

Ethiopia: Earthquake Afar, Amhara, and Oromia Region **Situation Report**

January 17 2025 No 1



WHO delivered essential emergency medical supplies

Highlights

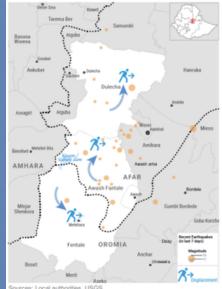
- Current seismic activity levels significantly exceed the historical average.
- Evacuation of more than 60,000 individuals to relocation sites from high-risk areas is underway.
- Two individuals reported injured due to ongoing seismic events.
- Nine health facilities have sustained severe or partial damage.
- Multi-Cluster Initial Rapid Assessment (MIRA) is underway.
- The Ethiopian Disaster Risk Management Commission (EDRMC), together with regional and woreda governments has established the humanitarian response including health coordination mechanisms.
- Four mobile clinics deployed to maintain essential health services in affected areas.
- Essential medicines and lifesaving drugs have been delivered and prepositioned to support ongoing health response efforts.

Situation

- Over 80,000 people were affected across Afar and Oromia regions due to earthquakes (60,000 from Afar, 20,000 from Oromia).
- Multi-Sector Initial Rapid Assessment (MIRA) launched on January 8, 2025 to evaluate impact and damage; ongoing scientific assessments to guide early warning.
- Zonal Incident Command Posts (ICPs) established in Awash and Metehara; local authorities, United Nations (UN), and NGO partners actively engaged.
- Women, children, and people with disabilities face heightened risks, particularly in Awash Fentale.

Response Action

- Two thousand households in Dulecha and Awash Fentalie received emergency shelter and Food, nutrition and nonfood items (NFIs). Protection services, Mental health and psychosocial support (MHPSS), and dignity kits prepositioned.
- Three mobile health teams requiring targeted protection were deployed for screenings; 4 mobile clinics providing health while and nutrition services are providing at IDP sites. Common conditions include Severe Acute Malnutrition (SAM), upper respiratory tract infection (URTI), and malaria.
- Two individuals were injured; 16 schools in Afar were severely damaged, while 21 were partially damaged, 8 schools were severely damaged, and 6 were partially damaged. A total of 7,211 students were affected. 7 health facilities impacted.
- A total of 472 bed nets were distributed, and educational outreach was conducted for 204 households.
- One hospital in the Gebirasu zone with 138 health professionals, 38 dedicated to IDP response.
- Door-to-door active case searches conducted; cholera risk remains high, but no outbreaks reported.
- Air sediment and groundwater samples were collected to assess health impacts.
- A Rapid Response Team of 12 experts and 3 mobile health teams deployed to support the response.



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

Temesgen Tiruneh - ተመስንን ጥሩነህ 🕯

ርዕደ መሬት ቅድመ ማስሰበትቂያ ዝጣጁነታቸንና የምላሽ ሁኔታቸን ባለን ቂክኖሎጂ፣ ሳይገላዊ ምርምር፣ ትንትናና የትገበታ እቅም የሚውሰን ነው። ዛሬ በአዲስ አበባ የኒቨርሲቲ የጀአሬዚህስ፣ የስፒስ ሳይገስ እና አስትሮኖሚ አጋስቲትዊት ባይረግው ን-ሰኘት በርዕደ መሬት ነክ

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ነበምግግባው አካባል። ግግርድ የወደ ተጠነበረ ምሳቢ ግግርወ። አይጋው በተከሰባትሮ እውስቢያቸ የመረዝራ ማትን፣ የጊዜያዊ መስለያ፣ የሰብአዊ ድንፍ፣ የስይገሳዊ ትንትና እና ትገባያ ቡድኖችን በማደራጀት በዕቅድ ላይ የተማሰረተ ሥራ እየተሰናውን ነው። መግሥት የአጭርና የረጅም ነয ሀ/ሪዊ ከሚዲነትን ለማስፈበት ኮሶናትና ምርምር ተቋማት ዘመኑን በዋጅ ቴክኖሎጂና ብነ የስው ኃይል በነስራ ዓምና እንዲኖሎ ድንጅ የደረጋል።



Afar Regional Health Bure

^kakaakayak Qaafiyat Birch Koobahisos Baaxoh Angoyyi Elie Yakke Gabbi Rasih Caddol Saxabaxasie Qaafiyat Hanaanisoh Taamoorni Alaka, Geyrinna. Dulmme Ummatte Bie Geyrina Fanteneani Angoagoyaya. Samitta Qaafiyat Buttaay. Daqoortik Kewqe Qaafiyat Mihrateela Kee Meqem Abittoh Egiaali Sittä Luk Cattimak Baxabaxabe Kalali Iaamoori Alak Geriman.



WHO Ethiopia © ©WHOEthiopia - Jan 13 Promote XI ▲ Seismic activity continues in Ethiopia, with 18 Wearthquakes (4.4–5.8 magnitude) recorded Jan 8–10, 2025.

CWHO is working with the zegovernment & partners to assess risks & strengthen health response efforts for affected communities.



WHO Response Activities

- Partnered with the Ethiopian Public Health Institute (EPHI), Ministry of Health (MoH), and Regional Health Bureaus (RHBs) in Afar and Oromia to design and preparedness implement health and response plans at national and field levels.
- Worked with the Health Cluster and key partners to conduct a rapid assessment.
- Deployed a surge team consisting of four surveillance officers, one data manager, two WASH/IPC officers, two emergency response coordinators, one MHPSS expert, and one operations support and logistics expert to provide technical support across all response sectors.
- Delivered essential emergency medical supplies (IEHK, PaedSam, malaria drug kits) to treat 20,000 individuals for three months, dispatched to Afar Regional Health Bureau for ongoing health support.
- Collaborated with EPHI, MoH, and RHBs to establish the Early Warning and Response System (EWARS), develop surveillance tools and reporting templates for IDP site clinics and conduct active case searches in IDP camps and host communities.



Pic 2: Coordination meeting

- **Response Needs** • Strengthening Early Detection and Response: Improve EWARS for timely detection of
- disease outbreaks. • Essential Health Services: Ensure continued delivery of vital health services to
 - vulnerable populations. • Preventive Health Campaigns: Implement cholera and measles prevention efforts to reduce outbreak risks.
 - Water and Sanitation Needs: Address water supply gaps and accelerate sanitation infrastructure to ensure clean water and hygiene at IDP sites.
 - Gender-based violence (GBV) Support: Establish private consultation rooms for GBV survivors to receive confidential care.
 - Healthcare Worker Support: Provide adequate resting areas, amenities, and facilities for healthcare workers to ensure effective service delivery.
 - Logistics and Security: Strengthen logistics systems and advocate for improved security to facilitate timely resource distribution and service provision.
 - Nutrition Needs: Conduct nutrition screenings and ensure the distribution of essential supplies to prevent malnutrition, especially 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.

WHO in Action



Pic 3: Experts deployed for rapid assessments and technical support.



Pic 4: Collaborating with the Health Cluster and key partners for a rapid assessment



Pic 5: WHO delivered essential emergency medical supplies

References

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Contact