



MELKADIDA

159,342

PERSONS OF CONCERN as of 29 February 2020

989

NEW ARRIVALS as of 29 February 2020

JIJIGA

39,065

PERSONS OF CONCERN as of 29 February 2020

1091

NEW ARRIVALS registered in 2019

Operational context

Melkadida

Bokolmanyoo, Melkadida, Kobe, Hilaweyn, and Buramino camps shelter 159,342 Somali refugees. The greatest influx into Ethiopia's Somali region was recorded during 2011 due to the worst drought and food insecurity that hit Somalia together with the ongoing insecurity. The Melkadida operation continues to receive new arrivals, with a total of 989 new refugees in the first two months of 2020. A total of 7,264 new arrivals were registered in 2019, representing the highest number of new arrivals in the last 5 years. As of 8 March 2020, the UNHCR/ARRA Reception Centre in Dollo Ado accommodated 747 individuals, awaiting transfer to one of the camps. Presently, the registered refugees stand at 26,878 in the Bokolmanyoo camp, 34,357 in Melkadida camp, 30,592 in Kobe camp, 35,027 in Hilaweyn camp, and 32,488 in Buramino camp.

Jijiga

The UNHCR Sub-Office in Jijiga was established following the arrival of over 600,000 refugees, originating from the Southern and Central Somalia and north western Somalia into Ethiopia in 1989 and in the early 1990s. The second wave of arrivals was driven by the eruption of a civil war in 1991. To date, there are three refugee camps namely, Kebribeyah, Aw Barre, and Sheder. As of 29 February 2020, the registered population under Sub-Office Jijiga area of operation stands at 37,477 persons. This includes 14,951 refugees in the Kebribeyah 12,120 refugees in Aw Barre and 11,994 refugees in Sheder refugee camps. The operation recently also received refugees who were previously registered in Eritrea but decided to cross over and seek asylum in Ethiopia. More than 29% of the refugees are below the age of 18. There are three entry points at the Ethiopian border namely Togo-Wajaale, Segembe, Gille and Goroyo'awel where Somali refugees can cross. However, registration and access to asylum procedures capacity remain limited since the last couple of years. This has created a backlog of unregistered asylum seekers who reside with family members across the three camp. Since 2019, an asylum tracking mechanism was set up to monitor border movements and track asylum requests along with a detailed physical verification exercise followed by registrations. Furthermore, there are transit centres in place, but these require upgrading.

Sectorial priorities and unmet needs



Protection

Melkadida

New arrivals– Arrivals to Melkadida increased markedly over recent years. To date, the Melkadida operation received an average of 495 new arrivals per month. Shelter shortages have often delayed or slowed down relocation in 2019 and 2020, putting a strain on the Reception Centre. An L3 registration/verification exercise was conducted across all five camps in 2019. This resulted in a significant change to the verified population, together with resulting improvements to personal documentation (all individuals above 14 years of age received UNHCR/ARRA ID -



cards), and control over food/CRI distribution. The latter is currently being carried out based on the Bio-Metric Information System/BIMS). A new case reception, prioritization, and management system will be piloted through spring 2020.

Child protection – Child protection services are delivered in Melkadida through Save the Children International. There are currently (as of 2 March 2020) 14,234 “children-at-risk” in the camp, of which 3,953 are unaccompanied or separated. Key protection risks include child labour, early marriage, and early drop-out from school, which are particularly acute for girl children. Case management and follow-up are provided by five child protection officers and six caseworkers, working together with 26 community-based/incentive caseworkers. The ratio of caseworker/protection officers to children-at-risk is 1:385.

SGBV– Women continue to face different challenges; girls stay at home and marry at a young age, and children need to support their family financially, instead of going to school. The UNHCR Sub-Office Melkadida (SOMEL) works to enhance access to justice and physical protection of SGBV survivors while strengthening mental health and psychosocial services. Community-based complaints mechanisms for protection from ‘Sexual Exploitation and Abuse’ (SEA) have been established within camps. Significant steps have been taken over 2019 toward the design and implementation of a revised SEA prevention and response system, with associated community-based complaints mechanisms.

