

# Emergency Programming Learning Paper

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IT TAKES

## Cholera Outbreak Rapid Response: Lessons learned from Concern Worldwide's experience in Ethiopia

### Context

Ethiopia continues to face recurrent public health emergencies driven by the interaction of protracted conflict, climate shocks, population displacement, and weak service coverage. Cholera outbreaks remain a persistent risk, particularly in areas experiencing water scarcity, poor sanitation, seasonal population movements, and disruption of routine health and WASH services. In regions such as Amhara, Tigray, and Somali, insecurity and displacement have further constrained access to safe water, sanitation facilities, and timely health care. The Amhara Region was among the most affected areas during the recent cholera outbreak in Ethiopia, reporting 4,337 cases and 59 deaths (case fatality rate of 1.36%) across 40 woredas between 2024 and early 2025.

Mass gathering sites including holy water sites, IDP settlements, and remote rural kebeles have been identified as high-risk transmission settings, where overcrowding, inadequate sanitation infrastructure, and entrenched social practices increase vulnerability to waterborne disease. These risks are compounded during seasonal peaks, when population movement and service pressure intensify. Within this context, rapid, flexible, and locally coordinated emergency responses are critical to containing outbreaks and preventing excess morbidity and mortality.

### Overview

In June 2025 under the Ethiopia Rapid Response Mechanism (ET-RRM), funded by ECHO, Concern Worldwide implemented a rapid cholera response in Quara Woreda, West Gondar Zone, Amhara Region, in partnership with the national NGO Faith in Action (FIA) and relevant government ministries. The response was implemented primarily in Berniel Giorgis and Gelegu town, targeting both religious sites and displacement-affected locations where cholera transmission risk was highest. Interventions focused on emergency WASH service delivery, supported by capacity strengthening of local WASH structures and close coordination with woreda water and health offices to ensure alignment with government-led response efforts.

Interventions were designed to be short-term, highly targeted, and adaptive, enabling rapid mobilisation of resources to develop hotspots, including religious sites and IDP locations. Strong coordination with woreda authorities, health and water offices, and community leadership structures underpinned implementation, ensuring alignment with government systems and local acceptance.

### The Approach

The ET-RRM cholera response adopted a rapid, context-responsive, and community-engaged approach, built around four core elements:

1. **Rapid assessment and prioritisation:** Early field assessments were conducted to identify high-risk locations, infrastructure gaps, and behavioural drivers of cholera transmission. These assessments informed the prioritisation and sequencing of interventions, ensuring resources were directed to locations with the highest public health risk, including religious sites and IDP settlements.

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- Emergency WASH service delivery:** The response prioritised immediate access to safe water and sanitation through the installation of Emergency Water Treatment (EMWAT) systems, rehabilitation of non-functional water points, construction and rehabilitation of gender-segregated sanitation facilities, and installation of handwashing stations in high-traffic public areas. These interventions aimed to rapidly reduce exposure to contaminated water sources and unsafe sanitation practices.
- Capacity strengthening and local ownership:** Implementation was carried out through existing government and community structures. Training was provided to sanitation committees, WASHCO members, woreda WASH staff, and local operators on facility management, EMWAT operation, and water scheme administration. Engagement with religious leaders and community representatives was central to facilitating access and acceptance in sensitive settings.
- Adaptive and coordinated implementation:** Given security constraints and operational uncertainty, implementation relied on flexible decision-making, close coordination with woreda authorities, and continuous adjustment of activities. During implementation, one planned EMWAT installation was reallocated to Gelegu Ketena IDP (Internally Displaced Persons) site following coordination with other actors, ensuring coverage gaps were addressed and duplication avoided. Regular joint supervision and review meetings with government counterparts supported accountability, learning, and timely problem-solving.

## Results

The ET-RRM cholera response in Quara Woreda achieved the following results:

- 7,693 people directly reached through improved access to safe water and sanitation infrastructure, with a further 23,079 people indirectly benefiting through increased access and community-level improvements.
- Construction of 6 gender-segregated, semi-permanent emergency latrines and rehabilitation of a 55-stance latrine block at a major religious site, improving safety, dignity, and hygiene in high-risk transmission settings.
- Installation of 2 EMWAT systems providing chlorinated water, alongside continuous water quality testing and operational support.
- Rehabilitation of six hand-dug wells fitted with hand pumps, restoring access to clean water in underserved communities.
- Installation of 10 handwashing stations and provision of cleaning equipment and water storage barrels to support hygiene maintenance.
- Capacity strengthening of sanitation committees, WASHCO members, woreda WASH staff, and NGO WASH officers on facility management, EMWAT operation, and water scheme administration.



*Capacity Building Training for WASH Committees in West Gondor. Photo: Concern Worldwide.*

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*Training on cholera prevention for HEW.  
Photo: Concern Worldwide.*



*Discussion session held with religious leaders at Bermel Georgis Holy water site, including key hand-washing skills demonstration. Photo: Concern Worldwide.*



These combined interventions contributed to improved water quality, increased availability of sanitation facilities, and strengthened local capacity to manage cholera related public health risks.

