

Inter-Agency Refugee Response Plan Emergency Appeal

Influx of refugees in the Somali Region of Ethiopia

February - December 2023



UNHCR wishes to acknowledge the contributions of partners in Ethiopia, including the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Food Programme (WFP), World Health Organization (WHO), GOAL, the Norwegian Refugee Council (NRC), the Organization for Sustainable Development and OWS Development Funds, who participated in the preparation of the appeal.

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All statistics are provisional and subject to change.

For more information on Ethiopia: [UNHCR's Operational data portal – Country page for Ethiopia](#)

Photograph on cover page:

Refugees arrive in Ethiopia leaving behind their loved ones. Semier and her five children fled to Ethiopia's Somali region. She left behind her husband and other family members to seek safety for her young children. She does not know whether her husband is still alive. © UNHCR/Reath Riek

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Planned Response

February - December 2023



100,000

Projected refugee population



USD

116.14 M

Total financial requirements



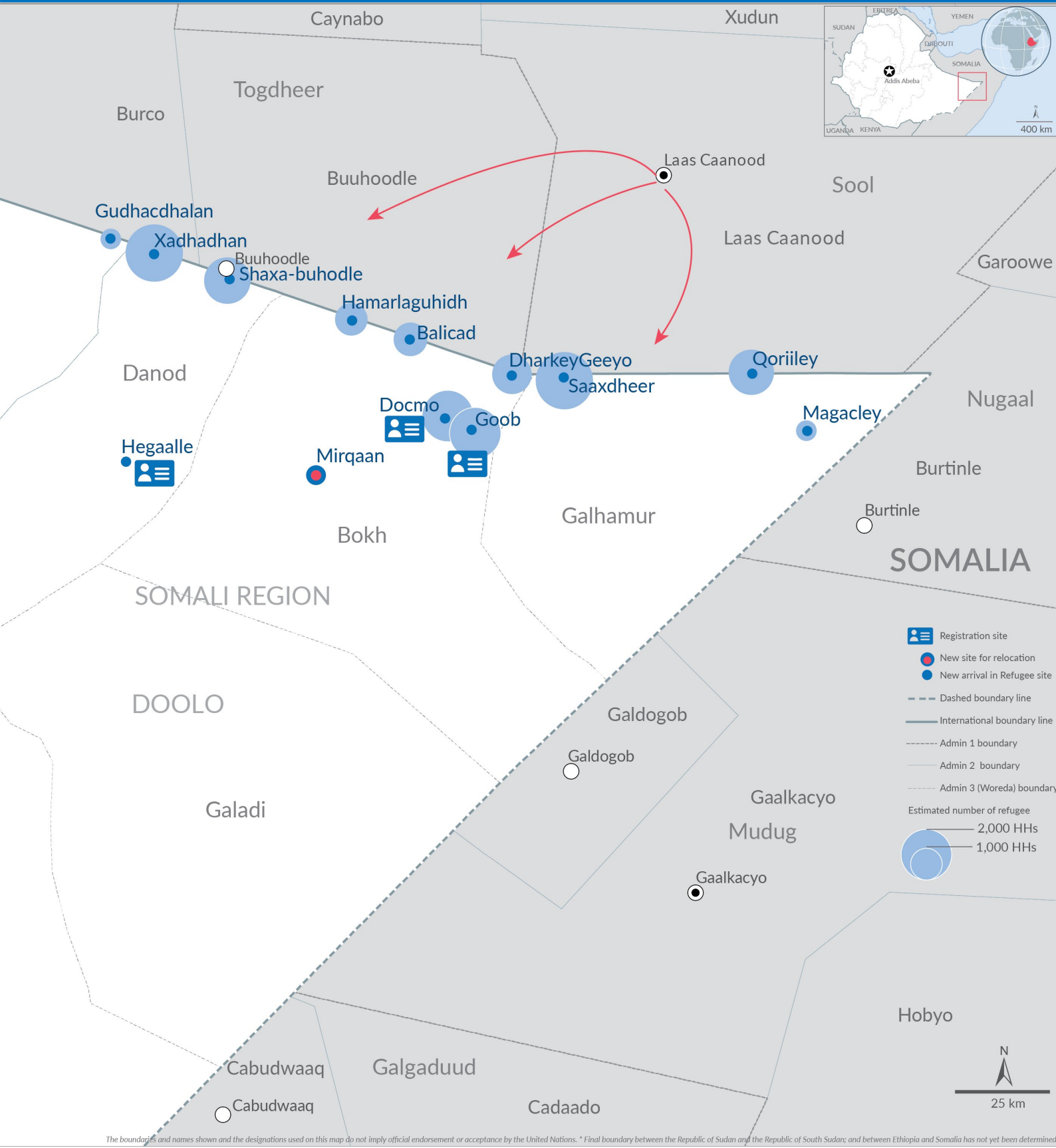
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Partners involved



75,000

Newly arrived refugees
Pre-registered in the Somali region of Ethiopia (as of 18 March)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. * Final boundary between the Republic of Sudan and the Republic of South Sudan; and between Ethiopia and Somalia has not yet been determined.

