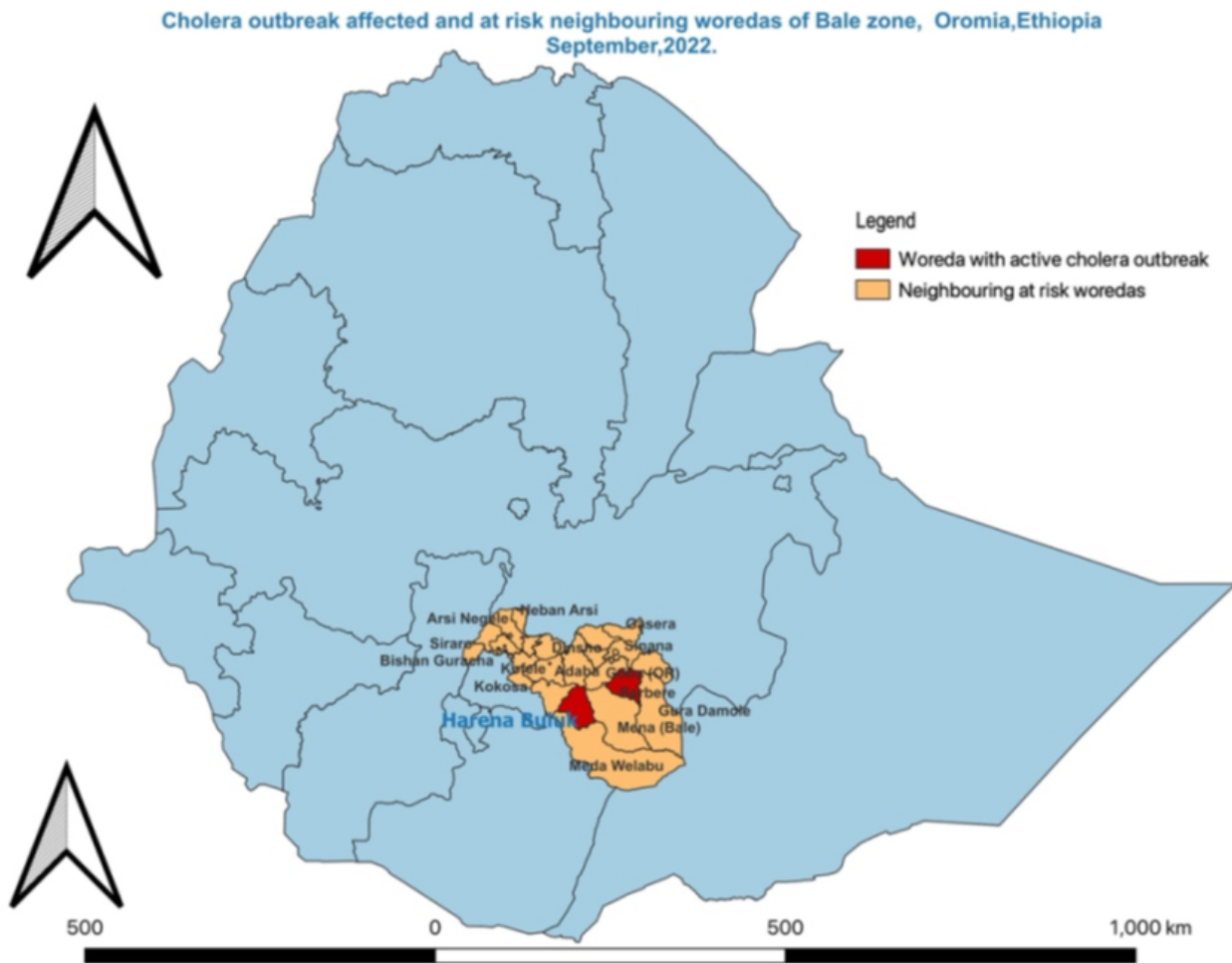




Appeal: MDRET028	DREF Allocated: CHF 414,851	Crisis Category: Orange	Hazard: Epidemic
Glide Number: EP-2022-000323-ETH	People Affected: 258,809 people	People Targeted: 258,809 people	
Event Onset: Slow	Operation Start Date: 2022-10-04	Operation End Date: 2023-02-28	Operation Timeframe: 4 months
	Targeted Areas:	Oromia	

Description of the Event



What happened, where and when?

