⚠ STOP CHOLERA TOGETHER ⚠

EIGHT WEEKS RESPONSE PLAN

Ethiopian Public Health Institute
Public Health Emergency Management
National PHEOC

Addis Ababa, Ethiopia
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1. Background

Cholera is an acute diarrheal infection caused by ingesting food or water contaminated with the bacterium Vibrio cholera. Cholera is an extremely virulent disease that can cause severe acute watery diarrhea. It takes between a few hours and five days for a person to show symptoms after ingesting contaminated food or water. Cholera affects both children and adults and can kill within hours if untreated.

Cholera remains a global threat to public health and an indicator of inequity and lack of social development. This disease continues to represent a major public health concern in many countries throughout Sub-Saharan Africa. The countries in the Horn of Africa - Ethiopia, Somalia, and Kenya- have been heavily burdened by cholera outbreaks over the past decade. From 2006 to 2019, Ethiopia, Somalia, and Kenya reported a combined 437,088 suspected cholera cases, including 6,800 cholera-related deaths. During this period, Ethiopia reported 27% of all cases3. In addition, Ethiopia reported a five-year period from 2015 – 2021, and there have been several outbreaks in different regions of the country. The outbreak in 2015 spread across the country, with over 26,000 cases and 217 deaths (CFR 0.66%), and in 2017 alone, there were over 48,000 cases with 878 deaths (CFR 1.8%) recorded.

In response to this persistent public health outbreak, the Ethiopian Public Health Institute (EPHI) has recently developed an evidence-based Multi-sectoral National Cholera Elimination Plan, in line with the "Ending Cholera Global Roadmap" driven by the Global Task Force for Cholera Control (GTFCC)4. The. The multi-sectoral road map has six pillar-oriented actions: Coordination, OCV, WASH, Surveillance, case management, and RCCE. Hotspot woredas (118) have been identified by using the GTFCC method, with over 17 million at-risk populations across all regions and both city administrations.

1.1. Countries' Experiences in Cholera Response

Countries in Africa are facing multiple outbreaks, and cholera is one of the leading. The prolonged drought and flooding severely impacted people's health and deepened a health crisis in all regions of Africa. The number of reported disease outbreaks and climate-related health emergencies reached its highest ever level this century in the seven countries combined. Ethiopia, Kenya, Sudan, and Somali are currently affected by cholera. Other countries like Zambia and Malawi able control the outbreaks in short period of time in the top it is resurging again.

Zambians and Malawi government commitment to “Ending cholera“ strategy,

leadership initiation with the strategic objective of No confirmed cholera cases with evidence of local transmission for at least three consecutive years by 2025, National Cholera Elimination Plan (NCEP) 2019- 2025 managed under the office of the Vice-President and strong cross boarder coordination with the neighboring countries, a costed national cholera response plan to manage the outbreak which updated regularly, daily analysis of IPC practices in different CTUs which handled throughout the country Kobo Tool box, inter sectoral integration for the response, and establishment of one incident management system at EOC enables the country to control cholera spreading to the neighboring districts.

1.2. Ethiopian Current Cholera Outbreak Situation

In Ethiopia the outbreak was declared on August 27/2022 in Harana Buluk woreda of Oromia region expanding to other woredas and regions. Currently there is an on-going cholera outbreak in 11 regions of the country: in 98 woredas [Oromia (22), SER(3), CER(3), Sidama (1), Amhara (25), Afar (6), B.Gunuz (2), Dire Dawa(7), Harari(9), Somali(17) & Tigray(5)]. As of December 10/2023 302, woredas are affected by the cholera outbreak.

Table 1. Cholera outbreak regional distribution as of December 10/2023.

Since August 27/2022, 29,399 cases (851 were in 2022) and 428 deaths with 1.46% of CFR. The outbreak is controlled in 206 woredas in Oromia (90 including 2022), Amhara(29), Somali (6 including 2 woredas in 2022), SER(30), CER(18), Sidama(22), Dire Dawa(2), BG(3), Harari(0), Afar (6) & Tigary(0), but they are still at high risk due to being adjacent to other outbreak affected areas.

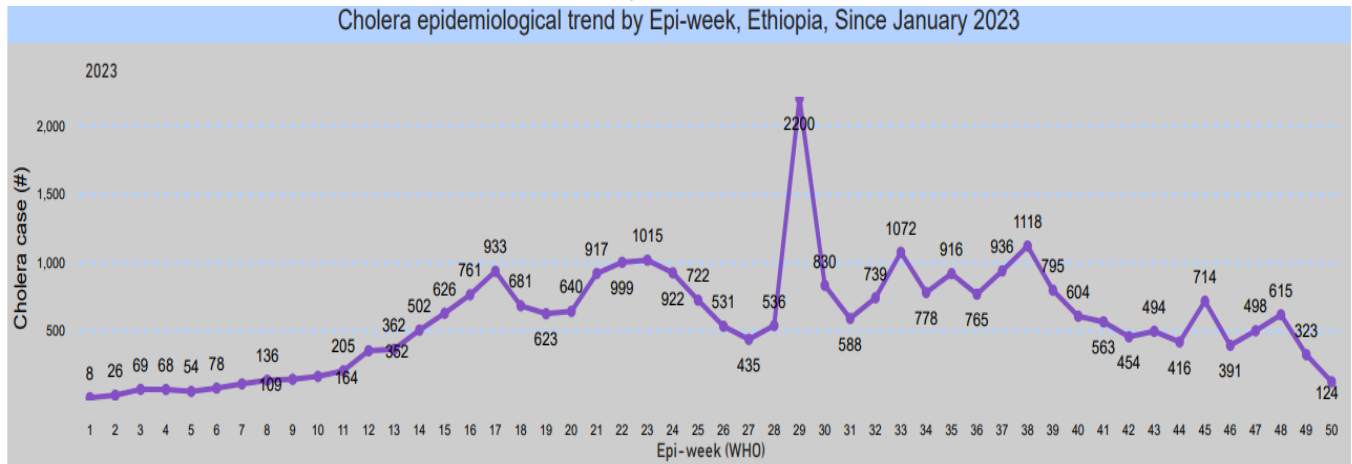

Figure 1: Cholera epidemiological trend by Epi- Week, Ethiopia, since January/2023

The epi-curve indicate the cholera cases are increasing from the previous weeks this may be due to the expansion to the neighboring woreda and the country is in the unseasonal rainy season that aggravate the expansion.

Ethiopia has a low sanitation coverage and has been frequently affected by Acute

Watery Diarrhea and Cholera outbreaks. In Ethiopia, currently the general population has poor access to safe drinking water and sanitation facilities, and the situation is worse for those in rural areas. The national sanitation coverage in Ethiopia is only 57% which translates to more than 45 million people without access to improved sanitation facilities. Health service records and community-based surveys indicate that diarrheal diseases are major causes of morbidity and mortality in Ethiopia because of low access to safe water and adequate sanitation.

1.3. Ethiopia's commitment to control the outbreak.

Ethiopia, along with other WHO Member States, passed a resolution at the 71st World Health Assembly in 2018, committing to the Global Roadmap for the Control and Elimination of Cholera. The Global Roadmap to 2030 aims to achieve the overall objective of reducing the mortality resulting from cholera by 90% by 2030 through strong commitment from all stakeholders[1]. Following this side high-level meeting, the Government of Ethiopia called for the development of the National Cholera Elimination Plan (2022 – 2028) with the engagement of relevant partners; was launched December 26, 2022.
In addition to the above commitment currently MOH and EPHI are leading the response by taking the lead agency role with partners and other sectors involved in the response of cholera by planning and implementing the response in the affected areas.

