

Ethiopia

International Medical Corps has worked in Ethiopia since 2003, with emergency programs in nutrition, primary healthcare, community health, sexual and reproductive health, mental health and psychosocial support (MHPSS), gender-based violence (GBV), livelihoods and disaster-risk reduction, and water, sanitation and hygiene (WASH).

We have provided humanitarian assistance to Ethiopian communities, internally displaced persons (IDPs) and refugees in the Afar, Dollo Ado, Gambella, Jigjiga and Oromia regions.

We have provided programs in more than 60 woredas in eight regions—Afar, Amhara, Benishagul-Gumuz, Gambella, Oromia, Somali, Southern Nations Nationalities and Peoples' Region (SNNPR), and Tigray—providing support through livelihoods, water, nutrition, sexual and GBV, and healthcare services.

SEXUAL AND GENDER-BASED VIOLENCE

Because refugee populations are particularly vulnerable to sexual violence and exploitation, International Medical Corps works in nine refugee camps to prevent and respond to cases of GBV. We provide GBV-related services to Somali refugees in southeastern Ethiopia, to South Sudanese refugees in the western Ethiopia border region of Gambella and to IDPs in the Oromia region. We also have constructed women- and girl-friendly spaces in each camp and at seven targeted woredas in Oromia region, to provide psychosocial support activities and psychosocial case-management support services to GBV survivors in the camps, and offer training on basic counseling skills and psychosocial care.

International Medical Corps trains healthcare providers from referral hospitals and camp-based health facilities on clinical management of rape, to promote confidential, competent and compassionate care to survivors of rape and other forms of sexual assault. The program also offers training for health- and protection-service providers, refugee volunteers, and clan and religious elders on the basic concepts of GBV, prevention of sexual exploitation and abuse, GBV referral pathways and psychosocial care for GBV survivors.



To promote these services to community residents, we conduct information sessions and campaigns on the importance of reporting GBV and the need to seek out GBV response services in a timely manner. We also have held informal curriculum-based “coffee and tea” discussions, as well as home visits and campaigns, to challenge existing social norms that perpetuate or condone violence against women and girls.



WASH

International Medical Corps has provided training and services in Ethiopia about WASH since 2003. Currently, we implement programming to meet the emergency response, recovery and developmental needs of vulnerable local resident communities, as well as the immediate needs of IDPs and those returning to conflict-affected communities. We are implementing these programs in the Afar, Oromia and Somali regional states.

International Medical Corps improves access to WASH access by constructing latrines at health facilities and schools, installing roof rainwater-harvesting systems, procuring and distributing water storage containers and water treatment/purification materials for households and health facilities, rehabilitating water sources (boreholes and shallow hand-dug wells) and providing water trucking. Activities for refugees include providing safe water, creating access to sanitation facilities and maximizing their use, and promoting hygiene and environmental health (including solid-waste management) in refugee camps. We further engage communities and relevant authorities in the development and implementation of sustainable WASH programs.

SEXUAL AND REPRODUCTIVE HEALTH AND HIV/AIDS

Since 2013, International Medical Corps has implemented emergency and development programming, strengthened local capacity that is focused on sexual and reproductive health (SRH), maternal and child healthcare, and provided primary healthcare in the Wolayita zone of SNNPR and in the Oromia, Somali and Gambella regions, reaching more than 880,000 people.

International Medical Corps' projects in Ethiopia have improved capacity and provided services through community outreach as well as through direct clinical care through mobile health and nutrition teams, and we have supported government healthcare facilities by providing training, medicine, medical equipment and supplies.

We currently are implementing SRH and HIV/AIDS programs in three camps in Gambella to support South Sudanese refugees, three camps in Dollo Ado for Somali refugees, and two camps in Afar for Eritrean refugees. We are improving the quality of, and access to, SRH and HIV/AIDS services at these facilities, with the goal of improving the health status of women of childbearing age, adolescents, youth and children.

SRH educational services that are available for adolescents through youth clubs include peer-to-peer educational drama and music that cover such topics as family planning, adolescent and maternal nutrition, HIV/STI prevention, premarital sex, early marriage, female genital mutilation and life-skills training. In addition, our community outreach services create awareness and mobilize the community through house-to-house visits, tea-talk sessions and training.

EMERGENCY HEALTHCARE

Since 2015, International Medical Corps has helped local government public health authorities in the Amhara, Oromia, Somali and SNNPR regions to confront emergency health issues caused by drought, conflict and other natural catastrophes that have affected host communities, IDPs and returnees. In addition, we have strengthened the government's capacity to prepare for, investigate and respond to disease outbreaks and emergency health needs during crisis situations. We deploy mobile health and nutrition teams to supplement local staff—helping with routine surveillance, and monitoring early warnings and existing outbreaks—and provide drugs and medical supplies.

We also have helped organize healthcare-promotion events in different community settings, including health centers, health posts, schools, market areas and places of worship. We have conducted training on public health emergency management, mobile health and nutrition, to strengthen coordination between government-operated healthcare units.