On 16 September 2022, the Ethiopia Ministry of Health declared a cholera outbreak in the Harana Buluk and Berbere woredas of Bale Zone, Oromia Region. From 17 to 20 September 2022, the Bale zone of the ERCS conducted a rapid assessment which was submitted to the ERCS Head Quarters on 25 September 2022. The assessment findings reveal that a total of 102 cases and one death from both woredas had been reported at that time.

The key epidemiological indicators, at the time of writing, are as follows:

- The Attack Rate (AR) for Harana Buluk and Berbere woredas are 55.1/100,000 and 24.94 / 100,000 respectively.
- The Case Fatality Rate (CFR) for Harana Buluk is 1.47% while it remains at 0% for Berbere.
- Stool samples from Harana Buluk and Berbere were tested at the Adama Regional lab. 8 out of 8 samples from Harana Buluk tested positive for Vibrio Cholera, while 11 out of 15 from Berbere tested positive.

On 25 September 2022, a total of 16 new cholera cases (14 severe) were reported. There were no new deaths. While 2 patients were discharged, Cholera Treatment Centers (CTC) reported 14 new admissions. Anecdotally, the outbreak is also reported to have expanded to the Dolo Mena woreda, which constitutes a risk of further spread.

Cholera outbreak response activities are ongoing in both woredas. This includes oral rehydration points (ORP) by the Ministry of Health, active case searching, mandatory zero reporting and alerting of neighbouring woredas.



ERCS volunteers during assessment.

Scope and Scale

Geographically, Bale zone is divided into highlands and lowlands. Approximately 50% of the woredas are found in the lowland part of Bale where inadequate rainfall and semi-desert climatic conditions prevail. Outbreaks have been reported in two of the woredas, Harena Buluk and Berbere. Populations in these woredas are particularly vulnerable due to the drought conditions, compounded with limited access to toilets and sanitation services. Not boiling water is a culture that has been anecdotally observed. The World Health Organization (WHO) notes that young children are especially vulnerable, and are mostly likely to bear the burden of diarrhea disease (68%).

According to the Harena Buluk woreda Health office, since the outbreak began, cholera is already in the top ten diseases of the zone. The proposed target population is therefore 258,809 people, or 51,600 households. This represents the population of both Harena Buluk and Berber woredas. All population at risk are targeted, because all people must access for information and practice appropriate hygiene behaviour in order to reduce the morbidity and mortality due to the Cholera outbreak in the affected two woredas.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	Yes
If yes, please specify which operations	MDRET021

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent

This recent cholera outbreak is drought related. Ethiopia is currently experiencing one of the most severe droughts in recent history and the Oromia region is one of the worst affected areas. Drought related cholera in this region is due to a number of compounding factors: the limited accessibility and availability of safe drinking and cooking particularly in rural areas which has left many exposed to untreated water sources; and limited access to public and private toilets further resulting in environmental contamination and population exposure to harmful bacteria, including *Vibrio cholerae*.

As such, the current outbreak stands out because of the lack of water and high contamination of existing water bodies due to concentration of use and carcasses of livestock as both humans and animals share same water sources.

In addition, as part of the Cholera Preparedness Programming, an OCV/ORP Training of trainers is planned to hold on 6 and 7 October 2022 in Addis. This will ensure ERCS has a total 14 trainers across the country, ready to conduct cascaded trainings and Bale Zone will benefit both from the ToT training and the cascaded training to support planned response.

With support of Netherlands RC, ERCS is finalizing its Cholera SoP, on the basis of which the National Society can act in future responses, before situation escalates to full epidemic.

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

The lessons learned workshop following the 2019 workshop identified monitoring by the Ethiopian Red Cross Society (ERCS) ERCS Headquarters as an area of improvement. This will be improved on in this DREF submission, including household water usage monitoring by the ERCS Headquarters.

Increased use of local modes of transport, including the use of donkeys, to reach areas inaccessible by motorized vehicles is also an area of improvement that was previously identified in the previous operation. The need to use local modes of transport to reach remote and inaccessible areas has been identified in this DREF submission.