Current Situation

Since December 2022, the security situation emanating from a political dispute in Laascaanood, located in the Sool region of Somalia and other surrounding areas, has deteriorated. Ongoing conflict has displaced hundreds of thousands of people, both internally and across the border into the Somali region of Ethiopia – many of whom are women, children and vulnerable people. Three *woredas* (districts), namely Bokh, Galhamur and Danod in the Doolo zone, have received the newly arrived refugees, with the main entry points being Geeddher, Xidhxidh, Dhagah Isgugurow, Goroyo-awol, Segembe, and Tog-Waajale. Ethiopia has allowed access to territory for those seeking international protection, and refugees have spontaneously settled across 13 locations, taking shelter with host communities, in government facilities, such as schools, and in overcrowded makeshift shelters or in open spaces.

The Doolo zone's total host population is estimated at 497,000 individuals, with the majority being pastoralists. This zone and nearby areas hosting the newly arrived refugees are already severely affected by prolonged drought. Heavily reliant on livestock as the primary form of livelihood, the drought has rendered the people in the host community vulnerable to worsening food insecurity. The arrival of a large influx of refugees into this already fragile context compounds the challenges to the humanitarian response and efforts to mitigate the shocks to existing service delivery systems.

An Inter-Agency Multi-Sectoral Rapid Assessment (MIRA) was conducted in the Doolo zone from 9 to 15 February 2023. The assessment had the following key findings as the immediate needs of the new arrivals:


PRIORITY NEEDS	RECOMMENDATIONS
<ol style="list-style-type: none"> 1. Specialized protection services 2. Food security 3. Access to water, sanitation and hygiene 4. Health and nutrition 5. Temporary shelter 6. Core relief items (CRI) 	<p>A coordinated multisectoral humanitarian response is urgently needed across the Protection, Health, Nutrition, Food, Shelter/CRI, and WASH sectors. More specifically:</p> <ul style="list-style-type: none"> • Provision of specialized protection services, such as family reunification, protection risk mitigation and referral pathways. • Provision of emergency food assistance and basic services. • Deployment of mobile health teams and vulnerability screening • Construction of emergency gender-segregated communal latrines/bathing shelters and provision of soap. • Provision of core relief items to help refugees settle


Ethiopia has hosted refugees from Somalia since 1991, many living in refugee camps in Kebribeyah and Aw-Barre *woredas* (45,000) in Jijiga, and in Dollo Ado and Bokolmayo *woredas* (205,000) in the northern and southern parts of the Somali region. In line with this long history of hosting refugees, the Government of Ethiopia has maintained an 'open door' policy to the newly arrived refugees from Laascaanood. The Government's Refugee and Returnee Service (RRS) has begun registering refugees in Goob, Docmo and Hegaalle sites. Many refugees are currently located near the border, which is a security risk, and therefore refugees will be encouraged to relocate to safer areas within the Somali region. In collaboration with local and regional authorities and partners have assessed potential sites to accommodate the new refugee arrivals. Some of the site selection criteria include access to basic services –water, health, and education – the opportunity for self-reliance, inclusion into local structures and systems, and affiliation with the host community clan and sub-clan. So far, two sites, Mirqaan and Docmo have been identified to shelter the new arrivals.


This Inter-Agency plan and appeal for the new arrivals is developed through the Refugee Coordination Model (RCM) and will be incorporated into the Ethiopia Country Refugees Response Plan (CRRP) 2023 to inform and activate international responsibility sharing under the applicable frameworks.

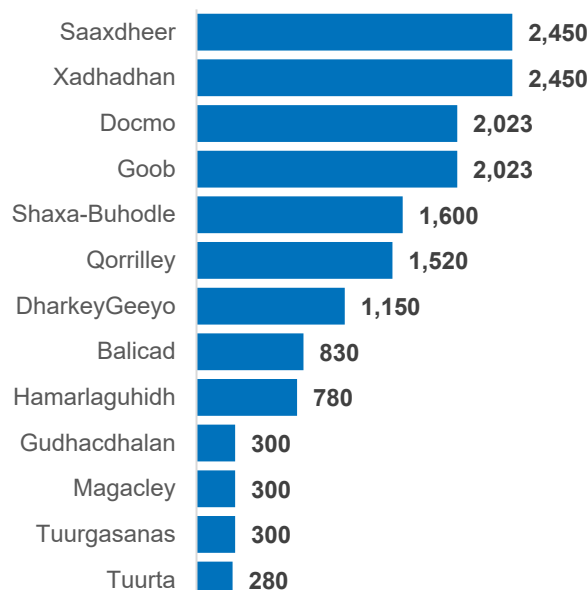
Estimated number of Refugee households

 **43%**
Estimated refugees
are **women**

 **24%**
Estimated refugees
are **men**

 **33%**
Estimated refugees
are **children**

 **16%**
Estimated refugees
with **disabilities**



Protection Needs, Vulnerabilities and Risks

The refugee influx creates a significant operational challenge as the refugees are hosted in remote and underdeveloped *woredas* with limited presence of humanitarian actors. According to the MIRA report, together with local and regional authorities from the Ethiopian government, the priority needs of the refugees include protection services, such as family reunification, protection risk mitigation and referral pathways, food, water, sanitation and hygiene, health, nutrition, shelters, and Core Relief Items (CRIs). The food security situation is worsening, with moderate acute malnutrition observed in many children under five years of age and pregnant and lactating mothers. Women reported selling their valuables and belongings to afford transportation to flee violence and reach Ethiopia in search of safety. Most refugees presented with signs of psychological distress caused by the loss of family members in the fighting and separation during fighting and flight. Providing protection services to newly arrived refugees remains a critical priority, including establishing mitigation and response mechanisms to gender-based violence (GBV) and exploitation and sexual abuse. The humanitarian responders will work with community leadership structures to support and facilitate community-based protection activities and promote peaceful co-existence and social cohesion between new arrivals and host communities. In addition, relocating refugees to host communities with the same clan or sub-clan affiliation will facilitate social cohesion.

