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HIGHLIGHTS

- Since the last update, the cholera outbreak has further spread to East Bale, Guji and Borena zones of Oromia and Daawa Zone of Somali regions, including Ginir and Negele zonal capitals. As of 23 March 2023, 2,276 cholera cases – of whom 50 per cent women - were reported in 177 *kebeles* across 22 *woredas* with 50 associated deaths. Close to 3.3 million people are at high-risk in the affected *woredas*.
- The total cholera caseload has doubled since the end of January 2023. During the Epidemiological Week #11 2023 (12-18 March), the Ethiopian Public Health Institute (EPHI) reported 363 new cholera cases, the highest numbers reported since the beginning of the outbreak, last August.
- With the limited Oral Cholera Vaccination (OCV) doses available, the vaccination campaign has prioritized IDP sites and *woredas* having the highest caseload and with limited WASH services, reaching 100,713 persons to date. A strained global supply of cholera vaccines has led a global strategy to temporarily suspend the standard two-dose vaccination, using instead a single-dose approach.
- During a drought period, water scarcity can force people to consume water from unsafe sources and practice poor hygiene behaviors such as reduced handwashing, thereby increasing the risk of cholera transmission during an outbreak.
- Urgent additional funds are required to scale up cholera response and preparedness efforts, including increasing water trucking services, rehabilitation of water systems where possible as well as increase hygiene promotion activities/campaigns amongst others.

SITUATION OVERVIEW

Since the first cholera case was reported in Harana Buluk *Woreda* of Bale Zone of Oromia on 27 August 2022, the outbreak has spread into bordering zones of Guji, West Arsi and East Bale of Oromia Region and Liban Zone of Somali Region. More recently, cases have been confirmed in Moyale, both from Oromia (Borena) and Somali (Daawa) sides.

As of 23 March 2023, 2,276 cholera cases – of whom 50 per cent women - were reported in 177 *kebeles* across 22 *woredas* (of whom 18 in Oromia) with 50 associated deaths (Cumulative Case Fatality Rate CFR - of 2.19 per cent¹). The total cholera caseload has doubled since the end of January 2023 with new daily cases reported and new patients admitted in several areas in Guji, East Bale zones, including the zonal capital Ginir and Negele towns. **During the Epidemiological Week #11 2023 (12-18 March), EPHI reported 363 new cholera cases, the highest numbers reported since the beginning of the outbreak.**

Table 1. Number of cholera cases in Bale and Liban zones (EPHI; as of 23 March 2023)

