

FINAL REPORT

BASIC SERVICES ASSESSMENT AND SOCIO-ECONOMIC PROFILING IN KEBRIBEYAH, SOMALI REGION, ETHIOPIA

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Executive Summary

Background

Ethiopia is home to over 1 million refugees, making it the second-largest refugee-hosting country in Africa after Uganda. The Kebribeyah refugee camp in the Somali Regional State accommodates over 21,175 individuals, with a limited focus on sustainable solutions despite the growing needs. Key drivers of displacement include conflict, human rights violations, and environmental stress across the Horn of Africa. Ethiopia's progressive legal and policy frameworks, such as the Refugee Proclamation No. 1110/2019, the Comprehensive Refugee Response Framework (CRRF), and the Out-of-Camp Policy, aim to promote the socio-economic inclusion of refugees. These efforts are part of the broader Makatet Roadmap, Ethiopia's upcoming national strategy for transforming displacement-affected areas into inclusive and sustainable communities, in line with the country's pledges at recent high-level international forums. As part of this commitment, and in preparation for the planned transition of selected camps into urban settlements by 2027, a workshop held in Jijjiga highlighted the need for updated data to inform the Kebribeyah Inclusion Roadmap. In response, this assessment was launched to evaluate socio-economic conditions, access to services, and infrastructure gaps affecting both refugee and host populations.

OBJECTIVE

The study was designed around three key work packages:

- ✔ **Work Package 1:** Socio-Economic Profiling aimed to assess living conditions, employment, education, skills, and resilience levels of both communities to guide inclusive development planning.
- ✔ **Work Package 2:** Basic Services Assessment evaluates gaps and needs in health, education, WASH, shelter, legal protection, and food security services, while proposing scalable improvement strategies.
- ✔ **Work Package 3:** Facility Assessment and Roads' Relocation Impact assessed infrastructure adequacy, relocation challenges, and inclusiveness, feeding into a revised urban plan for Kebribeyah.



Methodology

The overall technical approach followed the TREE/R framework, which consists of Targeting, Research Instrument Design, Enumerator Training, and Execution/Reporting. A mixed-methods strategy was employed to gather both quantitative and qualitative data. Quantitative data collection involved 619 respondents from both communities, selected through a stratified, multi-stage sampling process. Data collection tools included household surveys, infrastructure audits, and utility assessments. Qualitative insights were drawn from 32 Key Informant Interviews (KIIs), 12 Focus Group Discussions (FGDs), and 6 case studies involving diverse community members and stakeholders. The study applied descriptive and inferential statistical methods, such as t-tests and chi-square tests, for quantitative analysis, while qualitative data were examined using thematic analysis. All data collection processes were guided by rigorous quality assurance protocols and ethical standards to ensure accuracy, inclusivity, and gender responsiveness.



Key Findings

This assessment examines the socio-economic conditions, access to basic services, and facility assessment in both refugee and host communities. It identifies disparities, shared vulnerabilities, and opportunities for inclusive development.



Socio-Economic Profiling

The socio-economic profiling highlights the complex and intertwined challenges facing both refugee and host communities, including poverty, unemployment, limited access to education and financial services, and gender disparities. Refugees, though supported by humanitarian efforts, remain vulnerable due to insecurity, marginalization, and constrained livelihoods. Host communities, often excluded from aid, struggle with landlessness and insufficient economic support, despite being better integrated into the local economy. Both groups face common systemic barriers such as informal labor markets and high illiteracy, which hinder social mobility.

To address these issues, the report recommends a multifaceted strategy focused on long-term empowerment and inclusive development. Key recommendations include:

- Strengthening human capital through adult literacy, vocational training, and expanded youth education.
- Improving legal identity and financial inclusion via documentation drives and access to financial services.
- Promoting inclusive livelihoods through joint economic initiatives, support for small enterprises, and secure access to land and productive assets.
- Implementing social protection and gender-sensitive programs, especially targeting women and female-headed households.

- ✓ Enhancing security and social cohesion with community-based protection, participatory governance, and inclusive cultural initiatives.
- ✓ Investing in local systems and institutional capacity by strengthening service delivery, integrating refugee needs into policy, and improving coordination between development and humanitarian actors.

These strategic interventions aim to reduce vulnerability, foster social cohesion, and support sustainable, inclusive development for both refugee and host communities.



Access to Basic Services

This assessment evaluates access to essential services among refugee and host communities, identifying service gaps, shared challenges, and areas of tension and cooperation. Key conclusions highlight that both communities face significant deficiencies in healthcare, education, water and sanitation (WASH), shelter, energy, food security, legal protection, and infrastructure, often exacerbated by weak coordination and limited governance inclusion.

Key Findings

- 🔍 Health: Services are overstretched. Refugees rely on humanitarian aid, while the host community depends on under-resourced public systems. Mental health services are critically lacking across both populations.
- 🔍 Education: Overcrowded classrooms, poor infrastructure, and high dropout rates—especially among girls—are common to both groups.
- 🔍 WASH: Refugee camps have deteriorating infrastructure; host communities lack basic facilities, leading to unsafe practices.
- 🔍 Legal Protection: Refugees benefit from structured support, while host communities have minimal legal assistance. Risks like GBV and child labour are widespread.
- 🔍 Shelter and NFIs: Both communities endure inadequate housing and irregular non-food item distribution.
- 🔍 Energy: Reliance on firewood and charcoal contributes to environmental harm and exposes women and girls to safety risks.
- 🔍 Food Security: Rising food insecurity and malnutrition affect both groups, with refugees more aid-dependent and hosts facing market vulnerabilities.
- 🔍 Environment: Environmental degradation is intensifying due to overpopulation, unsustainable energy use, and poor land management.
- 🔍 Coordination and Governance: Humanitarian aid often bypasses local authorities, leading to fragmented service delivery and host community exclusion.
- 🔍 Infrastructure: Shared infrastructure is insufficient, poorly maintained, or inaccessible.
- 🔍 Social Cohesion: Despite instances of peaceful coexistence, tensions arise from resource competition and perceived inequality in aid distribution.

Recommendations

To promote inclusive, equitable access to services, the report proposes:

- Integrated service delivery through joint planning at district levels and inclusive budgeting.
- Health improvements via community health workers and mental health support.
- Education access through double-shift systems, incentives for girls, and inclusive learning spaces.
- Enhanced WASH with solar-powered water systems, latrines, and community waste management.
- Legal aid expansion through mobile courts, community-based protection mechanisms, and law enforcement training.
- Improved shelter and NFI support using transitional shelter kits and local enterprise engagement.
- Cleaner energy access via improved cookstoves, solar kits, and community energy kiosks.
- Strengthened food and nutrition programs using cash assistance, school feeding, and home agriculture.
- Environmental recovery efforts, including joint reforestation and sustainable land use training.
- Coordinated governance with joint forums and capacity-building for local authorities.
- Infrastructure upgrades with solar lighting, road improvements, and multipurpose centers.
- Social cohesion through joint livelihoods, inter-community events, and inclusive media platforms.

These measures aim to bridge service gaps, reduce inequalities, and foster long-term resilience and harmony between host and refugee communities.



Facility Assessment

The facility assessment conducted across multiple sectors—health, education, water, livelihoods, legal protection, and food security—revealed both encouraging foundations and urgent systemic challenges affecting refugee and host communities alike.

Key Conclusions

- **Health Facilities:** The health facilities are generally operational and adequately staffed across all services, with gender-sensitive infrastructure in place, except for a shortage of mental health personnel. However, persistent issues include poor sanitation, utility disruptions, and the lack of formalised integration between refugee and host health services.
- **Education Facilities:** Significant disparities exist between schools. NGO-supported institutions outperform government schools, which suffer from overcrowding, resource gaps, and poor infrastructure, especially impacting students with disabilities and gender equity in staffing.

- **Water Supply:** Chronic water scarcity and degraded infrastructure plague both communities. While water committees exist, their capacity is weak, and current systems lack sustainability due to the absence of cost-recovery models.
- **Livelihood Facilities:** Both the Training Centre and Livelihood Facility support community development face critical issues in funding, inclusion, and long-term scalability.
- **Legal Protection:** RRS facilities are more inclusive but overstretched, while host facilities are under-resourced and structurally fragile. Both lack sanitation infrastructure and strategic coordination.
- **Food Security and Nutrition:** Refugee Food Security and Nutrition Center facility offers broader and more inclusive services, but struggles with outdated infrastructure and distribution challenges. The food security and nutrition center in Kebribeyah faces staffing shortages and inconsistent service delivery. Additionally, both the Kebribeyah and refugee food security and nutrition centers suffer from poor sanitation and inadequate waste management.

Key Recommendations

- **Health:** Promote joint facility planning, shared protocols, and coordinated referrals. Upgrade infrastructure and utilities, introduce inclusive feedback systems, and conduct joint training to foster integrated service delivery.
- **Education:** Address equity gaps through inclusive policies, infrastructure expansion, better sanitation, and targeted teacher recruitment (especially women). Establish joint education task forces and harmonise resource distribution.
- **Water:** Invest in infrastructure, strengthen and train management committees, pilot community-driven governance models, implement cost-recovery strategies, and enhance long-term monitoring and planning.
- **Livelihoods:** Broaden access by including refugees in training, strengthen coordination between centres, secure funding, and develop scalable, monitored programs for sustained impact.
- **Legal Protection:** Enhance service integration, address funding and staffing gaps (especially in host facilities), expand service offerings, and support staff wellbeing.
- **Food Security and Nutrition:** Improve staffing, food variety, sanitation, and waste systems. Expand access and boost community engagement to raise awareness and trust.



OVERALL RECOMMENDATION

A coordinated, inclusive, and multisectoral approach is essential to bridge service gaps, promote equity, and enhance resilience. Strategic collaboration between government bodies, humanitarian actors, and communities, paired with sustained investment and data-driven monitoring, will be crucial to ensure sustainable, high-quality service delivery for both refugees and host populations.

SECTION ONE: INTRODUCTION

1.1. Background

Developing countries, particularly those in Africa, are hosting a huge number of refugees.¹ According to the UNHCR operational update as of February 2025, Ethiopia hosted 1,075,079 refugees, mainly from South Sudan, Somalia, and Eritrea. Over 80% are women and children, including a significant number of minors without parents or caregivers. The country is the second in hosting the largest refugee population, next to Uganda. There are multiple factors contributing to the vast refugee population in Ethiopia. Empirical evidence has shown that conflict, political unrest, human rights violations, drought, and food insecurity in the Horn of Africa and South Sudan are some of the factors that contribute to the large number of refugee populations in Ethiopia.²

There are three refugee camps under the Jigjiga field office: Kebribeyah (20,069 individuals and 3,409 refugee households). Despite their growing number, however, the focus on refugees has been very little for many years. Nevertheless, promising initiatives, policies, and strategies have been implemented in recent years. The country has made different reforms and enacted new refugee-related proclamations that provide sufficient rights, freedom of movement, and access to support services. Among others, the Comprehensive Refugee Response Framework (CRRF), Refugee Proclamation No. 1110/2019, the Refugee Response Plan (RRP), and the Out of Camp Policy (OCP), all integral components of the broader Makatet Roadmap, Ethiopia's forthcoming national strategy for transforming displacement-affected areas into inclusive and sustainable communities, can be considered pivotal steps toward addressing the needs of refugees and vulnerable host communities. These efforts align with the country's commitments made at recent high-level international forums. Yet, not all refugees and host communities have similar aspirations, needs, priorities, challenges, and opportunities. Refugees rarely enjoy economic and employment benefits in the host community. This economic relegation is intensified by displacement, conflict, and other natural and artificial disasters in the host community.³

Ethiopia's tradition of welcoming refugees, its progressive Refugee Proclamation, CRRF commitments, and the Kebribeyah Roadmap aim to create an inclusive, sustainable, and prosperous community where refugees, relocated IDPs, and hosts coexist peacefully with economic opportunities. This assignment was focused on improved socio-economic inclusion and coordination, strategic oversight for refugee and IDP integration, and streamlined partnerships for humanitarian and development efforts in Kebribeyah, emphasizing inclusion as key to refugee protection and solutions. The Government of Ethiopia pledged at the Global Refugee Forum to convert selected refugee camps into sustainable urban settlements by 2027, improving housing, infrastructure, and public services while aligning them with the nearby towns' master plans. This supports Kebribeyah's long-standing refugee initiatives, emphasizing the Somali region's potential for inclusion. The government is advancing a roadmap to integrate refugees into Kebribeyah's socio-economic systems, aligning it with its inclusion goals. As part of this commitment, a one-day workshop on refugee inclusion was held in Jigjiga, attended by over 42 technical experts from the Somali Regional State, regional bureaus, RRS, Kebribeyah authorities, UN agencies, and

¹ OECD (2017). Responding to Refugee Crises Lessons from evaluations in Ethiopia and Uganda as countries of destination. <https://www.oecd-ilibrary.org/docserver/8346fc6f-en.pdf?expires=1652064568&id=id&accname=guest&checksum=26DE66AC01F08A5464B56B6C8140EDE7>.

² <https://data.unhcr.org/en/situations/horn/location/174>.

³ OECD (2017). Responding to Refugee Crises Lessons from evaluations in Ethiopia and Uganda as countries of destination. <https://www.oecd-ilibrary.org/docserver/8346fc6f>

humanitarian organizations. Participants recommended conducting a socio-economic survey to assess refugee and host community capacities and a basic services evaluation (Health, Education, WASH, Energy, and Shelter) in Kebribeyah.

The consultations yielded critical insights to inform the inclusion of refugees into local and national service systems. These findings enhance community engagement efforts and address key gaps in the Kebribeyah Inclusion Roadmap, particularly regarding income levels and baseline conditions of both refugee and host populations. In response to the workshop discussions, the Kebribeyah Inclusion Steering Committee identified the need for updated data to support a revised roadmap. Accordingly, two priority assessments were proposed: a socio-economic survey of the target communities and an evaluation of essential services, including health, education, WASH, energy, and shelter.

1.2. Objectives of the Study

This study had the objectives presented in the three work package objectives presented below.

WORK PACKAGE 1

Socio-Economic Profiling

1. Understand refugees and host communities socio-economic and demographic characteristics (living conditions) and changes in the targeted areas of Kebribeyah.
2. Identify refugees' and host communities' employment opportunities, status, job experience, job search, knowledge of employment opportunities, and employment needs.
3. Understand refugees' skill sets and career development needs.
4. Assess refugees' perceptions of accessibility and utilization of social insurance and services.
5. Investigate how refugees can become self-reliant and resilient.
6. Propose strategies that refugees could contribute to local development plans and processes.
7. Gather household-level information that captures the distinct socio-economic impacts of displacement to make informed area-based approaches to improve the livelihoods of the displacement-affected and poor host communities.
8. Assess basic services by establishing measurable baselines for future impact evaluation.

Work Package 3

Facility and Roads' Relocation and Displacement Impact Assessment

1. Design an inclusive integration plan for Kebribeyah that accommodates the needs of the integrated population and anticipates future growth.
2. Draft a revised structural plan/an updated urban plan [Master Plan for Kebribeyah] that incorporates the needs of the camp's residents and facilitates integrated municipal services.
3. Review and revise the town's structural plan and incorporate findings of the needs assessment to ensure it reflects the requirements of an integrated community
4. Assess the current capacity and effectiveness of available services provided to refugees, including infrastructure, resource availability, and service delivery
5. Community engagement and relocation planning framework
6. Impact assessment of road relocation on livelihoods and social structure

Work Package 2

Basic Services Assessment

1. Address infrastructural requirements such as enhanced housing, transportation, and public service infrastructure that meet the needs of both refugees and residents for the next 20 years.
2. Conduct a comprehensive infrastructure needs assessment to identify specific infrastructure and resource needs for an integrated community.
3. Study roads' relocation impact and find out if the master plan will require the relocation of a number of persons.
4. Develop a community engagement and relocation impact assessment plan to identify affected families, their eligibility for relocation, and where the relocation would take place (the land), and the housing compensation packages available
5. Identify gaps and challenges that hinder the quality and accessibility of services across sectors such as health, education, WASH, livelihoods, protection, shelter, food security, nutrition, legal aid, and the impact of the environment.
6. Provide actionable recommendations for enhancing the capacity, coverage, and sustainability of these services.

1.3. Scope of the Study

This study was carried out at Kebribeyah, the Somali Regional State. The details in the scope of the work in terms of key deliverables of the study



Scope of Work Package 1: (Socio-economic profiling)

- ✔ Gather data on various socio-economic indicators such as income, education, employment, housing, and health. Analyze the data to identify trends, patterns, and disparities within the community in Kebribeyah.
- ✔ Collect demographic and socio-economic information, including official statistical data on the refugee population, socio-economic conditions, and non-economic welfare indicators,



Scope of Work Package 2: (Basic Services Assessment)

1. Health Services Assessment

- Assessing health infrastructure (clinics, hospitals, and mobile units), workforce capacity, access to essential medicines and medical equipment, maternal and child health services, mental health services, and communicable disease prevention (e.g., vaccination coverage, disease surveillance).
- Examining coordination mechanisms between humanitarian health providers, local health systems, and international agencies.

2. Education Services Assessment:

- Evaluating the existing educational infrastructure capacity (schools, temporary learning spaces), teacher-student ratios, teaching materials, language barriers, and the integration of refugee children into national education systems.
- Identifying gaps in primary, secondary, vocational, and adult education service centers.

3. Assessment of Water, Sanitation, and Hygiene (WASH):

- Assessing the adequacy and functionality of water infrastructure and supply, sanitation facilities and capacities, waste management, and hygiene promotion initiatives.
- Reviewing access to clean water, safety of sanitation services, and the impact of WASH infrastructure on public health.
- Assessing Willingness and Ability to Pay for Water Services by Individual Households.

4. Livelihoods Assessment:

- Examining livelihood opportunities available to refugees and the local community, such as vocational training, access to markets, employment prospects, and income-generating activities.
- Analyzing the challenges refugees face in accessing job markets and sustainable livelihoods.

5. Assessment of Protection and Legal Assistance:

- Assessing the mechanisms of protecting vulnerable groups (e.g., women, children, and persons with disabilities), including protection from gender-based violence (GBV), exploitation, and abuse.

- Evaluating access to legal services and documentation (e.g., identity cards, birth registration, employment permits) and the capacity of legal aid services to support refugee rights.

6. Assessment of Shelter and Non-Food Items:

- Reviewing the typology, building and construction material, adequacy and condition of refugee (temporary and semi-permanent) and local community shelters, overcrowding issues, and shelter maintenance.
- Assessing the distribution and appropriateness of non-food items such as blankets, cooking utensils, and hygiene kits.

7. Food Security and Nutrition Assessment:

- Assessing the availability, adequacy, and nutritional quality of food assistance programs (e.g., general food distribution, cash-based interventions).
- Identifying gaps in nutrition services, especially for vulnerable populations such as pregnant women, infants, and malnourished children.

8. Environmental Impact Assessment

- Assessing the current and projected impact of climate change in Kebribeyah to understand the basic services-related consequences of climate change in the refugee settlement and host community in the town.
- Evaluating the environmental resource demand, utilization, and impact of the refugee and local community, such as firewood, housing construction, waste generation, and management practices

9. Assessment of Coordination and Governance

- Evaluating coordination mechanisms between humanitarian organizations, government entities, development, peace actors, and refugee/host-led initiatives.
- Assessing how the existing governance frameworks support refugee inclusion and integration within host communities.

10. Assessment of Infrastructure Needs

- Assessing current physical infrastructure availability, conditions, and gaps, including transportation networks, energy sources, and ICT systems that support service delivery.
- Identifying the infrastructural improvement and expansion needed to sustain the refugee population increment, natural or otherwise.

SECTION TWO: APPROACH AND METHODOLOGY

2.1. The Technical Approach

We adopt the TREE/R (Targeting, Research Instrument Design, Enumerators & Supervisors Training, and Execution/Reporting) approaches/steps in conducting the socio-economic profiling and Basic Services Assessment as depicted in Figure 1 below:



Figure 1: Technical approach

Targeting and Participatory Stakeholders Mapping: We have collaborated with the UNHCR, Somali Regional State (SRS), Refugee and Returnee Service (RRS) providers, and other partners in the process of identifying and mapping relevant stakeholders for the study. This has enabled us to come up with relevant, specific study sites, institutions, refugees, potential employers, actors in the provision of basic services, and public and private enterprises. We emphasised inclusive engagement to gather insights, address concerns, and build consensus, leveraging diverse perspectives for effective decision-making and sustainable implementation. Ultimately, this mapping was vital for fostering transparency, accountability, and mutual trust, ensuring the success of the surveys.

Research Instruments Preparation: We developed research instruments and data collection methods, including quantitative and qualitative data-gathering tools such as questionnaires and/or interview schedules, checklists for Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and In-depth Interviews (IDIs). The instruments were translated into local languages, programmed electronically using Survey Solutions, and reviewed by UNHCR. The review ensured the tools captured all necessary qualitative and quantitative data for a comprehensive socio-economic profiling and basic service assessment.

Enumerators' Training: After finalizing the research instruments, we created a training manual for field staff. Experienced supervisors and enumerators were recruited from the local community based on their experience, education, knowledge of the local language, and cultural sensitivity. The training lasted for three days. Data collection methods, research ethics, and the use of Computer-Assisted Personal Interviewing (CAPI), including mock interviews and pilot tests to refine the instruments, were major components of the training.

2.2. Methodological Approach

2.2.1. Data Collection Methods

We employed a mixed-methods approach, combining quantitative and qualitative techniques to ensure a comprehensive assessment of infrastructure, service delivery, and integration needs in Kebribeyah. Data were collected through desk reviews of existing policies, demographic data, and structural plans, supplemented by fieldwork, including Computer-Assisted Personal Interviewing (CAPI), Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and participatory community mapping.

A sectoral gap analysis was also used to identify specific needs in health, education, WASH, livelihoods, protection, and other critical areas. Spatial mapping and environmental impact assessments were applied to evaluate the adequacy of existing infrastructure and the potential impacts of planned development.

Methods for Infrastructure Survey: This survey involved various techniques to assess existing structures, utilities, and services. Among others, Frontieri used the following infrastructure survey methods:

Infrastructure Assessment: We collected data on all basic service infrastructure, including schools, health centers, water points, and other essential facilities in both refugee and host communities. For this assessment, we adopted the tool provided by the UNHCR team and conducted data collection using the CAPI system to ensure accuracy and efficiency. In addition to gathering responses through structured questions, we also captured photographs of these basic service infrastructures to provide visual documentation and enhance the comprehensiveness of the assessment.

Utility Mapping: This was used to identify and map underground utilities (water, gas, electricity) to prevent damage during construction or maintenance. Maps of existing utilities were used in this regard.

Case Studies: We also used case studies to provide in-depth insights into specific infrastructure-related challenges and successful practices within selected communities. These case studies helped contextualize findings and supported the formulation of practical, community-informed recommendations.

2.2.2. Sampling Method

We employed a multistage sampling technique to ensure a representative sample of respondents was achieved. A multistage sampling technique allowed for a structured and effective method for selecting participants. The process began by grouping the target population into two: the refugee community and the host community. This initial clustering ensured that both population types were proportionately represented in the sample. Within each of these groups, we further stratified the population by age and gender to account for demographic differences and to ensure diverse perspectives were included. This stratification step was important for capturing insights from various social groups, enhancing the depth and accuracy of the findings. Finally, we applied a systematic random sampling technique to select individual respondents from each stratum. By combining these steps, the multistage sampling approach ensured that our sample was comprehensive, inclusive, and reflective of the broader population, ultimately strengthening the reliability and validity of the study's outcomes.

The sample population for this study included refugee and host communities, along with other stakeholders such as local authorities in the Somali Regional State, partners, UNHCR, and the Refugee and Returnee Services (RRS). According to the UNHCR report, Kebribeyah is home to approximately 3,409 refugee households. Based on data obtained from the Kebribeyah Town Administrative Office, the host community comprises 8,670 households, bringing the total households to 12,079. Given that the total target population was known, we applied Yamane’s (1967) formula to determine the appropriate sample size for the study. Yamane’s formula has been widely used in research for calculating sample sizes when the population is finite. The formula is expressed as follows.

$$n = \frac{N}{1 + N(e^2)}$$

Where:

- n is the required sample size
- N is the given population (in this case, 12,079)
- e is the margin of error (0.05)

When we applied the above formula, we calculated a sample size of 387 respondents representing both the refugee and host communities in Kebribeyah. However, since we employed a multi-stage sampling approach, it was necessary to account for the design effect to ensure the sample size adequately captured the population's variability. To address this, we assigned a design effect value of 1.5, effectively multiplying the original sample size by 1.5 (387 × 1.5 = 580). In addition, to account for potential non-response, we included a 5% buffer (580 × 0.05 = 29). The final sample size for this study was 619 respondents from the refugee and host communities. Table 2 below summarizes the proposed sample distribution between the refugee and host community groups to ensure fair representation in the survey.

Table 1: Total population and sample size

| S/No | Target group to be surveyed | Total Households | Sample weight | Proposed sample size |
|------|-----------------------------|------------------|--------------------|----------------------|
| 1 | Refugee | 3,409 | 0.43F ⁴ | 248 |
| 2 | Host community | 8,670 | 0.6 | 371 |
| | Total | 12,079 | 1 | 619 |

In addition to the quantitative survey, we also gathered qualitative data from various stakeholders to enrich and triangulate the findings. This mixed-methods approach helped provide a deeper understanding of the context, validated the quantitative results, and captured insights that may not have been fully revealed through numerical data alone. To achieve this, we conducted case studies, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs).

We conducted case studies with four refugees and two individuals from the host community. The refugee cases included individuals with different legal statuses, those with full refugee status and those holding temporary permits or undocumented status. For the host community, we selected participants from two different contexts: individuals living near

⁴ If the probability proportional to size technique were employed, the sample size for the refugee community would be too small, potentially affecting the quality of the impact assessment at a later stage. Therefore, we have allocated 40% of the sample size to the refugee community and 60% to the host community, following an approach commonly used in similar studies. However, the results are unweighted and should be interpreted as indicative rather than representative of the broader population

the refugee camp and those residing farther away. These case studies allowed us to gain a more detailed understanding of the personal experiences, challenges, and perspectives of the affected individuals. This approach provided a more comprehensive understanding of the diverse experiences and challenges faced by both communities.

Table 2: Sample distribution for the qualitative study

| KII Respondents | Number | Description |
|---|-----------|---|
| 1. Health Service Providers | 6 | 6 stakeholders from human health services from the host and refugee centres. |
| 2. Education Service Providers | 7 | 1 from the Woreda Education Bureau, 2 from high schools, and 4 from elementary schools owned by the public and private sectors |
| 3. WASH Sector | 8 | 2 from <i>Woreda</i> Water and Energy Office, Woreda Sanitation and Beatification Office and Woreda Health Office each |
| 4. Livelihood, Food, and Non-Food Item-Related Actors | 6 | 1 from the <i>Woreda</i> Job Creation office, 2 from PSNP Offices, 1 from the <i>Woreda</i> Labor and Skill Office, and 1 from the Disaster Risk Management Office. |
| 5. Other Actors | 9 | 1 from Project Coordinator, Vital Events Registration Agency (VERA) for refugees, Agency for Refugee and Returnee Affairs, Police Office, Justice Bureau, UNHCR regional Office, <i>Woreda</i> Women and Social Affairs Office and Red Cross Ethiopia in Kebribeyah/Jijjiga each. |
| 6. Humanitarian Assistance and Development Programs (RRS) | 3 | |
| 7. Education Cluster Coordinator | 3 | |
| 8. Regional Offices | 4 | |
| Total | 46 | |

Besides, we also collected data using FGDs, case studies and KII. This was carried out among the different refugee and host communities, including women, men, youth, and people with disabilities. This study also employed FGDs that were conducted with men, women, and youth groups from the host and refugee communities.

Table 3: Distribution of FGDs in sample *kebeles*

| Suggested FGDs | Women (Adult) | Men (Adult) | Youth (Both genders) |
|--|---------------|-------------|----------------------|
| Refugee | 2 FGDs | 2 FGDs | 2 FGDs |
| Include participants based on the following criteria: | | | |
| 1. Duration of Stay (newly arrived and long stayed) | | | |
| 2. Legal status: Official (full) refugee status and undocumented or temporary permit | | | |
| Host Community | 2 FGDs | 2 FGDs | 2 FGDs |
| • Conduct FGDs with areas closer to the refugee camp as well as far from it | | | |
| Total | 4 | 4 | 4 |

3. Case studies

| Target | Cases |
|--------|-------|
|--------|-------|

| | |
|--|-------------------------|
| Refugee | 4 (2 female and 2 male) |
| <ul style="list-style-type: none"> Consider both refugee status: Full refugee status and temporary permit, or undocumented status | |
| Host Community | 2 (1 female and 1 male) |
| <ul style="list-style-type: none"> Consider areas closer to the refugee camp vs far from the refugee camp. | |
| Total | 6 |

2.2.3. Data Analysis

This survey employed a mixed research approach, integrating both quantitative and qualitative methods. By combining these approaches, the study benefited from the strengths of each, allowing for a more comprehensive analysis. The quantitative data provided measurable, objective insights, while the qualitative data offered a deeper, context-rich understanding. This combination enabled triangulation, where the qualitative findings validated and complemented the quantitative results, enhancing the overall reliability and depth of the analysis.

Comparative Descriptive and Inferential Analysis Methods: We conducted comparative quantitative data analysis methods across different basic services available (health, education, WASH, infrastructure, etc.) and respondent groups (refugee versus host community). This allowed us to conduct a comparative analysis of the existing information about the different basic services in the host and refugee communities. Thus, we used the t-test and the χ^2 test to check if there existed a significant difference in the different indicators and socio-economic profiles of the respondents, then and now. The t-test was employed to check if there was a marked difference in different continuous quantitative socio-economic indicators such as average income level per household, average expenditures per household, livestock owned, family size, percentage of households using fuel wood, percentage of households having gardens, percentage of refugees having the legal right and access to employment, percentage of households running animal husbandry, educational level of household members, skill types and levels of household members, and employment type of household members. The χ^2 test was used to check if there was a significant difference in terms of nominal and dichotomous indicators. Data were analyzed using descriptive statistical methods that included both measures of central tendency (average, mean, and range) and measures of central dispersion (variance, standard deviation, and range). We also employed advanced and rigorous econometric models if the already available data allowed us to do so.

2.3. Approaches to Ensure Data Quality

Frontieri had a well-established quality maintenance culture and structure. We used our rigorous Internal Quality Assurance (IQA) framework that always aimed to attain the highest standards through the successful completion of the tasks at each stage of a study. The research team developed detailed monitoring and data quality assurance during the inception phase, using the data collection procedures and work plans. Some of the key measures that were taken to ensure quality included:

- Careful planning and management of data collection, including careful assignment of key field staff, ensuring intensive theoretical and practical training for the field staff, and close supervision of the fieldwork.
- Using verifying, triangulating, and spot-checking techniques during data collection.
- Using appropriate qualitative data analysis tools to code and analyze the responses.
- Verifying and validating the interim works at each wave, and continuous monitoring of each major phase of the data collection process, including conducting rigorous consistency checks.

- Routinely tracking client satisfaction at each stage of data collection for each major deliverable and using the feedback to improve learning and provision of services subsequently.
- Providing specific and general risk mitigation strategies that focus on the avoidance of problems rather than trying to correct them.
- Ensuring a smooth flow of information among the research team members, the client, and stakeholders.
- Ensuring that the project had appropriate logistical provisions to complete the study in a timely and cost-effective manner.

2.4. Ethical considerations

This study involved human beings - the project area (target communities' men, women (married and unmarried), youth, and people with disabilities, relevant actors from government, NGOs, private actors, and UN agencies that would provide information. Thus, the investigators had a clear understanding of potential risks and harms. Appropriate procedures were in place to explain the potential risks to the potential research participants in easily understandable terms. This was done so that the participants could voluntarily make an informed choice of whether or not to participate. Accordingly, the research team, in collaboration with the client, ensured that the following ethical considerations were met:

- ✔ All research team members had a three-day training on the introduction to research ethics. The training equipped them with the ethical issues in data collection, recording, and management of information.
- ✔ Informed consent was obtained from research participants before data collection.
- ✔ Supervisors and data collectors ensured that the privacy of research participants was maintained throughout the data collection period.
- ✔ The research team confirmed that the entire data collection endeavor was gender-responsive.

SECTION THREE: SOCIO-ECONOMIC PROFILING

This section presents the key findings of the socio-economic profiling study conducted in Kebribeyah refugee camp and its surroundings, focusing on both the host and refugee communities. The response rate for the household survey in both host and refugee communities was 100%. This was achieved by employing multiple strategies to minimize non-response, including: (1) providing respondents with a clear and concise explanation of the survey's objectives and the role of the data collectors; (2) if the household head was unavailable, interviewing the spouse or another adult family member involved in household decision-making; and (3) making up to three contact attempts on the same day and the following day before classifying a household as a non-contact and considering replacement substitution. When either of the options not succeeded, the next household was interviewed as the study employed systematic sampling with substitution. The results highlight a broad range of socio-economic indicators, including demographic characteristics, employment profiles, income levels, asset and wealth, access to financial services, self-reliance and community engagement, safety and security, and social cohesion. Drawing on data collected from households in both communities, the analysis examines similarities and differences in living conditions and economic well-being. These findings offer valuable insights into the current situation of the populations in Kebribeyah and are intended to inform evidence-based intervention design and resource allocation.

3.1. Demographic and Household Characteristics

This section delves into the demographic and household characteristics of the residents of Kebribeyah refugee camp and its surrounding areas, offering a foundational understanding of the population's composition.

The results presented in Figure 2 below indicate that, among the survey respondents, the majority of household heads were female, representing 64% of the total, while male household heads accounted for 36%. This pattern was consistent across both the refugee and host communities. Among refugee households, 60% were headed by females, and 40% by males. In contrast, in the host community, 67% of households were headed by females, and 33% by males.

These findings highlight the prominence of female headship in both the refugee and host communities.

KEY TAKEAWAYS

1. Household Structure

- ⊙ Female-headed households dominate (64% overall; 67% host, 60% refugee)
- ⊙ 93% of household heads are married in both communities

2. Education

- ⊙ 66% of refugees and 47% of host community members are illiterate

3. Legal documentation

- ⊙ 90% of refugees vs. 59% of host community members have legal ID; refugees mainly have refugee cards

4. Household demographics

- ⊙ Refugee households are larger in family size (8 members) than host (7); some refugee households have up to 20 members
- ⊙ Refugees (40 years) are slightly older on average than the host community (36 years)

5. Length of displacement

- ⊙ Refugees have spent an average of 29 years in Ethiopia; 25 years in Kebribeyah camp

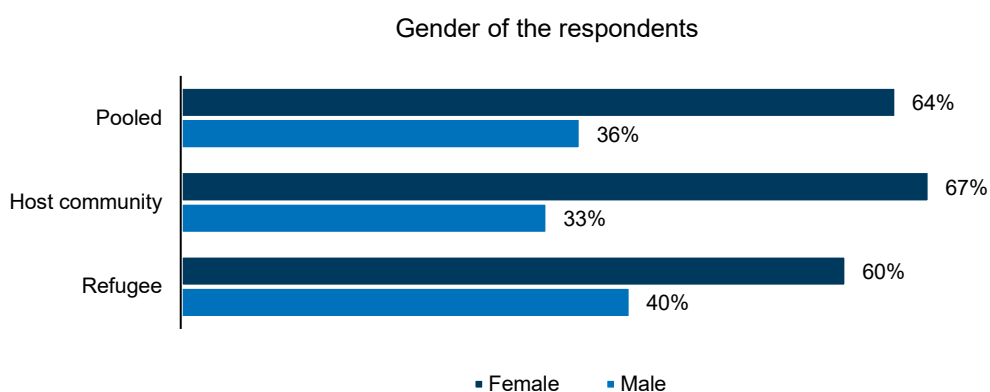


Figure 2: Gender distribution of the study participants

In terms of marital status, the overwhelming majority of household heads across both refugee and host communities were reported as married, representing 93% of the total (pooled) sample. Specifically, 93% of refugee household heads and 93% of host household heads were married. The proportions of household heads who were single, separated, or divorced were minimal, collectively accounting for less than 5% in both groups. Widowed individuals made up 3% of the total sample, with a slightly higher share in the host community (3%) compared to the refugee community (2%). These findings indicate strong marital cohesion within the surveyed population and offer insight into household structures that may influence service access, vulnerability, and program targeting.

The educational attainment of respondents indicates notable disparities between refugee and host community members. A majority of refugees (66%) were illiterate, compared to 47% among the host community, resulting in a pooled illiteracy rate of 54%. While 18% of refugees and 33% of host community members could read and write without formal schooling, the proportion of respondents who had completed formal education remained relatively low across both groups. Only 7 percent of both refugees and host community members had completed primary education, while 8 percent from each group had attained secondary education. Access to tertiary education was particularly limited, with just 1% of refugees and 5% of host community members having reached this level. These findings highlighted a critical need for targeted interventions to improve literacy and expand educational opportunities, particularly for refugees who faced greater barriers to education.

Table 4: Marital status and educational attainment of respondents

| | Refugee (%) | Host community (%) | Pooled (%) |
|------------------|-------------|--------------------|------------|
| Marital status | | | |
| Married | 93 | 93 | 93 |
| Single | 2 | 1 | 1 |
| Separated | 1 | 1 | 1 |
| Divorced | 2 | 2 | 2 |
| Widowed(er) | 2 | 3 | 3 |
| Education level | | | |
| Illiterate | 66 | 47 | 54 |
| Can read & write | 18 | 33 | 27 |
| Primary | 7 | 7 | 7 |
| Secondary | 8 | 8 | 8 |
| Tertiary | 1 | 5 | 4 |

Respondents were asked whether they possessed identification (ID) or legal documentation. The survey findings revealed a significant difference in the possession of identification or legal documentation between refugee and host community households. A large majority of refugee households (90%) reported having legal documentation, while only 10% did not. In contrast, 59% of host community households indicated possession of legal documentation, with a substantial 41% lacking such documents. From the total households that participated in the study, 72% reported having legal documentation, while 28% did not. These results suggest that refugee households were more likely to possess legal documentation compared to host community households, potentially due to targeted registration and documentation initiatives. Qualitative insights from a key informant support this, noting that there are active efforts in providing legal documentation, stating: *"Our work in legal protection and documentation is making a tangible difference in improving refugees' well-being."* However, the study also highlights that further efforts are needed to ensure refugees have access to full legal documentation.

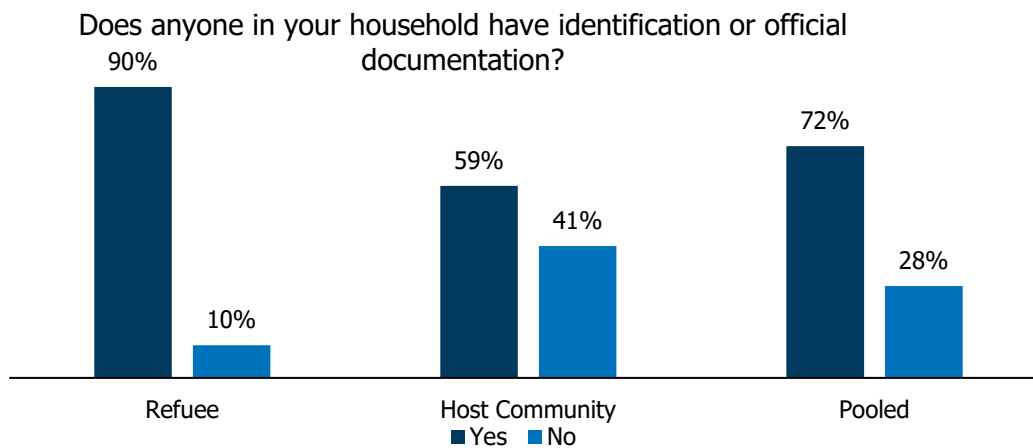


Figure 3: Households possessing ID or legal documentation

Qualitative insights reveal that the lack of official identification impacts not only individuals but entire households. Without valid IDs, refugees are unable to secure employment, access public services, or engage in formal economic activities, which severely limits their ability to improve their livelihoods. As one participant in a focus group discussion conducted with the refugee community stated:

Refugees face numerous challenges. One of the most significant is the lack of proper documentation. Some families do not even possess official identification, despite both parents and children being present. We do not see any benefit from being grouped together when we lack the necessary documents to access basic rights and services.

The study found that significant efforts have been made by the relevant bodies to provide ID and legal documentation to refugees. However, there is a need to strengthen and improve the administrative support mechanisms that can assist refugees in obtaining the necessary identification documents, ultimately enhancing their access to employment and social services in a more inclusive and supportive environment.

Respondents who reported having identification or legal documentation were subsequently asked a follow-up question regarding the specific types of documents they possessed. As shown in Table 5 below, the types of identification and official documents available varied significantly between refugee and host community members. All refugees reported possessing refugee cards, potentially due to targeted registration and documentation initiatives; however, none had passports. Qualitative insights from a key informant support this, noting that there are active efforts in providing legal documentation,

stating: “Our work in legal protection and documentation is making a tangible difference in improving refugees’ well-being.” In contrast, members of the host community more commonly held national IDs (36%) and passports (15%). Both groups reported relatively similar possession of birth certificates, marriage certificates, and academic records, with slightly higher proportions observed among the host community. Overall, 50% of all respondents reported possessing refugee cards, and 23% had academic or school records, highlighting important differences in the types of documentation accessible to each group.

Table 5: Types of identification (ID) or official documents available

| What type of documents are available? | Refugee (%) | Host community (%) | Pooled (%) |
|---------------------------------------|-------------|--------------------|------------|
| Passport | 0 | 15 | 7 |
| National ID | 0 | 36 | 18 |
| Birth Certificate | 13 | 19 | 16 |
| Marriage Certificate | 12 | 11 | 12 |
| Academic Certificate | 21 | 24 | 23 |
| Refugee Cards | 100 | 0 | 50 |

Note: Respondents were allowed to select multiple responses since individuals may possess more than one form of identification or legal document.

The data also reveals key demographic distinctions between refugee and host community members, offering nuanced insights into age, household size, and gender composition in the household. In terms of age, refugee study participants exhibit a slightly older demographic profile, with a mean age of 40 years (SD = 11) compared to 36 years (SD = 10) among household heads from the host community. This suggests that household heads from both refugee and host communities fall predominantly within the economically active or productive age range, typically defined as 18 to 60 years, indicating potential for labor force participation. The age ranges were relatively comparable, spanning from 19 to 70 years among refugee household heads and from 18 to 80 years among household heads of the host community. These findings suggest a slightly older and more age-diverse composition among household heads of the refugee group, which may have implications for service provision and program targeting.

The descriptive statistics result reveals that refugee households exhibited a slightly larger average household size, with a mean of 8 members (SD = 3), compared to 7 members (SD = 3) in host community households. The higher standard deviation among refugee households suggests greater variability in household size. Additionally, the maximum household size recorded among refugees was significantly larger (20 members) than that of the host community (16 members), pointing to the presence of more extended or multi-family living arrangements within refugee settings.

In terms of gender composition, refugee households had a higher average number of both male (3) and female (5) members compared to host community households, which reported 3 males and 5 females on average. In both populations, females outnumbered males, with a slightly wider gender gap observed among the host community. The maximum number of males was higher in host households (11) than in refugee households (9), while the maximum number of females was identical across both groups at 13.

Table 6: Demographic profile of respondents: age and household size

| | Refugee | | | | Host community | | | | Pooled | | | |
|------------------------|---------|----|-----|-----|----------------|----|-----|-----|--------|----|-----|-----|
| | Mean | SD | Min | Max | Mean | SD | Min | Max | Mean | SD | Min | Max |
| Age | 40 | 11 | 19 | 70 | 36 | 10 | 18 | 80 | 38 | 11 | 18 | 80 |
| Household size (total) | 8 | 3 | 2 | 20 | 7 | 3 | 2 | 16 | 8 | 3 | 2 | 20 |
| Male | 3 | 2 | 0 | 9 | 3 | 2 | 0 | 11 | 3 | 2 | 0 | 11 |
| Female | 5 | 2 | 0 | 13 | 5 | 2 | 0 | 13 | 5 | 2 | 0 | 13 |

The refugee community was asked about their length of stay in Ethiopia and specifically within refugee camps to better understand displacement and settlement patterns. As per the results presented in Table 7, on average, refugees have resided in Ethiopia for 29 years (SD 8), indicating a prolonged period of displacement. The minimum reported length of stay was 2 years, while the maximum extended to 50 years, illustrating a wide range of arrival times. This finding underscores the protracted nature of displacement, with many refugees having spent most of their lives in Ethiopia and its camps, particularly in the Kebribeyah Refugee Camp.

The case study presented in the box shares the first-hand testimony of a refugee from southern Somalia, recounting in his/her own words the reasons for displacement, the journey to safety, and the challenges faced, as well as life in the Kebribeyah Refugee Camp.

When focusing on time spent within refugee camps, the average duration was 27 years (SD 9), suggesting that most refugees had spent a significant portion of their time in camp settings. The duration in any refugee camp ranged from a minimum of 2 years to a maximum of 40 years. Specifically, in the Kebribeyah refugee camp, the average length of stay was 25 years (SD 10), with a slightly larger variability, reflecting greater differences in the time refugees had spent in this particular camp. The minimum and maximum durations in Kebribeyah were 2 and 40 years, respectively.

I fled from Kismayo, in the Lower Jubba region of southern Somalia. I left because of clan-based violence—people were being shot without any reason. The civil war had already taken many lives, including those of my relatives. It was no longer safe. We lived in constant fear, with bullets flying everywhere. After losing several family members, we could no longer endure the situation and decided to flee to survive.

During the journey, I witnessed horrific violence. I saw people of all ages being killed, and many children were left without their parents. After crossing into Ethiopia near Dollo, we felt somewhat safer, but the suffering continued. We had no food, no water, and no money for transportation. The language barrier also made things more difficult. However, the local people welcomed us, and that gave us some relief. Even so, the journey was filled with extreme hardship.

Now, we live in makeshift shelters made from cloth and cardboard that offer no protection from the cold. There is no adequate support from aid agencies. The health services are inadequate—clinics lack medicine and often turn people away. There are not enough schools, which has forced many children to drop out of school.

Living here remains very difficult. There are no job opportunities, and we lack access to basic services such as clean water. When we try to raise our concerns, security forces come, and we are forced to hide. We are suffering in silence. The small amount of financial support we receive is not enough to help us survive.

Table 7: Length of stay in Ethiopia and refugee camps

| | Refugee | | | |
|--|---------|----|-----|-----|
| | Mean | SD | Min | Max |
| Years lived in Ethiopia | 29 | 8 | 2 | 50 |
| Years lived in any refugee camp | 27 | 9 | 2 | 40 |
| Years lived in Kebribeyah refugee camp | 25 | 10 | 2 | 40 |

The case study presented below captures the lived experience of a Somali refugee who fled protracted civil conflict in the Bakool Zone and sought safety in Ethiopia. The narrative offers first-hand insights into the violence, trauma, and extreme hardship that forced them to flee and shaped their journey to the host country.

I came from the Bakool Zone in Somalia. I was forced to leave because of the unbearable situation created by the civil war. My uncles and cousins were killed, and the violence was everywhere. Bullets flew through the streets, and people were dying all around us. It was no longer a place where anyone could live in peace. Staying meant risking my life, so I had to leave. The conflict did not erupt overnight. It started in the northern part of the country and slowly moved to the south until it reached our area. When I lost my family members, I could no longer bear to stay there. Even though I was sick at the time, I fled. We did not escape together as a family—I left first, and my father and I were separated in the chaos. He had to endure many hardships on his own before we were eventually reunited. He had to hide, survive in isolation, and struggle through his journey.

The journey to Ethiopia was extremely difficult. When we crossed the border, the people welcomed us warmly, but getting there was a struggle that I will never forget. We walked barefoot for four or five nights without proper food or water. Though no one harmed us directly, the suffering was overwhelming—constant hunger, thirst, and exhaustion. At one point, we received some transportation support, but even after arriving, we continued to face hardship, especially hunger.

It was a painful journey filled with loss, fear, and unimaginable challenges. But in the face of war, it was the only choice I had—to leave everything behind in the hope of surviving.

3.2. Employment and Livelihoods

Employment is a critical factor in improving the livelihoods and resilience of both refugees and host communities. For refugees, gaining access to job opportunities is essential for restoring dignity, reducing dependency on aid, and fostering self-reliance. For host communities, employment supports local economic growth, reduces competition over resources, and promotes peaceful coexistence. In refugee-hosting areas like Kebribeyah, inclusive employment opportunities can help to foster social cohesion and shared economic progress.

The study participants were asked about their current employment status. As illustrated in Figure 4 below, most respondents (79%) reported that they are not engaged in employment, while only 21% indicated they were employed. This highlights that a notably high unemployment⁵ rate in the area, suggesting limited access to income-generating opportunities. The findings underscore the need for targeted livelihood interventions to enhance economic participation and improve household resilience.

A key informant interview conducted with a project coordinator in a non-governmental stakeholder revealed the ongoing efforts to address unemployment, particularly among refugee populations. The informant emphasized that while there are currently no government-supported programs specifically targeting refugees, various initiatives led by NGOs and multilateral development partners are actively providing support. As the informant explained:

Currently, there are no government-supported programs specifically for refugees. However, there are initiatives provided by NGOs and multilateral development partners that assist refugees. Specifically, for the youth, there are skill training programs and other support services available. For example, there was a hair salon training program for women. Additionally, youths have received driving training, and some are now employed as drivers. Other practical skill training programs, such as construction, finishing work, welding, and electricity, have also been offered. These programs have created numerous employment opportunities for refugees. There are currently training programs available in beautification, electricity, finishing work, and water installation. The training programs are given to both the host community and the refugees.

Key Takeaways

1. Unemployment

- ⊙ High unemployment overall (79%), with refugees (86%) facing a higher unemployment rate than hosts (74%)
- ⊙ The main reasons for unemployment were a lack of necessary skills and the absence of job opportunities

2. Types of employment

- ⊙ Among the employed respondents, self-employment dominates for both groups (86% of refugees; 83% of hosts).

3. Job application

- ⊙ Very low formal job-seeking; only 10% applied in the past year.
- ⊙ The main reason for not applying for jobs was a lack of documents (e.g., IDs, work permits, education certificates)

4. Access to training

- ⊙ Only 17% attended formal training; vocational training was the most common provided

5. Income disparity

- ⊙ Refugees earn significantly less than the host community, with a mean monthly income difference of approximately 2,841 ETB. This reflects deeper economic vulnerability

6. Gender gap

- ⊙ Females had a slightly lower average income and employment rate than males, but the gap was small and statistically insignificant

7. Support needed

- ⊙ Inclusive, context-specific livelihood support is needed for both groups.

⁵Unemployment implies a working-age person without a job, actively seeking work, and available to start

Are you currently engaged in formal employment?

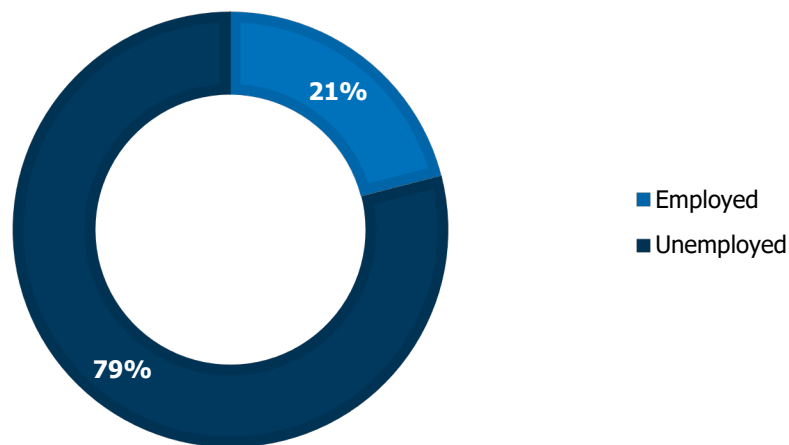


Figure 4: Formal employment status of respondents

Figure 5 compares the employment status of the host and refugee communities, revealing a significant disparity. In the host community, 26% of individuals were employed, while only 14% of refugees reported employment. Conversely, the unemployment rate was notably higher among refugees (86%) than among host community members (74%). The Pearson chi-square test result ($X^2 = 12$, P-value = 0.001) indicates that the difference in employment status between the host and refugee communities was statistically significant at one percent. This statistical evidence supports that refugees face significantly higher unemployment rates compared to the host community. These findings highlight the structural barriers and limit economic opportunities that contribute to significantly lower formal employment rates among the refugee community compared to the host population.

Qualitative insights gathered through focus group discussions complement the findings obtained from the household survey. The FGD conducted with the refugee community highlighted a significant disparity in employment opportunities between refugees and host community members. The following statement is taken from one of the discussants:

Refugees have significantly fewer job opportunities compared to the host community. While both groups face challenges related to unemployment, the situation is far more pressing for refugees due to legal, social, and economic barriers that limit their access to the labor market. Currently, there are no targeted employment initiatives or structured programs specifically tailored to address the livelihood needs of refugees. This lack of inclusive support not only deepens their economic vulnerability but also hinders their ability to contribute meaningfully to the local economy and build self-reliant futures.

This reflection captures a common concern among refugee participants regarding their limited access to sustainable livelihoods. It underscores the urgent need for inclusive employment programs that not only address the unique barriers faced by the refugee community but also support the broader (host) community. Such interventions are essential for promoting economic integration and fostering social cohesion between refugee and host populations.

