

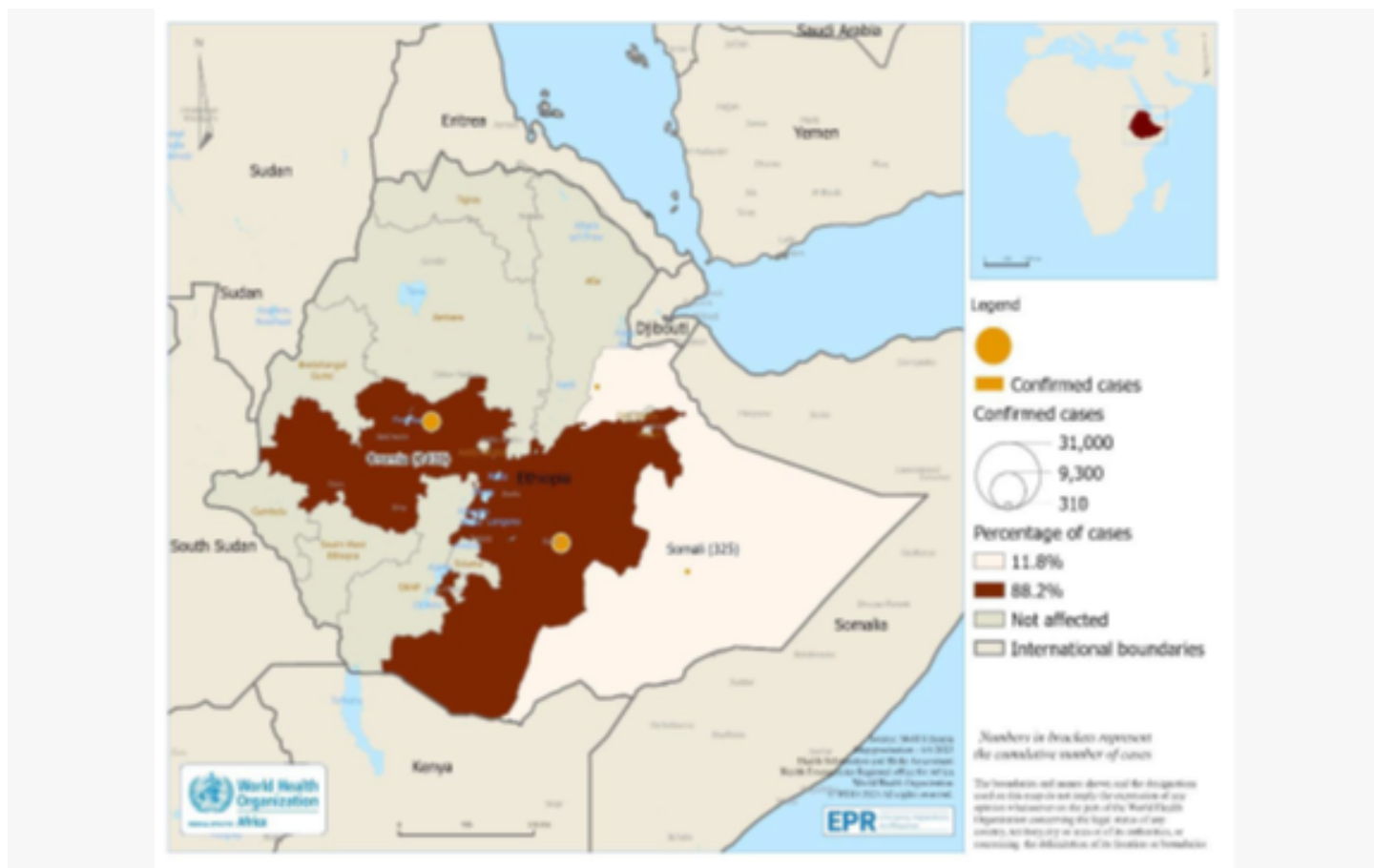


Community Participation on Hygiene and Sanitation activities

Appeal: <b>MDRET028</b>	Total DREF Allocation: <b>CHF 549,508</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2022-000323-ETH</b>	People Affected: <b>1,276,818 people</b>	People Targeted: <b>385,052 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>04-10-2022</b>	Operational End Date: <b>30-04-2023</b>	Total Operating Timeframe: <b>6 months</b>
Targeted Areas: <b>Oromia</b>			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

# Description of the Event



source: MOH Ethiopian map production on: 4/6/2023

## 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. The first case was reported on 27 August 2022, in Harana Buluk woreda of Bale zone in Southern Oromia region of Ethiopia. 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 woreda's had been reported at that time in Harana Buluk And Berbere.

Since December, cholera outbreak cases have been on increase all though the outbreak is reported out of 66 kebeles of around 8 woredas across Bale, Guji and West Arsi zones of Oromia and 2 woredas of Liban zone of Somali region. OCHA report of 30 January 2023, was reporting 1,055 cholera cases with 28 associated deaths.

Latest Information made available by MoH and field have shown cholera situation as of 12 February (Week 6) shown the disease is still in an increasing trend with Goro being on top of the districts with more cases (up to 30 kebele affected and part of the top 3 affected in Oromia). The situation needing National society to scale-up its capacity to respond. Active cholera outbreak is ongoing in 12 woredas in Oromia, 10 woredas of Harena Buluk, Berbere, Gura Damole, Meda wolabo, Goro Bale Zone, GirjaGuji zone, Nensebo West Arsi, Dawa Kachen and Ginir East Bale. In Somali regions 2 woredas of Kersadula and Guradamole. Somali in Liben zone, 120 kebeles are cholera outbreak affected as of reporting 14th February 2023. Cholera outbreak was also reported from Internal Displaced Population (IDP): 191 reported so far, no new case from IDP. Overall, more than 1 million people are now at risk in the 2 regions, Oromia being the most vulnerable as of now.

The expanded outbreak to other woredas which poses a high risk of spreading further especially in Goro worada that has reported 216, 13 case admitted at the CTC and 4 deaths as per the Goro health center report 17/2/2023. This town has active economic activities that involves 7 woradas that stands risk of being infected. It also has a previous history of difficulty in controlling of cases when cholera erupts in Goro Worada because of the high business connectivity and interaction with neighboring Werodas, zones and even cities including Adis A populations at risk being 248,517 in Berber and Goro, cases are increasing in Goro worada, there is still fear of expansion of cases to adjacent waradas namely Sinana, D/Kachen and Ginir. The cholera outbreak is spreading very first and so far, has affected 30 kebele in Goro.

