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## HIGHLIGHTS

- The Cholera outbreak has spread out to 41 *kebeles* of 4 *woredas* of Bale Zone of Oromia and 2 *woreda* of Liban zone of Somali region. As of 23 November 2022, 491 cholera cases have been reported including 20 deaths. Close to 555,000 people are at high-risk in the six *woredas*.
- The caseload of affected people has increased by 28 per cent in the last two weeks with new daily cases reported in Berbere, Gura Damole, Quarsadula *woredas*. In Guradamole *woreda* of Liban zone, cases are expanding at high pace, especially across IDP spontaneous sites where more than 60 per cent of the new affected caseloads are recorded.
- The Ethiopian Public Health Institute (EPHI), the Oromia and Somali Regional Health Bureaus (RHBs), the World Health Organization (WHO), United Nations Children's Fund (UNICEF) and partners have continued supporting the scale-up of health and WASH activities in priority areas.
- The response is hindered by insufficient funding and limited partners' presence. Coping mechanisms of the affected communities have been deteriorating due to multiple consecutive shocks, notably the current drought, conflict leading inter alia to a high prevalence of malnutrition, especially among the IDPs community.

## ETHIOPIA



Recent cholera outbreak areas.  
Map Sources: Central Statistical Agency of Ethiopia, Regional BOFED, UNCS,  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## SITUATION OVERVIEW

On 27 August 2022, the first cholera case was reported in Harena 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. More recently on early November, Gura Damole became the fourth cholera-affected *woreda* of Bale zone. On 29 September a second cholera outbreak has been reported in the bordering areas with Somali region, in Quarsadula and Guradamole *woredas* of Liban zone.

Table 1. Number of cholera cases in Bale and Liban zones (EPHI; as of 23 November)

Zone	Woreda	# Cholera cases	Increase of cholera cases in the last two weeks (%)	# Deaths
Bale	Berbere	206	+ 25	4
Bale	Harena Buluk	71	No new cases	1
Bale	Delo Mena	22	No new cases	2
Bale	Gura Damole	12	+ 185	0
Liban	Guradamole	120	+ 64	11
Liban	Quarsadula	37	No new cases	2
Total		452	+ 28	20

The Ethiopian Public Health Institute (EPHI), the Oromia and Somali Regional Health Bureaus (RHB), the World Health Organization (WHO), UNICEF and partners have been supporting the scale-up of health and WASH activities in priority areas.

As of 23 November, 491 cholera cases - of whom 102 IDPs - were reported in 4 *woredas* of Bale zone (Harena Buluk, Berbere, Delo Mena and Gura Damole) and 2 *woredas* of Liban zone (Quarsadula and Guradamole) with 20 associated deaths (Cumulative Case Fatality Rate – CFR - of 4.07 per cent<sup>1</sup>). The reported cases mostly fall within the age range of 0 to 14 years (with 28 per cent children under five), with 50 per cent being female.

Out of the total caseload, almost 52 per cent of patients experienced severe dehydration symptoms while another 31 per cent had low-to medium symptoms. 42 per cent of patients have received one (137 people) or two (73 people) doses of Oral Cholera Vaccination (OCV).

The use of unsafe water from contaminated water points is the most likely cause of this outbreak (most of the patients have reported collecting water from rivers and open wells). 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 the zones.

The total cholera caseload increased by 28 per cent in the last 14 days with new daily cases reported in Berbere, Gura Damole, Quarsadula and Guradamole *woredas*. In Guradamole *woreda*, cases are expanding at high pace, especially across IDP spontaneous sites where more than 60 per cent of the new affected caseloads are recorded. In the *woreda* the water coverage supply is below 35 per cent.

As of the reporting date, there are newly admitted cases in the existing Cholera Treatment Center (CTC). **According to EPHI, close to 555,000 people are at high-risk in the six affected *woredas*.**

Partners are closely monitoring new outbreaks across the bordering areas of Oromia and Somali regions and across Oromia zones. A Zonal Rapid Response Team (RRT) has been deployed in Ginir *woreda* of East Bale zone of Oromia region following reported rumors. Samples test resulted negative, and no more cases were recently reported. One CTC has been established in Ginir *woreda*.