Jijiga

Local integration – Approximately 13,000 individuals in the Kebribeyah refugee camp qualify for local integration in line with one of the nine pledges of the Ethiopian Government to allow refugees who lived in the country for 20 years and above to apply for local integration. Approximately 1,000 refugees are already working in the informal sector in Jijiga. More investment is required to stimulate businesses to create more employment, as well as support micro and small-scale enterprises and business start-ups.

Resettlement – Resettlement processing from UNHCR Sub-office Jijiga (SOJ) remained on-going for the most vulnerable refugees. 2019 witnessed a significant surge in resettlement across all the stages of the resettlement process – primarily due to the additional allocation of resettlement quota for the Somali caseload by Germany, their expedited internal processes, and resubmission of the most vulnerable cases to other countries. In 2019, UNHCR SOJ successfully referred 593 individuals / 152 cases – representing a 62.8% increase in the number of referrals/submissions as compared to 2018. The acceptance rate of the 442 adjudicated cases was measured at 86%. Departures also saw a significant increase from 121 in 2018 to 358 in 2019 – an increase of 98%.

New Arrivals – In June – July 2019, UNHCR SOJ effectively responded to new arrivals from Zalambessa Camp in Eritrea. A total of 1,091 Somali refugees were transferred to Sheder Refugee Camp; initially in temporary transit centres and thereafter relocated to shelters within the camp. UNHCR SOJ concluded the registration and issuance of documents for the entire 1,091 individuals. UNHCR SOJ has witnessed an increased number of self-relocated individuals from not only camps within the country but also from other country operations such as Yemen, Uganda, South Africa, and Djibouti among others.

Child protection – Efforts are made to continuously strengthen child protection activities across all the camps. In 2019, a total of six awareness campaigns were organized where 4,660 individuals were informed on specific child protection issues. By the end of 2019, out of 532 unaccompanied and Separated Children (UASC), 126 children received individual support. However, more than 2600 children are facing different protection risks, such as children dropping out of school to engage in heavy labour. There are community-based protection systems in place to protect children of concern. There is a widespread absence of life-skill training, social workers, and recreational and child-friendly facilities. Some of these challenges could be addressed by

setting up youth centres with WIFI connection or enhance wellness centres for girls. As for UASC, there are a general lack of host families and/or guardians to provide adequate care.

SGBV – Women and girls are facing different types of SGBV risks, including forced marriage, domestic violence, sexual assault, harassment, and female genital mutilations, as well as other harmful traditional practices. A National Action Plan to mainstream SGBV prevention risks mitigation and response across the sectors was adopted in 2019. This action plan seeks to address the significant challenges in and around gender power imbalance and prevalent gender inequalities. UNHCR SOJ seeks to strengthen community-based protection frameworks and a total of 17 community-based groups comprising of women and girls’ rights activists were trained in the three camps. Community-based complaints mechanisms, such as the traditional justice system, are in place to provide protection. Nevertheless, reporting rates remain low due to stigma and other cultural-related challenges.

Internally Displaced People (IDP) – As of September-October 2019, a total of 800,869 individuals were displaced comprising 133,578 households in 390 displacement sites in the Somali Region. Conflict is the primary cause of displacement for an estimated 66.92% of this population. Most IDPs originate from inside Oromia Region or border areas. A ‘Somali Regional Durable Solutions Strategy’ was developed and endorsed in 2017 to come up with ‘Durable Solution Initiatives’ that address the IDPs’ need for transitional/ durable shelters, Livelihoods, WASH, Health Services and Education. The first phase of the strategy aims to relocate 7,962 households – 47,772 individuals – from Qoliji and Millennium park of Dira Dawa IDP sites into 14 identified relocation sites within the Somali region. This phase includes creating livelihood opportunities and constructing public service facilities for this population. Limited capacity to relocate IDPs and finding long term solutions for them remain as challenges that need to be addressed together with the provision of legal aid services, shelter, and interventions for peaceful coexistence. Besides, the ‘Somali Region Protection Cluster Strategy’ came into effect in 2018 and aims to ensure that all persons in Ethiopia – those affected by conflict, disasters and climate change – are protected and have access to protection services. It sets out the targeted beneficiaries, locations of operations, operational partners and necessary services. The displacement-affected communities are the main target of this strategy.



