

This report is prepared with the support and collaboration of cluster coordinators and humanitarian partners. This is an information product that might be followed by further updates. Boundaries, names and designations of districts/zones indicated in the narration in the report do not imply official endorsement or acceptance by the United Nations. Please contact [ocha-eth-communication@un.org](mailto:ocha-eth-communication@un.org) for any comment or question you may have on this publication.

## HIGHLIGHTS

- The Cholera outbreak has spread out to 55 kebeles of 5 *woredas* of Bale, 1 *woreda* of Guji zones of Oromia and 2 *woredas* of Liban zone of Somali region. As of 14 December 2022, 669 cholera cases have been reported including 24 deaths. Close to 743,000 people are at high-risk in the eight affected *woredas*.
- The caseload of affected people has increased by 30 per cent in the last two weeks. In Girja *woreda* of Guji zone, cases are expanding at high pace with over 100 cases reported in less than two weeks.
- 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, with a particular focus on IDPs sites.
- In most of the affected *woredas*, latest forecast and observed rainfall have confirmed that the current October-December 2022 rainy season in southern and eastern parts of the country is likely to fail, thus conducting to the fifth consecutive poor rainy seasons. There are increasing reports of population movement toward affected *woredas* in search of water and food, thus simultaneously expanding the number of people further exposed to the outbreak.

## ETHIOPIA



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. Map created 13 Dec. 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 and Gura Damole *woredas*. More recently, in late November, Meda Welabu became the fifth cholera-affected *woreda* in Bale zone, while since November 28, cholera cases have been reported for the first time in Guji zone, Girja *woreda*. On 29 September a second cholera outbreak has been reported in the bordering areas with Somali region, in Karsadula and Guradamole *woredas* of Liban zone.

Table 1. Number of cholera cases in Bale and Liban zones (EPHI; as of 14 December)

Zone	Woreda	Cholera cases	Increase of cholera cases in the last 14 days (%)	Death (#)
Bale	Berbere	230	+ 3,6	5
Bale	Harana Buluk	22	No new cases	1
Bale	Delo Mena	22	No new cases	2
Bale	Gura Damole	71	+ 222	1
Bale	Meda Welabu	25	New hotspot	0
Guji	Girja	101	New hotspot	0
Liban	Guradamole	154	+ 3,2	13
Liban	Karsadula	44	+ 18,9	2
<b>Total</b>		<b>669</b>	<b>+ 30</b>	<b>24</b>

As of 14 December, 669 cholera cases - of whom 191 IDPs - were reported in 5 *woredas* of Bale zone (Harana Buluk, Berbere, Delo Mena, Gura Damole and Meda Welabu), 1 *woreda* of Guji zone (Girja) 2 *woredas* of Liban zone (Karsadula and Guradamole) with 24 associated deaths (Cumulative Case Fatality Rate – CFR - of 3.59 per cent<sup>1</sup>). The total cholera caseload increased by 30 per cent in the last 14 days with new daily cases reported and new patients admitted in Gura Damole, Berbere, Meda Welabu, Karsadula, Guradamole and Girja *woredas*. In Girja *woreda* over 100 cases have been recorded in less than two weeks.

The reported deaths mostly fall within the age range of 0 to 14 years (with 16 per cent children under five). Out the total caseload, more than 65 per cent have not received any doses of Oral Cholera Vaccination (OCV).

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 the zones and regions.

As of the reporting date, there are newly admitted cases in the existing Cholera Treatment Center (CTC) in Berbere, Meda Welabu and Girja *woredas*. **According to EPHI, close to 743,000 people are at high-risk in the eight affected *woredas*.**

## HUMANITARIAN RESPONSE

Since 18 September, EPHI, RHB and humanitarian partners have 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 has recently been approved to support WHO and UNICEF to respond to the crisis.

### 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 Rapid Response Team (RRT) and partners to strengthen the recognition of suspected cases, testing, case management and referral. Community oral rehydration points (ORP) have been prepositioned and set-up in the centers of the affected kebeles. In Girja *woreda* of Guji zone an RRT has recently been deployed to coordinate the health response together with the support of International Medical Corps (IMC).

In Guradamole *woreda* of Liban zone, WHO and *woreda* officials have enhanced house-to-house searching and tracing referral system. The health condition in Adeley kebele remains of great concern due to the continuous arrival of new IDPs hosted in temporary sites (estimated 12,500 HHs). RHB, WHO and MSF-H have established a Cholera Treatment Unit (CTU) for admitted cases. The SWAN Consortium prepositioned 2 additional Cholera Treatment Center (CTC) kits<sup>2</sup>, together with over 16,000 Interagency Emergency Health Kits (IEHK) composed of medicines and medical equipment. WHO has continued providing emergency supplies, including specific medical supplies for SAM (Severe Acute Malnutrition) cholera patients. In addition, MSF-H has capacitated 21 medical staff for case management and referral.