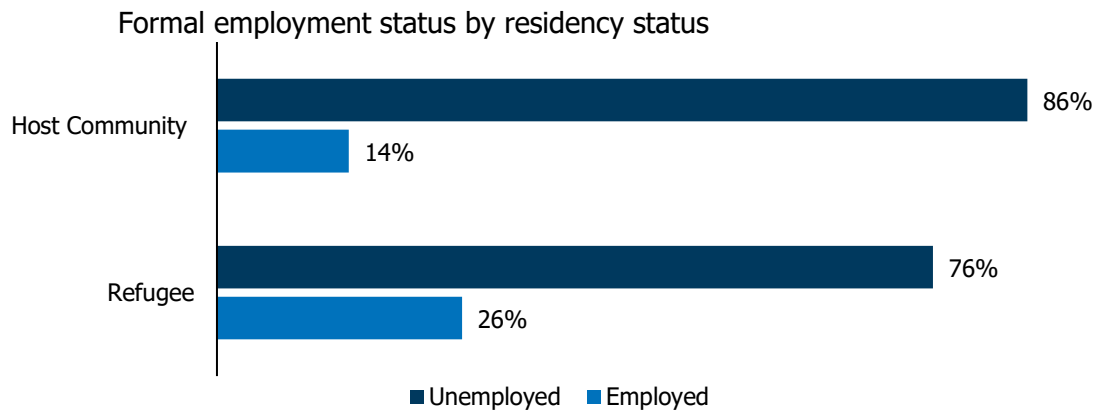


Figure 5: Formal employment status in the host community and refugee

Figure 6 illustrates formal employment status disaggregated by gender. The data show that formal employment rates were low for both males and females, though males were slightly more likely to be employed (22%) compared to females (20%). Correspondingly, the formal unemployment rate was slightly higher among females (80%) than males (78%). However, the gender gap in formal employment was relatively small, and both groups experienced significantly low employment levels overall. The Pearson chi-square test ($X^2 = 0$, P-value = 0.625) indicates that the observed difference in formal employment status between males and females was not statistically significant. The high p-value (well above the 0.1 threshold) suggests that any differences observed are likely due to random variation rather than a meaningful gender-based disparity. Therefore, interventions aimed at improving employment should broadly target both genders rather than focusing exclusively on gender-specific differences.

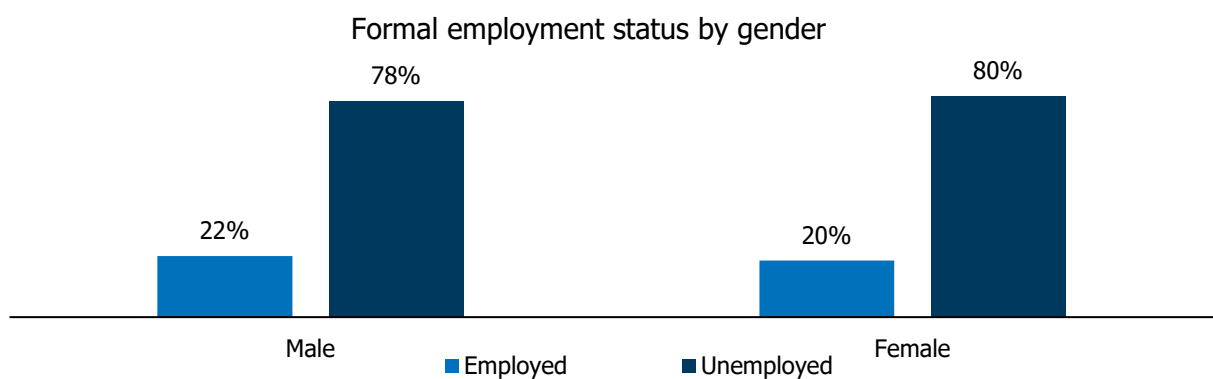


Figure 6: Formal employment status by gender

Respondents who reported being employed were asked follow-up questions about the types of employment. The employment profile of the surveyed participants reveals that self-employment was the dominant form of livelihood for both refugee and host community members. Among the refugee sample, 86% were self-employed, while 14% were engaged in wage employment. Similarly, in the host community, 83% were self-employed, and 17% were wage-employed. This indicates a strong reliance on self-employment across both groups, highlighting the importance of small businesses and entrepreneurial activities as key sources of income.

Table 8: Breakdown of employment types: refugee versus host community

| Employment profile | Refugee sample (%) | Host sample (%) |
|--------------------|--------------------|-----------------|
| Self-employed | 86 | 83 |
| Wage employed | 14 | 17 |
| Total | 100 | 100 |

The data reveals that agricultural trade (31% of refugees, 20% of hosts, and 23% pooled) and shop/kiosk activities (31% of refugees, 25% of hosts, and 27% pooled) were significant sources of employment for both refugee and host community members, representing the largest sectors overall. While both groups engaged in farming activities, the proportion was notably higher among refugees (14%) compared to hosts (3%). However, disparities emerged across other sectors. Refugees reported no employment in activities such as restaurants/cafés, poultry farming, Injera baking, and professional services, where the host community showed some presence (3%, 1%, 1%, and 5%, respectively). Additionally, no refugee or host community participation was reported in the shoe-making sector. Overall, the findings underscore the critical role of agriculture-related and small retail activities as key employment avenues while highlighting sectoral differences between refugees and hosts.

Table 9: Sector of employment disaggregated by resident status

| Sector of employment | Refugee sample (%) | Host sample (%) | Pooled (%) |
|-----------------------------------|--------------------|-----------------|------------|
| Farming (growing crops) | 15 | 3 | 6 |
| Agricultural trade ^{4F6} | 31 | 20 | 23 |
| Transport/taxi | 14 | 4 | 7 |
| Carpentry/woodwork | 6 | 4 | 5 |
| Maintenance work | 6 | 7 | 7 |
| Shop/kiosk | 31 | 25 | 27 |
| Restaurant/cafe | 0 | 3 | 2 |
| Poultry | 0 | 1 | 1 |
| Sewing/weaving | 3 | 11 | 8 |
| Baking Injera | 0 | 1 | 1 |
| Shoe-making | 0 | 0 | 0 |
| Professional services | 0 | 5 | 4 |
| Hotel/Hospitality | 3 | 1 | 2 |
| Other | 20 | 25 | 24 |

Note: The sum of percentages may exceed 100%, as respondents were allowed to select multiple sectors of employment if they were engaged in more than one sector.

⁶ A respondent is considered as engaged in agricultural trade if they buy and sell farm products such as grains, vegetables, fruits, livestock, milk, Khat or others. This includes selling their own produce or reselling goods at markets. They may also act as middlemen or traders within the agricultural supply chain.

Figure 7 below presents the major obstacles faced by the study participants in their efforts to secure employment. The lack of necessary skills emerged as the most common challenge, affecting 63% of respondents and highlighting a significant skills gap within the surveyed population. The absence of job opportunities followed closely, affecting 60% of respondents, and suggested a shortage of suitable employment options in the local labor market. Legal restrictions posed a considerable barrier for 24% of respondents. This challenge is likely linked to regulations concerning work permits, particularly affecting refugees, who often face legal and administrative hurdles in accessing formal employment. A negligible proportion (1%) of respondents reported "Other" factors as their main challenge.

The study underscores a critical gap in access to skills development opportunities, revealing that only a small fraction of both refugee and host community members have attended training or education programs. Vocational training is the dominant among the limited training options accessed, while higher education and digital learning remain largely untapped. Addressing this shortfall requires broadening the reach of demand-driven and market-relevant training initiatives tailored to local contexts. Equally important is fostering inclusive approaches that engage both host and refugee communities, and combining practical skill-building with psychosocial support to strengthen community resilience and social cohesion.

In this study, FGDs were conducted with the refugee community to capture qualitative insights. Many discussants in numerous FGDs raised similar concerns regarding the challenges in securing employment, mainly the lack of official documentation or identification. Below is an excerpt from one of the refugees who participated in the FGD:

A key challenge affecting refugees' ability to seek employment is the lack of proper documentation or official identification. While job opportunities are already limited across both refugee and host communities, refugees often face additional administrative hurdles due to the absence of recognized identification or legal documentation. This lack of official ID restricts our ability to participate in formal employment processes, further limiting access to livelihood opportunities. As a result, refugees may face prolonged economic vulnerability, as they are excluded from formal labor markets where documentation is often a prerequisite for employment.

What are the main challenges in securing formal employment?

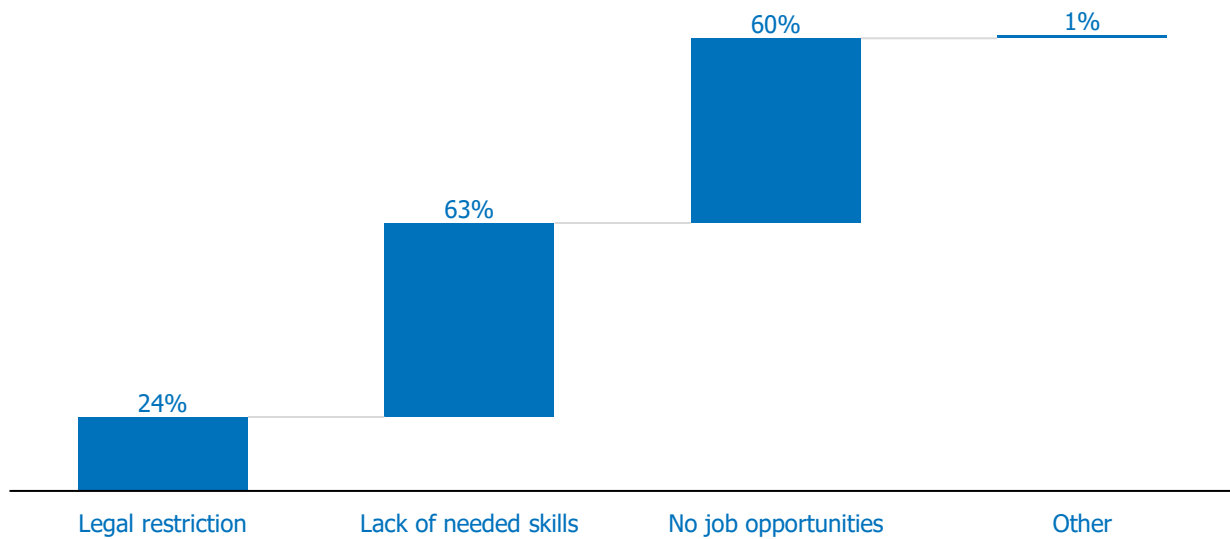


Figure 7: Main challenges in securing a job

Training plays a critical role in enhancing the livelihoods, resilience, and psychosocial well-being of individuals in refugee and host community settings, which are often marked by displacement, economic insecurity, and constrained access to development opportunities. In such environments, vocational and skills-based training is vital for improving employability, fostering entrepreneurship, and enabling individuals to engage meaningfully in the local economy. For refugees, participation in training programs can restore a sense of purpose, strengthen self-reliance, and support psychosocial recovery by promoting personal agency and community integration. Similarly, for host community members, who frequently contend with their socio-economic challenges, training can drive inclusive growth and reduce tensions by promoting shared economic benefits. Therefore, expanding access to relevant and quality training is essential not only for individual empowerment but also for building cohesive, resilient communities in displacement-affected regions.

This study examines the access of refugee and host communities to training opportunities, the types of training they have received, and the skills acquired through these programs. Based on the data presented in Table 10, participation in formal training or education related to specific skills or professions was low among both refugee and host community members. Only a small proportion of respondents reported receiving formal training or education, with 17 percent of refugees and 16 percent of host community members indicating participation. In contrast, a substantial majority—83 percent of refugees and 84 percent of host community members—reported that they had not received any formal skills-based training. This pattern is consistent in the pooled data, highlighting limited access to or engagement with formal training opportunities across both populations.

Among respondents who attended formal training or education, vocational training was the most commonly attended program, particularly among refugees, with 88 percent participation, and to a lesser extent among host community members, at 52 percent. University or college degrees were more common among the host community (28 percent) compared to refugees (17 percent). Engagement in apprenticeship programs was relatively similar across both groups, while online courses had the lowest levels of reported participation.

The study underscores a critical gap in access to skills development opportunities, revealing that only a small fraction of both refugee and host community members have attended training or education programs. Vocational training is the dominant among the limited training options accessed, while higher education and digital learning remain largely untapped. Addressing this shortfall requires broadening the reach of demand-driven and market-relevant training initiatives tailored to local contexts. Equally important is fostering inclusive approaches that engage both host and refugee communities, and combining practical skill-building with psychosocial support to strengthen community resilience and social cohesion.

During the focus group discussions with both the host and refugee community members, a recurring concern was raised: "There are no adequate training programs provided to us to enhance our skills and improve our employability." This indicates a significant gap in the availability of structured and accessible vocational training opportunities, which are crucial for preparing both communities to navigate the competitive job market and secure sustainable livelihoods.

Similarly, a key informant from a non-governmental organization (NGO) acknowledged the shortage of training sessions available to both refugee and host communities. However, the informant also highlighted the positive impact of the existing initiatives. According to the informant:

There is a shortage in meeting the demand for training for both refugee and host communities. However, many of the participants who completed training programs have successfully secured employment. Some institutions have directly provided them with job opportunities, while others have supported them with material assistance, such as tools or resources necessary to start their businesses.

Table 10: Participation in formal training and its significance for employability

| | Refugee (%) | Host community (%) | Pooled (%) |
|--|-------------|--------------------|------------|
| Have you received any formal training or education related to a specific skill or profession? | | | |
| Yes | 17 | 16 | 16 |
| No | 83 | 84 | 84 |
| Types of training or educational programs attended | | | |
| Vocational training | 88 | 52 | 67 |
| University/college degree | 17 | 28 | 24 |
| Apprenticeship program | 15 | 13 | 14 |
| Online courses | 2 | 2 | 2 |
| Other | 7 | 13 | 11 |
| Skills gained through formal training that helped you obtain employment | | | |
| Technical skills | 9 | 10 | 10 |
| Trade skills | 15 | 21 | 18 |
| Business/entrepreneurship skills | 47 | 38 | 42 |
| Healthcare-related skills | 2 | 6 | 4 |
| Language skills | 7 | 4 | 5 |
| Other | 21 | 20 | 21 |

When examining the relevance of skills gained through formal training to obtain employment, the data from Table 10 above shows that business and entrepreneurship skills emerged as the most valuable for both refugees (47%) and the host community (38%). Trade and technical skills were also considered important, with a slightly higher proportion of the host community reporting these skills as helpful compared to refugees. Language skills were more frequently identified as beneficial for employment among refugees (7%) than the host community (4%). Healthcare-related skills were viewed as the least advantageous for employment, with the host community identifying them as more valuable compared to refugees. Additionally, a significant portion of both groups attributed their employment success to "Other" skills acquired through formal training, highlighting the importance of diverse skill sets. In conclusion, formal training in a range of skills, particularly business/entrepreneurship and trade, plays a crucial role in enhancing employment opportunities for both refugees and host communities.

The descriptive statistics presented in Table 11 below highlight the job application patterns, types of jobs applied for, and the challenges faced by both refugee and host community members.

A significantly smaller percentage of refugees (8%) reported applying for a job in the past year compared to the host community (10%). Overall, only 10% of individuals across both groups applied for a job. This suggests that job-seeking behaviour for formal employment is relatively limited within both communities. Beyond this, it may also reflect a strong reliance on self-employment and informal livelihood strategies, as seen in the broader employment profile of the study population. Several factors may contribute to this low rate of formal job applications.

Respondents who did not apply for jobs were asked to identify their primary reason. The results indicate that the most common barrier identified by both groups was the lack of necessary documentation, such as proof of identity, work permits, academic qualifications/certificates, or other related documents. A significant proportion of both refugees (74%) and the host community (70%) reported this as the primary reason for not applying for jobs. However, this barrier appears to be slightly more pronounced for refugees. Beyond documentation, refugees identified waiting for status approval (13%) as the second most common reason for not applying for a job, followed by settling in (4%), learning the language (1%), and other reasons (8%). For the host community, the other barriers for not applying for a job were settling in (18%), learning the language (8%), and other reasons (5%), while waiting for status approval was not a relevant factor (0%).

Among those who applied for jobs, 31% of the study participants applied for positions in the non-profit sector, while 25% sought manual labor roles, making these the most commonly targeted types of employment across both groups. The study also reveals that notable differences were observed in the types of positions targeted. Refugees were more inclined to apply for language and translation roles (38%) compared to the host community (11%), reflecting their multilingual skills and the relevance of such roles in humanitarian settings. Refugees also applied for non-profit and manual labor positions at equal rates (24% each). In contrast, the host community showed a more varied pattern, with the highest share applying for non-profit jobs (34%), followed by manual labor (26%), and a considerable portion indicating "Other" types of employment (21%).

Table 11: Job application experiences of refugees and host community members

| | Refugee (%) | Host community (%) | Pooled (%) |
|---|-------------|--------------------|------------|
| Have you applied for a job in the past year? | | | |
| Yes | 8 | 10 | 10 |
| No | 92 | 90 | 90 |
| Employment position applied for | | | |
| Language and Translation | 38 | 11 | 20 |
| Non-profit sector | 24 | 34 | 31 |
| Hospitality | 10 | 8 | 8 |
| Manual Labor | 24 | 26 | 25 |
| Other | 5 | 21 | 15 |
| Reason for not applying for a job | | | |
| No documents | 74 | 70 | 71 |
| Learning the language | 1 | 8 | 5 |
| Waiting for status approval | 13 | 0 | 5 |
| Settling in | 4 | 18 | 12 |
| Other | 8 | 5 | 6 |

The survey data on average household monthly income⁷ revealed notable differences based on the resident status of the respondents. A statistically significant disparity in average household monthly income was observed between refugee and host community households ($t = -5.4$, $PV < 0.01$). Refugee households reported a substantially lower average monthly income of 11,509 Birr ($SD = 5,069$) compared to host community households (mean = 14,350, standard deviation = 7,075). This difference of -2,841 highlights the significant economic disadvantage faced by refugee households in the Kebribeyah town.

In contrast, the comparison of income based on the respondent's gender did not reveal statistically significant differences ($t = -0.8$, $PV > 0.1$). Although female-headed households reported a slightly lower average monthly income of 13,059 Birr ($SD = 5,321$) than male-headed households (mean = 13,511 Birr, $SD = 7,085$), this difference of -452 was not large enough to be considered statistically significant. These findings underscore the economic vulnerability of refugee households relative to the host community, while also suggesting a relatively equitable income distribution between male- and female-headed households in the study population.

Table 12: Household monthly income by resident status and gender

| Indicators | Mean | SD | Difference | T-test |
|--|-------|------|------------|--------|
| Average household monthly income in ETB | | | | |
| Resident status | | | | |
| Refugee | 11509 | 5069 | | |

⁷ At the time of data collection on April 10, 2025, the official exchange rate, according to the Commercial Bank of Ethiopia (CBE), was 1 USD = 124.00 ETB.

| | | | | |
|-----------------------------|-------|------|-------|---------|
| Host community | 14350 | 7075 | -2841 | -5.4*** |
| Gender of respondent | | | | |
| Female | 13059 | 5321 | -452 | -0.8 |
| Male | 13511 | 7085 | | |

Note: *** Indicates that the difference is statistically significant at the 1% level. However, the results are not adjusted for clustering, which may lead to an overstatement of statistical significance.

The analysis shows that both refugee and host community households dedicate a substantial portion of their monthly income to food-related expenses. Refugee households spend 34% of their income on food consumed at home and an additional 12% on food consumed outside, totalling 46% of their monthly income devoted to food. In comparison, host community households allocate 49% to food consumed at home and 21% to food consumed outside, amounting to a combined 70% spent on food. These figures indicate that food represents the largest share of household expenditure for both groups, underscoring its significant influence on their monthly spending patterns.

Regarding non-food items, host households tend to spend slightly higher proportions of their income than refugee households across most categories. For instance, host households allocate 7% of their income to clothing and shoes, compared to 6% for refugees. Refugee households spend only 1% of their income on medical expenses, compared to 3% for host households. This lower medical expense spending among refugees is likely due to their greater reliance on free or subsidized healthcare services provided by humanitarian organizations. Although refugee households primarily depend on free water sources, they still report spending 3% of their income on water, likely reflecting occasional purchases from private retailers during shortages or service disruptions. These differences suggest that host households generally have more disposable income and a greater capacity to spend on both food and non-food essentials, whereas refugee households operate under tighter financial constraints.

Table 13: Average monthly household expenditure on food and non-food items (in %)

| On average, what percentage of household income is spent monthly on the following items? ⁸ | Refugee (%) | Host (%) |
|---|-------------|----------|
| Food consumed inside the home | 34 | 49 |
| Food consumed outside the home | 12 | 21 |
| Non-food items | | |
| Clothing/ shoes | 6 | 7 |
| Transport | 3 | 2 |
| Water | 3 | 3 |
| Medical cost/ medicine | 1 | 3 |

⁸ The fact that the combined expenditures on food and non-food items do not sum to 100% of household income suggests that a portion of income may be allocated to savings, debt repayment, or other non-food expenses.

3.3. Household Economic Assets and Financial Inclusion

This section explores the economic foundation of households by examining the types and values of productive and non-productive assets they own, as well as their access to and usage of financial services. Understanding household assets provides insights into economic resilience, vulnerability, and the capacity to cope with shocks.

Participants from the host community were asked whether they own any land, excluding the house they currently live in. As illustrated in Figure 8, land ownership among host community households was relatively low. Only 24% of host community respondents reported owning such land, while the vast majority (76%) indicated they do not own such land.

This finding underscores a potential constraint in accessing productive assets among host community members, which may limit their capacity for agricultural activities or land-based income generation. The study further revealed that none of the refugees owned land. This is primarily due to Ethiopian law, which prohibits foreign nationals from owning immovable property—including land and residential or commercial buildings—as stipulated in the 1960 Civil Code (Articles 390–393)⁹. However, in June 2025, Ethiopia’s House of People’s Representatives approved a new proclamation that allows foreign nationals to own immovable residential property. This marks a significant policy shift and aims to provide a clear legal framework for foreign nationals to acquire or hold real estate in Ethiopia.¹⁰

Moreover, the study examined whether households live in rented homes, own their homes, or live rent-free. According to the data, the vast majority of households (76%) live in homes they own. A smaller portion (16%) rent their residences, while 8% live rent-free, which may reflect situations such as living with family or being granted permission to stay by relatives, friends, or other individuals.

Key Takeaways

1. Land ownership

- Land ownership is low among host community households, with only 24% owning land
- The average land size owned by these households is 1.6 hectares, with a range from 0.1 to 5 hectares

2. Livestock ownership

- Sheep and goats are the most commonly owned livestock, while cattle and camels are less prevalent

3. Access to financial services

- Refugees have better access to financial services (73%) compared to the host community (42%)
- There is a widespread lack of savings or investments among both refugee (100%) and host community (96%) households

⁹ <https://ethiopianlaw.com/legal-brief-analysis-of-ethiopias-draft-legislation-on-foreign-ownership-of-immovable-property/#:~:text=This%20legal%20brief%20examines%20the%20current%20legal%20framework,legal%2C%20economic%2C%20and%20social%20implications%20of%20these%20changes>

¹⁰ <https://www.addisinsight.net/2025/07/01/ethiopian-parliament-approves-proclamation-granting-foreigners-the-right-to-own-immovable-property/>

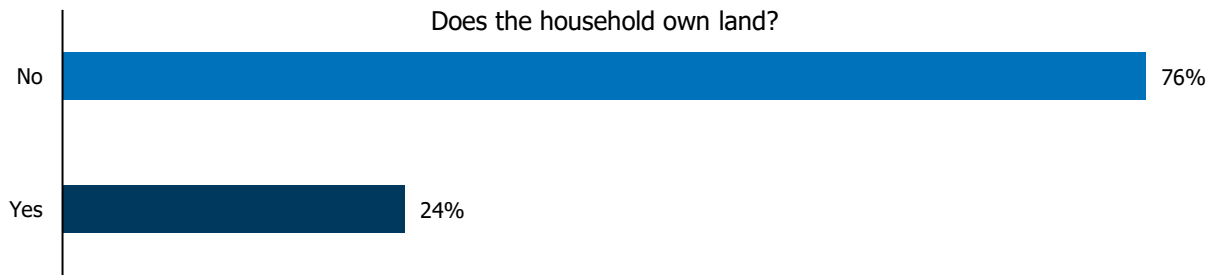


Figure 8: Households' land ownership

The descriptive analysis of land size reveals considerable variation in land ownership among host community members. On average, households owned 1.6 hectares of land, with ownership ranging from a minimum of 0.1 hectares to a maximum of 5 hectares. This wide range indicates a diverse pattern of land distribution, suggesting significant disparities in access to land and varying scales of agricultural activity within the community.

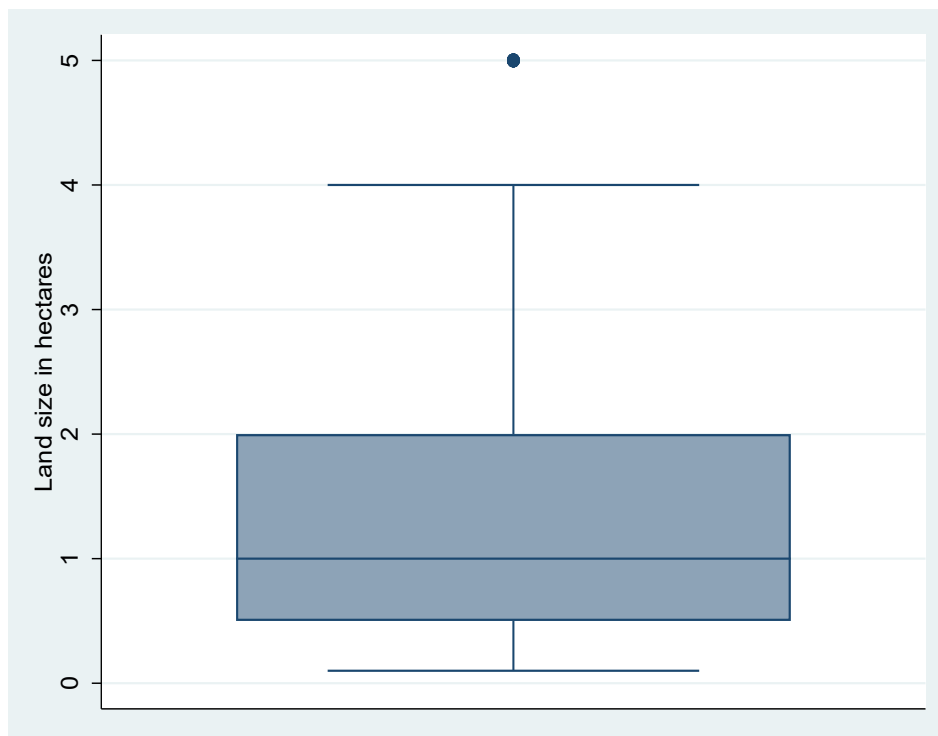


Figure 9: Land size in hectares

The bar chart illustrates the key challenges households face in securing land or housing. The most frequently reported obstacle is the lack of legal documentation, affecting 52% of respondents and highlighting widespread issues with formalizing property rights. Closely following, 38% of participants mentioned the high cost of land or rent, underscoring significant affordability concerns. Discrimination or exclusion from land ownership was reported by 21% of respondents, while 19% pointed to limited access to dispute resolution mechanisms, reflecting broader issues of inequality and institutional barriers. An additional 7% of respondents mentioned other miscellaneous challenges, such as fear (external

threat) and limited availability. These results underscore the complex and multifaceted nature of barriers to secure land and housing, emphasizing the need for targeted interventions that address legal, financial, and social dimensions.

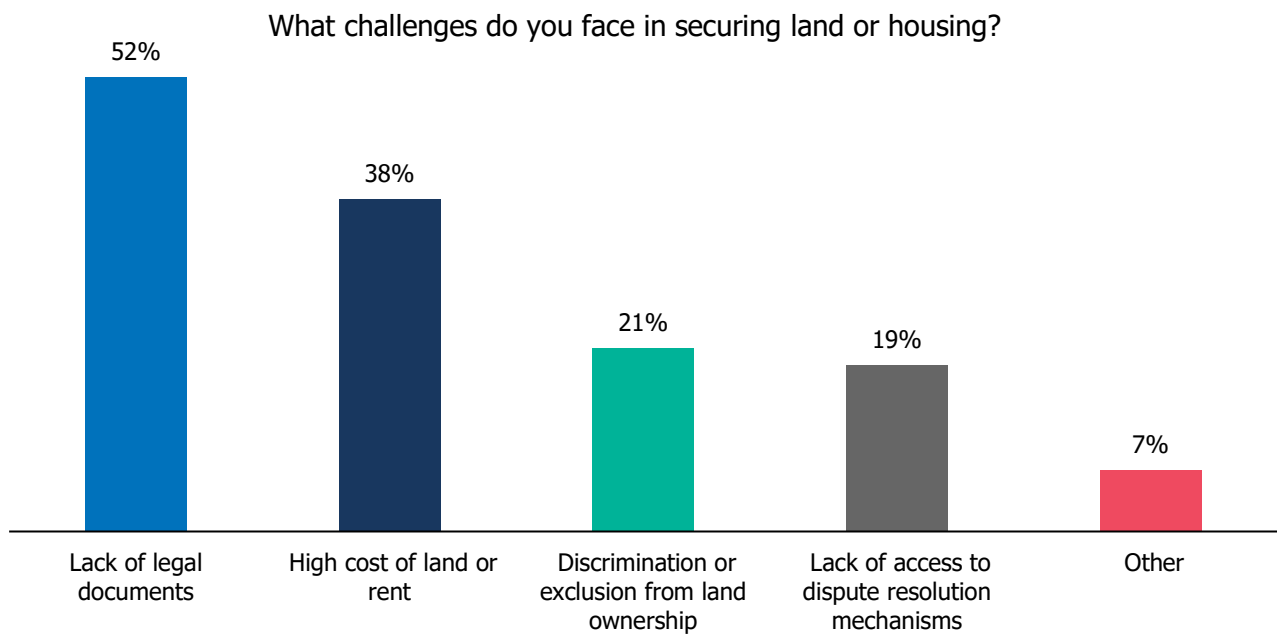


Figure 10: Challenges Encountered in securing land or housing

The line graph below illustrates the average number of livestock per household, revealing distinct patterns in ownership that provide valuable insights into the composition of household assets among the surveyed population. Sheep and goats were the most commonly owned animals, with an average of six per household each, highlighting their importance not only as sources of income and food security but also as key productive assets. In contrast, ownership of cattle and camels was lower, averaging one of each per household. This finding underscores the prominence of small ruminants in household asset portfolios, with larger livestock such as cattle and camels playing a more limited role.

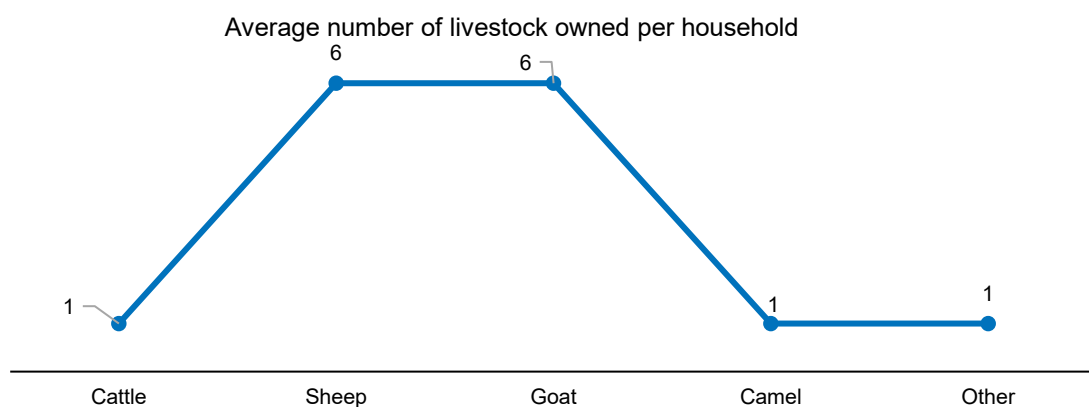


Figure 11: Average number of livestock per household

The data reveals a significant disparity between refugee and host communities in access to financial services. A notably higher percentage of refugees (73%) reported having access to financial services such as bank accounts, mobile money, microfinance, and credit, compared to 42% of the host community. This suggests that refugees generally have better access to financial services than the host population.

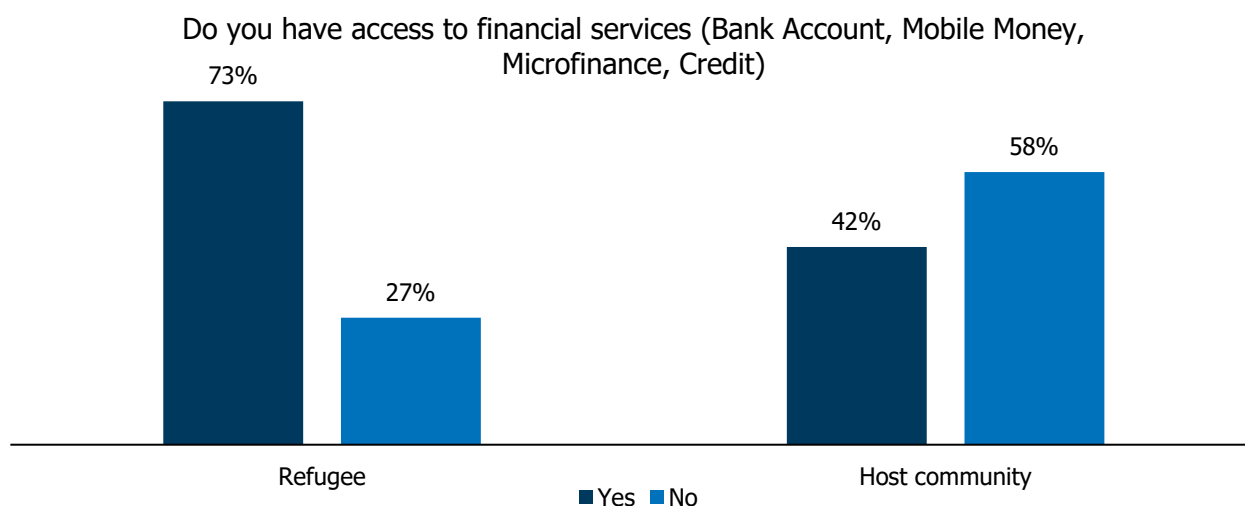


Figure 12: Access to financial services

Respondents who reported no access to financial services were asked follow-up questions to identify the specific barriers they faced. The data presented in Table 14 indicated that the most frequently reported barrier was limited knowledge or awareness of banking services, affecting a significant 49% of respondents. This is followed by the lack of required identification documents, which posed a substantial challenge for 37% of respondents. High banking fees or stringent account requirements deterred 18% of respondents, while the absence of nearby banking facilities affected 11%. Legal restrictions for refugees were identified by a smaller proportion (2%), and other unspecified reasons accounted for 4%. These results highlight that insufficient information and challenges related to documentation were the primary impediments to accessing financial services. To improve financial inclusion, interventions should prioritize awareness-raising campaigns and support mechanisms for obtaining valid identification.

Table 14: Barriers preventing access to banking services

| What are the main barriers preventing you from accessing banking services? | % |
|--|----|
| Limited knowledge or awareness of banking services | 49 |
| Lack of required identification documents | 37 |
| High banking fees or account requirements | 18 |
| Lack of nearby banking facilities | 11 |
| Others | 4 |
| Legal restrictions for refugees | 2 |

The data presented in Figure 13 below highlight a widespread absence of savings or investments among both refugee and host community households. An overwhelming 100% of refugee households and 96% of host community households

reported having no financial savings or investments. In contrast, none of the refugee households and only 4% of host community households reported having any form of savings or investment. These findings underscore a significant lack of financial reserves within both groups, reflecting high levels of economic vulnerability. The overall findings highlight a pressing need for targeted interventions to strengthen financial resilience across both communities.

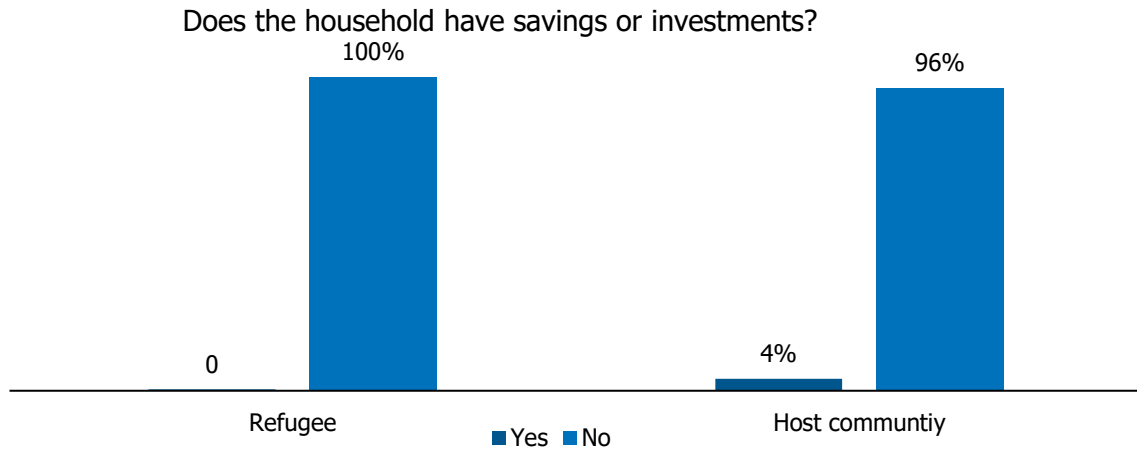


Figure 13: Household savings or investments by residential status

3.4. Self-Reliance

Self-reliance refers to an individual or household's capacity to meet their basic needs, such as food, shelter, healthcare, and others, independently and sustainably, without relying on external assistance. This section explores the support needed and the barriers encountered in achieving self-reliance among both refugee and host community members. Exploring these dimensions provides valuable insights into the levels of independence, as well as the contextual challenges and opportunities that shape daily life.

The data in the Figure below reveal significant disparities between refugees and host community members in terms of the receipt of any support and the perceived need for self-reliance. Out of all households surveyed, only 35% reported receiving any form of support. Among those who received assistance from the government or NGOs, the vast majority were refugees (84%), while only 16% belonged to the host community, highlighting the greater dependence of refugees on external aid mechanisms.

Key Takeaways

- 1. Disparities in support**
 - ⊙ Among those who received support, 84% were refugees, while only 16% were host community members, highlighting the greater reliance of refugees on external assistance.
- 2. Barriers to self-reliance**
 - ⊙ Limited job opportunities (87% refugees; 74% hosts), followed by limited access to financial services, and a lack of skills
 - ⊙ Discrimination was reported by nearly one-third of refugees as a barrier to self-reliance
- 3. Priority needs to become self-reliant**
 - ⊙ Both groups prioritize employment and financial support, with different emphases
 - ⊙ Refugees prioritized financial aid, while hosts leaned slightly more toward job opportunities

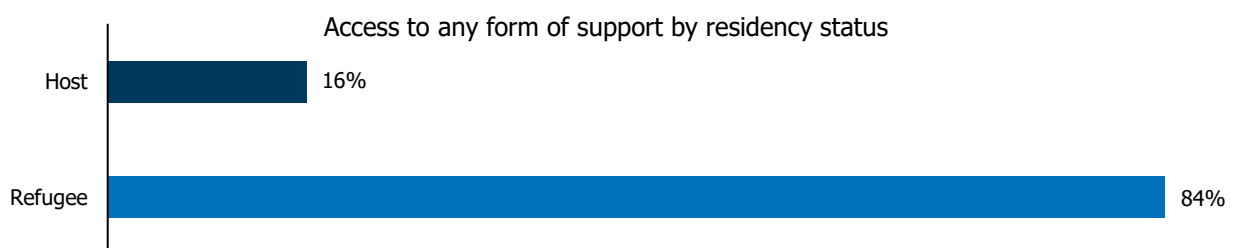


Figure 14: Access to any form of support from the government or NGOs

Regarding the support needed to become self-reliant, both groups identified financial assistance and employment as top priorities. However, the order and intensity of these needs varied. Among refugees, financial support was the most frequently identified requirement (82%), followed by employment opportunities (65%). In contrast, the host community placed slightly more emphasis on employment (60%) than on financial support (61%). This difference suggests that while economic empowerment is a shared concern, refugees tend to face more immediate financial insecurity.

Additional needs were also reported. A considerable portion of refugees pointed to the need for training (53%) and housing (38%) to support their journey toward self-reliance, indicating potential gaps in skills and stable living conditions. The host

community echoed similar needs, though to a lesser extent, with 44% identifying training and 23% citing housing. Both groups also acknowledged the importance of mental health services and transportation access, with higher reporting rates among refugees. This likely reflects the compounded challenges faced by displaced individuals, including psychological trauma and limited mobility in accessing livelihoods or services.

Table 15: Support needed for achieving self-reliance

| Support needed to become self-reliant? | Refugee (%) | Host community (%) |
|--|-------------|--------------------|
| Employment | 65 | 60 |
| Training | 53 | 44 |
| Financial support | 82 | 61 |
| Housing | 38 | 23 |
| Mental health service | 13 | 7 |
| Transport | 18 | 5 |
| Other | 0 | 0 |

Figure 15 illustrates the main challenges preventing economic self-reliance among refugee and host communities in Kebribeyah. The most commonly reported barrier for both groups is a lack of formal jobs, mentioned by 87% of refugees and 74% of host community members, highlighting widespread unemployment, particularly among refugees. Limited access to financial services also affects both groups, with 60% of refugees and 50% of hosts identifying it as a challenge. Notably, discrimination is reported far more frequently by refugees (31%) than by hosts (9%), underscoring the social exclusion refugees often face. Additionally, a lack of skills hinders economic self-reliance for 46% of refugees and 31% of hosts. While both communities experience significant economic barriers, the data reveal that refugees face deeper and more multifaceted challenges, calling for targeted and inclusive support to enhance their self-reliance and integration.

Qualitative insights drawn from a focus group discussion conducted with members of the refugee community highlighted a strong sense of exclusion from available livelihood opportunities. Participants consistently emphasized the disparity in job access between refugees and host community members. One participant remarked, *"Refugees lack the job opportunities available to hosts. Both communities need employment programs, but so far, I have not heard of any efforts targeting refugees."*

Another participant also added, *"I don't see any livelihood opportunities that are exclusive to the host community. Whenever opportunities are available for refugees, hosts also tend to participate."* Participants emphasized the importance of actively including refugees in local economic initiatives, stating, *"Refugees should be included in community-based opportunities such as local businesses and job creation."* These insights point to a clear desire for inclusive programming that involves both host and refugee communities in efforts to build sustainable livelihoods and strengthen social cohesion.

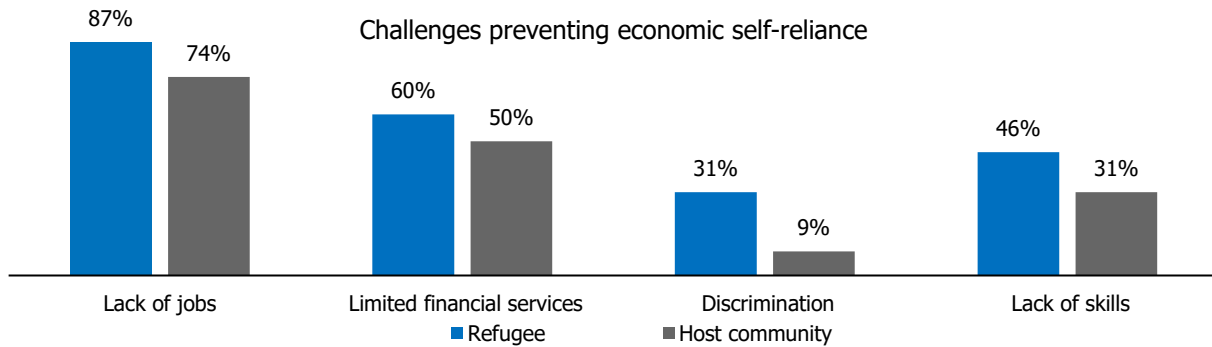


Figure 15: Challenges preventing economic self-reliance

3.5. Security and Social Cohesion

This section explores respondents' perceptions and experiences related to safety, participation in community activities, and social cohesion among both refugee and host community settings. Understanding how individuals perceive their personal and communal security, engage in local activities, groups, or committees, and interact across community lines is essential for informing inclusive development and peacebuilding efforts. In refugee-host community contexts, social cohesion characterized by trust, mutual respect, and cooperation between refugees and host populations is essential for maintaining stability and fostering peaceful coexistence. The insights from this study provide valuable guidance for designing strategies that strengthen community bonds, reinforce local governance mechanisms, and improve the security conditions of both the refugee and host populations.

Key Takeaways

1. Security incidents (last 6 months)

- ☉ Refugees more affected: 19% of refugees experienced security-related incidents in the past 6 months vs. 9% of hosts
- ☉ Theft/robbery was the most common incident for both, but it was more frequent among refugees

2. Community participation levels

- ☉ 38% of refugees were actively involved in community activities, slightly more than host community members (32%)

3. Barriers to participation

- ☉ 61% reported a lack of time, 52% a lack of information, and 10% felt unwelcome

4. Perceived relationship and social cohesion

- ☉ Positive social dynamics between refugees and host community members
- ☉ A majority of refugees (54%) reported a strong sense of belonging and positive social connection with the host community, while 41% neutral, and 5% poor (isolated or excluded)
- ☉ Similarly, 46% of host community respondents rated their relationship with refugees as very good, with another 49% describing it as neutral, and only 5% indicating poor relations.

The study findings indicate that a significantly higher proportion of refugees (86%) reported feeling safe at all times, compared to 67% of host community members. In contrast, safety concerns were more pronounced among the host population, with 22% feeling safe only during the daytime, nearly double the 13% reported by refugees, and 11% often feeling unsafe, compared to just 1% of refugees.

This could be due to the fact that refugees may benefit from targeted protection measures implemented by humanitarian actors or may perceive their current situation as relatively safer compared to past experiences in conflict or displacement settings. The following quote was taken from a refugee who participated in the case study:

"The situation in our hometown was not safe at all because of the war. We lived in constant fear, and our daily lives were full of uncertainty. The journey to Ethiopia was also dangerous — we faced numerous risks along the way. But now, compared to what we went through, we feel significantly safer. Life is still challenging, but at least we no longer are in fear for our lives every day."

Therefore, it is recommended that context-specific safety interventions be designed to address the refugee and host populations' distinct realities and perceptions.

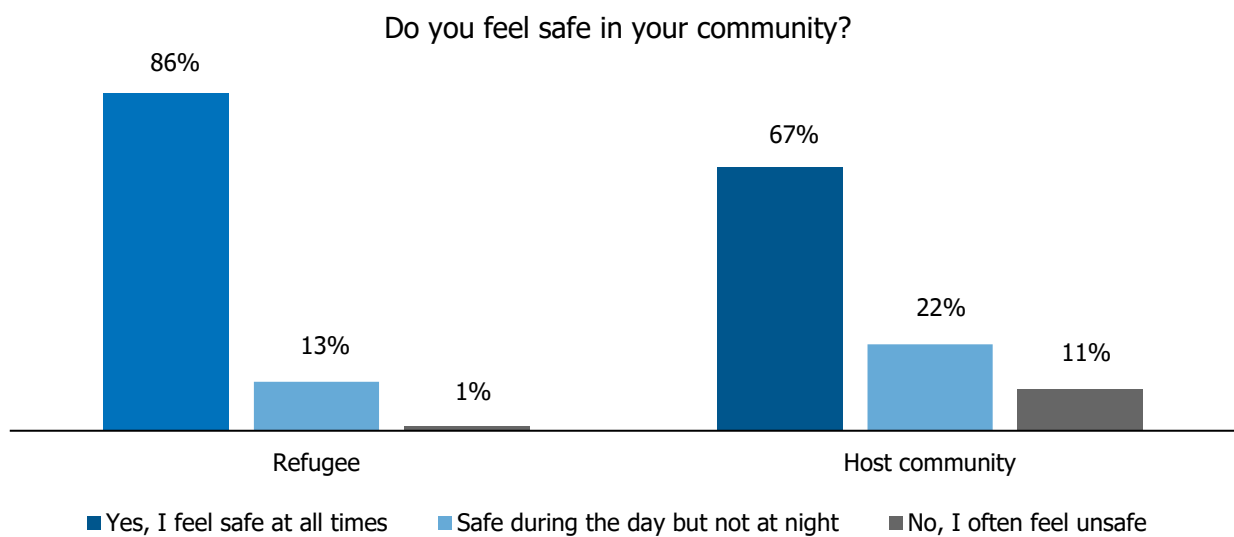


Figure 16: Perceived safety levels among refugees and the host community

Table 16 below presents a breakdown of the reported security-related incidents by population group. The study findings indicate a notable disparity in the experiences of security-related incidents between refugee and host community members over the past six months. A significantly higher proportion of refugee households (19%) reported such incidents compared to their host community counterparts (9%), highlighting the greater vulnerability of the refugee population.

Table 16: Prevalence of security incidents in the past six months

| Have you or your household experienced any security-related incidents in the past six months? | Refugee (%) | Host community (%) |
|---|-------------|--------------------|
| Yes | 19 | 9 |
| No | 81 | 91 |

Respondents who reported experiencing security problems within the past six months were asked follow-up questions to gather more detailed information about the nature and specifics of the incidents they encountered. Among those who experienced security issues, theft or robbery was the most common incident for both groups, though it was notably more prevalent among refugees (94%) than in the host community (82%). Moreover, 42% and 13% of the affected host and

refugee community households faced physical violence, respectively. Similarly, a higher proportion of affected host community households reported experiencing harassment or discrimination (9%) compared to refugees (2%). Additionally, 6% and 2% of host and refugee community households reported "other" types of security incidents, respectively.

Table 17: Types of security incidents in the past six months

| What type of incident? | Refugee (%) | Host community (%) |
|-------------------------------------|-------------|--------------------|
| Theft or robbery | 94 | 82 |
| Physical violence | 13 | 42 |
| Harassment or discrimination | 2 | 9 |
| Other | 2 | 6 |

The data reveal differences in levels of community participation between refugee and host community respondents. Among refugees, 38% reported being actively involved in community activities, groups, or committees, compared to 32% among host community members. In contrast, a higher proportion of host community respondents (36%) sometimes participate in such activities relative to refugees (32%). The share of respondents who reported no involvement is nearly equivalent across the two groups, with 31% for refugees and 32% for host community members.

These findings suggest that refugees demonstrate a slightly higher proportion of active engagement in community activities, whereas host community members are more likely to participate on an occasional basis. The comparable levels of non-involvement across both groups may reflect comparable structural or contextual constraints limiting community participation.

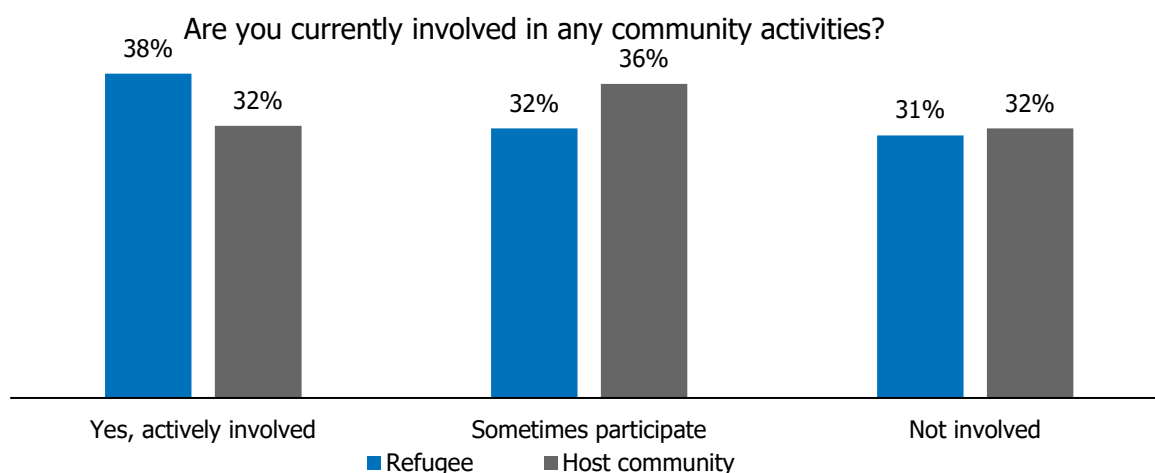


Figure 17: Participation in community activities: Refugees vs host community

Respondents who reported not participating in community activities were asked follow-up questions to identify the obstacles preventing their engagement. Table 18 below presents these barriers, offering insights into the key factors limiting community participation. The significant majority (61%) of these respondents identified a lack of sufficient time due to work or household responsibilities as the most substantial barrier, emphasizing the considerable impact of everyday demands on participation in community activities. Furthermore, a lack of information was reported by 52% of non-participants, underscoring the critical need for enhanced outreach and communication to raise awareness of opportunities for involvement. While a smaller segment, 10%, indicated feeling unwelcome, suggesting that fostering a more inclusive and inviting atmosphere could encourage greater participation. The minimal 0% mentioned other reasons suggests that the

principal deterrents are effectively captured within the categories of time constraints, lack of information, and feelings of exclusion.

Table 18: Reasons for non-participation in community activities

| What prevents you from participating? | % |
|---|----|
| Lack of information | 52 |
| Not enough time due to work or household responsibilities | 61 |
| I do not feel welcome to participate | 10 |
| Other | 0 |

Note: The sum of percentages may exceed 100%, as respondents were allowed to select multiple sectors of employment if they were engaged in more than one sector.