Health

Melkadida

A total of five health centres (one health centre per camp) provide an average of 189,367 outpatient consultations per annum as part of primary health care as per the 2018 annual data. Communicable diseases such as respiratory infections, watery diarrhoea, and skin diseases are among the most prevalent, whereas diabetes, hypertension, and asthma are common non-communicable diseases. Services provided include immunization; basic emergency obstetric and neonatal care; antenatal-, postnatal-, family planning- and SGBV clinical care; in-patient care, mental health care & psychosocial support; and stabilization for severely malnourished children with medical complications. Tuberculosis and HIV treatment and care, and management of non-communicable diseases is also provided at all health centres. There is an additional Health Post in Kobe Camp and in Melkadida camp that is run by ‘Humedica International’, UNHCR’s operational health partner. The health centres are equipped with water points and toilets for staff and patients and mini-grid solar power supply to provide lighting during the night and more importantly for deliveries and emergency cases. However, the provision of medical services is not adequate, plagued by insufficient and sub-standard drug storage facilities and poor facility infrastructure, lack of intra-camp ambulance for referral between the community and camp facilities especially for obstetric cases, insufficient sanitation services and an inadequate number of qualified, gender-balanced health providers. There are limited referrals for secondary and tertiary care due to resource constraints. Adolescent and sexual reproductive health services are limited, with three of the five camps running a community-based program. Presently, there is no specialized health care for persons with disabilities. For every 30 households, one community



health worker frequently monitors the health situation. A pilot intervention on harmonization of outreach workers was undertaken and was most successful in Kobe refugee camp, in which community health workers provide health promotion messages, monitor for diseases, and assess the situation pertinent to WASH and nutrition.

Jijiga

Primary health care services are provided to both refugees and surrounding host communities (20%) on a regular basis in the camp-based health centres in all three camps. In 2019, over 50,000 consultations were provided which is equivalent to approximately 1.5 consultations/person/ year (standard: >1). Over 300 Refugees accessed secondary and tertiary health services through the referral system. There is an emergency stand-by within the health centre to provide emergency care. Refugees have access to comprehensive HIV/AIDS services in all camps, and health facility-based deliveries reached 98%. Provision of adequate and proper health services are hampered by challenges such as 80% decrease of community health workers, inadequate number of health staff, expired or absence of medication, lack of specialized treatments, lack of emergency services, long distances to health care services, poor laboratory services, and inadequate delivery rooms and prenatal care. There is also insufficient budget to support medical referrals to secondary and tertiary health facilities outside camps. Diabetes is a significant health concern in all three camps – however, the health status in Kebribeyah is generally better than the other camps. The delay in replacement of medical doctor in Awbare camp is affecting the primary health care service.