## Challenges

Several challenges affected implementation and outcomes:

- Cultural and social practices at religious sites continued to drive open defecation and contamination risks, even where sanitation facilities were available, limiting the effectiveness of infrastructure-only interventions.
- Site-specific infrastructure constraints at holy water locations created persistent transmission risks that could not be fully mitigated within the timeframe of short-term emergency responses.
- Resistance from economic actors, including travel agents linked to pilgrimage activities, undermined efforts to temporarily restrict access during outbreaks, complicating containment measures.
- Security constraints and access limitations delayed implementation, monitoring, and supervision in some locations, requiring adaptive planning and reliance on local partners.
- Logistical and supply chain challenges, including difficult terrain and transport delays, affected the timely delivery of materials and equipment.
- These challenges highlighted the limits of infrastructure focused responses in isolation and reinforced the need for stronger engagement with social, cultural, and political dynamics in cholera response settings.

## Lessons Learned

- **Local partnerships enable access and continuity:** Working through a national partner with an established local presence enabled sustained implementation in a highly constrained security environment. In fragile and volatile contexts, operational continuity is more reliable when response models integrate strong local partners from the outset. Anticipating potential INGO access restrictions and pre-identifying alternative delivery mechanisms such as framework agreements with vetted national actors, supports smoother transitions during sudden access constraints. Leveraging existing community structures and local acceptance allowed uninterrupted service delivery when INGO access was restricted due to security protocols.
- **Adaptive planning reduces duplication:** Real-time coordination with other actors enabled the reallocation of resources to under resourced locations, minimising overlap and expanding coverage. Continuous adjustments based on updated information ensured complementarity between interventions and allowed limited resources to be directed where public health risks were greatest. This adaptive and coordinated approach strengthened collective impact and improved the overall efficiency of the response.

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- **Infrastructure must be paired with social engagement:** Water and sanitation infrastructure alone is insufficient to achieve sustained public health outcomes in culturally sensitive settings. Even where facilities are available, effective use depends on community perceptions, spiritual beliefs, and daily behavioural practices. Without sustained social engagement including hygiene promotion, dialogue with religious and community leaders, and culturally appropriate messaging, infrastructure risks being underused or rejected. Pairing hardware with strong 'soft' components such as behaviour change, trust-building, and community ownership strengthens uptake and supports more durable health outcomes.
- **Capacity strengthening supports durability:** Training local committees (WASHCOs) and woreda staff improved prospects for operation and maintenance beyond the emergency phase. Targeted capacity building on facility management, routine maintenance, and basic troubleshooting enhanced local ownership and reduced dependence on external support. Strengthening government and community capacity not only addressed immediate response needs but also contributed to more durable service delivery and resilience after project completion.
- **Joint supervision strengthens accountability:** Regular joint monitoring visits and review meetings improved coordination, accountability, and problem-solving across partners. Bringing together woreda officials, community representatives, and implementing agencies created a transparent space to identify challenges early and address them collectively. This collaborative oversight strengthened shared ownership, improved programme quality, and fostered trust among stakeholders, contributing to more coherent and accountable service delivery.

## Recommendations

Based on these lessons, future ET-RRM and cholera responses should:

- Strengthen engagement with religious and cultural leaders early in response design to address harmful practices and reinforce public health messaging.
- Integrate behaviour change communication more systematically alongside emergency WASH infrastructure.
- Expand community led monitoring and accountability mechanisms to sustain hygiene and sanitation practices beyond the immediate response.
- Invest in operation and maintenance capacity, including technical training and access to spare parts, to prolong the functionality of emergency WASH infrastructure.
- Enhance preparedness and early warning systems to enable earlier mobilisation before outbreaks escalate.
- Future response designs must integrate contingency planning that anticipates potential suspension of INGO's operations and outlines predefined local humanitarian actors' engagement.

## Testimonials

Ketene IDP Camp, located in Gelegu town within Quara Woreda, shelters more than 1,000 displaced people who previously faced daily challenges in accessing safe drinking water. For years, residents relied on distant and unsafe water sources, often paying for water and risking their health by using contaminated river water shared with people bathing and washing clothes.

In July 2025, an EMWAT system was installed in Ketene, bringing a significant improvement to living conditions in the camp. Clean, chlorinated water is now available within the settlement, eliminating the need for long journeys or payment for unsafe water. The EMWAT system has reduced exposure to waterborne diseases while also restoring dignity and safety, particularly for women and children, by providing a reliable and accessible source of safe water within the camp.

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*“Before the EMWAT was installed, I had to fetch water from the river and try to filter it myself, which was risky because many people used the same water for bathing and washing. Now, we have clean water close to our homes. I can fetch safe drinking water anytime without worrying or paying for it. This has made life so much easier and safer for my family.” Adanech, a resident of Ketena.*



*Ketene EMWAT system, Ketene. Photo: Concern Worldwide.*

## Conclusion

Concern Worldwide’s ET-RRM cholera response in Ethiopia demonstrates the importance of rapid, flexible, and locally grounded emergency programming in containing public health outbreaks in complex settings. While short-term WASH interventions can substantially reduce immediate risks, their impact is maximised when combined with strong community engagement, adaptive management, and alignment with government systems. The lessons from this response offer practical guidance for strengthening future cholera preparedness and response efforts in Ethiopia and similar contexts.

The response further highlights how strategic collaboration with national partners, alongside strong community structures and government engagement, can sustain service delivery in hard-to-reach or insecure areas. By strengthening local capacity, promoting joint accountability mechanisms, and embedding flexibility into programme design, the intervention addressed urgent needs while also contributing to longer-term resilience in affected communities.

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