According to EPHI\_PHEOC-Public Health Emergency Response weekly bulletin\_14 As of 18 June 2023, a total of 93 Woredas were affected



(43 from Oromia, 31 from SNNP Region, 6 from Somali Region and 13 from Sidama Region) were affected since 27 August 2022. By 18 June 2023, the cholera outbreak was ongoing in 71 Woredas (26 Woredas of Oromia, 29 Woredas of SNNP, 12 Woredas of Sidama and 4 Woredas of Somali regions. East Bale (Ginir, Laga Hida, Swena) Since 01 July 2023, newly 344 cases (53% SNNP, 35.5% Oromia, 9.6% Sidama and 2% Somali Region) and four new deaths also reported across the affected regions. Regional case contribution shows, Oromia Region (54% and 51.9%), SNNP Region (31.5% and 34.3%), Somali Region (12.5% and 11.8%) and Sidama Region (1.9% and 2.1%) among the total cases from the beginning and active Woredas respectively.

The NS response to date has continued in the Harena Buluk and Berbere but the trend of the disease requires more support and extending presence of ERCS in the affected regions. Zonal health department requested ERCS to further support in response of cholera outbreak in the new affected woreda of Goro. This revision of the DREF launched on 4-10-2022 will thus extend the current support to meet the imperative.



Figure 2. volunteers house to house visit



Figure 2 First Aid training



Figure 3 Community Mobilization and sensitization



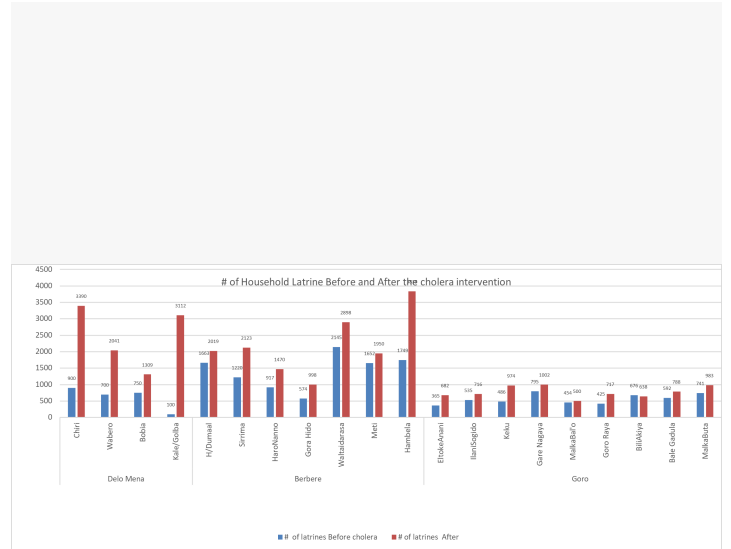
Figure 4 Beneficiaries receiving WASH kit.



Figure 5 CEA training for volunteers



Figure 6 Inception workshop conducted at Bale Robe town.



HHs Analysis of Latrine practice before and after the DREF intervention

Cholera DREF interventions

## 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 escalated from two woredas to ten of the woredas, Harena Buluk, Berbere, Gura Damole, Meda, wolabo, Goro, Dawe Kachen, Ginir and Gura Damole/ORM. So far, a total of 595 cases and 8 deaths have been reported in Bale zone, oromia zone, since the first index case was reported. Populations in these woredas are particularly vulnerable due to the drought conditions with high prevalence of malnutrition among children under five years and pregnant and lactating mothers, 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. Since then, the cholera cases have been on the rise to 12 woreda affecting regions namely Oromia and Somali. So far, a total 99 kebeles have been affected which has approximately 25,000 households with 1,276,818 people at risk. The proposed target population is therefore 385,052 people (76,748) households. This represents the population of both Harena Buluk and Berber, Dola Mena and Goro woredas. All population at risk are targeted, because all people must access for information and practice appropriate hygiene behavior in order to reduce the morbidity and mortality due to the Cholera outbreak in the affected two woredas.



## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	In East Borana the NS with the support from NLRC supported with three ORP kits were supported from NLRC. The two ORP kits were used in Berbere and Goro Health center to be used for Cholera treatment center (CTC) while the remaining one was in Bale branch store by the time the project was closed.

## IFRC Network Actions Related To The Current Event

Secretariat	IFRC has deployed a surge staff, public health in Emergencies (PHiE) and adequate field level technical support, monitoring and strengthened coordination with external partners was provided by the field delegate. ERCS is working hand in hand with movement partners on different operations and programs some which can have complimentary effect like the drought hunger crisis response where parts of Bale Zone are beneficiary. The following are movement partners in country: Austrian Red Cross -N German Red Cross - Danish Red Cross - Finnish Red Cross - Netherlands Red Cross - Swiss Red Cross and ICRC but are not directly actively participating in this response. Office support (stationary, utilities, communication) IFRC logistics vehicle
Participating National Societies	The following Participating National Societies (PNS') are in country: <ul style="list-style-type: none"> <li>• Netherlands Red Cross donated 3 ORP Kit to support cholera outbreak in Bale Zone Oromia Region and development of cholera standard procedure.</li> <li>• Austrian Red Cross</li> <li>• German Red Cross</li> <li>• Danish Red Cross</li> <li>• Finnish Red Cross</li> <li>• Swiss Red Cross.</li> </ul> Information sharing was maintained through movement coordination.

## ICRC Actions Related To The Current Event

ICRC is present in country but not actively involved in the cholera intervention.

## Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Ethiopian Public Health Institute (EPHI) has established a Taskforce that ensure deployment of Rapid Response Teams (RRT), establishment of Cholera Treatment Centers (CTCs) in affected woredas, distribution of cholera treatment kits, coordination of Cluster meetings, report sharing, media campaigns and press releases, coordination of vaccination campaigns and surveillance coordination. Ethiopia has prepared its National Cholera Elimination Plan - NCP (2021 – 2028). The NCP was prepared through the collaborative efforts of several line ministries in addition to the Ministry of Health, governmental agencies and organizations, health and WASH partners, and donors. (Ethiopia - Multi-Sectorial Cholera Elimination Plan 2022 – 2028), 7 Feb. 2023.



The OCV campaign was conducted in Goro and Berbere woredas in Bale Zone, reaching 99.8% of the target population. Source (Health response and preparedness in Oromia Region (25 April 2023), Health cluster, WHO 26, April).