Food and Nutrition

Melkadida

Monthly general food distribution is provided for all refugees. The incomplete food basket, averaging about 85% of the kilo calorific requirement in 2019, and inconsistent pipeline are significant attributes to malnutrition. Poor acceptability of some of the ration and sale of the ration to purchase other food and non-food items further reduces food availability at the household level. The coverage of nutrition programs including enrolment of children in blanket feeding programs is far below the UNHCR standard (>90%), with the wet blanket supplementary feeding program that serves 36month – 59-month-old children having a much lower program coverage. The prevalence of Global Acute Malnutrition (GAM) as per the 2019 Standardised Expanded Nutrition Survey is 16.6% across all camps, remaining above the WHO/UNICEF classification of 'Very High' of 15%. The prevalence of GAM per camp was: 14,3% in Bokolmanyoo; 19,5% in Melkadida; 11,7% in Kobe; 17,8% in Hilaweyn; and 19,5% in Buramino. The prevalence of anaemia in children aged 6 to 59 months remains above 40%, whereas anaemia among women of reproductive age is at 37%, thus of high and medium public health significance respectively. Lack of access to diversified diets through complementary food provision and limited access to livelihoods is a major attributable factor to the high micronutrient deficiency, in addition to the inadequate food availability and consumption.

Jijiga

Every month general food distribution is provided for all refugees. The Global Acute Malnutrition (GAM) stands at 10,7% in Aw Barre, 6,8% in Kebribeyah, and 9,9% in Sheder, with the situation remaining close to the emergency threshold of 15%. A blanket supplementary feeding program is provided for children age between 6 to 24 months. Pregnant and lactating women require more attention which could not be realized due to budget constraints. The rate of Severe Acute Malnutrition (SAM) in Awbare stands at 3,7% which exceeds the public health threshold of $\geq 2\%$. The rate of SAM in Kenreibeyah and Sheder is 1,7% and 1,9% respectively. One of the main challenges throughout all camps concerns the high turnover of trained staff and the lack of stabilization centre.



^{NFI} Non-Food Items

Melkadida

Upon arrival refugees are provided with the following seven Non-Food Items (NFIs): 1) kitchen set, 2) plastic sheets, 3) jerry cans, 4) mosquito net, 5) sleeping mat, 6) bucket and 7) soap. Soap is provided monthly. At the start of 2020 sanitary materials including underwear, sanitary napkins and soap were provided for women in reproductive age (14-49 years). 250 grams of soap is distributed to 100% of the camp population. There are serious shortfalls with regards to the replenishment of NFIs as bad road infrastructure and the insecurity in the region hamper the timely delivery of NFIs to the refugee camps.

Jijiga

Budgetary constraints to distribute NFI's has been a persistent challenge in the camps in Jijiga. The operation in Jijiga has adopted a new cash-based intervention (CBI) approach in which refugees are issued with cash vouchers to purchase some of the NFIs from the local market. In 2018 the Sub-Office did not meet the objective of scaling up distribution of NFI's through CBI cash intervention due to budgetary constraints.



Education

Melkadida

In 2019, the number of school-aged children enrolled in pre-primary schools stood at 16,299, whereas 23,638 children were enrolled in primary school. In total 2878 students were enrolled in secondary school, of which 40% were from the host community. The average gross school enrolment rate was 59% as of June 2019. Refugees have access to secondary education in Bokolmanyo (grade 9-12), Hilaweyn (grade 9-11), and Kobe (grade 9-11) – both refugees and host communities from Melkadida attend secondary education in Kobe refugee camp. Attendance rates remain low due to the fact that children are being sent by parents to run home errands or collect food ration during food distribution. The reduction in food ration at the household level by WFP aggravates the challenge of school attendance. There is a need for more qualified teachers, teacher guides, teaching and learning materials. The operation currently counts 666 teachers, many of them without a formal pedagogical training. To address this gap, the UNHCR SOMEL conducted capacity building activities and trained a total of 166 teachers. All teachers at the secondary level are qualified, and the secondary schools are sufficiently equipped with IT materials, textbooks, and laboratory materials. 32 students are currently attending a college of teachers' education, while 178 refugees are studying in different universities. The school environment, facilities, sanitary services, and the number of water taps need improvement. There is no alternative education for children with special educational needs. Lastly, retention of girls in schools has proven to be difficult due to opting out for early marriage, pregnancy or having to take care of siblings. However, additional classes, special counselling, and dresses are used as incentives to keep girls in school.