## HUMANITARIAN RESPONSE

Since 18 September, the team from EPHI, RHB, WHO and UNICEF 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. Interventions have scaled-up in support of the affected IDPs population living in temporary sites or spontaneous settlements. A US\$4 million CERF (Central Emergency Response Fund) allocation is being prepared to support the cholera outbreak response.

### Health response

The health team is actively conducting search of suspected cases and contact tracing among community members. Capacity building sessions have been provided by deployed zonal RRT and partners to strengthen the recognition of suspected cases, testing, case management and referral. Cholera treatment and community oral rehydration points (ORP) have been prepositioned in the affected areas.

Following the confirmed outbreak in Guradamole of Liban zone, a temporary tent has been set up by RHB, WHO and MSF serving as CTU (Cholera Treatment Unit) for admitted cases. In addition, SWAN Consortium prepositioned 2 CTC kits<sup>2</sup>. WHO is planning to distribute Emergency Health Kits (IEHK 2017) composed of medicines and medical equipment in the affected IDPs sites. Already, WHO has provided emergency supplies, including specific medical supplies for SAM (Severe Acute Malnutrition) cholera patients, and additional CTC kits. MSF has capacitated 27 medical staff for case management and referral, while WHO deployed 5 technical officers to Guradamole. 180 trained community-based volunteers have been deployed in support of Health extension workers (HEW).

<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> Composition of CTC Kits: 1. Cholera investigation kits (includes laboratory equipment such as a rapid diagnostic test (RDT) for cholera and other lab supplies that enables laboratory technicians to collect samples) 2. Cholera warehouse kits (patient's beds, jerrican/buckets, washbasins, and other items to equip the CTC) 3. Cholera treatment kits (medications supplies, fluids for rehydration of patients, intravenous fluid and Oral Rehydration Solution, Personal Protective Equipment for health care workers, biohazard bags for waste management for CTC and affected communities).

To safely perform operations across Bale and Liban zones, 12 CTCs have been established in Harana Buluk (2), Berbere (3) Delo Mena (1), Gura Damole (2) Quarsadula (2), Guradamole (1) *woredas*. An additional CTC has been established in East Bale for preparedness for early planning and preparedness actions. EPHI and WHO have also provided emergency cholera medicine and medical supplies.

The Ethiopian Red Cross Society (ERC), with support from IFRC, has established 21 Oral rehydration points (ORPs) in Berbere *woreda*, trained and recruited 20 ambulance attendants to support referral of cases from community to the CTUs in Berbera and Delo Mena. Moreover, ERC procured and prepositioned 2 ambulances in Bale zone; 1 in Delo Mena and 1 in Berbere *woredas*. FIDO continues to provide case management and surveillance intervention in Delo Mena and Berbere.

### WASH response

Partners have continued to provide access to safe water through emergency and recovery actions. Through support from UNICEF, one team from the Oromia RHB has identified 108 water schemes for decontamination in Berbere, Delo Mena and Harena Buluk. As of the reporting date, 10 water schemes have been rehabilitated. Meanwhile, UNICEF and WVI are assisting more than 9,000 persons with water trucking. SCI has supported the IDPs community of Burka site in Delo Mena *woreda* by installing 2 water tankers (5,000 L. capacity). WVI has positioned 8 water tankers in Berbere *woreda*.

In Somali Region, UNICEF and Pastoralist Concern (PC) scaled-up the WASH response across IDP communities. In Quarsadula *woreda* 225 M<sup>3</sup> of water has been supplied to 3,000 IDPs, while the hosting community has benefitted from the positioning of 6 water tanks and 1 collapsible water bladder. Distribution of safe water storage containers is in the pipeline for Guradamole *woreda*.