Current National Society Actions

In addition to the assessment, the Ethiopia Red Cross Society (ERCS), Bale zone branch has conducted the following activities:

Community Engagement And Accountability	<p>Participation in zonal and woreda task force meetings, established by the Zonal health department.</p> <p>Social mobilization in public gatherings, marketplaces, schools including door to door campaigns. A total of 21 volunteers have been trained and deployed in this regard.</p>
Assessment	<p>Following the outbreak declaration by MoH on 16 September 2022, ERCS conducted an assessment in Harena Buluk and Berber woreda's in Bale Zone, Oromia region from 17 to 20 September 2022. Overall, it was found that the population impacted is about 232,218 which represents total population of both woredas. The gaps identified are as follows:</p> <ul style="list-style-type: none"> •Awareness gaps among communities •Need of food due to drought •Lack of sanitary material such as soaps and other medical supplies •Tents for isolations <p>There is a risk for the outbreak to spread within adjacent woredas (Dolo Mena district) in Bale Zone, as they share same challenges with access to clean water.</p>

Movement Partners Actions Related To The Current Event

IFRC	<p>The IFRC Ethiopia/Djibouti cluster activities in support include:</p> <ul style="list-style-type: none"> - Monitoring - Office support (stationary, utilities, communication) - IFRC logistics vehicle
ICRC	<p>ICRC is present in country but not actively involved in this operation.</p>
Participating National Societies	<p>The following Participating National Societies (PNS') are in country but are not actively participating in this response:</p> <ul style="list-style-type: none"> - Austrian Red Cross - German Red Cross - Danish Red Cross - Finnish Red Cross - Netherlands Red Cross - Swiss Red Cross.

Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>No</p>
	<p>Ethiopian Public Health Institute (EPHI) has established a Taskforce; deployment of Rapid Response Teams (RRT); establishment of Cholera Treatment Centers (CTCs) in both woredas; distribution of cholera treatment kits; coordination of Cluster meetings; report sharing; media campaigns and press releases; coordination of vaccination campaigns; surveillance coordination.</p> <p>Ministry of Health (Regional and Zonal): Overall coordination of the cholera</p>

<p>National authorities</p>	<p>outbreak response operation. During the assessment, on 20 September, the MoH made request for support from humanitarian partners, highlighting the below:</p> <ul style="list-style-type: none"> •Awareness raising activities through social mobilization using audio vans, distribution of printed flyers with key cholera prevention messages, and other methods. •Train and deploy volunteers, •Train and deploy ambulance attendants and provide ambulance service •WASH household items including soap, detergents, and water purification chemicals. •Due to the current drought in the area, all kebeles are extremely in need of food items. Therefore, general food support for most vulnerable households is required. •There is a lack of tent for isolation purpose, therefore, there is a need of tent support. <p>With support from UNICEF, the Ministry of Health has set up of 4 Cholera Treatment Center kits; coordination of social mobilization activities; technical support to health authorities.</p> <p>The Ministry of Health is planning to conduct oral cholera vaccination campaign (OCV) in 118 hotspot areas across the the country (dates to be confirmed) and the National Society will be supporting this campaign through awareness raising. However, the OCV will not hold in Bale Zone, Oromia because this was done in January 2022. As such, the support from ERCS to support the response is key to quelling down the spread.</p> <p>The National Disaster Risk Management Commission (NDRMC) is supporting with early warning messaging and has issued a press release.</p>
<p>UN or other actors</p>	<p>World Health Organization (WHO): Distribution of 6 cholera community kits; cholera investigation kits; cholera periphery kits.</p> <p>Unicef is supporting MoH with provision of 4 cholera treatment units.</p> <p>Medicines Sans Frontieres (Spain): Social mobilization; soap and detergent distribution; distribution of water purification strips; Non-Food Item (NFI) Distribution.</p>

Are there major coordination mechanisms in place?

Ministry of Health is providing overall coordination of the cholera outbreak response ; Ethiopian Public Health Institute coordinates cluster meetings ; UNICEF is coordinating social mobilization activities.

Disaster Risk Management lead of the Ethiopian Red Cross Society (Bale branch office) participates regularly in all coordination meetings.

Needs (Gaps) Identified



Livelihoods And Basic Needs

Food items to address the hunger crises from the drought., the primary driver of the drought induced cholera. Although this is a need highlighted, ERCS shall focus its response on the cholera outbreak while continuing work on the food needs through the Hunger Crisis Appeal (MDRET027).