Prepare tailored infectious disease preparedness and response in special settings (Mass gatherings, travelers, returnees, refugee)

Strengthen surveillance at the IDP hosting woredas and IDP sites, communicating the IDP sites, regular supervision, and Providing capacity building training.
Verifying, Identifying and facilitating laboratory investigation for suspected outbreaks. So far, in Borena zone IDP sites Cholera outbreak detected, 92 cases were management, and the outbreak was controlled,in Debrebirehan IDP sites measles outbreak detected and ,154 cases were treated and the outbreak controlled,in Debrebirehan IDP sites cholera outbreak detected,in Metema Yohannes point (Kumer Refugee camp) Cholera outbreak occurred,454 cases treated and controlled now.In all IDP sites the detection and notification are with one to three days.

Table 1: Number of refugees and IDPs vaccinated for OCV in IDP & Refugee camp of Amhara,

1 Ending Cholera – A Global Roadmap to 2030. GTFCC

September 2023

Zone	Woreda	Target population	Total vaccinated	Coverage (%)
Debrebirehan Town	Debre Birhan Town	30469	26935	88.1
West Gondar	Kumer Refugee Camp	11891	8098	68.1
Gonder city	Gondar City	2673	637	23.8

2. Objective

2.1. General Objective

- To control the current cholera outbreaks through multi-sectoral engagement within eight weeks (May 6 to July 6/2024).

2.2. Specific Objectives

- To strengthen multi-sectorial cholera outbreak response at all levels
- To strengthen the risk communication and community engagement at cholera affected Woreda.
- To strengthen the surveillance system and data management system
- To strengthen case management and reduce case fatality rate
- To strengthen WASH response activity
- Conduct quality OCV campaign
- Improve supply chain management.

3. Targets of Plan

- Stop transmission (no new case) of cholera in 8 weeks and
- Reduction of CFR below 1%

4. Expected outcomes

- The strong multi-disciplinary team will support the overall response.
- There will be functional IMS structure all level in cholera affected regions.
- Mult-sectoral collaboration will be enhanced in response activities.
- Partner collaboration enhanced and mapped to actively engaged in the response activities.
- Enhanced active case search, rumor notification and verification, and contact tracing at facilities, community and other potential sites
- Timeliness and completeness of the reports will be improved (at least 90%)
- Quality of case management will be improved and cases treated based on protocols.
- The overall case fatality rate will be reduced from the current 1.34%. to below 1%
- Proportion of cases presented with severe dehydration reduced from the current 51% to less than 20%
- Screening and management of SAM cases with Cholera will Improved
- Quality of CTC/CTU will be improved in every cholera affected woreda.
- Health care seeking behavior will be improved
- The community engagement will be enhanced.
- Water quality will be improved as measured by acceptable levels of residual chlorine from households and water points.
- Hygiene and sanitation will be improved.
- Inventory of cholera supplies and logistics will be correct, and adequate stock available to treat all projected cases per the attack rate
- Timely avail the essential supplies for the response will be improved

- Preposition adequate number of supplies to nearby affected areas
- Capacity building for health workers, RRTs, community and other relevant team will be included and documented on the different aspects of cholera response.
- Quality of OCV campaign maintained and improved integration of WASH, RCCE, case management and surveillance activities.

Implementation plan regions

This plan implementation will be for two months of May 6-July 6/2024 in regions having an active cholera outbreak and high-risk areas of regions

5. SWOT Analysis of Cholera Outbreak

SWOT Analysis

Sno	Pillar	Strengthen	Gaps	Opportunity	Threats/Challenges
1	Coordination and leadership	• Regular national TWG meeting • High level leadership meeting on partner engagement • Cholera advocacy workshop conducted (Oromia, Sidama, CER and SER) • National and sub-national coordination of government with partners (Health Cluster, WASH Cluster) • High level leadership engagement on OCV campaign launching • Cross border collaboration and coordination (IGAD member states) • Mandira triangle Initiative with IGAD initiative • Inter-regional cross border collaboration • National health emergency coordination platform activated (IMS) • Multi-hazard and multi sectorial coordination platform at NDRMC for IDP, Drought and flooding's activated • Task forces at woreda level and RRT for cholera are functional • Regular zoom and face to face meeting were conducted to follow the surveillance response activities with deployed RRT and cholera focal • CATI Piloting started at Somali region • IAR conducted and cascaded to some region (Amhara, Oromia) • Conduct interventional study • Zero Dose OCV project initiative • Basic and TOT trainings are cascaded to all regions • Cholera training manual prepared and accredited	• Suboptimal coordination EPHI/MoH with other relevant government sectors (MoWE, MoF, MoA, MoE, NDRMC) • Low partner engagement in some regions (Amhara, Sidama) • Limited utilization of action points derivate from task force and TWG meeting at lower level • No contingency operational cost for outbreak response • Weak joint planning with stakeholders (governmental sector and partners) • Capacity building is inadequate at lower level • Improper Vehicle management for prioritizing emergency • Lack of technical knowledge on the cholera score card	• Cholera outbreak become a national and global agenda for control and elimination • Established Public Health Emergency Operations Centres (PHEOC) at national and sub national • Partners are willing to be part of response	• Security situation • Competing priorities for multiple emergency

2	Surveillance and laboratory	• Real time data is generated from line list • Presence of updated guidelines, SOPs and reporting formats • Presence of rumour registration and verification mechanism • RRT from national and subnational level were deployed for the outbreak investigation and response • Ongoing active searching, contact tracing and disinfection & sensitization at community level • RDT kits are distributed to first screening of suspected case • Culture for confirmation are done at national and regional reference labs • All rumours were registered and verified • Ethiopia as Nation win 296,000 RDT kit from GAVI in which half of approved kit is on delivery to the country that will help to screen all suspected cholera cases • 440 RDT kit supported from US CDC, GAVI and GTFCC • Planning to do genomic surveillance	• Poor monitoring of field level cholera response activities • Active searching, contact tracing and disinfection & sensitization at community level do not conduct daily • RDT kits and other lab logistics were not distributed based on needs • Regions (Somali, BG, DD, SER, CER, SWEPR, Tigray, Gambella) are unable to confirm cholera(culture) • Genomic surveillance not done • Forecasting model is not done	• Trained AVoHC surge team • Presence of nationally adopted score card • Presence of partner and donor support • Presence of community level structure like Health extension workers, Health Development Army (HDAs) • CEBS initiative • Availability of trained human power for genomic sequence	• Security situation • climate change impact • Shortage of vehicles • High attrition rate of staff and lack of staff retention mechanism • Shortage of budget for Active searching, contact tracing and disinfection and also for community sensitization
3	Case management	• Onsite orientation on updated treatment protocols has been given by the deployed RRT • Treatment facilities are initiated at affected areas (Eg. Established 18 standard CTC) • Referral linkage are available in the treatment facilities • EMT (Emergency Medical Team) and MHNT were deployed to address special humanitarian setting • In some treatment facilities death audit • Disinfection conducted with the surveillance team • Having functional ORP	• Accessibility of CTC/CTU are not established per standard to each affected area • EMT and MHNT team deployment not adequate enough • Treatment facilities were not standard	• TOT Trained regional teams to cascade • Trained EMT are available at national level • Partners work in collaboration and provide CTC kits per request • Updated and printed protocols are available at regional and national level	• Lack of ambulance • Shortage of CTC and cases management kits • Poor partners involvement • High attrition rate of staff and lack of staff retention mechanism • Lack kits for complicated and comorbid cases • Insecurity

