

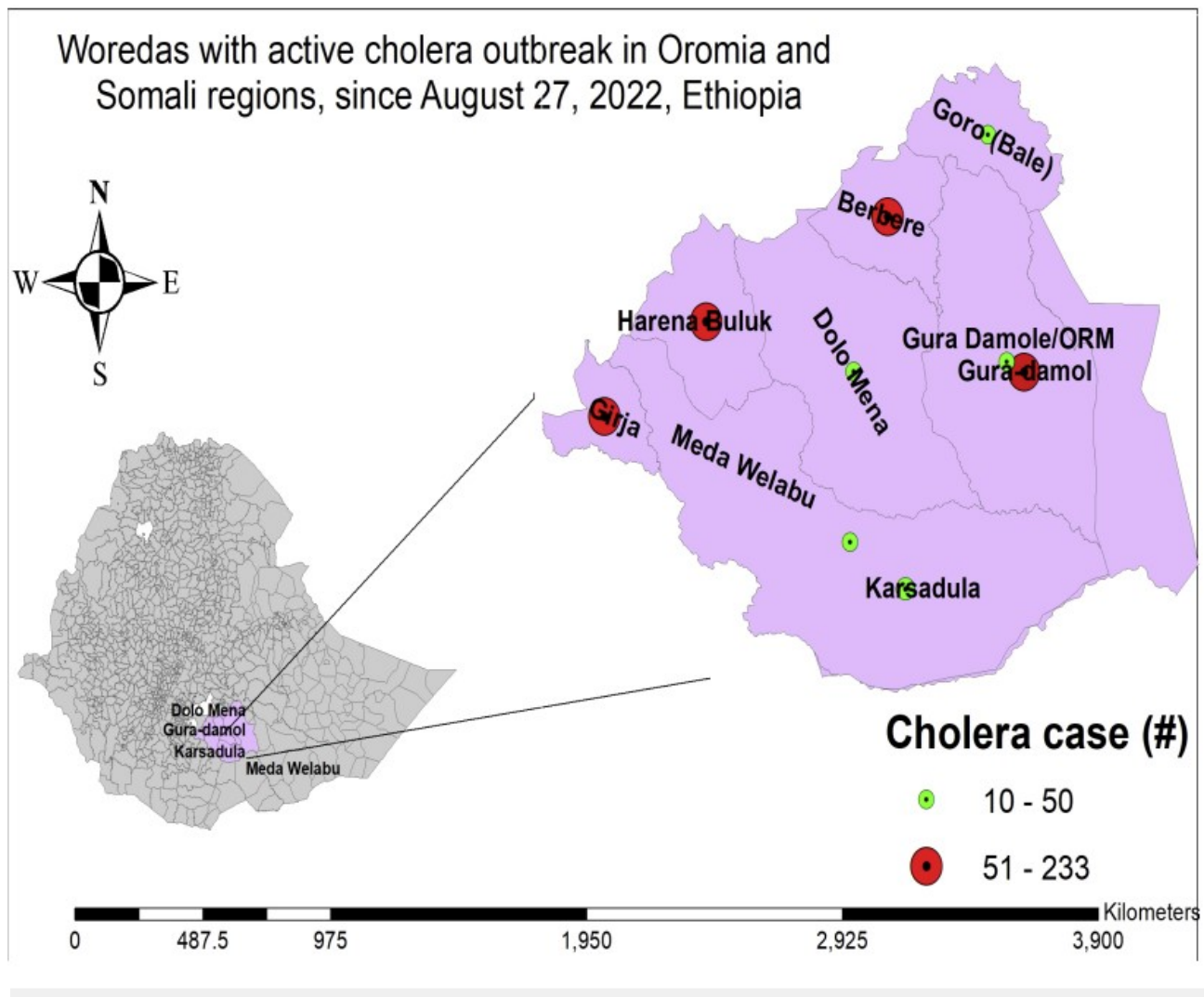


Ethiopia Cholera Outbreak



Appeal: MDRET028	Total DREF Allocation CHF 549,508	Crisis Category: Orange	Hazard: Epidemic
Glide Number: EP-2022-000323-ETH	People Affected: 1,276,818 people	People Targeted: 385,052 people	
Event Onset: Slow	Operation Start Date: 2022-10-04	New Operational end date: 2023-04-30	Total operating timeframe: 6 months
Additional Allocation Re- quested 134,657	Targeted Areas:	Oromia	

Description of the Event



What happened, where and when?

