



May – June, 2025

EM-20250426-epidemic-Oromia-zone

Emergency Level: <b>Zonal</b>	Emergency Category: <b>Orange</b>	Alert Launched: <b>17/05/2025</b>	HQs Support: <b>Yes</b>	Government Endorsed: <b>Yes</b>	Response status: <b>Pending</b>	RNA submissions: <b>2</b>
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### OVERVIEW

A cholera outbreak was declared in Arsi Zone on 17 May 2025, affecting Merti and Jeju woredas, with unofficial cases also emerging in Boset Woreda (East Shewa Zone). As of 12 June, 137 confirmed cases have been reported that are admitted in governmental Cholera Treatment Centres (CTCs), 72% of which are severe, and two deaths occurred before patients could access treatment. The outbreak is growing exponentially, doubling weekly. Response efforts are hampered by insecurity, particularly in Jeju, and the crisis is more severe than previous outbreaks due to its impact on highly vulnerable, displaced populations and limited access to treatment and awareness activities. As of 19 June, situation is expanding to neighbouring East shewa zone's woredas [ Boset & Fenatale woredas] confirmed cases been increased to a total of **201** as reported. The situation is particularly concerning due to ongoing security issues, especially in Jeju & Boset woredas compared to Merti, which hinder access for health personnel to provide treatment and appropriate support. Compared to previous year's outbreaks, the severity of this wave is significantly higher for two main reasons: first, the impact on extremely poor and vulnerable communities already affected by displacement (IDPs) due to conflict; and second, the limited physical access to treat active cases and conduct community-level awareness activities.

In response, the Ethiopian Red Cross Society (ERCS) deployed an Emergency Operations Centre (EOC) assessment team, jointly with ERCS Disaster Risk Management (DRM) branch staff from the Arsi Zonal Branch, to evaluate urgent humanitarian needs in the most critically affected areas, including Merti and Jeju woredas.

#### Affected groups

1. Injured or Sick people
2. Host Community
3. Farmers, pastoralists, & fishermen

#### Vulnerable Groups

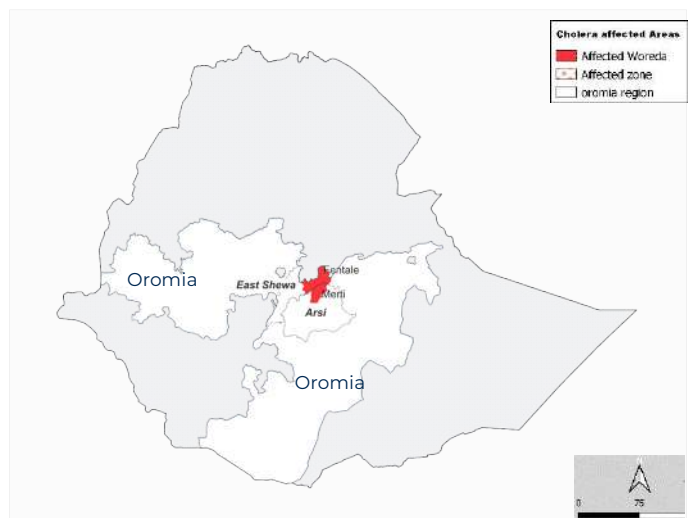
1. Children
2. Elderly people
3. Rural and remote populations

### Required Assistance

No Concern	● 1 – None	● 2 – Minor	● 3 – Moderate	● 4 – High	● 5 – Critical
Sector	-	Food, Shelter/ NFI, Education	-	Protection and Livelihood	Health and WASH

### Impact on people

Population pre-crisis	People Affected	People in need
<b>300,076</b>	<b>169,021</b>	<b>62,870</b>
Cholera Cases	Severe cases	Dead
<b>201</b>	<b>92%</b>	<b>2</b>



Pic 1. Map showing cholera affected areas in Ethiopia, country level

### Affected areas

**Region:** Oromia      **Zone:** Arsi & East shewa zones  
**Woreda:** [Arsi] Jeju & Merti, [E.shewa] Boset & Fenatale  
**Kebele:** : [Merti] Gologota, Molame Kersa, Gologota Rural, Weshakona, Watacha Dole, Watero Dino; [Jeju] Huruta Dore, Alaga Dore, Achamo, Soke Bokicha, Alagu Dureti