Emergency Response Strategy

The response plan is guided by the objectives of the Global Compact on Refugees (GCR), championed by Ethiopia, to promote solutions from the outset of the refugee emergency, inclusively and collaboratively, including through identifying and assessing the potential for inclusion of refugees into local systems and structures and for self-reliance. Indeed, the response is characterized by efforts to build on the existing local systems to mitigate the shocks in water and health

services to absorb the refugee population while benefiting the host population as well. The strategic objectives of the response plan are: 1) access to territory and asylum, 2) provision of life-saving humanitarian assistance, and 3) ensuring protection and solutions. All interventions will be designed, implemented, and monitored through rights-based, community-based and Age, Gender, Diversity (AGD) approaches.

The key entry response facilities require the establishment of reception centres at the sites designated by the Government and local authorities. Upon arrival at the reception centres, the refugees are screened, registered and facilitated to settle in sites within the environs of the host community. Protection teams will assist in screening, identifying, registering and referring persons with specific needs (PSN), including Unaccompanied and Separated Children (UASC), older persons, sick, pregnant mothers, persons with disabilities, and others.

The regional and *woreda* authorities, as first responders, have been engaged from the onset of the response to identify land for settlement. The Government's Regional Water Bureau (RWB) and the Regional Health Bureaux (RHB) will guide the establishment and expansion of water and health, and nutrition services for refugees and host communities to avoid creating parallel services and systems for the new arrivals. The Bureau of Women and Children's Affairs (BOWCA) and the Bureau for Labour and Social Services will support community engagement activities and response services for Child Protection, GBV and support for PSN. Progressively, the Regional Education Bureau (REB) will also be engaged to facilitate the inclusion of refugees in the local education system and expand educational services and facilities to accommodate the refugees. The Bureau of Planning and Economic Development is part of the socio-economic assessments of the sites for settlements. The Bureau of Agriculture and RRS are engaged in reviewing options of including the refugee hosting areas in the [Development Response to Displacement Impacts Project](#) (DRDIP) and Refugee and Host Integration through Safety Net (RHISN) projects. This is in line with the ongoing resilience investment plans for hosting communities.

Sectoral Responses



PROTECTION

Protection is mainstreamed throughout the initial emergency response and will continue through the longer-term response. Accurate, timely and accessible information regarding assistance will be provided in English and Somali. Communication campaigns will be formulated to ensure that all refugees, irrespective of age, sex or other characteristics, know how to access key protection services and assistance. A community feedback and response mechanism will be established through community consultation.

Legal protection will be facilitated, including access to asylum and protection monitoring by the RRS. Protection response partners, in collaboration with the Immigration Department, will support these activities at all border-crossing entry points (official and unofficial), assessing arrivals and immediate needs and ensuring access to territory and asylum. All persons involved in the emergency response will receive training on international protection principles. The Government of Ethiopia will ensure that appropriate screening procedures are in place to promote respect for the civilian and humanitarian character of asylum. All new arrivals will be screened during pre-registration at the household level and thereafter undergo individual registration with biometrics undertaken by the RRS, especially once the sites are established. The RRS will ensure adequate staffing to undertake the registration. Through registration, the refugees will receive documentation, including family attestations and individual identification cards for those above 14 years of age. Vulnerability screening will be conducted for groups most at risk, including UASC, pregnant and lactating mothers, older

persons, persons with disabilities and those with severe medical conditions. Tailored arrangements are being designed for people with specific needs, including ensuring that distribution sites for relief and nutrition assistance are accessible. Protection desks have been set up to identify and respond to protection cases, estimated at 10 per cent of the total population. Additional training, such as Psychological First Aid, will be undertaken to boost the capacity of community structures and local health facilities to address Mental Health and Psychosocial Support (MPHSS).

CHILD PROTECTION (CP)

The Best Interest Procedures (BIP) will be initiated upon identification and registration of children at risk at the reception centres and during site planning and relocation. Protection partners will provide mental health and psychosocial support (MHPSS) services to children and caregivers, including setting up Child-Friendly Spaces (CFS) to allow children to engage in safe play and recreational activities to build their resilience and promote psychosocial wellbeing. Tracing and family reunification services are taking place in collaboration with the ICRC. Since opening the protection desks and as of 18 March, over 2,600 unaccompanied and separated children (UASC) have been recorded. Alternative care placement for UASC will be implemented through BOWCA in collaboration with protection partners. Case management training for partners and the BOWCA social workers and outreach workers will be undertaken. Community engagement for behaviour change to prevent and respond to violence, exploitation, abuse, harmful practices, and other forms of GBV will be essential cross-sectoral activities.