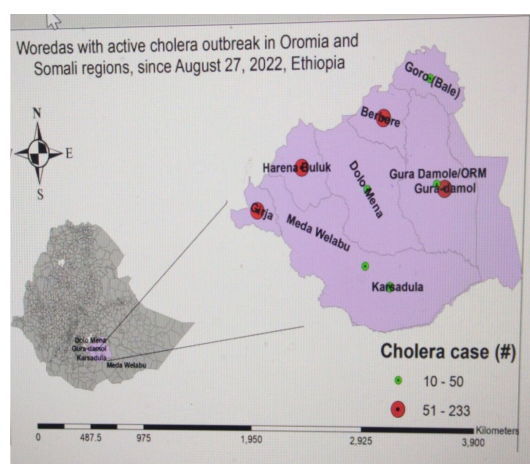
On 16 September 2022, the Ethiopia Ministry of Health declared a cholera outbreak in the Harana Buluk and Berbere woredas of Bale Zone, Oromia Region. The first case was reported on 27 August 2022, in Harana Buluk woreda of Bale zone in Southern Oromia region of Ethiopia. From 17 to 20 September 2022, 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.

The NS response to date has continue in the Harana Buluk And Berbere but the trend of the disease trend require 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 worada of Goro. This revision of the DREF launched on 4-10-2022 will thus extend the current support to meet the imperative.



EPI-DATA ETHIOPIA CHOLERA PER DISTRICTS AS OF WEEK 6, 2023

(Until February 12, 2023)

Region	Districts	At risk population	Affected Kebeles	Total cases	Total Death	WK 6 2023 No. of cases	cCFR (%)	WK 6 No. of death	New Case #	cCAR/100,000 ARP
Oromia	Berebere	129115	15	249	5	2	1.99	0	2	194.40
Oromia	Girja	70822	13	224	4	12	0.79	0	09	316.29
Oromia	Dawe Kachen	43568		25	0	25	0	0	25	57.38
Oromia	Dola Mena	129276	4	22	2	0	9.09	0	0	17.02
Oromia	Ginir	172959		35	0	36	0	0	36	20.24
Oromia	Goro	119402	30	216	3	13	1.39	0	13	180.90
Oromia	Harana Buluk	116031	8	71	1	0	1.41	0	0	61.19
Oromia	Mada Walabu	137987	5	26	0	4	0.00	0	0	18.84
Oromia	Gura Damole/ORM	41090	9	22	0	2	0.00	0	0	53.54
Oromia	Nensebo	197753	1	57	1	7	1.75	0	0	28.82
Somali	Kersadula	62000	2	44	2	0	4.55	0	0	70.97
Somali	Guradamole/SML	56815	8	155	13	4	8.39	0	0	272.82
		1,276,818	95	1,146	31	105	2.4	-	85	107.70

Indicating worada with active cases of cholera outbreak

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 excalated from two woradas 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.t Populations in these woreda's 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 worada 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.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

This Operations Update is to inform on the progress of the cholera response plan approved and implemented since 04.10.2022. NS follows the National contingency plan scenario and has been covering a response to stop spreading of cholera outbreak ongoing in the affected two regions namely Oromia and Somali ensuring 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.

This publication follows also changes of the situation with escalation of cases in new areas and need from NS to scale-up their support. The changes on the initial planned intervention that will follow the launched of this update are summarized as follow:

- i.□ Scaling-up the response to new areas with escalating Cholera outbreak cases in Oromia. New areas being Goro woreda, Bale zone in Oromia Region which- started recording increasing cases since 13/12/2022. As such, this operation builds on the initial outbreak which affected Harana Buluk and Bebere Worada is covering actions in overall 3 localities in the Oromia Region.
- ii.□ This implies increasing the case load from 258,809 people (51,500 households) to 385,052 people (76,748) households.
- iii.□ In terms of operationalization of these changes, it will involve:
 - Additional 120 Volunteers to be mobilized in Goro to support extension of NS presence. Making total volunteers from 240 to 340 people.
 - The operation strategy will continue with Health and WASH same actions which still match the needs and gaps but extended to support additional 25,248 household in the new worada of Goro.
 - Ambulance is increased from 2 to 5 and extended to 2 more months.
 - Volunteers' early detection, awareness campaign, health and wash promotion are extended to additional 4 weeks.
 - Additional 1 ambulance deployed and 2 kits per ambulances needed are budgeted accordingly.
 - WASH interventions extended through further community discussions and hygiene promotion covered in Goro with deployment of additional 100 volunteers.
 - Hygiene material, aquatabs and containers distribution cover additional 6,000 HH in Goro for a total of 16,000 HH.

iv.□ Ethiopia Red Cross Society (ERCS) is also extending the DREF operation by two months from (1st march till April 30th, 2023), to enable the response actions planned in additional districts to be completed as well as completion of activities which needed to be adapted to the new targeting strategy or have not been completed.

v.□ A second allocation of CHF 134,657 is made to cover operative purposes resulting from the above changes. Making the plan budget at CHF 549,508.