So far Ethiopia Government has prepared its National Cholera Elimination Plan - NCP (2021 – 2028) with aims to achieve interruption of cholera cases (zero cases) in cholera hotspot areas by 2028. The NCP was prepared through the collaborative efforts of several line ministries in addition to the Ministry of Health, governmental agencies and organization, health and WASH partners, and donors after a meeting conducted on 26 December 2022.

According to cholera outbreak national report, the OCV campaign is on its 7th day in Oromia region and has vaccinated 72,999 (95.55%) since Jan 13, 2023. The National Disaster Risk Management Commission (NDRMC) is supporting with early warning messaging.

#### UN or other actors

- World Health Organization (WHO): Distribution of cholera community kits; cholera investigation kits; cholera periphery kits.
- UNICEF is supporting MoH with provision of cholera treatment units.
- MSF-H is supporting case management, standardizing CTC and trained HCWs of case management.

More details of Cholera response in the two affected Regions Oromia and Somali can also be found in OCHA report of 30.01.2023. Source: <https://reliefweb.int/report/ethiopia/ethiopia-cholera-outbreak-flash-update-5-30-january-2023>.

#### Are there major coordination mechanism 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.

Clusters are activated.

In Somali and Oromia Region, zonal and woreda level multisectoral task force has been instituted for the overall coordination of the ongoing preparedness and response operation in several cholera at-risk woredas.

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

Following the outbreak declaration by MoH on 16 September 2022, the Ministry of health supported with non-governmental organization provided various services to stop the spread of cholera outbreak. ERCS conducted an assessment in Harena Buluk and Berber woreda's in Bale Zone, Oromia region as from 17 to 20 September 2022, to determine the needs, it was found that the population impacted was about 232,218 which represents total population of both woredas. The gaps identified were Awareness gaps among communities, Need of food due to drought, Lack of sanitary material such as soaps and other medical supplies and Tents for isolations (CTC) and emergency referral services for critical patients.

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).



### Health

According to Bebere Worada health office, a mass MUAC screening was conducted in the month of December 2023 and cases of malnutrition among children under five years and pregnant and lactating mothers was evident due to drought with an indication of GAM rate was 11.5% among children below 5 years which falls under serious category and 36.2 % pregnant women and lactating mothers MUAC<23 cm which is critical.



The DHIS report Goro worada, Number of <5yr children screened and have moderate acute malnutrition 24 - 59 Months was 4,918 and number of <5yr children screened and have severe acute malnutrition 24 - 59 Months was 668 in the year 2022 which confirms that there is high prevalence of malnutrition making them vulnerable to cholera infection and other diseases. Based on this finding there is high need of cholera outbreak intervention in this affected woradas.

There are 6 affected Kebele in Goro. Each one Community Health extension worker per Kebele, whose responsibility is conducting community awareness on health issues including cholera. One kebele has approximately 1000 households where one health extension worker is not in apposition to handle situation during cholera emergency. Therefore, there is need to train and deploy more volunteers to fill the gap.

The operation is planning to meet needs of 126,402 in Goro Worada with provision of one ambulance to provide services during the outbreak and support 120 community-based volunteers to conduct house to house visits to ensure active case findings and referral of suspected cases, community engagement and accountability, Mass awareness campaign.



## Water, Sanitation And Hygiene

ERCS using feedback collection through communities' talks is also monitoring the impact of the operation and the gaps from community voices. the following feedback have come repeatedly during community discussions:

- They appreciated Red Cross Action in their community.
  - Asked for more sanitation material and water chemical support.
  - Requested volunteers to have visibility when they conduct home visits.
  - Due to drought, there is food shortages, they requested for food support especially for children
  - They said most of them fetch drinking water from the river. They need asked support for construction of safe water point if possible.
- The drought and water access challenges increased during the dry season normally ending December to January is leaving communities already affected by similar effect over the past years, in high scarcity of potable water. The leaving condition of IDPs and even host communities in the Oromia Region as well as Somali force people on bad practice in general. The pressing needs of simply access to water sources is putting hygiene and sanitation as less priorities, creating appropriate risk factors to the spread of the disease in the various kebele.

The main source of drinking in Goro town is Tap water from unprotected spring and River which is majorly used in rural area and highly contaminated. Due to nature of the affected community members being pastoralists, this contributes to open defecation too due to lack of use of latrines.

# Operational Strategy

## Overall objective of the operation

The main objective of this revised operation was to reduce the morbidity and mortality linked to the Cholera outbreak in the, Berbere and Harena, Baulk and Goro weredas, located in Bale zone, Oromia region. This operation targeted a total of 385052 people (76748 households) for a period of six (6) months.

Intervention priority areas was in Bebere, Harana Buluk Dolamena and Goro woreda from 04.10.2022 to 30.04.2022. ERCS intervention was scale-up to include the changes on the cholera situation with significant increased of cases in early 2023 that required expanding the scope of the IFRC-DREF operation.

## Operation strategy rationale

Overall, NS intervention plan from 4th October 2022 up the operation closure follows the National contingency plan scenario for epidemic response and has been covering a response to stop spreading of cholera outbreak was managed in the intervention areas. Six pillars are implemented namely Leadership and Coordination, Water, Sanitation and Hygiene (WASH), Surveillance and Reporting, Use of Oral Cholera Vaccine (OCV), and Community engagement. the same strategy is maintained and extended to support more Households and cover some of the gaps identified. The covers the following pillars:

1. Support the access to Cholera Treatment Centers (CTCs) in communities – immediately saving lives through early rehydration and referral. Activities include the below:
  - Select 360 volunteers and Train on ECV and cholera prevention and control.
  - Deploy 360 volunteers to do house to house case detection and referral, one volunteer 20HHs per week, 80 HHs per month.
  - Train 30 Ambulance attendants on EMS and provide Ambulance service (equip and deploy 3 Ambulances in 3 woredas for 2 months).
  - Support 3 Tents (35mx10m) to establish CTCs with complementarity from COVID stocks.



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. The operation planned to mobilised 360 volunteers (120 for Berbere, 120 for Dola mena and 120 for Goro) in different interventions such as provision of capacity building in Epidemic prevention for volunteers (ECV), fast aid and EMS, Community Engagement and Accountability (CEA). These have been planned in the response to ensure that there is consistence and accountability in this operation.