GENDER-BASED VIOLENCE (GBV)

On prevention and response to GBV, the programme will be guided by the [Interagency Minimum Standards on GBV in Emergencies](#). To address immediate needs, GBV service providers will focus on case management, psychosocial support (PSS), and integrated Sexual Reproductive Health (SRH). In addition, partners will provide dignity kits to women and girls of reproductive age. Responders are also strengthening existing community and institutional response capacity, establishing new systems where none exist, and responding to the needs of refugees and affected host communities in Danod, Bokh and Galhamur *woredas*. Capacity building for frontline responders will be reinforced through targeted trainings, establishing GBV referral pathways, supporting community structures (including women's networks and organizations), and Information Education and Communication (IEC). Information will be shared in the Somali language with the community members to inform them of available services for GBV survivors and GBV risk mitigation measures will be prioritized across sectors.



FOOD SECURITY

Refugees and host communities are food insecure due to the prolonged drought, which has caused a loss of livelihoods. Food security partners in collaboration with the RRS, the regional and woreda administration, the Bureau of Agriculture, the Somali region Disaster Risk Management Bureau, the Bureau of Labour and Social Affairs, the Bureau of Finance, and Financial Service Providers will prioritize humanitarian food assistance (in-kind, cash and hybrid modalities) for refugees and host communities based on the evidence generated from market assessments and consultations with the impacted populations. As of 11 March, over 38,204 people have been assisted with High Energy Biscuits (HEBs) and date bars as part of the immediate life-saving interventions. Logistics and surge capacity for prepositioning, stockpiling and warehousing of food and the distribution systems are underway. The medium-term interventions include investments in livelihoods, food security value chains, and resilience-building for refugees and hosting communities alike.

The General Food Distribution food baskets will consist of 15 kgs of cereals, 1.5 kgs of pulses, 0.9kg of vegetable oil, 1.5kg of super cereal and 0.15kg of salt for refugees per month. This will be supplemented by Micronutrients, vitamin A, Iron Folic Acid, Deworming and Multiple Micronutrient powders. There will also be intensive promotion and protection of Infant and Young Child Feeding (IYCF), both Exclusive Breast Feeding (EBF) and complementary feeding. The food basket and rations for refugees will be aligned to the levels of support provided to the host community and IDPs at least until refugees are relocated to designated sites. Approximately 20,050 metric tonnes of food commodities will be required for the response.

Partners plan to provide two rounds of cash transfers to 8,000 households. Each round of the cash transfer will be valued at 7,700 Ethiopian Birr (~143.5 USD), in alignment with the Cash Working Group Interim Multi-Purpose Cash Guidance for the Somali region. The cash transfers will be unconditional to support households to prioritize and invest in their immediate food and nutrition needs. Food security monitoring and outcome monitoring surveys will be conducted with a representative sample of households to assess the efficacy of the food modalities to inform future interventions.



HEALTH & NUTRITION

The Regional Health Bureau (RHB) is leading the health and nutrition response with support from health and nutrition partners in alignment with national guidelines. In the short term, primary healthcare and nutrition interventions will be prioritized. These include management of common endemic and epidemic prone diseases, integrated management of childhood illnesses, immunization, nutrition screening, Severe and Acute Malnutrition (SAM) treatment, capacity building to health staff and volunteers, COVID-19 vaccinations, access to Minimum Initial Service Package (MISP) of sexual and reproductive health services, disease surveillance and health information systems, disease outbreak prevention and response and curative and life-saving nutrition preventive interventions. Emergency health kits will also be delivered. Development partners will be engaged to improve the national health and nutrition care systems to benefit both refugee and hosting communities. Health and nutrition actors will support the management of acute conditions and communicable diseases, Integrated Management of Childhood Illnesses (IMCI) and essential MHPSS services. The health system will provide clinical management of rape and intimate partner violence services and access to rehabilitation services.

Prevention and treatment of all forms of malnutrition will be provided through Infant and Young Child Feeding (IYCF) activities as well as treatment, ensuring access to the Community Management of Acute Malnutrition (CMAM) approach, micronutrient supplementation and the nutrition screening using the MUAC (mid-upper arm circumference) approach for timely case identification. Nutrition partners will preposition supplementary food and super cereal plus for Blanket Supplementary Feeding to over 20,000 children under the age of five and 4,000 pregnant and lactating women. In addition, Targeted Supplementary Feeding is planned for over 6,800 children under the age of five and 600 pregnant and lactating mothers. These interventions will be provided monthly. 6 metric tonnes (MTs) of HEBs and 17 MTs of date bars have already been distributed; 10 MTs of HEBs and 59 MTs of date bars prepositioned in Bokh; and an additional 20 MTs of the HEBs have been procured and air lifted to Addis Ababa to continue distribution in case general food distribution is delayed further. In addition, Small-quantity lipid-based nutrient supplements (SQLNs) will be provided for children 6-18 months for growth and development while rolling out local food systems integrated with micronutrient supplementation and deworming.

