



39,286 as of July 2020

PERSONS OF CONCERN in the Jijiga region

46

NEW ARRIVALS in July 2020

Operational context

As of July 2020, the registered population under the UNHCR Sub-Office in Jijiga (SOJ) stood at 39,286 persons, of whom 60% are below the age of 18. There are three Refugee Camps under SOJ namely Kebribeyah (15,076 refugees), Aw-Barre (12,136 refugees) and Sheder (12,074 refugees). UNHCR SOJ is also part of the inter-agency response to the IDP situation in the Region. Since the start of the COVID-19 pandemic efforts have been exerted to prevent the spread of the virus in the refugee camps. Awareness campaigns have been intensified, including through Information, Education, and Communication (IEC) materials which were translated in the Somali language and distributed to persons of concern. Moreover, 10 health personnel (3 in each camp) and 1 health coordinator have been trained on COVID-19 preparedness and response. Two isolation centers have been set up and furnished within the health centers in the Awbare and Shedder refugee camps. In the first quarter of the year, a growing number of Somali refugees from some of the Refugee Camps in the Melkadida area have arrived, mainly for family reunification. In addition, the operation continues to receive refugees from other countries such as Yemen, Uganda, South Africa, and Djibouti among others. UNHCR is advocating with the Government for the registration of new arrivals.

Sectorial priorities and unmet needs



Protection

Local integration – Ethiopia's revised refugee law grants greater rights to refugees including the right to local integration for protracted cases or long-staying refugees. As such, approximately 15,000 refugees currently residing in the oldest Kebribeyah camp may qualify for consideration. More investment is needed to stimulate the labor market and support micro- and small-scale enterprises and businesses.

Resettlement – SOJ continues to advocate for the resettlement of the most vulnerable refugees from the three refugee camps in Jijiga. In 2019, UNHCR SOJ referred 593 individuals / 152 cases for resettlement – a 62.8% increase as compared to 2018. Due to the COVID-19 pandemic UNHCR SOJ has initiated remote interviewing for resettlement processing. As of 31 May 2020, a total of 26 cases / 82 individuals have been referred for resettlement. Furthermore, as part of the Humanitarian Corridor Programme 2020, UNHCR SOJ submitted 40 cases of 199 individuals for a possible transfer to Italy.

New Arrivals – Intercamp transfers from Melkadida to Jijiga have halted due to COVID-19. SOJ registered 46 new arrivals, including 44 who were previously registered as refugees in Eritrea and 2 from Somalia. The operation has also received 74 Syrians who sought asylum in Jijiga. Their profiles have been collected and submitted to UNHCR Addis for advice as non-Somali cases received in Jijiga are referred to Addis Ababa for RSD procedures.

Child protection – Six hundred fifty-nine of the approximately 22,000 children in the three refugee camps are either unaccompanied or separated children (UASC). More than 2,600 children are facing various protection risks such as early marriage, sexual violence, child labor and exploitation. It is UNHCR's priority to accommodate UASC with kinship/foster families. Nevertheless, budget constraints have proven to be a great challenge to properly respond to child protection risks. Response officers and trained social workers help manage individual cases and provide, amongst other things, psychosocial support. The number of skilled-social workers are not sufficient to meet the basic needs of UASC. To ensure that the needs of children are taken care of, capacity building activities have been carried out with Refugee Central Committees (RCC), host communities and Communities Care Coalition (CCC). The SOJ lacks resources to conduct life-skill trainings for children, implement recreational activities and construct child-friendly facilities.

SGBV – Women and girls are facing different types of SGBV risks, including forced marriage, physical violence, domestic violence, sexual assault, harassment, and female genital mutilations. A National Action Plan to mainstream SGBV prevention, risk 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 is working to strengthen community-based protection frameworks through 17 community-based groups comprised of trained women and girls' rights activists. Community-based complaints mechanisms, such as the traditional justice system, are in place. Nevertheless, reporting rates remain low due to stigma and other cultural challenges.



Health

In all three camps primary health care services, both curative and preventive, are provided to refugees and host communities. Reproductive health services are offered at community level in Aw-barre and Sheder refugee camps. In the first quarter of 2020, over 26,124 consultations were provided of which 22% were provided to individuals from the host community. Over 165 refugees accessed secondary and tertiary health services through the referral system. In addition, there is a 24-hour emergency service in place in the three camps. Refugees have access to comprehensive HIV/AIDS services while child delivery services are provided in all camps. The delivery of adequate and proper health services is hampered by a limited number of community health workers, health staff, and lab-technicians in Sheder and Kebribeyah camps. This is a result of the difficulty to attract and retain staff due to the harsh working and living conditions of the environment. Due to budget constraints there is limited supply of medication, insufficient specialized treatments and emergency services, long distances to health care facilities, 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. Since the outbreak of COVID-19, the Kebribeyah City Health Centre has been designated to accommodate infected cases from both the refugees and the host community. In response to the COVID-19 pandemic, 2000 surgical face masks have been distributed among frontline staff in the three-refugee health centers although we are still facing shortages in the effort to respond to COVID-19. The COVID-19 Emergency Preparedness and Response Plan was finalized, and joint efforts are needed to mobilize enough resources to fully implement activities such as infection prevention & control, case management, surveillance, communication and community mobilization, protection and regulatory functions. UNHCR SOJ has provided support to the Regional Health Bureau (RHB) and Jijiga university quarantine center. It included 200 blankets, 922 sets of kitchen utensils, three family tents, and 1,500 bars of laundry soap. The operation is in the process of procuring additional hygiene materials such as alcohol, toilet soap, chemical sprayer, face shields, and gloves. WHO, in collaboration with the Regional Health Bureau, organized training sessions on COVID-19 preparedness and response.