The data presented in the figure below illustrates the perceptions of refugees regarding their relationship with the host community. A significant majority of respondents (54%) described the relationship as 'Very good,' indicating a strong sense of belonging and positive social connection. A substantial portion (41%) reported having 'Some interaction but limited integration,' reflecting a more neutral stance with occasional engagement that falls short of full inclusion. Conversely, a small minority (5%) expressed negative perceptions, describing their relationship as 'Poor,' often linked to feelings of isolation or exclusion. Overall, the findings suggest that while many refugees feel a strong connection to the host community, a notable segment experiences only limited interaction, and a small yet important group feels excluded. To strengthen relationships between refugees and host community members, inclusive community events should be promoted to foster interaction and mutual understanding.

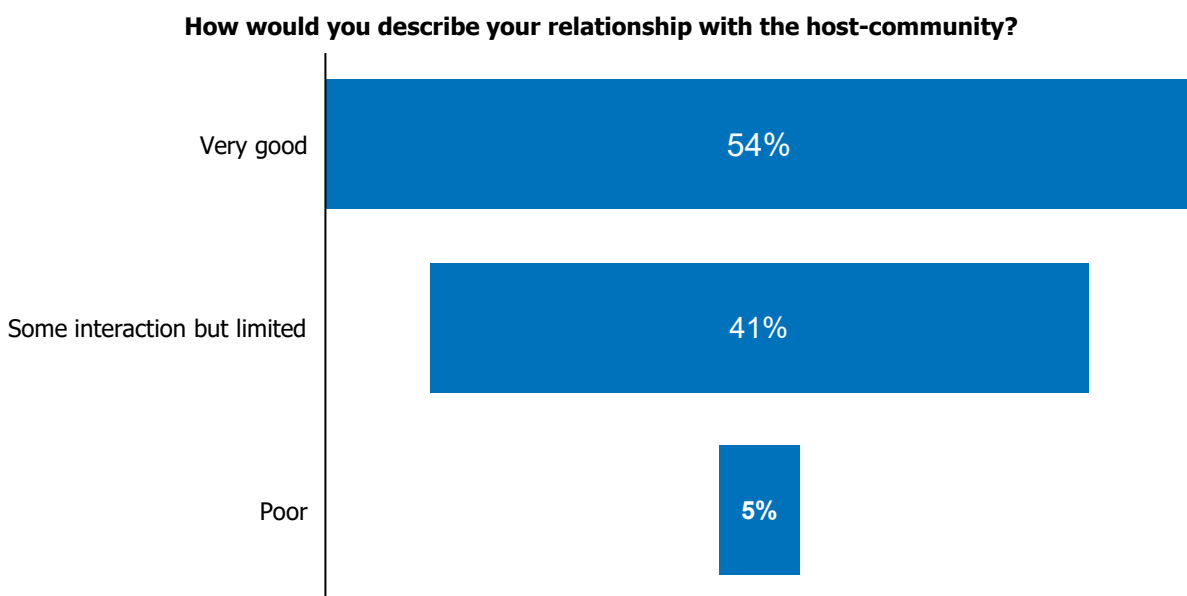


Figure 18: Refugee perception regarding their relationship with the host community

The study findings show that 46% of the host community perceives their relationship with refugees as "very good," reflecting positive interactions and a sense of mutual rapport. Meanwhile, the majority (49%) describe the relationship as "neutral," indicating some interaction but limited integration or depth of connection. Only a small fraction, 5%, views the relationship as "poor," indicating that negative perceptions are relatively uncommon. However, this insignificant proportion of host households expressing negative perceptions toward refugees may stem from perceived imbalances in aid and support, which can fuel feelings of resentment. Qualitative insights from focus group discussions highlighted this concern, with some participants stating, *"Most support programs give priority to refugees, even though we are also in need. Sometimes we feel overlooked, as if our struggles are invisible simply because we are not displaced."* Overall, the data suggest that while many host community members experience positive relationships with refugees, a slightly larger group maintains more neutral interactions, and negative perceptions remain rare.

How would you describe your relationship with the refugees?

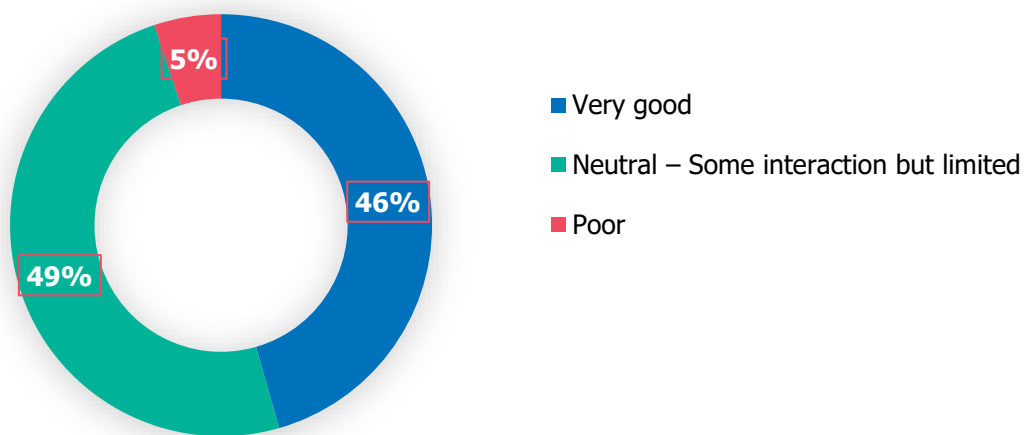


Figure 19: Host community perception of their relationship with the refugee community

The pie chart below illustrates the various ways in which refugees are perceived to contribute to the development of the local economy. The most suggested strategy, chosen by 33% of respondents, was participation in labor markets, highlighting the economic role refugees play through employment. Starting businesses ranked second (21%), underscoring the entrepreneurial potential among refugees to create jobs and stimulate economic activity. Volunteering and cultural exchange were equally valued, each accounting for 19%, reflecting the contributions of refugees to community service and the enhancement of social cohesion through cultural diversity. Advocacy, identified by 7%, underscores the recognition of the importance of refugee voices in shaping inclusive policies. Overall, the data presents a multidimensional perspective on refugee contributions, spanning economic, social, and cultural domains.

Strategies for refugee contribution to development

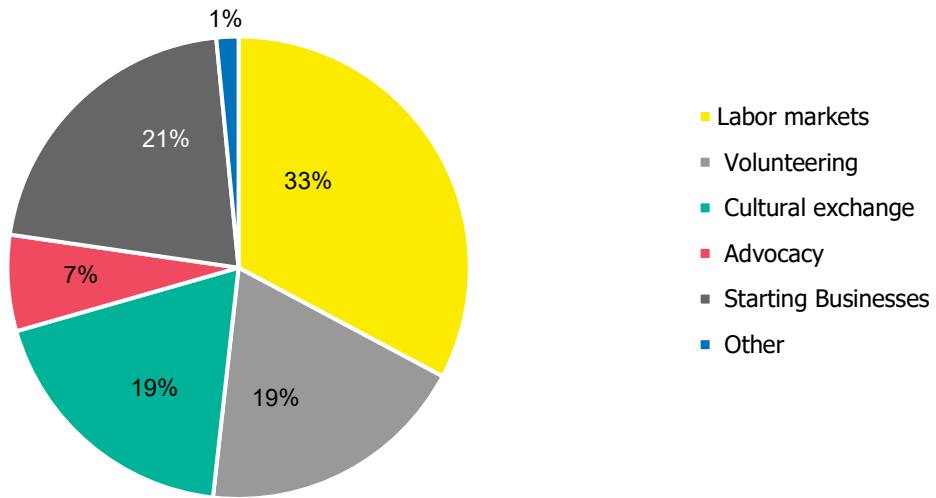


Figure 20: Strategies for refugee contribution to development

SECTION FOUR: BASIC SERVICES ASSESSMENT

This section presents the key findings of the basic services assessment conducted in Kebribeyah refugee camp and the surrounding host communities. The assessment focuses on evaluating access to essential services such as water and sanitation, healthcare, education, shelter, energy, and transportation. In addition to service availability and quality, the assessment explores issues of social integration and cohesion between refugee and host populations, recognizing their influence on service utilization and community well-being. Drawing on household-level data from both communities, the analysis identifies critical service gaps, accessibility challenges, and areas of overlap or disparity. The findings offer important insights into the current state of basic service provision in Kebribeyah and are intended to support evidence-based planning, targeted interventions, and effective resource allocation.

4.1. Overall Basic Services Assessment

This sub-section provides an assessment of the availability and accessibility of basic services within both the refugee camp and the host community. It examines the extent to which essential services such as water, healthcare, education, and sanitation are accessible to residents in each context.

As the table below demonstrates, refugees generally rate education and health services as "Good" more often than hosts, indicating moderate satisfaction. However, hosts tend to give higher ratings of "Very Good" or "Excellent," suggesting they perceive better quality despite also showing more dissatisfaction in some areas. Refugees report better access to WASH, shelter, and food security services compared to hosts, who have higher percentages of "Very Poor" and "Poor" ratings in these sectors. In protection, legal aid, and public services, refugees show higher satisfaction levels overall, while hosts are more divided in that some rated these services highly, but others expressed notable dissatisfaction, especially with shelter and food security. This highlights differences in service experience and possibly unequal access between the two communities.

Table 19: Overall basic service assessment across the refugee and the host community

| Service Area | Community Type | Very Poor (%) | Poor (%) | Good (%) | Very Good (%) | Excellent (%) |
|---------------------------|----------------|---------------|----------|----------|---------------|---------------|
| Education Services | Refugee | 7 | 15 | 67 | 9 | 2 |
| | Host | 14 | 25 | 42 | 18 | 2 |
| Health Services | Refugee | 7 | 25 | 52 | 14 | 1 |
| | Host | 12 | 26 | 42 | 16 | 4 |
| Transport Services | Refugee | 11 | 28 | 44 | 12 | 6 |
| | Host | 11 | 21 | 44 | 19 | 5 |
| WASH Services | Refugee | 17 | 36 | 37 | 8 | 2 |
| | Host | 26 | 31 | 28 | 14 | 2 |
| Public Services | Refugee | 14 | 23 | 40 | 18 | 6 |
| | Host | 14 | 23 | 45 | 15 | 3 |
| Protection & Legal Aid | Refugee | 12 | 10 | 67 | 8 | 3 |
| | Host | 12 | 15 | 37 | 22 | 13 |
| Shelter & Non-Food Items | Refugee | 7 | 34 | 50 | 8 | 1 |
| | Host | 22 | 32 | 32 | 12 | 2 |
| Food Security & Nutrition | Refugee | 8 | 36 | 46 | 7 | 3 |
| | Host | 24 | 26 | 32 | 15 | 3 |

4.2. Access to Health Services

4.2.1. Access to Maternal Health and Childcare Services

The figure and table below illustrate the level of accessibility to maternal health and childcare services in both the refugee and host communities. They provide a comparative overview of service availability, usage rates, and potential gaps in access that may affect the well-being of mothers and children in each population.

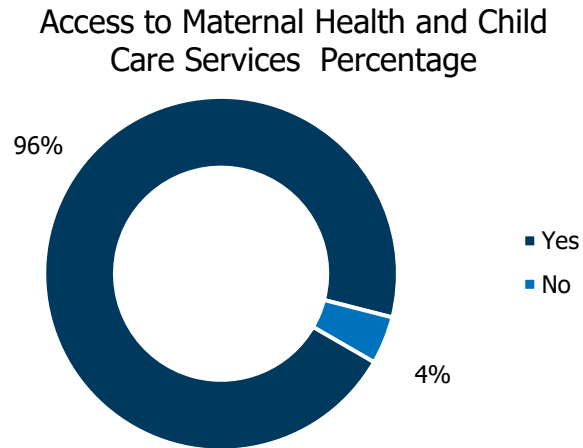


Figure 21: Access to maternal health and childcare Services

Table 20: Reasons for not accessing maternal services

| Reasons for not accessing these services | % |
|--|----|
| No response | 52 |
| No access to maternal and child health | 44 |
| Lack of knowledge | 4 |

As illustrated in Figure 21, 96% of respondents indicated that they or their family members have access to maternal and child healthcare services, reflecting strong integration of these services within the surveyed communities. However, 4% of respondents reported lacking such access. Among this subset, 52% did not provide a reason, 44% attributed the issue to the absence of maternal and child healthcare facilities in their area, and 4% cited a lack of awareness about available services. While the overall access rate is notably high, the data highlights the need to address both infrastructural gaps and information dissemination to ensure truly equitable access to maternal and child health services.

4.2.1.1. Access to Maternal and Child Health Services Among Refugees and Host Communities

As shown in Figure 22 below, access to maternal and child healthcare services is generally high among both refugee and host communities. Specifically, 98% of respondents from the refugee and 94% from the host community reported having access to these services. This widespread access indicates a strong presence of maternal and child healthcare infrastructure in the surveyed areas.



Figure 22: Access to Maternal and Child Health Services Among Refugees and Host Communities

However, while the quantitative data reflects high levels of access across both communities, qualitative responses reveal contrasting experiences between refugees and host community members. Refugee participants frequently expressed concerns about overcrowding and strained resources, noting that services originally designed for them are increasingly stretched by the inclusion of host communities. Conversely, host community members highlighted feelings of exclusion or secondary prioritization in accessing these services, suggesting a perception of inequity in service delivery. This highlights a growing tension around the sustainability and fairness of shared healthcare systems.

One participant noted that while both refugees and host community members can access maternal and child healthcare, the resources are sometimes stretched, leading to delays and reduced quality of care. This was echoed by participants in the focus group discussions (FGDs), who stated, "Services exist but are limited. There are not enough doctors, and medicine can be scarce, especially during high-demand periods. We try to manage with what is available." These perspectives underscore the need for greater investment in infrastructure, staffing, and medical supplies to ensure that existing services can meet the growing demand without compromising quality or fairness.

Despite the high overall access, significant challenges exist, particularly among refugee populations. Participants in the FGD interviews highlighted that refugees currently face serious barriers to accessing healthcare. One participant noted that although there used to be a hospital, there are now no medical staff or medicines, and the health center is overcrowded, failing to provide adequate care for refugees. Another participant confirmed that while healthcare services were once available, they have since ceased, leaving people dependent on overstretched local resources.

The situation is particularly dire regarding vaccinations for children and mothers. Multiple participants pointed out that vaccination services, once available, have now broken down. Health workers have left, the cold chain system for vaccine storage is no longer functional, and information about immunization outreach is lacking. As a result, mothers often travel long distances only to discover that vaccines are unavailable. This poses serious health risks, especially for preventable diseases like polio. The overwhelmed state of local health facilities affects both refugees and host communities, exacerbating the healthcare crisis. One participant shared, "*During Ramadan, I visited a hospital and saw many refugees who had arrived around 4:00 PM but were unable to access the outpatient department. I ended up having to assist in an emergency situation.*"

4.2.1.2. Availability of Mental Health Facilities

This section presents the extent of availability of mental health service facilities in the community as reflected by participants in the study. Both the survey and the quantitative data analyses indicate that the availability of mental health support services in the community is not adequate. Based on responses from the survey participants, as the table below shows, 44% believe such services are available, while 31% reported they are not, and 25% were neutral. Although a significant portion acknowledges the presence of services, over half of the respondents either do not perceive them as available or are unaware, indicating potential gaps in access, visibility, or outreach. The relatively high percentage of 'No' and Neutral responses indicates issues such as lack of awareness, geographic and socioeconomic disparities, and insufficient mental health literacy. These findings suggest a need for targeted awareness campaigns, service expansion, especially in underserved areas, and better integration of mental health services into community systems. While the service is generally available in the area, further assessments and strengthened referral pathways are recommended to improve accessibility and ensure effective utilization by all community members

Table 21: Responses on the availability of mental Health facilities

| Availability of mental health facility | % |
|--|-----|
| Yes | 44 |
| No | 31 |
| I don't know | 25 |
| Total | 100 |

As indicated in the figure below, the availability of mental health services differs notably between refugees and the host community. Specifically, 51% of refugees indicated that mental health services are available in their area, compared to 39% of host community members. This disparity highlights differences in perceived service presence across the two communities. This is further illustrated by qualitative data gathered during interviews and focus group discussions.



Figure 23: Availability of mental Health facilities across the refuges and the host community

When asked to describe healthcare services available to refugees versus the host community, one participant stated, "Refugees do have access to doctors. The government is aware of their needs, and they are treated when they fall ill. We also receive medicine free of charge." Another participant added, "The community is provided with free medication as well," indicating that while some services are available to both groups, the scope and consistency of access differ.

The gap in mental health service availability becomes even more evident when considering support for individuals with intellectual disabilities. In response to a question about mental health services for refugees with such conditions, one participant 1 shared, "Refugees do receive mental health services, and the government supports them. However, the host community does not have the same level of access. For example, I have a daughter with a disability; she cannot walk or

“speak, and we don’t even have a wheelchair for her.” This participant further noted that her daughter had only recently been registered for support, highlighting the delays and limitations host community members face.

4.2.2. Challenges of Access to Health Services

As shown in the table below, data highlights that the most commonly reported challenge in accessing healthcare services is the high cost of services, cited by 35% of respondents. This suggests that affordability is a significant barrier, potentially limiting access for low-income households. Poor quality of care is the second most reported challenge at 25%, indicating dissatisfaction with the services provided, which may discourage people from seeking medical attention when needed.

Table 22: Challenges of access to Health services

| Challenges | % |
|-------------------------------|----|
| Distance to health facilities | 20 |
| High cost of services | 35 |
| Poor quality of care | 25 |
| Lack of essential medicines | 20 |
| No challenges | 1 |

Other notable barriers include distance to health facilities and lack of essential medicines, each reported by 20% of respondents, emphasizing both physical and supply-related access issues. Interestingly, only 1% of respondents reported facing no challenges, underscoring the widespread nature of healthcare access problems within the community. These findings point to the need for comprehensive interventions addressing cost, quality, availability, and proximity of health services.

4.2.2.1. Challenges Regarding Access to Health Services Across Refugee and Host Communities

This section discusses the challenges faced by both the host community and refugees, highlighting the social, economic, and cultural issues that affect their coexistence and well-being. As indicated in Figure 24 below, the most important barriers to healthcare access among refugees and host community members vary, revealing occasional overlapping and distinct challenges.

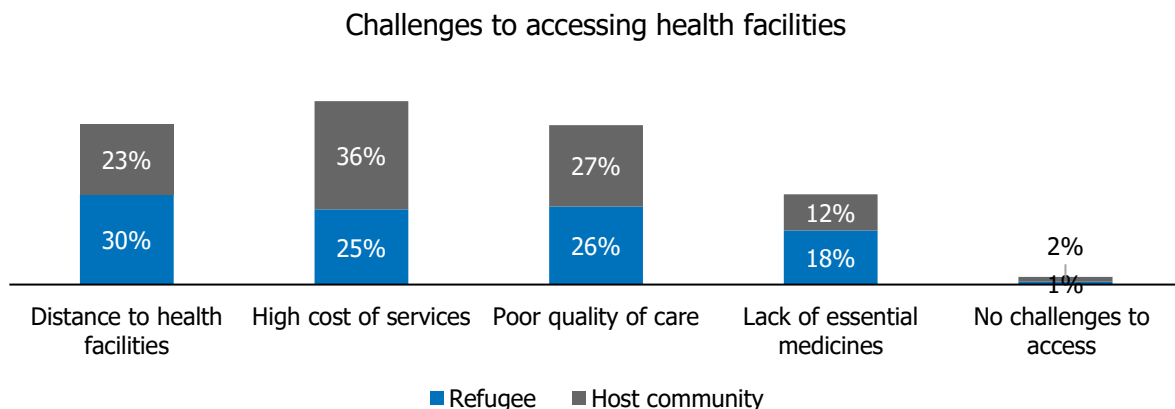


Figure 24: Challenges of access to Health services across refugee and host communities

As indicated in the figure above, the most significant barrier for refugees is distance to health facilities (30%), followed by poor quality of care (26%), high cost of services (25%), and lack of essential medicines (18%). Despite official subsidies and free public health services for refugees, qualitative insights suggest that many still encounter indirect costs such as transportation, out-of-stock medications that must be bought privately, or opting for private care to avoid long queues, which may contribute to financial strain.

In contrast, the host community reports high cost of services (36%) as the top barrier, indicating a more direct burden from out-of-pocket payments in public healthcare settings. This is followed by poor quality of care (27%), distance to facilities (23%), and lack of essential medicines (12%), pointing to broader issues with affordability and service provision. Although a small proportion of both groups reported no challenges (1% of refugees, 2% of hosts), the overwhelming majority face at least one significant barrier to healthcare access.

These findings highlight that while both populations contend with issues of quality, availability, and physical access, cost is a more acute concern for the host community, whereas refugees are more affected by structural and service-related limitations. As emphasized in qualitative responses, “both communities can access healthcare services. At times, facilities get overcrowded, but both refugees and the host community benefit. There’s room for improvement, especially in medicine availability.” This shared experience underlines persistent shortcomings in service quality and resource availability across the board.

Overall, addressing healthcare access requires targeted, context-specific interventions including improving facility infrastructure, ensuring consistent medicine supply, expanding outreach services in remote areas, and reducing financial burdens, particularly to support the most affected groups in both refugee and host communities.

4.3. Access to Education Services

Access to education services is a critical component of human capital development and plays a vital role in the overall socio-economic advancement of communities. In this sub-section, the accessibility of education services in both the refugee and host communities is examined. The discussion highlights factors such as availability of schools, enrolment rates, quality of education, and potential barriers, such as language, infrastructure, or financial constraints, that may impact equitable access to education for all children and youth. As indicated in the table below, 73% of the refugee community and 56% of the host community reported access to adequate school and learning space. This suggests that adequate educational infrastructure is a shared challenge, though slightly more limited for refugees.

Table 23: Cross-tabulation of access to education across the local community and refugees

| Access to education | Refugee (%) | Host community (%) |
|--|-------------|--------------------|
| Adequate Schools and learning spaces | 73 | 56 |
| Not adequate Schools and Learning spaces | 27 | 44 |
| Total | 100 | 100 |

The data reveals a notable disparity in access between the two groups, with local community members reporting marginally better access to adequate educational facilities than refugees. This gap underscores the urgent need for targeted

interventions to expand and improve educational infrastructure, particularly for refugee populations who often face additional barriers such as displacement, limited resources, and inadequate learning environments. Qualitative findings from case study participants reinforce these concerns.

One participant stated, *“Education services are very poor. Children are not being taught properly. At the RRS school, students drop out due to a lack of quality instruction, especially in subjects like mathematics. Some reach secondary school without a solid foundation and end up leaving.”*

Another added, *“Refugee children don’t receive proper education. Without learning, they’re more likely to fall into harmful behaviours.”* This reflects the long-term risks of educational exclusion, particularly for displaced youth.

Participant 3 noted the decline in educational support: *“In the past, children received books and uniforms. Now, they are only given two notebooks, which are often discarded.”* A further participant highlighted the infrastructural deficit, stating, *“There are not enough classrooms, which has led to many children dropping out of school.”*

Both the qualitative and quantitative insights illustrate that limited educational resources, poor instruction quality, and insufficient infrastructure are critical challenges affecting both communities, especially refugees, and must be addressed to ensure inclusive and equitable access to education for all.

4.3.1. Children’s Access to Schooling

Among refugee households, who make up 39% of the surveyed population, access to education remains a notable concern. A significant proportion of these households reported that their children do not attend school, contributing to the overall 29% of respondents who indicated lack of access.

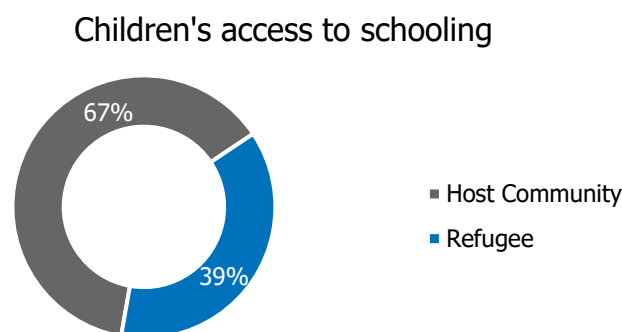


Figure 25: Children’s access to schooling across the host community and refugees

This finding reflects the structural barriers refugee families often face, such as overcrowded or distant schools, language barriers, and financial constraints. Refugees are also more likely to fall within the 21% who selected “Not applicable,” possibly due to recent displacement, lack of documentation, or fewer school-aged children in their households. These patterns underscore how refugee status compounds existing educational challenges, limiting children's ability to access formal learning opportunities.

In contrast, host community households, which account for 67% of the surveyed population, reported relatively higher levels of school access for their children, forming the majority of the 50% who indicated positive access to education. Host families are typically more integrated into local systems, reside closer to educational facilities, and face fewer bureaucratic

or language-related barriers. However, even among the host community, a portion still reported difficulties, contributing to the 29% without access. These cases may reflect issues like overcrowded classrooms, financial limitations, or poor school quality. The triangulated data thus reveals a clear disparity: while both communities face educational challenges, refugee households are disproportionately affected, pointing to the urgent need for targeted interventions that address their unique barriers to education.

4.3.2. Children’s Access to Schooling

As indicated in the figure below, there is a gender gap in access to children’s education. Of the respondents who reported that their children have access to education, 61% are male, while 39% are female. There is a significant disparity in access to child education between the host community and refugee populations, particularly when analysed through the lens of gender. Among those who reported access to education, only 39% are female, while 61% are male. This gap highlights not only the broader challenges in educational access but also the gender-based barriers that disproportionately affect girls, especially within refugee communities. These figures illustrate that while education may be available, cultural norms, safety concerns, and resource limitations may be hindering female participation more negatively than that of males.

Children access to school by gender

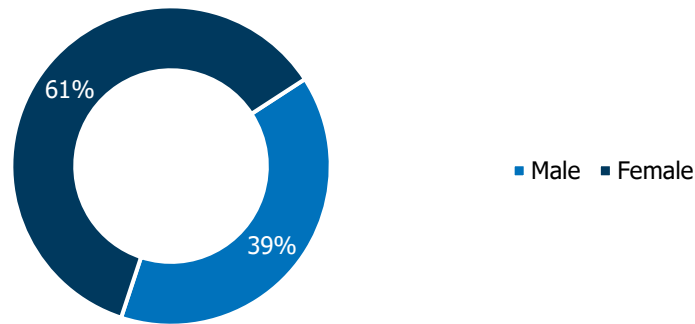


Figure 26: Children’s access to schooling by gender

4.3.3. Challenges of Access to Education Services

As shown above, the multiple-response survey findings indicate that the most significant barrier to accessing education services is the lack of teachers, reported by 43% of respondents. This highlights a critical shortage of qualified educators, which directly affects the quality and availability of education. Closely following this, 41% of respondents cited the lack of schools, pointing to substantial gaps in educational infrastructure that make it difficult for children, particularly in remote or underserved areas, to physically access learning spaces.

Table 24: Major challenges to education services

| Challenges | % |
|------------------|----|
| Lack of teachers | 43 |
| Lack of schools | 41 |
| Language barrier | 29 |

| | |
|--------|----|
| Others | 17 |
|--------|----|

Additionally, 29% of respondents identified language barriers as a major challenge. This suggests that in areas with linguistic diversity or high refugee populations, children often struggle to learn in a language that is not spoken at home, making comprehension and participation difficult. The remaining 17% of respondents mentioned other reasons, indicating that a range of additional social, economic, or contextual factors, such as poverty, child labor, or cultural norms, also contribute to limited access to education. Together, these findings underscore the multifaceted nature of educational access challenges in the surveyed communities.

4.3.3.1. Challenges of Access to Education Services Across the Host Community and Refugees

The main barriers to education access differ in severity between refugee and host communities. A lack of teachers was the most reported challenge, cited by 54% of refugees and 35% of host community members, highlighting a critical staffing shortage, particularly among the refugees. Similarly, a shortage of schools was identified by 44% of refugees and 39% of hosts, indicating limited infrastructure across both settings.

Table 25: Comparison of challenges to education across communities

| Challenges | Refugees (%) | Host community (%) |
|-------------------|--------------|--------------------|
| Lack of schools | 44 | 39 |
| Language barriers | 19 | 36 |
| Lack of teachers | 54 | 35 |
| Others | 14 | 19 |

Interestingly, language barriers were more frequently reported by the host community (36%) than by refugees (19%), possibly due to the host area's internal linguistic diversity or integration challenges into a standardized education system. Additional issues, such as poor teaching quality, financial constraints, and lack of school materials, also affect both groups but tend to impact refugee children more severely due to their heightened socio-economic vulnerability. These findings underscore the need for tailored education responses that address both shared and population-specific barriers.

4.3.4. Vocational and Adult Education Programs

As shown in the figure below, only about 28% of respondents reported that adult education programs are available in their area. Adult education here refers to structured learning aimed at improving literacy, numeracy, or vocational skills. The low availability likely reflects both limited access and lack of awareness about these programs. Qualitative data suggest this gap is due to factors such as the absence of dedicated programs or trained instructors, inadequate funding, and low government prioritization. Additionally, work, household duties, childcare, and cultural attitudes further limit participation, even when programs exist.

Do you access to vocational and adult education?

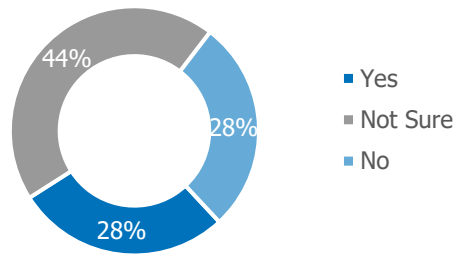


Figure 27: Access to vocational and adult education

Limited access to adult education restricts opportunities for improving literacy, employment, and quality of life. Addressing these barriers with targeted outreach, flexible schedules, and inclusive designs could increase participation and support lifelong learning in these communities.

4.3.4.1. Vocational and Adult Education Programs for Refugees and Local Communities

Access to vocational and adult education programs is higher among refugees, with 18% of respondents reporting participation, compared to only 10% from the host community. This difference likely stems from targeted humanitarian and development efforts that prioritize refugees’ skill development and livelihood support to promote self-reliance. Such initiatives often focus on refugees as a vulnerable group in need of empowerment, which may explain their relatively greater uptake of these educational opportunities.

Vocational and Adult Education Programs for Refugees and Local Communities



Figure 28: Access to Vocational and Adult Education

In contrast, the host community demonstrates more limited access, possibly due to fewer dedicated programs, less outreach, or competing socio-economic demands. This uneven access highlights the importance of designing inclusive and balanced vocational education programs that actively engage both refugee and host populations. Ensuring equitable access to skill-building opportunities for all community members is essential to fostering social cohesion and driving sustainable economic development in the region.

4.3.4.2. Gender Disparities in Access to Vocational and Adult Education Programs

These figures show that although more women than men have accessed vocational and adult education opportunities, a larger number of women are also unaware of or unable to access such programs. This reflects a dual challenge of limited access and insufficient awareness, particularly among women, and underscores the importance of inclusive, gender-

responsive interventions to improve both outreach and program availability. As shown in the figure below, the analysis indicates some level of gender disparity in access to vocational and adult education programs. While 33% of female respondents reported having access to the programs, only 26% of the males said they had access. This suggests that women are relatively more engaged in such educational opportunities, which may reflect targeted efforts to empower women through skill development and adult learning. The higher female participation could also be driven by the demand for alternative livelihood options among women, especially in contexts where formal employment is limited. However, the overall access rates remain modest, highlighting the need to further expand inclusive vocational and adult education initiatives that effectively reach both men and women.

Access to vocational and adult education program



Figure 29: Access to vocational and adult education programs by gender

4.3.5. The Most Difficult Level of Education to Access in the Community

As shown in the table above, the most difficult education levels to access are vocational (24%) and tertiary (23%) education. These are followed by early childhood (18%), secondary (14%), higher (12%), and primary education (10%). This pattern suggests that barriers to access are the most difficult at both ends of the spectrum, vocational and tertiary, due to limited availability and entry requirements, and early childhood, due to inadequate infrastructure and low awareness. Although fewer respondents reported difficulty accessing primary education, qualitative data emphasize the need for comprehensive strategies to ensure equitable access at all levels.

Table 26: Overall most difficult level of education to access in the community

| Level of education | % |
|--------------------|-----|
| Early childhood | 18 |
| Primary | 10 |
| Secondary | 14 |
| Higher | 12 |
| Vocational | 24 |
| Tertiary | 23 |
| Total | 100 |

4.3.5.1. The Most Difficult Level of Education to Access by refugees and the host community

As shown in the table below, there are distinct educational access challenges between refugees and host communities. Refugees report the greatest difficulties in accessing higher education (24%), early childhood (24%), and vocational training (24%), pointing to barriers at both foundational and advanced levels. For the host community, the most commonly cited challenges are tertiary education (31%), vocational training (24%), and primary education (15%). Both groups face similar difficulties in accessing secondary education (around 14%). These findings highlight the need for targeted interventions to improve early learning and higher education for refugees, and to expand tertiary and primary education access for host communities.

Table 27: Most difficult level of education by refugees and the host community

| Level of education | Refugees (%) | Host Community (%) |
|---------------------|--------------|--------------------|
| Early Childhood | 24 | 13 |
| Primary | 3 | 15 |
| Secondary | 14 | 14 |
| Higher | 24 | 4 |
| Vocational Training | 24 | 24 |
| Tertiary | 11 | 31 |
| Total | 100 | 100 |

4.4. Access to Water, Sanitation, and Hygiene (WASH)

In addition to access to health and education services, the availability of water, sanitation, and hygiene (WASH) is essential for maintaining public health and ensuring the effective delivery of other basic services. Adequate WASH infrastructure not only helps prevent the spread of diseases but also supports school attendance, maternal health, and overall community well-being. In this sub-section, the accessibility of water, sanitation, and hygiene services in both the refugee and host communities is examined. The analysis covers factors such as water sources, sanitation facilities, hygiene practices, and any disparities or challenges affecting equitable access across the two populations.

4.4.1. Access to Water

This section discusses water accessibility for both refugee and host communities, with a focus on various disaggregated factors such as gender, age, and geographic location. It also examines the types of water sources available, the reliability and safety of those sources, and other related aspects such as distance to water points, collection time, and household-level access. The aim is to provide a comprehensive understanding of water availability and the challenges faced by different groups within each community.

4.4.1.1. Household's Main Source of Water

As indicated in the below table, disparities in water access exist between refugee and host communities. Host communities report lower use of improved sources like private taps (9%) compared to refugees (17%), while refugees rely more on shared taps (24%) than hosts (14%). Rainwater dependence is high in both communities, slightly higher among hosts

(43%) than among refugees (39%), reflecting shared environmental constraints. Qualitative data support these patterns: host participants described broken infrastructure and poor service delivery, while refugees noted slightly better but still inadequate humanitarian water support.

Table 28: Cross-tabulation of the household's main source of water

| Source of Water | Refugee (%) | Host community (%) |
|-----------------------------------|-------------|--------------------|
| Rainwater | 39 | 43 |
| Tap inside the house (Shared) | 24 | 15 |
| Private tap in the compound | 17 | 9 |
| Shared tap in compound | 19 | 4 |
| Water from kiosks/retailers | 2 | 11 |
| Protected well/spring (private) | 0 | 8 |
| Protected well / spring | 8 | 3 |
| Communal tap outside the compound | 16 | 5 |
| River /lake/ pound | 2 | 3 |
| Unprotected well or spring | 16 | 1 |

4.4.1.2. Reliability of Water Supply

In this sub-section, the reliability of water supply is analyzed through a gender lens, highlighting potential differences in access, consistency, and perceptions of service quality between male and female respondents. As shown above, 58% of male respondents and 55% of female respondents reported that their main source of water is reliable. While the gender gap is modest, it suggests that women may face slightly greater challenges in accessing reliable water sources, likely linked to their primary role in water collection and household water management. The remaining 44% of respondents from both communities who do not perceive their water source as reliable point to broader systemic issues in water service delivery that affect both genders. These findings highlight the need for targeted improvements in water infrastructure that consider not only general access gaps but also gender-specific barriers to reliable water supply.

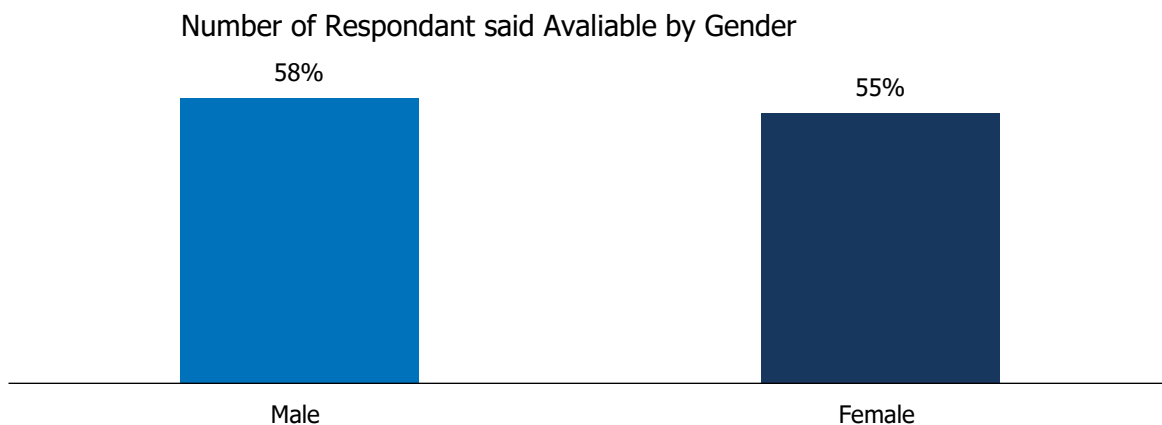


Figure 30: Reliability of water supply across gender

Based on the analysis below, 56% of refugee respondents and 56% of host community members reported that their main water source is reliable, with an overall average of 56%. Despite the similarity, this also means that about 44% of both refugees and host community members still perceive their water source as unreliable. These figures point to a shared and widespread concern across both groups regarding water reliability. The relatively high proportion of individuals lacking reliable water access highlights systemic issues affecting the entire population, not just one community. This is reinforced by qualitative insights, such as reports of deteriorating water infrastructure, like aging water tunnels used for over two decades that require maintenance or replacement. Addressing these challenges requires inclusive and context-sensitive improvements tailored to the distinct needs of both refugee and host communities, considering factors such as settlement patterns, seasonal water availability, and local management capacity.

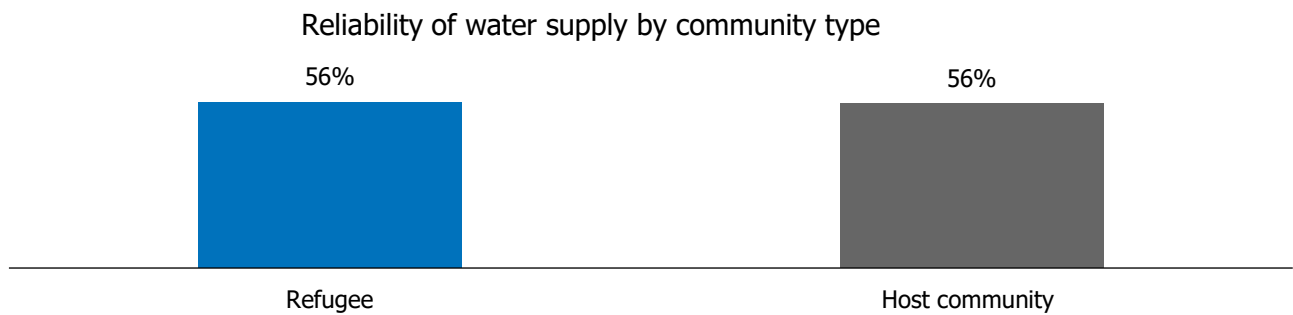


Figure 31: Reliability of water supply across community type

4.4.1.3. Availability of Secondary Water Source

In this section, the availability and use of secondary water sources are examined across gender. The data indicates overall low access to secondary sources of water across both genders, with only 13% of male and 11% of female respondents reporting availability of an alternative water supply. This marginal difference suggests that both men and women face significant limitations in water security, though women may be slightly more disadvantaged. Given that women are often the primary managers of household water, their limited access to backup sources may place them under greater pressure during water shortages or service disruptions. The near-equal vulnerability across genders highlights the urgent need for inclusive interventions aimed at improving water infrastructure and expanding access to secondary water sources for all, while also addressing the unique burdens women face in managing household water needs.

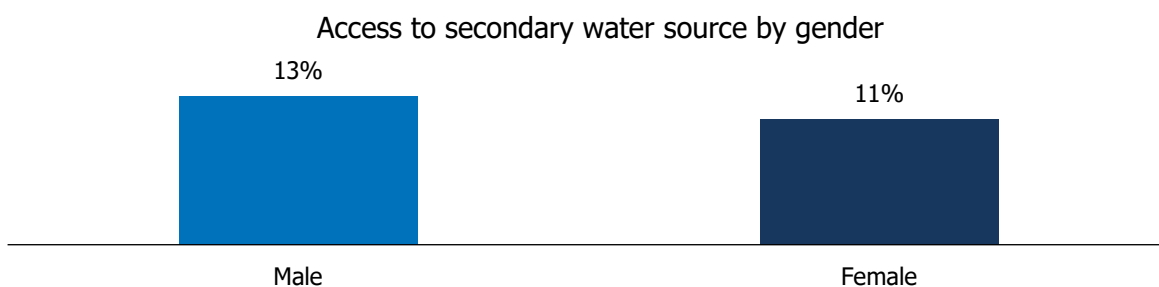


Figure 32: Access to secondary water sources

4.4.1.4. Difference in a Secondary Water Source Across the Refugees and Host Community

This section presents the availability and utilization of secondary sources of information and support among both refugees and the host community, examining how each group (refugees and the host community) accesses resources such as reports, studies, and institutional data. Given the overall limited access to secondary water sources, or having an alternative water

supply. In this regard, 9% of refugees and 13% of host community members confirmed access to a secondary source. While both figures are low, the host community shows relatively better access. This disparity indicates that refugees are more vulnerable to disruptions in their primary water supply, as they are less likely to have alternative options. The uneven access highlights the need to strengthen water infrastructure and resilience strategies, particularly for refugee populations.

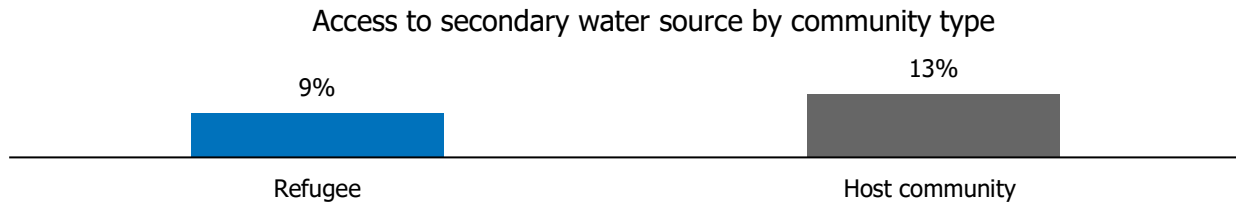


Figure 33: Difference in a secondary water source between the refugees and the host community

4.4.2. Distance from the Water Sources

As indicated in the table below, gender-disaggregated data reveal disparities in water collection responsibilities. While 33% of men and 31% of women spend more than one hour accessing water, women constitute a higher share in most other time categories. Notably, 27% of women spend 10 to 30 minutes fetching water compared to 23% of men, and 20% of women spend less than 10 minutes versus 19% of men. These patterns underscore that women predominantly shoulder the burden of water collection across various time ranges. These disparities reflect systemic gender inequalities and highlight the need for infrastructure improvements to reduce water collection times, particularly for women. Targeted interventions that improve proximity and accessibility to safe water sources will enhance water access, promote gender equity, and improve community well-being.

Table 29: Cross-tabulation of time taken to collect water (round-trip) across gender

| Time taken to reach water sources | Gender (%) | |
|-----------------------------------|------------|------------|
| | Male (%) | Female (%) |
| more than 1 hour | 33 | 31 |
| 10-30 min | 23 | 27 |
| 30-60 min | 24 | 23 |
| Less than 10 min | 19 | 20 |
| | 100 | 100 |

As indicated below, the data shows that 33% of host community members spend over an hour reaching water sources, compared to 29% of refugees. In contrast, 32% of refugees access water within 10 minutes, while only 11% of the host community report the same. This suggests relatively better water access among refugees. However, the overall findings highlight the need for targeted improvements in water infrastructure for both host and refugee populations.

Table 30: Time taken to reach water sources by community type

| Time taking to reach the water sources | Refugee (%) | Host community (%) |
|--|-------------|--------------------|
| Less than 10 min | 35 | 11 |
| 10-30 min | 17 | 31 |
| 30-60 min | 22 | 25 |
| more than 1 hour | 29 | 33 |
| Total | 100 | 100 |

4.4.2.1. Reliability of Water Supply across Community Type

As shown in the table below, the analysis of data indicated a disparity in water supply reliability between the host and refugee communities. While 73% of host community members reported having reliable access to water, only 65% of refugees indicated the same, reflecting an 8-percentage point gap. This suggests that refugees are more likely to experience water supply challenges, likely due to weaker infrastructure, limited investment, or unequal distribution of services in refugee settlements.

Table 31: Comparison of the reliability of water supply for the refugees and the host community

| Reliability of water supply | Refugee (%) | Host community (%) |
|-----------------------------|-------------|--------------------|
| Yes | 65 | 73 |
| No | 35 | 27 |
| Total | 100 | 100 |

Although the majority of respondents from both groups have reliable water access, the fact that nearly 30% still experience unreliable supply points to broader concerns about the adequacy and consistency of water services. These results highlight the importance of targeted improvements in water infrastructure, particularly in refugee-hosting areas, to ensure equitable and reliable access for both populations. The table below shows that 65% of the refugees and 73% of the host community have access to water throughout the year. This 8-percentage point gap suggests that refugees are more vulnerable to water scarcity, likely due to their reliance on temporary infrastructure, limited integration into public water systems, and the effects of overcrowded living conditions.

While host communities fare better, over 25% still report shortages, indicating water access challenges are widespread. These disparities highlight the need for targeted interventions such as improving infrastructure and integrating refugee services into municipal systems, and enhancing seasonal water management for host areas.

Table 32: Availability of water all year round as expressed by community members

| Availability of water all year round | Refugee (%) | Host community (%) |
|--------------------------------------|-------------|--------------------|
| Yes | 65 | 73 |
| No | 35 | 27 |
| Total | 100 | 100 |

Focus group discussions support these findings. One participant noted infrastructure like water tunnels has been in use for 20 years and affects the entire town, not just refugees, underscoring the shared nature of system decay. Questions about hygiene training for refugees further emphasize the role of educational and behavioural programs alongside infrastructure upgrades.

Overall, the analysis underscores the urgency of addressing systemic water access inequalities through coordinated efforts between humanitarian actors and local authorities to ensure equitable, year-round access for all.

4.4.2.2. Availability of Clean Water

This sub-section examines the availability of clean water across different community types, highlighting variations in access between host communities and refugee populations. As shown in Figure 34 below, 36% of the refugees and 17% of the host communities reported having access to safe drinking water. Overall, only 24% of all respondents have access to safe drinking water. These figures highlight a significant gap in water availability, particularly for refugees, and underscore the need for equitable improvements in water access and management across both communities.

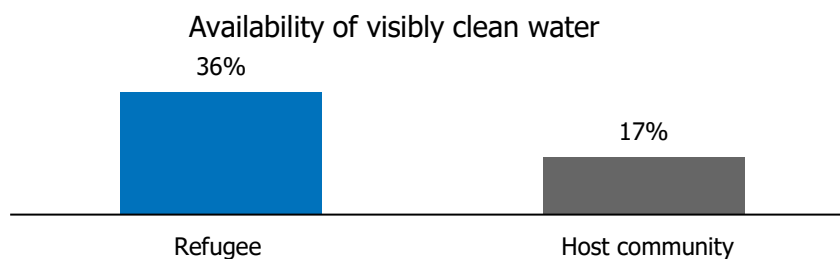


FIGURE 34: Availability of clean water

4.4.2.3. Water treatment for drinking

As indicated in the figure below, a significant majority of both refugees (82%) and host community members (71%) reported that they treat the water they consume before drinking. This finding suggests a strong awareness among both groups about the potential health risks associated with consuming untreated water, such as waterborne diseases. The slightly higher percentage among refugees may reflect increased exposure to public health messaging and interventions by humanitarian organizations that promote safe water practices in displacement settings.

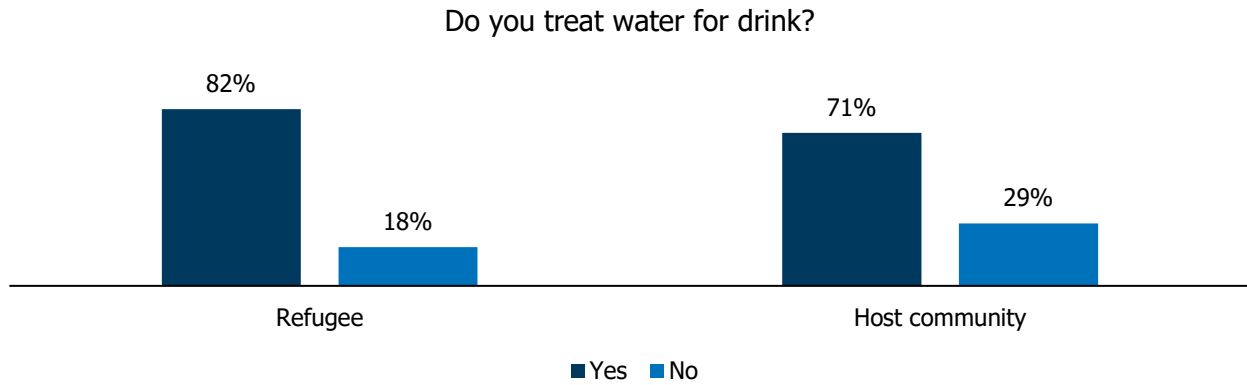


Figure 35: Water treatment for drinking

As indicated in the table below, there is a notable gender-based variation in participation across household members in the context of a given activity or decision-making process. Among male respondents, 31% reported that men are primarily involved, compared to 23% among females, suggesting that men may perceive their own roles as more dominant. Conversely, 33% of female respondents indicated women’s involvement, compared to 30% of males, highlighting a slightly stronger recognition of female roles among women themselves. Participation of boys and girls is uniformly low across both groups, indicating limited involvement of children in household or community decisions. Interestingly, a larger proportion of females (36%) reported that all household members are involved, compared to 32% of males, suggesting women may have a more inclusive perception of household participation. These findings point to the need for gender-sensitive programming that both acknowledges existing dynamics and promotes broader, more inclusive engagement across all household members.

Table 33: Household members' responsibility of collecting water by gender

| Responsibility of collecting water (by group) | Male (%) | Female (%) |
|---|----------|------------|
| Men | 31 | 23 |
| Women | 30 | 33 |
| Boys | 5 | 5 |
| Girls | 2 | 3 |
| All members | 32 | 36 |
| Total | 100 | 100 |

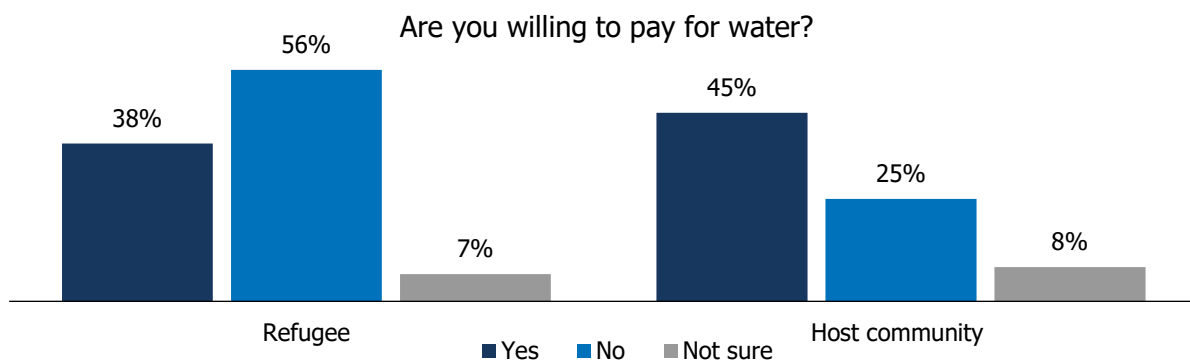
As indicated in the table below, refugee women carry a much heavier burden in water collection, with about 43% involved compared to roughly 25% of local women. Men in host communities participate more, at approximately 34%, whereas only around 14% of refugee men take responsibility. Children, especially girls, are more involved in local communities than in refugee households. Shared household responsibility is fairly close between the two groups, at about 40% for refugee households and 31% for the local community. Overall, refugee women face a significantly greater gendered burden, highlighting notable disparities in access and equity between refugee and host communities.

Table 34: Household members' responsibility of collecting water by refugees and the host community

| Responsible individual to collect water | Refugee (%) | Host community (%) |
|---|-------------|--------------------|
| Men | 14 | 34 |
| Women | 43 | 25 |
| Boys | 3 | 6 |
| Girls | 1 | 4 |
| All members | 40 | 31 |
| Total | 100 | 100 |

4.4.2.4. Payment for water

Based on the analysis, 45% of host community respondents and 38% of refugees indicated willingness to pay for water. In contrast, 25% of host community members and 56% of refugees reported that they are unwilling to pay, while 8% of hosts and 7% of refugees were unsure. These findings suggest that a higher proportion of host community members are accustomed to incurring direct costs for water access, whereas refugees are more likely to access water through non-



payment channels. This disparity likely reflects differences in service delivery systems rather than actual demand or willingness, with refugees often relying on humanitarian-provided services and hosts depending on market-based or public utility systems.