Community engagement and behaviour change communication will be an important cross-sectoral intervention for demand creation, promoting and supporting preventive practices and counselling on immunization and Infant and Young Child Feeding. Nutrition partners will also strengthen nutrition screening for children and contribute to reducing

malnutrition-related morbidity and mortality for refugees in alignment with SPHERE standards and the Nutrition Harmonization Guidance Note, and the Food and Nutrition Strategy. This will include the provision of life-saving therapeutic/curative and preventive nutrition services to target vulnerable groups, especially pregnant and lactating women, children under five years of age and other social-medical categories, including older persons.



ENERGY AND ENVIRONMENT

The focus of the response is to meet the priority energy needs of vulnerable refugees and affected host communities. Insufficient cooking and lighting energy for newly arriving refugees have protection and health risks, while the gathering of firewood has a negative environmental impact. The priority will be the provision of firewood for six months. Once the relocation sites are established, energy and environment partners in collaboration with Energy and Environment Working Group (EEWG) members, will conduct an assessment for more energy access interventions. Providing domestic energy will help refugees cook the food rations they receive without needing to travel long distances to the bush for firewood collection, hence contributing to reducing and mitigating the risk of GBV, conflict with host communities and environmental degradation. Energy-saving stoves will also be provided with user training and regular monitoring. Solar lamps are also part of the CRI package to help newly arriving refugees find their way around at night and this will consequently reduce protection risks.



EDUCATION

The emergency response aims to return children to learning environments quickly, to minimize the disruption to education, reduce the likelihood of dropouts, and to provide protective environments for refugee children. The response will use a standardized emergency package that aims at minimizing the disruption caused by conflicts and prepares children for the transition into longer-term learning pathways. This will include the provision of temporary learning classrooms or rehabilitation of existing spaces, and provision of furniture for these spaces; distribution of teaching and learning materials for both teachers coping with an increased number of children, and for student level kits for children joining classes; teacher training on pedagogy, classroom management, and supporting children with trauma; basic WASH, including gender-segregated latrines and rehabilitation of water infrastructure in schools. To integrate new arrivals into the national education system, the partners will collaborate with the Regional Education Bureau (REB). In conjunction with the REB, the activities will include setting up the Government's alternative education and accelerated learning approach, establishing coordination for education, and mapping education facilities. Furthermore, language classes will be started to support integration into the host country's curriculum. Attention will be paid to ensuring girls, children with disabilities, refugees, and other marginalized and vulnerable children have access to education. The teacher training and the learning spaces will be used for integrated programming with Child Protection, with a focus on MHPSS, CP, GBV, and Protection from Sexual Exploitation and Abuse (PSEA). The education response mechanism will be delivered through a systematic coordination mechanism chaired by the Regional Education Office /local education authorities and RRS and co-chaired by UNHCR or UNICEF. This will facilitate integration and inclusion of refugees into the national education system from the outset.



LIVELIHOODS & RESILIENCE (AND SOCIO-ECONOMIC INCLUSION)

In pursuit of the GCR objectives, self-reliance through livelihoods, resilience, and socio-economic inclusion interventions to graduate refugees from dependency on humanitarian aid is a priority in this response. Development partners are being consulted to explore ongoing and planned initiatives where refugees can be included. The RRS is being supported to strengthen partnerships with the Somali Regional State Government and local authorities in the Doolo zone for the socio-economic inclusion of refugees and their hosting communities. In addition to existing resource maps and surveys, the market ecosystems in the proposed sites and surrounding *kebeles* will be assessed to determine the impact of the influx on local markets and to explore potential opportunities for refugees to participate in improving livelihoods and food security. This microdata will be shared with humanitarian and development partners to support planning processes for livelihoods and fundraising.



LOGISTICS, TELECOMMUNICATIONS & OPERATIONAL SUPPORT

UNHCR and partners are planning to open field offices to respond to the influx in remote areas with little telecommunications infrastructure and no mobile network. Therefore, the operations will rely exclusively on VSAT connectivity. Partners will establish a humanitarian hub in Bokh town, including mobile storage units, prefabricated buildings and parking lots to facilitate storage, temporary accommodation, offices and the resupply of emergency assistance in the Doolo zone.

Partners will aim to provide protection-related transport and pre-travel health screening assistance for 100,000 refugees. This assistance will ensure their safe and secure transportation from the temporary satellite camps to the designated location/sites. Transportation, pre-travel medical evaluation and relocation assistance will ensure that refugees can access life-saving services provided by the RRS, and partners in designated refugee sites. An effective feedback mechanism will be put in place to ensure beneficiaries receive adequate and timely information on access to assistance, lodging complaints, and identifying areas of improvement. Experienced medical and operations staff will be deployed to support the response. Partners will provide pre-departure medical evaluation, pre-embarkation checks, provision of medical and operations escorts, and CRI kits, among others, in coordination with local health authorities.

If humanitarian air access is necessary in the direct vicinity of the humanitarian response (Bokh area) to cover medical evacuations, security evacuations and/or support humanitarian responders with ad-hoc and/or regular flights, a 1,500 meter by 40-meter airstrip will be constructed in Bokh.



SHELTER AND CORE RELIEF ITEMS (CRIS)

To address the protection and health challenges of spontaneous substandard settlements during the influx, shelter partners will provide emergency shelter kits and CRI for families who will be settled within the established refugee sites.