### Concerned sectors

Sector	Severity of concern	Contributing factors
HEALTH	Level 5 - Life Threatening Problem	<b>Severe</b> limitation in access, availability, quality and use
WASH	Level 5 - Life Threatening Problem	<b>Severe</b> limitation in access, availability, quality and use

### Response Modality

1. Health Services
2. Water, Sanitation and Hygiene
3. In-Kind Assistance



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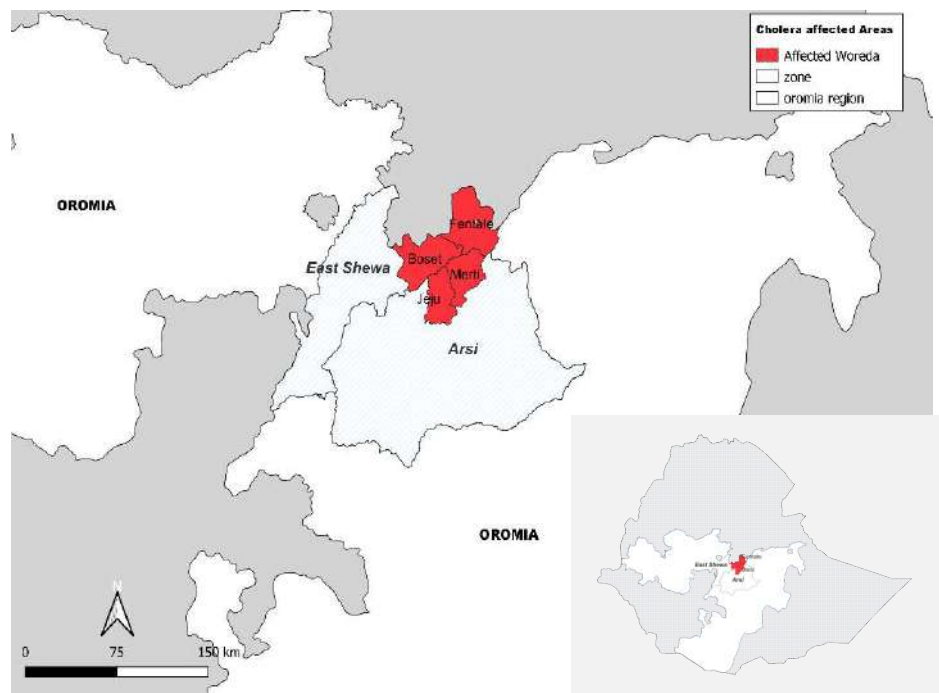
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### CRISIS PROFILE

Prior to the cholera outbreak, Jeju and Merti (comprising five Kebeles) in Oromia faced significant and chronic vulnerabilities in health and water, sanitation, and hygiene (WASH) systems. These areas suffered from limited access to safe drinking water and inadequate sanitation infrastructure, conditions worsened by prolonged droughts and displacement crises due to the ongoing security situation in the area. Health facilities were under-resourced, and stock outs of essential medical supplies, affecting proper healthcare delivery. Both locations had previously been impacted by drought and displacement, hosting returnees, internally displaced persons (IDPs), and pastoralist communities with limited access to basic services, mainly access to clean and healthy water. Operational constraints such as poor road conditions, security risks, and fuel shortages have further hindered the timely delivery of supplies and patient transport in the areas.

### SCOPE and SCALE

The current outbreak situation is the result of a combined result of WASH related vulnerabilities, ongoing armed conflict, and institutional weakness of the government in having a strong health footprint in the area. The government officials are working on the assumption that the primary driver of the outbreak being the population's dependence on unsafe water sources, specifically the Awash River, which flows through previously affected areas. The river is suspected to be the source carrying cholera bacteria. Further, high production of fruit is also increasing the vulnerability of population living both in affected and adjacent areas.



Pic 2. cholera affected areas in Arsi & East Shewa zones of Oromia region.

The conflict and insecurity situation of the areas is an aggravating factor. Accessing the affected kebeles, mainly in Jeju is constrained by the security challenges, with information that indicates that some kebeles remain inaccessible, delaying both proper assessment of the situation and delivering the emergency WASH and health support to the community. Additionally, Arsi Zonal authorities, while have established a Zonal outbreak taskforce and technical working

group, are struggling to coordinate an effective response, raising concerns around recorded community trust and hindered neutral service delivery by some officials.

