GLOBAL TASK FORCE ON CHOLERA CONTROL

ETHIOPIA NATIONAL CHOLERA PLAN

CONTRIBUTION TO FUTURE NCP 2020-2024 / 5 YEARS

WASH COMPONENT EMERGENCY & PREVENTION FEB-MARCH 2020

World Health Organization

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Ethiopian Public Health Institute

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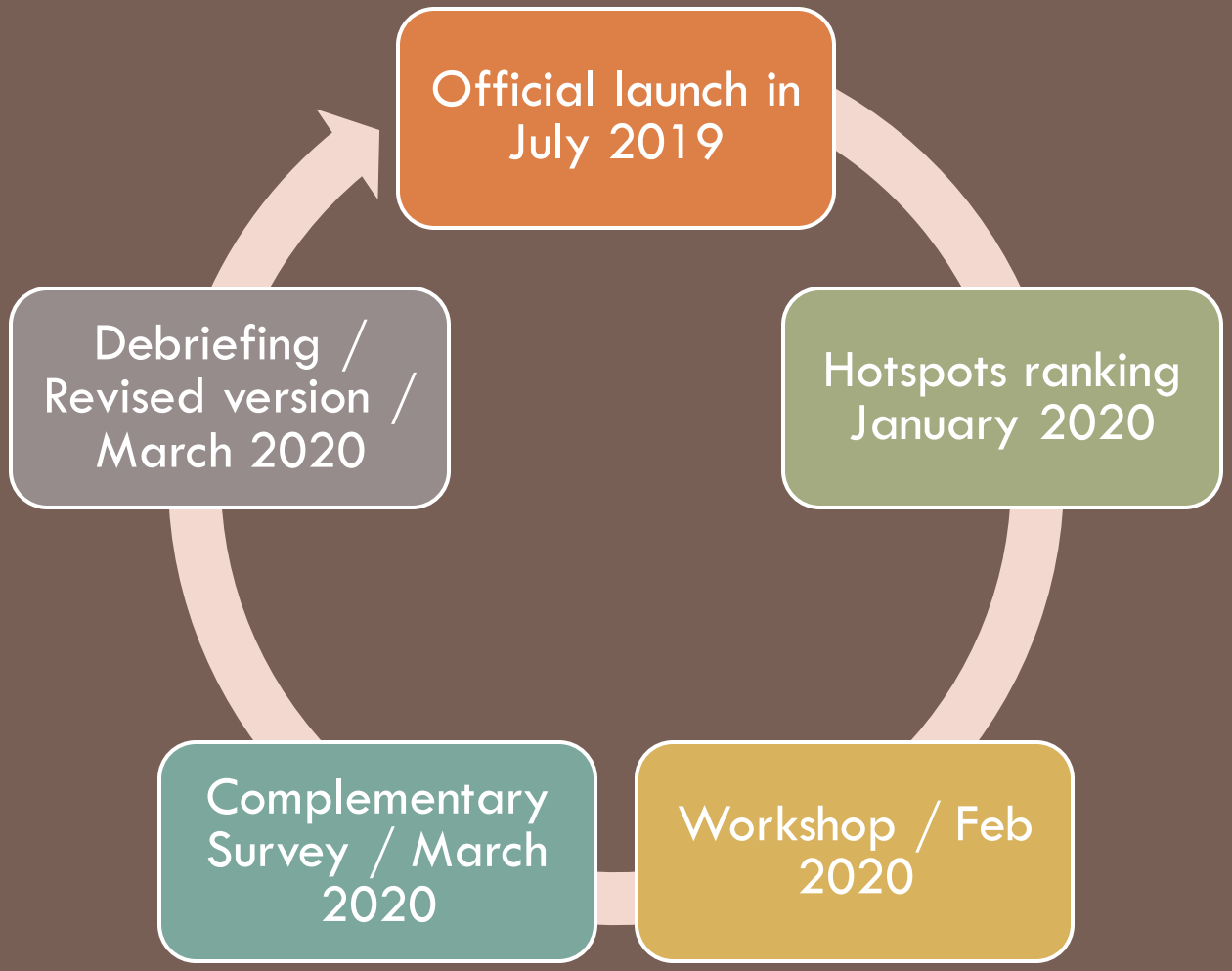
METHODOLOGY