Current National Society Actions



Jerry can distribution in Dola mena to the 10000 households affected corr community discussion in on cholera outbreak

Water, Sanitation And Hygiene

Enhancement of cholera prevention activities continued in the two woredas. Procurement of sanitation equipment was done which included 160 brooms, 20 Shovel, 52 glove and 30 rakes used to conduct sanitation campaign in a period of (once per month in 11kebeles) in public areas for 2 months namely Market places, institutions, etc. by providing sanitation materials (brooms, shovels, carts, etc.). A total of 14,923 (male= 8,199 and female= 6,724) peoples participated including school going children

Distributions of sanitation material (soap) for 3375 HH and safe water storage (Jerry khan) for 6750 HH was also done in 8 kebeles (4 kebeles of Delo Mena Woreda (Chiri, Wabero, Bobiya and K/Golba) and 4 Kebeles of Barbare Woreda (W/Dersa, Mexi, Go/Hido and H/Dumal). Aqua tab (8000) was distribution in one kebele of Delo Mena

Periodic household assessment was conducted in two woreda during household visits by community-based volunteers to assess the hygiene behavioral practices. This was conducted in four Kebels in Dolo mena and 7 Kebles in Berebere. It was realized that improvement in hygiene practices at the household level after cholera outbreak response intervention was improving though open defecation was still high.

According to Berber and Dolo Mena woreda health office WASH department, it is realized that there was improvement of latrine coverage in the 11 Kebeles where ERCS cholera outbreak intervention was ongoing. The report showed that 94% of latrine coverage in seven Kebeles of Bereber woreda whereas 61% in 4 kebeles of Dola Mena woreda respectively. Distribution of Jerrycan and water treatment chemical was conducted to 6,750 household, there is need to complete distribution to the 10,000 targeted households and to conduct household water treatment monitoring to ensure proper use and water treatment chemical and hygiene. Need to conduct knowledge attitude and practice survey to find out the impact of the response in terms of behavior change.

WASH needs are improving water supply pipelined to improve access to safe

	water, Latrine coverage is still low latrine open defecation coverage, open defecation evident.
Community Engagement And Accountability	<p>Participation in zonal and woreda task force meetings, established by the Zonal health department.</p> <p>Inception workshop was conducted at zonal level and a total of 52 participants attended from zonal sectors partners, woreda admin office, woreda health office, woreda water office, and HEW and kebele chairmen. All the concerned bodies participated as planned to prevent the cholera out breaks.</p> <p>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 was conducted as follows:</p> <p>Training was provided to 31 volunteers on audio dissemination, live messaging, and music entertainments) to conduct mass awareness campaign on cholera prevention. Three mobile trucks were mounted with public address, a total of 363,6251 population were reached, 600 leaflet and 1200 posters distributed on cholera disease outbreak prevention awareness.</p> <p>A total of 50 people that included volunteers, community health extension, health officers and school directors were trained on community engagement and accountability approach. The objective was to impact knowledge and skills on how to involve the community in cholera outbreak response thereby sharing information with community and see how to engage them deliver and give feedback.</p> <p>Community leaders meeting was conducted in both woradas to discuss on their role in cholera outbreak prevention which involved kebele leaders, religious leaders and kebele elders.</p> <p>Community feedback system was established, to ensure community feedback and complains received. This included Hot line emergency number call that enabled ambulance services and emergency cholera cases. est community feedback is also established in the system through Kobo toolbox to collect data with 55 respondents so far. Community committee established to plan and ensure distribution of NFIs are done in transparency manner.</p> <p>A total of discussion sessions in each 11kebeles were conducted with the 16,098 people's participation on prevention of cholera outbreak disease out of which 7435 were male 8,663 female.</p> <p>A total of 353 visibility and awareness messaging materials are printed with full of image and necessary logo and distributed for the volunteer's two woredas. Additionally, 600 leaflets and 1200 posters are printed and distributed in two woredas (Berbere and Delo Mena)</p>
	<p>Support to access Cholera Treatment Centers (CTC)s from the communities immediately to saving lives through early rehydration and referral was conducted in two Woredas.</p> <p>A total of 252 volunteer's male=152 and female =100 received training on Epidemic prevention control for volunteers (ECV) in Berbare and Delo Mena woredas to equip then with skills and knowledge to conduct active case finding and referral of suspect cases during the house-to-house visit, with the aid of community case definition printout to guide them. one volunteer will visit 20HHs per week working 3 days, 80 HHs per month. So far to 22,807 Households was reached and over 300 diarrhea cases were referred.</p>