The social and livelihood disruption may also affect the situation, as market access has been limited and reduced for fruit vendors to limit disease transmission (use of water in cleaning the goods). Schools and clinics are working, through the WASH systems of the areas are not functioning properly. There are general concerns over secondary (daily) displacement, as communities are moving in search of safer water sources and goods.

In terms of the targeted areas, and affected population, as of 19 June 2025, data from Government-operated CTCs in Merti and Jeju, Boset, and Fentale woredas indicates a total of 201 confirmed cholera cases, of which 42% are considered part of vulnerable groups based on age-specific vulnerability thresholds. The case distribution by age group is as follows:



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Age Group	% Cases (n=136)	Distribution of Ppl approx)	Vulnerable
0–4 years	14.1%	17%	Yes
5–14 years	16.4%	22%	Yes
15–24 years	16.4%	21%	-
25–64 years	50.8%	37%	-
65+ years	2.3%	3%	Yes

Based on this reference, and aligned with the latest UNFPA (2025) demographic structure, we extrapolate the population in need by applying the same age-specific vulnerability logic to the affected population across Merti and Jeju woredas in Arsi Zone. The combined analysis confirms that over 26,000 individuals from vulnerable age groups are in urgent need of targeted WASH and health services across both woredas, with children under 15 and older adults (65+) more affected.<sup>1</sup>

#### Arsi Zone– Merti and Jeju Woreda

Total population: 330,076  
 Total affected: 62,839  
 Total in Need: 26,391

The affected areas are the following kebeles from Merti Woreda: Gologota, Molame Kersa, Gologota Rural, Weshakona, Waticha Dole, Waturo Dino

#### Merti – Affected population & Population in need

Total Total population: 152,000  
 Total affected: 32,048  
 Total in need: 13,459

Age Group	Count	%	PIN
0–4 years	5,448	17%	Yes
5–14 years	7,050	22%	Yes
15–24 years	5,128	16%	-
25–64 years	13,460	42%	-
65+ years	961	3%	Yes

The affected areas are the following kebeles from Jeju Woreda: Huruta Dore, Alaga Dore, Achamo, Soke Bokicha, Alagu Dureti.

#### Jeju woreda – Affected population & Population in need

Total population: 178,076  
 Total affected: 30,791  
 Total in need: 12,932

Age Group	Count	%	PIN
0–4 years	5,234	17%	Yes
5–14 years	6,774	22%	Yes
15–24 years	4,927	16%	-
25–64 years	12,932	42%	-
65+ years	924	3%	Yes

Arsi health officials have called for the ERCS Branch experts to be involved as a neutral actor in the technical group, despite the coordination with national institutions remains limited (Oromia Regional Health Bureau is informed about the outbreak's evolution but not being actively engaged), mainly with adjacent Zones.

#### HUMANITARIAN CONDITIONS

Access to services is extremely limited in Jeju as insecurity has prevented governmental actors from reaching the areas. Currently 4 temporary Cholera Treatment Centres (two in each woreda) were established, which are currently overwhelmed and under-equipped, facing critical shortage in cholera kits, essential medications, and fuel. With 60% of the cases in Merti presenting severe dehydration, referrals to Abomsa Hospital are happening, yet often delayed due to transportation barriers and fuel scarcity, as informed by the government.

The overall WASH infrastructure seems inadequate, despite most households of the affected area have latrines, but their poor construction and misuse are affecting their effectiveness. The current risk communication and community engagement (RCCE) is limited to some messaging via community volunteers and informal communication channels, without a coordinated outreach or structured health promotion campaign. The local government has suggested activating ERCS professional Volunteers at Kebele level to support engagement with the communities.

#### 1 Methodology:

Total population: People living in Arsi Woreda.  
 People affected: People living in the affected kebeles where the outbreak has been announced.  
 People in need: Population diagnosed with cholera and vulnerable population groups.

Considering the different age groups, there are three categories that are regarded as highly vulnerable:

- 0–4 years due to immature immune systems, rapid dehydration, and malnutrition risks.
- 5–14 years due to exposure in unsafe school settings and shared food/water resources.
- 65+ years due to immunosenescence, comorbidities, and dependency on access to support.