Refugee families residing within the host community will be provided with cash to improve the shelters where they are. The Regional Disaster Risk Management Bureau (DRMB) and shelter partners have already provided more than 1,575 CRIs to vulnerable families and more CRIs are being pre-positioned. CRIs include sleeping items, kitchen sets, and hygiene items. Moving forward, the refugees will be engaged to inform the composition of the kits to enhance their acceptance, relevance, and use. Cash may be given for part of the kits where items are available locally. Post-distribution monitoring will be undertaken to assess beneficiary acceptance, satisfaction, and perceptions to inform areas for improvement.

In the medium to long term, the strategy will be to support safe settlement planning with the hosting community, establishing standard facilities and integrated services aligned with the Sustainable Development Goal (SDG) 11 on making cities and human settlements inclusive, safe, resilient, and sustainable. Local authorities will need support to expand existing infrastructures to include refugees in their planning and population management.



The Regional Water Bureau (RWB) and sector partners will coordinate the WASH response with strong community engagement. It will focus on establishing increased reliable and sustained access to appropriate amounts of safe water, sanitation, and hygiene services to ensure that the public health status of the host and displaced populations is not reduced. Emergency water provision will be through water trucking for an initial three months with a target of 10 litres per person per day (10l/p/d). The water quantities will be reviewed as other water provision interventions increase overall supply. These interventions include the planned construction of 20 tanks for emergency water distribution, rehabilitation and extension of local water sources, including piping extensions, connection to existing water networks, and solarisation of boreholes, among others. All water infrastructure activities will include collaboration and strengthening of water committees to plan for increased usage. Culturally appropriate latrines and hand washing stations will be provided at the community and institutional levels, and committees will be trained on operation and maintenance. Good hygiene practices will be encouraged through awareness-raising campaigns and the provision of soap, and solid waste management. The response will ensure that communal latrines in schools, health facilities, and partners will work with the RWB to avoid creating parallel water systems and to provide capacity building for local water authorities. The provision of WASH CRIs will include household water treatment chemicals, water storage containers, and dignity kits for women and girls. The response will cater for older persons, persons with disabilities and other groups with specific need to ensure the inclusion of all groups.

Country Cross-Cutting Response Priorities

Accountability to Affected People (AAP) and Age, Gender Diversity (AGD): Refugees will be actively involved in the planning, implementation and monitoring of the response throughout the programme cycle. Accordingly, partners will ensure that accurate and timely information, through appropriate and accessible channels using local languages, is provided. Community Feedback and Response Mechanisms (CFRM) will be established through community consultations.

Disability-inclusion: Partners will invest in evidence-based, multi-level strategies such as social and behaviour change, inclusive education and skills opportunities to promote policies that combat institutionalized stigma and discrimination against persons with disabilities. The disability status of refugees will be considered during the registration process;

sensitization sessions will be organized for major stakeholders and partners on disability inclusion programming, aiming to bring meaningful interventions and create a disability-sensitive culture.

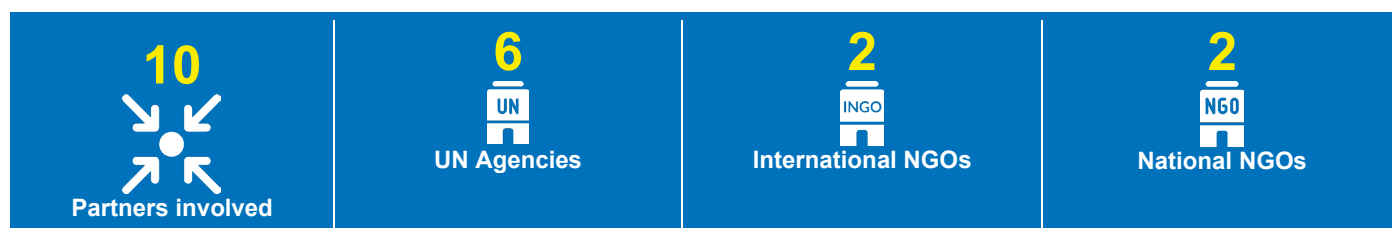
Protection from sexual exploitation and abuse (PSEA): The RRS and partners will work with community members to establish complaint and feedback mechanisms. Training sessions on PSEA will be undertaken for all actors involved in the response and for the communities to promote a strict zero-tolerance policy. IEC materials on PSEA and protection issues will be developed in local languages and posted for refugees at service delivery points. The humanitarian and development communities in Ethiopia are strongly committed to implementing the Interagency Strategy on PSEA, signed in 2020. Partners will carry out a [“good-enough’ context analysis”](#) to track the potential risks and unintended negative impacts of the assistance given to refugees and others. A conflict-sensitive issue register will be maintained and updated at the field level, and urgent issues will be flagged with concerned stakeholders regularly.

Partnership and Coordination

This emergency interagency response plan to the influx of new Somali refugees into Ethiopia’s Somali region is coordinated by the Government of Ethiopia and UNHCR with NGOs and UN Agencies to support the hosting government and the international community to meet their international obligations to protect and share responsibility for refugees. The plan aims to link the refugee emergency to ongoing national efforts and policies to ensure a comprehensive protection and solutions response.