Water, Sanitation And Hygiene

WASH supports required include: Soap; detergents; water purification chemicals.



Health

As requested by Ministry of Health, gaps exist in the provision of ambulance services, including the training and deployment of ambulance attendants. For the moment, there are 2 health extension workers per Kebele, supported by trained volunteers who conduct house to house outreach visits. The volunteers identify suspected cholera cases based on community cholera definitions and suspected cases are then referred to the nearest health facility. This is why it is key to support ambulance services as requested by MoH, to ensure safe transportation of suspected cases.

Provision of isolation tents for patients to facilitate triage and treatment given the high contagious nature of the disease.

Key cholera prevention messaging through awareness activities, including: social mobilization, use of audio vans, distribution of flyers and other relevant methods.

Operational Strategy

Overall objective of the operation

The main objective of this operation is to reduce the morbidity and mortality linked to the Cholera outbreak in the, Berbere and Harena Buluk woredas, located in Bale zone, Oromia region. This operation will target a total of 258,908 individuals, or 51,600 households for a period of four (4) months.

Operation strategy rationale

The activities for cholera response includes in the following response strategies

1. Support the access to Cholera Treatment Centers (CTC)s in communities – immediately saving lives through early rehydration and referral.

Activities include the below:

- Select 240 volunteers and Train on ECV and cholera prevention and control

- Deploy 240 volunteers to do house to house case detection and referral, one volunteer 20HHs per week, 80 HHs per month and 48 thousand for 3 months
- Train 20 Ambulance attendants on EMS and provide Ambulance service (equip and deploy 2 Ambulances in two woredas for 3 months)
- Support 3 Tents (35mx10m) to establish CTCs.

2. Support capacity building to improve Health and hygiene promotion, risk communication and community engagement focused on cholera protective measures as well as on appropriate health seeking behavior.

Activities include:

- Train 40 (4-5 in each 9 kebeles) volunteers, HEWs and ERCS staffs on RCCE and establish 2 Community feedback and complaint systems
- Deploy 20 volunteers (10 for each woreda) to conduct Social mobilization using a mobile van, deploying 2 vehicles, to reach 258809 people for 3 months
- Organize and facilitate community conversation on Cholera prevention (1 sessions every month in each 9 kebeles).
- Organize periodic (once per month in 9 kebeles) Sanitation campaigns in public areas for 3 months: i.e Market places, institutions, etc, provide sanitation materials (brooms, shovels, carts, etc).

3. Enhance cholera prevention activities.

Activities include

- Promotion and distribution of safe water treatment (i.e provide Aquatab, PUR or Bishangari, orientation will be given on how to use distributed items (15 strips of water purification tabs per household) and safe storage (i.e provide water storage containers, 20L and 10L Jerrycan) for 10, 000 most vulnerable households.
- Provision of WASH kits and supplies (eg. Soaps) for 10,000 households, 15 pieces of soap per household;
- Conduct Assessment for access to WASH facilities in two woredas
- Develop PoA based on assessment.

Cross cutting issues include

- Inception workshop with stakeholders, ERCS management and board members at regional and zonal branches
- Procure and distribute 350 Feasibility materials i.e T-shirt, cape, etc) with project key message and RC logo
- Monitoring of planned activities by ERCS HQ, Regional Branch and Zonal branch
- Office operations (stationaries, utilities, communication)
- Millage/ rent for vehicle for project implementation and monitoring.

To note, Bale Branch has more than 100 active volunteers with potential to mobilize more. The Branch is also supported through the regional office in Addis which provides direct technical support in case of emergency. Through this operation, a total of 240 volunteers will be trained and deployed to support the response. The Branch has two vehicles located in Goba (branch location) and Robe (the capital). There is a warehouse in Goba with adequate capacity to hold relief supplies. More so, IFRC procured 5 vehicles for epidemic/pandemic response which are available for deployment as necessary. These are located at the main warehouse in Addis. The vehicles were procured under COVID19 Federation funded project and can be utilized as necessary for pandemic/epidemic response.

Targeting Strategy

Who will be targeted through this operation?