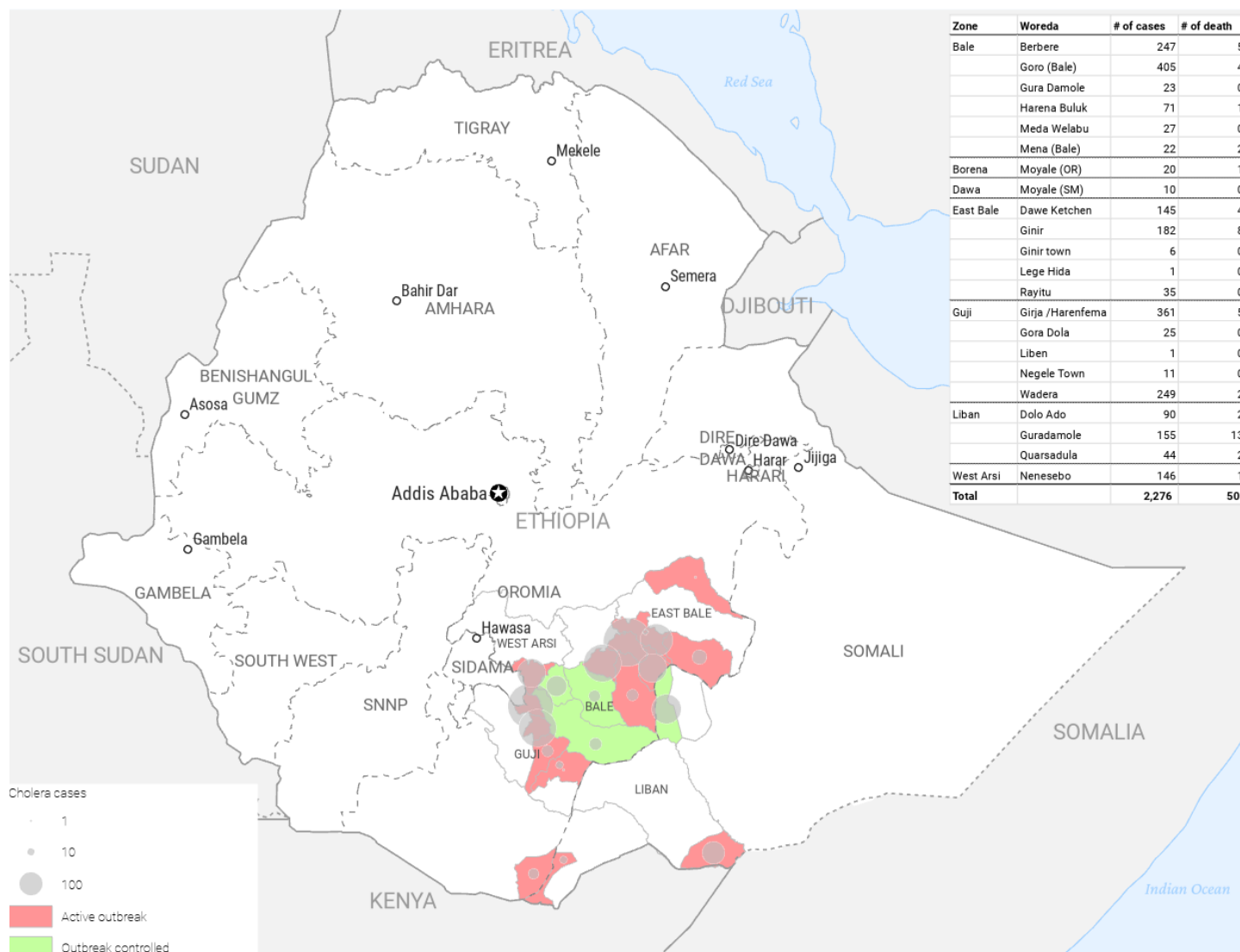
Zone	Affected <i>woredas</i> (#)	Cholera cases (#)	Death (#)
Bale	6	795	12
Borena	1	20	1
East Bale	5	369	12
Guji	5	647	7
West Arsi	1	146	1
Liban	3	289	17
Dawa	1	10	0
	22	2,276	50

The reported deaths mostly fall within the age range of 0 to 14 years (of which 16 per cent are children under two years old). Out of the total caseload, almost 56 per cent of patients experienced severe dehydration symptoms, while another 29 per cent had low-to medium symptoms. Out the total caseload, more than 86 per cent have not received any doses of Oral Cholera Vaccination (OCV). Among all fatalities, 90 per cent of cholera related deaths were patients that had not been vaccinated.

The outbreak has so far been controlled in five *woredas* only. With limited OCV doses and inadequate coverage of WASH services, more than 3.3 million people remain at high-risk in the 22 affected *woredas*.

¹ 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.

Areas of active outbreaks and outbreaks controlled, and number of confirmed cases



Source: Number of cholera cases in Oromia and Somali Regions (EPHI; as of 23 March 2023)

The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

HUMANITARIAN RESPONSE

Since 18 September, EPHI, Regional Health Bureaus (RHBs) and humanitarian partners have jointly 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. A US\$4 million CERF (Central Emergency Response Fund) allocation has been approved to support WHO and UNICEF, as Health and WASH cluster lead agencies, to respond to the crisis in Bale and Liban zones. As of end of January 2023 (mid-term into implementation of the CERF grant), WHO has released medical kits available in its stock to promptly support health facilities on ground. In parallel, WHO ran procurement process to replenish its stock, ensuring pipeline supplies for uninterrupted support. Meanwhile, UNICEF supported the response in IDP-camps (1,400 IDPs) with the construction of WASH services, in addition to training partners, conducting Risk Communication and Community Engagement (RCCE) activities as well as procuring WASH NFI kits and WASH rehabilitation services.

Health response

The health team has actively supported the OCV campaign officially launched on 13 January 2023 in Oromia and Somali regions. Using the 87,000 OCV doses received in December 2022 and the limited stock at hand, the country cascaded the campaign on prioritized IDP sites and *woredas* having the highest caseload and with limited WASH services, achieving 99.83 per cent coverage of the target population in the selected *woredas*. To date, 100,713 cholera-affected persons accessed one dose of OCV² in Goro and Berbere *woredas* of Bale Zone and Dolo Ado and Bokolmayo zones in Liban Zone.

