In 2010, MSF helped to meet health needs in four regions: Somali, Oromia, Amhara and Gambella.

**Somali region**

The Somali region is one of the least developed in Ethiopia and is particularly prone to food insecurity. Poor water quality makes waterborne diseases like eye infections, skin disease and diarrhoea common, and tuberculosis (TB) is a major public health problem. The few health services that are available are hard to reach. Military confrontations between government forces and insurgent groups make access to healthcare even more difficult. Infrastructure and public services suffer from the insecurity, and it is difficult to attract qualified medical staff from other parts of the country.

East and West Imey districts are located on the border between Gode and Afder zones, towards the south of the Somali region. In July 2009, an MSF team built a health centre in East Imey town. By October, the centre was able to provide a full range of services, including antenatal care, a 15-bed inpatient department, a maternity ward, a nutrition programme and a vaccination programme. In 2010 staff at the centre held medical consultations with more than 800 people each month. Patients requiring more specialised care were taken to the nearest hospital, in Gindir, which is between six and eight hours' drive away. A TB diagnosis and treatment programme was started in December 2010, and 15 patients were admitted to the programme during that month.

In West Imey, MSF continued to support a health centre that provides general medical consultations, antenatal care, treatment for malnutrition and vaccinations. Today, an average of 1,000 medical consultations are held at the centre each month. Teams have started holding weekly mobile clinics for those who live far from the centre. In 2010, more than 29,300 people were treated in East and West Imey.

Parts of Wardher zone, in the east of Somali region, are also affected by armed conflict between the Ethiopian army and the Ogadeni National Liberation Front. MSF supported several Ministry of Health facilities in three of the zone's four districts, providing basic healthcare, reproductive healthcare and treatment for malnutrition and TB. MSF staff also cared for more than 1,400 patients at the inpatient department in 2010. Staff held more than 63,700 consultations, assisted 342 births, and admitted 158 patients to the TB programme. In 2010 more than 1,200 patients were treated for measles.

MSF supported the Regional Health Bureau's hospital in Degehabur, in the north of the region. Teams provided antenatal and postnatal care, family planning services, maternity services, treatment for sexual and gender-based violence, emergency services, an inpatient therapeutic feeding centre, a general medical ward and outpatient consultations. Mobile medical teams visited more remote communities, offering health and hygiene education, general consultations, nutritional screening, psychosocial counselling and referral of patients requiring more specialised care to hospital.

Violence and insecure living conditions in Somalia have led many Somalis to cross the border into Ethiopia. At Dolo Ado transit camp, in the south of Somali region, MSF provides emergency medical care to refugees before they move on to the Boqolmayo and Malkadida refugee camps. At the camps, MSF offers basic healthcare, a nutrition programme and measles vaccinations. Staff also provide maternity and paediatric care, nutritional assistance and vaccinations at a health centre in the town of Dolo Ado.

**Oromia region**

In Anchar district in Oromia region, 300 kilometres east of the capital Addis Ababa, there is not enough food even when the harvest is good. MSF staff make regular visits to 25 Ministry of Health feeding centres, where they also ensure supplies of drugs and food rations. In 2010, 533 severely malnourished children received treatment at the centres. A 20-bed inpatient therapeutic feeding centre provided care for 147 severely malnourished children who also had medical complications, such as pneumonia or anaemia, and needed intensive medical care.

With the help of an MSF health promotion team, community members set up committees to improve the care being provided for children with malnutrition. Committee members referred children they suspected to be suffering from malnutrition to the feeding programme and helped to trace patients that had missed visits to the feeding centres.

In an effort to prevent children becoming seriously malnourished, MSF started a supplementary feeding programme, providing food rations to children, pregnant women and breastfeeding mothers in earlier stages of malnutrition. More than 1,000 children and 680 women were admitted to the programme.

**Amhara region**

Migrant labourers travel north from all over Ethiopia to work in the Amhara region during the sowing and harvesting seasons. Levels of kala azar (visceral leishmaniasis) and TB are high among the region's largely transient population,

and the prevalence of HIV/AIDS is twice the national average. But there are few health structures in the region.

In Abdurafi, a town near the border with Sudan, MSF focuses on diagnosing and treating kala azar, a deadly disease spread by the bite of the sand fly. Almost 1,500 people were screened for kala azar in 2010, and 394 patients were treated for the disease. MSF staff also provide care for HIV/AIDS and 416 patients began antiretroviral treatment. Nearly 600 patients were admitted to the nutrition programme.

In the district of Telemt, MSF began an emergency response to the deteriorating food situation in the area. Working in eight different locations, staff treated more than 960 severely malnourished children. The project was handed over to the Ministry of Health at the end of 2010.

**Gambella region**

The Nuer population of the Gambella region, in the far west of Ethiopia, has grown as people have crossed the border to escape violence in southern Sudan. In May 2010 MSF moved into a new health centre. Staff held close to 29,000 consultations, and 873 patients were hospitalised. The main illnesses suffered by patients were respiratory tract infections, diarrhoea and malaria. Maternity staff assisted an average of 10 births per month. Depending on the season, mobile teams travelled by car or by boat to provide care to the most isolated populations, carrying out 6,800 consultations between April and December.

MSF has worked in Ethiopia since 1984.