

SITUATION UPDATE



An International Medical Corps team member conducts an awareness-raising session on COVID-19, in Hamdeyet camp.

FAST FACTS

- In Ethiopia, International Medical Corps is now co-chair of the health and nutrition sub-cluster based in Gondar for the Tigray response.
- We have completed 2,700 consultations, and reached 5,000 people with awareness-raising through our mobile health and nutrition clinics in Humera, Wolkayit and Tsegede woredas.
- In Sudan, we have reached 1,075 people with hygiene promotion and COVID-19 prevention services in the last two weeks.

The conflict between the Ethiopian National Defence Force and the Tigray People's Liberation Front continues, leading to massive humanitarian needs in both Ethiopia and Sudan. There have been reports of escalating tensions and increased fighting in the region, particularly in the urban centres of Mekhele and Shire. The ongoing instability has also led to an increase in violence and looting. Of particular concern are the mounting reports of sexual and gender-based violence by armed actors, raising calls for an immediate increase in protection services in the area. There also is still an acute threat of widespread malnutrition due to disruptions to markets and livelihoods.¹

In Sudan, more than 61,000 refugees have been registered at the crossing points along the Sudan–Ethiopia border. While most of the refugees continue to arrive through the Hamdayet transit center, UNHCR saw a decrease of new arrivals to the transit center of Village 8.² The new arrivals have reported that they had to leave behind elderly and chronically ill loved ones due to the long walk required to reach the border, and food and water shortages along the way. Currently, the efforts of most UN agencies and their partners are focused on relocation of refugees from the transit centers and the Um Rakuba camp, to move refugees away from the border and ensure their safety and security. However, during discussions UNHCR conducted with community leaders among the refugee population, it became evident that some are reluctant to be relocated away from the border. While some wish to remain close to Ethiopia in case the violence decreases and they can return to their country, other refugees are waiting for their family members to reach Sudan.

Moreover, humanitarian response efforts are focused on filling the existing gap in service delivery in the reception facilities, especially in the recently established Tunaydbah camp. In the Um Rakuba camp, there has been an increase of cases of watery diarrhea, which has been attributed to a lack of hygiene and clean water service.³ Partners are also highlighting the increasing prevalence of acute malnutrition across all locations. All partners are working to address gaps in the delivery of services and expand humanitarian assistance to the population in need.

¹ UNOCHA Ethiopia - Tigray Region Humanitarian Update: Situation Report, 28 Feb 2021.

² UNHCR Ethiopian Situation (Tigray Region): Regional update #11. Available at: <https://data2.unhcr.org/en/documents/details/82978>

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International Medical Corps' Response

Ethiopia

International Medical Corps continues to focus our response in Humera, Wolkayit and Tsegede woredas, where needs are high and where there are very few humanitarian organizations providing assistance. UNOCHA's latest figures indicate that in this area there are approximately 140,000 people in need as a result of the conflict.⁴

As co-chair of the health and nutrition sub-cluster in this area, International Medical Corps is working closely with partners to ensure a coordinated and comprehensive health response for people in need. We also continue to operate mobile health and nutrition teams in all three woredas that have provided outpatient consultations for almost 2,700 people, provided ante- and post-natal consultations for 226 people and assisted in the delivery of 41 children. We have also conducted COVID-19 and hygiene sensitization for almost 5,000 people.

Our malnutrition screening program, run by our mobile health and nutrition teams, has indicated that Humera woreda remains one of the most heavily affected, especially in Maykadra. Screening of children in this area under five identified that more than one-fifth (21%) were suffering from moderate acute malnutrition, while this was true for almost one-third (31%) of pregnant and lactating women. The nearest stabilization facility is in Gondar, which is approximately 270 kilometers from Humera—highlighting the dire need for rehabilitation to and support for health infrastructure that has been destroyed or looted during the conflict. International Medical Corps will continue to coordinate with partners and donors to try to fill this gap and support affected communities.



International Medical Corps staff set up a mobile health and nutrition unit in Maykadra.

Sudan

International Medical Corps' has been active in the Hamdeyet refugee camp since mid-December, providing a set of services to reduce the risks of COVID-19 spread among the refugee population and the host communities. International Medical Corps' emergency response team has also contributed significantly to the definition of gaps and priorities, coordinating closely with relevant authorities, partners and clusters.



An International Medical Corps team member conducts a MUAC assessment screening.

International Medical Corps continues to work with local community health volunteers (CHVs) to improve community awareness of COVID-19. The CHVs, who disseminate health and hygiene education messages in affected communities, have reached 1,075 people in the last two weeks. Our team also trained 22 community leaders to enhance the community surveillance system. So far, thanks to this community-based surveillance, 160 individuals have been identified to have symptoms of cough and fever. International Medical Corps referred them to the nearby clinics for further screening and treatment.

Throughout February, International Medical Corps' team conducted a MUAC assessment to determine levels of acute malnutrition among the refugee population in Tunaydbah, Hamdeyet and Um Rakuba camps. Of the 2,539 children 6–59 months of age screened for acute malnutrition, 104 (4.1%) had severe acute malnutrition, while nine had edema. Furthermore, 242 (9.53%) of the screened children had moderate acute malnutrition.

Considering the refugee relocations and camps' expansion plans, as well as the existing and growing needs of the affected populations, International Medical Corps has plans to set up a temporary health facility to provide a comprehensive package of primary healthcare services. We also plan to establish a stabilization center to provide nutrition services in the newly established Tunaybah refugee camp once funding is confirmed. At the same time, funding is still needed to address gaps in the delivery of assistance that remain in the Hamdayet transit camp and in the Um Rakuba camp, especially in the water, sanitation and hygiene (WASH) and nutrition areas, where our team continues to support hygiene promotion, the community surveillance system and distributions of non-food items.

⁴ UNOCHA Ethiopia - Tigray Region Humanitarian Update: Situation Report, 28 Feb 2021.