To perform operations across Bale and Liban zones, 12 CTCs have been established in Girja (1), Harana Buluk (2), Berbere (3) Delo Mena (1), Gura Damole (2) Karsadula (2), Guradamole (1) *woredas*. WHO and UNICEF have also provided emergency cholera investigation kits, SAM and IEHK 2017 supplies in Gura Damole *woreda* of Bale zone. CTC workers have been trained on the management of cholera malnourished children admitted in Stabilization Centers (SC).

### WASH response

Partners have continued to provide access to safe water through emergency and recovery actions. Through support from UNICEF, Pastoralist Concern (PC) scaled-up the WASH response across IDP communities of Adeley site. During the reporting time, over 4,500 IDPs have benefited from emergency water trucking. Over 3,000 HHs IDPs have benefited from the set-up of an emergency water treatment kit (EMWAT) and of one 10,000 liters bladder in the CTC. In addition, 8,400 HHs from the IDPs site and Guradamole hosting community accessed water treatment chemicals and WASH NFIs items (laundry soaps, aqua tabs, sachet of water treatment chemicals). UNICEF and PC have started the construction of six blocks of latrines in Guradamole and 10 in Karsadula. Over 1,000 people are expected to benefit from this intervention. In Gura Damole *woreda* of bordering Bale zone, community hygiene and sanitation awareness campaigns and community conversations have been conducted by WHO and Ethiopian Red Cross (ERC). These campaigns have mobilized affected

<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).

communities to construct 600 latrines. GOAL Ethiopia, with UNICEF funding support, has concluded the construction of 17 semi-permanent latrines in Delo Mena, Meda Welabu and Harana Buluk.

UNICEF and partners have been scaled-up interventions in Oromia, especially in Girja and Meda Welabu where cholera cases have been recently reported. International Medical Corps have supported the Zonal Health Office in distributing 70,000 tabs of water treatment chemicals to over 5,600 persons at-risk, while an EMWAT kit has been installed in Meda Welabu health center. UNICEF has supported the two newly affected communities by installing 24 water tankers (5,000 liters capacity). Through support from UNICEF, one team from the Oromia RHB has identified 108 water schemes for decontamination in Berbere, Delo Mena, Gura Damole and Harana Buluk. As of the reporting date, 53 water schemes have been rehabilitated. Meanwhile, rehabilitation of several water points and hands pump is on-going in Berbere, Delo Mena, Gura Damole and Meda Welabu *woredas* as well as distribution of WASH NFIs items by SCI and GOAL Ethiopia.

### **Risk Communication and Community Engagement (RCCE)**

Since the start of the outbreak, partners have been raising awareness of communities by conveying messages in local languages about prevention and hygiene using descriptive banners and through loudspeakers at marketplaces, religious gatherings, and in schools. In Somali region, UNICEF and PC have completed orientation training of clan and religious leaders on cholera cases definition and prevention, as well as on proper hygiene practices for over 3,500 community members. Similarly, 7,500 people have been reached with house-to-house mobilization campaigns on cholera and measles prevention. Additionally, SEDA NGO has conducted awareness meetings within Guradamole *woreda* educational facilities. RCCE interventions have been scaled-up in Guji following the cholera outbreak reported in Girja *woreda*. Over 17,500 people have been informed on latrine preparation, correct usage, and safe water handling. Additional 20,000 community members living in cholera-prone areas of Bale, East Bale and Guji have been informed on cholera risks and prevention.

### **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 kits, 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. Food insecurity among IDPs is leading to high levels of malnutrition. Deployment of mobile health and nutrition teams (MHNTs) to the IDP sites remains challenging.

In most of the affected *woredas*, latest forecast and observed rainfall have confirmed that the current October-December 2022 rainy season in southern and eastern parts of the country is likely to fail, thus conducting to the fifth consecutive poor rainy seasons. There are increasing reports of population movement toward affected *woredas* in search of water and food, thus simultaneously expanding the number of people further exposed to the outbreak.

### **Existing Coordination Mechanisms**

The RHB and WHO, as Health Cluster leading agency, 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.

The third Cholera Flash Update was published on November 23 ([Ethiopia: Cholera Outbreak - Flash Update #3 \(As of 23 November 2022\) - 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 January 2023.