4	RCCE	• Key messages of Cholera prevention disseminated • Social mobilization (Montatbo utilization, religious leader orientation, sensitization, Health education in religious institution) • Panel discussions were conducted in some areas with different sectors and community leaders • Cholera RCCE materials were distributed • Audio message developed • Media spot guideline developed • Press release • Alert letter	• All communities were not addressed with cholera key messages • Poor Community and community leaders' engagement in response • Media update on cholera situation and key messages were not regularly broadcasted • RCCE materials were not distributed to all affected areas	• HDAs at all affected communities • Good partner involvement • Volunteers are available at each kebele for social mobilization • Medias are willing to work with health sector	• Lack of motorbus, • printed RCCE materials for social mobilization • Lack of vehicles • Lack of budget to conduct sensitization sessions • Insecurity/ climate change impact
5	WASH	• Water samples were taken for testing • Emergency and permanent latrines were built in affected areas • Water schemes maintenance was conducted • New water points were established • EMWAT kits were installed • Hygiene materials like hand washing kits were distributed • Water treatment chemicals were distributed hygiene and sanitation campaigns sessions	• Water treatment chemicals were not distributed to all affected sites • Environmental and water quality samples were not regularly monitored • Basic and safe water coverage is low including special settings • Poor Regular inspection of food and water establishments • Household level latrine coverage is low • No food and environmental sample were taken for test • Poor attention for waste management • High open defecation practice	• Good community willingness in latrine construction • Good partners involvement in WASH supply support • Eight of the 16 services package of the Ethiopian Health Extension Program are directed towards WASH	• Irregular partner involvement • Shortage of national WASH supply stock • Almost all affected areas have poor clean water access • Lack of budget to conduct sensitization sessions • Insecurity • climate change impact
6	IPC	• PPE materials are distributed to Treatment facilities • Standard precautions are applied • IPC protocols are implemented at treatment facilities • Trained national and regional experts on IPC	• All treatment facilities have no enough PPE materials • Axillary staffs in Treatment facilities have no updated training and orientations on IPC protocols	• Partners support on the IPC materials distribution	• Shortage of PPE materials at each level • Shortage of vehicles • low and no stock IPC material (cadaver bag, HTN, Chlorine ...) in treatment facilities

7	Vaccination	• More than 10 million OCV doses are given to affected areas • More than 2 million doses are requested to the currently affected areas and are under progress to be approved • Good OCV precampaign activities • OCV administrative coverage was >98% with acceptable wastage rate • OCV campaign conducted in special setting (IDP, refuges and conflict affected area) • Prepare for post OCV campaign coverage survey (tool preparation, implementation plan) • 14 000 OCV dose mobilized for CATI implementation	• All affected areas have not received the OCV dose • weak integration of OCV campaign activities	• Good ICG support on vaccine support and delivery to the country • ICG is supporting the operational cost of the OCV vaccination campaign	• Global OCV stock is low

6. Implementation Strategy

- Implementation of scorecard
- Proper and efficient Utilization of limited Logistics and supplies at all level
- Daily performance monitoring (Daily report, feedback meetings virtual in person) at all level
- Strengthen a clear framework for regular inter-sectoral meetings with defined roles and responsibilities. (Use tools like the Health Cluster Coordination toolkit recommended by WHO for effective multi-sectoral collaboration)
- Implement a stakeholder management strategy, identifying key partners and their potential contributions, and engage them through regular updates and joint planning sessions.
- Create a system for tracking and implementing action points from meetings, possibly using a digital task management tool.
- Set up a dedicated fund for emergency responses to cholera outbreaks, seeking support from government budgets and international donors.
- Organize workshops and training sessions focused on improving joint planning capabilities among stakeholders.
- Strengthen comprehensive training at lower levels on cholera control with its leadership skills.
- Collaborate with security agencies to ensure safe access and conduct risk assessments.
- Increase the number and capacity of CTFs, especially in high-risk areas, to accommodate more patients.
- Digital tools for effective patient tracking and data management to monitor treatment
- Disseminate standardized treatment guidelines
- High influx of patients, such as mobile treatment units or temporary healthcare facilities.
- Implement strategies to extend vaccine coverage, especially in high-risk and underserved areas, including mobile vaccination clinics.
- Develop robust logistical plans in 24 hours

7. Minimum Packages of Interventions

- Minimum preparedness and intervention activities are proposed per pillar as follows.

Pillar	Active Woredas	At risk woredas
Coordination	Strengthen coordination structures at all levels with activation of emergency operations center (EOC)	Enhance resource mobilization to ensure adequate resources for the response
	Financing the EPRP	Financing the EPRP
	Ensure the multi-sectoral health emergency task force is in place and functioning (conduct regular meeting, ensuring all sectors and partners participate in the meeting)	Maintain cross border meeting
	Strengthening of subcommittees for cholera response in all level EOC	
	Enhance resource mobilization to ensure adequate resources for the response	
	Strengthen multidisciplinary team(s) mobilization to investigate outbreak, risk assessment, identify priority	

Pillar	Active Woredas	At risk woredas
Surveillance	Avail printed cholera surveillance tools	Avail printed cholera surveillance tools
	Deploy Surge RRT and AVoHC	Capacitate the regional and subregional reference labs for culture and PCR confirmation
	Maintain timeliness and completeness of cholera surveillance data flow system	Initiate genomic sequence
	Capacitate the regional and subregional reference labs for culture and PCR confirmation	
	Initiate genomic sequence	

	Active Woredas	At risk woredas
	actions and implement initial control measure	
	Maintain cross border meeting	
	Strengthen CATI response strategy	
Case management	Expand cholera treatment structures Deploy EMT (emergency medical teams) and MHNT in special setting	prepositioning of cholera treatment and CTC kits Deploy EMT (emergency medical teams) and MHNT in special setting
	Strengthen onsite orientation on updated treatment protocols for CTC/CTU workers	Strengthen referral pathways
	Conduct Death Audit	

	Active Woredas	At risk woredas
Risk Communication and Community engagement (RCCE)	Print and distribute risk communication materials (Leaflets, Posters and Banners) Conduct Social mobilization using existing system (HEW &HDAs) Broadcasting cholera key messages through medias	Print and distribute risk communication materials (Leaflets, Posters and Banners) Conduct Social mobilization using existing system (HEW &HDAs) Broadcasting cholera key messages through medias
	Documentary preparation and dissemination Maintain regular press release at national and regional level	Documentary preparation and dissemination Maintain regular press release at national and regional level
	Engage media, influencers and stakeholders who can listen, advocate, educate, address rumors and misinformation, and build health literacy Conduct conversation with community leaders and influential	Engage media, influencers and stakeholders who can listen, advocate, educate, address rumors and misinformation, and build health literacy Conduct conversation with community leaders and influential

	Active Woredas	At risk woredas
	Strengthen referral pathways	
	Enhance household level ORS rehydration	
	Capacitate CTC to treat comorbidity and complication	

	Active Woredas	At risk woredas
	Engage and empower communities to participate in planning and implementation of response activities	Enhance sensitization for community representative (health development army, religious leader, kebele leader)
	Enhance sensitization for community representative (health development army, religious leader, kebele leader)	Advocate CEBS at community level
	Advocate CEBS at community level	Enhance facility level health education
	Conduct consultative meeting with local community	
	Enhance facility level health education	

WASH	Active Woredas	At risk woredas
	Conduct water quality monitoring (both microbial, physical, and free residual chlorine) and surveillance	Conduct water quality monitoring (both microbial, physical, and free residual chlorine) and surveillance
	Provide water treatment chemicals to affected and high-risk areas	Water trucking and Installation of water storage tanks for community who have no access for water
	Water trucking and Installation of water storage tanks for community who have no access for water	Construction of new water schemes and maintenance on selected institutions and community hubs

IPC	Active Woredas	At risk woredas
	Conduct assessment using standard checklist to CTC/CTU/ORP	
	Distribute PPE , disinfectants and others IPC materials to CTF	