FIGURE 36: Payment for water across community type

The findings underscore a disparity in water payment behaviour between host communities and refugee populations, pointing to underlying structural and contextual differences in how water services are accessed and perceived. A greater proportion of host community respondents (45%) expressed a willingness to pay for water, which likely reflects their routine interaction with market-based systems or public utilities where payment for services is expected and normalized. In contrast, only 38% of refugees indicated a willingness to pay, while a larger percentage (56%) reported an unwillingness to pay, suggesting a greater dependence on non-payment channels. This is consistent with the operational model of many humanitarian settings, where water is provided free of charge through aid agencies as part of emergency or protracted relief efforts. This divergence in attitudes does not necessarily indicate a lower demand or value placed on water by refugees;

rather, it reflects how service delivery systems influence expectations and behaviours. Refugees may be less familiar with cost-recovery models, may not have the financial means to pay for services, or may perceive water as a basic right that should continue to be provided without charge, especially given the humanitarian context. In contrast, host communities may be more accustomed to infrastructure financed through user fees or tariffs, and therefore view payment as a standard part of service provision.

4.4.2.5. Water shortage

This section discusses the water shortage that both the refugees and the host community have been experiencing over the past six months, highlighting its impact on daily life, health, and overall well-being.

Figure 37 below shows that 74% of the refugees and 49% of the host community had water shortages. The data implies that refugees experience water shortages more frequently than the host community, highlighting a disparity in access and the need for targeted interventions to improve water availability for refugee populations.

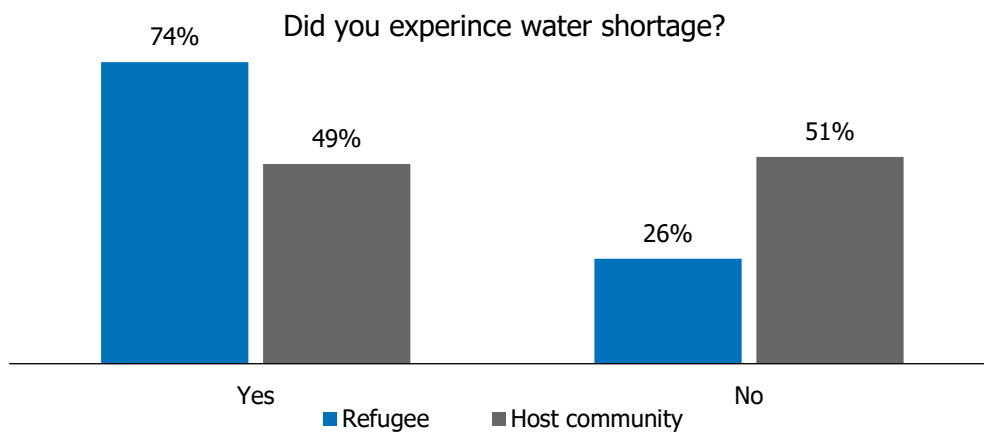


Figure 37: Water shortage across community types

The table below indicates that seasonal water shortages are the most common challenge for both refugees and host community members, with 53% of each group reporting seasonal disruptions. Weekly shortages are also prevalent, affecting 39% of refugees and 36% of hosts, while daily shortages are reported by a smaller proportion, 8% of refugees and 12% of host community members. This pattern highlights a shared vulnerability to seasonal water availability, though host communities appear slightly more affected by frequent (daily) shortages, suggesting the need for improved water infrastructure and management in both settings, with particular attention to mitigating short-term disruptions among host populations.

Table 35: Frequency of water shortage among the refugees and the host community

| Frequency of water shortage | Refugee (%) | Host community (%) |
|-----------------------------|-------------|--------------------|
| Daily | 8 | 12 |
| Weekly | 39 | 36 |
| Seasonally | 53 | 53 |
| Total | 100 | 100 |

4.4.2.6. Preference for Individual Household Water Connections

As indicated below, a high proportion of respondents expressed a clear preference for individual household water connections. This preference is nearly identical across both communities, with about 75% of refugees and 74% of host community members. The strong and consistent demand from both groups underscores a shared aspiration for more dignified, convenient, and autonomous water access, pointing to inadequacies in current systems and the urgent need for infrastructure improvements to support household-level water supply.

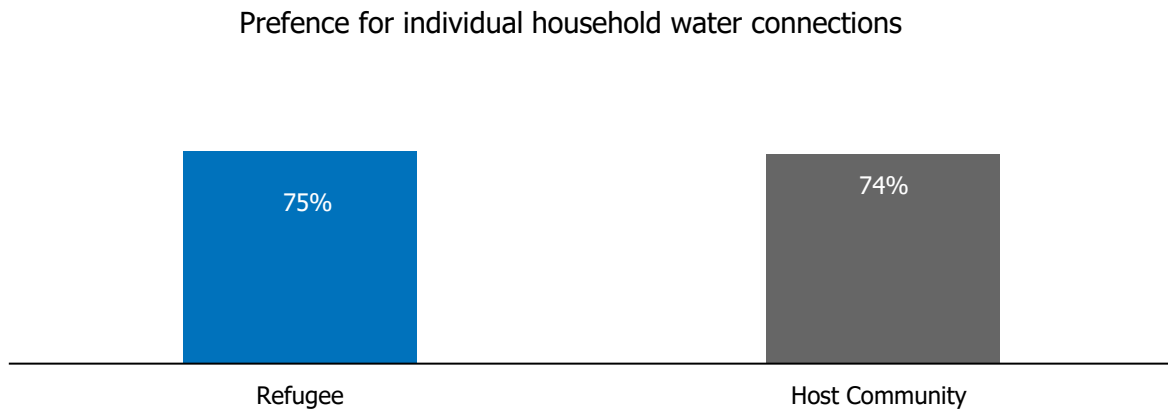


Figure 38: Percentage of respondents preferring individual household water connection

4.4.3. Sanitation and Hygiene

This section examines the accessibility of sanitation and hygiene services in both the refugee and host communities. It explores the availability and condition of sanitation facilities, such as latrines and waste disposal systems, as well as access to hygiene resources like soap and handwashing stations.

4.4.3.1. Type of Toilet Facility Used

The data reveals that about 78% of male respondents and 76% of female respondents reported that they rely on pit latrines, highlighting the widespread dependence on basic sanitation facilities. Access to improved systems remains limited, with only 14% and 7% of male and female respondents reported using flush toilets. Compost toilets are used by around 2%, and 5% male and female respondents respectively; while 4% and 6% of male and female respondents still practice open defecation. These findings underscore the urgent need for improved and gender-sensitive sanitation infrastructure.

Table 36: Type of toilet facility by gender

| Type of toilet facility | Male (%) | Female (%) |
|-------------------------|----------|------------|
| Pit latrine | 78 | 76 |
| Flush | 14 | 7 |
| Open Defecation | 4 | 6 |
| Compost | 2 | 5 |
| Shared Facility | 1 | 5 |

| | | |
|------------|-----|-----|
| No latrine | 1 | 1 |
| Other | 0 | 0 |
| Total | 100 | 100 |

As indicated below, among both refugee and host communities, approximately 70% and 81% of respondents respectively rely on pit latrines, indicating a widespread dependence on basic sanitation facilities across the populations. This indicates limited access to improved sanitation infrastructure within the area. Flush toilets are utilized by roughly 15% and 6% of refugee and host community respondents, with higher usage observed among refugees, likely reflecting the impact of targeted humanitarian interventions in refugee settlements. Compost toilets, accounting for about 5% of usage among the host community, suggesting variations in sanitation practices and infrastructure availability between the groups. These findings point to a significant sanitation deficit that is disproportionately affecting refugees and implying the need for enhanced sanitation infrastructure and services tailored to the needs of both communities, with particular focus on refugee settings.

Table 37: Type of toilet facility across the refugees and the host community

| Type of toilet facility | Refugee (%) | Host Community (%) |
|-------------------------|-------------|--------------------|
| Pit latrine | 70 | 81 |
| Flush | 15 | 6 |
| Open Defecation | 10 | 2 |
| Compost | 2 | 5 |
| Shared Facility | 2 | 4 |
| No latrine | 0 | 2 |
| Other | 0 | 0 |
| Total | 100 | 100 |

4.4.3.2. The Functionality of Toilet Facilities

As shown in the following figure, 92% of male respondents and 93% of female respondents reported having functional toilet facilities. Overall, this indicates a high level of access to operational sanitation services, with minimal difference between genders.

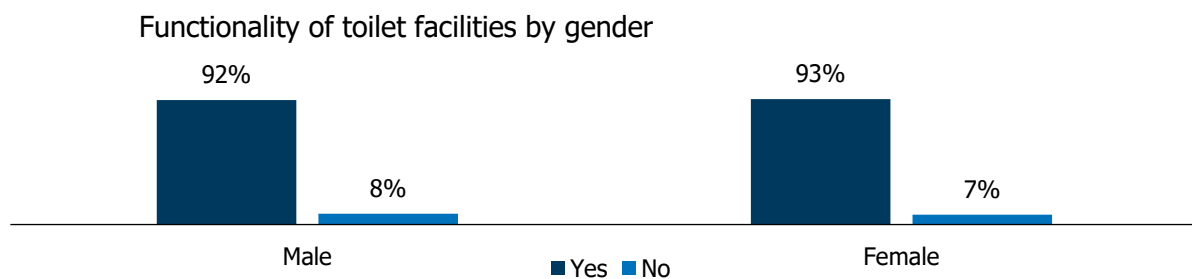


Figure 39: Functionality of toilet facilities across gender

Toilet functionality is reported to be high across both communities, as shown in the figure below, with about 91% of host community members and 94% of refugees having access to functional facilities. This suggests that basic operational standards are largely maintained despite the reliance on simple infrastructure. The slightly higher functionality among

refugees likely reflects ongoing support from humanitarian actors. Nonetheless, while functionality is adequate, broader concerns around safety, privacy, hygiene, and the quality of facilities, especially pit latrines and shared toilets, remain pressing issues for both groups.

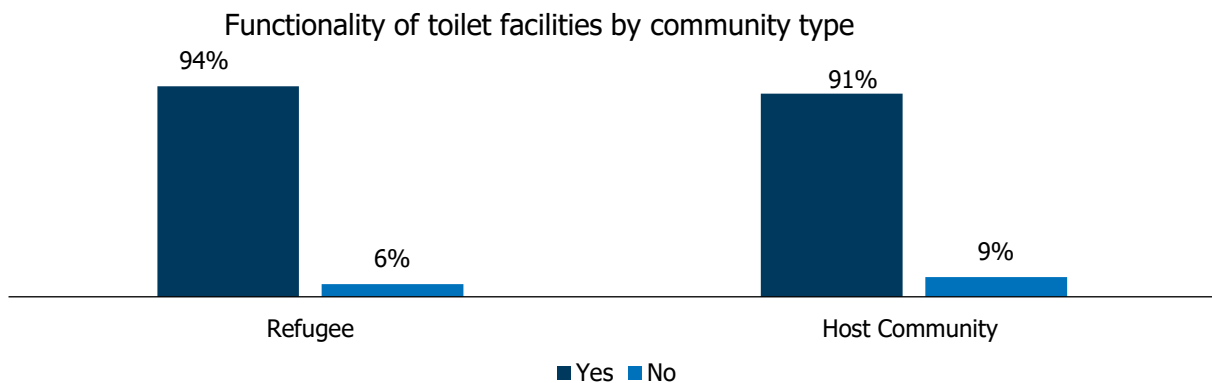


Figure 40: Functionality of toilet facilities across the refugees and host community

As shown in the figure below, 73% of host community respondents reported access to gender-segregated toilet facilities, compared to 58% among refugees. Conversely, 27% of host community members and 42% of refugees reported that there is no access to such services. This indicates a notable disparity, with host communities having better access to gender-sensitive sanitation services than the refugee communities, underscoring the need for more equitable investment in sanitation infrastructure in refugee settings.

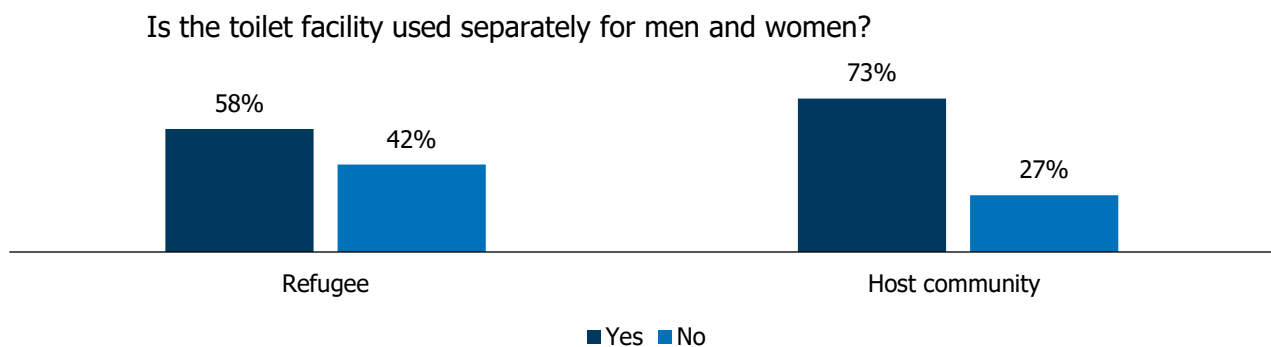


Figure 41: Availability of separate toilet facilities for males and females by community type

4.4.3.3. Access to Hygiene Practice

As shown in the table below, 51% of the refugees reported having handwashing points at their toilets. This relatively higher availability likely reflects ongoing support from humanitarian organizations, which often implement targeted WASH (Water, Sanitation, and Hygiene) interventions in refugee settings. Such efforts may include the installation of handwashing facilities and hygiene education, contributing to better access in these areas. In contrast, only about 42% of host community members reported having similar facilities, indicating a gap in hygiene infrastructure and promotion efforts. This lower availability suggests that host communities may be underserved in WASH programming, with fewer investments in basic sanitation facilities. The findings point to a need for more equitable WASH interventions that extend beyond refugee settings to also address the infrastructure and hygiene behaviour gaps in surrounding host communities.

Table 38: Availability of handwashing points at the toilets by refugees and the host community

| Availability of handwashing points at the toilets | | |
|---|-------------|--------------------|
| Response | Refugee (%) | Host community (%) |
| Yes | 51 | 42 |
| No | 49 | 58 |
| | 100 | 100 |

As shown below, the data reveal that a higher percentage of females (75%) use soap and water for handwashing compared to males (68%), suggesting that women are more likely to adhere to recommended hygiene practices. This may be influenced by greater involvement in household caregiving roles or more targeted hygiene messaging reaching women. Despite this, a significant proportion of both males (48%) and females (50%) still report using only water, indicating gaps in either access to soap or awareness of its importance for effective hand hygiene.

Additionally, 12% of males and 10% of females use ash, while 9% of males and 5% of females report using nothing at all. These figures highlight that some individuals continue to rely on less effective or inadequate hygiene materials. The slightly higher rates among males in these categories may point to gender differences in access or hygiene behaviour. These findings underscore the need for strengthened hygiene promotion efforts and improved access to soap, with particular attention to reaching men and those still relying on suboptimal practices.

Table 39: Sanitary materials used for handwashing by gender

| Materials used for handwashing | Male (%) | Female (%) |
|--------------------------------|----------|------------|
| Soap and water | 68 | 75 |
| Only water | 48 | 50 |
| Ash | 12 | 10 |
| Nothing | 9 | 5 |

As indicated in the figure below, hygiene promotion programs are available to 59% of respondents overall, with 62% of host community members and 38% of refugees reporting access. Conversely, 41% of participants indicated no access, with a higher proportion among refugees (43%) compared to hosts (57%). This suggests a disparity in outreach or program implementation, indicating the need to strengthen hygiene promotion efforts among refugee populations to ensure equitable access and improved public health outcomes.

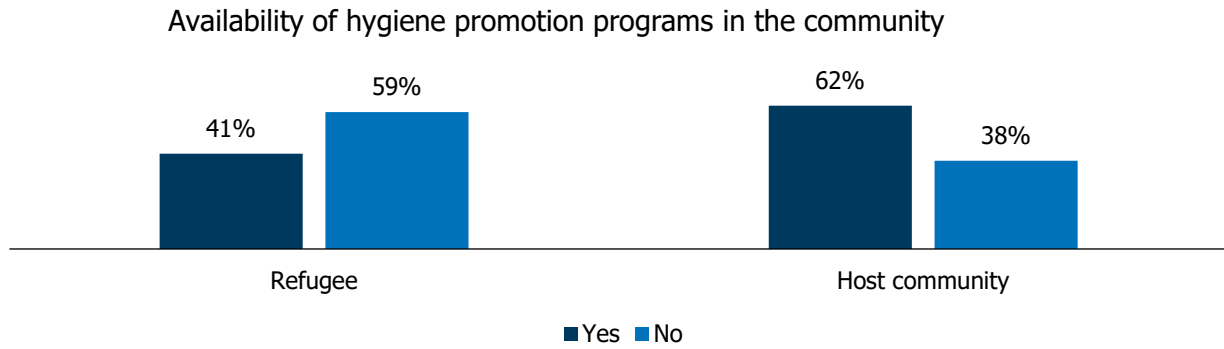


Figure 42: Availability of hygiene promotion programs in the community

4.4.4. Waste Management

The data shows notable gender differences across response categories. Females reported higher percentages in the first (34%) and fourth (24%) categories compared to males (24% and 11%, respectively), suggesting greater concern or experience related to those areas. Males, however, dominated the third category at 37%, significantly higher than females at 22%. The second category shows relatively balanced participation, though slightly higher for males. The total column percentages sum to 100%, indicating a complete distribution, while the slight overage in the male total (100.63%) may be due to rounding. Overall, the figures reflect distinct gendered patterns that could inform targeted programming or service design.

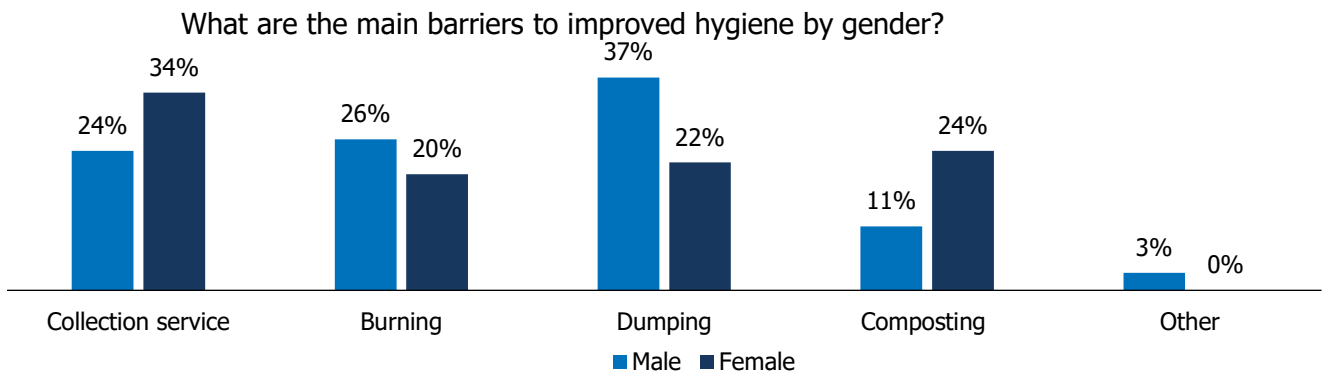


Figure 43: Barriers to hygiene across genders

As shown in the graph below, the data about hygiene barriers by community type reveals notable differences in waste management practices between refugee and local communities. Refugees more commonly rely on collection services (28%) and composting (26%), indicating either better access to organized waste disposal or greater awareness of alternative practices like composting. In contrast, burning (21%) and dumping (17%) are less common among refugees, which may suggest relatively structured sanitation efforts in refugee settings.

What are the main barriers to improved hygiene by community type?

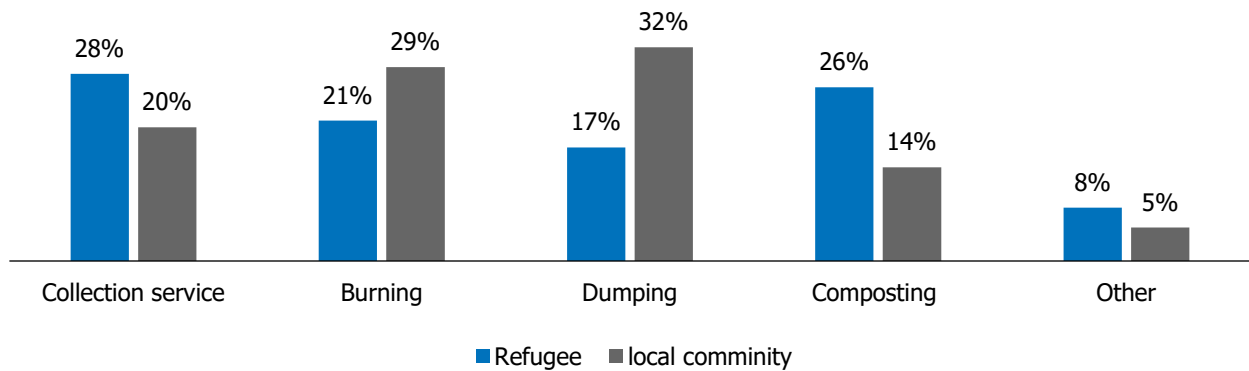


Figure 44: Barriers to hygiene across the refugee and host communities

On the other hand, the local community shows higher reliance on dumping (32%) and burning (29%), indicating potential gaps in waste management infrastructure or lower awareness of proper disposal methods. Collection services (20%) and composting (14%) are less frequently used among locals, possibly due to limited availability or accessibility. These differences highlight the need for targeted interventions to promote safer, more sustainable hygiene practices, especially in the host community.

4.4.4.1. Regular Waste Collection Practice Across Refugee and Host Communities

As indicated below, the nature of waste management challenges varies notably between refugee and host communities. Approximately 55% of refugees identified the absence of waste collection services as a primary hygiene barrier, compared to about 45% of host community members, highlighting a more significant infrastructure gap in refugee settings. While 71% of those who reported burning waste were from the refugee population, a broader range of unsafe disposal practices, including burning, dumping, and composting, were more frequently observed among the host community. This suggests more systemic waste management issues in host areas. These findings call for differentiated responses: investment in waste collection infrastructure for refugees and strengthened awareness and service provision for host communities to ensure improved hygiene and public health outcomes across both populations.

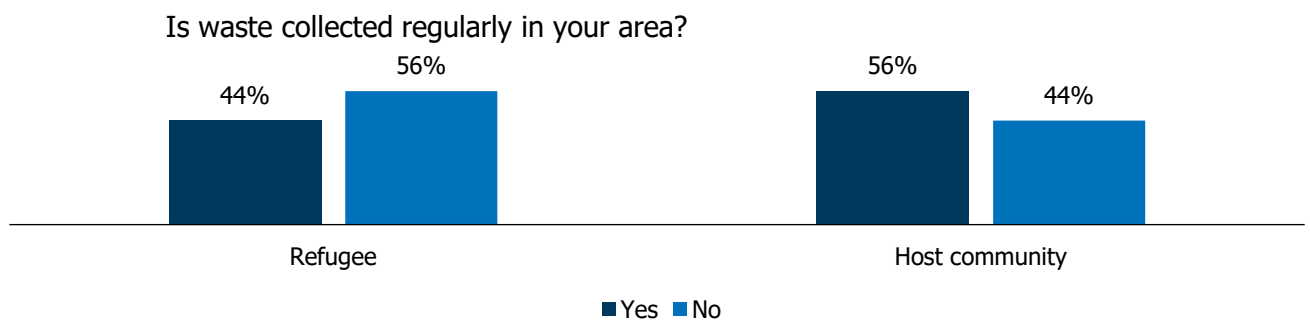


Figure 45: The practice of regular waste collection across refugee and host communities

The figure above shows that approximately 53% of all respondents reported practicing regular waste management. When disaggregated, about 56% of host community members engage in consistent waste handling, compared to roughly 44% of

refugees. This disparity indicates that the host community is more likely to benefit from better access to waste management resources, infrastructure, or awareness. The lower engagement among refugees highlights existing gaps in service provision and support. These findings emphasize the need for targeted interventions to improve waste management systems in refugee settings, ensuring more equitable and sustainable hygiene practices.

4.4.4.2. Main Disposal Methods for Household Waste

The data reveals notable differences in waste disposal practices between refugee and host communities. Nearly half of the refugees (47%) rely on open dumping sites for household waste, indicating limited access to formal waste management infrastructure. In contrast, only 29% of the host community use open dumping, reflecting relatively better disposal options. Host community members show a stronger preference for private bins, with 35% utilizing them compared to just 15% of refugees. This suggests that the host population generally has greater access to organized waste collection services.

Additionally, the use of public bins is slightly higher among refugees (29%) than among hosts (24%), possibly reflecting the presence of communal waste facilities in refugee settings. Both groups report some reliance on no formal waste disposal system, though the percentages are similar and relatively low (9% refugees, 8% hosts). The “Other” category is more common in host communities, indicating some alternative disposal methods not captured elsewhere. Overall, the data highlights a need to improve waste management infrastructure and services in refugee communities to reduce dependence on open dumping and enhance sanitation conditions.

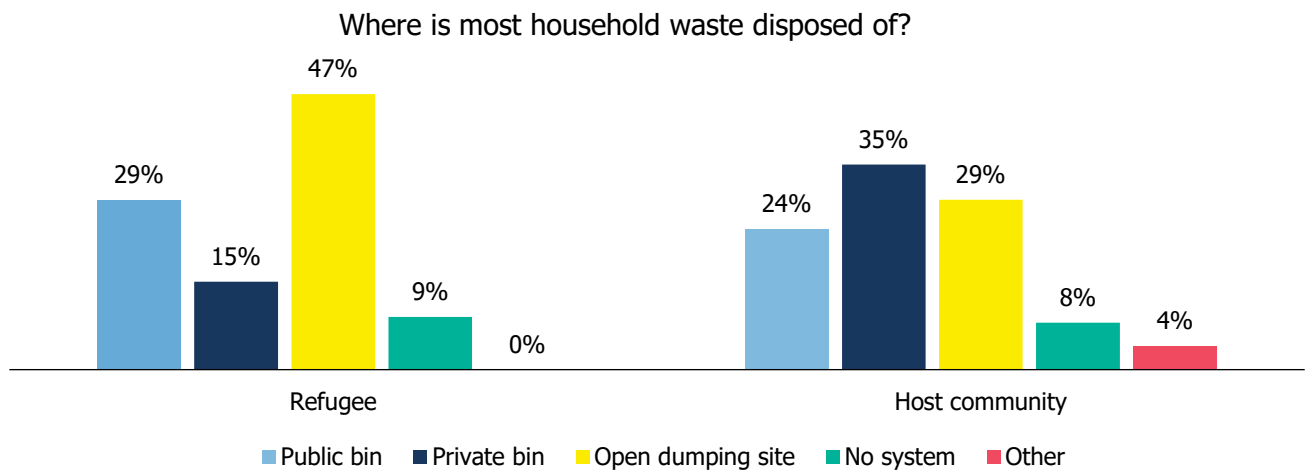


Figure 46: Main waste management methods across refugees and the host community

4.5. Protection and Legal Assistance

This sub-section explores how the safety and security of both refugee and host communities are supported through access to protection mechanisms and legal services. It examines the availability and effectiveness of institutions and facilities that provide legal aid, protection from violence and exploitation, and mechanisms for reporting and resolving disputes.

4.5.1. Community Safety Among Refugees and Hosts

As indicated below, of those who feel safe, about 56% are from the host community, suggesting a slightly higher perception of safety compared to refugees. This variation may be influenced by differences in social integration, access to resources, and the strength of local support systems, all of which can shape individuals' experiences and perceptions of security.

Feeling safe in the community across the refugee and the host community

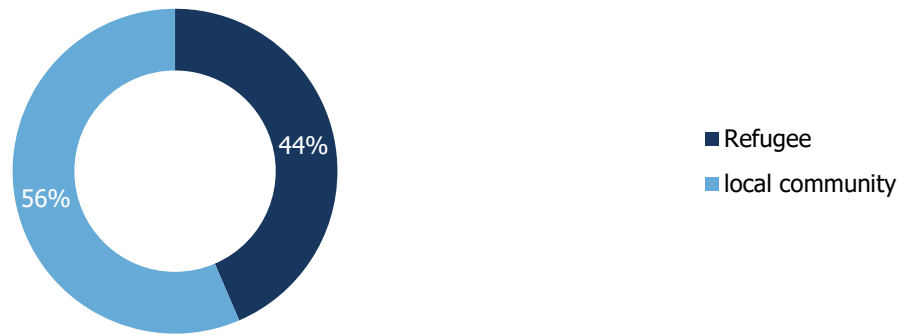


Figure 47: Feeling safe in the community

4.5.2. Comfort Reporting to Local Authorities

This section discusses how comfortable respondents feel reporting casualties to local authorities.

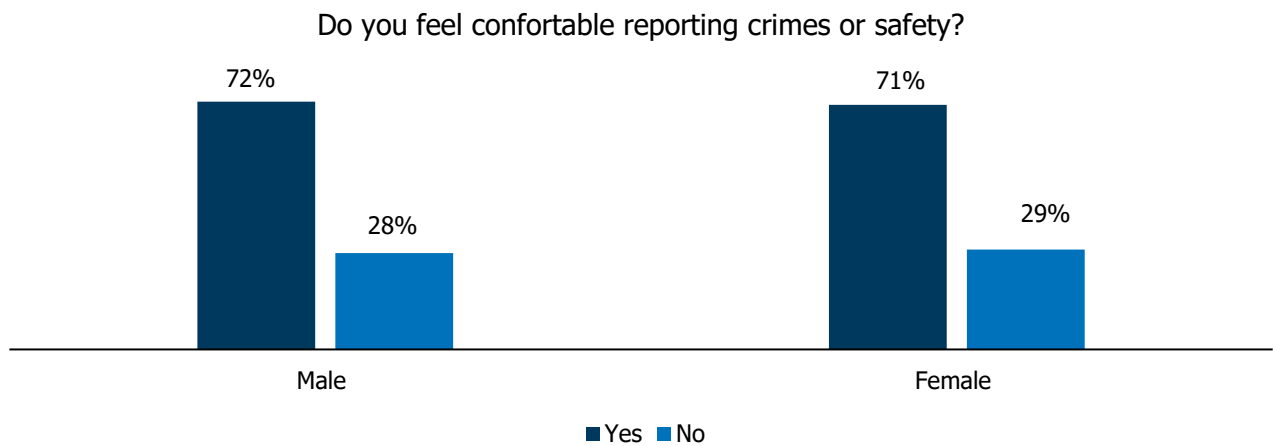


Figure 48: Comfortable reporting crimes or safety concerns to local authorities by gender

As indicated in the figure above, approximately 72% of males and 71% of females expressed confidence in reporting crimes or safety concerns to local authorities, reflecting a generally positive perception of local authority responsiveness across both groups.

Despite this majority, a portion of respondents remain hesitant to report such issues. The slight gender difference suggests relatively similar levels of trust among male and female respondents, but also underscores

As shown in the figure below, 73% of the refugees reported feeling comfortable reporting crimes or safety concerns to local authorities. This relatively high level of comfort suggests that efforts to integrate refugees into local safety and governance structures may be yielding positive results. Despite potential barriers such as language, legal status, or past negative experiences, many refugees appear to trust local institutions enough to seek support, which is essential for their protection and inclusion in community safety mechanisms. However, 27% still reported discomfort, indicating that gaps remain, particularly for more vulnerable individuals who may fear retaliation, discrimination, or a lack of response.

For the host community, 70% expressed comfort in reporting, slightly lower than refugees, while 30% indicated discomfort. This marginally higher level of distrust may reflect long-standing frustrations with local authorities, including perceptions of inefficiency, bias, or inaction. As long-term residents, hosts may have more experience with the justice system, potentially leading to disillusionment when expectations are not met.

These findings suggest the importance of maintaining and expanding trust-building efforts with both communities. For refugees, continued investment in inclusive safety structures and accessible reporting channels is vital. For hosts, improving institutional responsiveness and transparency could help rebuild confidence and ensure equitable safety for all.

Do you have access to legal aid service?

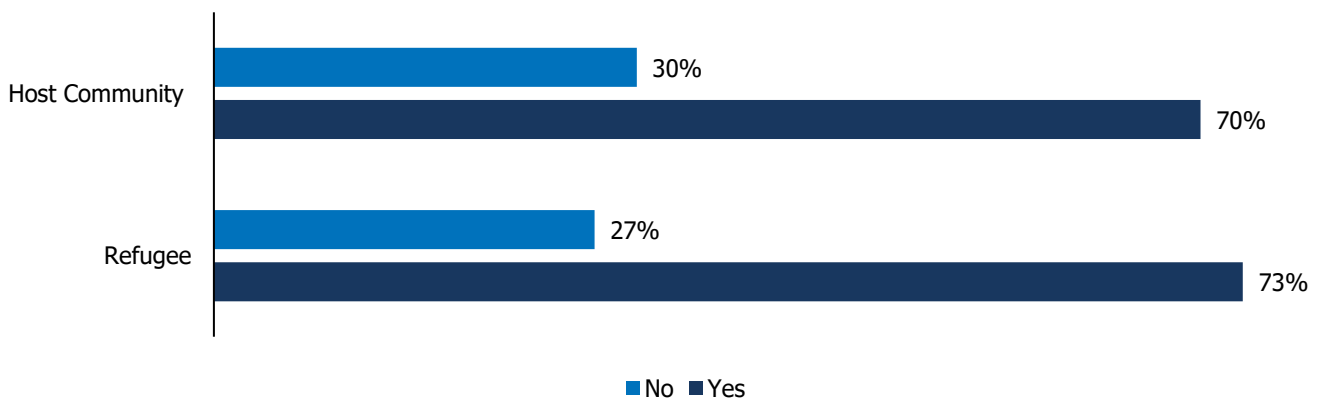


Figure 49: Feeling comfortable reporting crimes or safety concerns to local authorities by community type

4.5.3. Services Available for Survivors of Gender-Based Violence (GBV)

This sub-section discusses the services available for gender-based violence survivors within both refugee and host communities.

Among 619 respondents, only 37% reported that GBV survivor services are available in their area. Awareness is higher among refugees, with 48% confirming service availability, compared to just 29% of host community members. Meanwhile, 37% stated no services are available, mostly from the host community (68%). Additionally, 26% were unsure about service availability, with uncertainty higher among hosts (29%) than among refugees (21%). This pattern indicates significant gaps in GBV service provision and awareness, especially within host communities. The findings suggest the need for stronger outreach, improved information dissemination, and equitable access to support services to ensure all survivors can obtain

timely help. Moreover, these results underscore the need for enhanced outreach, equitable service delivery, and targeted awareness campaigns, particularly among host community members who appear more likely to be uninformed or underserved.

Services Available for Survivors of Gender-Based Violence (GBV)

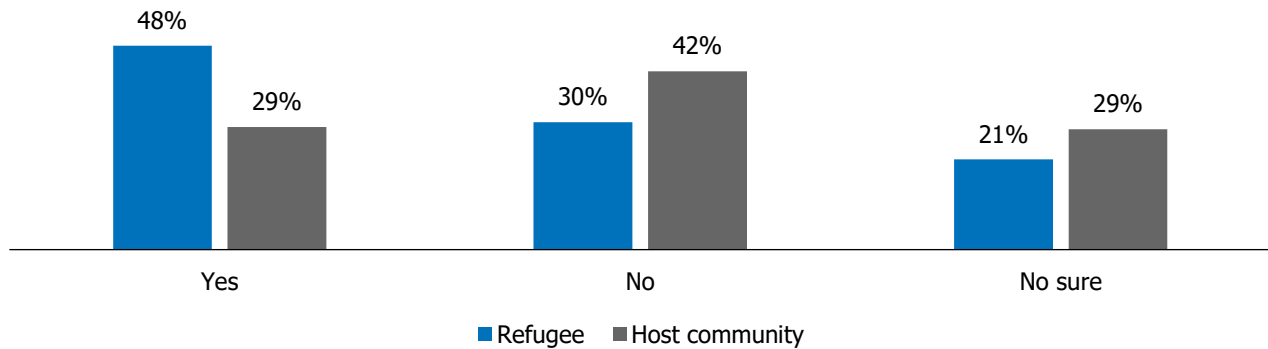


Figure 50: Availability of GBV across the refugee and the host community

4.5.4. Access to Legal Aid Services

Access to legal aid services is vital for ensuring the security, safety, and protection of both refugee and host communities. Legal aid plays a crucial role in safeguarding individual rights, addressing grievances, resolving disputes, and preventing exploitation and abuse, particularly among vulnerable populations. In this section, the accessibility of legal aid services is examined, including the availability of legal support institutions, awareness of legal rights, and the ability of community members to seek justice. The discussion also highlights potential barriers.

Do you have access to legal aid services?

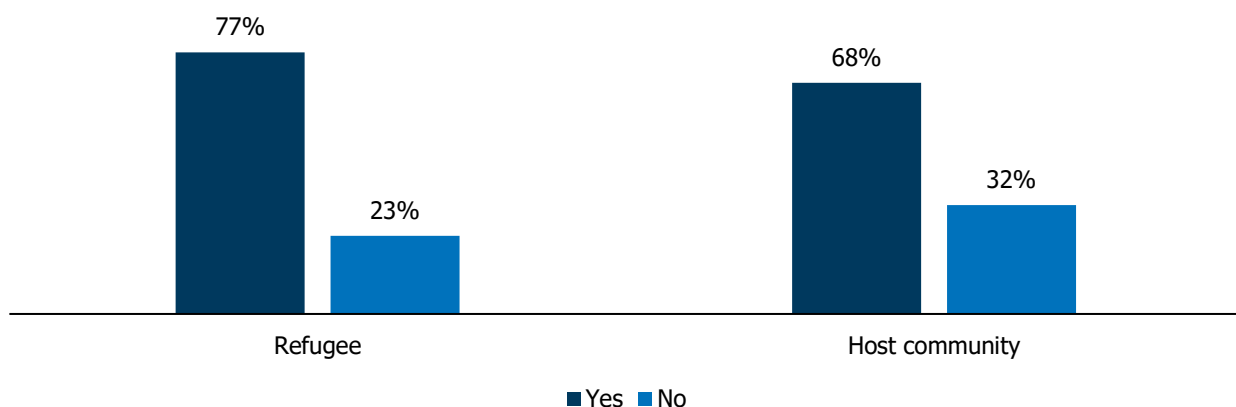


Figure 51: Access to legal aid services across the refugee and host communities

As indicated in the above figure, the data reveals that a higher proportion of refugees (77%) compared to host community members (68%) have access to legal aid services. This 9-percentage-point difference underscores a disparity in legal aid accessibility between the two groups. This gap can be attributed to concentrated efforts by humanitarian actors who often

prioritize refugees in their programming, including legal awareness and aid services. These services may be integrated into refugee assistance packages or localized within refugee camps and settlements, making them more accessible to refugee populations. In contrast, the host community's lower access (with 32% lacking legal aid) suggests possible structural or informational barriers such as limited-service availability, geographic constraints, or lower awareness of existing legal aid mechanisms. This imbalance points to an important programming gap. Therefore, while progress has been made in extending legal aid to vulnerable refugee groups, there is a clear need to expand and adapt such services for host communities. Doing so not only ensures equity in service delivery but also contributes to social cohesion and the broader goal of inclusive justice systems.

4.5.5. The Main Safety Concerns

As indicated in the figure below, both refugee and host communities face similar safety concerns, though with some differences in emphasis. Theft and burglary are the most reported issues, mentioned by 34% of refugees and 30% of hosts, showing that it is a common concern. Gender-based violence is slightly more reported among hosts (26%) than refugees (20%), while armed conflict or political violence is a greater concern for hosts (39%) compared to refugees (12%), possibly due to greater exposure to local tensions. Police harassment affects both groups equally at 31%, indicating shared dissatisfaction with law enforcement. Other safety concerns are less frequently mentioned (3% of refugees, 5% of hosts). Overall, the findings point to both shared and distinct safety issues, suggesting the need for targeted responses tailored to the specific risks of each group.

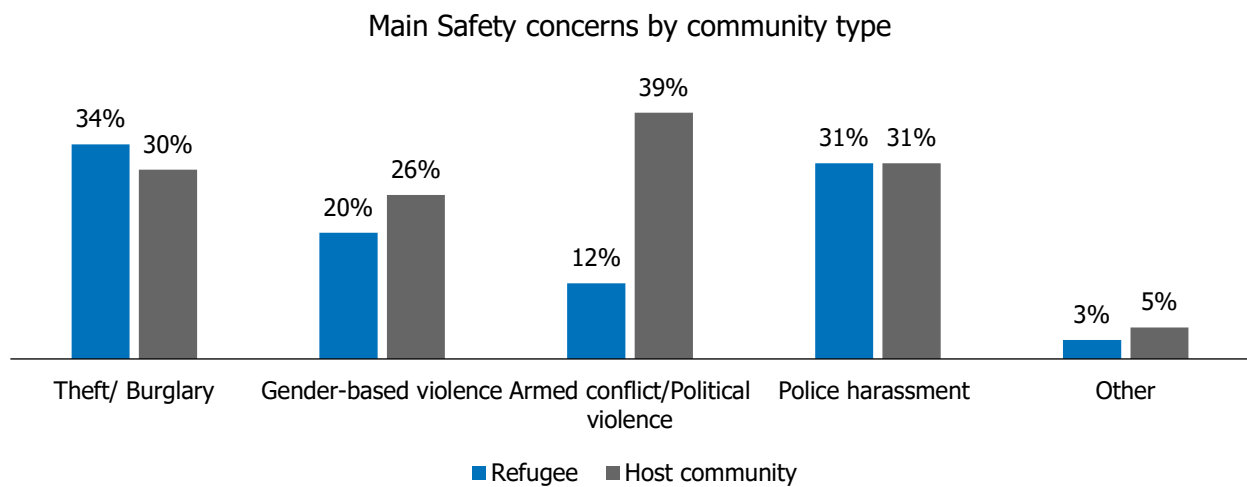


Figure 52: The main sources of safety problems in the area.

4.6. Access to Shelter and Non-Food Items

Access to shelter and non-food items (NFIs) is one of the most fundamental basic services essential for human dignity, safety, and well-being. Adequate shelter provides protection from environmental hazards, ensures privacy, and serves as a foundation for stability, while NFIs such as bedding, cooking utensils, clothing, and hygiene kits support daily living and health. The availability and quality of these resources play a critical role in determining the overall living conditions of individuals and families. In this section, the accessibility of shelter and non-food items in both refugee and host communities is examined.

4.6.1. Types of Shelter Across Refugees and Local Residents

This sub-section discusses the types of shelters used by both refugee and host communities.

As indicated below, the types of shelter among refugee and host communities reveal stark disparities in housing quality and permanency. A significant majority of refugees (69%) reside in temporary shelters, such as tents or makeshift structures, compared to only 27% of host community members. This highlights the precarious living conditions faced by refugees, reflecting protracted displacement and limited access to land, building materials, or legal tenure. In contrast, the host community enjoys a higher level of housing security, with 63% living in permanent shelter structures typically made from durable materials such as concrete or brick, demonstrating greater settlement stability, economic means, and access to land rights. 26% of refugees live in permanent shelters, indicating that a small portion of the refugee population has managed to secure more stable housing, possibly through exceptional cases of integration or long-term residence. Meanwhile, a small fraction of both communities' lives in semi-permanent shelters (6% for refugees and 10% for hosts), suggesting some households are in transition toward more durable housing but are constrained by resources. The negligible proportion of host households (0.3%) who reported living in "other" types of shelter, likely communal or unconventional housing, was absent entirely among refugees, indicating more uniformity in refugee housing types but also a lack of alternative shelter solutions.

Table 40: Comparison of Shelter Types: Refugees vs. Local Residents

| Types of Shelter | Refugee (%) | Host community (%) |
|------------------|-------------|--------------------|
| Temporary | 69 | 27 |
| Permanent | 26 | 63 |
| Semi-permanent | 6 | 10 |
| Other | 0 | 0.3 |
| Total | 100 | 100 |

This housing disparity between the two groups has broader implications. It highlights the urgent need for policy interventions that promote durable housing solutions for refugees, including access to land, shelter improvement programs, and legal rights. Poor housing conditions among refugees can negatively affect their health, safety, education, and livelihoods, while also reinforcing visible inequalities that may strain social cohesion with host communities. Addressing these challenges through inclusive, long-term development planning and joint infrastructure investment is crucial to improving refugee well-being and fostering harmonious co-existence with host populations.

4.6.2. Primary Shelter Construction Materials

This sub-section discusses the types of materials used in the construction of shelters.

As shown in the table below, the data notably indicate disparities in housing construction materials between refugees and host community members, reflecting differences in shelter quality and durability. Notably, 28% of refugee shelters rely on plastic sheeting or tarpaulin compared to only 10% among the host community, underscoring the precarious and temporary nature of many refugee dwellings. These materials offer limited protection from weather and pose risks to safety, privacy, and long-term stability.

Meanwhile, more durable materials such as bricks and concrete are used by 28% of host households but only 21% of refugee households, indicating a significant gap in access to durable construction. The use of mud and other materials (such as iron or traditional structures) is also slightly more prevalent among the host community, suggesting a wider range of options. Overall, the data reveals a clear need for targeted housing interventions to improve the quality and durability of refugee shelters, ensuring equitable access to safe and resilient living environments.

Table 41: The material the house is made of

| Types of material the house is made of | Refugee (%) | Host community (%) |
|--|-------------|--------------------|
| Bricks/concrete | 21 | 28 |
| Wood | 34 | 28 |
| Mud | 12 | 10 |
| Plastic sheeting/ tarpaulin | 28 | 19 |
| Others | 5 | 15 |
| Total | 100 | 100 |

4.6.3. The Adequacy of Houses for Family Needs

This sub-section explores the adequacy of housing in meeting the needs of families, examining factors such as the size, condition, and overall suitability of the dwellings in relation to household composition, privacy, safety, and basic living standards.

As indicated in the figure below, 57% of host community respondents reported that their housing is adequate for their needs, suggesting that more than half feel their current living conditions meet basic standards for space, safety, and comfort. However, the remaining 43% expressed that their housing is inadequate, highlighting ongoing challenges related to overcrowding, poor infrastructure, or lack of essential facilities. This significant proportion underscores the need for continued investment in housing improvements to ensure all members of the host community have access to dignified and secure shelter.

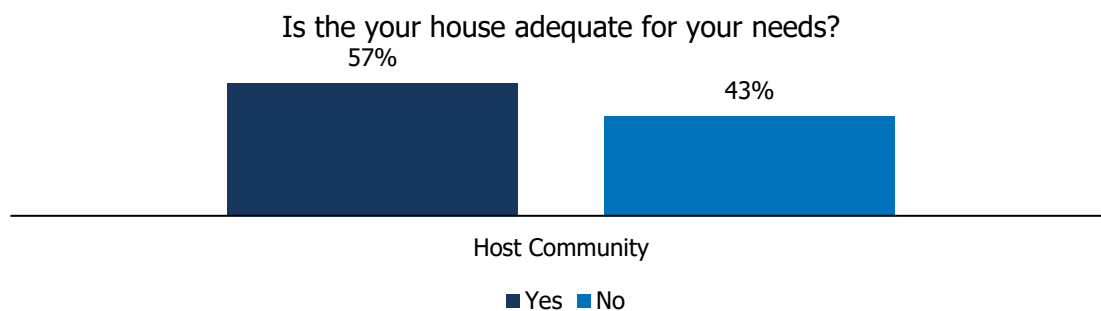


Figure 53: The adequacy of the house for family needs

4.6.4. Number of Structures in a House Property

This sub-section presents the number of structures in each household, as reported by the respondents.

The data in Table 43 below reveal that most households live in homes with limited space. Around 51% of respondents reside in two-structured houses, followed by 23% in three-structured houses. About 11% live in single-structured dwellings, raising concerns about overcrowding and lack of privacy. Only 16% reported having four or more structured houses, and less than 1% live in homes with nine structured, indicating that spacious housing is uncommon.

These findings highlight widespread spatial constraints that can negatively affect quality of life, particularly for larger families. Addressing these limitations requires housing programs that prioritize not just shelter quantity, but room adequacy and household size to ensure dignified, healthy living environments.

Table 42: Number of Rooms in the Dwelling

| Number of rooms | % |
|-----------------|-----|
| 1 | 11 |
| 2 | 51 |
| 3 | 23 |
| 4 | 9 |
| 5 | 3 |
| 6 | 2 |
| 7 | 1 |
| 9 | 1 |
| Total | 100 |

4.6.5. Suitability of Shelter in Relation to Household Size

This sub-section examines the adequacy of shelter in relation to household size, highlighting whether current living conditions sufficiently meet the space and accommodation needs of households.

The data shows in the figure below that 79% of refugees and 89% of host community members consider their shelter adequate for their household size. While most households feel their living space is sufficient, the lower rate among refugees highlights a notable gap in shelter conditions between the two groups.

Nearly one in five refugee households face overcrowding or space inadequacy, which may negatively impact privacy, health, and overall well-being. This disparity underscores the need for targeted shelter interventions focused on expanding space and improving quality for refugee households to promote equitable and dignified living conditions.

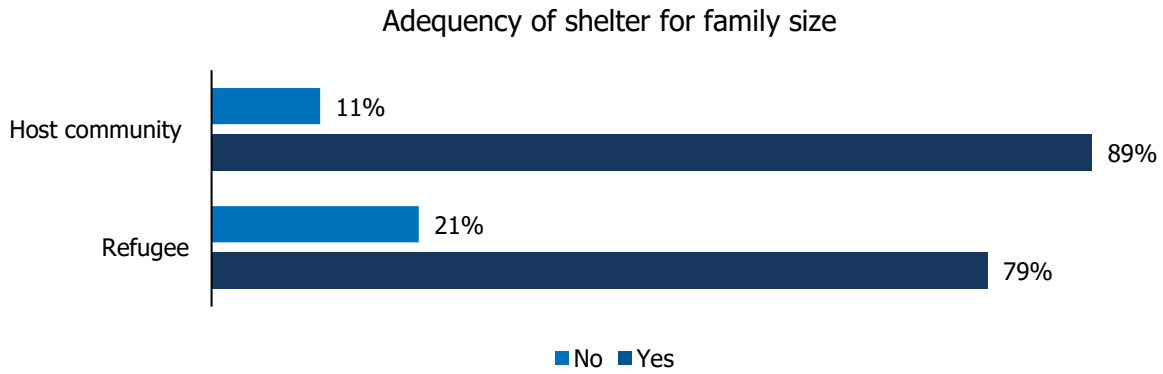


Figure 54: Adequacy of shelter for the household size by refugees and the host community

4.6.5.1. Shelter Protection Against Weather

This section examines whether the shelters respondents occupy provide adequate protection against weather conditions. As shown in the figure below, approximately 96% of host community respondents reported that their shelters provide adequate protection against rain, wind, and extreme temperatures, indicating generally strong and resilient housing conditions. However, around 4% still reported inadequate protection, highlighting a vulnerable minority at risk of exposure to harsh weather. This small but important gap underscores the need for continued investment in shelter quality, particularly for those in substandard housing. Targeted improvements in durability, insulation, and structural safety are essential to ensure all community members, especially the most vulnerable, are adequately protected year-round.

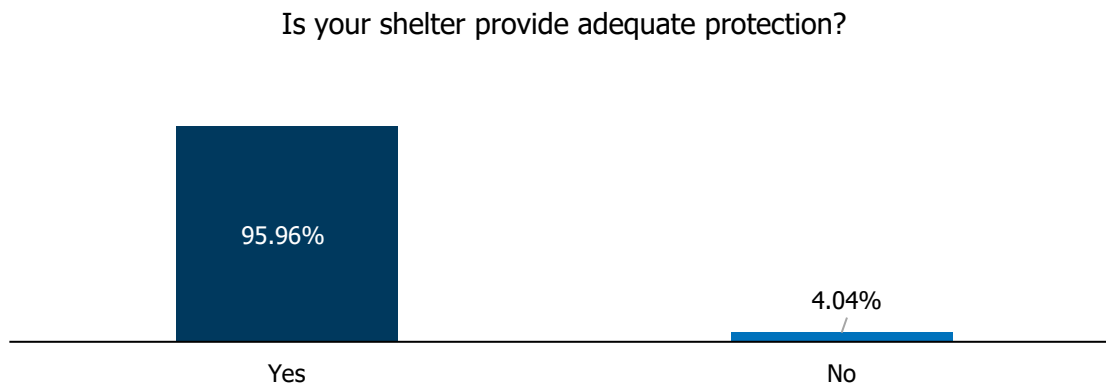


Figure 55: Quality of shelter to protect against rain, wind, and extreme weather

4.6.5.2. Displacement Due to Conflict or Disaster

The data show that of those displaced, nearly 28% are female and 32% are male, indicating that women are slightly less affected compared to men overall, but still significantly affected by displacement-related challenges. This pattern highlights the vulnerability of both men and women to forced mobility, with particular attention needed for women who may face heightened risks during displacement. These findings emphasize the importance of gender-sensitive approaches in displacement responses, including targeted protection, equitable service access, and inclusive resettlement planning. The

high proportion of non-displaced individuals also provides a useful baseline for measuring stability and resilience within the broader community.

