# Ethiopia: Earthquake
# Afar, Amhara, and Oromia Region

World Health Organization
Ethiopia

# Situation Report

**January 31 2025 No 2**

**90,000**
Affected Population

**75,000**
Evacuated

**0**
Death

**2**
Total injuries

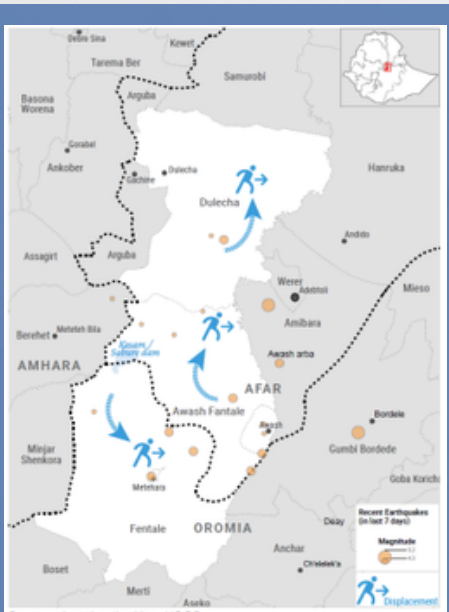

In collaboration with government & partners supporting temporary clinics to provide emergency care.

## Highlights

- Current seismic activity levels significantly exceed the historical average.
- Two individuals reported injured due to ongoing seismic events.
- Nine health facilities have sustained severe or partial damage.
- Evacuation of more than 75,000 individuals (approximately 20000 in Oromia and 55000 in Afar) to relocation sites from high-risk areas is underway.
- The Ethiopian Disaster Risk Management Commission (EDRMC), in collaboration with regional and woreda governments, has established the humanitarian response including health coordination mechanisms.
- Multi-Cluster Initial Rapid Assessment (MIRA) is completed.
- Mobile clinics have been deployed to maintain essential health services in affected areas.
- Services for mental health and psychosocial support (MHPSS) and gender-based violence (GBV) are now available.
- Essential medicines and lifesaving drugs have been delivered and prepositioned to support ongoing health response efforts.

# Situation

- The unusual seismic activities continued since September 27, 2024, in the Afar, Oromia and Amhara regions.
- The earthquake in Awash Fentale and Dulecha woredas has disrupted livelihoods, caused socio-economic and health challenges, and placed approximately 54,180 people in high-risk areas.
- Internally Displaced People (IDP) sites are hosting 54,636 individuals (9,106 households), including 6,229 children under five and 1,575 pregnant and lactating women, according to Afar RHB Emergency Operations Center (EOC) and site visit observations.
- 2 woredas, and 8 kebeles have been affected in the Afar region.
- The area is vulnerable to outbreaks including -cholera, dengue fever, chikungunya, and malaria-and malnutrition. The IDP camp is located near a cholera-affected area, with the most recent case reported on January 6, 2025.
- Malnutrition in the affected areas may worsen due to food shortages, poor child feeding, inadequate WASH facilities, limited health services, absence of stabilization centers, and lack of targeted feeding programs.
- Women, children, and people with disabilities face heightened risks, particularly in Awash Fentale.
- The scattered housing in the growing IDP camps complicates management and increases the risk of cholera and other communicable diseases.





# Response Action

- Government-led Incident Command Posts (ICP) have been set up in Awash, supported by UN and non-governmental organization (NGO) partners.
- A total of 472 bed nets were distributed, and educational outreach was conducted for 204 households.
- Essential health services are provided through three temporary clinics at IDP sites, addressing malnutrition, respiratory tract infections, and malaria. Bed nets have been distributed alongside community education, with nearby health facilities mapped and a referral system established.
- MHPSS services are offered in two temporary clinics supported by WHO, each with dedicated tents for MHPSS and GBV services. As of January 21, 2025, 29 individuals have received psychiatric and psychological support, with referral linkages in place.
- Air sediment and groundwater samples were collected to assess health impacts.
- A team of 12 experts and 3 mobile health units were deployed to assist with the response.