Health

A total of 20 volunteers/Ambulance attendants 15 male and 5 female were trained and deployed on provide first Aid and emergency Management service, two ambulances deployed to give service only to cholera cases in Barbare and Delo Mena woreda.

First aid kits and Protective equipment PPEs were procured and distributed to be used for the purpose of EMS services in the community.

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 given to patients and reporting. Three ORP Kits was donated by Netherland Red cross society and deployed to Bale Zone to be use in ongoing cholera outbreak response.

Contact tracing was conducted in every affected household and homes disinfected to prevent further contamination. A total of 219 homes were disinfected in Berebere.

House to house visit disseminating of health information on cholera prevention and demonstration of handwashing, provision of household composite pit, dish racks, safe food and water storage was done, 8421 households reached in two woredas.

Nutrition

Due to drought in the operation 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 was initiated. A total of 2,467 mothers were 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 1746 children with MAM case received Ready to use supplement food (RUSF) as well.

According to Berbere woreda health office, mass MUAC screening was conducted with target population of 20,359 in 18 kebeles. Screening coverage was at 97% for children (6-59 months) and 101% for Pregnant and lactating women. It was realized that the screening proxy GAM rate was 11.5% which falls under serious category and 36.2 % pregnant women and lactating mothers MUAC < 23 cm which was critical.

Bereber woreda health office, started 10 days campaign on covid 19 immunization targeting 18 years and above, they also include immunization and nutrition activities targeting children under five years and pregnant and lactating mothers. Cholera outbreak prevention health education and demonstrations was integrated in the campaign to ensure infants are exclusively breastfed and given safe fluids and food. There is need to continue with scaling up of high impact nutrition intervention services through existing ministry of health structures, which includes promotion of exclusive breastfeeding in

the first six months, promotion of complementary feeding after 6 months, promotion of improved hygiene practices, Vitamin A supplementation in children 6-59 months, deworming of children of children 1-5 years, prevention, and treatment of severe and moderate acute malnutrition. To advocate for targeted supplementary program for malnourished pregnant and lactating women, key messages on dietary diversification and cooking demonstration to improve the nutrition status and prevention of deterioration.

Movement Partners Actions Related To The Current Event

IFRC	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
ICRC	ICRC is present in country but not actively involved in this operation.
Participating National Societies	The following Participating National Societies (PNS') are in country: Netherlands Red Cross donated 3 ORP Kit to support cholera outbreak in Bale Zone Oromia Region and development of cholera standard procedure, Austrian Red Cross German Red Cross Danish Red Cross Finnish Red Cross Swiss Red Cross.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>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.</p> <p>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</p>

	<p>2022.</p> <p>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.</p>
UN or other actors	<ul style="list-style-type: none"> • 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 train HCWs of case management. <p>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.</p>
Are there major coordination mechanisms in place?	
<p>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.</p> <p>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.</p>	

Needs (Gaps) Identified



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.



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.



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 worda'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).

Operational Strategy

Overall objective of the operation

The main objective of this revised operation is 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 will target a total of 385052 people (76748 households) for a period of six (6) months.

This DREF is an extension of current operation in Bebere, Harana Buluk Dolamena and Goro woreda to extending the implementation period from 4 to 6 months.

Operation strategy rationale

Overall, the same strategy is maintained and extended to support more Households and cover some of the gaps identified. The response includes the following aspects:

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 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 will involve a total of 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 385052 people (76748 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 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 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 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.

Few activities from the initial plan will be accomplished. Including KAP survey, community sessions and PDMs which require slightly more time coupled with the new emerging needs in Goro Weroda of new cross infection effect and the recommendation to extend scope of services to Goro by the ministry of health. To achieve these, ERCS will be sustained by requesting IFRC for extension of time and cost of additional activities.