Table 43: Displacement from home due to conflict, disaster, or eviction by gender

| Displacement from home? | Male (%) | Female (%) |
|-------------------------|----------|------------|
| Yes | 32 | 28 |
| No | 68 | 72 |
| Total | 100 | 100 |

Moreover, as shown in the table below, the data indicates that about 27% of refugees and 39% of host community members reported being displaced, a notably high figure among hosts. This reflects cases of secondary displacement or misclassification, indicating the complex and overlapping nature of vulnerability. The significant displacement rate among host communities suggests that risks extend beyond refugees and affect the broader population. These findings underscore the importance of inclusive, context-specific interventions that strengthen protection, housing security, and social support systems for both displaced refugees and vulnerable host households.

Table 44: Displacement from home due to conflict, disaster, or eviction by community type

| Displacement from home? | Refugee (%) | Host community (%) |
|-------------------------|-------------|--------------------|
| Yes | 27 | 39 |
| No | 52 | 61 |

4.6.5.3. Non-food item support

As show below, among those who did not receive NFI support, around 47% were female and 40% male, indicating that although more women receive aid overall, many remain unreached. These findings emphasize the need to scale up gender-responsive and inclusive NFI programming to ensure essential household needs are met across both refugee and host populations.

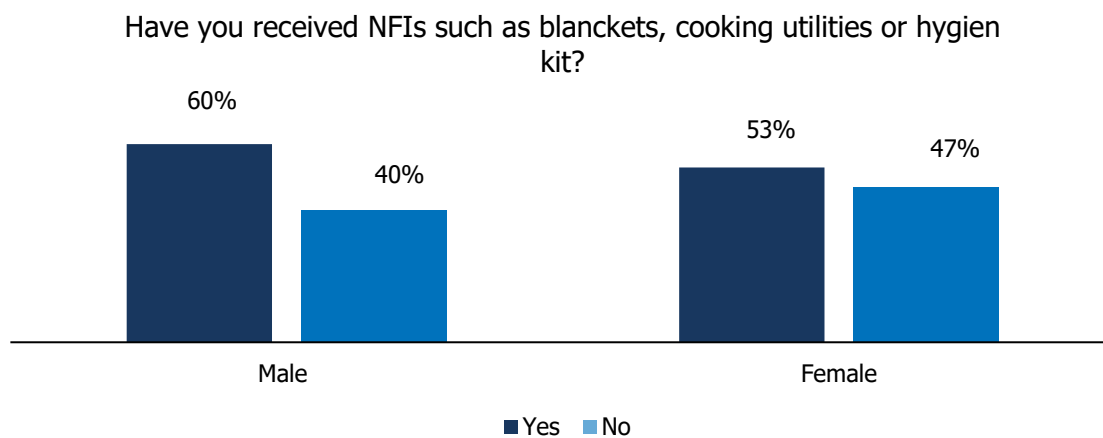


Figure 56: NFIs such as blankets, cooking utensils, and hygiene kits among men and women

As shown in the figure below, refugees had significantly higher access, with about 57% receiving NFIs, compared to only 24% of host community members. This reflects a targeted humanitarian aid approach that prioritizes refugees but highlights a clear disparity in support distribution. Expanding assistance to include vulnerable host households is crucial to promoting equity and strengthening social cohesion.

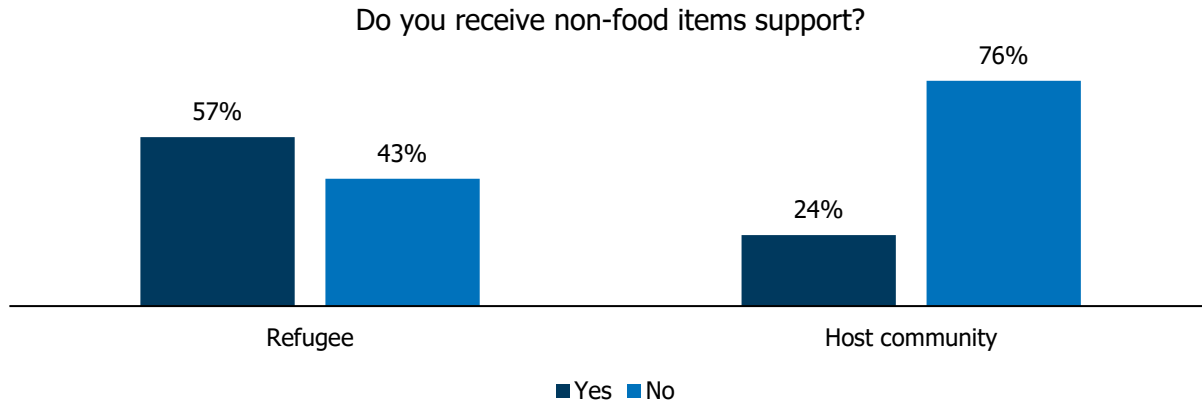


Figure 57: Receipt of NFIs items by refugees and the host community

As indicated in the table below, 36% of refugees reported receiving non-food items (NFIs) regularly, while 29% received them occasionally, and 35% reported having never received any. In contrast, none of the host community members received NFI support, indicating a complete exclusion from such assistance. This targeted distribution approach, while addressing immediate refugee needs, risks reinforcing disparities and creating tension between the two communities. Expanding NFI support to include vulnerable host households could promote more equitable assistance and contribute to improved refugee-host relations.

Table 45: Frequency of receipt of NFIs by participants

| Frequency | Refugee (%) | Host community (%) |
|--------------|-------------|--------------------|
| Regularly | 36 | 0 |
| Occasionally | 29 | 0 |
| Never | 35 | 0 |

As the figure below, the data indicates that approximately 89% of refugee respondents reported using non-food items (NFIs) as intended, suggesting strong alignment between distributed items and household needs. Usage compliance was high among both men (94%) and women (86%), though slightly lower among female respondents, pointing to potential gender-based differences in relevance or utility.

The remaining 11% who did not use NFIs as intended may reflect issues related to item suitability, usability, or lack of awareness. While the overall results highlight effective program delivery, they also underscore the importance of incorporating gender-sensitive assessments to ensure that NFIs meet the diverse needs of all recipients.

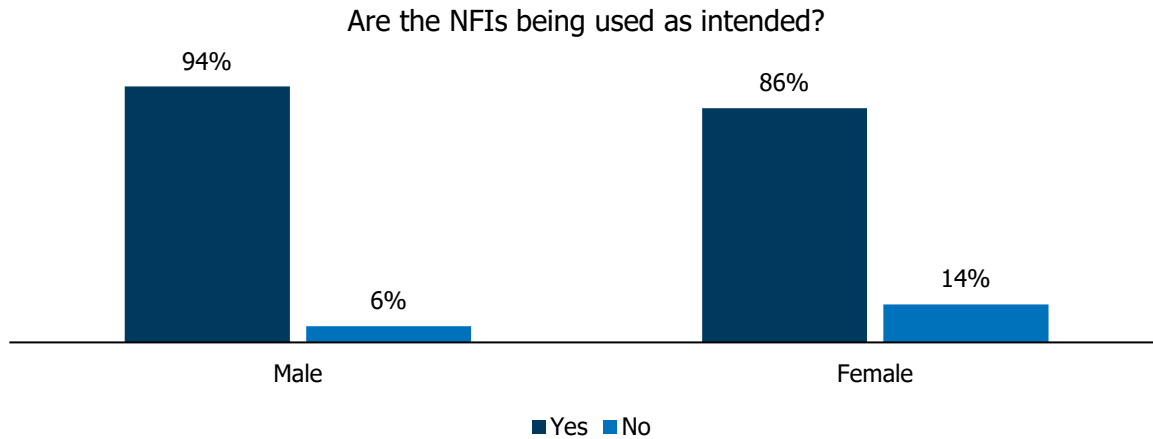


Figure 58: NFIs used for their intended purpose

4.7. Main Sources of Energy for the Household

Energy is a fundamental service required for daily living, playing a critical role in cooking, household activities, small-scale production, and the delivery of essential services such as healthcare and education. Reliable access to energy not only improves quality of life but also supports economic activities and enhances safety, especially in vulnerable settings. In this section, the focus is on how households in both the refugee camp and the host community access energy. The discussion covers the types of energy sources used, such as firewood, charcoal, electricity, or alternative energy, along with issues related to affordability, availability, environmental impact, and safety. It also highlights any disparities in access and explores how energy needs are being met or challenged in each community.

4.7.1. The Main Source of Energy for Cooking

This sub-section outlines the sources of cooking energy used by both refugees and host communities.

The data shows, in the table below, clear differences in cooking fuel sources between refugees and host communities. Among refugees, about 52% primarily rely on collecting firewood, reflecting dependence on freely available natural resources, while roughly 33% use charcoal. Use of purchased firewood and alternative energy sources like electricity or solar is minimal.

Table 46: Primary Cooking Energy Source

| Main Source of Energy for Cooking | Refugee (%) | Host Community (%) |
|-----------------------------------|-------------|--------------------|
| Collecting Firewood | 52 | 19 |
| Charcoal | 33 | 65 |
| Purchase Firewood | 4 | 11 |
| Firewood/Charcoal | 12 | 2 |
| Crop Residue/Leaves | 0 | 1 |
| Dung/Manure | 0 | 1 |
| Electricity | 0 | 1 |

In contrast, nearly 65% of host community members use charcoal as their main cooking fuel, with only about 19% collecting firewood and around 11% purchasing it. Other energy sources, such as crop residue, dung, electricity, and solar, are used by a small minority but are somewhat more common in the host community. These patterns highlight differences in access and preferences, influenced by economic factors and resource availability.

4.7.2. Availability of Street Lighting

As indicated in the table below, only 25% of refugees and 29% of host community members report that there is a functioning streetlight in their area. However, the disparity between communities is stark: approximately 52% of refugees lack any street lighting compared to just 22% of the host community members. This significant difference highlights the urgent need for targeted investments in public lighting within refugee areas. Improving street lighting is essential for enhancing community safety, mobility, and crime prevention, particularly in vulnerable and underserved populations.

Table 47: Availability and conditions of street lighting described by refugees and host community

| Availability and condition of street lighting | Refugee (%) | Host community (%) |
|---|-------------|--------------------|
| Yes - In working condition | 25 | 29 |
| Yes - Not in working condition | 13 | 35 |
| Yes- But works only sometimes | 10 | 13 |
| No | 52 | 22 |
| Total | 100 | 100 |

4.8. Food Security and Nutrition

Beyond accessing basic services and food for daily consumption, it is crucial to ensure consistent food security and adequate daily nutritional intake for all individuals. Reliable access to nutritious food is essential not only for meeting immediate hunger needs but also for supporting long-term physical and mental development, particularly among children. Malnutrition during childhood can have lasting impacts on cognitive development, educational outcomes, and overall health, ultimately affecting the future potential of individuals and communities. In this section, the levels of food security and access to nutrition in both the refugee and host communities are examined.

4.8.1. Access to Food Security and Nutrition

This sub-section explores access to food security and nutrition for both refugees and host communities. As shown in the table below, among refugee households, approximately 23% reported experiencing anxiety over not having enough food in the past 30 days, reflecting heightened food insecurity concerns. This is nearly double the 12% reported by host community households, indicating a notable disparity between the two groups.

Table 48: Existence of worries about food security

| Have you worried about food for the last one month? | Refugee (%) | Host community (%) |
|---|-------------|--------------------|
| Yes | 23 | 12 |
| No | 77 | 88 |
| Total | 100 | 100 |

The elevated concern among refugees likely stems from limited livelihood opportunities, reliance on external assistance, and challenges related to displacement and integration. While the host community appears relatively more food secure, the fact that over one in ten households still reported such concerns highlights persistent vulnerabilities that also affect local populations.

4.8.2. Main Sources of Food for the Household

As depicted in the following figure, the majority of households, approximately 76%, depend on market purchases as their primary food source, with slightly higher reliance among host communities (79%) than among refugees (71%). This underscores the central role of markets and income stability in food access for both groups. Notably, around 23% of refugee households rely on food assistance, compared to just 5% of host households, reflecting limited livelihood options for refugees and a heavier dependence on aid.

In contrast, about 11% of host households source food from farming or livestock, compared to 6% of refugees, indicating greater access to productive resources among hosts. Other food sources, such as borrowing or informal support, are minimal but slightly more prevalent among host communities. These figures highlight the importance of expanding livelihood opportunities, especially for refugees, and shifting toward more flexible, cash-based food assistance where possible to enhance resilience and autonomy.

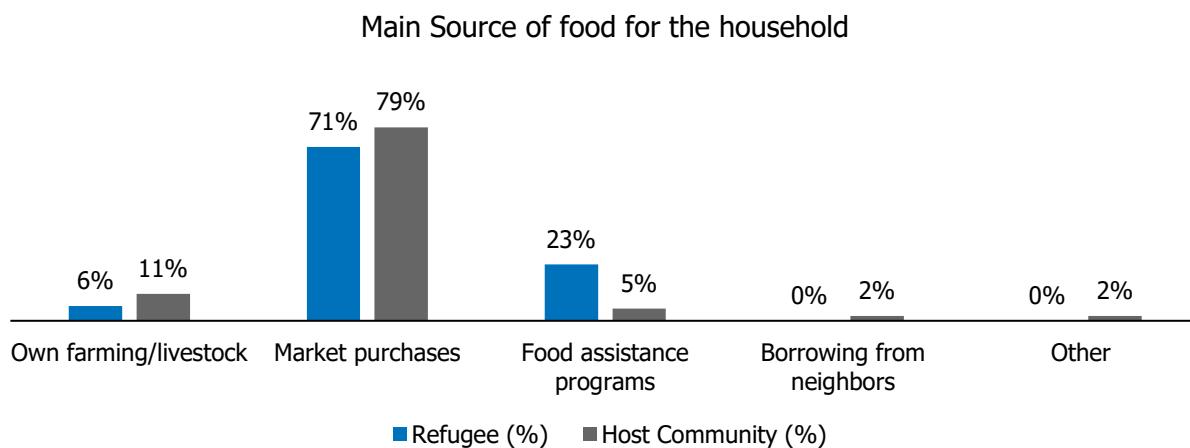


Figure 59: Indicates the main sources of food for the household

The table below indicates that 45% of the refugees and 39% the host community households had access to nutrition programs for vulnerable groups. This difference may reflect the presence of targeted humanitarian support in refugee settings. Despite these efforts, a significant portion of both groups still lack access, indicating ongoing gaps in nutrition service delivery that need to be addressed.

Table 49: Availability of nutrition programs for vulnerable groups

| Availability of Nutrition program | Refugee (%) | Host community (%) |
|-----------------------------------|-------------|--------------------|
| Yes | 45 | 39 |
| No | 55 | 61 |
| Total | 100 | 100 |

4.9. Environmental Impact

In this sub-section, the environmental impact experienced by both refugees and host communities is examined in detail. The arrival and settlement of refugees can lead to increased pressure on natural resources such as water, firewood, and arable land, often resulting in deforestation, soil degradation, and water scarcity. These environmental changes can affect the health, livelihoods, and overall well-being of both displaced populations and residents. Conversely, the host communities may also face challenges in maintaining environmental sustainability due to the sudden rise in population density. This section explores these dynamics and highlights both the short-term and long-term environmental consequences of displacement and resettlement.

4.9.1. The Effect of Climate Change on Access to Basic Services

As of the table below, refugees reported greater exposure to climate-related impacts than the host community. Water shortage and drought were the most common concerns, cited by 86% of refugees and 74% of host community members. Rising temperatures affected 51% of refugees versus 33% of hosts, while air pollution impacted 28% of refugees compared to 15% of hosts. Soil degradation was also more commonly reported by refugees (20%) than the host community (8%). These figures highlight the disproportionate climate risks faced by refugees and the need for targeted adaptation strategies.

TABLE 50: The effect of climate change on accessing basic services by community type

| Effect of climate change | Refugee (%) | Host Community (%) |
|----------------------------|-------------|--------------------|
| Water Shortage and Drought | 86 | 74 |
| Rising Temperature | 51 | 33 |
| Air Pollution | 28 | 15 |
| Soil Degradation | 20 | 8 |
| Total | 100 | 100 |

4.9.2. The Most Significant Environmental Challenge

This sub-section addresses the key environmental challenges impacting both refugee and host communities. The figure below shows that water shortage and drought are the most pressing environmental issues, reported by approximately 65% of all respondents, 69% of refugees, and 63% of host community members, highlighting a shared and severe vulnerability to water stress.

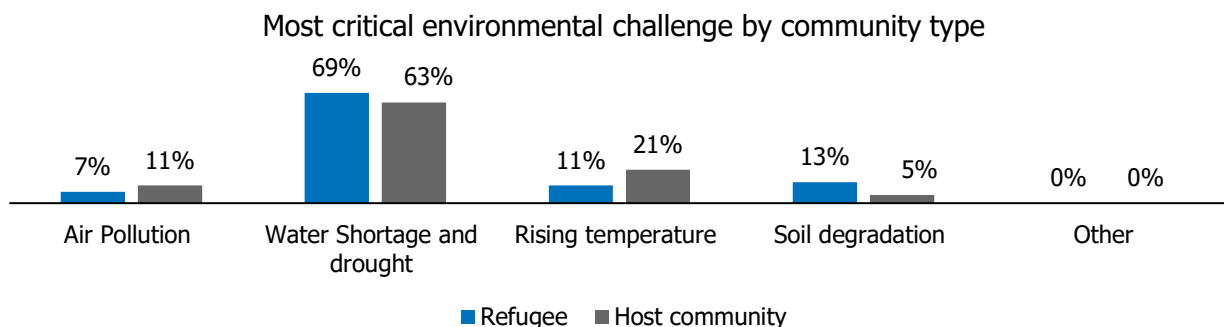


Figure 60: The main environmental challenge in the area to the refugees and the host community

Rising temperatures were cited by around 17%, more often by host community members, indicating localized climate impacts.

Other concerns, such as air pollution (9%) and soil degradation (8%), were less frequently mentioned. However, soil degradation was reported at a notably higher rate among refugees (13%) compared to hosts (5%), pointing to specific environmental pressures in refugee areas. These findings underscore the urgent need for climate adaptation strategies tailored to community needs, with a strong focus on improving water availability.

4.10. Access to Coordination and Governance

Access to effective coordination mechanisms among key stakeholders and governance structures is a vital aspect explored in this study. A key focus is on the level of refugee representation within local governance systems, which reflects their ability to participate in decision-making processes. Additionally, the study assesses the transparency and fairness in the allocation of resources and services, ensuring that both refugees and host communities receive equitable support and that trust is maintained between all parties involved.

4.10.1. Refugees' Representation in Local Governance

As the figure below demonstrates, 51% of refugees reported that they are represented in the local governance compared to 25% of the host communities. Conversely, 36% and 29% of the refugees and the host communities reported that refugees are not reported in the local governance.

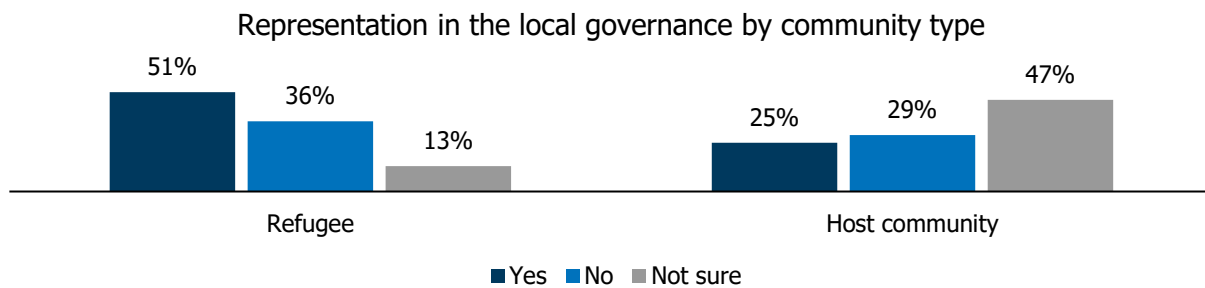


Figure 61: Representation of Refugee Voices in Local Governance

4.10.2. Transparency in Resources and Services Distribution

This sub-section deals with the extent of transparency in the distribution of resources and services. Based on the data shown table below, significantly higher share among refugees (29%) of respondents view the distribution of resources and services as very transparent compared to the host community (7%). Moreover, 36% of refugees and 50% of host community members indicated a moderate level of trust, particularly within host populations, saying it is somewhat transparent.

Table 51: Transparency of resources and services distribution

| The extent of transparency in the distribution of resources and services | | |
|--|-------------|--------------------|
| Response | Refugee (%) | Host Community (%) |
| Very Transparent | 29 | 7 |
| Somewhat Transparent | 36 | 50 |
| Not Transparent | 26 | 19 |
| Not Sure | 9 | 24 |

Conversely, about 26% of refugees feel the distribution is not transparent and 19% of the host community members feel the distribution is not transparent. Additionally, uncertainty is notably higher among the host community (24%) than among refugees (9%). These results point to the need for improved communication, greater transparency, and more inclusive engagement in service delivery to build trust and accountability across both groups.

4.11. Infrastructure Needs

In this sub-section, the urgent needs of both refugees and host communities are explored, with particular attention given to the adequacy of existing infrastructure to meet those needs. The discussion encompasses essential services such as housing, healthcare, water and sanitation, education, and livelihood opportunities. It also assesses whether current infrastructure systems, such as roads, healthcare facilities, and schools, are capable of supporting the increased demand resulting from the influx of displaced populations.

4.11.1. The Most Pressing Infrastructure Needs

This sub-section outlines the key infrastructure requirements necessary to support both refugees and host communities, focusing on areas such as housing, water and sanitation, healthcare, education, and transportation.

As indicated in the table below, water and sanitation emerged as the most pressing infrastructure need, as reported by approximately 43% of refugees and 35% of host community members. This reflects the critical gaps in access to essential services that directly affect health and well-being across both groups. Housing was the second most cited need among refugees (42%), while roads and electricity each ranked second for the host communities (22%). These differences highlight the specific challenges faced by each group and underscore the need for tailored infrastructure investments that respond to both immediate humanitarian need and long-term development goals.

Table 52: Pressing infrastructure needs for refugees and hosts

| Infrastructure Need | Refugee % | Host Community % |
|---------------------|-----------|------------------|
| Water/Sanitation | 43 | 35 |
| Housing | 42 | 20 |
| Roads | 11 | 22 |
| Electricity | 4 | 22 |
| Other (combined) | 0 | 2 |

4.11.2. Adequacy of Roads and Transportation Systems

This section examines the adequacy of the existing road infrastructure in meeting the transportation and accessibility needs of both the refugees and host communities, considering factors such as road quality, coverage, maintenance, and ease of access to essential services and markets. The data indicates in the figure below that 55% of refugees perceive roads and transportation systems as adequate, compared to 51% of host community members. This suggests that perceptions of transportation adequacy are relatively similar between the two groups. However, with 42% of refugees and 47% of host community members reporting inadequacies, we understand the need for targeted improvements in transportation systems to better serve both communities and ensure equitable access to essential services.

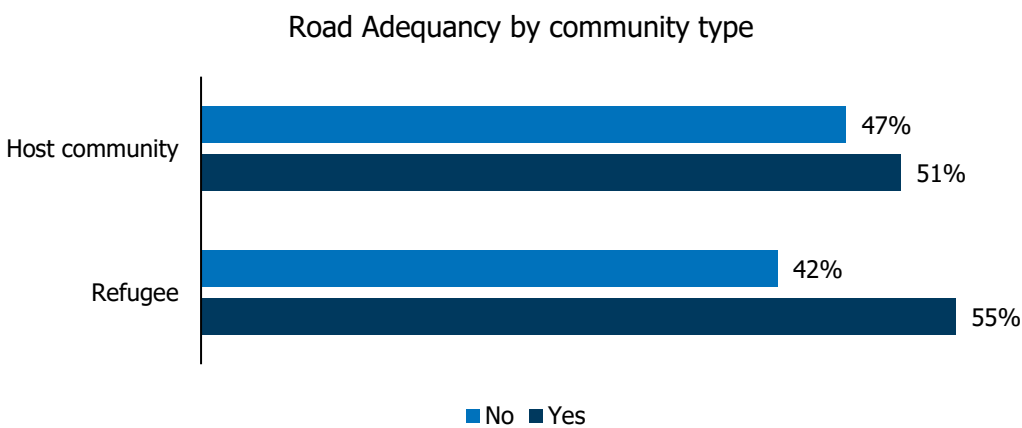


Figure 62: Adequacy of roads and transportation systems

As indicated in the figure below, refugees reported better road conditions, with roughly 39% indicating roads were paved and maintained, compared to the host community, where poorer conditions were more frequently observed. These results point to infrastructure disparities and emphasize the need for targeted road improvements to ensure equitable and reliable access for both communities.

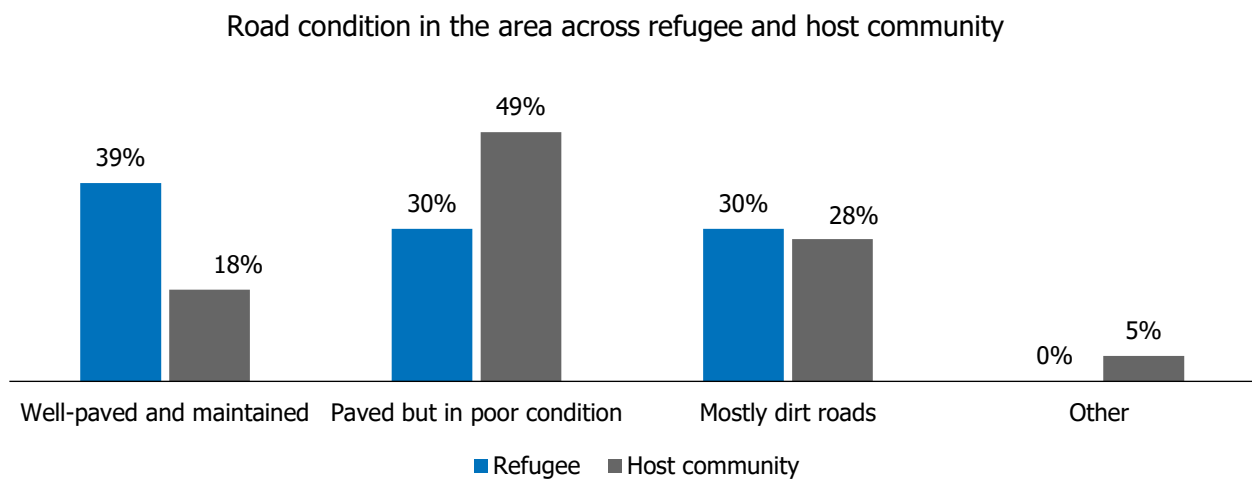


Figure 63: Conditions of the road in the area by community type

4.11.3. Access to Transportation

The figure below reflects the views of participants by gender with regard to the access they have to reliable public transportation. As the data below shows, with 68% of males and 60% of females reported access to reliable public transportation. Conversely 40% of females and 32% of males reported lacking access. While the overall figures are relatively close, the data suggests that a higher proportion of females face barriers to reliable transportation, potentially reflecting gender-related constraints or differing mobility needs. These findings highlight the need for more inclusive and accessible public transportation systems that address the specific needs of all community members, particularly women and other vulnerable groups.

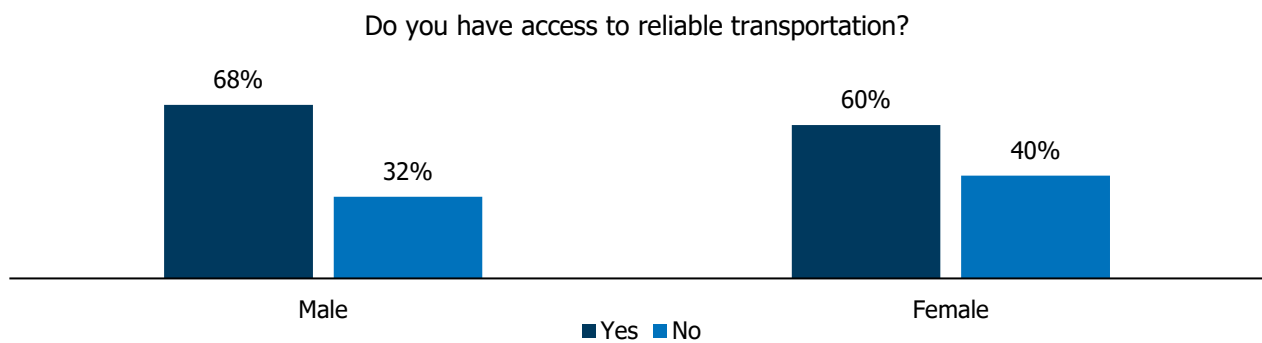


Figure 64: Access to reliable public transportation by gender

The table below shows that with nearly equal proportions among refugees (63%) and host community members (62%) of respondents have access to reliable public transportation. Conversely, about 37% of both groups lack such access, indicating a shared challenge. While overall access appears balanced between the two communities, the sizable portion without reliable transport highlights ongoing mobility barriers. These findings underscore the need for interventions to improve transportation infrastructure and accessibility for both refugee and host populations.

Table 53: Access to reliable public transportation across Refugee and Host communities

| Do you have access to reliable public transportation? | | |
|---|-----------|------------------|
| Response | Refugee % | Host community % |
| Yes | 63 | 62 |
| No | 37 | 37 |
| Total | 100 | 100 |

4.11.4. Access to Internet and Mobile Network Connectivity

As indicated below, about 73% of host community members confirmed reliable connectivity, compared to 63% of refugees. This indicates a notable digital access gap, with refugees more likely to face unreliable network conditions. The remaining 37% of refugees and 27% of host community members reported poor connectivity, highlighting the need for targeted efforts to improve digital infrastructure and access, particularly in refugee settings where connectivity remains a barrier to accessing essential services.

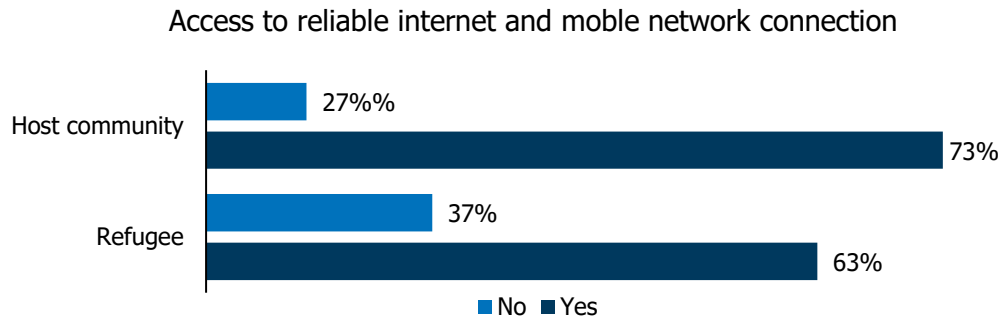


Figure 65: Reliability of Internet and Mobile Network Connectivity in Refugee and Host Communities

As shown in the table below, there is a different perception of how internet or mobile connectivity affects service access between refugee and host communities. Among refugees, a majority (54%) reported that lack of connectivity significantly impacts their service access, compared to only 21% of host community members. Conversely, 60% of host community respondents noted only little effect, indicating relatively better digital access or adaptability. A similar share in both groups (18–19%) reported no impact at all. These findings suggest that refugees face greater digital barriers, underscoring the need for targeted interventions to improve connectivity and digital inclusion in refugee settings.

Table 54: Degree of effect of internet/mobile connectivity on services

| Degree of effect | Refugee (%) | Host community (%) |
|------------------------|-------------|--------------------|
| To a significant level | 21 | 41 |
| To a little extent | 60 | 41 |
| No effect at all | 19 | 18 |
| Total | 100 | 100 |

SECTION FIVE: FACILITY ASSESSMENT

This section presents a comprehensive assessment of six facilities, focusing on key factors such as accessibility, staffing levels, adequacy of resources, service quality, and other relevant operational and structural aspects that impact overall performance and user experience.

5.1. Health Facility Assessment

This section presents an assessment of two health institutions—one health center and one primary hospital. The assessment focuses on key dimensions of service delivery, including accessibility, staffing adequacy and qualifications, availability of infrastructure and resources, and overall quality of care. These factors are assessed to identify the opportunities and challenges each facility faces in meeting the health needs of the community.

Key Takeaways

- ⊙ Overall Facility Condition: Both health facilities are generally well-maintained, operational, and exceed minimum standards, although minor maintenance issues exist.
- ⊙ Cleanliness and Hygiene: Cleanliness is satisfactory, but the primary hospital's toilets need improvement. Sanitation and maintenance upgrades could enhance usability.
- ⊙ Gender Sensitivity: Toilets in both facilities are appropriately gender-separated, meeting basic gender-sensitive infrastructure standards.
- ⊙ Healthcare Access and Coverage: According to the argument by the respondents, the refugee camp health center aims for 80% coverage and a 20% cost reduction, with outreach for TB, HIV, and nutrition, and referrals for complex cases.
- ⊙ Staffing: The primary hospital has a full professional staff complement, except for male midwives.
- ⊙ Complementary Strengths: While both facilities have foundational healthcare capacity, their unique strengths suggest potential for integrated and collaborative healthcare delivery.
- ⊙ Shared Improvement Needs: Issues like electricity, medical equipment availability, patient feedback, and infrastructure (e.g., perimeter walls) differ slightly between the sites, but both share common areas for systemic improvements.

General Overview of the Health Facilities

This sub-section provides a comprehensive overview of the healthcare facilities serving the Kebribeyah area, including the health centre situated within the Kebribeyah Refugee Camp and the primary hospital located in Kebribeyah town. The discussion covers the infrastructure, capacity, available medical services, staffing levels, and the role each facility plays in addressing the health needs of both the refugee and host communities.

As illustrated in the table below, Kebribeyah town is served by two key health facilities: the health centre located within the refugee camp and the town's primary hospital. The health centre was established in 1988, whereas the primary hospital is

a more recent development, having been constructed in 2021. Operational responsibilities for these institutions differ: the refugee camp’s health centre is managed by a United Nations agency in partnership with various non-governmental organizations (NGOs), reflecting its humanitarian focus, while the primary hospital is operated under the jurisdiction of the national government, indicating a more centralized and public health system approach.

In terms of their overall structural condition and hygiene standards, both facilities are reported to be in good shape. This suggests that the buildings are generally well-maintained and fully operational, with no significant structural deficiencies that would hinder service delivery. Although there may be minor maintenance issues or occasional wear and tear, these do not compromise the functionality of the facilities. Furthermore, the cleanliness of both sites is satisfactory, with only limited areas requiring minor improvements. Overall, the physical infrastructure and hygienic conditions support effective healthcare provision in both facilities.

Table 55: General overview of health facilities

| No | Name | Facility Type | Run by | Constructi on date | Distance to the nearest Hospital (within 58 KM) | General Conditio n | Cleanli ness |
|----|--|------------------|----------------|--------------------|---|--------------------|--------------|
| 1 | Refugees Medical Teams International Health Center | Health Center | UN Agency &NGO | 1988 | 1.5 | Good | Good |
| 2 | Kebribeyah Primary Hospital | Primary Hospital | Governmen t | 2021 | 58 | Good | Good |

The figure below provides a comparative overview of the structural and functional capacities of two health facilities, highlighting the number of rooms, beds, and the maximum number of patients each can accommodate on a weekly basis. As illustrated, the primary hospital located in the town demonstrates a significantly higher capacity in all measured aspects when compared to the health center in the refugee camp. Specifically, the primary hospital surpasses the health center in terms of the number of total rooms, available beds, and the maximum daily patient intake. This is expected since the primary hospital is expected to have more services compared with the health centers. Despite this disparity, it is important to note that both health facilities exceed the minimum standards required for their operation, indicating that they are both adequately resourced to meet baseline healthcare demands.

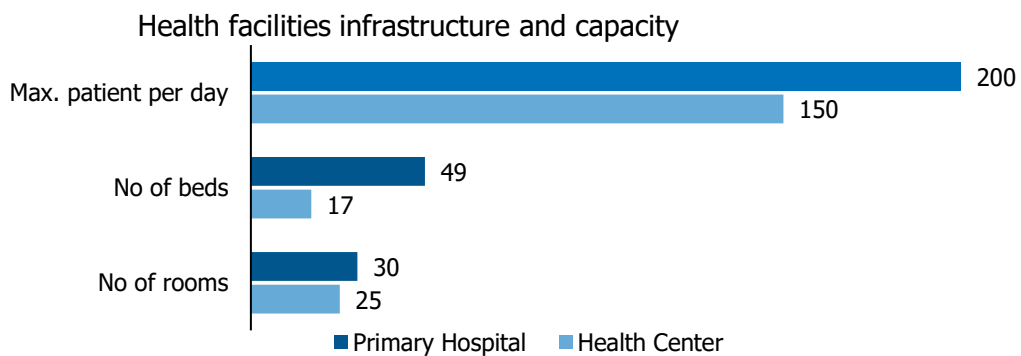


Figure 66: Health facility capacity overview

However, the data presented above appears significantly less favourable compared to the current average situation in Ethiopia. Although it is challenging to find a reliable source that outlines a national standard for the number of patients a health center should serve per day, available evidence indicates that, in practice, health centers serve an average of 30 patients per day, while primary hospitals serve approximately 92 patients and general hospitals around 116 patients per day (Refer to Appendix – A for benchmarking).

Average Number of Patients per Week

The figure below illustrates the average weekly number of males, female, and child patients attending two types of health facilities. The chart on the left shows data from the health center located within the refugee camp, while the chart on the right presents data from the primary hospital in Kebribeyah town, which primarily serves the host community. The primary hospital in Kebribeyah reports a higher average number of weekly patients across all demographic groups, particularly among females. This aligns with UNICEF's (2022)7F¹¹ findings, which indicate that the higher number of female patients in Ethiopia's Somali region is often attributed to factors such as high fertility rates, limited access to healthcare, and persistent gender inequality in education and economic opportunities. Moreover, this suggests the hospital may be serving not only the host community but also patients from the refugee population. Such a pattern may indicate the benefits of inclusive health service provision, where shared use of healthcare facilities between host communities and refugees can enhance access, reduce pressure on individual facilities, and promote more equitable healthcare delivery.

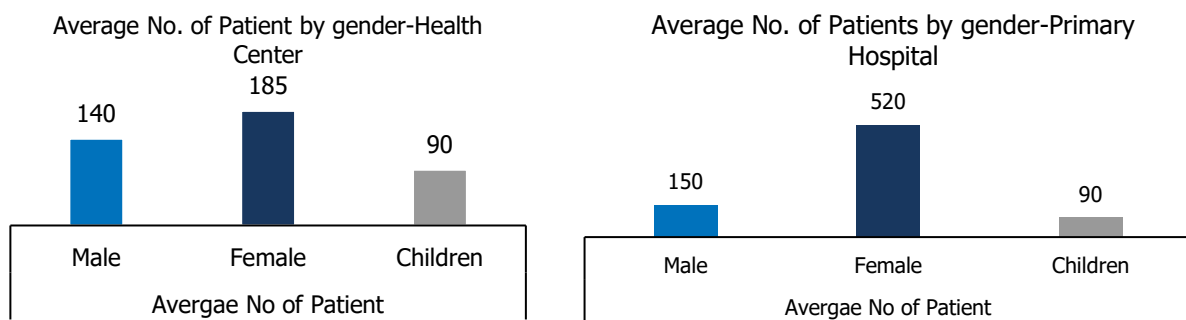


Figure 67: Average weekly number of male, female, and child patients treated per facility

Water, Sanitation, and Hygiene (WASH)

This sub-section discusses the availability and accessibility of water, toilets, and handwashing facilities, along with the allocation and distribution of toilet facilities based on gender and staff requirements. The quantitative survey is complemented by qualitative data collected through key informant interviews (KIIs) and field observations, including photographic documentation during the assessment. According to the table, both health facilities have access to essential water, sanitation, and hygiene (WASH) infrastructure, including toilets, handwashing stations, and necessary materials such as soap. However, it is important to note that while these facilities are available, the condition of the toilets in the primary hospital requires further attention, as they are currently reported to be in only average or standard condition. Improvements in maintenance and sanitation would enhance the overall hygiene and usability of these facilities.

¹¹ <https://www.unicef.org/ethiopia/media/2401/file/Somali%20region%20.pdf>

Table 56: Access to water, toilets, and handwashing facilities

| No. | Health Facility Type | Access to Water | Access to a Toilet | Access to handwashing facilities | Soap Available |
|-----|--|-----------------|--------------------------|----------------------------------|----------------|
| 1 | Refugees Medical Teams International Health Centre | Yes | Yes, in Good Condition | Yes | Yes |
| 2 | Kebribeyah Primary Hospital | Yes | Yes, in Normal Condition | Yes | Yes |

The figure below illustrates the distribution of toilets in each health facility, categorized by gender and staff usage. In both health facilities, toilets are appropriately separated for male and female users, reflecting basic gender-sensitive infrastructure. However, a notable difference is observed in the provision of staff-designated toilets: only the health centre located within the refugee camp has separate toilet facilities for staff members. This suggests a potential disparity in workplace sanitation standards between the two settings. The absence of dedicated staff toilets in the other facility could have implications for staff comfort, hygiene, and overall job satisfaction. It may also raise concerns about privacy and sanitation practices, potentially affecting staff performance and the quality of patient care.

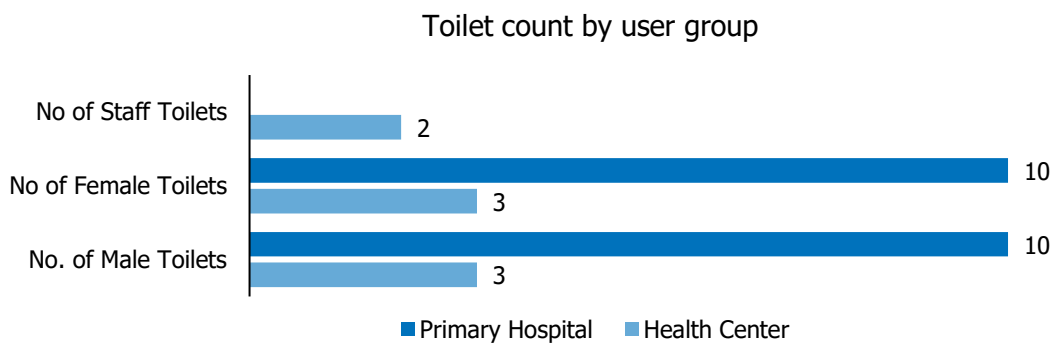


Figure 68: Distribution of toilet facilities per gender and staff

In line with the above arguments, the observational data—illustrated in the figure below—confirm that although toilet, water, and handwashing facilities are present, they are of poor quality. Water points often lack a functional water supply, and there is no clear gender demarcation for toilet facilities.



Figure 69: Toilet facilities



Figure 70: Handwash facilities

Furthermore, the data collected from both health facilities revealed a complete absence of programs or initiatives dedicated to advocating for and promoting hygiene practices. This lack of structured efforts not only indicates a critical gap in public health education but also poses significant risks to patient safety and infection control. Without targeted hygiene promotion, both healthcare workers and patients may lack the necessary awareness and behavior reinforcement needed to prevent the spread of communicable diseases, potentially undermining the overall quality of care provided.

Waste Disposal: Availability and Methods Used

This sub-section discusses the availability and adequacy of waste disposal methods for both medical and solid wastes, the presence and effectiveness of official waste management systems, as well as the provision and strategic placement of dustbins. The findings have significant implications for public health, environmental sustainability, and operational efficiency

within the facility or community. Inadequate infrastructure or poorly managed systems may lead to health hazards, increased risk of contamination, and a general decline in sanitation standards. As illustrated in the table below, both medical and solid waste are managed through designated waste disposal mechanisms. Each type of waste follows a specific disposal protocol to ensure proper handling and minimize health or environmental risks. Furthermore, both facilities have established official waste disposal systems in place, which indicates a structured approach to managing waste.

Table 57: Waste disposal: availability and methods used

| Health Facility Type | Medical Waste | | Solid Waste | | Dustbin (availability) | |
|--|---------------|---|-------------|------------------------------|---------------------------|-----|
| | Availability | Method | Method | Official System How often | | |
| Refugees Medical Teams International Health Center | Yes | Incineration, Landfill, Chemical Disinfections, and Autoclaving | Burned | Yes | Daily | Yes |
| Kebribeyah Primary Hospital | Yes | Incineration | Dumped | Yes | Weekly | Yes |

The figure further illustrates the number and distribution of dustbins across the two health facilities. While both facilities meet the minimum requirement for dustbins^{8F12}, a closer comparison with the number of rooms in each facility reveals a shortfall in availability. Specifically, the actual number of dustbins is somewhat lower than what would be ideal if each room were to be adequately equipped. This discrepancy suggests potential challenges in maintaining optimal hygiene and waste segregation practices, particularly in rooms where dustbins are either shared or absent. Inadequate bin distribution may lead to improper waste disposal, increased risk of cross-contamination, and added strain on infection prevention and control protocols.

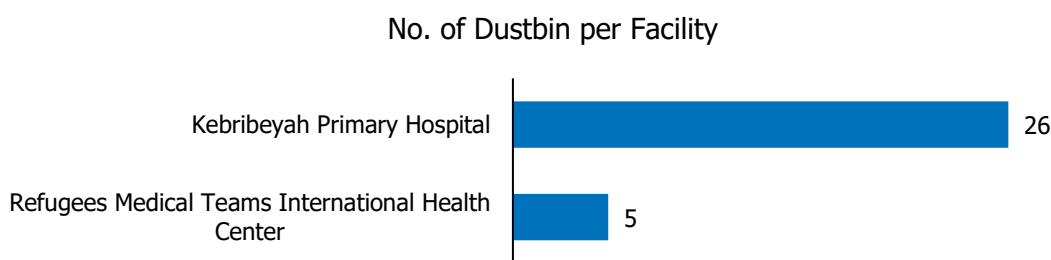


Figure 71: Number of dustbins per facility

One of the primary challenges faced by the health facilities in relation to waste disposal is a lack of adequate resources, as shown in Table 66 below. This shortage appears to be a key factor contributing to the lower-than-expected number of dustbins, particularly when assessed against the total number of rooms in each facility.

¹² <https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/2024-06/Technical-guidance-healthcare-waste-management-primary-healthcare-facilities-low-resource-settings.pdf>

Table 58: Main challenges in waste management

| Health Facility Type | Main Challenge |
|--|-------------------|
| Refugees Medical Teams International Health Center | Lack of resources |
| Kebribeyah Primary Hospital | Lack of resources |

Staffing

In addition to access to Water, Sanitation, and Hygiene (WASH) facilities and the availability of waste disposal systems, the number and organizational structure of staff within each health facility play a crucial role in determining the quality and standard of healthcare services provided. Adequate staffing—both in terms of quantity and the diversity of professional roles—is essential to ensure the effective delivery of services. This subsection presents an assessment of the staffing levels across different health facilities, with particular attention to the distribution of staff by professional category as well as gender-based disaggregation.

As shown in the figure below, the health center within the refugee camp lacks female counsellors or psychological support staff. This gap is especially concerning given the cultural context of Eastern Africa, from which most of the refugees originate. In this region, deeply rooted gender norms often influence women's and girls' willingness to seek mental health support. Many may feel uncomfortable—or entirely unable—to engage with male counsellors, especially when discussing trauma, sexual and gender-based violence, or reproductive health. The absence of gender-appropriate psychological care not only restricts access to essential mental health services but also increases the risk of long-term emotional and psychological harm among an already vulnerable population.

In comparison, the lack of specialized medical staff, such as surgeons or paediatricians is more understandable, given that the facility operates as a primary health center rather than a fully equipped hospital.

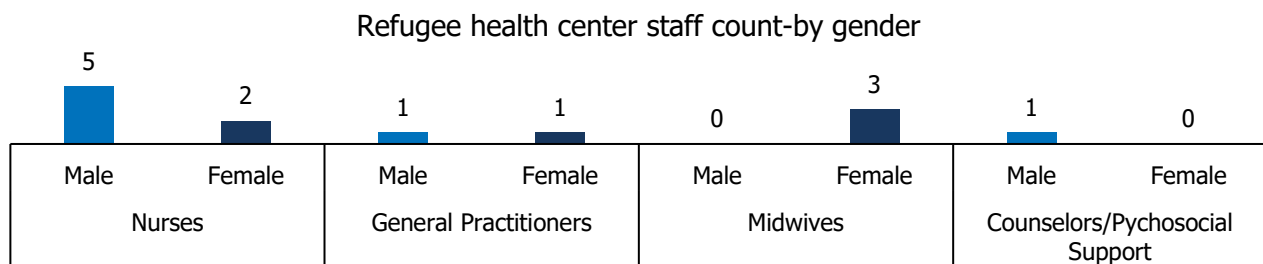


Figure 72: Staffing of the refugees' medical teams international health center

The argument from participants of KII also argued that the health center is better equipped with staff, and the service provision is adequate. The arguments from four KII participants are summarized as:

The refugee camp has a dedicated health facility providing accessible primary healthcare, to achieve 80% coverage and reduce costs by 20%. Complex cases are referred outside the camp, and outreach programs target TB, HIV, and nutrition, with improved access to nutrition services. The facility is short one midwife to meet standard staffing levels. Mental health services are available, with a specialist treating around 150 psychiatric patients and an adequate supply of medication, though cultural preferences for traditional or spiritual healing present ongoing challenges.

Furthermore, the figure below illustrates the staffing structure of Kebribeyah Primary Hospital. The hospital employs personnel across all the listed professional categories, with the exception of male midwives, as none are currently on staff. This suggests that the hospital places a strong emphasis on staff diversity and is committed to inclusive hiring practices. The absence of male midwives is largely attributed to the regional cultural perspectives, where gender-based norms are particularly strong.

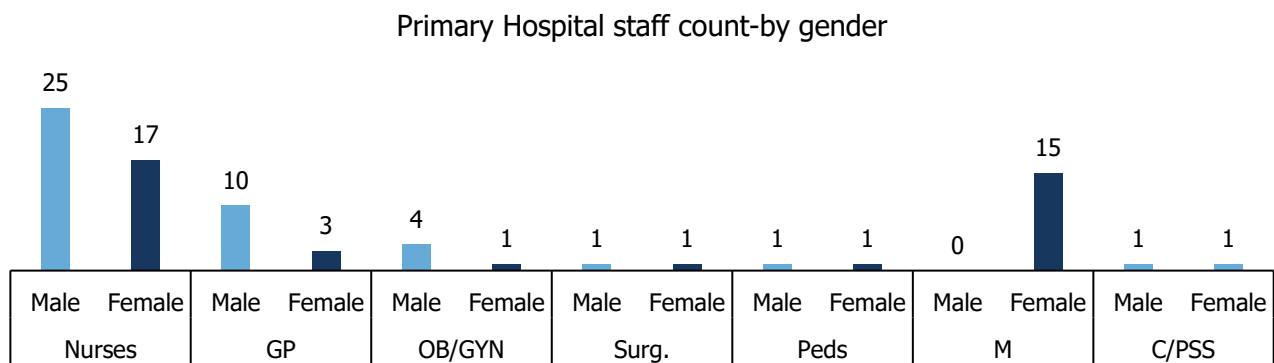


Figure 73: Staffing of the Kebribeyah Primary Hospital

NB:GP=General Practitioner; OB/GYN=Obstetricians/Gynaecologists; Surg.=Surgeons; Peds=Paediatricians; M= Midwives; C/PSS=Counsellors/Psychosocial Support

Working Days and Hours

The availability of staff, infrastructure, and resources plays a critical role in determining the efficiency and quality of service delivery in healthcare facilities. However, an equally significant factor that impacts these outcomes is the working hours and days of operation within the health facilities. The table below provides a detailed breakdown of the working days and hours for each health facility. As indicated, both health facilities operate 24 hours a day, 7 days a week. This round-the-clock availability ensures continuous access to healthcare services, which is crucial for managing emergencies, chronic conditions, and ensuring that patients receive timely care. Operating every day without interruption reflects a commitment to meeting the healthcare needs of the community at all times. While operating 24/7 is crucial for ensuring continuous care, it also requires effective management strategies to optimize staff well-being, guarantee resource availability, and uphold high standards of patient care at all times.

Table 59: Working days and hours in each health facility

| Health Facility Type | Working Days | Working Hours |
|--|--------------|---------------|
| Refugees Medical Teams International Health Center | Everyday | 24 Hrs. |
| Kebribeyah Primary Hospital | Weekdays | 24 Hrs. |

Services, Equipment, Supplies

In this sub-section, we assessed the range of medical services offered by each health facility, along with the availability of medical equipment.

As shown in the table below, both facilities provide a largely similar set of medical services, with the notable exceptions of dental and laboratory services, which are not available in the health center of the refugee camp. This indicates a broadly comparable service capacity between the two institutions in terms of basic healthcare provision.

In terms of medical equipment, both facilities are generally aligned, although with a few significant distinctions. The refugee camp's health center is equipped with refrigerators, which implies a better capacity for storing vaccines and temperature-sensitive medications—an essential feature for immunization programs and chronic disease management. On the other hand, the primary hospital is better equipped with mobility aids such as wheelchairs and walking frames, indicating a stronger focus on post-acute care and rehabilitation services.

These findings suggest that while the facilities share a foundational service capacity, their complementary strengths point to an opportunity for integrated healthcare delivery. Merging or coordinating services across these facilities to serve both host communities and refugee populations could improve overall access, reduce service gaps, and foster a more inclusive healthcare system that addresses diverse needs more equitably.