Jijiga

The enrolment rate is high - in 2019, the average gross school enrolment rate was 98%. For early childhood education, the enrolment rate is 84%. For the primary level, the average school enrolment rate was 89%, while that for secondary education stood at 39%. Education could be significantly improved through better-quality education by investing in the qualification and number of teachers, the provision of teaching and learning materials, as well as by building more classrooms, libraries, and other facilities. The classroom to student ratios stands at (1:85) which are not optimal in both primary and secondary education, making it necessary to teach pupils in two daily shifts of large classes. Also, children with disabilities have limited access to education. Lastly, the enrolment rate for girls is low and the gender disparity becomes significant at the upper primary and secondary levels. There is no additional support for girls to keep them in

school. Instead, many girls drop out of school because of early marriage and lack of clear prospects after school.

 **Shelter****Melkadida**

The total number of shelters across all the five camps in Melkadida was 15411, of which 43% need maintenance. Between 2017-2020 an additional 635 transitional and 150 emergency shelters were constructed, and 17 idle institutions were rehabilitated across the five camps, which only addresses 9% of the shelter gap. In total, 37% of the households are residing in an adequate dwelling. With the continued registration of new arrivals, adequate coverage of shelters is a challenge; emergency shelters are set up to accommodate new arrivals. In the absence of sufficient shelters in camps, refugees are forced to live with extended families or relatives who are already residing in the camps. In addition, bad road conditions delay the timely delivery of construction materials to the sites. The UNHCR SOMEL aims to improve infrastructure and secure more budget together with empowering refugees to construct their shelters.

Jijiga

The directions set out by the UNHCR/ARRA Shelter Strategy 2017 – 2020 guide the shelter and settlement activities in the refugee camps around Jijiga and the Somali Region. The refugees in Jijiga camps are currently dwelling in traditional shelters made of building sticks, worn out clothes & plastic sheets. Since 2013, UNHCR started a pilot project to construct durable and dignified shelters for vulnerable people and larger size families. Part of this strategy is the introduction of CBIs to facilitate shelter construction in the three Jijiga camps. At the end of 2019, the total number of individuals living in transitional shelters across all the three camps were 3,938 (10%). The percentage of households not living in transitional or emergency shelters stands at 81% - this indicates that there is an urgent need to construct more transitional shelters. In the absence of sufficient shelters in the camps, refugees are forced to move in with family members, or seek accommodation elsewhere, which leaves them vulnerable to any potential risks.

 **WASH****Melkadida**

Through sensitization workshop 144 community WASH management committees were established in all the camps. In Hilaweyn the borehole was rehabilitated and a solar water pumping scheme was installed. Melkadida, Bokolmany, and Kobe have water systems in place – 24 diesel generators and 33 pumps – to pump water from the nearby river. The permanent water systems are currently under high pressure due to the new influx of refugees and the expansion of the camp facilities, causing an increase in the demand for water. Besides, the generators and pumps are old and require daily maintenance, particularly in Bokolmayo, Melkadida and Kobe camps. To ensure the provision of sustainable and quality water, the water treatment system needs to be upgraded, pressure lines replaced, and boreholes rehabilitated. So far four pumps have been procured to replace the old pumps in Bokolmayo, Melkadida and Kobe camps. The operation has been able to sustain around 23 lpppd of chlorinated water to the refugees and the host community. The daily consumption in households in Melkadida and Kobe is above UNHCR standard (>20 LPPPD), while in Bokolmany (62.9% (55.1-70.2%)) and Buramino (49.0% (40.7-57.3%)) it is below 15 lpppd. Attention should be paid to the promotion of safe water access by extending and upgrading the water plants. As for sanitation, only 20 latrines were constructed for new arrivals, whereas no household latrines were added to infrastructure in 2019 - therefore the household coverage is staggering at 24%, against a standard coverage of 85%. 18,049 households have access to shared toilet facilities, which results in the latrines being filled up rapidly. In 2020, it is aimed to construct 640 new latrines throughout the five camps. Community involvement in



sanitation campaigns through harmonized community outreach workers in collaboration with partners has positively impacted the sanitation and hygiene activities. Weekly hygiene promotion activities are carried out in all the camps; a total of 600 refugees were trained in hygiene, and special teams are established to clean the latrines.