3. Enhance cholera prevention activities. Activities include:

- Reach up to 385,052 people (76,748 households) with prevention messages through various communication mechanisms in 3 Woredas.
- Promotion and distribution of safe water treatment (i.e provide Aquatab, PUR or Bishangari, orientation messages focus was given on promoting 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 16, 000 most vulnerable households.
- Provision of WASH kits and supplies (eg. Soaps) for 16,000 households, 15 pieces of soap per household;
- Conduct Assessment for access to WASH facilities in 3 woredas;
- Develop PoA based on assessment.

Cross cutting actions conducted to support the intervention:

- 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 activates by ERCS HQ, Regional Branch and Zonal branch,
- Office operations (stationaries, utilities, communication),
- Millage/ rent for vehicle for project implementation and monitoring.

The cholera situation urges partners to increase the assistance that have started in September. The efforts of NS will continue to sustain the cholera response system in affected province of Bale during the DREF timeline. As part of the National contingency plan scenario, ERCS will keep coordinating his intervention RCRC network and stakeholders which includes ministry of health. Therefore, the NS will hand over some of the activities to the government. The branch is strengthened with trained volunteers who are prepared to post emergency or any other emergency of the kind.

## Targeting Strategy

### Who was targeted by this operation?

The proposed target population was 385,052 people (76,748) households. This represents the total population of the 3 affected woredas (Harena Buluk, Berber and Goro). The entire population is assessed to be at risk and all people must have access to information and practice appropriate hygiene behavior 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 behavior in order to reduce the risk of infection and help contain the outbreak.

## Total Targeted Population

Women	192,410	Rural	73%
Girls (under 18)	123	Urban	27%
Men	192,642	People with disabilities (estimated)	9.3%
Boys (under 18)	123		
Total targeted population	385,052		



# Risk and Security Considerations

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

Risk	Mitigation action
Minimal capacity vs community needs and expectation.	Coordinate with other partners for complementarity. Extensive community engagement to manage expectations.
Access to remote areas inaccessible by motorized vehicles	Use of horses and mules to deliver supplies as appropriate.
Community needs may exceed the capacity of this operation	ERCS will advocate as necessary to partner organizations to meet unmet needs.

Please indicate any security and safety concerns for this operation

Oromia region Bale Zone was not affected by any security issues, Continues monitoring was conducted to inform travel and operational activities. As such, there were not any effect on cholera DREF implementation areas in the Bale Zone were considered safe for personnel deployed by ERCS.

## Implementation



**Budget:** CHF 116,606

**Targeted Persons:** 385,052

**Assisted Persons:** 123

### Indicators

Title	Target	Actual
Cholera prevention community engagement sessions	36	36
Volunteers trained (detection; referral; house visits;	240	381
Volunteers and ambulance attendants trained on First Aid	20	26
Ambulance attendants trained on EMS	20	26
Ambulances deployed to the 2 woredas	2	3
First aid kits procured for ambulances	4	6
Total number of households reached through door to door case detection/referrals	76,748	79,828

### Narrative description of achievements

A total of 381 (male; 240, Female; 141) volunteers were trained on simple ways of assessing level of dehydration, early detection, and referral system for three days in Barbare, Delo Mena, Haro Dembel and Goro woredas. Trained volunteers were deployed to the respective targeted communities to share key messages on cholera prevention, awareness and hygiene promotion through STOP Cholera mass awareness campaigns and mobile road shows while, conducting community awareness and sensitization on cholera prevention and



treatment, water purification and storage, safe excreta disposal, food hygiene and storage, hand washing with soap through house-to-house visits, community group discussions, sensitization at markets and other meeting points in Berbare, Delo Mena and Goro woredas.

Under close supervision of the project focal person, branch head and officers, volunteers conducted monthly community meetings to engage stakeholders across the five targeted branches. Volunteers worked three days a week, 80 households per month conducting door-to-door awareness and health promotion on cholera. Once every week, volunteers held Focus Group Discussions (FGD) and community meetings to discuss cholera issues, risk behaviors and preventive measures.

The selected 381 volunteers, trained and deployed on Epidemic control for volunteer (ECV). The volunteers deployed were conducted house to house visit to conduct case detection and referral. This support enhanced access to Cholera treatment centers (CTC)s in the communities and helps to saving immediately lives of the communities through early rehydration and referral systems.

A total of 65,310 households, i.e., 326,550 persons (Male:156,744, Female: 169,806) were reached through door to-door cholera prevention awareness and risk communication activities. At household level, the volunteers demonstrated to the household members demonstrated the use of water purification tablets, household preparation of sugar salt solution and proper handwashing, using soap or ash.

26 ambulance attendant's training was provided by the EMS and ambulance service. Two ambulances were (equipped and deployed in two woredas (Berber and Delo Mena) for 3 months and one ambulance was also (equipped and deployed in the Goro woreda for 52 days. 6 First aid kits and PPE materials were equipped to all three ambulances. A total of 190 people (126 in Berber and 42 in Delo Mena and 22 in Goro Woredas) received first Aid and Ambulance services by Red ERCS vehicle.

50 people including Red Cross volunteers, Health officers, Health extension workers were trained on oral rehydration point kit (ORP Kit) who's objective was to equip them with knowledge and skill on daily ORP operation in the community, treatment in terms of assessment of oral rehydration of AWD/Cholera, decision Flow Chart for treatment and referral, to ensure infection prevention control during the operation. Cholera prevention was administered to patients and reporting was done by the people engaged. Three ORP Kits were distributed by Netherland Red Cross to established cholera treatment centers to manage outbreak.

The health awareness intervention contributed to increased public awareness about cholera (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for 922,359 people at risk in the affected districts and Kebeles. The intervention also contributed to improve early detection, reporting and referral of suspected cholera cases through community-based disease surveillance mechanisms. In addition, the response improved awareness around sanitation and hygiene practices of vulnerable families in the affected areas, specifically around hand washing practices, use of latrines, drinking of aqua safe treated or boiling water.

Three mobile vans were deployed in three woredas and all 31 trained volunteers were deployed (1 mobile Audio-Visual vans, 10 volunteers per van) per woreda to conduct mass hygiene education using AV (audio visual vans) for 60 days. This intervention was designed by the branch and was conducted as a result of shifting from the saved budget requested initially. Since the deployment of 21 volunteers from three woredas (5 from Delo Mena, 5 from Robe and 6 from Goba), more than 692,948 people have received awareness on cholera disease outbreak through audio dissemination, live messaging, and music entertainment.