Table 60: Available services and medical equipment

| Available Services | | Available Medical Equipment | |
|--|-----------------------------|--|------------------------------|
| Refugees Medical Teams International Health Centre | Kebribeyah Primary Hospital | Refugees Medical Teams International Health Centre | Kebribeyah Primary Hospital |
| Maternal Health | Maternal Health | Stethoscopes | Stethoscopes |
| vaccinations | vaccinations | Blood Pressure Monitors | Blood Pressure Monitors |
| Emergency Services | Emergency Services | Thermometers | Thermometers |
| Outpatient Services | Outpatient Services | Glucometers | Glucometers |
| Inpatient Services | Inpatient Services | Oxygen Concentrators | Oxygen Concentrators |
| Surgical Services | Surgical Services | Examination Tables | Examination Tables |
| Dental Services | Dental Services | Delivery Beds | Delivery Beds |
| Mental Health Services | Mental Health Services | Refrigerators | |
| Laboratory | Laboratory | | Wheelchairs and Walking Aids |

Furthermore, the table below provides a comprehensive overview of the diagnostic tests, essential medicines, and health supplies available at each health facility. In the primary hospital, there is a reported shortage of HIV test kits and contraceptives. The absence of HIV diagnostic tools may hinder early detection and treatment, potentially contributing to the spread of the virus within the community. Likewise, the lack of contraceptives compromises reproductive health services, increasing the risk of unintended pregnancies and associated maternal health complications.

Moreover, antiretrovirals (used for HIV/AIDS treatment), IV fluids, sutures, and dressing materials are notably absent from the inventory of the primary hospital, despite both health facilities having similar availability of other essential medicines and supplies, except for Insecticide-Treated Nets (ITNs), which are unavailable in both. This gap underscores the need to strengthen the supply chain and inventory management at the primary hospital and highlights the importance of coordination between facilities. Enhanced collaboration—through resource sharing, joint planning, and a stronger referral system—could significantly improve the continuity and quality of care. Ultimately, such integration promotes equitable access to essential health services, strengthens health system resilience, and advances progress toward universal health coverage by reducing disparities in service delivery.

Table 61: Available diagnostic tests and essential medicines

| Available Diagnostic Tests and Supplies | | Available Essential Medicines and Health Supplies | |
|--|--|--|---|
| Refugees Medical Teams International Health Center | Kebribeyah Primary Hospital | Refugees Medical Teams International Health Center | Kebribeyah Primary Hospital |
| Rapid Diagnostic Tests (RDTs) for Malaria | Rapid Diagnostic Tests (RDTs) for Malaria | Antimalarials | Antimalarials |
| HIV Test Kits | | Antibiotics | Antibiotics |
| Tuberculosis (TB) Test Kits | Tuberculosis (TB) Test Kits | Antiretrovirals (HIV/AIDS treatment) | |
| Pregnancy Test Kits | Pregnancy Test Kits | Vaccines | Vaccines |
| Blood Collection Supplies (needles, syringes, tubes) | Blood Collection Supplies (needles, syringes, tubes) | Oral Rehydration Salts | Oral Rehydration Salts |
| Contraceptives (pills, condoms, IUDs, etc.) | | Analgesics (e.g., paracetamol, ibuprofen) | Analgesics (e.g., paracetamol, ibuprofen) |
| | | IV Fluids | |
| | | Sutures and Dressing Materials | |

Stock Status of Essential Medicines, Key Gaps, and Maintenance

In order to ensure effective and uninterrupted healthcare service delivery, not only is the general availability of essential medicines crucial, but maintaining an adequate and consistent stock is equally important. The table below outlines the

current stock levels of essential medicines, highlights critical gaps, and describes the maintenance status of each healthcare facility.

According to the data presented, the health center located within the refugee camp maintains a high stock level of essential medicines expected to last more than a month, ensuring immediate availability for the majority of commonly encountered health conditions. In contrast, the primary hospital holds a sufficient stock expected to last more than 2 weeks but less than a month, as also shown in Figure 74, adequate for usual operations but potentially vulnerable to sudden increases in demand or supply chain disruptions.

The most significant gaps identified include the inconsistent supply of certain medications, notably in the health center, which appears to be particularly affected by interruptions. Meanwhile, the primary hospital’s key challenge lies in the unavailability of specific essential medicines and services, including HIV Test Kits and Antiretrovirals (HIV/AIDS treatment) drugs. This availability can hinder the timely treatment of acute and chronic conditions and may lead to suboptimal clinical outcomes.

Regarding maintenance, both the health center and the primary hospital receive at least monthly maintenance services. These services typically cover minor repairs and aesthetic upkeep, such as repainting, fixing plumbing leaks, and ensuring basic facility functionality. While these maintenance activities are vital for creating a hygienic and safe environment for patients and staff, ongoing assessments are necessary to identify needs for larger-scale or structural maintenance.

Table 62: Essential medicine & supply stock status, and key gaps & maintenance

| | Stock Levels | Most important Gaps | Maintenance | |
|--|------------------|--|---------------------------------|--|
| | | | Availability (Last Maintenance) | Type of Maintenance |
| Refugees Medical Teams International Health Center | High Stock | Lack of some medications, interrupted supply | 1-3 months | Small work (e.g., painting, fixing leaks) |
| Kebribeyah Primary Hospital | Sufficient Stock | Unavailability of some medicines. | 1-3 months | Medium intervention (e.g., window replacement) |



Figure 74: Medical Store of Primary Hospital

Benchmarking of Current Status vs. Minimum Standards for Health Facilities

| Indicator | Current | Minimum Standard (WHO/Sphere/National) | Gap / Implication |
|-------------------------------------|---------|--|---|
| Average daily patients per facility | 175 | 50–100 per day (Sphere guideline) | Facilities are handling more than 2x recommended caseloads; staff and infrastructure overstretched |
| Community Health Workers | 0.65 | 2.5 medical staff (physicians, nurses and midwives) per 1,000 people (WHO) | Staffing stands at only 0.65 per 1 000 population leaving services severely understaffed and overstretched. |

Main Needs of each Health Facility

In addition to documenting the services and essential medicines available at the two health facilities, this assessment also identifies the most pressing needs unique to each facility. As illustrated in the table below, although there are some differences, such as in-patient feedback mechanisms, access to electricity, availability of medical equipment, and the presence of a surrounding wall, the core needs for improving service delivery are notably similar across both facilities. This indicates that while localized interventions may be necessary to address facility-specific issues, there is also a shared opportunity to implement broader, system-wide improvements that could simultaneously strengthen both sites. Addressing these common gaps could enhance service quality, ensure more consistent care, and improve overall health outcomes for the populations they serve.

Table 63: Needs to be addressed in each health facility

| Refugees Medical Teams International Health Center | Kebribeyah Primary Hospital |
|--|-----------------------------|
| Maintenance | Maintenance |
| More rooms/building | More beds |
| More drugs/medicine | More drugs/medicine |
| More equipment | |
| Additional support staffs | Additional support staffs |
| Electricity | |
| Water | Water |
| | Surrounding wall |
| More training of staff | More training of staff |
| | Sustainability practices |
| Inadequate patient feedback mechanisms | |
| Inadequate community engagement programs | |

Security and Safety

Regardless of the availability of resources and medicines, the presence of adequate security remains a critical prerequisite for delivering timely and effective health services to beneficiaries. Security not only ensures the safety of health personnel and patients but also supports the continuity of care and the proper functioning of health systems. As illustrated in the table below, there have been no recorded incidents or acts of violence at the health center located within the refugee camp in the recent past, suggesting a relatively secure and stable environment that fosters uninterrupted service provision.

In contrast, the primary hospital has experienced intermittent incidents of violence that lead to brief disruptions in service delivery. These occurrences, though not frequent, highlight a vulnerability in the system that can compromise access to essential health services, especially during emergencies. Therefore, strengthening security mechanisms—through physical protection, community engagement, and responsive governance—is essential to safeguard health services and ensure reliability in care provision.

Table 64: Security incidents and service disruptions in health facilities

| Health Facility Type | Any incident of violence in the recent past | The nature and impact of this incident |
|--|---|--|
| Refugees Medical Teams International Health Center | Never | |
| Kebribeyah Primary Hospital | Sometimes (A few incidents have occurred but not regularly) | Brief service disruption |

Overall, health facilities serving both refugee populations and host communities are generally functional, with most having sufficient staffing levels and gender-sensitive infrastructure in place. This suggests a degree of operational capacity and an effort to meet the diverse needs of their patients. However, notable gaps remain, particularly in the availability of specialized medical personnel, most critically, mental health professionals. Despite the operational status of most health facilities, persistent systemic challenges undermine their effectiveness. Sanitation conditions remain poor in several locations, posing health risks and affecting the quality of care. Another critical issue is the lack of a formalized framework for integrating refugee and host community health services. This fragmented approach results in inefficiencies and disparities in access and quality of care. These findings align with the broader conclusions of the recent Basic Services Assessment, which highlights that existing health systems are overstretched and under pressure. Mental health services, in particular, are severely lacking and are unable to meet the increasing demand from both refugee and host populations. Furthermore, host communities predominantly rely on already under-resourced public healthcare systems, which exacerbates the strain and leaves both groups underserved.

5.2. Education Facility Assessment

This section provides a comprehensive assessment of five educational institutions, comprising four primary schools and one secondary school. Key dimensions under review include accessibility (such as physical location and ease of reach for students and families), the adequacy and qualifications of teaching and support staff, the availability and condition of

Key Takeaways:

- ⊙ **Stability and Attendance:** All schools remained open throughout the year, indicating a stable learning environment.
- ⊙ **Student Demographics:** Female students make up a large portion of the student population in most schools.
- ⊙ **Resource Inequity:** DICAC Kebribeyah Refugee Primary School, run by an NGO, is better resourced than government schools in terms of teachers, textbooks, and basic infrastructure. Hawa Tako and Shek Yusuf Keynun Primary Schools are severely under-resourced, lacking adequate desks, classrooms, and textbooks.
- ⊙ **Infrastructure and Overcrowding:** Classroom overcrowding is a serious issue, particularly at Shek Yusuf Keynun and Kebribeyah High School, due to high student-to-room and student-to-desk ratios. Shek Yusuf Keynun has the least infrastructure per student, suggesting poor planning or resource distribution.
- ⊙ **Textbook Availability:** Only DICAC Kebribeyah Refugee School and Kebribeyah High School have adequate textbooks. Hawa Tako, Shek Yusuf Keynun, and Kebribeyah High schools struggle with textbook shortages, affecting learning quality.
- ⊙ **Teaching Environment:** Hawa Tako and Kebribeyah High School have lower student-to-teacher ratios, which could allow for more individualized attention.
- ⊙ **Facilities for Students with Disabilities:** Only 2 of 5 schools offer specialized support for students with disabilities; others either have no such programs or report having no students with special needs.
- ⊙ **Sanitation and Hygiene:** Only DICAC Kebribeyah Refugee School has a reliable water source. All schools have toilets, but only Hawa Tako's are in acceptable condition. Poor sanitation and limited hygiene infrastructure (e.g., lack of handwashing stations, especially in most schools) pose health risks. Gender-segregated toilets are present in all schools, which is culturally important and supports female participation. All schools burn solid waste; only Abdinajib and DICAC Kebribeyah receive weekly waste collection. Only DICAC Kebribeyah has dustbins, highlighting a broader lack of environmental health infrastructure.
- ⊙ **Recreational Facilities:** Recreational/playground facilities are minimal or non-existent, limiting physical development and affecting mental well-being.
- ⊙ **Gender Representation Among Staff:** Female staff representation is low across all institutions, both in teaching and support roles.

infrastructure and educational resources, and the overall quality of care and support services provided. By assessing these components, the review aims to highlight both the strengths and limitations of each school in addressing the health-related needs of the communities they serve. This assessment is intended to inform potential improvements and guide policy or programmatic interventions that enhance educational outcomes.

General Overview of Education Facilities

This section offers a detailed examination of the educational infrastructure serving the Kebribeyah area, including refugees within the Kebribeyah Refugee Camp. It explores the range and condition of physical infrastructure, student enrolment capacity, availability of teaching and learning resources, and current staffing levels across the various institutions.

As the table below demonstrates, a total of five school facilities—four primary and one secondary—have been assessed in the study. Among these, four are operated by a government authority, while one is managed by a non-governmental organization (NGO). This indicates a dominant role of public-sector institutions in educational service delivery within the area, with limited participation from civil society or private actors. Notably, except for one relatively new facility, all the schools were constructed a long time ago.

Additionally, four out of the five schools operate on a double-shift basis, accommodating more than 750 students per shift on average, except one of the four. Only one facility operates on a single-shift basis with 840 students. A positive insight across all school facilities is that none experienced unexpected closures over the past year. This suggests a relatively stable and peaceful environment conducive to uninterrupted teaching and learning, which is essential for maintaining academic continuity and student performance.

Table 65: General overview of the education facilities

| Education Facility Name | Type of Facility | Run by | Constructi on date | Closed unexpecte dly last year? | No. of Shifts | No. of student s/ shift |
|---|------------------|------------|--------------------|---------------------------------|---------------|-------------------------|
| Abdinajib Primary School | Primary School | Government | 1963 | No | 2 | 750 |
| DICAC Kebribeyah Refugee Primary School | Primary School | NGO | 1995 | No | 2 | 1100 |
| Hawa Tako Primary School | Primary School | Government | 2011 | No | 2 | 310 |
| Kebribeyah High School | Secondary School | Government | 1991 | No | 1 | 840 |
| Shek Yusuf Keynun Primary School | Primary School | Government | 1996 | No | 2 | 1400 |

Further, the figure below illustrates the number of male and female students enrolled in each school. It is evident from the data that, in most schools, female students constitute a significant proportion of the student population. Specifically, in all

but one of the schools, the proportion of female students exceeds 40%. The notable exception is Shek Yusuf Keynun Primary School, where female enrolment accounts for only about 30%, indicating a potential gender disparity that may require targeted attention or intervention. On the other hand, both DICAC Kebribeyah Refugee Primary School and Hawa Tako Primary School report female student proportions above 48%, suggesting comparatively greater gender balance or even near-parity in enrolment. These figures may reflect localized efforts toward gender inclusion or cultural and community attitudes more supportive of girls' education in those areas.

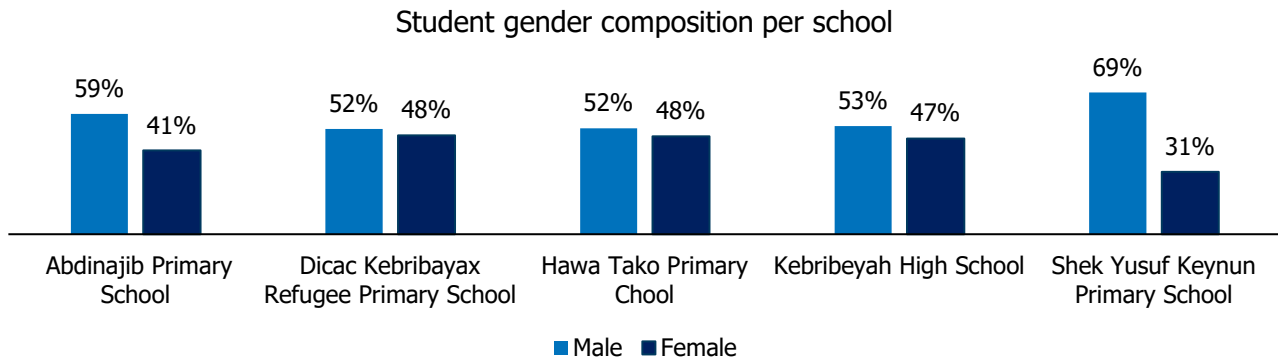


Figure 75: Gender-wise breakdown of student numbers

Moreover, the table and figure below present data on the number of desks, classrooms, and textbooks available in selected schools, along with the corresponding student-to-resource ratios. As illustrated in Table 66, both Hawa Tako Primary School and Shek Yusuf Keynun Primary School are significantly under-resourced, with a notably low number of desks, classrooms, and textbooks relative to their student populations. This shortage likely impacts students' learning environments by increasing classroom overcrowding, limiting access to individual study materials, and placing greater strain on existing infrastructure.

Furthermore, the number of textbooks per student is particularly concerning in Hawa Tako Primary School, Kebribeyah High School, and Shek Yusuf Keynun Primary School. The low textbook-to-student ratio suggests that many students may be sharing materials or going without, which can hinder comprehension, limit opportunities for independent learning, and affect overall academic performance.

In contrast, the DICAC Kebribeyah Refugee Primary School, which is operated by an NGO, appears to be better equipped in terms of both teaching staff and textbook. Despite serving a vulnerable refugee population, the school maintains a more favourable student-to-resource ratio. This disparity highlights a potential gap in resource allocation and management between government-operated schools and those run by non-governmental organizations. The implication is that targeted support, improved funding strategies, and potential partnerships with NGOs could help improve conditions in under-resourced public schools.

Table 66: Number of desks, rooms, and textbooks

| Education Facility Name | No. of Desks | No. of Rooms | No. of textbooks |
|-------------------------|--------------|--------------|------------------|
|-------------------------|--------------|--------------|------------------|

| | | | |
|---|-----|----|------|
| Abdinajib Primary School | 220 | 14 | 4000 |
| DICAC Kebribeyah Refugee Primary School | 278 | 13 | 1500 |
| Hawa Tako Primary School | 65 | 6 | 2 |
| Kebribeyah High School | 360 | 23 | 100 |
| Shek Yusuf Keynun Primary School | 14 | 12 | 16 |

The figure below illustrates key resource indicators for educational facilities, specifically the student-to-desk, student-to-room, student-to-textbook, and student-to-teacher ratios. From the data, it is evident that Kebribeyah High School and Hawa Tako Primary School maintain a relatively lower student-to-teacher ratio compared to the other three institutions assessed. This suggests a potentially better teaching environment in these two schools, as fewer students per teacher can allow for more individualized attention and improved instructional quality. However, despite this advantage, Kebribeyah High School faces a notable challenge in terms of infrastructure, with a higher student-to-room ratio than the other schools. This indicates overcrowded classrooms, which may negate the benefits of a favourable teacher ratio by limiting the space and comfort required for effective learning.

Moreover, when examining the student-to-desk ratio, a critical shortage of basic physical resources is evident across all schools. Alarmingly, even the school with the lowest ratio accommodates 13 students per desk, which is far above acceptable standards. This severe lack of desks not only hampers student comfort but also reflects a broader issue of underfunding and poor resource allocation in the education sector. Such conditions can negatively affect students' concentration, posture, and overall engagement in the learning process. The national education standards in Ethiopia support the above arguments, recommending a classroom-to-student ratio of 1:50 at the primary level and 1:40 at the secondary level, along with a student-to-desk ratio of two students per desk. These benchmarks suggest that many school facilities—particularly primary schools—do not meet the national standards for classroom space and desk availability. In sum, while some schools fare better in terms of human resources (i.e., teacher availability), the pervasive shortage of physical infrastructure significantly undermines the quality of education being delivered.

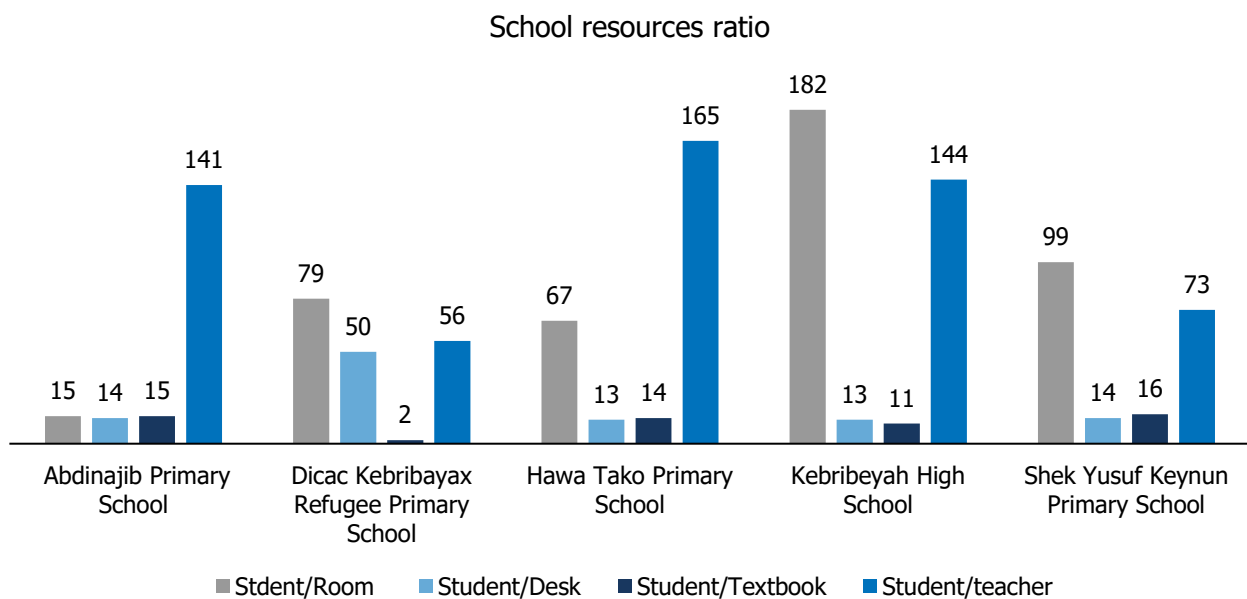


Figure 76: Student per educational resources ratio

Disability and Special Needs Access

Inclusivity is essential to ensure that education services are accessible to all learners, including those with special needs and disabilities. As illustrated in the table below, only two of the five schools surveyed currently offer specialized classes for students with disabilities such as deafness and blindness. The remaining three schools lack such provisions—one of which, DICAC Kebribeyah Refugee Primary School, has only two students identified with special needs, and the other two schools report having no students with disabilities at all.

Table 67: Disability and special needs access

| Education Facility Name | Classes for students with special needs/disabilities | If not, why? | If yes, number of classes | If yes, type of disability |
|---|--|-------------------------------------|---------------------------|----------------------------|
| Abdinajib Primary School | Yes | | 1 | Deafness |
| DICAC Kebribeyah Refugee Primary School | No | very Small (only 2 students) number | | |
| Hawa Tako Primary School | No | No Student with disabilities | | |
| Kebribeyah High School | Yes | | 1 | Blindness |
| Shek Yusuf Keynun Primary School | No | No Student with disabilities | | |

Student Enrolment

The enrolment of students is a crucial indicator for assessing both access to education and the overall quality of educational delivery. Increased enrolment often reflects improved outreach, infrastructure, and trust in the educational system, while declining numbers can be symptomatic of deeper systemic issues. According to the comparative data from two years ago, student enrolment has declined in three of the schools under review, with only Abdinajib Primary School and Hawa Tako Primary School showing an increase. If this pattern continues unaddressed, the declining enrolment in most schools could widen educational inequalities, reduce funding allocations (as these are often tied to enrolment figures), and limit long-term development prospects in the affected communities.

Table 68: Student enrolment trend compared by Schools

| Education Facility Name | Enrolment trend |
|---|-----------------|
| Abdinajib Primary School | Increasing |
| DICAC Kebribeyah Refugee Primary School | Decreasing |
| Hawa Tako Primary School | Increasing |
| Kebribeyah High School | Decreasing |
| Shek Yusuf Keynun Primary School | Decreasing |

Student Body Composition: Refugees vs. Host Community Members

An important aspect of this assessment involved determining whether the student population includes both refugees and members of the host community. This distinction is critical for evaluating the inclusivity and accessibility of educational institutions students from both backgrounds. The table below presents the extent to which schools are accessible to both groups and shows the percentage of children from students from refugees and the host community.

The data reveal that all schools, except Hawa Tako and DICAC Kebribeyah Refugee Primary School Primary School, are accessible to both groups. This reflects a generally inclusive approach to education in most assessed schools, which supports social cohesion, community integration, and equitable service delivery. Nevertheless, there is a notable disparity in the enrolment of children from the refugee population. DICAC Kebribeyah Refugee Primary School reports 100% refugee students, compared to less than 2% in other schools. This difference likely reflects geographic, policy, or social factors, such as DICAC Kebribeyah's location within a refugee camp.

Table 69: Student body: displaced and host communities

| Education Facility Name | Refugees & Host Community | % of Refugees |
|---|---------------------------|---------------|
| Abdinajib Primary School | Yes | 2 |
| DICAC Kebribeyah Refugee Primary School | No | 100 |
| Hawa Tako Primary School | No | |
| Kebribeyah High School | Yes | 1 |
| Shek Yusuf Keynun Primary School | Yes | 1 |

A key informant interview (KII) participant from the primary school in the refugee camp confirmed that students from the host community are welcomed without discrimination. According to the interviewee:

If students come from the host community, we admit them and they learn alongside refugee students. Likewise, refugee students also attend schools in the host community without any issues. In Kebribeyah refugee camp, there are two primary schools—one for refugees and one for the host community. Students from the refugee camp often request transfers to the host community school and continue their education there without problems. Similarly, host community students request transfers to the refugee school and are accepted without difficulty. During break times, students from both schools interact freely and play football together. There is no discrimination or mistreatment. Moreover, teachers from both schools collaborate in managing students. Therefore, there are no problems in this regard.

In contrast, Key Informant Interview (KII) participants from the refugee camp reported that access to primary and secondary education in the host community varies. According to the interviewees, although refugees are not prohibited from enrolling their children in host community schools, primary education is typically provided through schools established specifically for refugees. In contrast, refugee students generally attend host community schools at the secondary level.

This suggests an informal separation at the primary level—likely influenced by logistical, policy, or resource-related factors—while greater integration occurs at the secondary level. One interviewee explained:

If refugees want to send their children to schools in the host community, no one will stop them. However, there are primary schools built specifically for refugees. For high school, refugee students attend schools within the host community. They are neither required nor restricted from attending primary schools in the host community.

School Fee and Uniform

The table below provides information on whether educational facilities require school fees from students and whether students are expected to wear uniforms. As indicated, none of the schools listed impose any fees on students, ensuring that access to education is financially accessible for all. This suggests a strong commitment to promoting inclusive education, particularly in settings that may involve vulnerable populations such as refugees or low-income families.

Furthermore, the data reveals that nearly all schools enforce a uniform policy, reinforcing a sense of equality and discipline among students. However, there are exceptions. At DICAC Kebribeyah Refugee Primary School, students are not required to wear uniforms at all, which may reflect the school's prioritization of accessibility and flexibility over formal dress codes, possibly due to the socio-economic challenges faced by refugee families. Meanwhile, at Shek Yusuf Keynun Primary School, only some students wear uniforms, indicating a partial implementation of the policy. This could suggest issues related to affordability, inconsistent enforcement, or varying levels of support from families.

Overall, while the absence of school fees promotes broad access to education, the varying uniform practices highlight differences in policy enforcement or local conditions that may influence students' ability to fully participate in standard school practices.

Table 70: School fees and uniforms for students

| Education Facility Name | School Fee | Uniforms for Students |
|---|------------|-----------------------|
| Abdinajib Primary School | NO | Yes, All |
| DICAC Kebribeyah Refugee Primary School | NO | No |
| Hawa Tako Primary School | NO | Yes, All |
| Kebribeyah High School | NO | Yes, All |
| Shek Yusuf Keynun Primary School | NO | Yes, some |

School Capacity and Space

In this section, the capacity of schools is evaluated in terms of the number of buildings, floors, and classrooms. For each facility, additional factors such as available space, the average student-to-classroom ratio, and the overall physical condition of the educational infrastructure are also examined. As shown in the figure, Hawa Tako Primary School has the fewest buildings, floors, and classrooms. This is consistent with its relatively low student population, suggesting that the infrastructure, though limited, may still be proportionate to the current demand. However, a closer look reveals that Shek

Yusuf Keynun Primary School, despite having a slightly higher student population, possesses even fewer buildings, floors, and classrooms per student. This discrepancy indicates a potential issue of overcrowding and inadequate infrastructure at Shek Yusuf Keynun. If left unaddressed, such a mismatch could negatively affect the quality of education, increase the teacher-to-student ratio, and create strain on existing resources, ultimately impeding effective learning.

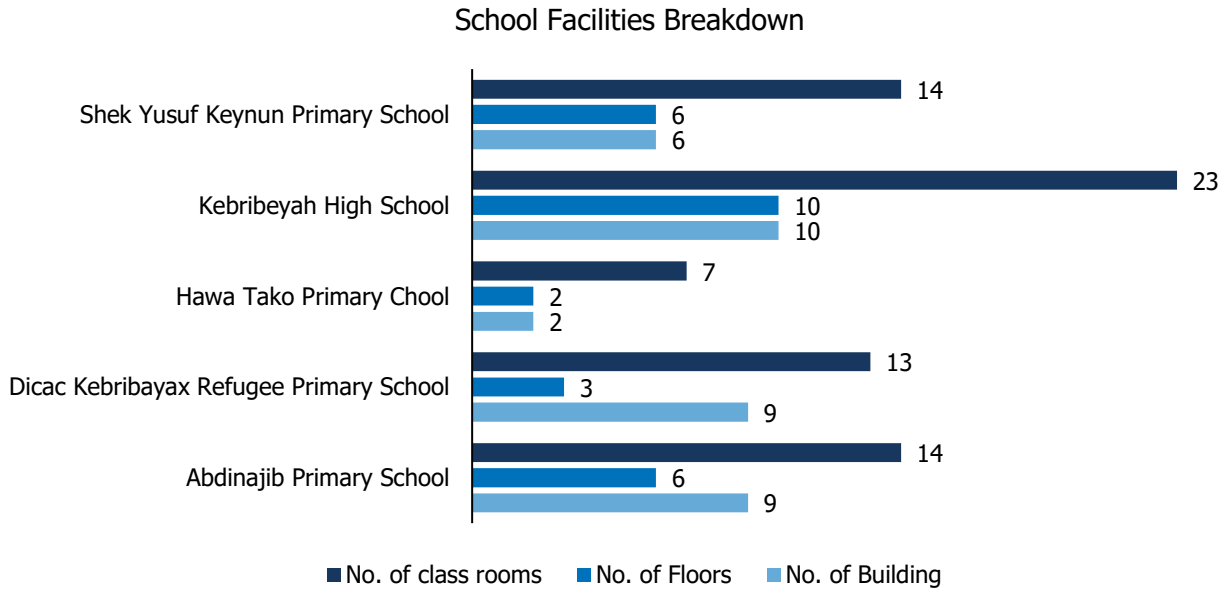


Figure 77: School infrastructure summary

Moreover, the figure below illustrates the average number of students per classroom across the primary schools assessed. One school, in particular, stands out with a relatively lower classroom density, averaging 56 students per class, compared to the others. However, this figure still exceeds widely accepted international or national standards for student-to-classroom ratios. Notably, the primary school located in the refugee camp reports the highest average number of students per classroom, second only to Shek Yusuf Keynun Primary School.

This finding implies that overcrowding is a pervasive issue across all the assessed schools. The consistently high student-to-classroom ratios may significantly hinder effective teaching and learning processes. Large class sizes can strain physical resources, reduce the amount of individual attention teachers can provide, and contribute to a more challenging classroom management environment. Ultimately, this could adversely affect the quality of education and the overall learning outcomes for students. The data suggest an urgent need for interventions aimed at reducing classroom congestion, such as constructing additional classrooms, recruiting more teachers, or implementing double-shift schooling, to improve educational service delivery.

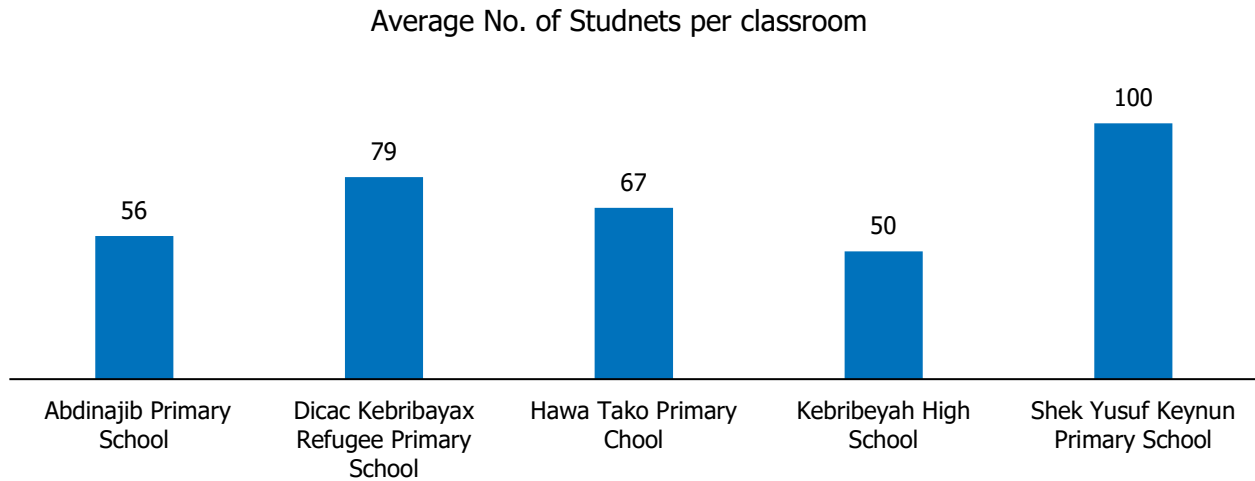


Figure 78: Average number of students per classroom

The table below presents a detailed assessment of school capacity and infrastructure for each educational facility, covering key indicators such as the average number of students per classroom, the ability of schools to accommodate additional students, the availability of space (yard) for potential expansion, and the general condition and cleanliness of buildings.

As indicated, with the exception of Abdinajib Primary School and Kebribeyah High School, most schools lack sufficient classroom capacity for additional students but do possess unused yard space that could support future construction. This implies that, provided the necessary resources are allocated, these schools have the potential to significantly expand their infrastructure, thereby enhancing both access and affordability for a larger student population. Regarding the condition of the buildings, Abdinajib Primary School and Kebribeyah High School are rated as being in "average" condition—functional but showing visible signs of wear or deterioration, though without posing immediate safety risks. In contrast, most other schools are reported to be in "poor" condition, characterized by significant structural wear or damage that negatively impacts both functionality and safety. Notably, however, DICAC Kebribeyah Refugee Primary School and Shek Yusuf Keynun Primary School stand out with buildings in "good" condition, indicating minor maintenance issues but full operational functionality.

Cleanliness levels across the assessed schools are generally rated as "average," suggesting they are generally clean but require improved maintenance. Exceptions include Abdinajib Primary School, which is noted for having a higher standard of cleanliness ("good"), and Shek Yusuf Keynun Primary School, which falls below the acceptable standard ("below average").

These findings suggest that while infrastructure challenges are widespread, especially regarding capacity and building condition, there are clear opportunities for improvement through targeted investment in expansion and maintenance.

Table 71: School capacity and infrastructure assessment

| Education Facility Name | Student/classroom (average) | Accommodate more students | No. of new students to accommodate | Yard, to build more | General condition | Cleanlines |
|--------------------------|-----------------------------|---------------------------|------------------------------------|---------------------|-------------------|------------|
| Abdinajib Primary School | 25-50 | Yes | 200 | Yes | Average | Good |

| | | | | | | |
|--|-----|-----|-----|-----|---------|------------------|
| DICAC Kebribeyah Refugee Primary School | >50 | No | | Yes | Good | Average |
| Hawa Tako Primary School | >50 | No | | Yes | Bad | Average |
| Kebribeyah High School | >50 | Yes | 500 | Yes | Average | Average |
| Shek Yusuf Keynun Primary School | >50 | No | | Yes | Good | Below Average |

Water, Sanitation, and Hygiene (WASH)

This sub-section explores the availability and accessibility of essential WASH (Water, Sanitation, and Hygiene) facilities—specifically water supply, toilets, and handwashing stations—in the assessed schools. It also examines how toilet facilities are allocated and distributed based on gender and staff requirements.

Based on the collected data, only DICAC Kebribeyah Refugee Primary School has access to a reliable water source. While all the schools surveyed technically have toilet facilities, the absence of adequate water access, especially in all but one school, raises serious concerns about the functionality, cleanliness, and sustainability of these toilets. Without water, the ability to flush, clean, and maintain sanitary conditions is severely compromised, potentially posing health risks to students and staff.

Furthermore, although every school has toilets, their condition is largely unsatisfactory. All toilets, except those at Hawa Tako Primary School (which are in normal working condition), were found to be in poor condition. This reflects both neglect and the direct impact of limited water availability. The deteriorated state of sanitation facilities can contribute to the spread of disease, discourage regular use (particularly among girls and staff), and negatively affect school attendance and learning outcomes. In terms of hygiene facilities, only Kebribeyah High School has access to handwashing stations. This severe lack of hand hygiene infrastructure across most schools is particularly alarming, as it undermines basic public health standards and leaves students vulnerable to communicable diseases, especially in a post-pandemic context where hand hygiene remains a frontline defence against illness.

Table 72: Access to water, toilets, and handwashing facilities

| Education Facility Name | Access to Water | Access to a Toilet | Access to handwashing facilities |
|---|-----------------|---------------------------|----------------------------------|
| Abdinajib Primary School | No | Yes, in poor condition | No |
| DICAC Kebribeyah Refugee Primary School | Yes | Yes, in poor condition | No |
| Hawa Tako Primary School | No | Yes, in normal conditions | No |
| Kebribeyah High School | No | Yes, in poor condition | Yes |
| Shek Yusuf Keynun Primary School | No | Yes, in poor condition | No |

Furthermore, the figure below presents the distribution of female, male, and staff-designated toilets across the assessed schools. As illustrated, Abdinajib Primary School is the only institution where staff members have access to separate toilet facilities. In contrast, staff in the remaining schools must share toilets with students or lack dedicated facilities altogether.

This lack of privacy for staff could negatively impact their comfort, dignity, and overall well-being, potentially affecting their job satisfaction and performance.

Positively, all schools surveyed have separate toilet facilities for male and female students. This separation aligns with the cultural and societal norms of the community and plays a crucial role in promoting student dignity, privacy, and safety, especially for female students. Ensuring gender-segregated sanitation facilities is not only culturally appropriate but also supports school attendance and participation, particularly among adolescent girls.

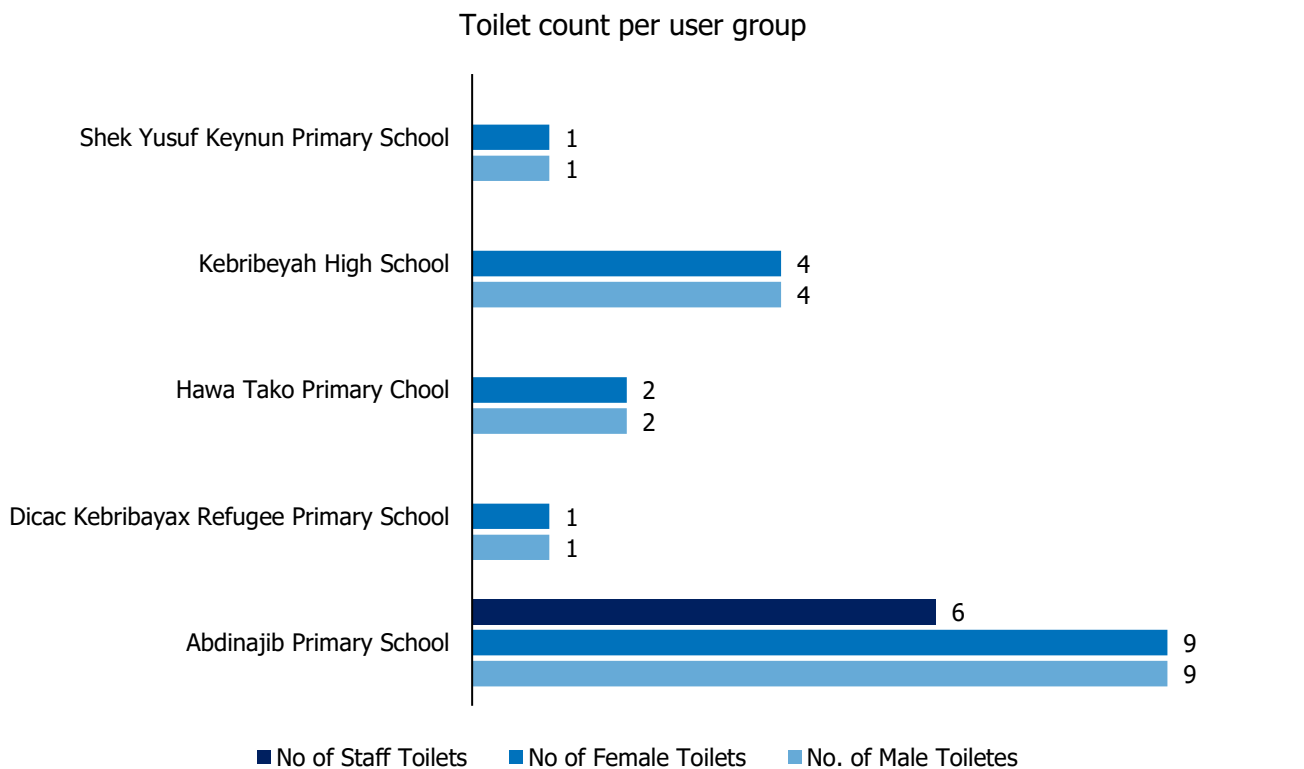


Figure 79: Distribution of toilet facilities per gender and staff

Moreover, with the exception of the DICAC Kebribeyah Refugee Primary School, which has a limited hygiene initiative focused on cleaning, washing clothes, and hand hygiene, there are no comprehensive programs or sustained efforts aimed at promoting hygiene across the broader community. This lack of coordinated hygiene promotion poses serious public health risks, particularly in densely populated refugee settings, where the spread of communicable diseases can be exacerbated by poor sanitation and limited awareness of hygiene practices.

Waste Disposal: Availability and Methods Used

This sub-section examines the availability and adequacy of solid waste disposal methods in the surveyed schools, focusing on the presence and functionality of official waste management systems, as well as the provision and strategic placement of dustbins. As reflected in the table below, although all schools reportedly dispose of their solid waste primarily by burning—a method with significant environmental and health drawbacks—only two schools, Abdinajib Primary School and DICAC Kebribeyah Refugee Primary School, benefit from a weekly official solid waste collection service. Moreover, the provision of dustbins is limited exclusively to DICAC Kebribeyah Refugee Primary School.

The implications of these findings are concerning. The widespread reliance on burning as a waste disposal method suggests the absence of sustainable waste management infrastructure, potentially contributing to air pollution and posing respiratory health risks to students and staff. Furthermore, the lack of regular official waste collection in most schools may lead to the accumulation of waste on school grounds, creating unsanitary and unsafe learning environments. The absence of dustbins in all but one school reflects a lack of basic waste containment measures, which likely exacerbates littering and hinders efforts to maintain hygienic school premises. These conditions underscore the urgent need for investment in comprehensive and school-specific waste management solutions to safeguard the health of students and promote environmental responsibility. Moreover, coordination between the government and NGO managed schools may improve the inclusiveness of the services. Furthermore, improved coordination between government and NGO-managed schools could enhance the inclusiveness and consistency of waste management services across all institutions.

Table 73: Waste disposal: availability and methods used

| Education Facility Name | Solid Waste Disposal | | | | | |
|---|----------------------|-----------------|-----------|------------------------|----------------|------------------|
| | Method Used | Official System | How often | Dustbin (availability) | No. of Dustbin | Location |
| Abdinajib Primary School | Burned | Yes | Weekly | No | | |
| DICAC Kebribeyah Refugee Primary School | Burned | Yes | Weekly | yes | 5 | Behind classroom |
| Hawa Tako Primary School | Burned | No | | No | | |
| Kebribeyah High School | Burned | No | | No | | |
| Shek Yusuf Keynun Primary School | Burned | No | | No | | |

Moreover, as illustrated in the table below, the primary challenge facing schools is a significant lack of resources, which affects various aspects of educational delivery, including teaching materials, infrastructure, and access to technology.

Table 74: Main challenges in waste management

| Education Facility Name | Main Challenge |
|---|-------------------|
| Abdinajib Primary School | Lack of Resources |
| DICAC Kebribeyah Refugee Primary School | Lack of Resources |
| Hawa Tako Primary School | Lack of Resources |
| Kebribeyah High School | Lack of Resources |
| Shek Yusuf Keynun Primary School | Lack of Resources |

Staffing

Beyond merely having access to Water, Sanitation, and Hygiene (WASH) facilities and functioning waste management systems, the effectiveness and quality of educational services are also deeply shaped by human resources, specifically, the number, roles, and organization of staff within schools. Adequate staffing is not just a matter of quantity but also of having the right mix of professionals to meet the diverse needs of students and the school community. This includes not only teachers but also administrative personnel, maintenance workers, and support staff such as counsellors and health aides.

An important aspect of staffing is gender representation, which has significant implications for inclusivity, equity, and the creation of a safe and supportive learning environment, especially for girls. As the figure below illustrates, the proportion of female staff, both teaching and support roles, is notably low across the surveyed institutions. Female teachers make up less than 29% of the teaching workforce, while female support staff account for less than 35%. This gender disparity may limit the availability of female role models and reduce the comfort and engagement levels of female students, particularly in conservative or gender-sensitive contexts.

However, there are some relatively better-performing schools in terms of gender balance. Abdinajib Primary School and Hawa Tako Primary School have higher proportions of female teachers, with over 28% and 22%, respectively. Similarly, DICAC Kebribeyah Refugee Primary School and Hawa Tako Primary School demonstrate relatively stronger representation of women among support staff, with over 34% and 33% female staff, respectively. These figures, while still below parity, suggest that progress is possible and that targeted recruitment and retention strategies could improve gender balance in the education workforce.

The implication is clear: without a concerted effort to improve gender representation and diversify staffing across professional categories, schools risk perpetuating gender inequality and undermining the broader goals of inclusive and quality education for all.

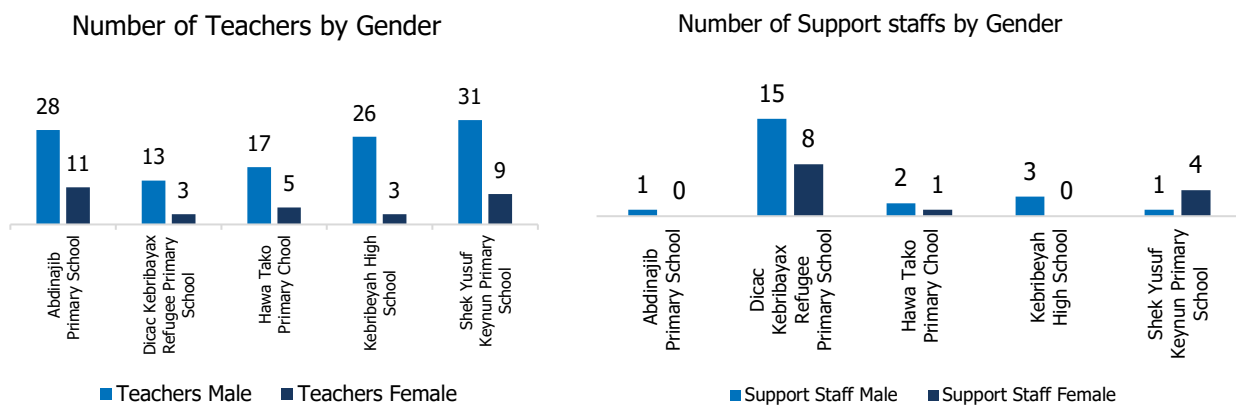


Figure 80: Gender-disaggregated staffing of each educational facility

Furthermore, the table below outlines the qualification and training levels of staff across the various educational facilities. As illustrated, with the exception of Abdinajib Primary School, where only high school graduates are employed as teaching staff, all other institutions have personnel with at least a diploma or a bachelor's degree in education or related fields. This variation highlights a potential disparity in the quality of instruction provided at Abdinajib, which may affect students' learning outcomes and long-term academic performance.

In contrast, Kebribeyah High School stands out for maintaining a higher academic standard among its staff, where having at least a master's degree is expected. This suggests a stronger emphasis on specialized knowledge and pedagogical expertise, likely aiming to prepare students for tertiary education or professional careers. The differing qualification requirements across these schools may reflect broader systemic inequalities in resource allocation, recruitment capacity, or institutional priorities.

Table 75: Qualification and training levels of staff

| Education Facility Name | Abdinajib Primary School | DICAC Kebribeyah Refugee Primary School | Hawa Tako Primary School | Kebribeyah High School | Shek Yusuf Keynun Primary School |
|----------------------------------|---|--|--|--|--|
| Qualification and training Level | | Bachelor’s degree in education or a relevant field | Bachelor’s degree in education or a relevant field | Bachelor’s degree in education or a relevant field | Bachelor’s degree in education or a relevant field |
| | | Diploma or certificate in Education | Diploma or certificate in Education | | Diploma or certificate in Education |
| | High school diploma with teaching certification | | High school diploma with teaching certification | High school diploma with teaching certification | |

Moreover, beyond the mere availability of staff, their consistent attendance in day-to-day educational activities is crucial for ensuring the effective delivery of educational services. Similarly, student presence is a fundamental prerequisite for learning to take place. The figures below provide insights into the daily teacher attendance and the average student attendance rates across the assessed school facilities.

Figure 81 presents the daily number of teachers present, while figure 82 illustrates the average percentage of student attendance per day. Notably, both Kebribeyah High School and Shek Yusuf Keynun Primary School exhibit relatively higher levels of both teacher and student attendance compared to other schools included in the study. High levels of teacher and student attendance in these two schools may indicate more effective school management, stronger community engagement, or more favourable teaching and learning conditions. Conversely, lower attendance rates in other schools may hinder consistent education delivery, negatively impacting student outcomes. This highlights the need for targeted interventions in schools with lower attendance, such as addressing staff motivation, absenteeism, infrastructure, or community-related barriers, to ensure equitable access to quality education across all facilities.

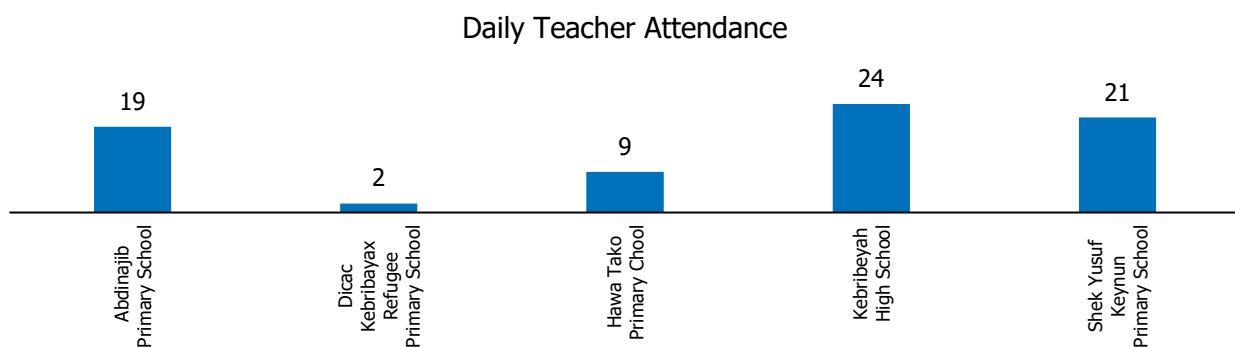


Figure 81: No. Of Teachers Present/Day

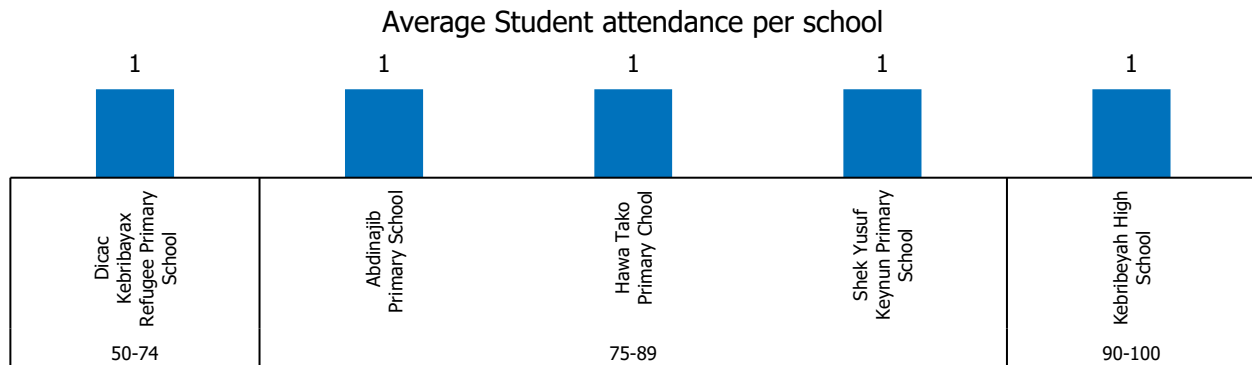


Figure 82: Average daily student attendance in schools

Resources and Equipment

This section evaluates the availability of essential educational resources, specifically textbooks, desks and chairs, and playground or recreational equipment. As shown in the table below, the assessment determines whether each school has adequate access to these resources. The data reveals that only two schools, DICAC Kebribeyah Refugee Primary School and Kebribeyah High School, possess an adequate supply of textbooks. In contrast, the remaining schools face either a significant shortage or a complete lack of textbooks. Furthermore, all assessed schools are experiencing a shortage of desks and chairs, which can directly hinder students' comfort and engagement in the learning process.

Playground and recreational facilities are also severely lacking. For instance, Abdinajib Primary School has only limited access to playground equipment, while others have none at all. This shortage not only affects students' physical development and social interaction but can also impact their overall school experience and mental well-being. A noteworthy observation is that DICAC Kebribeyah Refugee Primary School—located within a refugee camp—has a relatively better provision of textbooks compared to other government-operated schools. This disparity suggests that different administrative and funding mechanisms may be contributing to unequal resource distribution.