Stop Cholera Together

	Distribute WASH NFIs to affected areas Construction of new water schemes and maintenance on selected institutions and community hubs Distribute EMWAT kit in prioritized affected areas Provision of residual chlorine and turbidity measuring instruments and consumables for drinking water testing Provide water quality monitoring and sanitary survey training Emergency temporary latrine construction in collaboration with affected communities. Construction of waste management sites (for liquid, solid wastes with special attention in market places Enhance open defecation free area	Provision of residual chlorine and turbidity measuring instruments and consumables for drinking water testing Provide water quality monitoring and sanitary survey training Construction of waste management sites (for liquid, solid wastes with special attention in marketplaces Enhance open defecation free area Ensure the availability of latrine in religious, holy water sites, in school and special setting Regular inspection of food and drinking establishments

	Enhance transmission-based precaution for patients and health care givers in treatment facilities Conduct on job training with practical demonstration of IPC practices Distribute/share SOPs, IPC guideline to healthcare facilities Ensure appropriate waste management practices from generation to final disposal Monitoring and follow-up of CTC/CTU appropriate closure as per the standard	
	Active Woredas	**At risk woredas**
Oral Cholera Vaccine(OCV)	Prepare OCV request for ICG to all affected areas Conduct post OCV campaign coverage survey	

	Ensure the availability of latrine in religious, holy water sites, in school and special setting Regular inspection of food and drinking establishments Expand hand washing facilities to selected outbreak affected areas, especially install in market place, and highly populated areas Conduct WASH campaigns with demonstration sessions at Kebele, village, HHs, marketplaces, bus stations, streets, institutions (school, prison, HFs, military camps, universities), holly water sites, IDPS and refugees			Improve timely transportation of OCV to affected area based on the micro-plan Prepare OCV micro-plan based on the approved dose Facilitate and allocate operational cost for OCV campaign
	Active Woredas	**At risk woredas**		Provide OCV training for vaccinators, Supervisors and Social mobilizes Integrate intensive social mobilization on WASH and other pillars activities into OCV campaign
Cappacity Building	Provide comprehensive cholera training for frontline health workers Conduct refresher capacity-building training for laboratory diagnosis, including use of RDT and sample collection...	Provide comprehensive cholera training for frontline health workers Conduct refresher capacity-building training for laboratory diagnosis, including use of RDT and sample collection...		Conduct OCV vaccination Campaign Supportive supervision during OCV campaign

	Provide one two-day training for media, influencers and stakeholders	Provide one two-day training for media, influencers and stakeholders		Conduct review meeting following the campaign	
	Active Woredas	**At risk woredas**			
M&E	Monitoring of response and control activities at all level using score card Conduct AAR/ IARat regional level except (Amhara and Oromia who conducted previously) Review and give feedback for sub-committee’s activities per their plan on weekly bases	Review and give feedback for sub-committee’s activities per their plan on weekly bases			

8. Planned Activities by Pillars

To achieve the outlined objectives, the interventions must be coordinated through a multidisciplinary response structure. This response structure consists of 8 interrelated pillars.

- Pillar 1: Leadership, coordination, planning and monitoring
- Pillar 2: Surveillance and Laboratory diagnostics and testing
- Pillar 3: Case management and CTF
- Pillar 4: Water, sanitation and hygiene (WASH)
- Pillar 5: Infection prevention and control (IPC)
- Pillar 6: Risk communication and community engagement (RCCE)
- Pillar 7: Vaccination
- Pillar 8: Operational support and logistics
- Pillar 9: Monitoring and Evaluation
- Pillar 10: Training

8.1. Coordination and leadership

Effective leadership and coordinated management are essential to ensure rapid and effective preparedness, readiness and response to cholera outbreaks, including incident management systems, emergency operations centers and multisector and multidisciplinary coordination. Two core activities (strengthening the coordination at all level and partnership and leadership) are listed below with detailed activities for 6 weeks.

Ethiopian Public Health Institute
National Public Health Emergency Operation Center /PHEOC/

8 Weeks Cholera Outbreak Control Plan

Plan period cover from May 6 to July 6/2024

Sno	Pillar	Core Activity	Detailed Activity	Implementation Note	Budget Assumption	Budget in ETB	Responsible Person	Level of Implementation	Time Frame	Remark
1	Coordination and leadership	Strengthen the coordination structures at all levels	Strengthen coordination structures at all levels with activation of emergency operations center (EOC)	In all affected regions one coordination platforms (EOC IMS) lead by the health sector will be strengthen	Since watch mode EOC is in place at regional level activating cholera outbreak response coordination (IMS) based on EPRP budget will be allocated	_	EPHI, RHB, ZHO, Woreda health office	At all level	all six Weeks	
			Ensure the multi-sectoral health emergency task force is in place and functioning (conduct regular meeting, ensuring all sectors and partners participate in the meeting)	Task force should be established in all newly affected woredas and strengthen through follow up and supervision	National IMS staff will conduct supervision the with two experts and one diver to each affected region (11 regions)	555,000	EPHI, RHB, ZHO, Woreda health office	At all level	all six Weeks	
			Strengthening of subcommittees for cholera response in all level EOC	All pillars sub-committees (WASH, Logistic, RCCE ….) will be stablished for newly activated EOC and strengthen through reports and feedback	No Cost assumption for this activity since it is part of daily response activity at EOC	_	EPHI, RHB	at national and regional level	all six Weeks	
			Enhance resource mobilization to ensure adequate resources for the response	At regional and national level available resource mapping will be identified and mobilized to the outbreak affected area based on gap	3 days resource mapping workshop will be conducted by logisticians and will be distributed (20 participants, 3 days' workshop peridium, 2 days travel per dime, with	110000	EPHI, RHB, ZHO, Woreda health office	At all level	all six Weeks	

					600 daily tea break cost, 3000 hall rent)					
			Strengthen multidisciplinary team(s) mobilization to investigate outbreak, risk assessment, identify priority actions and implement initial control measure	National RRT and AVHOC team Will be deployed to the affected areas	Currently there are 10 Actively reporting regions, so one team (Four Experts and one driver) will be deployed for 45 days with 650 daily per dime and 3000 daily fuel cost	1597500	EPHI, RHB	At woreda and zonal level	December 26/2023	
		Partnership and leadership	Prepare cholera outbreak response performance review meeting at national and regional level	One cholera outbreak response performance review meeting will be conducted with regions and stockholders at national level and all regions will cascade the meeting	One cholera outbreak response performance review meeting, with participant of 100 (each region, partners and responsible sectors), per diem of 650 for one day and for 2 travel day, stationary 100 per person and 10,000 hall rent	215,000	EPHI, RHB	At national and regional level	January 3/2024	
			Financing the EPRP	EPRP will be financed based on the current active regions	Two days revision workshop of 50 participants (650 per diem per day) and 4000 hall rent	198000	EPHI	at national level	December 26/2023	
			Maintain coordination meeting (TWG, task force, RRT and committee)	Maintain coordination meeting (TWG, task force, RRT and committee at National and Subnational level through zoom or face to face	No Cost assumption for this activity since it is part of daily response activity at EOC	_	EPHI, RHB, ZHO	At all level	January 30/2024	
			Maintain cross border meeting	Conduct Inter regional and intra-regional collaboration meeting/workshop through clustering the region (C1; BG, Amhara, Tigray, Afar, Oromia C2; Somali, DD, Afar, Harari, Oromia C3; Oromia, SER, CER, Sidama, SWEPR and Gambella)	Cross border meeting with IGAD members will be costed by responsible members Inter-regional coordination meeting will be held by cluster for one times and the regular meeting will be though zoom(3 different collaboration meeting with cost of 235000 will be conducted concurrently	705,000	EPHI, RHB, ZHO, Woreda health office	At all level	all six Weeks	

				Maintain Cross border collaboration among IGAD member states	Intra-regional meetings will be by zoom or in person so no cost					
			Strengthen CATI response strategy	Follow and document piloted CATI response strategy through supportive supervision and /or workshop	One team of 4 experts and one driver will supervise every month for 3 month (fuel cost 4000ETB for 10 days	72,500	EPHI, RHB	Somali region	January 30/2024	

8.2. Surveillance and Laboratory

Timely and structured disease detection and investigation of cholera alerts enable rapid emergency response and ensure control measures are put in place. Rapid information sharing through established communication channels is essential to ensure data consolidation, analysis and inform strategic decision making.