#### Nutrition

Due to drought in the operational area, severe malnutrition was evident, and it was realized that among the people admitted in the CTC, children under 5 year and women were mostly affected. Due to this, integration of cholera outbreak prevention with IYCF and supplementary feeding program was initiated to reduce high prevalence of cholera among the under 5 years and pregnant and lactating women.

A total of 2,467 mothers was reached with cholera key messages on personal hygiene, safe food storage, handling of food, washing hands at critical time during childcare, proper disposal of children fecal matter, during demonstration session and distribution of food at the health center and community level. A total of 1,746 children with a MAM case received ready to use food supplements (RUSF) as well.

A total of 50 people that included volunteers, community health extension, health officers and school directors were trained on community engagement and accountability approach, whose objective was to give them knowledge and skills on how to involve the community in cholera outbreak response, by sharing information with community on cholera prevention and see how to engage them in the process of implementation of the intervention to address the disease outbreak, transparency and accountability.

- Hot line was established to enable ambulance services and any other concern issue to be displayed, established community feedback system, Kobo toolbox was used to collect data with 55 respondents. The questionnaire was designed, and orientation to community-based volunteer done. Community committee was also set up to plan and ensure distribution of NFIs was done in a transparent manner.

- Community feedback and complain system was set up. There is a plan to conduct focus group discussion to discuss on the findings of the action.

- ERCS organized and facilitated community discussion on Cholera prevention (1 session every month in each targeted kebeles), 2 sessions in each 21 kebeles were conducted, reaching a total of 16,098 (male =8,663 and female =7,435). They also took part on Community discussion sessions on prevention of cholera outbreak disease.



## Lessons Learnt

- Regular health inspection and surveillance of potential cholera outbreak in the community is important for averting future outbreak in the communities.
- The community-based approach of identifying volunteers to intervene in emergencies within their own community set up was very important, in that it actively involved in the communities to address the issue and take responsibility of finding solutions and resources. Consistent and proper Use of Personal Protective Equipment have helped prevention of infection towards volunteers properly trained and timely deployment of volunteers have helped to mitigate the epidemic.

## Challenges

- There was inflation of the market compared to the estimated budget during the planning of the project.
- Hard to reach area due to lack of infrastructure.
- Far apart distances from one house to another.



## Water, Sanitation And Hygiene

**Budget:** CHF 336,267

**Targeted Persons:** 385,052

**Assisted Persons:** 123

## Indicators

Title	Target	Actual
Number of PDM survey conducted	1	1
Number of WASH KAP survey conducted	1	1
Number of households received water treatment chemicals	16,000	16,000
Number of household water monitoring surveys conducted	4	4
Monthly sanitation campaigns in 9 kebeles	36	42
Duration of sanitation campaigns (months)	4	6
WASH kits and supplies provided (including 15 pieces of soap per household)	5,000	11,000
Number of households received safe water storage containers (2 per HH)	10,000	19,300
Number of households oriented to use of hygiene kits	16,000	16,000

## Narrative description of achievements

To cascade the implementation of the DREF and to control the outbreak immediately 381 trained volunteers carried out WASH activities in the targeted communities, conducting community awareness and sensitization on cholera prevention and treatment, water purification and storage, safe excreta disposal, food hygiene and storage, hand washing with soap through house-to-house visits, community group discussions, sensitization at markets and other meeting points were conducted. This mass education and awareness creation session were reached 922,359 people. The demonstrations mostly conducted by the volunteers and health professionals. The mass education also messaging, and awareness sessions also done for families of children with disabilities through the engagement and its environs.

In addition to these three mobile vans were deployed in four woredas and 41 trained volunteers were deployed (1 mobile Audio-Visual



vans, 10 volunteers per van) per woreda to conduct mass hygiene education using AV (audio visual vans) for 60 days. Since 381 volunteers from four woredas (Delo Mena, 5Robe, Goro, Berber, and Goba) for three days. So far, more than 922,359 (Male: 453,499 and Female: 468,860) people have become aware of the cholera epidemic through audio streaming, live messaging, and musical entertainment.

In the target intervention woredas, RCCE for cholera has been intensified with drinking water safety and hygiene promotion messaging that is outreaching. A total of 16,000 HHs (80,000 people) received orientation on how to use hygiene kits and 15 sachets of water purification, 32,000 jerrycans that contained 20 liters distributed for 16,000 HHs (80,000 beneficiaries) and 96,000 multi-purpose soaps per each household 6 bar soap were distributed for 16,000 HHs (80,000 people).

Result in an unhealthy environment contaminated by human waste. Without proper sanitation facilities, waste from infected individuals can contaminate a community's land and water, increasing the risk of infection for other individuals. Proper waste disposal can slow the infection cycle of many disease-causing agents. So that, proper sanitation facilities or latrines promote health because they allow people to dispose of their waste appropriately, preventing contamination of their environment and reducing risk to themselves and their neighbors. Due to this - In addition, due to the awareness creation and mass education provided more than 14,710 new latrines were built the practice of the hygiene sanitation in the households improved. The graph below revealed that household latrine before and after the cholera intervention. Based on the community volunteers house to house visiting, awareness creation and community discussion 94.68% of the target beneficiaries improved latrine after the cholera intervention.

#### Beneficiary - 1

Tiya Aman is a resident of Melka Buta kebele of Harena Buluk district in Bale zone. She is a beneficiary of the ERCS-IFRC Cholera Response project that was implemented in three districts - Barbare, Dello Menna & Harena Buluk - of Bale zone. Mrs. Tiya said that she is maintaining the hygiene and sanitation of herself and her surroundings due to the education she got from the project. "According to the education I received from the Red Cross, I wash my hands with soap before preparing food."

Tiya said that most of the people did not have much understanding about cholera, and their attitudes have changed due to the education they received from the Red Cross. In addition to awareness raising, she thanked the Red Cross for its support, stating that they were given jerrycans, WASH kits and supplies, and water treatment chemicals to help prevent the disease.

#### Beneficiary - 2

Semira Kedir Hussen is also a resident of Melka Buta Kebele of Harena Buluk district in Bale Zone, and a beneficiary of the ERCS-IFRC Cholera Response project. She said that the disease has reduced because of the work done by the project. She told that through the project, they were taught how to wash their hands, how to treat and drink water, how to use water treatment chemicals, how to use toilets, and how to keep their homes clean. She also said that they have been provided jerrycans, sanitary materials and water treatment chemicals, and expressed her gratitude to all that the Red Cross has done for them.