Jijiga

Wells are the source of water supply in all the three camps in Jijiga. In Kebribeyah the water supply system consists of 11 boreholes, a treatment plant, a booster station, 21 km of pressure lines, water points and a distribution system. Out of the 11 boreholes, only three are functional – maintenance and rehabilitation are needed to ensure safe water access for refugees and host communities. The daily per capita water access in Kebribeyah camp is below the standard of 20 lppd - the average water supply in the camp is below 14 lppd and 7 lppd for the host communities. On the other hand, in Awbare camp average daily water supply per capita is above 20 lppd using two boreholes with one backup. In Sheder camp the UNHCR minimum standard is not met – an average of 18 lppd is provided by using two boreholes, of which one is solarized. In all camps, water provision is not sustainable due to obsolete water and distribution systems. The main challenges concern frequent interruptions of the grid line, lack of resources for maintenance, and clogging of the pipelines with iron residual after treatment. There are no backup pumps in booster and treatment plants. The upgrading of permanent water and distribution systems in all the camps requires more attention. As for sanitation, the household latrine coverage stands at 37% which is far below the UNHCR standard coverage of 85%. This increases open defecation which is a key factor for diarrheal diseases. Regular hygiene promotion activities need critical follow-up. Generally, there are limited WASH facilities at institutions such as schools and hospitals.



Energy & Environment

Melkadida

UNHCR Melkadida's Energy strategy aims to cover refugees' basic energy needs through livelihood opportunities. Energy activities are implemented through cooperative systems – UNHCR provides direct support to the cooperatives, which then sell electricity to both refugee and host communities' households and businesses. This allows energy cooperatives to grow while ensuring the sustainability of the energy provision. Presently, intensive technical assistance has been given to the five legalized solar cooperatives. Solar mini-grids have demonstrated to be an opportunity to establish businesses within the community. None of the refugee camps are connected to the national power grid, however, five commercial mini-grids (2 in Bokolmayo, 1 in Buramino, 1 in Helowyin and 1 in Melkadida) have been installed to sell electricity to 200-250 shops and households for each installation. The challenges regarding energy include keeping up with the constantly increasing demand for energy, creating stable solar streetlight systems, and introducing the use of acceptable cookstoves. As for the cookstoves it has become apparent that the community has an interest in buying cookstoves that have been locally produced and closer to their preferences. For that reason, one cookstove cooperatives are established at MK refugee camp and UNHCR with energy IP's and OP's gave basic technical training on cookstove production, currently, MK cookstove cooperatives are producing fuel-efficient cooking stoves locally. The environmental degradation, de-vegetation of woody biomass, overgrazing, and soil degradation are all increasing the deforestation rate by 2% every year. The environmental protection/rehabilitation program has different components to serve multiple purposes. These components mainly include, 1) Biological and physical soil and water conservation measures; 2) Promotion of Agroforestry practices; 3) Establishment of land enclosures; 4) Community awareness-raising and mobilization activities; 5) Management of invasive tree species, such as *Prosopis julifera*; 6) Establishment of different committees and cooperatives to manage natural resources; 7) Plastic recycling, and 8) Management of the potential gum and incense resources for livelihood improvements. The main challenges concern both the absence of strong ownership for environmental protection and rehabilitation activities among relevant stakeholders, as well as degradation and absence of market linkage for livelihood related environment activities.



