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## HIGHLIGHTS

- Cholera outbreak has been confirmed in 15 *kebeles* of 3 *woredas* (districts) in Bale Zone of Oromia. As of 10 October 2022, 191 cholera cases have been reported including 4 deaths.
- The Ethiopian Public Health Institute (EPHI), the Oromia Regional Health Bureau (ORHB), the World Health Organization (WHO) and partners have been responding since mid-September 2022.

## SITUATION OVERVIEW

On 27 August 2022, the first cholera case was reported in Harana Buluk *woreda* of Bale zone, Southern Oromia region of Ethiopia. On 18 September 2022, Berbere *woreda* became the second *woreda* reporting cholera cases, soon after followed by Delo Mena *woreda* where suspected cases were reported in Burka IDPs site on October 3<sup>rd</sup>.

To respond to the outbreak, the Ethiopia Public Health Institute (EPHI) and Oromia Region Health Bureau (ORHB), with the technical support of the World Health Organization (WHO), deployed a multidisciplinary rapid response team (RRT) to Harena Buluk *woreda* on 18 September 2022.

As of 10 October, 191 cholera cases were reported in 3 *woredas* of Bale zone (Harana Buluk, Berbere and Delo Mena) with 4 associated deaths (Cumulative Case Fatality Rate – CFR - of 2.09 per cent<sup>1</sup>). The use of unsafe water from contaminated water points is the most likely cause of this outbreak. Limited access to water and sanitation (WASH) services, poor hygiene practices, including open defecation and lack of water treatment options are among the factors that have contributed to the rapid spread of the disease across these three *woredas*.

**Table 1. Number of cholera cases in Bale zone (as of 10 October)**

Woreda	Cholera cases
Harana Buluk	71
Berbere	107
Delo Mena	13
<b>Total</b>	<b>191</b>

New suspected cases are reported daily in the three affected *woredas*. As of the reporting date, there are 15 active cases (3 cases in Delo Mena, 10 in Berbere and 2 in Harana Buluk *woredas*) in the existing Cholera Treatment Center (CTC), with 71 per cent of the patients experiencing severe dehydration symptoms. Due to people's mobility, there is a high risk that the outbreak could propagate into bordering zones of Southern and Eastern Oromia, SNNP and Somali regions.

Bale zone remains one of the most drought-affected area with increasing malnutrition cases and report of measles' outbreak. Since the beginning of 2022, 21 measles outbreak waves have been confirmed in Oromia<sup>2</sup>. In the first week of October, Bale zone registered 219 new meningitis cases (10 per cent of the total meningitis cases reported in Oromia).

### Outbreak in Bordering Areas

A cholera outbreak has been confirmed in the bordering areas of Oromia and Somali regions, Karsadula *woreda* of Liban zone. 18 suspected cases with one death have been reported so far. According to WHO, 2 cases were confirmed as positive out of 4 samples sent for testing.

Response teams composed of WHO and RHB staff were deployed to contain the outbreak. Only one Cholera Treatment Unit (CTU) is operating in Karsadula *woreda*.

<sup>1</sup> According to the Global Task Force on Cholera Control when treatment is straightforward (rehydration) and, if provided rapidly and appropriately, the case fatality rate should remain below 1 per cent.

<sup>2</sup> Amounting to 46 per cent of the suspected waves in country.

## HUMANITARIAN RESPONSE

Since 18 September, the team from EPHI, RHB and WHO has been providing technical assistance including coordination, surveillance activities, case management, WASH interventions, risk communication activities, logistic and operational support, and capacity building interventions in collaboration with zonal and *woreda* health offices and partners on the ground such as GOAL and UNICEF.

The team with the help of health care personnel and health extension workers is actively conducting searches of suspected cases amongst community members. Further capacity building sessions are scheduled to strengthen the recognition of suspected cases, testing, case management and referral. Cholera treatment and investigation kits have been prepositioned in the affected areas. To safely perform operations, one Mobile Health and Nutrition Team (MHNT) has been deployed to provide technical support to the 5 CTCs established in Harana Buluk (2), Berbere (2) Dolo Mena (1) *woredas*.

Provision of safe drinking water to over 380,000 people at risk of Cholera is an essential part of the response. 14 community oral rehydration points (ORP) have been set-up in 14 health posts of Harana Buluk *woreda* as well as 6 water tanks: one at the CTC and 5 in selected spots of the affected *woredas*. Through the zonal health and water bureaus, UNICEF is providing water treatment chemicals (97,200 sachet of PUR and 700,300 aqua tabs were distributed). Financial support has been provided to zonal water office to support water trucking operational and maintenance costs. In addition, two emergency water treatment kits (EMWAT) are being installed to improve access to safe water in affected areas.

To improve sanitation GOAL Ethiopia, with the support of UNICEF, has constructed 5 semi-permanent latrines in Harena Buluk *woreda* and 7 trench latrines have been dug in Burka IDPs site, Delo Mena *woreda*. UNICEF provided essential hygiene items such as 40,000 soaps (laundry and personal use) and 1,120 buckets. UNICEF also deployed WASH, health, and Social and Behavior Change (SBC) teams to Bale zone.

### Risk Communication and Community Engagement (RCCE)

Partners are creating community awareness about the outbreak by conveying messages about prevention and hygiene using descriptive banners and through loudspeakers at marketplaces, religious gatherings, and schools. Health extension workers and other team members supporting the response have all been trained in RCCE.

### Challenges and Gaps

Only few specialized partners are operational in this area. So far, in addition to EPHI, RHB and WHO, UNICEF, FIDO, GOAL, Save The Children, World Vision, WATERAID and the Ethiopian Red Cross, with the support of the Federation of the Red Cross and Red Crescent, are operative in the affected areas.

The response is hindered by insufficient number of water trucks for the CTCs in Berbere and Delo Mena, as well as limited water quality tests kit, ambulances, medical supplies and equipment, inadequate cholera case management technical expertise, coupled with scarce access to food supplies for care takers and patients at CTCs, and lack of WASH services and limited distribution of WASH items (especially water treatment chemicals) with challenges around community outreach.

Some of the cholera-prone locations are also considered hard-to-reach areas due to poor infrastructure as well as sporadic clashes that are impacting the prompt delivery of vital supplies and access for medical teams, especially in Dalo Mena Burka Kebele IDP site.

Limited available operational budget and logistics as well as the compounding effect of the in Southern Oromia add further constraints on the regional capacity to purchase and distribute critical inputs to contain the outbreak. Thus, it is important to strengthen an integrated response from humanitarian partners and the Government.

### Existing Coordination Mechanisms

Under the leadership of the *woreda* administrations and health line bureaus, and with support from GOAL Ethiopia, Cholera Task Forces (WCTF) have been activated in the three affected *woredas*. At regional level, RHB with the support of WHO (Health cluster leading agency) has reactivated the Public Health Emergency Operation Center Technical Working Group (PHEOC TWG). The coordination system will support the containment of the outbreaks in Bale, as well as across Oromia and where needed.

Connection with Regional Health & Nutrition task forces (TF) and strengthening of WASH program, RCCE and SBC initiatives are key.