The response is led by the Government of Ethiopia under the leadership of the RRS and supported by the Refugee Response Plan (RRP) partners, in adherence to the Refugee Coordination Model (RCM) and the Government’s commitments under the GCR on the inclusion of refugee into national services. Six UN Agencies, two international NGOs and two national NGOs, are at the forefront of this response with the support of other partners, donors, the private sector and development partners. A localization approach is core to the response with the fundamental partnership with the local authorities, local partners and the affected populations being central to the response to ensure that their knowledge, capacities, and experience are part of the response and contribute to peaceful co-existence. The RRS will lead the engagement with the Office of the President of the Somali Regional State and respective local authorities, Regional Government Bureaux of health, water, education and planning and others. Coordination platforms for the refugee emergency in Jijiga and Bokh have been set up, co-chaired by the RRS and UNHCR. Sector working groups on Protection – including Child Protection and GBV sub-working groups – Health, Education, WASH, Shelter, Energy and Environment, and Livelihoods will be established.

UNHCR declared an internal Level 2 emergency for the refugee situation in Ethiopia which will remain in force for six months until August 2023. Partners will increase advocacy and resource mobilization efforts at the country and regional levels to ensure that the operational response has been scaled up and reasonably stabilized to support a comprehensive response and the pursuit of durable solutions.



Inter-Agency Financial Requirements

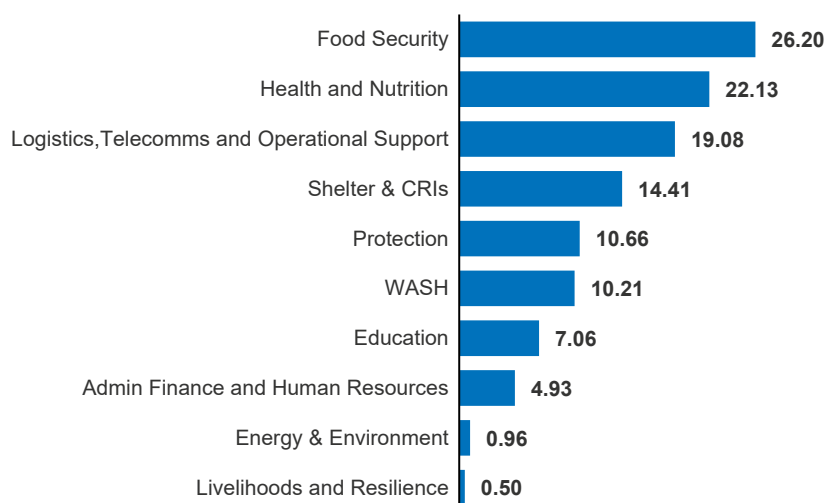


Total
Financial Requirements
In USD

\$ 116.14 M

Budget summary by sector

In millions USD



Total Protection requirements

\$ 10.66 M

General protection activities

\$ 3.65 M

34% of protection total

GBV

\$ 4.14 M

39% of protection total

Child Protection

\$ 2.87 M

27% of protection total

Budget summary by partner type

\$ 116.14 M



Total Budget



UN Agencies

\$ 104.95 M



International NGOs

\$ 3.80 M



National NGOs

\$ 7.39 M

Inter-Agency Emergency Refugee Response Plan

Influx of refugees in the Somali Region of Ethiopia

Budget Summary by Partner

Partner	Acronym / Short Title	Type	Requirements in US\$
UN Agencies			104,947,443
International Organization for Migration	UN-IOM	UN	10,000,000
United Nations Children's Fund	UN-UNICEF	UN	16,665,000
United Nations High Commissioner for Refugees	UN-UNHCR	UN	41,690,891
United Nations Population Fund	UN-UNFPA	UN	2,000,000
World Food Programme	UN-WFP	UN	27,136,193
World Health Organization	UN-WHO	UN	7,455,359
INGOs			3,800,000
GOAL	GOAL	INGO	800,000
Norwegian Refugee Council	NRC	INGO	3,000,000
National NGOs			7,391,875
Organization for Sustainable Development	OSD	NNGO	3,500,000
OWS Development Funds	OWS-DF	NNGO	3,891,875
			Total: \$ 116,139,318












Refugee women at Totoro, Galhamur district in the Doolo zone in Ethiopia's Somali region, share their willingness to move closer to where humanitarian services are provided. © UNHCR/Reath Riek



Feria, 50, seeks safety in Ethiopia's Doolo Zone in the Somali region after fleeing violence. Feria left behind her husband and 10 children, and she is not aware of their whereabouts | © UNHCR/Reath Riek