At the end of the program operation KAP survey was conducted with the objective of determining the efficiency or the extent to which the project beneficiaries adopted improved hygiene and sanitation practices to gauge the effectiveness of behavioral change communication (BCC), cholera messaging and adopted cholera prevention methods awareness created by the project.

A sample of 835 households was interviewed as part of the KAP study. These were 516 (61.8%) of the respondents were Female headed households and 319 (38.2%) respondents were male headed households.

The results of the household survey revealed that 577(89.9%) soap, 468(73%) chlorine solution, 454(71%) per tablets/aqua tabs, 359(56%) chlorine solution oral data publication, 286(44.5%) oral rehydration solution, 6 (1%) took other cleaning items and 5(0.8%) did not know cleaning items given to family to protect against cholera.

Likewise, the KAP survey result indicated that 835 (100%) of respondents has information and awareness about Cholera and they heard about preventing and treating cholera from different sources: Family member 279 (34.1%), Neighbor/friend 78 (9.5%), Religious leaders 165 (20.2%), ERCS volunteers 657 (80.4%), Health extension worker 595 (72.8%), radio 61 (7.5%), TV 51 (6.2%), Community meeting 26 (3.2%), Community health worker visiting home 42 (5.1%), and Religious leader, 45(5.5%). As a result of these, as the survey indicated that out of 835 HH, most of the respondents 827 (99%) were willing and practicing taking cholera vaccine if available, 6 (0.7%) were unwilling to take cholera vaccine and 2(0.3%) were refused to answer and said they do not know. Most of the respondents are 792 (94.9%) said they have treated water while, 43(5.1%) says that we have not treat water practice.

## Lessons Learnt

- Sensitization sessions about hygiene and sanitation should continue in the communities as prevention in longer term programmes. This has also been requested by the communities and woredas distortions.
- The community-based approach of identifying volunteers to intervene in emergencies within their own community set up was very important, in that it actively involved the communities to address the issue and take responsibility of finding solutions and resources.



Strong engagement and involvement of volunteers and partners are important in delivering success in instances of disease outbreaks. The districts in the affected region need to enforce bylaws to promote good hygiene and sanitation practices.

## Challenges

- Most of the communities have not access to pure water, they used river water to be drinking.



## Community Engagement And Accountability

**Budget:** CHF 19,262

**Targeted Persons:** 385,052

**Assisted Persons:** 123

## Indicators

Title	Target	Actual
Percentage of people confirming they improved their WASH practice following NS assistance.	70	100
Percentage of feedback that have been received and treated.	100	100
#Of volunteers and staff trained on RCCE.	45	71
# of feedback established	3	3

## Narrative description of achievements

The community-based targeting committee has been established by the branch in all target kebele. These committees have been oriented on beneficiary targeting, complaints feedback handling related mechanisms to the beneficiary selection process, Cholera-related activities, and the overall project implementation process. The targeting committees were composed of women representatives, religious leaders, youth representatives, and community elders. At each kebeles, 1 committee with 7 members was established and received awareness on beneficiary targeting, amount of hygiene kits and sanitation materials, usage, and compliance feedback mechanism.

71 volunteers and HEWs were trained on community engagement and accountability (CEA) and ORP for 3 days, at Goba town and Training was provided for 31 volunteers on audio dissemination, live messaging, and music entertainment) on Cholera social mobilization campaign and mass sensitization program in two phases.

Three mobile vans were deployed in three woredas and all 31 trained volunteers were deployed (1 mobile Audio-Visual vans, 10 volunteers per van) per woreda on Conducting mass hygiene education using AV (audio visual vans) for 60 days. This intervention was designed by the branch and shifting from the saved budget was requested first for 21 volunteers from three woredas (5 from Delo Mena, 5 from Robe and 6 from Goba) for three days. To date, more than 326,550 people (79,828 households) have been reached through door-to-door case detection/referrals and 922,359 people. People received awareness on cholera disease outbreak on audio dissemination, live messaging, and music entertainment trough volunteers.



## Secretariat Services

**Budget:** CHF 37,549

**Targeted Persons:** 366

**Assisted Persons:** 123



## Indicators

Title	Target	Actual
Number of vehicles leased	1	1
Number of IFRC monitoring visits	2	3

## Narrative description of achievements

- IFRC Monitoring through its Surge personnel with 60% of time in the field in Bale zone visiting three woradas was deployed through the IFRC Cluster Delegation.
- Leasing and maintenance of logistics vehicle were conducted.
- Office support (stationary; utilities; communications) was provided.
- Planning for IFRC Cluster delegation for monitoring-

The Secretariats served & hired a surge (Public health expert) to monitor and evaluate the activities being carried out for about four months to ensure the success of the project. This was done in collaboration with ERCS where experience sharing is cascaded from both partners. One vehicle was leased (rented) to facilitate the implementation in the branch, which actively utilized the opportunity in organizing the implementation particularly in Berbere and Delo Mena to control cholera outbreak. The surge played important collaborations to facilitate Oral rehydration point (ORP) training made by the branch in Bale.



**Budget:** CHF 39,823

**Targeted Persons:** 366

**Assisted Persons:** 123

## Indicators

Title	Target	Actual
Number of branches supervisors who have received visibility materials.	5	5
Number of inception workshops	1	2
Monitoring visits by ERCS Headquarters	4	4
Number of volunteers who have received visibility materials.	240	381

## Narrative description of achievements

- An inception workshop was conducted at zonal level to activate the planned activities with 73 participants represented from Bale Zone administrators, Bale Zone Health Department, Bale water Mineral and Energy office, District Administrative from Harena Buluk, Delo Mena, Berbere and Goro. This stage opened opportunity for all stakeholders to address and acknowledge the importance and the significance of the project's contribution to prevent and control cholera outbreak. The inception workshop was conducted twice. One was at the beginning of the project while the second one was after the extension of the project particularly Goro district cholera outbreak on which Bale branch requested the extension based on Bale Zone Health Department request.

The inception was also igniting the experience result of districts like the successful cholera outbreak in Harena, Buluk, Delo Mena, Berbere via lesson learned with ERCS volunteers' engagement experience which enabled to control the cholera outbreak.