The cholera situation The cholera situation urge 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 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 will be targeted through this operation?

The proposed target population are 385052 people (76748) 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 %	Urban %
Girls (under 18):	-	73.00 %	27.00 %
Men:	192,642	People with disabilities (estimated %)	
Boys (under 18):	-	9.30 %	
Total targeted population:	385,052		

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
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

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 116,606
		Targeted Persons	385052
Indicators	Target	Actual	
Total number of households reached through door to door case detection/referrals	76748	22807	
First aid kits procured for ambulances	4	4	
Ambulances deployed to the 2 woredas	2	2	
Ambulance attendants trained on EMS	20	20	
Volunteers and ambulance attendants trained on First Aid	20	20	
Volunteers trained (detection; referral; house visits;	240	252	
Cholera prevention community engagement sessions	36	36	

Progress Towards Outcome

- At total of 252 volunteer's male=152 and female =100 receive training on (ECV) in Barbare and Delo Mena woredas to equip them with skills and knowledge to conduct active case finding and referral of suspect cases during the house-to-house visit, with the aid of community case definition printout to guide them. one volunteer will visit 20HHs per week working 3 days, 80 HHs per month.
- Mass campaign has been conducted using various channels.
 - Live Music/Entertainment conducted in targeted areas
 - Audio message dissemination has covered areas
 - Live message announcement reached average of 136,248 people
 - Q&A with audience made of 168,604
 - Rapid assessment question with at least 10 community members per day has reached 363,625 people, 181,162 male and 182,463 female.
- So far to 22,807 Households was reached through health education and over 300 diarrhea cases were referred.
- A total of 20 volunteers/Ambulance attendants 15 male and 5 female were trained and deployed on provide first Aid and emergency Management service, two ambulances deployed to give service only to cholera cases in Barbare and Delo Mena woreda whose objective was to ambulance attendants on EMS and first Aid were deployed in two woradas and continues providing services,
- First aid kits and PPEs were procured and distributed to be used for the purpose of EMS services in the community.
- First aid training was provided for 20 volunteers or Ambulance attendants (15 male and 5 female) volunteers are deployed on providing first Aid service with Ambulance, there are two ambulances deployed for giving Ambulance service only for cholera cases in Barbare and Delo Mena woreda.

- 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 given to patients and reporting.
- Three ORP Kits was donated by Netherland Red cross society and deployed to Bale Zone to be use in ongoing cholera outbreak response.
- Contact tracing was conducted in every affected household and homes disinfected to prevent further contamination. A total of 219 homes were disinfected in Berebere.
- House to house visit disseminating of health information on cholera prevention and demonstration of handwashing, provision of household composite pit, dish racks, safe food and water storage was done, 8421 households reached in two woradas.

	Water, Sanitation And Hygiene	Budget		CHF 336,267
		Targeted Persons		385052
Indicators		Target	Actual	
Baseline survey conducted to define hygiene issues and assess capacity to address the problem		1	0	
Number of households oriented to use of hygiene kits		16000	6750	
Number of households received safe water storage containers (2 per HH)		16000	6750	
WASH kits and supplies provided (including 15 pieces of soap per household)		16000	3375	
Duration of sanitation campaigns (months)		3	2	
Monthly sanitation campaigns in 9 kebeles		27	11	
Number of household water monitoring surveys conducted		4	4	
Number of households received water treatment chemicals		16000	3375	
WASH assessments conducted		2	1	

Progress Towards Outcome

In terms of WASH community interventions,

- The community-based volunteer continued with house-to-house visit conducting hygiene promotion.
- Demonstration of hand washing, installation of leaky tins, food safety, safe water storage, provision of compost pit for household solid waste management and dish rack was encouraged, 8421 households was visited in two woradas.
- Procurement of 10 liters and 20 liters jerrican 10,000 each, 8000 sachets of household water treatment chemical, 20, 000 pieces of soap were procured. Sanitation equipment's were procured with 27 session of

sanitation campaign conducted focusing on public places such as market, roadside, 7500 persons participated including school going children.