# WHO Response Activities

- Partnered with MoH, EPHI, and Regional Health Bureaus in Afar and Oromia to design and implement health preparedness and response plans at national and field levels.
- Coordinated with health authorities to conduct task force meetings, distribute medical supplies to IDP clinics, advocate for food and non-food items for healthcare workers, and implement an emergency response plan.
- Collaborated with partners United Nations Children's Fund (UNICEF), Nexus Ethiopia, International Medical Corps(IMC), GOAL, Mothers and Children Multi-sectoral Development Organization (MCMDO), and Reach Ethiopia.
- Collaborated with the Health Cluster and key partners to carry out a rapid assessment.
- Enhanced response by deploying team of 10 experts, including surveillance officers (4), a data manager (1), WASH/IPC officers (2), an emergency response coordinator (1), an MHPSS expert (1), and a logistics expert (1), to provide technical support.
- Delivered essential emergency medical supplies (Interagency Emergency Health Kit (IEHK), Paediatric Severe Acute Malnutrition Kit (PaedSam), malaria drug kits) to treat 20,000 individuals for three months, dispatched to Afar Regional Health Bureau for ongoing health support.
- The delivered medications can treat depression, chronic pain, migraines, psychotic disorders, and severe behavioural problems. They also help prevent seizures and manage symptoms of Parkinson's disease, as well as the side effects of psychiatric drugs. This initiative will benefit a total of 100 individuals with medication (20 per drug type).
- Prepositioned Cholera rapid diagnostic tests (RDT) diagnostic tests, oral rehydration therapy, and treatment drugs.
- Installed 12 portable solar lanterns for three IDP sites in Awash Fentale & Dulecha earthquake to improve safety and access to health services.
- Developed surveillance tools, guidelines, and reporting templates for IDP clinics and conducted active surveillance to detect epidemic-prone diseases and Severe Acute Malnutrition (SAM)
- Provided on-the-job training for health workers at Daedo (Ambibara) mobile clinics and Rapid Response Team (RRT) members on diseases prone to outbreaks, including measles, cholera, malaria, acute flaccid paralysis, and dengue fever.
- Delivered MHPSS and GBV services by setting up two tents at selected IDP sites, facilitating the provision of services, medication, and technical support.
- Facilitated a Protection Cluster Coordination meeting and selected a diverse group of participants, including teachers, police officers, community and religious leaders, and women's association leaders, to advance Child Protection and GBV prevention Facilitated a Protection Cluster Coordination meeting and selected a diverse group of participants, including teachers, police officers, community and religious leaders, and women's association leaders, to advance Child Protection and GBV prevention initiatives.
- Conducted an orientation on MHPSS, GBV prevention, and Protection from Sexual Exploitation and Abuse (PSEA) for 50 participants.
- Conducted sanitary surveys at two IDP sites, tested eight water samples, and

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Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) messages

# Response Needs

- Strengthening Early Detection and Response: Improve EWARS for timely detection of disease outbreaks.
- Health Emergency Response: Strengthen Rapid Response Teams (RRTs) to enhance the camp's ability to respond quickly and effectively to health emergencies, including outbreaks and disease prevention, ensuring that resources and personnel are prepared to manage any emerging crises.
- Essential Health Services: Ensure continued delivery of vital health services to vulnerable populations.
- Capacity Building: Provide training on surveillance, outbreak management, and Severe Acute Malnutrition (SAM) management for health workers, community leaders, health extension workers, and volunteers to enhance health emergency response capacity.
- Preventive Health Campaigns: Implement cholera and measles prevention efforts to reduce outbreak risks.
- Water, Sanitation, and Hygiene (WASH): Advocate for additional water tanks and containers to meet the demand for clean water and improve sanitation and hygiene conditions in the camp. Provide communal latrines and enhance infection prevention measures to safeguard healthcare workers and patients.
- Strengthen Transportation and Referral Systems: Allocate resources for transportation to facilitate timely referrals and manage chronic illnesses such as diabetes, hypertension, and TB.
- Address Supply Shortages: Ensure a consistent supply of malaria bed nets, laboratory reagents, and proper recording materials in IDP clinics to improve service delivery.
- Increase Operational Funding: Provide sufficient operational funds for ambulance fuel, staff incentives, and transportation to enable healthcare workers to deliver timely and effective services.
- Nutrition needs: Strengthening routine screening, building capacity, implementing the Community-Based Management of Acute Malnutrition (CMAM) approach, enhancing stabilization centers, promoting Infant and Young Child Feeding in Emergencies (IYCF-E), and prepositioning resources to address moderate acute malnutrition (MAM), particularly among children.
- Shelter and Disease Prevention: Improve shelter conditions to support bed net usage and reduce the risk of vector-borne diseases.
- Data and Coordination: Standardize reporting systems for accurate data on IDP numbers and needs, ensuring coordinated response efforts.

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# WHO in Action

In collaboration with government & partners, supporting temporary clinics and communities to provide emergency care. WHO has deployed experts in WaSH, surveillance, Mental health (MHPSS) & logistics.

European Union representative visit to earthquake response efforts

## References


UNOCHA. (2025, January 24). Ethiopia – Flash Update #4: Update on the Seismic Situation in Afar and Oromia. Prepared with the support and collaboration of IASC cluster coordinators and partners.

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