Though other age groups are also at risk, they are considered more resilient (if not suffering from malnutrition), tend to seek care earlier, and can self-manage oral rehydration.



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Communities are employing limited coping mechanisms, mainly adopting community-level information sharing in the absence of structured services. Most vulnerable groups facing the results of the outbreak are kids between 0-4 with immature immune systems and rapid dehydration, and youngers (aged 5-14) that are sharing food or water resources. Oldest (65+ years) due to immuno-senescence and dependency on access for treatment and support are also on the spot for more attention.

### CAPACITY AND RESPONSE

ERCS Arsi Zonal Branch is actively engaged in the cholera response, also building from the previous years waves of outbreaks, however the current scenario is beyond its existing capacity due to growing humanitarian crisis triggered mainly by conflict and the complexity of the outbreak, which combines the high vulnerabilities of the affected populations, the security constraints, and limited access to some areas, mainly Jeju, where operation of government is limited. The Branch has past experience in managing outbreaks in seven additional Woredas of the Zone, the branch is ready to mobilise efforts in Merti, where it maintains an operative branch supported by 80 active volunteers. Besides, most of volunteers can be engaged in town areas due to security threats in areas far from main routes. Hence, there is clear need to recruit volunteers from local community who are familiar to the local community to address issues at community level.

While the branch has access to five ERCS operating pharmacies stocked with essential medicines, delivery of these supplies to CTCs is challenged by logistics, access and coordination issues. The branch acknowledges limited capacity of WASH and health emergency trained volunteers, particularly from rural kebeles of the affected area. The branch is in need of leveraging professional volunteers living in urban areas to conduct community-level awareness through house-to-house visits and loudspeakers campaign, although insecurity remains a key constraint for their mobility and reach.

### ERCS Branch proposed actions:

- Mass health and cholera-specific sensitisation in Merti and Jeju through activation of ERCS professional volunteers
- Water tank and WASH NFIs supplies: Support to existing Marti CTC government facilities
- Medicine supplies: Support to existing Marti CTC government facilities.

The branch has formally requested support from ERCS HQ and Movement Partners to fund the proposed actions, primarily those requiring resource mobilisation, including activation of volunteers, campaign production, acquisition of water tanks, WASH NFIs, and medicines, due to limited capacity and stock availability. The branch acknowledges its technical expertise to advise different teams and is not requesting technical support. A detailed list of activities, items, and associated costs can be provided upon request. At the Zonal level, the Arsi Health Office has proposed training and deploying four volunteers from each affected and adjacent kebeles. Thus, there is need to train and deploy total number of 68 volunteers who can act at local level for prevention and control of cholera. However, has formally requested to ERCS urgent support in training these personnel, equipping them with cholera-specific response skills. Furthermore, there are critical gaps in the CTCs resources, including cholera kits, fluids, medical supplies, temporary shelters (tents), and general sanitary materials. According to the field reports, access to safe water remains a top priority; while the government can potentially support water trucking, it lacks water tanks (e.g. 50,000-liter), which are urgently requested for immediate deployment.

### Arsi Zonal Health team Proposed actions:

- Cholera Kits: temporary shelters (tents) and medical & sanitary supplies
- Technical training for both community volunteers and health officers on cholera treatment.
- Water tank provision for the affected areas.



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On the international front, WHO has been informed of the outbreak and is reportedly exploring ways for support. However, technical coordination remains fragmented, particularly between Merti in Arsi Zone and neighboring East Shewa Zone, which has not yet officially declared an outbreak, despite the existence of cases. This lack of formal cross-zone coordination poses some barrier to scaling a unified response.

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This report is the result of field visit in ERCS Arsi Zonal Branch conducted on the 11th of June 2025, and subsequent primary and secondary data analysis.

#### Participants in assessment:

- ERCS EOC National Coordinator
- ERC EOC Oromia Regional Coordinator  
ERCS Arsi Zonal Branch PMRM Head
- ERCS Arsi Zonal Branch Senior DRM expert  
ERCS Arsi Zonal Branch Assela Pharmacy  
Head ERCS Arsi Zonal Branch DVM Section  
Head
- ERCS Arsi Zonal Branch Professional  
Volunteers (2)
- Arsi Zone Health Office Deputy Head  
(Government Sector)
- Arsi Zone Health Office Epidemic Control  
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#### ERCS Focal points:

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