Jijiga

Refugees use the natural vegetation for household energy, shelter, water, grazing land, and fencing, and this, coupled with inadequate environmental rehabilitation efforts has resulted in environmental degradation. This puts undue pressure on the natural environment and hampers the peaceful co-existence of the two communities. Also, it increases refugees' exposure to protection risks, as refugees collect firewood from the host community premises. Given that Jijiga camps are among the seriously impacted areas in terms of depletion of natural resources, livelihood activities need to be given more attention. Furthermore, communities rely on ethanol for cooking, yet ethanol is expensive and unsustainable. Lack of adequate waste disposal pit has also adversely affected the environment of the area surrounding the camps. The UNHCR SOJ will continue to identify ways to implement conventional biological and physical soil and water conservation measures and will advocate for environmental rehabilitation initiatives that are appealing to the communities. Also, community awareness and community dialogue should be strengthened for environmental works to be successful. Lack of cooking energy/Ethanol distribution is current potential and leading SGBV incidence, as women go out of the camp for firewood collection to the area surrounding the camp was already the fuelwood depleted. This exposes refugee women and girls to protection risks and SGBV by hosting community, as refugees resorted to stealing fences of farms and grassing private-owned closure.



Livelihood

Melkadida

Several livelihood initiatives have been rolled out which focused on business development, microfinance services, and agricultural- and livestock development. These initiatives include the construction of irrigation schemes, beekeeping, sesame oil production in Kole and Hilaweyn, market infrastructure development, technical and business skills refresher training, animal vaccination campaigns, provision of loan and saving services, and the construction of a livestock trading shade in Buramino refugee camp. The developed arable land is divided into nine distinct irrigation schemes managed by agriculture cooperatives with the support of UNHCR and its implementing partners. They cover 1,000 ha of land and are expected to provide livelihood opportunities for 1,000 farmers (500 refugees and 500 host community members). Refugee- and host community farmers are engaged in farming activities across eight irrigation schemes, including Melkadida, Kobe, Hilaweyn, and Buramino. Despite these promising gains, there is a need to develop and roll out a comprehensive agribusiness leadership program in all camps, because large-scale commercial farming requires an advanced level of business management skills. There is a need to set up a market-based structure to service the tractors and other farm equipment, including setting up a 'Farm Equipment Repair and Maintenance' workshop and form a business group to run it as an independent business. Lastly, to improve market linkages between the refugee camps and boost the marketing of agriculture and livestock products, there is an acute need for asphalt roads and rehabilitation of bridges to facilitate transportation access for crop and animal products thereby to attract potential buyers to come to the operation and create market linkages with the central part of the country.

Jijiga

The refugee camps have an economy in which refugees conduct several entrepreneurial activities to generate income. The camps also provide a unique market for host community businesses. The refugee camp markets are dominated by the trade (e.g. shops, kiosks, teashops, and hawkers) and services such as tailoring, barbering, and laundry. Many refugees resort to traditional keeping and trading of small ruminants. Furthermore, humanitarian actors have carried out agriculture and livestock, vocational skills, microfinance, and income generation activities – however, these were often limited in scope. There is widespread unemployment of 13,000 graduates and the absence of life-skill training and recreational facilities across all three camps. Together with the lack of funding for youth programming, this results in many idling away in the camps and reasoning the dangerous onwards movements. Conditions for economic are resource-poor, remote, and refugees' are constrained in their freedom of movement and right to



work. Generally, the markets are well integrated with local host communities, who engage in similar business activities and who constitute key consumers and suppliers to the camps' markets. The types and extent of livelihood opportunities in the isolated markets in which refugees operate are few, and livelihood opportunities within and outside the camps are limited. Even though the numbers of businesses in the refugee camps continue to rise – due to support from operational partners – the market potential will limit the growth unless new growth sectors emerge, or the potential of existing sectors is unlocked. Thousands of skilled and productive refugees are hindered by a lack of access to credit services for joining markets. Hence, there is a need for interventions that aim at developing the skills and capacities of the target group to engage with the market, for instance through technical or entrepreneurial skills development, strengthening social networks or the transfer of assets, while pull interventions focus on developing market systems in such a way as to expand and diversify market opportunities available to both refugees and community.