Strengthen and maintain national and sub-national capacity to test and confirm samples including samples from suspected cholera cases and monitor drinking water quality in a timely manner to guide response and surveillance actions.

Ethiopian Public Health Institute
National Public Health Emergency Operation Center /PHEOC/

8 Weeks Cholera Outbreak Control Plan

Plan period cover from May 6 to July 6/2024

Sno	Pillar	Core Activity	Detailed Activity	Implementation Note	Budget Assumption	Budget in ETB	Responsible Person	Level of Implementation	Time Frame	Remark
1	Surveillance and Laboratory	Strengthen surveillance system	Avail printed cholera surveillance tools	Guideline, cases definition, line list templet, investigation tools protocols and reporting formats will be distributed to actively affected areas	10 cars with one expert and driver will be deployed to distribute the printed surveillance tools to the affected and high-risk areas in each region with 10 days travel and 4000 daily fuel cost	200000	EPHI, RHB	at woreda, kebele, zonal	January 1/2024	
			Deploy Surge RRT and AVoHC	Deploy national and subnational RRT for rumor verification (24hr), outbreak investigation, and contact tracing to active outbreak regions	two team for Oromia and one team for each region (9) with 4 expert and one driver will be deployed for one month with driver and fuel cost of 3000 daily	1162500	EPHI, RHB	at woreda, kebele, zonal	January 1/2024	
			Maintain timeliness and completeness of cholera surveillance data flow system	Maintain timeliness and completeness of cholera surveillance data flow system though	No cost since it is part of daily emergency response	0	EPHI, RHB	at woreda and regional level	all time in six week	

				follow up and regular meetings with data managers						
			Forecasting model for cholera outbreak	Two consecutive workshop for forecasting model for cholera outbreak	With participant of 50 for 5 day and two travel day, with hall rent of 4000 per day	735,000	EPHI, RHB	At national level	Januar y 1/2024	
		Strengthe n laborator y capacity	Capacitate the regional and subregional reference labs for culture and PCR confirmation	Regional labs will be capacitated with logistics (reagent's, RDT kit, Culture media and equipment's)	regions who have reference/ sentinel site lab are 5 so culture and PCR reagent will be distributed with 5 cars in cluster within 10 days for daily fuel cost 4000	203,250	EPHI, RHB	At regional level	Januar y 1/2024	
			Initiate genomic sequence	Collect v. cholerae Isolates for genomic sequence	Weekly base sample will be transported though each reference (5)labs by one expert (3days perdiem) and plan transport cost of 5000 for 2 month	278,000	EPHI, RHB	At regional level	Januar y 1/2024	

8.3. Case management

Ensure rapid access to quality treatment to reduce preventable morbidity and mortality (CFR) this can be ensured by coordinating efficient and comprehensive cases management. This can be achieved though increasing the accessibility of early treatment to all categories of people, and by ensuring the adequate resource.

Ethiopian Public Health Institute National Public Health Emergency Operation Center /PHEOC/
8 Weeks Cholera Outbreak Control Plan
Plan period cover from May 6 to July 6/2024

Sno	Pillar	Core Activity	Detailed Activity	Implementation Note	Budget Assumption	Budget in ETB	Responsible Person	Level of Implementation	Time Frame	Remark
1	Cholera case management	Strengthen service availability for case management	Expand cholera treatment structures • ORPs • Centralized CTCs and CTUs	One standard CTC kit/CTU is needed for actively affected woredas and ORP at each kebele	50 standard CTC kits and 90 CTU kits and 200 ORP need to be installed	5 million	EPHI, RHB, ZOHB, **Partners**	Zonal, Woreda, kebele, Treatment facilities	January 10/2024	WHO, UNICEF and other partners will supply according to the request
			Deploy EMT (emergency medical teams) and MHNT in special setting	Provide Orientation on cholera response and deploy EMT and MHNT members to populations that need special attention	50 EMT team will be deployed for 30 day with daily per-diem of 650	975000	EPHI, RHB, ZOHB, **Partners**	Zonal, Woreda, Treatment facilities	January 10/2024	
			Strengthen onsite orientation on updated treatment protocols for CTC/CTU workers	On Site orientation on updated case management will be conducted by the deployed RRT Teams to improve case treatment.	No Cost assumption for this activity since it is already considered in the daily per diem for other field activities.	0	EPHI, RHB, ZOHB, **Partners**	Treatment facilities	Six weeks	
			Conduct Death Audit	Death audits will be conducted by the death auditing committee present at the facilities for each facility death to improve our treatment.	No Cost assumption for this activity since it is already considered in the daily per diem for other field activities.	0	EPHI, RHB, ZOHB, **Partners**	Treatment facilities	Six weeks	
			Strengthen referral pathways	Ensure the presence of dedicated ambulances and set clear pathway between cholera treatment facilities	Two ambulances will be deployed for each affected regions for 2 months. One driver and one ambulance nurse will be recruited accordingly.	10640000	EPHI, RHB, ZOHO, **Partners**	at woreda and kebele level	Six weeks	

			Enhance household level ORS rehydration	House hold level rehydration will be implemented using Health extension workers	No Cost assumption for this activity since it is already considered as daily activities	0	Woreda and Kebele	at treatment facilities	Six weeks	
			Communicating the disinfection /surveillance team when the patient is admitted	In collaboration with the surveillance team, one spray person will disinfect the house of the admitted patient	One spray man per kebele will be assigned and 300 daily per-diem for 30 days	3,996, 000	Woreda and Kebele HB	at woreda and kebele level	Six weeks	
			Capacitate CTC to treat comorbidity and complication	Case management supplies for complicated cholera cases will be distributed as per the case load	Case management supplies will be distributed to CTCs, for around 5000 cases.	48956 00	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	Jan 10/202 4	

8.4. Risk communication and community engagement (RCCE)

Ensure appropriate RCCE planning, resourcing, coordination, management and listening structures are established at national and local levels to ensure affected and at-risk communities are engaged, informed and included in planning and implementation of all relevant components of outbreak readiness and response. Create an enabling environment and disseminate risk communication and community engagement messaging in a timely and appropriate manner through trusted channels to encourage uptake of preventative, protective and care-seeking behaviors. Respond to rumors and misinformation through appropriate channels that are accessible and trusted by at-risk communities.