As part of the WASH response scaling-up, partners have provided water treatment chemicals (over 275,000 sachets of water treatment chemical PUR and 21,000 aqua tabs were distributed) supporting more than 2,145 HH in Oromia and 7,000 IDPs in Guradamole. Partners as ERC are providing water treatment demonstrations at household level. In addition, the third emergency water treatment kit (EMWAT) has been installed in Delo Mena while 1 EMWAT kit is enroute to Guradamole. MSF will install and operate the kit once delivered. GOAL Ethiopia has concluded the construction of 5 semi-permanent latrines, while 10 blocks of latrines are under construction in IDP sites located in Quarsadula *woreda*. In Delo Mena, ERC supported the construction of 520 new latrines and rehabilitation of others 154. UNICEF, SCI and PC provided essential WASH NFIs items such as soaps (laundry and personal use), plastic buckets, jerry cans and washing basins. About 7,800 IDPs in Quarsadula *woreda* have been reached with the distribution.

### Risk Communication and Community Engagement (RCCE)

Since the start of the outbreak, partners have been raising awareness by conveying messages in local languages about prevention and hygiene using descriptive banners and through loudspeakers at marketplaces, religious gatherings, and schools. In Somali region, almost 30,000 persons have been reached by hygiene promotion and social and behavior change (SBC) campaigns conducted by PC and UNICEF. WHO supported *woreda* RCCE teams in undertaking significant social mobilization efforts in the town using mounted public address systems (PAS) on the vehicles to disseminate crucial messages on cholera prevention. ERC provided house to house visit disseminating of health information on cholera prevention, reaching more than 3707 households across 11 *kebele* in Berbere and Delo Mena *woredas*.

Community mobilization campaigns on latrine preparation, correct usage, and safe water handling were carried out, reaching more than 55,000 persons living across 9 affected *kebeles* of Bale zone. UNICEF is supporting RCCE initiatives and early planning and preparedness actions in bordering areas of East Bale, Arsi, West Arsi and Guji zones.

### Challenges and Gaps

The scaling-up of the response is hindered by insufficient funding and limited partners' presence, especially in Liban zone, shortage of vehicles for active case searching, as well as limited water quality tests kit, reservoir tanks, ambulances, medical supplies, inadequate cholera case management technical expertise, coupled with lack of WASH services and limited distribution of WASH items and 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 on the border between Somali and Oromia regions. Subsequent movement of people due to insecurity is affecting cases-tracing.

Coping mechanisms of the affected communities have been deteriorating due to multiple consecutive shocks, notably the current drought, conflict leading inter alia to a high prevalence of malnutrition, especially among the IDPs community. A recent inter-agency assessment conducted in IDPs site located in Adeley *kebele* (where most of the cholera cases are reported) indicated that more than 75,400 individuals living in this site are using unprotected sources of water from Dumat river. The IDPs lack access to TSFP supplies such as RUTF, F100 and F75 to treat SAM cases with supply disruptions in the last eight months and no follow up of SAM.

**Existing Coordination Mechanisms**

The Health cluster and WHO continues to coordinate the cholera response in Oromia and Somali Region. In Somali and Oromia Region, zonal and *woreda* level multisectoral task force has been instituted for the overall coordination of the ongoing preparedness and response operation in several cholera at-risk *woredas*. Further, WHO is facilitating the inter-regional coordination and collaboration task force between Liban and Bale zones. Under the leadership of the Oromia RHB, the Cholera Technical Working Group (CTWG) has been reactivated at regional level. The Zonal Public Health Operation Center has activated the Cholera Task Force (CTF), while at the *woreda* level, humanitarian partners have been delegated to co-lead the CTF.

The second Cholera Flash Update was published on October 25 ([Ethiopia: Cholera Outbreak - Flash Update #2 \(As of 25 October 2022\) - Ethiopia | ReliefWeb](#)). OCHA will continue to release regular updates, in coordination with relevant clusters, until the outbreak is declared over. The next publication is planned for the beginning of December 2022.