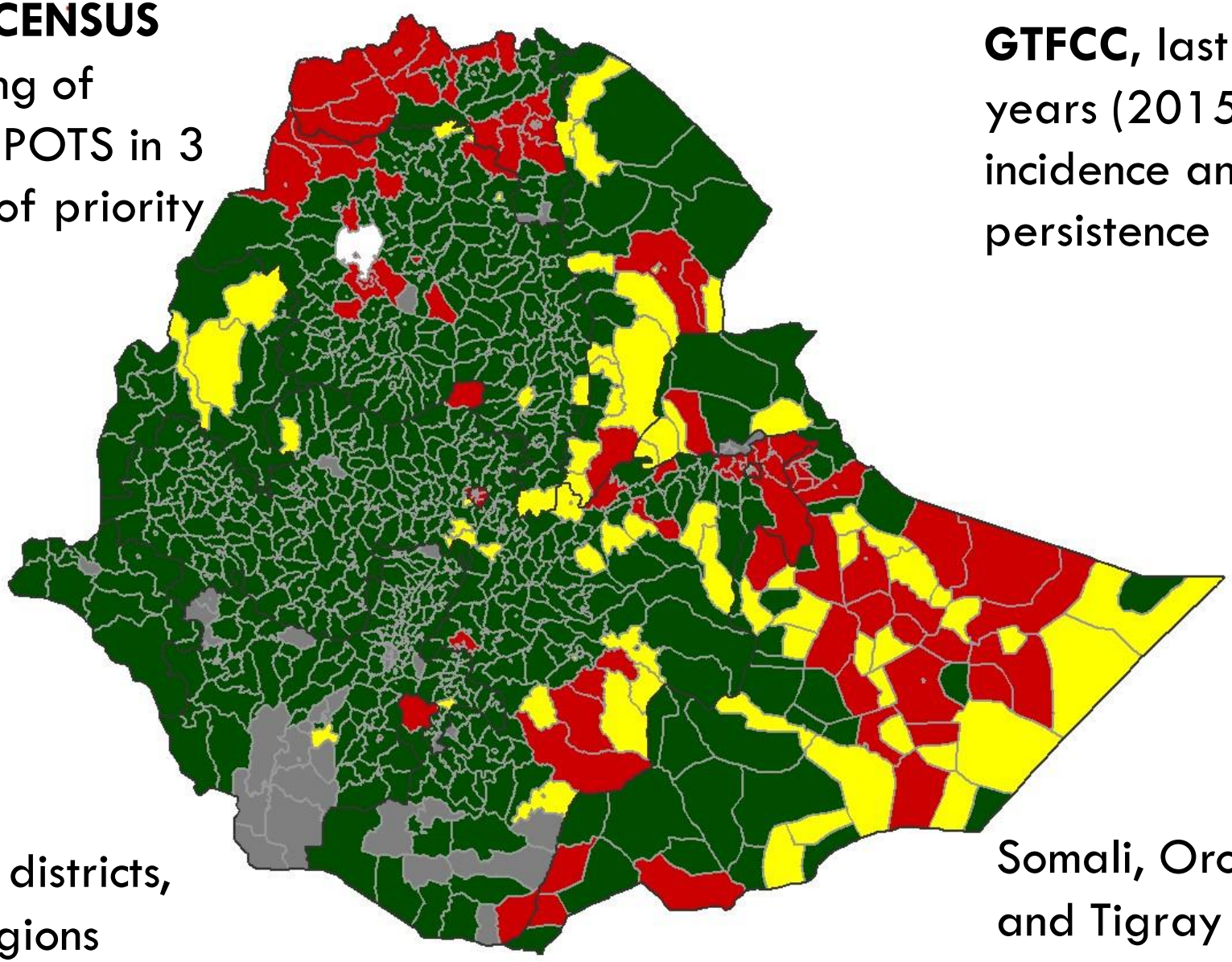
WORKSHOP:
-Multi partners
-Draft statement and proposal

