ETHIOPIA NATIONAL CHOLERA PLAN

CONTRIBUTION TO FUTURE NCP 2020-2024 / 5 YEARS

WASH COMPONENT
EMERGENCY & PREVENTION
FEB-MARCH 2020
ETHIOPIA 2020

METHODOLOGY

WORKSHOP:
- Multi partners
- Draft statement and proposal

SURVEY:
- Literature review
- Interview/key informants
- Field-visits

DEBRIEFING:
- Validation of findings
- Common vision
- Revised proposal
CONSENSUS ranking of HOTSPOTS in 3 level of priority

104 districts, 6 regions

GTFFCC, last 5 years (2015), incidence and persistence

Somali, Oromia and Tigray total 70%
Categorization of hotspots districts by socio eco and geographic contexts

Selection of most affected Communes using cholera data / Line-lists

Identification of strategic diffusion sites based on “risk factors” analysis

Evaluation of WASH in HCF and Water, Food & Drinks quality monitoring system

Cross-check gaps and complementarities with WASH stakeholders interventions

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## Categorization of hotspots / socio-eco & geographic contexts

<table>
<thead>
<tr>
<th>Category</th>
<th>Somali</th>
<th>Oromia</th>
<th>Tigray</th>
<th>Amhara</th>
<th>Addis Ababa</th>
<th>Afar</th>
<th>Harari</th>
<th>SNNP</th>
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<tbody>
<tr>
<td>Sub City</td>
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<td>10</td>
<td></td>
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<td></td>
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<td>4</td>
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<tr>
<td>Medium urban</td>
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<td>3</td>
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<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>5</td>
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<tr>
<td>Small urban</td>
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<td>1</td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
<td>6</td>
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<tr>
<td>Agrarian</td>
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<td>15</td>
<td>13</td>
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<tr>
<td>Semi pastoralist</td>
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<td></td>
<td>3</td>
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<td>Pastoralist</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>2</td>
<td>31</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>24</strong></td>
<td><strong>17</strong></td>
<td><strong>15</strong></td>
<td><strong>10</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>104</strong></td>
</tr>
</tbody>
</table>

25 urban districts, 10 from Addis Ababa sub cities, others from Regional and Zonal capital or Districts Towns from 50,000 to 400,000 people

79 rural districts, Agrarian from Oromia, Tigray and Amhara, Pastoralist form Somali and Afar, Districts with 100 to 150,000 people, 20 communes and 200 villages.

55% of hotspots host IDP due to conflicts, drought or floods but not affected by cholera
Selection most affected Communes using cholera line-list

### East hararge Zone
- **Nefas Silk**
  - **Woreda 1**: 361
  - **Ertu Mojo**: 54
  - **Sefera**: 40
  - **Dula Mariam**: 22
  - **Musika Sefer**: 10

### Kersa Woreda
- **Handura Kosum**: 177
- **Baraka**: 43
- **Dolu salama**: 35
- **Dolu Ifa**: 26

Use cholera patients line-list to identify priorities / Incidence and/or caseload

We observe that in most of the districts cases are concentrated in few communes

**Rural example**: 2 communes >50% cases. **Urban example**: 4 communes >35% cases.
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URBAN WASH CONDITIONS (25 Woredas):

All urban contexts

- Facing fast growing urbanization with difficulties to cover the needs
- 54% WS coverage / supply erratic / shifting system / out of order in some Districts Towns. Low level of Free Residual Chlorine at tap level.

Identified Communes

- Are 1) Slums, 2) New planned settlement, 3) Peripheral localities
- Work in progress, changes occur in some places versus Status Quo due to informal landownership status & tension

Latrines access

- 80% for unimproved / Improved 20% only
- Open defecation and flying toilet in identified spots
RURAL WASH CONDITIONS (79 Woredas):

**Water supply**
- Estimated >45% in all regions excepted in Somali where it is 23% proving is level of vulnerability
- However good functioning rate >80% and participation of WASH Committees

**Identified Communes**
- Revealed high level of needs with water burden / efforts, time and cost
- Facing competition with irrigation and/or livestock and/or problem of security

**Latrines access**
- <50% for unimproved / Improved less than 6% only
- Some positive example of sanitation social marketing such as Gursum with > 10 000 slabs
IDENTIFICATION OF STRATEGIC DIFFUSION SITES BASED ON “RISK FACTORS” ANALYSIS

Religious sites / Holy Water Sites and religious events/ Health Services intervention but insufficient, sensitive topic request specific approach

Investment sites: Farming, mining, factory, with thousands seasonal migrants/site with poor WASH conditions investment supported by investors, need guidance/specification

Markets, bus-station, schools: Markets under municipalities, basic rules and cleaning, limited WS / latrines / street-food / need guidance
EVALUATION OF WASH IN HCF AND WATER, FOOD & DRINKS QUALITY MONITORING SYSTEM

Ready for case management but HCF/CTC faced intra transmission during previous outbreaks

Inadequate water supply, only 30% coverage, latrines 55%
But difference between HC (WS >50%, L >80%) and HP (WS 20%, L>50%)

Weak monitoring of water quality, and weak monitoring of food and drinks quality
Cross-check gaps and complementarities with WASH stakeholders interventions

Intervention areas of the main big projects have been assessed: ONE-WASH, Co WASH, UNICEF, Seqota Declaration

They target 70 to 300 districts each with WASH integrated projects

Weak complementarity with hotspots as only 36 among 104 are targeted by these projects

However, high presence of humanitarian actors in 76 hotspots but focus to IDP and short term and limited action
WASH CHOLERA STRATEGY / NCP

**Axe 1**
- WASH / OCV
- Emergency Preparedness Response Plan

**Axe 2**
- WASH in HCF, communities and specific sites

**Axe 3**
- Comprehensive NCP and capacity building
Axe 1

- WASH for OCV preventive campaigns (kits/teams & Hpro)
- EPRP / 500 000 p. / year
Axe 2

- WASH in HCF (HC 50% to 80% and HP 20% to 50%), communities (20% to 40%) for Somali and 50% to 80% for others regions and minimum WASH package for specific sites.
Axe 3

• Comprehensive NCP, lobbying for better complementarity, expertise, and quality control
CONCLUSION

**Strategy** is elaborated based on targeting

**Important level** of needs / Budget estimated 220 million US$ / 5 years

**EPRP** 50% already funded by existing mechanisms

**Reinforce complementarity** / Mobilization WASH stakeholders to target hotspots