The proposed target population are 258,809 people at risk or 51,600 households. This represents the total population of the 2 affected woredas (Harena Buluk and Berber). The entire population is assessed to be at risk and all people must have access to information and practice appropriate hygiene behaviour in order to reduce the risk of infection, and help contain the outbreak.

Explain the selection criteria for the targeted population

The entire population is assessed to be at risk and all people must have access to information and practice appropriate hygiene behaviour in order to reduce the risk of infection, and help contain the outbreak.

Total Targeted Population

Women:	126,995	Rural %	Urban %
Girls (under 18):	-	%	%
Men:	131,814	People with disabilities (estimated %)	
Boys (under 18):	-	%	
Total targeted population:	258,809		

Risk and security considerations


Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Community needs may exceed the capacity of this operation	ERCS will advocate as necessary to partner organizations to meet unmet needs
Access to remote areas inaccessible by motorized vehicles	Use of horses and mules to deliver supplies as appropriate


Please indicate any security and safety concerns for this operation

Conflict in the northern parts of Ethiopia is ongoing and sporadic conflict in parts of Oromia have been reported. While the Bole Zone has yet to be affected, ongoing monitoring will be necessary to inform travel and operational activities. As such, the implementation area in Bale Zone is considered safe for personnel deployment by ERCS.


Planned Intervention


	Health	Budget	CHF 93,925
		Targeted Persons	258809
Indicators		Target	
Cholera prevention community engagement sessions		36	
Volunteers trained (detection; referral; house visits;		240	
Volunteers and ambulance attendants trained on First Aid		20	
Ambulance attendants trained on EMS		20	
Ambulances deployed to the 2 woredas		2	
First aid kits procured for ambulances		4	
Total number of households reached through door to door case detection/refer- rals		48000	
Priority Actions:		<p>At the moment, daily reporting/ surveillance is conducted by health extension workers. Reports are sent to District Health Authorities via community health centres and disseminated to partners. ERCS will aim to improve on timeliness of early interventions/ response based on the reports.</p> <p>In terms of activities, ERCS will implement the below:</p> <ul style="list-style-type: none"> • Organize and facilitate community engagement discussions on Cholera prevention (1 sessions every month in each 9 kebeles) for 4 months (refreshment cost). • Train 45 (5 in each 9 kebeles) volunteers and health extension workers (HEWs) on community engagement and accountability (CEA) for 3 days • Establish 2 Community feedback and complaint system in two woredas of Bale zone, orientation and system • Train 240 volunteers on simple ways to assess levels of dehydration, early detection and referral system for 2 days • Deploy 240 volunteers to do house to house case detection and referral, one volunteer will visit 20HHs per week working 3 days, 80 HHs per month and in total 48,000 households for 3 months. 	

- Procurement and distribution of 4 First Aid kits for ambulances.
- First aid training to 20 volunteers or Ambulance attendants, for 5 days.
- Support 3 Tents (20 mx10m) for established CTC by MOH. These tents are already available at ARCS through the Covid 19 Appeal, so not costed in this operation.
- Train 20 Ambulance attendants on EMS and provide Ambulance service (equip and deploy 2 Ambulances in two woredas for 3 months).

	Water, Sanitation And Hygiene	Budget	CHF 241,205
		Targeted Persons	258809
Indicators		Target	
WASH assessments conducted		2	
Number of households received water treatment chemicals		10000	
Number of household water monitoring surveys conducted		4	
Monthly sanitation campaigns in 9 kebeles		27	
Duration of sanitation campaigns (months)		3	
WASH kits and supplies provided (including 15 pieces of soap per household)		10000	
Number of households received safe water storage containers (2 per HH)		10000	
Number of households oriented to use of hygiene kits		10000	
Baseline survey conducted to define hygiene issues and assess capacity to address the problem		1	
Number of households who have received soap for improved sanitation		5000	
		<ul style="list-style-type: none"> • Conduct Assessment for access to WASH facilities in two woredas • Procurement and distribution of safe water treatment chemicals (i.e Aquatab, PUR, or Bishangari, (15 strips of water purification tabs per household, for 3 months), for 10000HHs. • Monitor use of water through household surveys • Organize periodic (once per month in 9 kebeles) Sanitation campaigns in public areas for 3 months: i.e Market places, institutions, 	