Moreover, the more favorable textbook availability in the refugee school indicates a potential opportunity for collaboration between refugee education programs and government-run schools. By fostering stronger coordination between these stakeholders, such as resource-sharing agreements or joint planning initiatives, it may be possible to significantly improve the overall delivery of educational services in the region. Addressing these disparities is crucial for ensuring equity in access to quality education for all students, regardless of their location or administrative oversight.

Table 76: Resources and equipment in each education facility

| Education Facility Name | Adequate Textbook | Desks and Chairs for All Students | Playground equipment/Recreational facilities |
|---|-------------------|-----------------------------------|--|
| Abdinajib Primary School | No | No, Shortage | Limited equipment |
| DICAC Kebribeyah Refugee Primary School | Yes, for All | No, Shortage | Well-equipped |

| | | | |
|----------------------------------|---------------|--------------|--------------|
| Hawa Tako Primary School | Yes, Shortage | No, Shortage | No equipment |
| Kebribeyah High School | Yes, for All | No, Shortage | No equipment |
| Shek Yusuf Keynun Primary School | No | No, Shortage | No equipment |

In line with the above arguments, one of the key informant interviewees (KII) from a primary school highlighted the lack of basic school infrastructure. According to the interviewee:

We face a shortage of several essential resources, including water, chairs, tables, and classrooms. There is also an inadequate number of toilets, particularly for teachers. Moreover, the toilets are not separated for male and female staff.”

The table below highlights the primary resource shortages across each educational facility. Nearly all schools suffer from a consistent and critical lack of basic infrastructure, such as desks, chairs, and essential teaching equipment, which severely undermines the learning environment. These deficiencies contribute to overcrowded classrooms, limit student engagement, and reduce the overall effectiveness of instruction. The recurring gaps in all five facilities suggest a need for stronger coordination between government- and NGO-run schools. Enhanced collaboration could improve the quality, inclusiveness, and reach of educational services.

Additionally, the widespread absence of recreational materials—except at DICAC Kebribeyah Refugee Primary School—reflects a significant gap in supporting children’s holistic development. Recreational activities are crucial for fostering social interaction, emotional well-being, and physical health. Without them, students miss out on essential opportunities for play-based learning, stress relief, and team building, particularly vital in high-stress settings like refugee communities.

DICAC Kebribeyah Refugee Primary School stands out with better access to recreational resources but faces serious challenges in academic infrastructure. It lacks critical components such as science labs, duplicating machines, a functioning library, and sufficient stationery. These shortages limit access to practical, hands-on learning and impede the efficient distribution of instructional materials. The absence of a library restricts literacy development and curtails opportunities for independent learning.

Table 77: Key equipment shortages

| Education Facility Name | Critical Resource Gaps |
|---|--|
| Abdinajib Primary School | Lack of Recreational Materials |
| DICAC Kebribeyah Refugee Primary School | Lack of Lab Class, Duplicator, Library, and Stationery |
| Hawa Tako Primary School | Lack of Recreational Materials |
| Kebribeyah High School | Lack of Recreational Materials |
| Shek Yusuf Keynun Primary School | Student Recreation |

Trained Support Staff for Student Wellbeing

The availability of counsellors or other staff capable of supporting students, particularly with psychological issues, as well as the presence of first-aid kits and trained personnel, are key indicators of a school's preparedness to address student

well-being. As shown in the table below, except DICAC Kebribeyah Refugee Primary School, none of the schools have a counsellor or designated staff member responsible for student support. Moreover, only two schools—Abdinajib Primary School and Kebribeyah High School—have first-aid kits, and even these lack trained personnel to administer proper care. This highlights a significant gap in the schools' capacity to respond to both mental health concerns and physical emergencies.

Table 78: Trained support staff for student wellbeing

| Education Facility Name | Counsellor/Other staff | first-aid kits | First Aid-Trained Staff |
|---|------------------------|----------------|-------------------------|
| Abdinajib Primary School | No | Yes | No |
| DICAC Kebribeyah Refugee Primary School | Yes | No | No |
| Hawa Tako Primary School | No | No | No |
| Kebribeyah High School | No | Yes | No |
| Shek Yusuf Keynun Primary School | No | No | No |

Maintenance

The maintenance of buildings, equipment, and other educational instruments is essential for improving the service provision. As shown in the table below, all schools have undertaken some form of maintenance. However, except for Kebribeyah High School—where a major maintenance intervention was carried out, these efforts have been limited to minor works such as painting and fixing leaks. This suggests that, while maintenance is recognized as important, the scope and scale of interventions may be insufficient to address deeper infrastructural issues in most schools.

Table 79: Maintenance status and types in each education facility

| Education Facility Name | Last Maintenance | Type of Maintenance |
|---|---------------------|--|
| Abdinajib Primary School | More than 24 months | Small work (e.g., painting, fixing leaks) |
| DICAC Kebribeyah Refugee Primary School | 13-24 months | Small work (e.g., painting, fixing leaks) |
| Hawa Tako Primary School | 13-24 months | Small work (e.g., painting, fixing leaks) |
| Kebribeyah High School | More than 24 months | Major intervention (e.g., wall construction, stair repair) |
| Shek Yusuf Keynun Primary School | More than 24 months | other, NA |

Safety and Security

Safety and security issues are fundamental to the effective delivery of educational services, directly influencing student attendance, teacher performance, and overall school functionality. According to the data presented in the table below, violent incidents—whether within school premises or in surrounding areas—were largely absent in the majority of the schools surveyed. Specifically, only two institutions, DICAC Kebribeyah Refugee Primary School and Hawa Tako Primary School, reported any form of conflict, while the remaining three schools experienced only rare occurrences of minor incidents. These few incidents involved minor altercations either between students or between students and teachers. While these conflicts were limited in scale and did not severely disrupt school operations, they did lead to a noticeable, albeit temporary, decline in student attendance. This suggests that even low-level safety issues can undermine student confidence in the school environment, potentially affecting learning outcomes. Maintaining a consistently safe and secure educational

setting is not only necessary to prevent operational disruptions but also to foster a climate of trust and stability that encourages regular attendance and engagement.

Table 80: Safety and security in each education facility

| Education Facility Name | violent incidents inside of School | details | violent incidents outside of school | Details | Nature and Impact of the Incident |
|---|------------------------------------|--|-------------------------------------|--------------------------------|--|
| Abdinajib Primary School | Rare | Minor Conflict Between Student and Teacher | Never | | Decreased school attendance due to safety concerns |
| DICAC Kebribeyah Refugee Primary School | Never | | Never | | |
| Hawa Tako Primary School | Never | | Never | | |
| Kebribeyah High School | Rare | Between Students | Never | | Decreased school attendance due to safety concerns |
| Shek Yusuf Keynun Primary School | Never | | Rare | Conflict with the Other Youths | Other, NA |

Benchmarking of Current Status vs. Minimum Standards for Education Facilities

| Indicator | Current (Survey Data) | Minimum Standard (WHO/Sphere/National) | Gap / Implication |
|---|-----------------------|--|---|
| Room-to-students ratio (Primary School) (Average) | 1:79 | 1:50 (Ethiopian Ministry of Education) | Rooms are accommodating 29 extra students, resulting in unhealthy conditions |
| Room-to-students ratio (Secondary School) (Average) | 1:37 | 1:40 (Ethiopian Ministry of Education) | |
| Desk-to-students ratio (Average) | 1:5 | 1:02 (Ethiopian Ministry of Education) | Each desk accommodates three extra students, compromising both durability and student comfort |

Main Needs of Each Education Facility

Education facilities are only able to provide effective services to students when the necessary resources, both human and material, are adequately available. However, as outlined in the preceding sub-sections, the schools under assessment face critical shortages in essential resources, including desks, chairs, classrooms, and qualified teaching staff. These shortages directly hinder the delivery of quality education and the ability to accommodate growing student populations.

The table below highlights the five most pressing needs of each school, offering a snapshot of the systemic challenges across the schools. For instance, Abdinajib Primary School and DICAC Kebribeyah Refugee Primary School both identify maintenance as their most urgent concern. This suggests not only a lack of new infrastructure but also a deterioration of existing facilities, potentially endangering student safety and further limiting usable classroom space.

In contrast, Hawa Tako Primary School, Kebribeyah High School, and Shek Yusuf Keynun Primary School prioritize water access, technological improvement, and additional classroom space, respectively. These differing needs reflect both the diversity of the schools' operational environments and the specific socio-economic challenges each faces. The need for clean water, for example, affects health and hygiene, while limited access to technology and cramped classrooms compromise educational outcomes and hinder modern teaching practices. A unifying theme across all assessed schools is the shortage of teachers and classrooms, consistently ranking among their top five needs. This points to a broader systemic issue in educational infrastructure and staffing, likely tied to limited funding, inadequate training opportunities, and possibly the remoteness or underdevelopment of the area. Without sufficient human resources, student-to-teacher ratios remain high, diminishing the quality of instruction and contributing to poor academic performance and increased dropout rates.

The findings underline the need for targeted investments in school infrastructure, teacher recruitment and training, and resource distribution. Moreover, failure to meet these basic needs risks perpetuating educational inequality, deepening social divides, and undermining long-term development in the region. Addressing these gaps is not only an educational imperative but a social and economic one as well.

Table 81: Top five main needs of each education facility

| Abdinajib Primary School | DICAC Kebribeyah Refugee Primary School | Hawa Tako Primary School | Kebribeyah High School | Shek Yusuf Keynun Primary School |
|--------------------------|---|---|---|---|
| Maintenance | Maintenance | Water | Improved technology | More space (The Space of the School is too Small) |
| More Teachers | More classrooms | More Classrooms | Safety Measures (Fence, Security Personnel) | Maintenance |
| More Learning Materials | More Teachers | Maintenance | Maintenance | More classrooms |
| Upgraded infrastructure | More Learning Materials | Safety Measures (Fence, Security Personnel) | Upgraded infrastructure | Improved sanitation facilities |
| Improved Technology | Upgraded infrastructure | More Learning Materials | Improved sanitation facilities | Upgraded infrastructure |

Overall, there are significant disparities in the quality and performance of schools across different settings. Schools supported by non-governmental organizations (NGOs) generally outperform government-run institutions. However, even in relatively better-performing schools within refugee camps, government schools often face challenges such as overcrowded classrooms, inadequate teaching materials, and deteriorating infrastructure. Assessments of basic services further highlight

these issues, showing that both NGO-supported and government schools in refugee camps struggle with similar problems. These include severely overcrowded classrooms that hinder effective teaching, substandard facilities that fail to meet basic safety and hygiene standards, and alarmingly high dropout rates. These findings underscore a need for targeted interventions to improve school infrastructure, strengthen teacher support, and promote inclusive education that meets the needs of all students, especially those from marginalized communities.

5.3. Water Supply Facility Assessment

This section presents a comprehensive assessment of twelve water supply setups, focusing on key aspects of service delivery such as accessibility, infrastructure quality, resource availability, and barriers to consistent service provision. The aim is to identify the strengths and weaknesses of each facility and evaluate their capacity to meet the water-related health needs of the communities they serve.

Key Takeaways:

- ⊙ **Geographic Isolation:** Despite being less than 200 km from alternative sources, the water points are still too far for regular or emergency access, increasing reliance on local boreholes.
- ⊙ No waterborne illness has been reported despite poor water quality, probably due to that the respondents may not be able to identify the illness due to waterborne.
- ⊙ **Severe Access Issues:** Most water sources are nearly always unavailable, and none can accommodate additional users, pointing to chronic water scarcity and reliability issues.
- ⊙ **Lack of Cost Recovery:** No fees are charged for water use, which may benefit low-income users but undermines the financial sustainability of operations, maintenance, and quality control.
- ⊙ **No Reported Conflicts:** Despite challenges, there are no reported incidents or conflicts, indicating effective short-term governance.
- ⊙ **Key Challenges:** The main issues are water scarcity, poor quality, infrastructure damage, and inadequate maintenance.
- ⊙ **Need for Rethinking Models:** Current governance and funding models may be insufficient; alternative approaches including participatory and inclusive engagement from both sides, and close collaboration between the development partners and the government are needed to improve sustainability, water quality, and Reliability

General Overview of the Water Supply Facilities

This sub-section provides a comprehensive overview of the water supply facilities serving the Kebribeyah area, including the water supply setups situated within the Kebribeyah Refugee Camp. It assesses the various water supply facilities, outlining their physical infrastructure, operational capacity, and management frameworks.

As the table below illustrates, there are twelve water supply setups in the area, all of which are boreholes. These were established by non-governmental organizations (NGOs) a long time ago, indicating both the absence of recent investments in water infrastructure and a heavy reliance on external aid for such critical resources. Notably, the distance to the nearest alternative water source, though less than 200 kilometres, remains significantly high for regular access, especially in emergency or maintenance situations. This geographic isolation increases the communities' dependency on the existing

boreholes. Furthermore, three of these water setups date back to the 1980s, raising serious concerns about their structural integrity and efficiency. Ageing infrastructure, particularly in remote and underserved areas, poses risks of frequent breakdowns, water contamination, and reduced yield, potentially exacerbating water insecurity in already vulnerable communities.

The table below provides detailed information regarding the presence of water management committees, water usage fees, and the quality of water across various water points. According to the data, all water points—except for Zone 1 Section 1 Waterpoint and Zone 2 Section 2 - 2nd Waterpoint—have established water management committees. These committees are tasked with overseeing the operations and maintenance of the water facilities, which suggests a structural framework for accountability and sustainability. However, a closer look reveals a significant contradiction: despite the presence of these committees, the quality of water in nearly all locations remains poor or very poor. This raises questions about the effectiveness and capacity of the committees to manage and improve water quality. It implies either a lack of technical skills, resources, or authority necessary to implement quality control measures. In contrast, Zone 1 Section 1 Waterpoint, which lacks a management committee but is managed by the community members, surprisingly reports good water quality. This anomaly suggests that other factors might play a more influential role in determining water quality than the mere presence of a committee.

Table 82: General overview of water supply setups

| Water Facility Name | Type of Facility | Setup Date | Setup by | Distance to nearest alternative water source (km) |
|-----------------------------------|--------------------|------------|----------|---|
| Zone 1 Section 1 Waterpoint | Borehole hand pump | 1995 | NGOs | Not sure |
| Zone 2 Section 1 Waterpoint | Borehole | 2004 | NGOs | Less than 200 |
| Zone 2 Section 2 - 2nd Waterpoint | Borehole | 1983 | NGOs | Less than 200 |
| Zone 3 Section 1 - 2nd Waterpoint | Borehole | 1997 | NGOs | Less than 200 |
| Zone 3 Section 1 Waterpoint | Borehole | 1988 | NGOs | Less than 200 |
| Zone 3 Section 2 - 2nd Waterpoint | Borehole | 1987 | NGOs | Less than 200 |
| Zone 3 Section 2 Waterpoint | Borehole | 2005 | NGOs | Less than 200 |
| Zone 3 Section 3 Waterpoint | Borehole | 2008 | NGOs | Less than 200 |
| Zone 3 Section 4 - 2nd Waterpoint | Borehole | 2007 | NGOs | Less than 200 |
| Zone 3 Section 4 Waterpoint | Borehole | 1999 | NGOs | Less than 200 |
| Zone 4 Section 1 Waterpoint | Borehole | 2007 | NGOs | Less than 200 |
| Zone 4 Section 3 Waterpoint | Borehole | 1998 | NGOs | Less than 200 |

Additionally, the data shows that none of the water points charge any fee for usage. While this may enhance accessibility for users, especially in low-income communities, it also implies the absence of a financial mechanism to support maintenance, upgrades, or quality assurance measures. The lack of cost recovery could be contributing to the poor water quality observed, as there may be limited funding available for testing, treatment, or infrastructure repair.

Hence, the presence of water management committees alone does not guarantee better water quality. The case of good water quality at an unmanaged site indicates that other variables may be at play, and the lack of user fees might hinder

long-term sustainability and quality improvements. This situation underscores the need to reassess the operational capacity of committees and explore alternative models for funding and maintaining rural water supply systems.

Table 83: Water point management, usage fees, and quality assessment

| Water Facility Name | Water Management Committee | Fees for Water Usage | Quality of Water |
|-----------------------------------|----------------------------|----------------------|------------------|
| Zone 1 Section 1 Waterpoint | No | No | Good |
| Zone 2 Section 1 Waterpoint | Yes | No | Poor |
| Zone 2 Section 2 - 2nd Waterpoint | No | No | Poor |
| Zone 3 Section 1 - 2nd Waterpoint | Yes | No | Poor |
| Zone 3 Section 1 Waterpoint | Yes | No | Poor |
| Zone 3 Section 2 - 2nd Waterpoint | Yes | No | Very Poor |
| Zone 3 Section 2 Waterpoint | Yes | No | Poor |
| Zone 3 Section 3 Waterpoint | Yes | No | Very Poor |
| Zone 3 Section 4 - 2nd Waterpoint | Yes | No | Very Poor |
| Zone 3 Section 4 Waterpoint | Yes | No | Very Poor |
| Zone 4 Section 1 Waterpoint | Yes | No | Poor |
| Zone 4 Section 3 Waterpoint | Yes | No | Very Poor |

Water Setup: Health & Availability Overview

This sub-section examines the reliability of water supply systems, the extent to which these systems meet the needs of beneficiaries, the quality and safety of the water provided, the waiting time beneficiaries experience when accessing water, the entities responsible for managing the water supply, security concerns, and other related factors. This assessment provides a comprehensive understanding of the effectiveness and sustainability of existing water supply setups. It helps identify gaps in service delivery, potential health risks, stakeholders in management, and areas requiring intervention to ensure equitable and safe access to water for all beneficiaries.

As the table below demonstrates, despite the fact that the water quality in all but one of the water setups is reported as poor or very poor, no illness has been reported in the past month. This raises important questions about the reliability of health data or potential underreporting, as poor water quality is typically associated with waterborne diseases. Additionally, the consistency of the water supply is a major concern: all but two water sources are reported as being almost never available, suggesting severe access issues. Paradoxically, however, the majority of respondents claim that, except for four water setups, the rest sufficiently meet the community's needs. Furthermore, queuing is reported only in two locations. This apparent contradiction implies a possible mismatch between perceived adequacy and actual water conditions. It may reflect either a normalization of poor service levels, low water demands due to other sources, or possibly community adaptation to the unreliable supply. These findings point to the need for deeper investigation into both the community's water use behaviors and the accuracy of the data collected.

Table 84: Community water access and health indicators

| Water Facility Name | Illness in the Past Month (Anyone) | Frequency of Consistent Water Supply | The Time it takes in the queue for Water | Meets Community Needs? |
|-----------------------------------|------------------------------------|--------------------------------------|--|------------------------|
| Zone 1 Section 1 Waterpoint | No | Sometimes | More than 1 hour | No |
| Zone 2 Section 1 Waterpoint | No | almost never available | None | No |
| Zone 2 Section 2 - 2nd Waterpoint | No | almost never available | None | No |
| Zone 3 Section 1 - 2nd Waterpoint | No | almost never available | None | Yes |
| Zone 3 Section 1 Waterpoint | No | almost never available | None | Yes |
| Zone 3 Section 2 - 2nd Waterpoint | No | almost never available | None | Yes |
| Zone 3 Section 2 Waterpoint | No | almost never available | None | Yes |
| Zone 3 Section 3 Waterpoint | No | almost never available | None | Yes |
| Zone 3 Section 4 - 2nd Waterpoint | No | almost never available | None | Yes |
| Zone 3 Section 4 Waterpoint | No | almost never available | None | Yes |
| Zone 4 Section 1 Waterpoint | No | Rarely | 30 to 60 minutes | No |
| Zone 4 Section 3 Waterpoint | No | almost never available | None | Yes |

In line with the above arguments, Key Informant Interview (KII) participants from both the refugee camp and government bureaus highlighted the ongoing shortage of water access, affecting both the camp and the surrounding town.

A respondent from the refugee camp stated:

"This area is known for its severe water scarcity. While most government services are focused on the host community, NGOs do provide water for refugees. However, challenges persist, as water scarcity is a widespread problem in the region."

A representative from the Water and Energy Bureau added:

"One of the main issues is that the water tunnels have been in use for about 20 years and now require spare parts. This is not a problem exclusive to the refugee camp—it impacts the entire town. The infrastructure is aging and needs to be replaced."

Further, as shown in the table below, none of the water setups report insecurity, incidents, or conflicts related to access or management. This indicates that existing governance structures—whether led by community members or water management committees—are functioning effectively in maintaining order and equitable access. Notably, all but one of the water setups are overseen by water management committees; the exception is managed directly by community members. This distribution suggests a strong reliance on formal management bodies, which may help explain the observed stability and absence of conflict, even though efforts to improve water quality remain limited, as noted above.

However, a critical challenge persists across all setups: the inability to accommodate additional users. This stems primarily from the inconsistent water supply, as previously discussed. While current governance systems appear effective in managing present demand and avoiding disputes, they remain constrained by supply and quality issues. Without improvements in water source reliability and capacity, these systems may struggle to meet future needs, potentially straining even the most effective management structures.

Table 85: Water management stakeholders and challenges

| Water Facility Name | Main Water Management Stakeholder | Insecurity/Incidents end route to the water point | Conflicts over access or management | Accommodate more users |
|-----------------------------------|-----------------------------------|---|-------------------------------------|------------------------|
| Zone 1 Section 1 Waterpoint | Community Members | No | No | No |
| Zone 2 Section 1 Waterpoint | Water management committee | No | No | No |
| Zone 2 Section 2 - 2nd Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 1 - 2nd Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 1 Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 2 - 2nd Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 2 Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 3 Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 4 - 2nd Waterpoint | Water management committee | No | No | No |
| Zone 3 Section 4 Waterpoint | Water management committee | No | No | No |
| Zone 4 Section 1 Waterpoint | Water management committee | No | No | No |
| Zone 4 Section 3 Waterpoint | Water management committee | No | No | No |

Moreover, as illustrated in Table 86, water scarcity and poor water quality emerge as the two most critical challenges confronting the majority of water supply systems. This observation aligns closely with the arguments previously discussed, which emphasize the near absence of a consistently available water supply across many communities. In most of these setups, water is not only scarce but also frequently contaminated or of substandard quality, exacerbating the vulnerability of affected populations. The implications of these findings are profound: limited access to clean and reliable water significantly undermines public health, livelihoods, and overall well-being, particularly in marginalized or rural areas.

Furthermore, infrastructure damage and inadequate maintenance are also identified as major persistent issues. These challenges contribute to the deterioration of water supply systems over time, resulting in service interruptions, increased operational costs, and diminished capacity to meet the growing demand for water. The lack of proactive maintenance practices and the absence of sustainable infrastructure investment create a cycle of failure in water delivery systems, further deepening the water crisis. This underscores the urgent need for targeted interventions, including the rehabilitation of existing infrastructure, implementation of maintenance regimes, and investment in resilient water management strategies to ensure long-term sustainability and equity in water access.

In general, in both refugee camps and surrounding host communities, water facilities face persistent challenges characterized by chronic water scarcity and deteriorating infrastructure. These issues significantly hinder access to safe and reliable water sources for both populations. Furthermore, the current water systems are unsustainable, primarily because they do not incorporate cost-recovery mechanisms—meaning there are no structured processes in place to ensure that users contribute to the operational and maintenance costs, which undermines the long-term viability of these systems. Findings from a basic service assessment reinforce these concerns. The assessment highlights that water infrastructure in both the refugee camps and host communities falls below acceptable standards. However, the situation is particularly severe in host communities, where basic water facilities are extremely poor or even non-functional. This inadequacy compels residents to resort to unsafe water collection and usage practices.

Table 86: Main problems of each water setup

| | | Water Facility Type | | | | | |
|---------------|-----------------------|-----------------------------|-----------------------------|-----------------------------------|-----------------------------------|-----------------------------|-----------------------------------|
| | | Zone 1 Section 1 Waterpoint | Zone 2 Section 1 Waterpoint | Zone 2 Section 2 - 2nd Waterpoint | Zone 3 Section 1 - 2nd Waterpoint | Zone 3 Section 1 Waterpoint | Zone 3 Section 2 - 2nd Waterpoint |
| Main Problems | Water Scarcity | Water Scarcity | Water Scarcity | Water Scarcity | Water Scarcity | Water Scarcity | |
| | Water Quality Issues | Water Quality Issues | Water Quality Issues | Water Quality Issues | Water Quality Issues | Water Quality Issues | |
| | Long Waiting times | Long Waiting times | Long Waiting times | Long Waiting times | Long Waiting times | Long Waiting times | |
| | Infrastructure damage | Infrastructure damage | Infrastructure damage | Infrastructure damage | Infrastructure damage | Infrastructure damage | |
| | Lack of maintenance | Lack of maintenance | Lack of maintenance | Lack of maintenance | Lack of maintenance | Lack of maintenance | |
| | | | | | | | |
| | | Water Facility Type | | | | | |
| | | Zone 3 Section 2 Waterpoint | Zone 3 Section 3 Waterpoint | Zone 3 Section 4 - 2nd Waterpoint | Zone 3 Section 4 Waterpoint | Zone 4 Section 1 Waterpoint | Zone 4 Section 3 Waterpoint |
| | | | | | | | |

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Water Scarcity | Water Scarcity | Water Scarcity | Water Scarcity | Water Scarcity | Water Scarcity |
| Water Quality Issues | Water Quality Issues | Water Quality Issues | Water Quality Issues | Water Quality Issues | Water Quality Issues |
| Long Waiting times | Long Waiting times | Long Waiting times | Long Waiting times | Long Waiting times | Long Waiting times |
| | | | | High user fees | |
| Infrastructure damage | Infrastructure damage | Infrastructure damage | Infrastructure damage | Infrastructure damage | Infrastructure damage |
| Lack of maintenance | Lack of maintenance | Lack of maintenance | Lack of maintenance | Lack of maintenance | Lack of maintenance |

5.4.Livelihood Facility Assessment

This section presents a comprehensive assessment of two livelihood facilities: a skill center and a vocational training center. The purpose of this assessment is to analyze the effectiveness of these facilities in supporting community livelihoods through service delivery. The analysis is structured around four key dimensions: accessibility, challenges faced, availability of infrastructure and resources, and overall adequacy of the facilities.

Key Takeaways

Training Center

- ☑ Serves only the host community with ~50 trainees.
- ☑ Offers free, certified training with good employment outcomes (50–75%).
- ☑ Faces major constraints: lack of funding, trainers, and training tools.
- ☑ Its exclusivity limits broader community benefits.

Livelihood Facility (Marketplace):

- ☑ Serves both refugees and the host community (~50 vendors).
- ☑ Inclusive, modestly priced, with basic infrastructure like storage.
- ☑ Fosters social cohesion and economic integration.

Shared Challenges:

- ☑ Both facilities lack sufficient capital and have no expansion plans.
- ☑ This threatens sustainability and limits their ability to scale.

Opportunities

- ☑ Opening the training center to refugees could boost inclusivity, skills, and self-reliance.
- ☑ Stronger coordination between the two facilities and communities could improve impact and efficiency.

General Overview of the Livelihood Facilities

This sub-section presents an assessment of the livelihood facilities available in the Kebribeyah area, covering both the host community and the refugee population residing within the Kebribeyah Refugee Camp. It examines the types of facilities in place—such as vocational training centers, marketplaces, and financial institutions—and evaluates their physical and economic accessibility. The analysis also considers the adequacy of these services in meeting the diverse and evolving needs of both communities, with attention to factors such as capacity, service quality, and inclusivity. By identifying current strengths and gaps, this section aims to guide targeted interventions and policy decisions that support sustainable livelihood improvements in the region.

As the table below illustrates, there are two distinct livelihood facilities serving both the refugee and host communities. The first facility is located within the refugee camp and is part of the Kebribeyah TVET Satellite Center. This facility operates as a market hub and is jointly managed through a collaborative framework involving government bodies and international partners, NGOs, and a UN agency. The coordination among these actors reflects a structured and resource-supported approach aimed at promoting self-reliance among refugees by enabling income-generating activities within the camp setting.

In contrast, the second facility is situated within the host community, specifically in Kebribeyah, and takes the form of an agricultural vocational training center. This facility is solely managed by the government and focuses on building technical skills in farming and agriculture for local residents, thereby supporting longer-term development goals in the region.

Table 87: General overview of livelihood facilities

| Livelihood Facility Name | Type of Facility | Managed by |
|----------------------------------|---|---------------------------|
| Kebribeyah TVET Sattelite Center | Skill Center | Government &NGO/UN agency |
| Kebribeyah livelihood office | Agricultural Vocational Training Center | Government |

Further, the table below provides a snapshot of the livelihood programs implemented in the Kebribeyah Livelihood Office, highlighting both the training initiatives and the product trading activities, alongside factors such as accessibility, storage facilities, and associated services within the RRS (Refugee and Returnee Services) livelihood program.

As illustrated, the training program—currently available exclusively to the host community—has enrolled approximately 50 trainees. These individuals receive comprehensive training, supported by adequate materials, and at no cost. Notably, the training center offers formal accreditation or certification upon completion. This credentialing has led to a promising employment rate among graduates, estimated at 50–75%, indicating a meaningful contribution to local workforce development and economic empowerment for host community members. Conversely, the livelihood facility located within the refugee camp accommodates approximately 50 vendors who are permitted to trade their products for a relatively modest fee. Unlike the training center, this facility is inclusive—accessible to both refugees and members of the host community—and provides basic infrastructure such as storage space.

The inclusivity of the livelihood facility has broader social and economic implications. By enabling joint participation of both refugees and host community members, the facility fosters interaction, collaboration, and mutual understanding. This can strengthen social cohesion, reduce tension between groups, and contribute to an improved sense of community. Economically, such integration may enhance market dynamics, diversify goods and services, and ultimately improve the living conditions of both populations.

In contrast, the exclusivity of the training center may limit these broader community-wide benefits. If similar training opportunities were extended to refugees, it could further enhance economic inclusion, skill development, and self-reliance, thereby strengthening the overall impact of the program.

Table 88: Overview of each livelihood facility

| Training Program Snapshot | Kebribeyah livelihood office | Products traded | Kebribeyah TVET Sattelite Center |
|---------------------------------------|------------------------------|--|----------------------------------|
| People/Training | 50 | Number of vendors operating in the marketplace | 50 |
| Duration | < 1 month | percentage of vendors (refugees versus host community members) | 5 |
| Free/Fee | Free | Fees or taxes | Yes |
| Eligibility | The host community only | Amount | 100 |
| Training materials and tools provided | Yes | Accessible to all | Yes |
| Certification/Accreditation | Yes | Storage facilities for vendors | Yes |
| Employment rate of graduates | 50-75% | Security Concerns | No |

Moreover, the following two tables illustrate the key challenges currently faced by each livelihood facility. These challenges are evaluated in relation to their adequacy, accessibility for vulnerable groups, and future expansion plans. A critical issue common to both facilities is the lack of capital or funding, which significantly hampers their operational capacity and sustainability. Additionally, the training center is confronted with a shortage of qualified trainers and a lack of essential training materials and tools, as shown in Table 104 below.

The implications of these challenges are considerable. Without sufficient funding, both facilities risk stagnation, which may lead to reduced services or even closure, directly affecting the communities they serve, especially marginalized and vulnerable groups who rely heavily on these programs for skill development and economic empowerment. Furthermore, the shortage of trainers and materials in the training center compromises the quality and effectiveness of training programs, potentially limiting participants' ability to acquire market-relevant skills. This situation underscores the need for targeted investments, capacity building, and partnerships to enhance service delivery and ensure the sustainability of these vital livelihood interventions.

Table 89: Main challenges faced by each livelihood facility

| | Kebribeyah TVET Sattelite Center | Kebribeyah livelihood office |
|-----------------|----------------------------------|-----------------------------------|
| Main Challenges | Limited access to capital | Lack of Funding |
| | | Lack of Trainers |
| | | Lack of Materials/Tools/Equipment |

Moreover, as illustrated in Table 105 below, both facilities are currently accessible to vulnerable groups, reflecting a commendable commitment to inclusive service delivery. Notably, the facility situated within the refugee camp appears to

be better equipped than the training center, suggesting a stronger capacity to address the immediate needs of its users. This disparity also underscores the potential for enhanced collaboration between the refugee and host communities, as both groups have access to the facility. Strengthening coordination between these communities could lead to improved efficiency and effectiveness in service provision. However, it is important to note that neither facility has articulated a strategic plan for expansion or scaling up, which may limit their ability to respond to growing demands in the future.

Table 90: Service Reach & Growth Overview

| Livelihood Facility Name | facility adequately equipped | accessible to a vulnerable group | plans for expansion or scaling up |
|----------------------------------|------------------------------|----------------------------------|-----------------------------------|
| Kebribeyah TVET Sattelite Center | Yes | Yes | No |
| Kebribeyah livelihood office | No | Yes | No |

5.5. Legal Protection Facility Assessment

This section provides a comprehensive assessment of two legal protection mechanisms: The Legal Protection of the RRS and the legal support available to the host community. The assessment is organized around four key dimensions: accessibility; challenges encountered; availability of infrastructure, resources, and personnel; and the overall adequacy of the facilities, including security, WASH (Water, Sanitation, and Hygiene), waste disposal systems, and maintenance.

Key Takeaways

- ⊙ **Accessibility and Inclusivity:** The RRS legal protection facility serves refugees while the host community facility serves host communities.
- ⊙ **Staffing and Capacity:** RRS is better staffed, mainly with degree-holders, due to likely international standards required. The host facility suffers from severe staffing shortages due to limited funding, affecting service delivery.
- ⊙ **Services Offered:** RRS offers limited services (legal consultations, GBV support). The host facility provides a broader range of legal services, including mediation, family law, and court representation.
- ⊙ **Facility Conditions:** Both buildings are structurally sound and clean. However, neither has access to water, and both rely on burning for waste disposal, posing health and environmental risks.
- ⊙ **Gender-sensitive Infrastructure:** Both facilities maintain separate and equal toilets for men and women, respecting cultural norms and promoting dignity and safety.
- ⊙ **Operational Challenges:** RRS faces a high workload and the risk of staff burnout. The host facility struggles with under-resourcing, security issues, equipment needs, and infrastructure gaps.
- ⊙ **Lack of Coordination and Long-term Planning:** There's limited collaboration between the two facilities, which could improve efficiency and equity. Maintenance is ongoing, but there is little evidence of strategic investment in sustainability, especially in the host facility.

General Overview of the Legal Protection Facilities

This sub-section assesses the legal protection services available in the Kebribeyah area, addressing the needs of both the host community and refugees living in the Kebribeyah Refugee Camp. It explores the types of services provided and assesses their accessibility, both physical and economic. The analysis also reviews how well these services meet the changing and diverse needs of the two populations, considering aspects such as service capacity, quality, and inclusivity. By highlighting existing strengths and identifying gaps, this section aims to inform targeted interventions and policy measures that promote sustainable livelihoods in the region.

As the table below illustrates, both the legal protection facility of the Refugee and Returnee Service (RRS)—which is jointly managed by the government and NGO/UN agencies—and the host community legal protection facility—managed solely by the government—operate for 8 hours per day. However, a key distinction lies in the accessibility of these services: the RRS legal protection facility is open to all individuals, including both refugees and members of the host community, whereas the host community legal protection facility serves only host community members, thereby excluding refugees.

This broader access at the RRS facility may result in it becoming overburdened, as it functions as the sole legal support center for a larger and more diverse population. Conversely, improved coordination between the two facilities could significantly enhance service delivery and ensure greater inclusivity. By working collaboratively, both facilities could share responsibilities more equitably and provide more efficient and accessible legal protection for all.

Table 91: General overview of the legal protection facilities

| Legal Protection Facility Name | Type of Facility | Managed by | Operating hours/day | Accessible to all | Reason |
|-------------------------------------|------------------|------------------------------|---------------------|-------------------|---------------------------------------|
| RRS Legal Protection Center | Legal Aid | Government & NGO/UN agencies | 8 | Yes | |
| Kebribeyah Legal Protection Center. | Legal Aid | Government | 8 | No | Refugees Are Under the Administration |

Further, the table below presents a summary of the legal protection facility buildings, with particular emphasis on their general condition and cleanliness. As indicated, the buildings of both facilities are reported to be in good condition. This implies that the structures are overall well-maintained, showing only minor signs of wear or small maintenance issues that do not affect their functionality. The facilities are likely structurally sound, safe for use, and capable of serving their intended purposes effectively. In terms of cleanliness, both facilities are also rated as being in good condition. This suggests that the environments are generally clean and hygienic, although there may be a few areas that require routine cleaning or closer attention. This level of cleanliness indicates a commitment to maintaining a welcoming and healthy space for both staff and visitors.

Additionally, it is worth noting that the legal protection facility operated by the RRS possesses wheelchairs for individuals in need. This highlights an added layer of accessibility and inclusivity, suggesting that the facility is better equipped to accommodate people with mobility impairments. It implies a proactive approach to addressing the needs of vulnerable populations and enhancing equal access to legal protection services.

Table 92: Summary of legal protection facility buildings

| Legal Protection Facility Name | Year constructed | General condition | Wheelchair accessibility | Cleanliness | More accommodation |
|------------------------------------|------------------|-------------------|--------------------------|-------------|--------------------|
| RRS Legal Protection Center | 1991 | Good | Yes | Good | Yes, has capacity |
| Kebribeyah Legal Protection Center | 2015 | Good | No | Good | Yes, has capacity |

Staffing

This section examines the staffing situation across legal protection facilities, including staff qualifications and training levels, average visitor numbers, the adequacy of staff deployment, and the key operational challenges each facility faces. As detailed in the table below, the legal protection unit of the Refugee and Returnee Services (RRS) is relatively well-staffed, particularly with personnel holding bachelor's degrees. This suggests a prioritization of legal protection services for refugees and returnees, potentially due to national or international obligations. In contrast, the legal protection facility serving the host community suffers from a shortage of qualified staff, primarily due to budgetary limitations. This financial constraint has a direct impact on service delivery, resulting in inadequate legal support for local populations.

The disparity is further highlighted by visitor statistics: the RRS facility handles over 100 individuals on average per day, indicating both a high demand for services and a potential strain on existing staff. Meanwhile, the host community facility receives significantly fewer visitors—between 10 and 50 daily—yet still struggles with staff shortages. This suggests that even at lower traffic levels, the host community facility lacks the capacity to meet basic legal protection needs.

Both facilities face significant operational challenges. For the RRS, the high visitor load leads to overworked staff, which may result in burnout and reduced service quality. The host community facility, on the other hand, suffers not only from insufficient staffing but also from a lack of trained personnel. The unequal distribution of staffing and resources between the RRS and host community facilities could exacerbate tensions between refugee and host populations, especially if the host community perceives itself as underserved. Additionally, overburdened and undertrained staff across both facilities may undermine the overall effectiveness and credibility of legal protection mechanisms, ultimately compromising access to justice for vulnerable groups.

Table 93: Staffing and challenges in legal protection facilities

| Legal Protection Facility Name | No. of Staff | Qualification and training level | People visit (average) | Sufficient Staff | Reason, if no | Challenges |
|------------------------------------|--------------|----------------------------------|------------------------|------------------|---------------|---------------------------|
| RRS Legal Protection Center | 7 | Bachelors | More than 100 | Yes | | Overworked staff |
| Kebribeyah Legal Protection Center | 6 | Diploma/Certificate | 10 to 50 | No | Budget | Lack of trained personnel |

Safety and Security

As illustrated in the table below, even when the security system consisted solely of basic measures such as guards and fencing, implemented only for the legal protection facility serving the host community, there were neither reported incidents of violence nor instances of discrimination. This finding has several significant implications. First, it suggests that a minimal yet visible security presence may be sufficient to deter potential threats and maintain social stability in sensitive settings. Second, the absence of violence or discrimination, despite the selective application of security measures, may reflect a broader level of social cohesion or mutual understanding between the host community and other groups in the area. Third, it indicates that more intensive or militarized security interventions may not always be necessary to ensure safety and harmony, particularly in contexts where trust and community relationships are already established or improving.

Table 94: Security measures of legal protection facilities

| Legal Protection Facility Name | Security Camera | Guards | Fencing | Violent incidents | Discrimination |
|------------------------------------|-----------------|--------|---------|-------------------|----------------|
| RRS Legal Protection Center | No | Yes | No | No | No |
| Kebribeyah Legal Protection Center | No | yes | Yes | No | No |

WASH

The table and figure below provide an overview of access to water and sanitation services, with a specific focus on the gender-based disaggregation of toilet facilities. As illustrated in Table 95, neither the RRS's legal protection unit nor the host community's legal protection facility has access to water. This lack of water access stands in direct contradiction to the reported cleanliness of both facilities, which are described as being in "good condition." This discrepancy raises critical questions about how cleanliness is being maintained in the absence of water, a fundamental requirement for hygiene, and may suggest either intermittent water access not captured during data collection or reliance on alternative, possibly unsustainable, cleaning methods.

Although both facilities are equipped with toilet infrastructure, the condition of these toilets varies significantly. In the RRS's legal protection unit, the toilets are reported to be in "normal" condition, whereas in the host community's legal protection facility, they are categorized as being in "poor" condition. This difference not only reflects possible disparities in resource allocation and maintenance between refugee and host community services but may also have broader implications for dignity, user comfort, and health outcomes, especially for women and other vulnerable groups who may already face barriers to accessing safe sanitation.

Further exacerbating these concerns is the complete absence of handwashing facilities in both locations. This is a critical public health issue, as the lack of handwashing infrastructure increases the risk of disease transmission, undermines basic hygiene practices, and poses a significant threat in high-risk environments like legal protection centers, where many people may interact daily. The lack of such facilities could particularly affect women and girls, who may need adequate hygiene support during menstruation, and whose safety and privacy may be compromised in poorly equipped environments.

These findings underscore the need for integrated water, sanitation, and hygiene (WASH) interventions that not only improve infrastructure but also address gender-specific needs and equity between refugee and host community services.

Table 95: Water, sanitation, and hygiene

| Legal Protection Facility Name | Access to water | Access to a Toilet | Access to handwashing facilities |
|-------------------------------------|-----------------|---------------------------|----------------------------------|
| RRS Legal Protection Center | No | Yes, in Normal conditions | No |
| Kebribeyah Legal Protection Center. | No | Yes, in poor condition | No |

The figure below demonstrates the gender-based and staff-based disaggregation of toilets in each facility. As illustrated, both facilities maintain a clear separation between male and female toilets, with an equal number allocated to each gender. This balance is particularly significant in culturally sensitive communities where gender norms are strongly upheld. The provision of equal and separate facilities not only aligns with basic principles of equity and dignity but also enhances the safety and comfort of users, especially women, who may otherwise face barriers in accessing shared sanitation facilities.

However, an important discrepancy arises in the provision of staff toilets. The data indicates that staff-specific toilet facilities are available only in the legal protection facility serving the host community. This suggests a disparity in workplace sanitation infrastructure between the two facilities. The lack of dedicated staff toilets in the other facility could lead to challenges related to privacy, hygiene, and staff morale. It may also reflect broader systemic inequalities in how resources are allocated between host and potentially displaced or marginalized populations. Addressing such gaps is crucial to ensuring a consistent standard of workplace conditions across all operational environments.

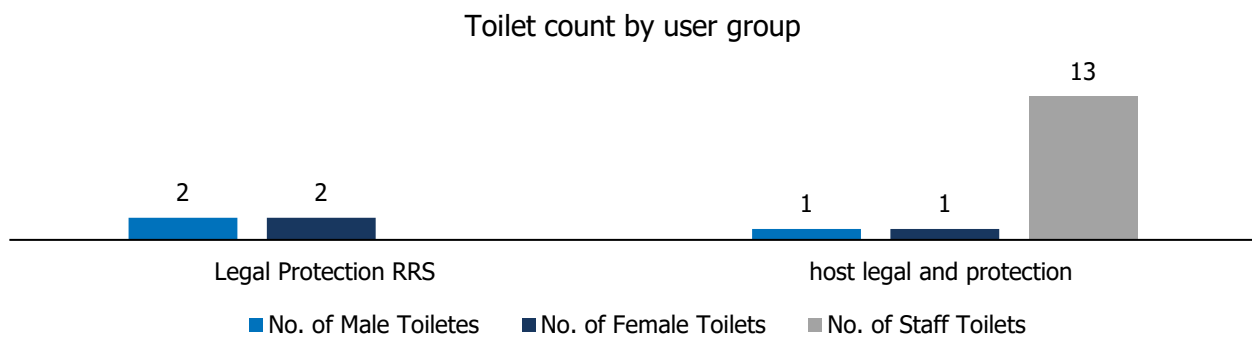


Figure 83: Gender-disaggregated access to toilets

Moreover, the table below illustrates the availability of programs or initiatives dedicated to hygiene promotion within the two assessed facilities. Notably, the data reveals that there are no existing programs or initiatives in either facility that actively promote hygiene. This absence suggests a significant gap in public health efforts at the community level. The respondents of this study overwhelmingly expressed the belief that responsibility for initiating and maintaining hygiene promotion activities lies with both the government and the local community.

The implication of this finding is twofold. First, the lack of institutional support for hygiene education may contribute to persistent poor hygiene practices, which in turn can lead to increased incidence of preventable diseases, especially in vulnerable populations. Second, the perception that hygiene promotion is a shared responsibility points to an opportunity for collaborative interventions. It underscores the need for stronger partnerships between governmental bodies, local

leaders, and civil society to develop sustainable hygiene promotion strategies. Without such coordinated efforts, the community remains at risk, and health outcomes are unlikely to improve significantly.

Table 96: Initiatives/programs for hygiene promotion

| Legal Protection Facility Name | Programs or initiatives Available | Responsible Body |
|-------------------------------------|-----------------------------------|------------------|
| RRS Legal Protection Centre | No | Government |
| Kebribeyah Legal Protection Centre. | No | Local Community |

Further, the table below outlines the availability and mechanisms of waste disposal at each of the legal protection facilities. As indicated, both facilities currently manage solid waste primarily through burning. This method of disposal likely reflects the absence of a formal or official solid waste management system in these areas. The reliance on burning not only poses environmental and health risks, such as air pollution and respiratory illnesses, but also highlights significant infrastructural and institutional gaps in waste governance.

Moreover, challenges specific to each location further exacerbate the problem. At the RRS legal protection facility, a significant lack of resources hinders the development and implementation of sustainable waste management practices. Conversely, in the host community, low levels of public awareness regarding proper waste disposal methods and environmental hygiene contribute to ineffective waste handling. These disparities underscore the need for both improved infrastructure and community education to enhance solid waste management across the facilities. Without addressing these underlying issues, harmful practices such as open burning are likely to persist, with long-term consequences for public health and environmental sustainability.

Table 97: Solid waste disposal: availability and methods

| Legal Protection Facility Name | Solid Waste Disposal: Availability and Methods | | | |
|------------------------------------|--|-----------------|------------------------|--------------------------|
| | Method | Official System | Dustbin (availability) | Main Challenges |
| RRS Legal Protection Centre | Burning | No | No | Lack of Resources |
| Kebribeyah Legal Protection Centre | Burning | No | No | Poor Community Awareness |

Maintenance

The table below presents a comparative overview of the maintenance frequency and types carried out in each legal protection facility. Notably, both facilities engage in routine upkeep involving minor works, such as painting, repairing leaks, and other small-scale repairs. This indicates a shared baseline commitment to preserving the physical condition and functionality of the infrastructure, regardless of the facility's size or security level. The consistent implementation of such minor maintenance tasks suggests an effort to ensure safe and habitable conditions for occupants, which may reflect adherence to regulatory standards or institutional policies concerning inmate welfare and facility management. However, the scope and frequency of more extensive maintenance activities—such as structural upgrades or system overhauls—could differ significantly between facilities, potentially pointing to disparities in funding, prioritization, or facility age.

Table 98: Maintenance status

| Legal Protection Facility Name | Last Maintenance | Type of Maintenance |
|------------------------------------|---------------------|---|
| RRS Legal Protection Center | 4-6 months | Small work (e.g., painting, fixing leaks) |
| Kebribeyah Legal Protection Center | more than 24 months | Small work (e.g., painting, fixing leaks) |

Legal Aid Services and Outreach Programs

In this sub-section, Specific Legal aid Services, Legal education and Awareness programs, Legal Documents or Forms regularly prepared, prioritize cases, Confidential legal services, Legal service outside the main office, and Services available for the most vulnerable ones are discussed.

As the table below demonstrates, the legal protection facility within the Refugee and Returnee Service (RRS) provides a more limited range of legal aid services, focusing specifically on legal consultation and support for gender-based violence (GBV) cases. In contrast, the legal protection facility in the host community offers a relatively broader and more comprehensive array of legal services. In addition to legal consultation and GBV case support, it also includes mediation and dispute resolution, family law assistance, and legal representation in court proceedings.

Moreover, both legal protection facilities share critical shortcomings: neither provides confidential legal services nor offers outreach or mobile legal support. The lack of confidentiality can deter survivors of GBV or individuals facing sensitive legal challenges from seeking help, fearing stigma or retribution. Similarly, the absence of off-site services limits access for those with mobility issues or those living far from the facility, disproportionately affecting women, persons with disabilities, and the elderly.

Further, the prioritization mechanisms differ between the two facilities. The RRS facility gives precedence to referrals from authorities or NGOs, which might streamline aid for those in formal systems but inadvertently marginalize individuals without connections to such intermediaries. Meanwhile, the host community facility operates on a first-come, first-served basis, which, while more egalitarian in theory, may result in delays or insufficient assistance for urgent or complex cases.

Table 99: Legal aid services and outreach programs

| Specific Legal Aid Services | RRS Legal Protection Centre | Kebribeyah Legal Protection Centre |
|---|---|-------------------------------------|
| | Legal Consultation | Legal Consultation |
| | | Mediation and Dispute Resolution |
| | | representation in legal proceedings |
| | GBV case support | GBV case support |
| | | Family Law Assistance |
| | | Property and inheritance rights |
| Legal education and Awareness programs | Yes | Yes |
| Legal Documents or Forms regularly prepared | Legal Complaints Refugee/Asylum applications | Court Petitions |
| Prioritize cases | Referral from authorities/ NGOs | First-come, first-served |

| | | |
|---|----------------------------|----------------------------|
| Confidential legal services | No | No |
| Legal service outside the main office | No | No |
| Services are available for the most vulnerable ones | Translation/Interpretation | Private consultation rooms |
| | Private consultation rooms | |
| | Psychological counselling | |

Key Challenges and Delays

Here, the most pressing needs of the legal protection facilities, the main barriers they are facing, and the common reasons for delays in their service are discussed. As the table below demonstrates, the legal protection services for Refugee Reception Sites (RRS) primarily require ongoing maintenance to ensure their continued functionality. This suggests that while the foundational structures and frameworks are in place, their sustainability depends on regular upkeep, possibly indicating a lack of long-term investment or planning. In contrast, the legal protection facilities for the host community face broader and more complex challenges. These include not only maintenance, but also pressing needs such as security concerns, equipment upgrades, and staffing shortages. This broader range of deficiencies implies a more systemic strain on the host community’s legal infrastructure, potentially impacting the accessibility and quality of legal services for citizens.

Furthermore, language barriers are identified as the main obstacle within the RRS legal protection system. This points to a need for multilingual legal staff or interpretation services to ensure equitable access to justice for refugees, who may otherwise be unable to understand or exercise their rights. On the other hand, the host community’s legal services are primarily hindered by bureaucratic inefficiencies and a general lack of awareness about legal rights. These issues suggest that even when legal channels are available, procedural complexity and informational gaps can significantly limit their effective use by the population.

Additionally, both systems share common challenges that delay the resolution of legal cases: namely, high case backlogs and the lack of supporting documentation. These shared barriers indicate systemic inefficiencies within the broader legal framework, regardless of the population being served.

Table 100: Pressing needs and barriers

| Most Pressing Needs | RRS Legal Protection Centre | Kebribeyah Legal Protection Centre |
|--------------------------|--|--|
| | maintenance | maintenance |
| | | Security Measures |
| | | equipment upgrades |
| | | Staff training and development |
| | | Community outreach programs |
| Main Barriers | Language | Bureaucratic Processes Lack of awareness about legal rights |
| Common Reasons for Delay | High case backlog | High case backlog |
| | Lack of supporting documentation | Lack of supporting documentation |
| | Slow legal processing from government institutions | |

5.6 Food Security and Nutrition Facilities Assessment

This section presents a detailed assessment of two food security and nutrition facilities: the RRS facility serving the refugee camp and the Kebribeyah facility serving the host community. The analysis is structured around four core dimensions: accessibility; challenges faced; the availability of infrastructure, resources, and personnel; and the overall adequacy of the facilities, including aspects such as security, WASH (Water, Sanitation, and Hygiene), waste management systems, and maintenance.

Key Takeaways

- ⊙ **Accessibility and Inclusivity:** Both facilities are open to refugees and host communities, promoting equitable access and social cohesion. RRS facility center provides more inclusive services, including cash-based interventions and school feeding, while Kebribeyah facility center offers only targeted supplementary feeding to the host community on an emergency basis.
- ⊙ **Staffing and Capacity:** Both have qualified staff, but RRS faces budget constraints. While the Kebribeyah facility center faces shortages of trained personnel, which impacts service quality. RRS facility center sees higher visitor volume, indicating greater demand.
- ⊙ **Facility Conditions:** Both buildings are in good condition, but the RRS facility center is cleaner and more hygienic. Both lack access to formal waste disposal systems, relying on burning. Only the RRS facility center has access to water and provides gender-separated toilets.
- ⊙ **Service Delivery and Food Assistance:** RRS facility center offers more diverse, protein-rich food, but faces issues with quantity and distribution distances. Kebribeyah facility center provides mainly cereals, with inconsistent distribution schedules and less reliable food access.
- ⊙ **Infrastructure and Sanitation:** The RRS facility center lacks handwashing facilities and faces maintenance and equipment issues. The Kebribeyah facility center lacks gender-sensitive toilets and needs better staff training, outreach, and equipment.
- ⊙ **Waste Management:** Both use burning for waste disposal, but RRS struggles with community awareness of waste practices. The Kebribeyah facility center faces a lack of resources for proper waste management.
- ⊙ **Operational Challenges:** RRS facility center : Limited food supplies, long travel to distribution points, outdated infrastructure, and safety concerns. Kebribeyah facility center : Inconsistent schedules, staff and equipment gaps, weak community engagement.
- ⊙ **Priority Needs:** RRS facility center: Maintenance, enhanced security, equipment upgrades. Kebribeyah facility center: Equipment, staff training, and stronger community outreach.