Food and Nutrition

Refugees continue to receive their monthly food rations albeit at reduced quantity owing to funding shortfall the WFP has been experiencing for several years. The Global Acute Malnutrition (GAM) stands at 10.7% in Aw Barre, 6.8% in Kebribeyah, and 9.9% in Sheder refugee camps, with the situation remaining a little below the emergency threshold of 15%. A blanket Supplementary Feeding Program is provided for children aged between 6 and 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 >2%, while that in Kebribeyah and Sheder camps remains within the standard at 1.7% and 1.9% respectively. Additional nutrition products have been provided to moderately and severely malnourished children. In addition, therapeutic and supplementary feeding programmes are in place.

CRI Core Relief Items

Budgetary constraints to distribute CRIs has been a persistent challenge. Although SOJ has adopted a new Cash-Based Intervention (CBI) approach in 2018 in which refugees are issued with cash vouchers to purchase CRIs from the local market, it could not be scaled up due to budgetary constraints. In 2019, only soap, school uniforms and sanitary materials for women and girls were prioritized due to budget constraints. Refugees receive a monthly ration of 250 gm of soap against the UNHCR standard of 450gr/person/month although this has been doubled lately due to COVID-19. UNHCR strives to achieve the planned scaling up of the CBI in 2020.



Education

In the academic year of 2019/2020, the average school enrolment rate in the Jijiga camps for early childhood education stands at 84%. For the primary level, the average school enrolment rate is 89%, while for secondary education 39% of the children are enrolled. Education could be significantly improved through better-quality of 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) in both primary and secondary education, making it necessary to teach pupils in two daily shifts. Children with disabilities have limited or no 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. 'The Girls Up' project was specifically supporting education for girls with promising results, but the project phased out in 2018.

 **Shelter**

Most refugees are currently dwelling in traditional shelters made of building sticks, worn out clothes & plastic sheets. As of 31 May 2020, a total of 7,806 individuals/ 1,327 Households (17%) live in transitional and emergency shelters across the three camps. The percentage of households not living in transitional or emergency shelters stands at 83% - calling for an urgent need to construct more transitional shelters. In the absence of adequate 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. The Shelter Strategy 2017 – 2020 sets out the direction for shelter and settlement activities. Part of this strategy, a pilot project on direct cash transfer to refugees for shelter construction, has proven to be successful. The shelter construction modality in 2020 has changed to direct cash transfer for beneficiaries through bank and mobile phone.

 **WASH**

Wells are the main source of water supply in all the three camps. In Kebribeyah camp, 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 currently functional. The water system needs to be maintained and rehabilitated to ensure safe water access for refugees and their host communities. To date, additional generators have been provided to supplement the Kebribeyah water supply system. The average daily per capita water supply is 9 litres per person per day (lppd) in Kebribeyah camp, 20 lppd in Awbare camp, and 18 lppd in Shedder camp. All camps encounter challenges with sustainable water provision due to obsolete water and distribution systems. Most concerning are the frequent interruptions of the grid line, lack of resources for maintenance, and clogging of the pipelines with iron residual after treatment. 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 risk factor for diarrheal diseases. Furthermore, there is a significant lack of adequate waste disposal pits, which has adversely affected the environment. Hygiene and environmental sanitation activities such as, safe water management and awareness campaigns on personal hygiene are not conducted due to limited resources and lack of incentive for hygiene promotion workers. Regular hygiene promotion activities need critical follow-up, especially amidst the current COVID-19 pandemic. Generally, there are limited WASH facilities at institutions such as schools and hospitals.

 **Energy & Environment**

Refugees use the natural vegetation for household energy, shelter, water, grazing land, and fencing. These, coupled with inadequate environmental rehabilitation efforts, put undue pressure on the natural environment and hamper the peaceful co-existence between the refugees and their hosts. Refugees collect firewood from the host community premises, which consequently increases their exposure to protection risks. Jijiga is among the seriously impacted areas in terms of depletion of natural resources. Although communities relied on ethanol an alternative source of energy for cooking, it is expensive and therefore unsustainable. Due to budget constraints, UNHCR has not distributed ethanol so far in 2020. 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, such as awareness campaigns and community dialogues.

 **Livelihood**

The refugee camps have developed into a vital local economy in which refugees conduct several entrepreneurial activities to generate income. The camps also provide a unique market for host community businesses such as shops, tailors, kiosks, barbers, teashops, hawkers, and laundry services. Many refugees also resort to traditional keeping and trading of small ruminants. Generally, the markets are well integrated with the host communities, who engage in similar business activities and 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 despite the existence of a conducive environment around the camps. Among the key challenges are the widespread unemployment with over 1,800

graduates and school leavers having little or no livelihood opportunities. Another gap is the absence of life-skills training, recreational and talent enhancement facilities across all three camps. Limited funding for youth programming contributes to the youth idling away in the camps, hence encouraging the dangerous onward movements. Even though the number of businesses in the refugee camps continues to rise, 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 legal restrictions as well as a lack of access to credit services for joining markets. Hence, there is an urgent need to engage stakeholders and partners to design and roll out livelihood initiatives such as accredited technical or entrepreneurial skills development with elements for market and capital linkages, strengthening social networks, transfer of assets and interventions that focus on developing market systems in such a way as to expand and diversify market opportunities available to both refugees and host community. SOJ has launched a livelihood initiative under the CRRF, funded by EUTF, DFID and Dutch Funds in partnership with ARRA to address the livelihood needs of persons of concern. UNHCR together with ARRA, the regional State Government, local authorities and livelihood implementing partners have established a Technical Committee on livelihood and economic inclusion as part of the CRRF coordination efforts.