Priority Actions:	<p>etc support packed water and other refreshment for participants</p> <ul style="list-style-type: none"> • Procure and provide sanitation materials (brooms, shovels, carts, etc for sanitation campaign • Provision of WASH kits and supplies (eg. Soaps) for 5,000 Households, 6 bars of per household per month for 4 months. • Support safe storage containers (i.e provide Water storage containers, 20L and 10L Jerrycan per household) for 10, 000 most vulnerable Households (2 per HH) • Orient population of targeted communities in use of distributed hygiene kits, (volunteer allowance) • Orient population of targeted communities in the use of distributed hygiene kits, (volunteer allowance) • Conduct baseline survey to define hygiene issues and assess capacity to address the problem, once in two woredas
--------------------------	--

	National Society Strengthening	Budget	CHF 32,220
		Targeted Persons	258809
Indicators		Target	
Number of inception workshops		1	
Monitoring visits by ERCS Headquarters		4	
Number of volunteers who have received visibility materials		240	
Priority Actions:		<ul style="list-style-type: none"> • Inception workshop • Monitoring of activities by ERCS HQ, Regional and Zonal branches (travel cost, and accommodation) for 4 months to ensure any programmatic issues are identified and resolved as implementation is ongoing. • Procure feasibility materials (shirt, hat with RC logo) for 320 volunteers • Mileage/ rent for vehicle for project implementation 	

	Secretariat Services	Budget	CHF 31,407
		Targeted Persons	
Indicators		Target	
Number of vehicles leased		1	
Number of IFRC monitoring visits		2	

Priority Actions:

- IFRC Monitoring - through its Surge personnel deployed but also through the IFRC Cluster Delegation.
- Leasing and maintenance of logistics vehicle.
- Office support (stationary; utilities; communication).

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

Approximately 240 volunteers will be involved in the operation. Roles will include community engagement; social mobilization, sanitation campaigns; cholera prevention and control, case detection and referrals.; ambulance attendants.

Approximately 5 National Society staff will be involved in activities that include operations management, WASH assessments and implementation; training of volunteers; monitoring.

Will surge personnel be deployed? Please provide the role profile needed.

The ERCS will need support from IFRC Rapid response system with two (2) months deployment of a Public Health in Emergencies (PHiE) profile. This will help to ensure there is a dedicated attention to the operation given high workload on National Society side (Tigray Appeal, Hunger Crisis and other ongoing programmes and operations).

If there is procurement, will it be done by National Society or IFRC?

A fast-track procurement process which includes pre-qualification of potential suppliers to enhance lead times to supply needed commodities to the communities will be implemented. This can be done per ERCS procurement procedure. 2 audio vans and generators will be rented locally and used for mass sensitization sessions

How will this operation be monitored?

The Operation will be monitored through the National Society (1 visit every month) to ensure any operational issues can be resolved within timeframe. Through the Surge deployed, IFRC will also support operational support and coordination, specially with the field visits by the IFRC Addis Delegation Operations Manager and the Deputy Operations Manager.

Please briefly explain the National Societies communication strategy for this operation.

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.

Budget Overview



DREF OPERATION

MDRET028 - Ethiopia Red Cross Society Cholera Outbreak

Operating Budget

Planned Operations	351,224
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	93,925
Water, Sanitation & Hygiene	241,205
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	16,094
Environmental Sustainability	0
Enabling Approaches	63,627
Coordination and Partnerships	0
Secretariat Services	31,407
National Society Strengthening	32,220
TOTAL BUDGET	414,851

all amounts in Swiss Francs (CHF)

Contact Information

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

- **National Society contact:**

Dires Desyibelew, Acting Director for Disaster Risk Management, dires.desyibelew@redcrosseth.org, +251 939 655 881

- **IFRC Appeal Manager:**

David Campfens, Head of Country Cluster Delegation, David.CAMPFENS@ifrc.org, +251 901 005 258

- **IFRC Project Manager:**

Sahal Hassan ABDI, Emergency Operations Coordinator, Sahal.ABDI@ifrc.org, +251 911 207163

- **IFRC focal point for the emergency:**

David Campfens, Head of Delegation, David.CAMPFENS@ifrc.org, +251 901 005 258

- **Media Contact:** Dr Solomon, Director of Communications, solomon.ali@redcrosseth.org, TBD

[Click here for the reference](#)