Ethiopian Public Health Institute
National Public Health Emergency Operation Center /PHEOC/

8 Weeks Cholera Outbreak Control Plan

Plan period cover from May 6 to July 6/2024

Sno	Pillar	Core Activity	Detailed Activity	Implementation Note	Budget Assumption	Budget in ETB	Responsible Person	Level of Implementation	Time Frame	Remark
	Risk communication and community engagement (RCCE)	Enhance risk communication	Print and distribute risk communication materials (Leaflets, Posters and Banners)	For all woredas in nationwide RCCE materials (with local language) will be distributed for the awareness creation	10 cars for 10 days of one expert and one driver will distribute to affected woredas with 3000 daily fuel cost	260,000	EPHI, RHB, Partners	At woreda level	January 1/2023	
			Conduct Social mobilization using existing system (HEW &HDAs)	House to house and using microphone, social mobilization will be conducted by HEW, volunteers and HDAs	daily per-diem for outreach social mobilization will be paid for HEW for 30 days with 200 daily per-diem	1,800,000	EPHI, RHB, ZHO, Woreda, Partners	at kebele level	all six weeks	

				leaders in each kebeles of actively affected woredas						
			Broadcasting cholera key messages through medias	Cholera key messages will be broadcasted by local and national media's one a week and social mobilization session will be conducted in school, church, market, bus station…	1 min cholera key message will be broadcasted every other day for 4 weeks with one second cost of 300 in 6 nationally and locally acceptable medias	1,620,000	EPHI,RHB, ZHB, Partners	at national and regional	all six month	
			Documentary preparation and dissemination	Documentary preparation and dissemination through institutional web site and social media platform, mass media with engagement of governmental sectors, community representatives and partners	One documentary/ testimonial 4 min will be prepared (both audio and Video) and disseminated for 2 weeks daily once a day by 2 TV and 2 Radio (300 price per second) (300*4min*60sec*15 day*4media)	4,320,000	EPHI,RHB, ZHB, Partners	at national and regional	all six week	
			Maintain regular press release at national and regional level	Prepare regular press release at national and regional level and disseminate through mass media and social media	No cost since it will be sent and posted at office level	-	EPHI,RHB, ZHB,	at national and regional	all six week	
			Mass media Panel discussion/interview	Mass media Panel discussion/interview will be conducted with multi-disciplinary experts	No cost since it will be sent and posted at office level	-	EPHI,RHB, ZHB	at national and regional	all six week	
		Community engagement	Engage media, influencers and stakeholders who can listen, advocate, educate, address rumors and	Official letter will be sent to medias and stakeholders to be part of response	1 min cholera key message will be broadcasted every other day for 4 weeks with one second cost of 300 in 6 nationally and	1,620,000	EPHI,RHB, ZHB, Partners	at national and regional	all six month	

			misinformation, and build health literacy		locally acceptable medias					
			Conduct conversation with community leaders and influential	In actively affected woredas at kebele level community conversation with leaders and influential will be conducted two times in the control period plan	One documentary/ testimonial 4 min will be prepared (both audio and Video) and disseminated for 2 weeks daily once a day by 2 TV and 2 Radio (300 price per second) (300*4min*60sec*15 day*4media)	4,320,000	EPHI,RHB, ZHB, Partners	at national and regional	all six week	
			Engage and empower communities to participate in planning and implementation of response activities	Community by itself will participate and work in collaboration to response by assigning one focal person	No cost assumption	0	Woreda HB	at kebele level	all six weeks	
			Enhance sensitization for community representative (health development army, religious leader, kebele leader)	One day sensitization will be given on the control plan of the outbreak and on cholera key messages for community leaders	From 444 actively affected kebeles one community leader will participate in the orientation for one day with 100 daily per-diem plus Transportation (200*444)	222,000	Woreda HB	at kebele level	January 1/2024	
			Advocate CEBS at community level	Advocate CEBS at community level by using different media platform in existing health system	From 444 actively affected kebeles one community leader will participate in the orientation for two day with 100 daily per-diem plus Transportation	266,400	Woreda HB	at kebele level	January 1/2024	

			Conduct consultative meeting with local community	Consultative meeting with local community to identify local challenges to drive local solution	From 444 actively affected kebeles one community leader will participate in the orientation for two day with 100 daily per-diem plus Transportation	266,400	Woreda HB	at kebele level	January 1/2024	
			Enhance facility level health education	Facility level health education at CTF and other HFs	From 444 actively affected kebeles one community leader will participate in the orientation for one day with 100 daily per-diem plus Transportation (200*444)	222,000	Woreda HB	at kebele level	January 1/2024	

8.5. Water, sanitation and hygiene (WASH)

Ensuring at-risk and vulnerable communities have access to clean and safe water and WASH services is critical for the prevention of and response to cholera outbreaks. Appropriate fecal and other waste disposal and improved hygiene should be ensured at community and household levels to prevent spread of cholera and further morbidity and mortality.

Ethiopian Public Health Institute National Public Health Emergency Operation Center /PHEOC/										
8 Weeks Cholera Outbreak Control Plan										
Plan period cover from May 6 to July 6/2024										
Sno	Pillar	Core Activity	Detailed Activity	Implementation Note	Budget Assumption	Budget in ETB	Responsible Person	Level of Implementation	Time Frame	Remark
	Water, Sanitation and hygiene (WASH)	Enhance basic/safe water supply to the community	Conduct water quality monitoring (both microbial, physical, and free residual chlorine) and surveillance	In collaboration with MoWE, WASH clusters, WHO and UNICEF water quality monitoring and testing of selected water sources in active woredas	No cost estimation since it is routine response activity		EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	All eight weeks	
			Provide water treatment chemicals to affected and high-risk areas	Provide household water treatment chemicals to affected and high-risk areas	5% of woreda population for 60 days (Pur: 2 sachets/HH/day= 60 per month/household).	39,927,338.60	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eight weeks	
				Provide household water treatment chemicals to affected and high-risk areas	5% of woreda population for 60 days(Aquatab 1 tablet /HH/day= 30 permonth/household) 3	14,460,813.36	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eight weeks	

					strips/HH. strips contain 10 tablets					
				Provision of HTH for bulk chlorination	3 HTH/woreda for community water supply/reservoir disinfection and 1HTH/Active CTC	3,520,519.44	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eight weeks	
			Water trucking and Installation of water storage tanks for community who have no access for water	Water trucking	*10 days per woreda/CTC(1CTC per woreda)*	5,100,000.00	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eight weeks	Partners will cover
				Installation of water storage tank / roof water harvesting	*Water tank 10,000 litres with unit cost of ETB 62,729 + 300,000 installation and pipeline costs*	36,998,358.00	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eight weeks	
			Distribute WASH NFIs to affected areas	Based on the gap of affected areas partners and relevant stockholders will distribute WASH supplies from available stock	10% of woreda population; once (*For 1500 HHs/woreda using turbid water (1 bucket per HH+ 2 Jericans/HH+1 body soap per person/month7500) *51 woredas For 1500 HHs/per woreda using non-turbid water (2 Jericans/HH+ body soap per person 1 month 7500)* 51 woredas).*	139,357,481.13	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	All eight weeks	

			Construction of new water schemes and maintenance on selected institutions and community hubs	Local partners and stockholders will construct and maintain water schemes in collaboration with the community	One minor rehabilitation/expansion per woreda	– 28,692,090.00	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eight weeks	Partners will cover
			Distribute EMWAT kit in prioritized affected areas	Partners will distribute EMWAT kits based on the need of the affected areas	6 EMWAT kit for the whole response in 8 weeks	5,083,563.24 –	EPHI, RHB, ZOHB, woreda and **partners (WASH clusters)**	at woreda and kebele level	all eight weeks	
			Provision of residual chlorine and turbidity measuring instruments and consumables for drinking water testing	In collaboration with WHO/UNICEF/WASH-Cluster	10 pool tester per woreda (1 pool tester comes with pac of testing tablets for 250 tests)	375,866.38	EPHI, RHB, woreda and **WHO**	At woreda level	all eightweeks	
			Provide water quality monitoring and sanitary survey training	In collaboration with WHO, emergency WASH team	150 trainees from all affected woreda for five days	2,523,240	EPHI, RHB and WHO	At regional level	all eight weeks	
		Enhance sanitation and hygiene	Emergency temporary latrine rehabilitation/construction at CTC level	In collaboration with the community locally available partners and stockholders will built emergency temporary latrine at CTC level	*4 per CTC with 2 CTC per woreda on average*	22,953,672.00 –	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eightweeks	
			Construction of waste management sites (for liquid, solid wastes with special attention in market places	In collaboration with the community locally available partners and stockholders will built waste management sites in highly populated and market places	*No cost since will be estimated based on the need*	–	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eightweeks	
			Enhance open defecation free area	Enhance open defecation free kebele, holy water sites and special settings though constructing permanent latrines	*No cost since will be estimated based on the need*		EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eightweeks	