Cholera outbreak control activities have continued in all affected *woredas*. Community Oral Rehydration Points (ORPs) have been prepositioned and set-up in the centers of the affected *kebeles*. To perform operations across affected zones, new Cholera Treatment Centers (CTCs) have been established in all affected *woredas* bringing the total to 23 functional CTCs. Moreover, WHO has provided capacity building and on-the-job training to over 134 healthcare workers on cholera case management and surveillance. WHO and UNICEF have also prepositioned emergency cholera treatment and investigation kits in Moyale Town, East Bale, Bale and Liban zones. WHO and International Medical Corps (IMC) are scaling-up logistic support in hard-to-reach areas of Guji Zone, where insecurity remains high and access partial.

In addition, upon confirmation of a cholera outbreak in East Bale and Moyale Town, WHO has deployed a Rapid Response Team (RRT) composed of surveillance, case management, Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) and WASH officers. The RRT is currently supporting the *woreda* health officers to set up CTCs and ORPs, identify contaminated water sources through water quality assessment and recognize suspected cases, testing and case management. In addition, WHO is leading cross border collaboration of Ethiopian teams with colleagues in Somalia and Kenya and across Oromia and Somali regions, especially on areas bordering Moyale.

WASH response

UNICEF and partners have been scaling-up their interventions in Oromia and Somali regions, particularly in East Bale and Daawa zones where cholera cases have been recently reported. The Oromia Regional Government and UNICEF have distributed 700,000 tabs and 1.2 million sachets of water treatment chemicals in Ginir Town, Dawe Ketchen and Lele Hida *woredas*, while six emergency water treatment (EMWAT) kits have been installed (10,000 liters capacity) in Berbere, Mena, Goro, Guradamole, Dawe Ketchen and Harana Buluk *woredas*. In addition, water trucks are providing water rationing Daawa in and Bale zones.

Moreover, partners have contributed to the rehabilitation of 15 water schemes across Bale Zone as well as to the construction of 29 blocks of separated emergency latrines and 46 semi-permanent latrines in Berbere, Dalo Mena, Harena Buluk, Meda Welabu, Quarsadula and Guradamole *woredas*. Over 850 people have benefited from the of two 10,000 liters water bladder in Dolo Ado. In addition, 59,000 people in Quarsadula accessed WASH NFI items (laundry soaps). In general, over 134,000 people have been reached with WASH support in 2022, and an additional 25,000 people were reached in recent weeks.

Risk Communication and Community Engagement (RCCE)

The use of unsafe water from contaminated water sources is the most likely cause of the cholera outbreak (more than 65 per cent of patients have reported collecting water from unsafe water sources). Limited access to clean water and sanitation (WASH) services, poor hygiene practices, including open defecation are among the factors that have contributed to the rapid spread of the disease across the zones and regions. Since the start of the outbreak, partners have been raising community awareness on hygiene and sanitation by conveying messages in local languages using descriptive banners and through loudspeakers at marketplaces, religious gatherings, and in schools. In Liban Zone of Somali Region, the Ethiopian Islamic Affairs Supreme Council (EIASC) is supporting RCCE actions by promoting appropriate hygiene practices through religious platforms during Friday prayers. Through UNICEF support, Pastoralist Concern (PC) and Organization for Welfare and Development in Action (OWDA) scaled-up the RCCE and social and behavior change (SBC) campaigns across IDP and hosting communities of Liban and Daawa zones. More than 86,000 people have been reached with RCCE and SBC activities in Somali region. Moreover, more than 3,000 students attending the three main schools in Dolo Ado *Woreda* have been engaged in school-based awareness-raising activities. Community volunteers and Health Extension Workers (HEWs) continued to support communities with house-to-house counseling and visit, reaching more than 624,000 people