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

DEBRIEFING:
- Validation of findings
- Common vision
- Revised proposal

CONCENSUS
ranking of HOTSPOTS in 3 level of priority

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



104 districts, 6 regions

Somali, Oromia and Tigray total 70%

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METHODOLOGY

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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CONTEXTS

Categorization of hotspots /socio-eco & geographic contexts

Category	Somali	Oromia	Tigray	Amhara	Addis Ababa	Afar	Harari	SNNP	Total
Sub City					10				10
Large urban	1		1	1			2		4
Medium urban	1	3		1				1	5
Small urban	2	1	1						6
Agrarian		17	15	13					45
Semi pastoralist		3							3
Pastoralist	28					3			31
Total	**32**	**24**	**17**	**15**	**10**	**3**	**2**	**1**	**104**

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.

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55% of hotspots host **IDP** due to conflicts, drought or floods but not affected by cholera

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COMMUNE SELECTION

Selection most affected Communes using cholera line-list

East hararge Zone	2537
Kersa Woreda	400
Handura Kosum	177
Baraka	43
Dolu salama	35
Dolu Ifa	26

Nefas Silk	1379
Woreda 1	361
Ertu Mojo	54
Sefera	40
Dula Mariam	22
Musika Sefer	10

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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WASH CONDITIONS

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

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WASH CONDITIONS

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

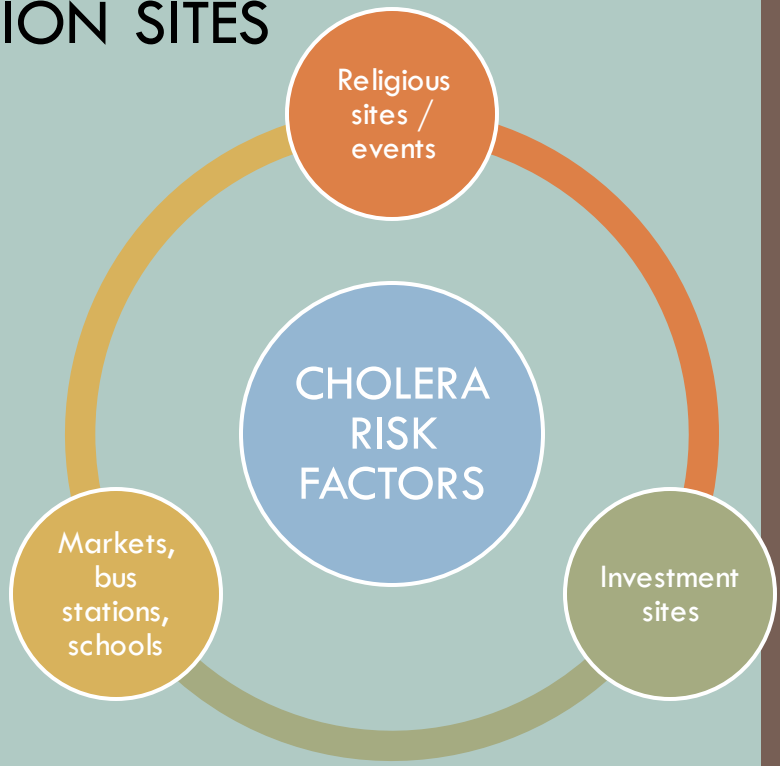
DIFFUSION SITES

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



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WASH & HEALTH SECTOR

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

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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

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PROPOSITION

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

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PROPOSITION

WASH CHOLERA STATEMENT / NCP

Axe 1

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

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PROPOSITION

WASH CHOLERA STATEMENT / NCP

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

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PROPOSITION

WASH CHOLERA STATEMENT / NCP

Axe 3

- Comprehensive NCP, lobbying for better complementarity, expertise, and quality control

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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