			Ensure the availability of latrine in religious, holy water sites, in school and special setting	Ensure the availability and utilization of latrine in religious, holy water sites, in school and other institutions though follow up and supervision	*No cost since it will be supervised with the integration of other surveillances*		EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eightweeks	
			Regular inspection of food and drinking establishments	Weekly inspection of food and drinking establishments with the HEW and woreda environmental experts	Every week One day per-dime will be paid for HEW and environmentalist for one month	520000	EPHI, RHB, ZOHB, woreda	at woreda and kebele level	all eightweeks	
			Organize sanitation campaigns in affected areas	Every week one sanitation campaign will be organized by kebele, woreda and other stockholders	no cost since the community will be mobilized for the campaign	0	EPHI, RHB, ZOHB, woreda and **partners**	at woreda and kebele level	all eightweeks	
			Expand hand washing facilities to selected outbreak affected areas, especially install in market place, and highly populated areas Conduct WASH campaigns with demonstration sessions at Kebele, village, HHs, marketplaces, bus stations, streets, institutions (school, prison, HFs, military camps, universities), holly water sites, IDPS and refugees	Based on the request from affected areas partners and relevant stockholders will provide and install hand washing facilities The Woreda health office personnel with HEWs at kebele level will do together	*30 hand washing facilities per woreda* No cost needed since it will be done by HEWs	860,762.70	EPHI, RHB, ZOHB, woreda and **partners** EPH, RHB, WrHO	at woreda and kebele level At Woreda and kebele level	all eightweeks all eightweeks	

8.6. Infection prevention and control (IPC)

Ensure robust systems and capacities are in place at all levels to reduce risk of health care-associated infections.

Enable functional and hygienic health care environments to ensure quality of care of patients and staff safety within

health facilities through establishment and reinforcement of IPC standard and transmission-based precautions. Reduce the risk of health and care facilities amplifying transmission of cholera and initiating clusters and outbreaks of other infections transmissible in health and care facilities when managing acute caseloads.

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8 Weeks Cholera Outbreak Control Plan										
Plan period cover from May 6 to July 6/2024										
Sno	**Pillar**	**Core Activity**	**Detailed Activity**	**Implementation Note**	**Budget Assumption**	**Budget in ETB**	**Responsible Person**	**Level of Implementation**	**Time Frame**	**Remark**
	Infection Prevention and Control (IPC)	Improve adherence with the recommended IPC practices in CTF and community levels	Conduct onsite assessments using standard IPC checklist to CTC/CTU/ORP and special settings and provide technical guidance	The deployed RRT will conduct cholera treatment facilities high risk special settings (prison, IDPs, holy water…) assessment based on available checklist alongside other response activities and improve adherence with the recommended IPC practice	No cost assumption for this activity since it is already considered in the daily per diem for other field activities.	0	EPHI, RHB, ZOHB, partners	at health facility level	Within 8 weeks of the stop cholera campaign	

			Distribute PPE, disinfectants and others IPC materials to CTF	An assessment on the availability of PPE, disinfectants and other IPC materials in actively reporting regions will be conducted and distributed accordingly.	PPE will be included in cholera kits. Disinfectants (HTH 70%) for 50 CTC and 90 CTU and 200 ORP	17,864, 000	EPHI, RHB, ZOHB	at cholera treatment facility level	Within 8 weeks	
			Provide hand washing facilities and enhance the hand washing practices in treatment facilities	Handwashing facilities and other materials (such as ABHR, and chlorine preparations…) to will be demonstrated by the deployed RRT to prevent cross-infection	Hand washing facilities in the treatment facilities will be distributed	1000,0 00	EPHI, RHB, ZOHB, Partners	at cholera treatment facility level	Within 8 weeks	
			Conduct onsite IPC orientations with practical demonstration	Onsite orientation will be given by the deployed RRT to improve the IPC measures that are currently in place	No cost assumption for this activity since it is already considered in the daily per diem for other field activities.	0	EPHI, RHB, ZOHB, **Partners**	at cholera treatment facility level	Within 8 weeks	
			Distribute/share SOPs, IPC guidelines to healthcare facilities	The national and regional team will share the updated SOPs and guideline either hard copy or softy copy	No need of budget	0	EPHI and RHB/Regi onal PHI	At CTF	Within 8 weeks	
			Ensure appropriate waste management practices from generation to final disposal	The RRT team together with IPC focal will supervise safe management of wastes and take corrective actions onsite	No Cost assumption for this activity since it is already considered in the daily per diem for other field activities.	0	EPHI, RHB, ZHB, **Partners**	at CTF	Within 8 weeks	
			Provide technical support during CTCs/CTUs construction and closely follow appropriate closure as per the standard	CTC should be constructed and finally closed as per the standards	No need of budget	0	EPHI, RHB, partners	At CTF	Within 8 weeks	
			Provide technical guidance and required supplies to	Avail dead body bags and aware HCWs and community on the recommended IPC measures for cholera dead	The body bag cost will be included in the logistics	0	EPHI, RHBs, ZHBs & partners	HCFs & community of cholera affected areas	Within 8 weeks	

			ensure safe and dignified burial	body management						

8.7. Vaccination

The effective and early implementation of oral cholera vaccine (OCV) campaigns in strategic high-risk communities identified by active surveillance can help mitigate the impact of cholera outbreaks. OCV should be used in conjunction with other cholera prevention and control strategies and activities. Requesting adequate vaccine dose, preparing and Conducting quality OCV campaign with >98% vaccination coverage are the main activities.

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8 Weeks Cholera Outbreak Control Plan										
Plan period cover from May 6 to July 6/2024										
Sno	**Pillar**	**Core Activity**	**Detailed Activity**	**Implementation Note**	**Budget Assumption**	**Budget in ETB**	**Responsible Person**	**Level of Implementation**	**Time Frame**	**Remark**
	Oral Cholera Vaccine (OCV)	Conduct quality OCV campaign >98%	Prepare OCV request for ICG to all affected areas	OCV request for affected and high-risk areas will be requested by national team and represented regional team	Two workshops with 50 participants, for 3 days, with 5 day 650 per-diem, 5000 halls rent, 600 daily tea break cost	358600	EPHI, RHB	At national level	January 5/2024	

		vaccination coverage	Conduct post OCV campaign coverage survey	Those regions that already conduct OCV vaccination campaign coverage survey will be conducted	Team will be organized, checklist will be adopted accordingly, data collectors will be recruited, data analysis and information will be generated for decision	5000000	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Improve timely transportation of OCV to affected area based on the micro-plan	In coordination with EPHI, EPSS will transport OCV to the vaccination site	the transport cost will be estimated according to the approved dose allowed	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Prepare OCV micro-plan based on the approved dose	Each vaccination site will prepare their micro plan and national team will incorporate accordingly	Since micro plan will be prepared at office level no cost for this	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Facilitate and allocate operational cost for OCV campaign	Based on the allocated vaccine the operational cost will be allocated	Based on the allocated vaccine the operational cost will be allocated	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Provide OCV training for vaccinators, Supervisors and Social mobilizes	for those areas that vaccination campaign conducted two days training will be given for vaccination team	the cost will be included in the operational cost of OCV above	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Integrate intensive social mobilization on WASH and other pillars activities into OCV campaign	Depending on the areas of vaccination social mobilization sessions will be conducted prior and during the vaccination campaign	The cost will be included in the operational cost of OCV above	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Conduct OCV vaccination Campaign	5 days vaccination campaign with 2 days mop-up OCV campaign will be conducted	the cost will be included in the operational cost of OCV above	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Supportive supervision during OCV campaign	5 days vaccination campaign with 2 days mop-up OCV campaign will be conducted	the cost will be included in the operational cost of OCV above	_	EPHI, RHB, ZOHB, **Partners**	at woreda and kebele level	within six weeks	
			Conduct review meeting following the campaign	3 days review meeting workshop will be conducted with the	50 participants, two days travel and 3 days meeting days, with tea break of	372500	EPHI, RHB, ZOHB, **Partners**	At national level	at the end of six weeks	

				participants from region, Vaccination site woredas	600 for each, travel cost of 3000					