Monitoring Targets –*subject to revision*

Sector	Indicator		Target	
	Protection	% of persons we work with concern registered on an individual basis	100%	
		% of newborns who have been issued birth certificates by the authorities	100%	
	Child Protection	% of refugee children at high risk, including UASC, supported by Best Interests Procedure/Child Protection Case management	100%	
		# UASC provided with alternative care and/or reunified	2,000	
	GBV	% of identified GBV survivors assisted with appropriate support	100%	
		# of women and girls participate and benefit from the services available at Women & Girls Friendly Spaces (WGFSS)	13,628	
		# of persons reached with GBV, and rights awareness raising and community - based activities.	31,455	
		Education	% of refugee children enrolled in Early Childhood Development (ECD)	20%
			% of refugee children enrolled in primary school	30%
			% of refugee children enrolled in secondary school	15%
% of refugee children enrolled in national schooling systems			30%	
	Energy & Environment	% of refugees receiving fuel for cooking (CBI or in-kind)	80,000	
	Food security	Proportion of households receiving a food assistance including in-kind and/or cash grants and/or food vouchers	100%	
		# of households receiving humanitarian cash transfers	8,000	
		% of households with moderate and severe Household Hunger Scale (HHS) scores	<85% moderate hunger. <10 severe hunger	
		Health & Nutrition	# of primary healthcare consultations segregated by age and sex	335,000
			# of Health facilities receiving Inter-Agency Reproductive Health (IARH) and Inter-Agency Emergency Health (IEH) Kits including Post Rape management	6
# children [below 15 years] vaccinated against measles			56,977	
% of outbreaks that are detected and responded to within 72 hours			100%	
% of SAM children aged 6-59 months who received treatment			<70%	
	% of prevalence of GAM amongst children aged 6-59 months	15%		

		% Anaemia prevalence among children aged 6-59 months	<40%
		% of children receiving Vitamin A	50%
		% of children dewormed	50%
		% of refugee women delivering with assistance from qualified personnel	50%
		% of functional primary health care facilities with functional early warning system.	100%
		# of functional community health system established in line with the Regional Health Bureau	1
		% of primary health care units with primary surveillance data available.	100% of 15 health facilities unit's surveillance data available
		% of operational surveillance sites newly established	10 new sites newly established
	Livelihoods & Resilience (and Socio-Economic Inclusion)	# of the refugees receive technical and material inputs in cash as well in kind for livelihood and Income Generating Activities (IGA) enhancement and resilience building	1,000 households
	Logistics, Telecoms & Operational Support	Number of people moved to safety	100,000
	Shelter & CRIs	# of emergency shelters provided	16,000
		# of shelters provided through CBI	4,000
		# of households receiving CRIs (CBI or in-kind)	20,000
		Hectares of land improved for settlement	450
	WASH	# of gender segregated communal latrines with lockable doors	384
		% of women and girls of reproductive age receiving dignity kits for menstrual hygiene.	100%
		Average # of liters of potable water available per person per day	15L
		# people accessing appropriate sanitation services	60,000
		% of refugee households receiving sufficient soap for hygiene (450g/p/m, 700g/female menstrual age/m)	100%

List of Acronyms

AAP	Accountability to Affected People
ABE	Alternative Basic Education
AGD	Age, Gender and Diversity
ANC	Antenatal Care
BOWCA	Bureau of Women and Children's Affairs
BOWCA	Bureau of Women and Children's Affairs
BPED	Bureau of Planning and Economic Development
CBI	Cash-based Intervention
CFS	Child Friendly Spaces
CMAM	Acute Malnutrition programme
CMAM	Community Management of Acute Malnutrition
CMR	Clinical Management of Rape
CMR	Clinical Management of Rape Survivors
CP	Child Protection
CRI	Core Relief Items
CSB	Corn Soy Blend
DRDIP	Development Response to Displacement Impacts Project
DRMB	Regional Disaster Risk Management Bureau
EBF	Exclusive Breast Feeding
EIARH	Emergency Inter Agency Reproductive Health
EWARS	Early Warning Alert Response System
FTC	Food Transfer Cost
FTR	Family tracing and reunification
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GCR	Global Compact on Refugees
GDT	Global Distribution tool
GFD	Global Food Distribution
GOAL	Goal Ethiopia
HEB	High Energy Biscuits
HH	Household
HIV	Human Immunodeficiency Virus
IARH	Inter-Agency Reproductive Health
IEHK	Inter-Agency Emergency Health Kits
ICRC	International Committee of the Red Cross
IEC	Information, Education and Communication
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illnesses
IOM	International Organisation for Migration
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
MIRA	Multi-Sectoral Rapid Assessment
MISP	Minimum Initial Service Package
MSF-H	Médecins Sans Frontières-Holland

MUAC	Mid Upper Arm Circumference
MT	Metric Tonnes
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OWS-DF	OWS-Development Fund
PFA	Psychosocial First Aid
PSEA	Protection from sexual exploitation and abuse
PSN	Persons with Specific Needs
PSS	Psychosocial Support
PWD	People With Disabilities
RCM	Refugee Coordination Model
REB	Regional Education Bureau
RHB	Government's Regional Health Bureau
RHB	Regional Health Bureau
RHISN	Refugee and Host Integration through Safety Net
RRS	Refugees and Returnees Services (Government)
RWB	Government's Regional Water Bureau
SAM	Severe acute malnutrition
SBCC	Social and Behavioural Change Communication
SDG	Sustainable Development Goal
SPHERE	A handbook with standards and Indicators
SRH	Sexual and Reproductive Health
SQLNs	Small-quantity lipid-based nutrient supplements
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VSAT	Very Small Aperture Terminal (Internet apparatus)
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WGFS	Women and Girls Friendly Spaces
WHO	World Health Organization

FOR MORE INFORMATION

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