

SITUATION UPDATE



International Medical Corps staff members visit a health clinic at the Diado IDP site in the Amibara woreda (district).

Seismic activity continues in the Afar and Oromia regions of Ethiopia, particularly in the Awash, Dulecha and Fentale districts. From January 4–16, at least 50 earthquakes with magnitudes ranging from 4.2 to 5.8 were recorded. These tremors are linked to the Fentale volcanic complex in the Main Ethiopian Rift, which has shown gradual ground deformation since 2021. The surge in activity since late December 2024 has caused steam vents to release gases and steam, likely due to movement of magma.

Although an eruption is not yet confirmed, potential eruption sites include Dofen or Fentale volcanoes or a new vent. The earthquakes have caused significant damage to homes, health centers, schools and roads, with widening fissures disrupting key roads. There are concerns over the safety of the Kesam/Sabure Dam and the Ethiopia-Djibouti railway. Afar's regional government evacuated more than 60,000 people to relocation sites from high-risk areas. On January 12, the government moved 255 additional households from high-risk areas in the Awash, Dulecha and Fentale districts, bringing the total number of evacuated households to 9,106 (54,636 people), according to local authorities. The evacuees have been settled in two sites: Asbole and Diado.

Recently, International Medical Corps participated in a mission with the Directorate-General for ECHO and other partners to visit internally displaced persons (IDPs) in Amibara, Awash and Fentale districts affected by the quakes. During the mission, the team engaged with key stakeholders, including the Incident Command Post, the United Nations Office for the Coordination of Humanitarian Affairs, and woreda (district) health offices. Stakeholders highlighted the increasing needs on the ground and emphasized the need to scale up the response.

The newly set up IDP camps are facing severe challenges that affect the health, well-being and dignity of residents. Currently, many evacuees are living in open spaces with makeshift shelters of plastic sheet roofing, or poorly constructed traditional dome-shaped

FAST FACTS

- Intense seismic activity is currently affecting the southern Afar and northern Oromia regions of Ethiopia, particularly around the Dofen and Fentale volcanoes in the Main Ethiopian Rift. From January 4–16, more than 50 earthquakes with magnitudes ranging from 4.2 to 5.8 were recorded.
- More than 60,000 people have been evacuated, including 51,456 from Afar and 20,325 from Oromia, with emergency shelters established. Significant damage has been reported, with 16 schools severely damaged and 21 partially affected.

OUR FOOTPRINT

- International Medical Corps has been active in Ethiopia since 2003, with emergency programs in nutrition, primary healthcare, sexual and reproductive health, mental health and psychosocial support, gender-based violence, livelihoods, disaster-risk reduction, and water sanitation and hygiene (WASH). Currently, we provide WASH services in Assayta and Berhale refugee settlements in Afar and are responding to a cholera outbreak in Amibara and Dubti woredas.

OUR RESPONSE

- At the Diado site for internally displaced persons, we have prioritized disease prevention and access to safe drinking water, supplying 13,000 liters of water to the settlement daily.
- We have trained 26 community health workers and volunteers on cholera and communicable disease control.

structures. These inadequate living conditions leave them vulnerable to harsh daytime heat, cold nights and strong winds. The lack of proper shelters increases risks for women, girls and children, while the absence of mosquito nets raises the threat of malaria. One of the most urgent issues is the lack of basic sanitation facilities, leading to open defecation, which poses significant health risks.

Shortages of water and essential non-food items, such as water tanks and jerrri-cans for storage, exacerbate the situation. In addition, an inadequate supply of pharmaceuticals and medical supplies has hindered the effectiveness of mobile health and nutrition teams that have been deployed to the camps. Out of 5,000 children screened for severe acute malnutrition, 124 cases have been identified. The areas are also highly endemic to malaria and other acute febrile illnesses, with diarrheal diseases and pneumonia contributing to the substantial disease burden. The IDPs are located in a woreda affected by cholera, and the current conditions in the camps pose a high risk of transmission among the displaced population.

There are no mental health and psychosocial support (MHPSS) activities in place to address the trauma and distress caused by loss of livelihoods, including livestock and buildings, as well as the deteriorating living conditions. To exacerbate matters, food shortages have become a pressing concern, leaving many without access to basic sustenance.

Working with the woreda health office at the IDP sites that have requested assistance, International Medical Corps has identified the following needs:

1. pharmaceuticals, medical supplies and equipment to address the increased burden on health services;
2. nutrition commodities to address nutrition needs in children;
3. MHPSS services to provide support to affected populations; and
4. infection prevention and control measures and supplies.

International Medical Corps Response

International Medical Corps has been collaborating closely with local authorities to deliver critical humanitarian assistance to affected populations in the Asbole and Diado IDP sites. We currently are providing 13,000 liters of water daily through water trucking, constructing solid-waste disposal areas, conducting ongoing cholera prevention messaging, training community health extension workers and volunteers on infection outbreak prevention and control (especially around cholera and sanitation), and training health workers on rapid response.

International Medical Corps' community health workers have continued to conduct health awareness sessions targeting IDPs at the camps, focusing on hygiene practices, and cholera transmission and prevention. Given the circumstances and overwhelming humanitarian needs at the IDP sites, there is an urgent need to expand response efforts. Additional funding is necessary to ensure the delivery of comprehensive services for the affected populations.