8.8. Operational support and logistics

Supplies, equipment and lifesaving goods are made available in appropriate quantities and quality to at risk communities to ensure structured and capable preparedness and response activities

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8 Weeks Cholera Outbreak Control Plan										
Plan period cover from May 6 to July 6/2024										
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	Operational support and logistics (OSL)	Strengthen cholera logistic manageme nt and support	Conduct logistic gap assessment	Five-day first round inventory will be conducted in the first week of the plan and will be presented to the decision makers	5 experts for each region with one driver (fuel cost of 3000 per day) will conduct the inventory for five days	22500 0	EPHI, RHB, ZOHB, woreda	at each level	Decemb er 30/202 3	
			Prepare and provide concept notes/proposal for resource mobilization	Each logistics required for the response will be prepared by the concept note and will be present for decision makers and partners	3-day workshop with participants from each region and EPHI total of 20 will prepare the concept note for operational cost	10100 0	EPHI, RHB,	at regional level	Decemb er 30/202 3	
			Preposition cholera supplies (cases management kits, IPC materials and CTC kits) for each affected area	the collected logistics based on the request will be distributed to the regions and specific affected areas in collaboration with regions	10 cars with one driver and expert will transport the logistics within 10 days with 3000 daily fuel cost	16000 0	EPHI, RHB	at each level	Decemb er 30/202 3	
			Deploy vehicles to support the affected areas for cholera response	for each regions vehicles will be deployed to support the response activities at regional and woreda level	two rental vehicles (2000 ETB) to each region with one driver and 4000 fuel cost will be deployed to the region for 60 days	80,78 0,000	EPHI, RHB	at each level	Decemb er 30/202 3	
			Monitor the distribution and utilization of supplies at HF and community	regular monitoring of distribution and utilization of logistics based on the cases load will be assessed by the national and regional logisticians	it will be done at office level so no need of costing	_	EPHI, RHB	at each level	all six weeks	

8.9. Monitoring and Evaluation

A functional monitoring and evaluation system is vital to the successful cholera control strategy. Monitoring and evaluation guide the planning and implementation, which assesses its effectiveness, identifies areas for improvement and optimizes the use of resources. The purpose of monitoring and evaluation is to enhance the system in the control programs and identify the gaps that need to be

strengthened and integrated urgently to the response system.

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8 Weeks Cholera Outbreak Control Plan										
Plan period cover from May 6 to July 6/2024										
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1	Monitoring and evaluation	Strengthen the monitoring and evaluation of cholera response activities	Monitoring of response and control activities at all level using score card	Score card will be prepared based on the planed daily activities and will be shared for each level and then daily follow up will be conduct by national, regional and woreda level experts accordingly	No cost since it will be done at office level	_	EPHI, RHB, ZOHB, Woreda, Partners	at all level	in all six weeks	Partners may help in preparation and follow up of the stock card
			Conduct AAR/ IARat regional level except (Amhara and Oromia who conducted previously)	Guidance and Check list will be provided for IAR/AAR	For the review of checklist 5-day workshop will be prepared with the participants of 50 from region and national level, then 3 days desk review workshop will be conducted with participant from each region, then national experts (20) will collect field level data in 10 days, then one data compilation and result write up 7 day workshop will be prepared with participant of 50	1740000	EPHI, RHB, ZOHB, Woreda, Partners	at all level	January 15/2023	Partners will cover the budget up on request

			Review and give feedback for sub-committee's activities per their plan on weekly bases	Weekly IMS meeting will be held at all level emergency coordination center and feedback will be taken for the next activities	No cost since it will be done at office level	_	EPHI, RHB, ZOHB, Woreda, Partners	At all level	In all six weeks	

8.10. Training

Capacity building training sessions will help to have effective monitoring of the cholera outbreak trend and strengthen surveillance system, enable to detect and manage the affected patients early and also enables the community leaders to have involved in the response. Conducting sensitization trainings with the community and conducting training for frontline health workers are the main core activities.

Ethiopian Public Health Institute **National Public Health Emergency Operation Center /PHEOC/**										
8 Weeks Cholera Outbreak Control Plan										
Plan period cover from May 6 to July 6/2024										
Sno	**Pillar**	**Core Activity**	**Detailed Activity**	**Implementation Note**	**Budget Assumption**	**Budget in ETB**	**Responsible Person**	**Level of Implementation**	**Time Frame**	**Remark**
1	Training	Capacitate the Frontline health workers on the cholera	Provide comprehensive cholera training for frontline health workers	In all 10 cholera affected regions 3 round session will be cascade cholera training will be conducted with each (the participants will be PHEM officers case	For each session 65 trainee and 15 facilitators will participate for 7 days	24,120,000	EPHI, RHB, ZOHB, Woreda and **Partners**	at each level	January 15/2024	

		prevention, control and response		management officers, RCCE focal, logisticians)					
			Conduct refresher capacity-building training for laboratory diagnosis, including use of RDT and sample collection...	For Frontline HW and laboratorial refreshment training on the diagnostics methods and sample collection	for each region one session will be conducted with participants of 65 and facilitator 10 for two days	3,040,000	EPHI, RHB, ZOHB, Woreda and **Partners**	at each level	January 15/2024	
			Provide one two-day training for media, influencers and stakeholders	Media professionals and influencers will gain two days orientation on cholera prevention and control measures	100 participants with two session of cholera training	480,000	EPHI, RHB, ZOHB, Woreda and **Partners**	at each level	December 15/2023	

8.11. Summary of plan

S.on	Pillar	Core activity	Budget ETB	Responsible
1	Leadership and coordination	Strengthen coordination structures at all levels, and lead the partnership	3,453,000	EPHI, RHB, ZOHB, Woreda
2	Surveillance and laboratory	Strengthen surveillance system and laboratory capacity	2578750	EPHI, RHB, ZOHB, Woreda and **Partners**
3	Cases management	Strengthen service availability for case management	20506600	EPHI, RHB, ZOHB, Woreda and **Partners**
4	Risk communication and community engagement (RCCE)	Enhance risk communication and community engagement	14,916,800	EPHI, RHB, ZOHB, Woreda and **Partners**

5	WASH	Enhance basic/safe water supply to the community and Enhance sanitation and hygiene	300,373,704.85	EPHI, RHB, ZOHB, Woreda and **Partners**
6	Infection Prevention and Control (IPC)	Monitor IPC practice in CTF	18,864,000.00	EPHI, RHB, ZOHB, Woreda and **Partners**
7	Vaccination	Conduct quality OCV campaign with >98% vaccination coverage	5731100	EPHI, RHB, ZOHB, Woreda and **Partners**
8	Operational support and logistics	Strengthen cholera logistic management and support	81266000	EPHI, RHB, ZOHB, Woreda and **Partners**
9	Monitoring and Evaluation	Strengthen the monitoring and evaluation of cholera response activities	1740000	EPHI, RHB, ZOHB, Woreda, Partners
10	Trainings	Capacitate the Frontline health workers on the cholera prevention, control and response	27,640,000	EPHI, RHB, ZOHB, Woreda and **Partners**
GRAND TOTAL			479,589,955	