As part of our public health emergency programming, we work closely with relevant organizations and institutions to strengthen early warning systems, preparedness measures, surveillance and active-case search and response. We also have the expertise and staff to conduct rapid assessments in WASH, nutrition and public health, and frequently conduct rapid assessments that we then use to help design programs. As part of our standard operating procedures, we maintain the capacity to deploy teams with expertise in WASH, nutrition and primary healthcare rapidly to remote, hard-to-reach areas without requiring an established office in each affected woreda.

MHPSS

International Medical Corps has implemented MHPSS programming at five camps in Dollo Ado for Somali refugees and in four camps in Gambella for South Sudanese refugees to create access to community-based MHPSS services for both refugees and vulnerable host-community residents. The program continues to support local government efforts to integrate MHPSS services into existing primary healthcare.

We provide comprehensive psychosocial support services at established social and recreational centers in each camp. We offer several activities, including handicrafts, games and storytelling. These centers help us deliver key messages to clients and caregivers. We also address misconceptions about mental illness and mental disabilities through various outreach activities.

LIVELIHOODS

Since 2009, drought and civil unrest have caused a humanitarian crisis that has brought nearly 200,000 Somali and Eritrean refugees to Ethiopia, where they reside in five camps in Dollo Ado. International Medical Corps is one of four international humanitarian groups working to address the causes of this migration, creating conditions where both refugees and local residents can receive vocational skills and business training. We also provide services including psychosocial support, group counseling and modest capital from a microfinance loan organization to generate modest income.

International Medical Corps promotes market-driven local economic opportunities for youth, to prevent future conflict, instability and irregular migration. We create self-help groups, provide business and vocational training, share loan information for enterprise development and educate people on the dangers of irregular migration.

NUTRITION

International Medical Corps has implemented nutrition programming at five camps and one reception center in Dollo Ado for Somali refugees, at one camp in Gambella for Sudanese refugees and in the Oromia region and Negob Somali Zone.

We have helped refugees and host communities to provide community-based management of acute malnutrition (CMAM), which includes community-based mobilization and screening stabilization centers, outpatient therapeutic feeding and supplementary feeding programs, and mobile health and nutrition clinics for IDPs. The program provides technical and logistics support to the Ministry of Health to implement the programs, as well as support for higher caseloads. Along with CMAM, International Medical Corps utilizes the positive deviance (PD)/Hearth model to promote improved nutrition practices and to address the condition of underweight children under 5. We also help refugees and host communities by improving dietary diversity through home gardening and fresh-food vouchers, and optimize infant and young-child feeding (IYCF) practices and child-caring practices.

In line with global and national policy strategies, we target the “1,000-day window” as a critical opportunity for preventing stunting and the other physical and mental disabilities associated with malnutrition. We provide a combination of growth monitoring, nutrition counseling and micronutrient supplements, working through available health facilities and community nutrition centers, and provide routine mother and infant checkups and other outpatient visits. We also promote nutrition education and healthy pregnancies through practices that include exclusive breastfeeding and appropriate introduction of complementary food to ensure healthy growth at the fetal stage, infancy and early childhood.

Promoting optimal IYCF practices is an essential part of our programming. We establish baby-friendly spaces at each community nutrition center and promote best practices in IYCF. Our community health workers provide individual counseling and assessments into existing health services to address breastfeeding challenges. In addition, we help set up mother-to-mother support groups, where mothers are trained on best practices so they can support others in small group settings.

INTERNATIONAL MEDICAL CORPS OFFICES

- A** ADDIS ABABA, ETHIOPIA
- B** ASSAYITA, AFAR REGION
- C** BERHALE, AFAR REGION
- D** BOKOLMAYO, SOMALI REGION
- E** DANSHA
- F** GAMBELLA, GAMBELLA REGION
- G** GONDAR, AMHARA REGION
- H** HARAR, EAST HARARGHE ZONE AND WEST HARARGHE ZONE, OROMIA REGION
- I** JIGJIGA (AWUBERE AND SHEDER), SOMALI REGION
- J** NEGELE, GUJI ZONE, OROMIA REGION
- K** SHIRE, TIGRAY REGION
- L** WOLAYITA SODO, SNNP REGION



WHERE WE WORK

ADDIS ABABA

AFAR REGION

Berhale and Assayita Eritrea refugee camps

AMHARA REGION

BENISHANGUL GUMUZ REGION (BSG)

GAMBELLA REGION

Jewi, Tierkidi, Pugnido I & II, Nguenyiel and Kule South Sudanese refugee camps

OROMIA REGION

East Hararghe (Babile, Chinaksen, Fedis, Gursum, Jarso, Kumbi, Medgatola, Melkabelu, Muluke, Meta, Meyu), West Hararge (Chiro, Daro Lebu, Doba, Hawi Gudina, Gumbi Boredede, Mieso) and Guji Zone (Liben, Goro Dola, and Saba Boru)

SIDAMA REGION

SNNP REGION

SOMALI REGION

Dollo Ado (Melkadida, Bokolmayo, Kobe, Hilaweyne, Buramino Refugee camps) and Jigjiga (Awubere & Sheder camps) including Dollo Ado Host Community

TIGRAY REGION



www.InternationalMedicalCorps.org

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

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