- Volunteers were oriented on their rights and responsibilities and signed the code of conduct as a way of reducing possibilities of exploitation. Additionally, an NSD training for volunteers was conducted.
- A total 353 visibility materials are printed with red cross logo and distributed for the volunteer's two woredas. Additionally, 600 leaflets and 1200 posters were printed and distributed in two woredas (Berbere and Delo Mena). The total number of volunteers who received visibility materials is total 350. Four visits were made by ERCS head quarter to monitor the implementations in Bale (Berbere, Delomena,



and Goro) districts.

To ensure any programmatic issues are identified and resolved during the implementation and right actions taken. In that process, close monitoring was conducted by ERCS HQ, IFRC Regional and Zonal branch team. In all 20-project targeted kebeles, the cholera team and the Woreda health office conducted regular follow-up, field mission and maintained communication, activities supervision and reporting of achievements and challenges in the three woredas. This was maintained twice per week and, we conduct field visit to see the activities implemented by volunteers once per month.

Monitoring and Evaluation (M&E) team continued to assess progress made in achieving expected results, to spot bottlenecks in implementation and to highlight whether there were any unintended effects from the project. A total of 4 monitoring visits was conducted in the target areas.

The PMER technical team developed a reporting system using KOBO toolbox where all community response activities were being reported. 21 volunteers were reporting all field activities using mobile phones, this process gave the technical team real time data for planning and re-alignment of activities.

The response targeted to reach households within the cholera hot spots. Overall, the project reached 76,748 households 385,052 target beneficiaries during the door-to-door hygiene promotion activities- translating to 149% reached. The key achievements, processes, challenges and general implementation were discussed during the lesson learnt workshop and main findings are included in this report.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRET028 - Ethiopia - Cholera Outbreak

Operating Timeframe: 04 Oct 2022 to 30 Apr 2023

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRET028
Budget Timeframe	2022/10-2023/11	Budget	APPROVED

Prepared on 05/Dec/2023

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>549,508</b>
DREF Response Pillar	549,508
<b>Expenditure</b>	<b>-538,313</b>
<b>Closing Balance</b>	<b>11,195</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	384,542	383,835	708
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	1,316	1,152	164
AOF4 - Health			0
AOF5 - Water, sanitation and hygiene	134,507	128,516	5,992
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>520,366</b>	<b>513,502</b>	<b>6,863</b>
SF11 - Strengthen National Societies			0
SF12 - Effective international disaster management	22,143	19,829	2,315
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	6,999	4,981	2,018
<b>Strategy for implementation Total</b>	<b>29,142</b>	<b>24,810</b>	<b>4,332</b>
<b>Grand Total</b>	<b>549,508</b>	<b>538,313</b>	<b>11,195</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

DREF Response allocation to the cholera response was CHF 549,508 of which CHF 538,313 was spent. The details expenditure are provided in the attached financial report. Variances are explained in the ERCS financial report as per the WWPP system. Overall Closing Balance of CHF 11,195 balance will return to the DREF pot.

# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRET028
Budget Timeframe	2022/10-2023/11	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 05/Dec/2023

All figures are in Swiss Francs (CHF)

### MDRET028 - Ethiopia - Cholera Outbreak

Operating Timeframe: 04 Oct 2022 to 30 Apr 2023

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>549,508</b>
DREF Response Pillar	549,508
<b>Expenditure</b>	<b>-538,313</b>
<b>Closing Balance</b>	<b>11,195</b>

## II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	384,542	383,835	<b>708</b>
AOF2 - Shelter			<b>0</b>
AOF3 - Livelihoods and basic needs	1,316	1,152	<b>164</b>
AOF4 - Health			<b>0</b>
AOF5 - Water, sanitation and hygiene	134,507	128,516	<b>5,992</b>
AOF6 - Protection, Gender & Inclusion			<b>0</b>
AOF7 - Migration			<b>0</b>
<b>Area of focus Total</b>	<b>520,366</b>	<b>513,502</b>	<b>6,863</b>
SFI1 - Strengthen National Societies			<b>0</b>
SFI2 - Effective international disaster management	22,143	19,829	<b>2,315</b>
SFI3 - Influence others as leading strategic partners			<b>0</b>
SFI4 - Ensure a strong IFRC	6,999	4,981	<b>2,018</b>
<b>Strategy for implementation Total</b>	<b>29,142</b>	<b>24,810</b>	<b>4,332</b>
<b>Grand Total</b>	<b>549,508</b>	<b>538,313</b>	<b>11,195</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2023/11	Operation	MDRET028
Budget Timeframe	2022/10-2023/11	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 05/Dec/2023

All figures are in Swiss Francs (CHF)

### MDRET028 - Ethiopia - Cholera Outbreak

Operating Timeframe: 04 Oct 2022 to 30 Apr 2023

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Logistics, Transport &amp; Storage</b>	<b>6,572</b>	<b>5,751</b>	<b>821</b>
Transport & Vehicles Costs	6,572	5,751	821
<b>Personnel</b>	<b>14,614</b>	<b>14,647</b>	<b>-33</b>
International Staff	10,217	10,217	0
National Staff	4,397	4,430	-33
<b>Workshops &amp; Training</b>		<b>154</b>	<b>-154</b>
Workshops & Training		154	-154
<b>General Expenditure</b>	<b>14,071</b>	<b>4,193</b>	<b>9,878</b>
Travel	11,497	2,571	8,927
Financial Charges	2,574	1,541	1,033
Other General Expenses		81	-81
<b>Contributions &amp; Transfers</b>	<b>480,713</b>	<b>480,714</b>	<b>-1</b>
Cash Transfers National Societies	480,713	480,714	-1
<b>Indirect Costs</b>	<b>33,538</b>	<b>32,855</b>	<b>683</b>
Programme & Services Support Recover	33,538	32,855	683
<b>Grand Total</b>	<b>549,508</b>	<b>538,313</b>	<b>11,195</b>



