

# Ethiopia

International Medical Corps has worked in Ethiopia since 2003, with emergency programs in nutrition, primary healthcare, reproductive health, mental health and psychosocial services, gender-based violence, livelihoods and disaster-risk reduction, and water, sanitation

and hygiene. We have provided humanitarian assistance in Ethiopian communities and in those of refugees in the Dollo Ado and Gambella refugee camps.

We have offered programs in the worst-affected woredas in five regions (Amhara, Oromia, SNNPR, Somali and Gambella), providing livelihoods, water, nutrition and healthcare support.

## INTERNATIONAL MEDICAL CORPS OFFICES

- A** ADDIS ABABA, ETHIOPIA
- B** HARAR, EAST HARARGHE ZONE, OROMIA REGION
- C** BOKOLMAYO, SOMALI REGION
- D** GAMBELLA, GAMBELLA REGION

## WHERE WE WORK

### OROMIA REGION EAST HARARGHE

SOMALI REGION  
DOLLO (MELKADIDA, BOKOLMAYO,  
KOBE, HILAWAYNE, BURAMINO  
REFUGEE CAMPS) AND JIJIGA  
(AWUBERE AND SHEDER)

GAMBELLA REGION  
JEWI, TIERKIDI, PUGNIDO I AND II,  
NGUENYIEL AND KULE CAMPS

AMHARA REGION  
MENZ GERA



## SEXUAL AND GENDER-BASED VIOLENCE

Because refugee populations are particularly vulnerable to sexual violence and exploitation, International Medical Corps works in six refugee camps to prevent new instances of GBV and respond to newly reported cases. These include Somali refugees in southeastern Ethiopia and South Sudanese refugees in the western Ethiopia border region of Gambella. In

addition, we have constructed women- and girl-friendly spaces in each camp to provide psychosocial support activities. We also provide psychosocial case-management support services to GBV survivors in the camps, and offer training on basic counseling skills and psychosocial care.

International Medical Corps is training 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 have also 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.



## WATER, SANITATION AND HYGIENE (WASH)

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

Our hygiene-promotion activities enable the community to maximize the use of all available WASH facilities, including those in health clinics and schools. We engage communities and relevant authorities in the development and implementation of sustainable WASH programs, including water scheme rehabilitation, water trucking, water treatment chemical distribution, and hygiene and sanitation.

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 at all times 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.

## SEXUAL AND REPRODUCTIVE HEALTH AND HIV/AIDS

Since 2013, International Medical Corps has implemented both emergency and development programming and strengthened local capacity that is focused on sexual and reproductive health (SRH), maternal and child healthcare, and primary healthcare in the Wolayita zone of SNNPR, and the Oromia, Somali and Gambella regions, reaching more than 1 million beneficiaries. We are currently implementing SRH and HIV/AIDS programs in three camps in Gambella to support South Sudanese refugees, and three in Dollo Ado for Somali 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, covering such topics as family planning, adolescent and maternal nutrition, HIV/STI prevention, premarital sex, early marriage and life skills training.

## EMERGENCY HEALTHCARE

Since 2015, International Medical Corps has helped local government public health authorities in Oromia, Somali, Amhara, and the Southern Nations Nationalities and People (SNNPR) regions to confront emergency health issues caused by drought, conflict and other natural catastrophes that have affected host communities, IDPs and returnees. 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 have also 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 (PHEM), mobile health and nutrition to strengthen coordination between government-operated healthcare units.



International Medical Corps utilizes the positive deviance (PD)/Hearth model to promote improved nutrition practices and address the condition of underweight children under 5.

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, community nutrition centers, and 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 important part of our programming. As part of this, we often establish baby-friendly spaces at each community nutrition center that act as a platform to promote best practices in IYCF. Using community health workers, we also integrate 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.

## MIGRATION

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 and create conditions where both refugees and local residents can receive vocational skills and business training. They also benefit from services including psychosocial support, group counseling and modest capital from a microfinance loan organization to generate modest income.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

International Medical Corps has implemented MHPSS programming at five camps in Dollo Ado for Somali refugees and four camps in Gambella for South Sudanese refugees with the goal of creating access to community-based mental health and psychosocial support services for both refugees and vulnerable host-community residents. The MHPSS intervention started first in Dollo Ado in 2013, with three camps, and continued in Gambella in 2014, with four camps. The MHPSS program continues to support local government efforts to integrate MHPSS services into existing primary healthcare.

## NUTRITION

We have helped refugees and host communities to provide community-based management of acute malnutrition (CMAM). The approach 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 Ethiopian Ministry of Health to implement the programs, as well as support for the stress of higher caseloads. Along with CMAM,



[www.InternationalMedicalCorps.org](http://www.InternationalMedicalCorps.org)

A pre-eminent first responder for more than 35 years, International Medical Corps provides emergency relief to those struck by disaster, no matter where they are, no matter what the conditions, working with them to recover, rebuild and, through training, gain the skills and tools required to achieve self-reliance.

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