² A strained global supply of cholera vaccines has obliged the International Coordinating Group (ICG) — the body which manages emergency supplies of vaccines — to temporarily suspend the standard two-dose vaccination regimen in cholera outbreak response campaigns, using instead a single-dose approach. For more information: [Shortage of cholera vaccines leads to temporary suspension of two-dose strategy, as cases rise worldwide \(who.int\)](#)

in Dolo Ado, Dolobay, Moyale and Quarsadula and Bokolmayo *woredas* of Liban Zone. At least 100 HEWs and 427 community volunteers have been trained by the RHB with the support of UNICEF. In Oromia, orientations on cholera prevention mechanisms were given for influential community representatives, religious leaders, and community volunteers in Borena and East Bale zones. Key messages on cholera prevention were disseminated in all *woredas* affected by cholera through volunteers and health workers using megaphones. A total of 41,800 people were reached with comprehensive cholera prevention and health seeking messages across the two zones.

Challenges and Gaps

The response scale-up remains hindered by insufficient funding, limited partners' presence (especially in Berbere, Nenesebo and Girja *woredas*), shortage of OCV doses, as well as limited water quality test kits, reservoir tanks, ambulances, medical supplies, inadequate cholera case management technical expertise, lack of WASH services and limited distribution of WASH items and challenges around community outreach. The request for additional OCV doses has been submitted in March 2023 to the International Coordination Group on Vaccine Provision (ICG). Around 1.2 million doses of OCV have been requested to extend the coverage of the OCV campaign to more affected and at-risk areas.

From January to February 2023, the WHO WASH team, in collaboration with regional health bureaus, conducted a sanitary risk assessment and bacteriological test of drinking water, in drought as well as cholera prone areas. A total of 243 drinking water samples were collected and tested in Oromia, SNNP, and Somali regions. Out of 243 samples tested, 67 per cent had *Escherichia coli* (abbreviated as *E. coli*), a bacterium that has the potential to cause cholera and diarrhea outbreaks. Moreover, out of 120 drinking water samples tested for the presence of free residual chlorine, only 35 per cent had a detectable concentration of residual chlorine. Hence it is paramount to keep advocating for additional funds for additional household water treatment chemicals as well as treatment supplies for public water systems.

The security situation in Guji zone remains uncertain, affecting the delivery of humanitarian supplies. Most of the cholera-affected areas fall into High and Medium severity impact *woredas*, according to the latest Drought Severity Classification model³. During a drought period, water scarcity can force people to consume water from unsafe sources and practice poor hygiene behaviors such as reduced handwashing, thereby increasing the risk of cholera transmission during an outbreak. Coupled with malnutrition, the health threats highly increase risks of morbidity and mortality. Hence the need for urgent additional funds to scale up cholera response in affected *woredas* and preparedness activities in high-risk *woredas*, including increasing water trucking services in affected and high-risk areas and rehabilitation of water systems where possible (both for household consumption and institutional WASH support such as for health facilities and schools), as well as increase hygiene promotion activities/campaigns amongst others.

Existing Coordination Mechanisms

The RHB, WHO and UNICEF, as Health and WASH Cluster leading agencies, continues to coordinate the cholera response in Oromia and Somali regions. Zonal and *woreda* level multisectoral task forces have been established in both regions for the overall coordination of the ongoing preparedness and response operation in several *woredas* at risk of cholera. During the reporting period, RHB, humanitarian partners and religious leaders have attended workshops aimed to develop and formulate a cholera advocacy strategy. More than 440 participants from both regions have attended the workshops.

The Somali and Oromia Regional Inter-Cluster Coordination Group (ICCG) as well as the Incident Command Posts (ICP) recently established in Borena, Daawa and Afder zones are supporting the cholera response within the broader drought response coordination framework.

On 26 December 2022, the Ethiopian Ministry of Health led a consultative and advocacy meeting on the implementation of the National Cholera Elimination Plan (NCP). The consultative meeting brought together governmental and non-governmental actors including EPHI, WHO and UNICEF to discuss the roadmap toward the implementation of the NCP objectives.

The fifth Cholera Flash Update was published on 30 January ([Ethiopia: Cholera Outbreak - Flash Update #5 \(As of 30 January 2023\) - Ethiopia | ReliefWeb](#)). OCHA will continue to release regular updates, in coordination with relevant Health and WASH clusters, until the outbreak is declared over. The next publication is planned for April 2023.

³ For more information regarding the Drought Severity Classification: <https://reliefweb.int/report/ethiopia/ethiopia-drought-situation-update-1-10-march-2023>