Cost Categories	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Budget Variance (Year to Date Period)	Budget Variance (Current Period)	Budget Variance (Current Period)	Exchange Rate
conduct baseline survey to estimate hygiene issues and assess capacity to address the problem, Organize and facilitate community engagement (discussions) on Cholera prevention (1 sessions train for 10 health workers)	160,000.00	504,000.00	664,000.00	-	538,291.00	1,202,291.00	160,000.00	34,291.00	160,000.00	100.00
Establish community feedback and complaint system in two woredas of Bale zone, orientation IFRC Surge Deployment (PHIE profile) for two months	520,000.00	362,789.80	882,789.80	-	382,796.00	1,265,585.80	100,000.00	167,210.00	100,000.00	100.00
IFRC monitoring (missions by Delegation Ops Manager and Deputy Ops Manager)	30,000.00	851,650.00	881,650.00	-	-	881,650.00	100,000.00	30,000.00	100,000.00	100.00
Logistics vehicle (lease)	670,000.00	170,208.88	840,208.88	-	242,550.00	1,082,758.88	670,000.00	72,341.00	670,000.00	100.00
financial charges and currency loss	150,000.00	-	150,000.00	-	-	150,000.00	100,000.00	150,000.00	100,000.00	100.00
Logistics vehicle (fuel and maintenance)	212,761.08	-	212,761.08	-	198,279.34	411,040.42	14,482.00	14,482.00	14,482.00	100.00
Inception workshop	17,500.00	-	17,500.00	-	14,950.11	32,450.11	2,550.00	2,550.00	2,550.00	100.00
monitoring of activities by ERCS HQ, Regional and Zonal branches, travel cost, and accommodation	260,000.00	-	260,000.00	-	253,289.00	513,289.00	6,711.00	6,711.00	6,711.00	100.00
procure feasibility materials (shirt, hat with RC logo) for 240 volunteers	72,000.00	-	72,000.00	-	314,990.00	386,990.00	242,990.00	242,990.00	242,990.00	100.00
milage/ rent for vehicle for project implementation	210,000.00	-	210,000.00	-	325,723.71	535,723.71	115,724.00	115,724.00	115,724.00	100.00
Volunteer insurance	36,000.00	-	36,000.00	-	3,850.00	39,850.00	89.31	89.31	89.31	100.00
NS Admin fees (6.5%)	1,583,550.00	-	1,583,550.00	-	1,566,416.92	3,150,000.00	17,134.00	17,134.00	17,134.00	100.00
TOTAL	30,068,170	30,068,170	60,136,340	25,665,122	25,665,122	55,801,244	4,403,048	4,403,048	4,403,048	15%

3.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES IN LOCAL CURRENCY

Cost Categories	Budget (as per Project Funding Agreement) (LOCAL CURRENCY)			Expenditure (Actual) (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	Variance	Variance	Variance
1 Personnel	36,000	36,000	72,000	-	3,850	39,850	89.31	89.31	89.31	89.31
2 storage	16,107,000	16,107,000	32,214,000	-	14,017,911	14,017,911	2,089,089	12,927	2,089,019	12,927
3 Contributions to other organisations	12,341,620	12,341,620	24,683,240	-	10,076,945	10,076,945	2,264,675	18.35	2,264,675	18.35
4 Other direct costs	1,583,550	1,583,550	3,167,100	-	1,566,416	1,566,416	17,134	1.08	17,134	1.08
5 Indirect cost recovery	30,068,170	30,068,170	60,136,340	-	25,665,122	25,665,122	4,403,048	14.64	4,403,048	14.64
TOTAL	60,136,340	60,136,340	120,272,680	25,665,122	25,665,122	51,327,544	4,403,048	4,403,048	4,403,048	-15%



Handwritten signature and initials.

3.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN CHF

Output	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period*	Total (Year to date)	Variance	Variance	Variance	Variance
Overall	-	480,713.67	480,714	-	480,755.87	480,756	42	0.01	42	0.01

\*Exchange Rate First in First Out (refer to sheet 3.4 Calculating the Rate)

**CERTIFICATION**

The undersigned, authorized officer of the above mentioned project partner hereby certifies that:

- a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimize the risk of fraud and corruption
- b) they have taken reasonable steps to minimize the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- d) Expenditures have been incurred in line with the agreed project plan and this signed project funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
- e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

DD/MM/YYYY

Name, Title & Signature of Project partner designated official

For IFRC internal use

Approved by IFRC Project Manager

Validated by IFRC Finance officer

Date: 06-Sep-2023

Date: 05-Sep-2023

*Mu*

*[Signature]*

*[Signature]*  
*[Signature]*



REPORT NO. 1

3.3 FUND TRANSFER CERTIFICATION

PROJECT	Ethiopia Red Cross Society	
PROJECT	IFRC-IFRC CHOLERA RESPONSE DRE	
IFRC PRO		
CURRENT	From: 4-Oct-22	To: 30/04/2023
PLANNED	From: 4-Oct-22	To: 30/04/2023

This section is to be completed by the Project Partner and the IFRC together. It shall be agreed and signed by both parties. All figures are in CHF

3.3.1 FUNDING AND EXPENDITURE RECONCILIATION AND TRANSFER CERTIFICATION

	Project Partner Payment Administration	IFRC Payment Administration	Total (Project Partner + IFRC)	Planned Project Partner Procurement Activity	Funds received
Total Overall Budget per Project Funding Agreement	480,713.67	-	480,713.67		CHF
(+) Total Expenditure	480,755.87	-	480,755.87		360,041.67
- Prior Period Expenditure Accepted					120,672.00
- Current Period Expenditure	480,755.87		480,755.87		
- Prior Provisional Expenditure Under Review (if any)					
Remaining Overall Budget Available	-	42.20	42.20		
(-) Requested Planned Disbursement*					
AO302					
(-) Total funds received to date	480,713.67		480,713.67		480,713.67

Funds available with Project Partner 42.20

Is there sufficient existing funding for requested planned expenditure? INSUFFICIENT

Funds Transfer Required

Approved by IFRC Project Manager *M. Mulu* Date 06-Sep-2023

Validated by IFRC Finance officer *f* Date 05-Sep-2023



*Signature*  
*Signature*

- Any conversion of local currency to CHF has used an appropriate exchange rate
- Any indirect cost recovery that has been applied is reasonable and based upon a justifiable costing mechanism and supporting documentation
- Costs have been correctly classified including the application of approved risk mitigation measures related to procurement and IFRC Direct payment

# Contact Information

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

**National Society contact:** Dires Desyibelew, Director for Disaster Risk Management, [dires.desyibelew@redcrosseth.org](mailto:dires.desyibelew@redcrosseth.org), +251 939 655 881

**IFRC Appeal Manager:** Paula FITZGERALD, Head of Country Cluster Delegation, [paula.fitzgerald@ifrc.org](mailto:paula.fitzgerald@ifrc.org), +251 906 997 720

**IFRC Project Manager:** Sahal Hassan ABDI, Emergency Operations Coordinator, [Sahal.ABDI@ifrc.org](mailto:Sahal.ABDI@ifrc.org), +251 911 207163

[Click here for reference](#)