- Procurement of sanitation equipment was done which included 160 brooms, 20 Shovel, 52 glove and 30 rakes used to conduct sanitation campaign in a period of (once per month in 11 kebeles) in public areas for 2 months namely Market places, institutions, etc by providing sanitation materials (brooms, shovels, carts, etc.). A total of 14,923 (male= 8,199 and female= 6,724) peoples participated including school going children According to Dola Mena and Bereber worada health office WASH department, it was realized that there was improvement of latrine coverage in the 11 Kebeles where ERCS cholera outbreak intervention is ongoing, (94%) of latrine coverage in seven Kebeles, Bereber worada and 61% in 4 kebeles Dola Mena worada respectively compared to how it was before the inception of the activities.
- Distributions of sanitation material (soap) for 3375 HH and safe water storage (Jerry khan) for 6750 HH was also done in 8 kebeles (4 kebeles of Delo Mena Woreda (Chiri, Wabero, Bobiya and K/Golba) and 4 Kebeles of Barbare Woreda (W/Deres, Mexi, Go/Hido and H/Dumal).
- Aqua tab (8000) was distributed in one kebele of Delo Mena
- There is Plan to conduct further WASH assessment, more community diallage sessions, sanitation campaign sessions, distribution of NFIs and conduct KAP survey.


	National Society Strengthening	Budget		CHF 39,823
		Targeted Persons		366
Indicators		Target		Actual
Number of volunteers who have received visibility materials		360		240
Monitoring visits by ERCS Headquarters		4		2
Number of inception workshops		1		1
Number of branches supervisors who have received visibility materials		5		5

Progress Towards Outcome

- Inception workshop was conducted at zonal level and a total of 52 participants have attended from all the concerned bodies to prevent the cholera outbreak.
- National society has ensured quick-off mission to cascade the details of implementation plan.
- Management High level and operational supervision teams made of HQ and branches focal points have been consulted for detailed planning and later informed on planned intervention and the monitoring system to be established for each response sector.
- Follow-up has been ensured with regular reports from branches to the operation manager.
- From IFRC, surge has been in the field to support operational team. Overall 366 People are involved.
- A total 353 visibility materials are printed with red cross logo and distributed for the volunteer's and staff two woredas. Total of 13 kits needed.
- Additionally, 600 leaflets and 1200 posters were printed and distributed in two woredas (Berbere and Delo Mena) for volunteers to support community health education.
- Monitoring of activities by ERCS HQ, Regional and Zonal branches will be kept to ensure any programmatic issues are identified and resolved as implementation is ongoing.
- Mileage/ rent for vehicle for project implementation in progress.

		Budget		CHF 37,549
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	Secretariat Services	Targeted Persons		366
Indicators		Target	Actual	
Number of IFRC monitoring visits		2	1	
Number of vehicles leased		1	1	
Progress Towards Outcome				
<ul style="list-style-type: none">• IFRC Monitoring through its Surge personnel with 60% of time in the field Bale zone visiting three woredas deployed through the IFRC Cluster Delegation.• Planning for IFRC Cluster delegation for monitoring IN GORO is prioritize as well as supporting the evaluation of the operation during the PDM and lesson learnt workshop				

	Community Engagement And Accountability	Budget		CHF 19,262
		Targeted Persons		385052
Indicators		Target	Actual	
# of feedback established		3	2	
#OF volunteers and staff trained on RCCE		50	40	
Percentage of feedback that have been received and treated		100		
Percentage of people confirming they improved their WASH practice following NS assistance		70		
Progress Towards Outcome				
<p>- ERCS has conducted training of 40 volunteers and ERCS staffs on RCCE and establish Community feedback and complaint systems in the 2 initial targeted areas.</p> <p>- Deploy 20 volunteers (10 for each woreda initially targeted) to conduct Social mobilization using a mobile van, deploying 2 vehicles.</p> <p>Feedback from community discussions have served to this updat.</p> <p>Public places have been covered for messages to the communities and direct interactive feedback collected through the same process. Market places, institutions, etc, provide sanitation materials (brooms, shovels, carts, etc) were covered.</p>				

About Support Services

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

Approximately 360 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.

A Public Health in Emergencies (PHiE) surge was deployed for daily monitoring of the operation during the past 2 months. This has helped to ensure there is a dedicated attention to the operation.

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) for the staff at the head quare. At the branch level, field visit was done on weekly basis and receiving activity report from the field on daily basis. At the district level, a project officer and focal volunteers were deployed to the affected district and monitoring the progress of activities on daily basis at per the work plan. They ensured close supervision of the community- based volunteers' households, visits, proper quality data collection during Household assessments, and mass awareness campaigns.to ensure any operational issues can be resolved within timeframe. Through the Surge deployed, IFRC also support operational support and coordination, especially with 60% field visits by the IFRC Surge staff and 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 are held to provide updates and information on progress.

Contact Information

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

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[Click here for the reference](#)