General Overview of the Food Security and Nutrition Facilities

This sub-section assesses the food security and nutrition services available in the Kebribeyah area, focusing on provisions for both the host community and the refugee population within the Kebribeyah Refugee Camp. It reviews the range of services offered and evaluates their accessibility from both physical and economic perspectives. The assessment also considers how effectively these services respond to the evolving and diverse needs of the two groups, with attention to

capacity, quality, and inclusiveness. By outlining current strengths and pinpointing existing shortcomings, this analysis seeks to support evidence-based interventions and policy actions aimed at fostering long-term livelihood resilience in the area.

As shown in the table below, there are two food security and nutrition facilities: Refugee Food Security and Nutrition Center, which is managed by an NGO/UN agency, and Kebribeyah Food Security and Nutrition, which is managed solely by the government. Both facilities primarily focus on providing food assistance services. Additionally, they operate for 8 hours per day and are equally accessible to all individuals, including both refugees and members of the host community.

This inclusivity has important implications. The fact that both facilities are open to all segments of the population, without restriction based on legal status or affiliation, significantly reduces potential barriers to access. This inclusive approach not only fosters social cohesion between refugees and host communities but also promotes equity in service delivery. Furthermore, it simplifies the process of coordinating, monitoring, and scaling interventions, since services are not fragmented or exclusive to one group.

By ensuring that both the refugee and the host population can access the same support, it becomes easier to standardize service quality, allocate resources efficiently, and design integrated community-based interventions. Ultimately, this model can serve as a benchmark for other facilities, demonstrating that inclusive, jointly managed (or even solely government-managed) systems can improve reach, enhance trust among beneficiaries, and contribute to long-term development and resilience.

Table 101: General overview of the food security and nutrition facilities

| Food Security and Nutrition Facility Name | Type of Facility | Managed by | Operating hours/day | accessible to all |
|---|--------------------------|---------------|---------------------|-------------------|
| Refugee Food Security and Nutrition Center | Food Assistance Programs | NGO/UN Agency | 8 | Yes |
| Kebribeyah Food Security and Nutrition Center | Food Assistance Programs | Government | 8 | Yes |

Further, the table below demonstrates a summary of the food security and nutrition facility buildings, primarily focusing on their general condition and cleanliness. As illustrated in the table below, the general condition of the buildings at both facilities is in good shape, implying that they are overall well-maintained with only minor wear or maintenance issues and are fully functional. Furthermore, the buildings at the Refugee Food Security and Nutrition Center facility are excellent in cleanliness—spotlessly clean, well-maintained, and hygienic, with no visible dirt or waste. In contrast, the buildings at the Kebribeyah Food Security and Nutrition Center facility are in good condition, generally clean, though with minor areas that may require attention. Moreover, both facilities can accommodate more.

These findings suggest that both the RRS and Kebribeyah Food Security and Nutrition Center facilities are generally well-maintained, with the RRS facility standing out for its exceptional cleanliness and hygiene. The Kebribeyah facility, while in good condition overall, shows areas that could benefit from some minor improvements in cleanliness. Importantly, both facilities possess the capacity to handle additional demand, indicating their ability to expand services or accommodate more people if necessary. This reflects positively on the overall functionality and preparedness of these facilities to meet food security and nutritional needs in their respective areas.

Table 102: Summary of food security and nutrition facility buildings

| Food Security and Nutrition Facility Name | Year constructed | General condition | Wheelchair accessibility | Cleanliness | More accommodation |
|---|------------------|-------------------|--------------------------|-------------|--------------------|
| Refugee Food Security and Nutrition Center | 1991 | Good | Yes | Excellent | Yes, has capacity |
| Kebribeyah Food Security and Nutrition Center | 2013 | Good | No | Good | Yes, has capacity |

Staffing

Here, the number of staffs, their qualifications and training levels, the number of people visiting the facilities, and the challenges faced by the facilities are discussed. As shown in the table below, both facilities have adequate staff with bachelor's degree qualifications, though the Kebribeyah Food Security and Nutrition Center Office facility also employs staff with diplomas or certificates. The Refugee Food Security and Nutrition Center facility sees more visitors—over 100 people—compared to the Kebribeyah facility. This suggests that the RRS facility may have greater demand or need for services. Additionally, the RRS facility is facing budget scarcity, while the Kebribeyah facility struggles with a lack of trained personnel, which has implications for service delivery and overall efficiency. The main implication is that while both facilities have qualified staff, the Refugee Food Security and Nutrition Center facility faces higher demand but struggles with budget limitations, whereas the Kebribeyah facility has fewer visitors but struggles with a lack of trained personnel, impacting service delivery and efficiency at both sites.

Table 103: Staffing and challenges in food security and nutrition facilities

| Food Security and Nutrition Facility Name | No of Staff | Qualification and Training Levels | People visits (Average) | Adequate staff | Challenges |
|---|-------------|--|-------------------------|----------------|---------------------------|
| Refugee Food Security and Nutrition Center | 8 | Bachelor's degree | More than 100 | Yes | Budget Scarcity |
| Kebribeyah Food Security and Nutrition Center | 5 | Bachelor's degree, Diploma/Certificate | Less than 10 | Yes | Lack of trained personnel |

Safety and Security

Here, as the table below demonstrates, although the security system at the facilities is somewhat traditional (with fencing at the Refugee Food Security and Nutrition Center facility and guards at the Kebribeyah food and nutrition facility), there have been no reported incidents of violence or discrimination, which suggests that even with these simple security systems, the level of protection and oversight is sufficient to ensure the well-being of the people and operations at the facilities.

Table 104: Security measures of food security and nutrition facilities

| Food Security and Nutrition Facility Name | Security Camera | Guards | Fencing | Violent incidents | Discrimination |
|---|-----------------|--------|---------|-------------------|----------------|
| Refugee Food Security and Nutrition Center | No | No | Yes | No | No |
| Kebribeyah Food Security and Nutrition Center | No | Yes | No | No | No |

WASH

The table below demonstrates the availability and accessibility of water and sanitation facilities, with a particular focus on gender-based disaggregation of toilets. As the data shows, the RRS (Regional Refugee Settlement) food security and nutrition facility has access to water, whereas the Kebribeyah Food Security and Nutrition Center facility lacks this essential resource. Additionally, both facilities provide access to toilets, which are in normal condition, and have separate toilets for females and males in the RRS facility. In contrast, the Kebribeyah facility does not have separate toilets for males and females, highlighting a significant gender-related difference in the provision of sanitation facilities between the two locations.

The comparison between the RRS and Kebribeyah Food Security and Nutrition Center facilities underscores several key issues related to water access, gender-sensitive sanitation, and hygiene infrastructure. These disparities highlight the need for more coordinated efforts to improve basic services, with particular attention to inclusivity and equity. Addressing the lack of water and handwashing facilities and standardizing the provision of gender-sensitive toilets would significantly improve the quality of life for the populations in these facilities.

Table 105: Water, sanitation, and hygiene

| Food Security and Nutrition Facility Name | Access to water | Access to Toilets | No. of Male Toilets | No of Female Toilets | No of Staff Toilets | Access to handwashing facilities |
|---|-----------------|-----------------------|---------------------|----------------------|---------------------|----------------------------------|
| Refugee Food Security and Nutrition Center | Yes | Yes, normal condition | 1 | 1 | 2 | No |
| Kebribeyah Food Security and Nutrition Center | No | Yes, normal condition | 1 | 1 | Not separated | No |

Moreover, the table below demonstrates the availability of programs or initiatives focusing on hygiene promotion. Unlike in the Kebribeyah Food Security and Nutrition Center facility, there is a program to promote hygiene, which is designed to raise awareness and encourage proper hygiene practices, such as hand washing, sanitation, and safe water practices, which

are mainly run by the NGO. The lack of a hygiene program at Kebribeyah could contribute to poor health outcomes in the population it serves, while the NGO’s program may lead to healthier, more informed communities in the other facility’s catchment area. Addressing this gap through either NGO support or internal program development at Kebribeyah would improve public health outcomes and align the facility’s goals with holistic health interventions.

Table 106: Initiatives/programs for hygiene promotion

| Food Security and Nutrition Facility Name | Programs or initiatives Available | Description | Responsible Body |
|--|-----------------------------------|-----------------------------|------------------|
| Refugee Food Security and Nutrition Center | Yes | Hygiene Promotion Campaigns | NGOs |
| Kebribeyah Food security and nutrition | No | | Government |

Further, the table below provides a detailed comparison of waste disposal methods and systems available in various legal protection facilities, highlighting the distinct mechanisms employed for managing waste in each setting. According to the data presented in the table, both facilities under consideration handle solid waste primarily through burning, which may indicate a lack of access to official waste disposal systems. This reliance on burning could be due to various factors, such as the unavailability of infrastructure or resources needed for more formalized waste management approaches, such as waste collection or recycling services. A noteworthy distinction between the two facilities is found in the food security and nutrition departments. In the case of the Kebribeyah facility, the presence of dustbins signifies a more organized effort to manage waste in a designated and contained manner. Furthermore, the challenges faced by the two facilities are rooted in different underlying factors. In the RRS region, the key challenge appears to be a lack of community awareness regarding waste management. This issue could be a result of insufficient education or outreach programs aimed at promoting better waste disposal practices. In contrast, the primary obstacle in the host community is the scarcity of resources, which likely hampers their ability to implement effective waste disposal and management systems.

This comparison highlights the importance of addressing both awareness and resource limitations in improving waste management practices across different facilities. Sustainable solutions will require targeted efforts to educate communities on proper waste disposal and the provision of necessary resources to facilitate more effective and environmentally conscious waste management strategies.

Table 107: Waste disposal: availability and methods

| Food Security and Nutrition Facility Name | Solid Waste Disposal | | | | | |
|--|----------------------|-----------------|------------------------|----------------|-------------------|--------------------------|
| | Method | Official System | Dustbin (availability) | No. of dustbin | Location | Main Challenges |
| Refugee Food Security and Nutrition Center | Burned | No | No | 0 | | Poor Community Awareness |
| Kebribeyah Food Security | Collected and Burned | No | Yes | 2 | Behind the Office | Lack of Resources |

and Nutrition
Center

Maintenance

The table below provides a detailed overview of the maintenance frequency and types of services offered in each legal protection facility. According to the table, both facilities offer maintenance services that primarily involve minor repairs and upkeep tasks. These small-scale works include activities such as painting, which helps maintain the aesthetic appeal of the facilities, and fixing leaks, which ensures the structural integrity and prevents further damage. This indicates that the focus of maintenance in both facilities is on addressing immediate and relatively simple issues to ensure their proper functioning and overall condition.

Table 108: Maintenance status

| Food Security and Nutrition Facility Name | Last Maintenance | Type of Maintenance |
|---|------------------|---|
| Refugee Food Security and Nutrition Center | 4-6 months | Small work (e.g., painting, fixing leaks) |
| Kebribeyah Food Security and Nutrition Center | 4-6 months | Small work (e.g., painting, fixing leaks) |

Nutri Aid Essentials

Here, the type and adequacy of food assistance programs, Freshness, Storage mechanisms, cooking fuel, and the Main food group included in the food assistance are discussed.

As shown in the table below, cash-based interventions and school feeding are the primary forms of food assistance provided monthly by the Refugee Food Security and Nutrition Center facility. These programs are accessible to both refugees and the host community, suggesting a more inclusive approach. In contrast, the Kebribeyah Food Security and Nutrition Center facility provides only targeted supplementary feeding, and only to the host community, on an emergency basis, implying limited support and possible exclusion of refugee populations.

Moreover, the food assistance offered by the RRS facility is reported to be inadequate, raising concerns about the sufficiency and sustainability of aid in that location. There are also notable disparities between the two facilities in terms of storage capacity and availability of cooking fuel, which could affect the quality and usability of food provided. While neither facility offers fresh products, the type of food distributed differs significantly: the RRS facility mainly supplies protein-rich foods such as lentils, beans, fish, and meat, implying an effort to meet nutritional diversity, whereas the Kebribeyah facility focuses primarily on cereals like rice, wheat, and maize, indicating a more basic subsistence-level provision.

Table 109: Nutriaid essentials

| | | Refugee Food Security and Nutrition Center | Kebribeyah Food Security and Nutrition Center |
|--------------------------------------|-----------------------------------|--|--|
| Food Assistance Programs | Types of food assistance programs | Cash-Based interventions; School feeding; | Targeted Supplementary feeding |
| | How often | Monthly | On an emergency basis only |
| | Where | Food assistance programs | Food assistance programs |
| | Accessible for all | Yes | No |
| Adequate Food Assistance | Adequacy | No | Yes |
| | Reason, if no | Because Entitlement | |
| Freshness, Storage, and cooking fuel | Includes Fresh produce | No (only dry staples like rice, wheat, pulses) | No (only dry staples like rice, wheat, pulses) |
| | Storage | No storage | Proper storage |
| | cooking fuel and utensils | Yes | No |
| Main Food Groups | | Protein sources (lentils, beans, fish, meat) | Cereals (rice, wheat, maize) |

Key Gaps

In this section, the most urgent needs and critical challenges confronting each food security and nutrition facility are explored. As illustrated in the table below, the Refugee Food Security and Nutrition Center facility identifies maintenance, enhanced security measures, and equipment upgrades as its top three priorities. These needs suggest that the facility may be struggling with outdated infrastructure, potential safety concerns for both staff and beneficiaries, and inadequate tools or machinery for efficient food distribution and service delivery. If left unresolved, these issues may undermine the quality, safety, and timely delivery of food assistance efforts.

Conversely, the Kebribeyah facility's primary needs include equipment upgrades, staff training and development, and community outreach programs. The emphasis on equipment and training indicates a need to improve operational efficiency and enhance staff capacity, which is vital for adapting to evolving nutritional needs and programmatic goals. The focus on community outreach suggests that there may be gaps in communication or engagement with the local population, potentially affecting participation rates and the effectiveness of interventions.

In terms of operational challenges, the RRS facility faces long distances to distribution points and insufficient quantities of food or nutritional supplies. These challenges point to logistical and supply chain limitations that could severely hinder timely access to aid, especially for remote or vulnerable populations. If left unaddressed, this could result in higher levels of food insecurity and rising malnutrition rates. Meanwhile, the Kebribeyah facility also grapples with long distribution distances and insufficient supply but additionally contends with inconsistent distribution schedules. This added inconsistency can erode community trust, disrupt household planning, and further exacerbate nutritional vulnerabilities. The combined impact of these challenges underscores the urgent need for strategic logistical planning, improved supply chain coordination, and effective stakeholder communication across both facilities.

Table 110: Key gaps in food security and Nutrition

| | Refugee Food Security and Nutrition Center | Kebribeyah Food security and nutrition |
|---------------------|--|--|
| Most Pressing Needs | Maintenance | Equipment upgrades |
| | Security Measures | Staff training and development |
| | Equipment upgrades | Community outreach programs |
| | Staff training and development | |
| | Community outreach programs | |
| Main Challenges | Long distance to distribution points | Long distance to distribution points |
| | | Inconsistent Distribution schedules |
| | Insufficient Quantity | Insufficient Quantity |

SECTION SIX: INFRASTRUCTURE MAPPING

6.1. Introduction

6.1.1. Background

The Somali Regional State of Ethiopia is located in the eastern and south-eastern parts of the country, between latitudes 4° to 11° North and longitudes 40° to 48° East. It covers an estimated area of approximately 375,000 square kilometers, making it one of the largest regional states in Ethiopia. The region shares internal borders with Oromia Regional State to the west and southwest, and with the Afar Regional State to the northeast. Externally, it borders Kenya to the south, Somalia to the east, and Djibouti to the northwest. The region is predominantly arid and semi-arid. It experiences high temperatures throughout most of the year, ranging from 18°C to 45°C, with annual rainfall between 386 mm and 660 mm. The region is characterized by pastoralist and agropastoral livelihoods, shaped significantly by its climate and trans-boundary population dynamics. The Region is divided into eleven zones: Fafan, Sitti, Nogob, Erer, Jarar, Korah, Dollo, Shabelle, Afder, Dawa, and Liban. These zones are further subdivided into 93 woredas and six city administrations: Jigjiga, Godey, Kebri Dehar, Dhagahbur, Tog-Wajaale, and Kebribeyah, comprising a total of 1,311 *kebeles*¹³.

Kebribeyah is one of the six officially recognized city administrations in the Somali Region. It is located within Fafan Zone, approximately 50 kilometres south of Jigjiga and about 680 kilometres southeast of Addis Ababa by road. Geographically, the town lies between 297760.693- and 300887-meters East longitude and between 1004707.658- and 1008528.744-meters North latitude.

Kebribeyah is notable for hosting one of the longest-standing refugee camps in the region. The refugee camp was first established in 1989 to accommodate approximately 10,000 Somali refugees and returnees fleeing conflict and instability in neighbouring Somalia. Between 1997 and 2005, the United Nations High Commissioner for Refugees (UNHCR) closed most camps in the Somali Region; however, Kebribeyah camp remained operational due to continued refugee inflows and the absence of durable repatriation solutions¹⁴.

By the mid-2000s, the camp population had expanded significantly, reaching an estimated 16,000 to 17,000 individuals, primarily due to renewed displacement from south-central Somalia¹⁵. In 2007, around 4,000 refugees were relocated from Kebribeyah to Teferi Ber, where a previously closed camp was partially reopened to alleviate overcrowding¹⁶. As of April 30, 2025, the camp hosts an estimated 20,219 refugees¹⁷. This sustained presence of displaced populations has significantly shaped the town's spatial development dynamics, service delivery pressures, and socio-economic interactions between host and refugee communities.

¹³ Somali Regional State ten year Perspective development Plan (2012 – 2022 EFY)

¹⁴ <https://www.unhcr.org/media/pastoral-society-and-transnational-refugees-population-movements-somaliland-and-eastern>

¹⁵ <https://web.archive.org/web/20181020095151/http://www.irinnews.org/news/2007/02/08/asylum-seekers-living-rough>

¹⁶ <https://web.archive.org/web/20181020140703/http://www.irinnews.org/report/55179/ethiopia-unhcr-close-phasing-out-operations-east>

¹⁷ <https://data.unhcr.org/en/situations/horn/location/174>

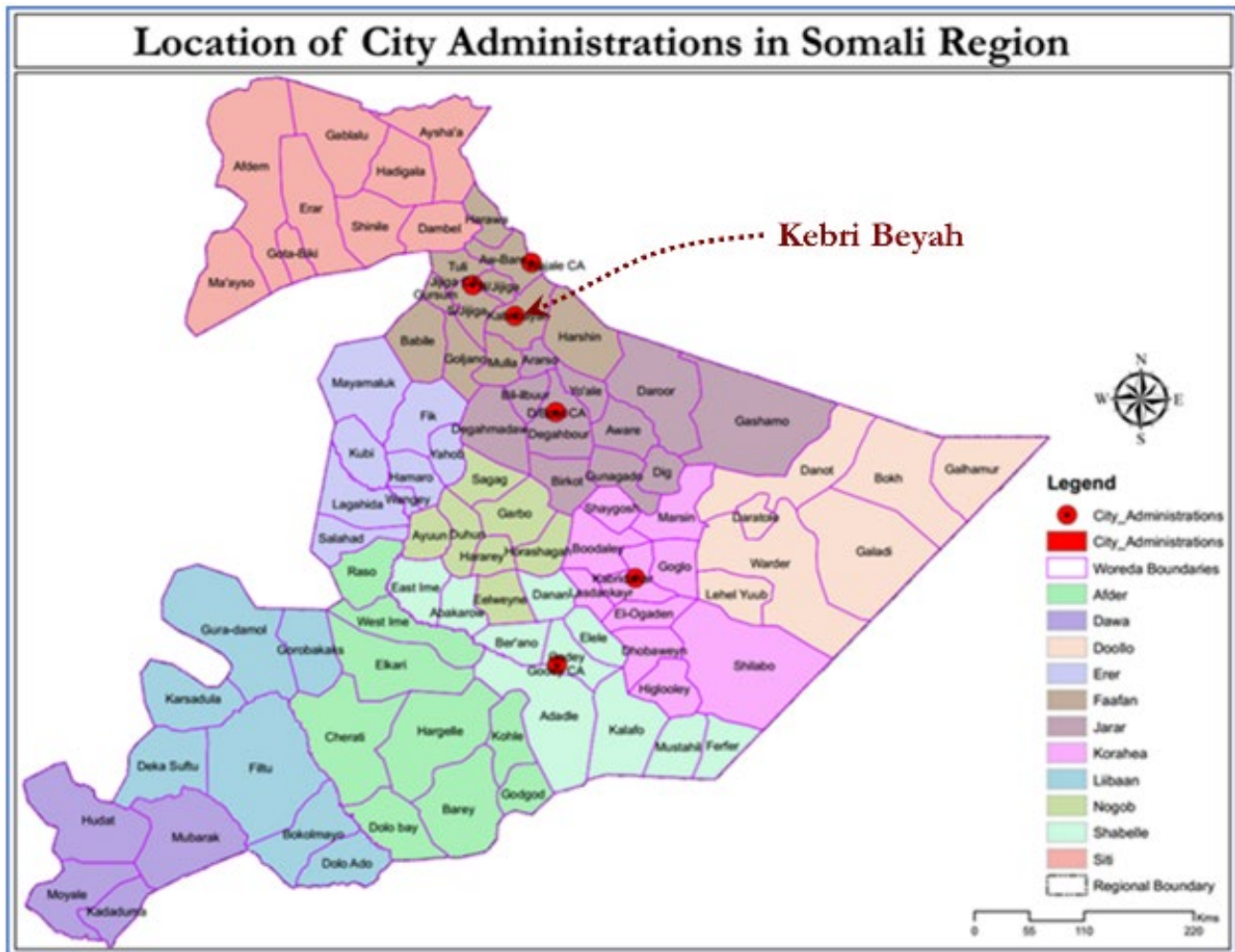


Figure 84: Location of City Administrations in Somali Region

6.1.2. Objectives

The broad intention of the consultancy service is to support inclusive, evidence-based urban planning and service delivery in Kebribeyah by generating comprehensive socio-economic, basic service, and spatial profiles of both refugee and host communities. Thus, the general objective of this specific study is to conduct a spatial profiling study of Kebribeyah City Administration that complements ongoing socio-economic and basic service assessments, with the aim of informing integrated development planning and the sustainable inclusion of refugees and host populations. The following are the specific objectives of this study:

- ➔ To review the existing master plan of Kebribeyah City Administration.
- ➔ To map and analyze existing infrastructure - such as education, food security, legal protection, livelihood and water supply facilities - using data from the facility assessment survey.
- ➔ To map of the existing and proposed road networks, identifying spatial gaps and opportunities for improved connectivity.
- ➔ To map the current land use patterns for both refugee and host communities, highlighting spatial integration and land pressure issues.
- ➔ To identify and propose sites for new housing projects or relocation areas.

6.1.3. Methodology

This study employed a mixed-methods approach, combining qualitative and quantitative techniques through two main components: a desk review of secondary data sources and a field visit for on-site observation and data collection. This approach ensured that the spatial profile of Kebribeyah is both evidence-based and contextually grounded.

The desk review involved the review of key planning documents and policy frameworks, including the existing master plan of Kebribeyah, the Somali Regional State Ten-Year Perspective Development Plan, the Somali Region Spatial Development Plan, and national refugee inclusion strategies such as the CRRF Roadmap. Relevant reports and assessments from government institutions and development partners were also consulted to establish a foundational understanding of the town's urban form, service delivery gaps, and institutional planning context.

Complementing the desk review, a field visit was conducted to collect geospatial and observational data. Field activities included direct observation and GPS-based mapping of infrastructure such as roads, public facilities, and housing areas. The study also assessed potential sites for housing relocation based on accessibility, environmental suitability, and service proximity. These field observations enriched the analysis by aligning spatial data with ground realities and stakeholder perspectives.

6.2. Review of the Existing Structure Plan

As part of the spatial profiling study, the consultant conducted a rapid evaluation of the existing structure plan of Kebribeyah City Administration. The primary objective of this review was to assess the relevance, implementation status, and impact of the structure plan on the city's development trajectory. The review aimed to understand the content and strategic intent of the plan, evaluate how well its proposals align with the current urban realities, and identify key factors that contributed to its successes or shortcomings. To achieve this, quick evaluation techniques were employed, including content analysis - focused on describing, reviewing, and summarizing the plan components - as well as comparative analysis to assess the consistency between proposed interventions and the actual developments observed on the ground. Findings from this review informed practical recommendations for taking inputs for future structure plan preparation and implementation in Kebribeyah.

6.2.1. Overview of Kebribeyah's Current Master Plan

The existing structure plan for Kebribeyah City Administration was prepared in 2011 by a team of professionals from Compass AEPED Consultancy Plc. The plan was developed in alignment with national urban planning standards during the plan preparation period and delivered primarily in GIS format, accompanied by a brief report. This report includes both regional and urban-level situational analyses, covering key thematic areas such as the city's historical context, physical characteristics, population dynamics, housing conditions, urban economy, municipal finance, land use, infrastructure, and transport and road networks. Based on these assessments, the planning team formulated strategic visions, concept plans, and detailed proposals to guide the city's development.

According to Ethiopia's Urban Planning Proclamation No. 574/2008, Article 10, a structure plan is legally valid for ten years from the date of its approval. In this context, Kebribeyah's structure plan officially expired in 2021. However, the city continues to operate based on this outdated planning framework, with no formal update or revision, in contradiction to national and regional planning regulations.

Recognizing the plan's expiration, experts from the Somali National Regional State Urban Development and Construction Office initiated an interim response by preparing a grid-based parcellation plan for Kebribeyah. However, this plan was developed without adhering to standard planning procedures, including stakeholder consultation, technical analysis, and formal approval processes. Furthermore, it lacks an accompanying narrative report or situational analysis, reducing it to a basic spatial layout in GIS format, primarily a block arrangement for peripheral areas rather than a complete and functional planning document. This highlights a critical gap in the city's urban planning framework, underscoring the urgent need for a comprehensive and legally compliant structure plan revision.

6.3. Evaluation of Key Components of the Structure Plan

6.3.1. Text Report

A comprehensive and well-structured text report is a critical component of any urban structure plan, serving as the primary reference for interpretation, implementation, and coordination among various sectoral institutions. However, the text report accompanying the existing structure plan of Kebribeyah City Administration is notably limited in scope and depth. It falls short of the standard required to guide effective urban development and service delivery across all sectors.

One of the significant omissions in the report is the absence of any discussion or integration of the Kebribeyah refugee camp - despite its long-standing presence and substantial impact on the town's spatial, social, and economic dynamics. The lack of consideration for the refugee population undermines the plan's relevance and applicability in the local context, particularly in a city where host-refugee integration is essential for sustainable development.

Furthermore, the brevity of the report compromises its utility as a tool for implementation. A structure plan's text report is expected to provide detailed guidance on planning principles, regulatory frameworks, implementation strategies, and sectoral coordination. In this case, critical components such as building height regulations, zoning codes, setback requirements, Building Area Ratio (BAR), Floor Area Ratio (FAR), and land grading classifications are missing. The absence of these essential regulatory elements renders the plan incomplete and limits its effectiveness in directing orderly urban growth and land use management.

Therefore, the existing structure plan's text report lacks the comprehensiveness, technical detail, and contextual relevance necessary for effective implementation, particularly in light of Kebribeyah's unique urban dynamics and the presence of a significant refugee population.

6.3.2. Land Use Plan

The current land use plan for Kebribeyah City Administration was prepared in 2011 G.C., and after more than a decade, it is significantly outdated and in need of immediate revision. The implementation of the plan has been largely unsuccessful, with several key components either neglected or developed contrary to the original proposals. This disparity between the planned and actual land use highlights critical gaps in enforcement, stakeholder engagement, and coordination.

The following examples illustrate the divergence between the proposed land use and the existing conditions on the ground:



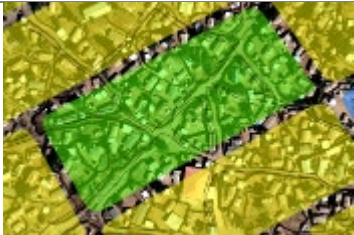
| SN | Land Use Type | Implementation Status | Map (Partial View) |
|----|----------------------------|--|---|
| 1 | Industrial Land Use | The designated industrial zones have not been developed for their intended purpose. Instead, these areas have been informally occupied by residential settlements. |  |
| 2 | Social Service | Land allocated for public services, such as schools or health centers, has also been taken over by residential developments, undermining access to essential services. |  |
| 3 | Recreation and Environment | Areas earmarked for recreational facilities and green spaces have similarly been encroached upon by housing, reducing the availability of public open space and impacting environmental quality. |  |

Figure 85: Land use plan

This mismatch between planning and implementation over the past 14 years underscores the lack of effective governance mechanisms and community involvement. Moving forward, it is essential that the city administration adopts a more inclusive planning approach by actively involving key stakeholders - such as local communities, sectoral institutions, and development partners - in both the revision and implementation of the land use plan. Doing so will enhance ownership, improve compliance, and support the sustainable and equitable development of Kebribeyah.

6.3.3. Road Network Proposal

The road network proposal was one of the major components of the 2011 structure plan for Kebribeyah City Administration. Similar to the land use plan, the proposed road infrastructure has not been realized as envisioned. The structure plan identified a strategic road hierarchy, including a peripheral ring road and a network of local roads aimed at improving connectivity, supporting urban mobility, and guiding orderly urban expansion.

However, field observations and comparative analysis between the proposed plan and the current on-ground conditions reveal significant discrepancies and gaps in implementation. The following table summarizes key deficiencies:

| SN | Land Use Type | Implementation Status | Map (Partial View) |
|----|---------------|--|---|
| 1 | Ring Road | The proposed ring road, particularly in the southwestern part of the city, has not been implemented. |  |
| 2 | Local Roads | Many of the planned local roads across different parts of the city remain unconstructed. In several areas, there is a clear mismatch between the planned road alignments and the existing physical development patterns. |  |

Figure 86: Road network proposal

These findings point to broader challenges related to urban governance, enforcement, capacity constraints, and possible informal land occupation that hinder infrastructure implementation. The failure to implement the proposed road network has significant implications for urban accessibility, traffic management, emergency response, land development regulation, and overall city functionality.

The evaluation clearly indicates that the road network proposals outlined in the 2011 structure plan have not been effectively translated into physical infrastructure. This lack of implementation undermines the city's spatial efficiency and limits opportunities for planned urban growth. Moving forward, any future planning efforts must incorporate realistic phasing strategies, ensure alignment with existing settlement patterns, and involve relevant stakeholders - including municipal engineers, land management officers, and the local community - to support the sustainable development of a well-connected urban road system.

Moreover, the Kebribeyah City Administration is currently utilizing an alternative land use and road network plan that was prepared by experts from the Somali Regional State Urban Development and Construction Office. However, this plan is primarily a parcellation layout and lacks a corresponding text report that outlines the planning rationale, supporting analysis, or implementation framework. Furthermore, it was developed outside the formal procedures required for urban plan

preparation and approval, as stipulated by national and regional planning regulations. Given the absence of proper documentation, legal endorsement, and methodological rigor, this plan cannot be considered a valid or comprehensive planning document. Therefore, it falls outside the scope of this evaluation.

6.4. Road Network Analysis and Mapping (Excising Vs Proposal)

As part of this spatial profiling study, the existing road network of Kebribeyah City Administration was analyzed through a combination of desk review of archived planning documents and field-based observation and mapping using GPS and geospatial tools. The objective was to assess the current conditions of road infrastructure in relation to the proposed road network outlined in the 2011 structure plan, and to evaluate its adequacy, connectivity, and functionality.

The analysis revealed that the existing road network has largely evolved in an unplanned and organic manner, deviating significantly from the structured and hierarchical network proposed in the earlier master plan. The roads lack coherent spatial organization, with many key segments either partially constructed or entirely unimplemented. As a result, the current layout fails to meet the basic criteria of connectivity, accessibility, and integration with the overall urban form.

A key concern is the limited linkage between Kebribeyah's central urban core and the adjacent refugee camp. There is a notable absence of well-defined and properly constructed arterial and collector roads that connect the refugee settlement with major service areas and administrative centers. This disconnection limits mobility, economic interaction, and service delivery between the host and refugee communities.

Furthermore, the planned road extensions toward the military camp remain largely unrealized. The roads in and around this area exhibit irregular alignments and poor connectivity, which undermines spatial integration and efficient land utilization. Peripheral areas of the city are particularly underserved by the existing road network, lacking sufficient connections to central parts of the town.

Additionally, the road network does not exhibit a functional hierarchy. There is an absence of clear differentiation between primary, secondary, and tertiary roads, which complicates traffic flow, zoning enforcement, and urban infrastructure planning.

Another significant challenge is that the majority of roads in Kebribeyah remain unpaved. This greatly affects mobility during the rainy season, when poor drainage and muddy conditions obstruct the movement of people, goods, and vehicles, further impeding socio-economic activities and emergency response capabilities.

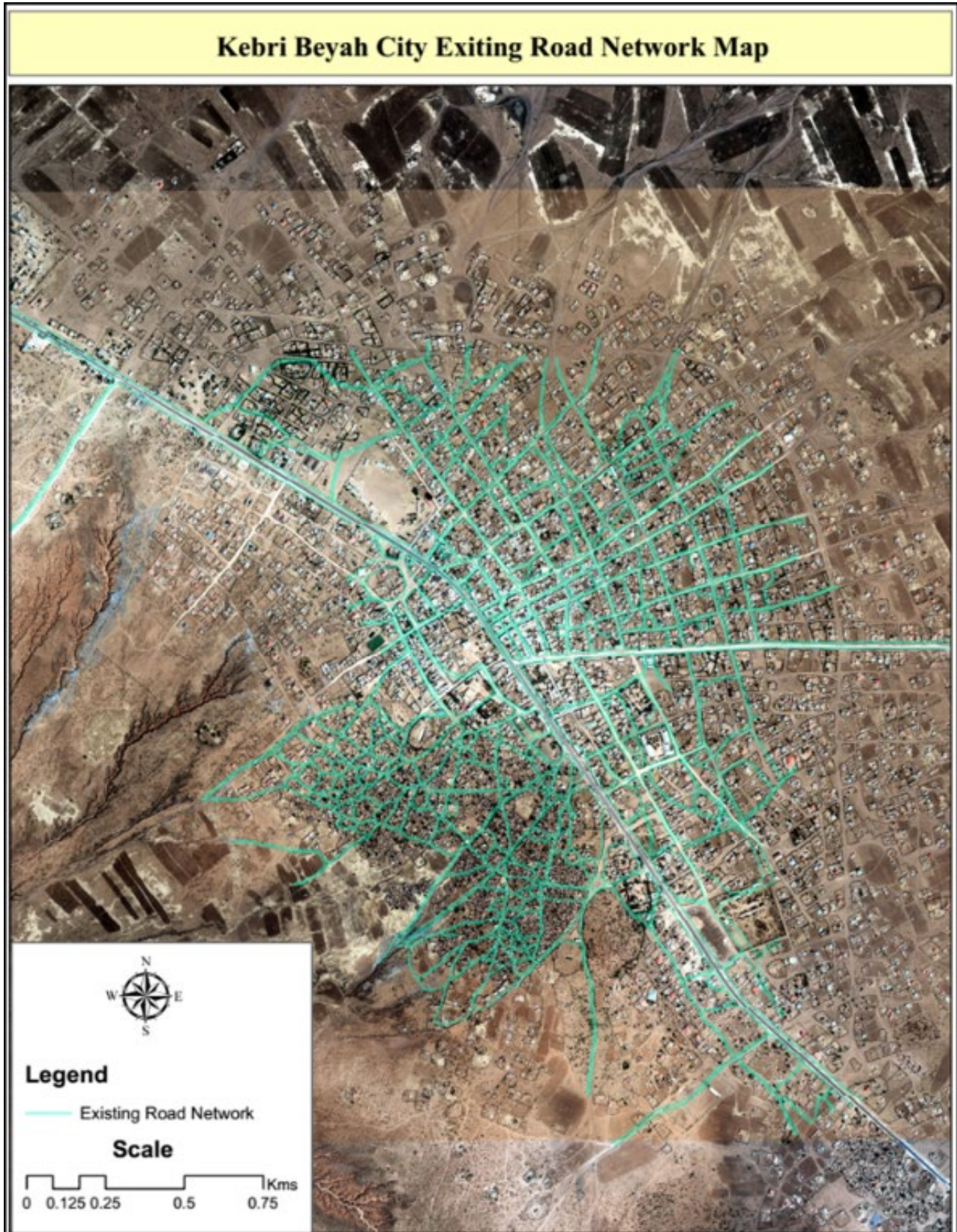


Figure 87: Existing Road Network Map

Kebri Beyah City Proposed Road Network Map



Figure 88: Proposed Road Network Map

The current road network in Kebribeyah City Administration is characterized by low implementation of planned routes, poor connectivity - particularly between the host town and refugee camp - and a lack of road hierarchy and surfacing. These deficiencies not only hinder movement and accessibility but also reflect broader challenges in urban governance and infrastructure planning. Addressing these issues will require a comprehensive and participatory road network planning effort, backed by adequate resources and institutional coordination to ensure that future developments promote integration, connectivity, and resilience.

6.5. Land Use Mapping (Existing Vs Proposal)

As part of the spatial profiling of Kebribeyah, a comprehensive assessment of land use was conducted through field visits and a review of secondary data sources, including the 2011 structure plan and subsequent informal planning documents. The aim was to evaluate the alignment between the planned land use proposals and the actual land use practices on the ground.

The analysis reveals significant deviations between the proposed land use plan and the existing spatial development. Notably, several land use functions proposed in the original structure plan—such as designated areas for industrial activity, social services, green spaces, and recreational zones—have not been implemented. In many instances, land allocated for these purposes has been informally occupied by residential developments, often without adherence to zoning regulations or planning standards.

A major issue identified in the analysis is the lack of integration between the refugee camp and the host town in terms of spatial development. The two areas function as distinct and disconnected urban entities, with minimal coordination in land use planning. This spatial segregation has resulted in fragmented service delivery, inefficient land utilization, and limited opportunities for socio-economic interaction between refugee and host communities.

Moreover, the existing land use pattern is characterized by a noticeable absence of critical social infrastructure such as adequately located schools, healthcare facilities, public institutions, and green or open spaces. There is also a limited presence of industrial and small-scale enterprise zones, which are essential for stimulating local employment and economic diversification. This shortfall contributes to persistent unemployment and underemployment among both host and refugee populations.

The current pattern of land use reflects not only the challenges of implementation but also the lack of strategic planning updates since the expiration of the 2011 structure plan. The uncoordinated developments observed during the field visit underscore the urgent need for a revised and enforceable land use plan that promotes inclusive, integrated, and sustainable urban development.

Kebri Beyah City Existing Land Use Map

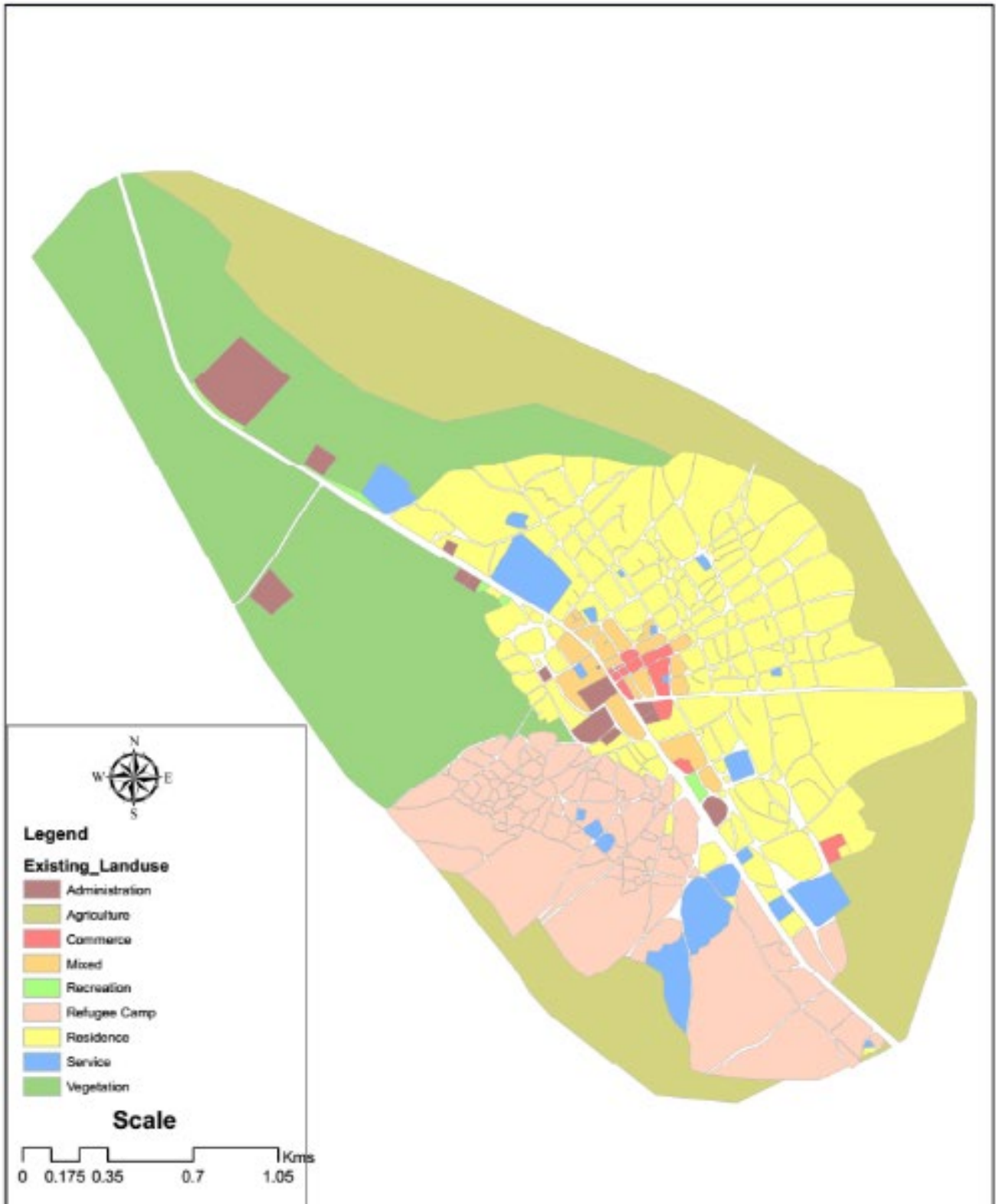


Figure 89: Kebribeyah City Existing Land Use Map

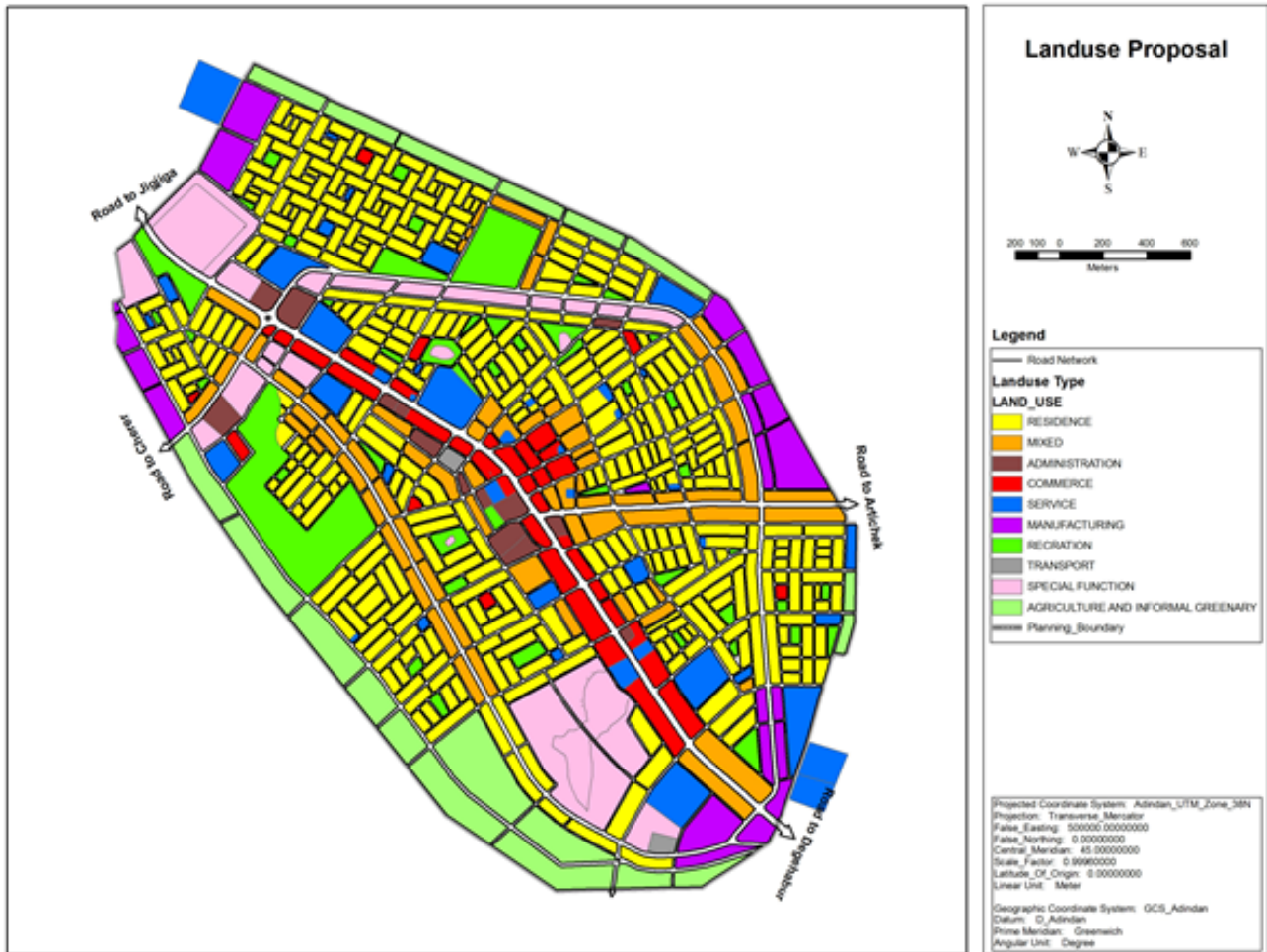


Figure 90: Kebribeyah City Proposed Land Use Map

The land use situation in Kebribeyah is marked by unimplemented proposals, spatial fragmentation, and inadequate provision of social and economic infrastructure. The disconnection between the refugee camp and the host town in planning and development further exacerbates urban inefficiencies and inequalities. To address these issues, a revised land use plan must be formulated through a participatory process that integrates the needs of all stakeholders - especially the refugee and host communities - while ensuring compatibility, inclusiveness, and alignment with long-term urban development goals.

6.6. Housing Relocation Mapping

As part of the spatial profiling and urban development planning for Kebribeyah, a housing relocation site has been proposed on the southwestern periphery of the city, adjacent to the refugee camp and in proximity to the proposed ring road. This location was selected based on both strategic spatial planning considerations and the need to promote integration between host and refugee communities while addressing the residential houses that will be demolished during road network implementation.

Kebri Beyah City Adminsitration Housing Relocation Location Map

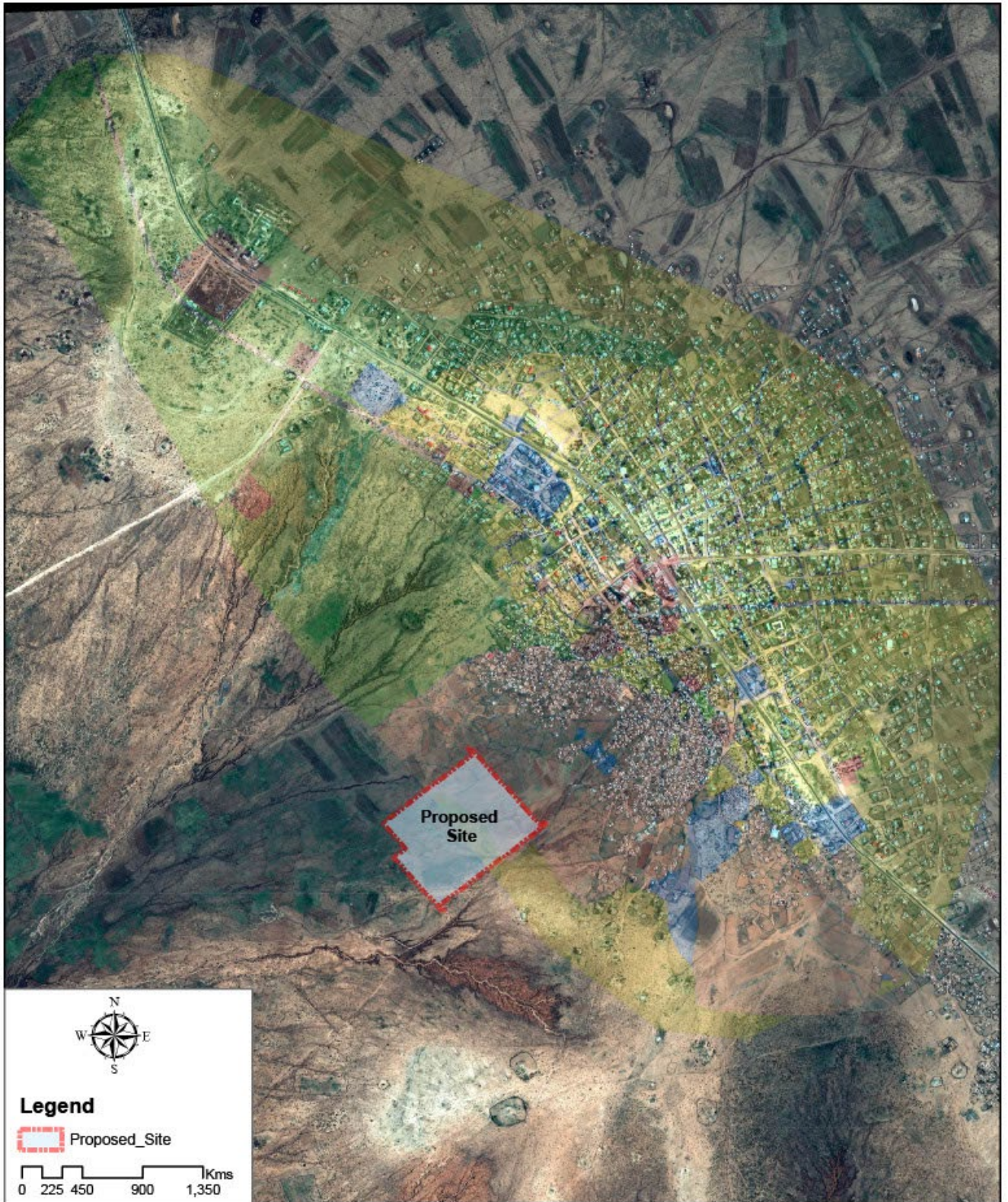


Figure 91: Selected Site for Housing Relocation

The site selection process was guided by several key parameters: accessibility to major roads and public infrastructure, proximity to social services, topographic suitability, minimal environmental risk, and potential for integrated development. The site's location near the proposed ring road ensures ease of connectivity and future transport access, which is critical for economic mobility and service delivery. Its closeness to the refugee camp also aligns with inclusive planning objectives by enabling the co-location of services and fostering greater social cohesion between communities.

Furthermore, the site is characterized by relatively flat terrain, which supports efficient subdivision into 220 standard plots measuring 20x24 meters (480 m² each), with the capacity to accommodate four households per plot. This makes it suitable for phased, scalable development and facilitates the introduction of complementary infrastructure such as access roads, drainage, and utilities.

6.6.1. Available Open Space within the Refugee Camp

To assess spatial opportunities and constraints within both the host community and the refugee camp, this section provides a detailed evaluation of the available open space within the Kebribeyah refugee camp. Understanding the extent, distribution, and suitability of undeveloped or open spaces is critical for informing future interventions, including green infrastructure development, livelihood opportunities, and integration with the surrounding urban fabric.

Based on spatial analysis conducted using archived aerial image and corroborated by field observations, a total of 14.6 hectares of open or undeveloped land has been identified within the refugee camp boundary. Of this, approximately 10.01 hectares is located along the southern and western peripheries of the camp. These peripheral areas are characterized by moderately rugged terrain, which limits their immediate usability for conventional urban development but offers strong potential for green development interventions such as urban agriculture, afforestation, or environmental conservation projects. The largest single continuous plot within this zone measures about 2.9 hectares, which may allow for scalable green initiatives aligned with sustainable development goals and refugee-host community integration.

Within the built-up core of the refugee settlement, an additional 4.55 hectares of open space exists, dispersed in smaller patches across the neighbourhoods. These inner open spaces are more accessible and can be utilized for community-scale amenities such as playgrounds, pocket parks, communal gathering spaces, or infrastructure extensions to support health, education, or sanitation services. The largest individual plot within this inner zone measures 1.1 hectares.

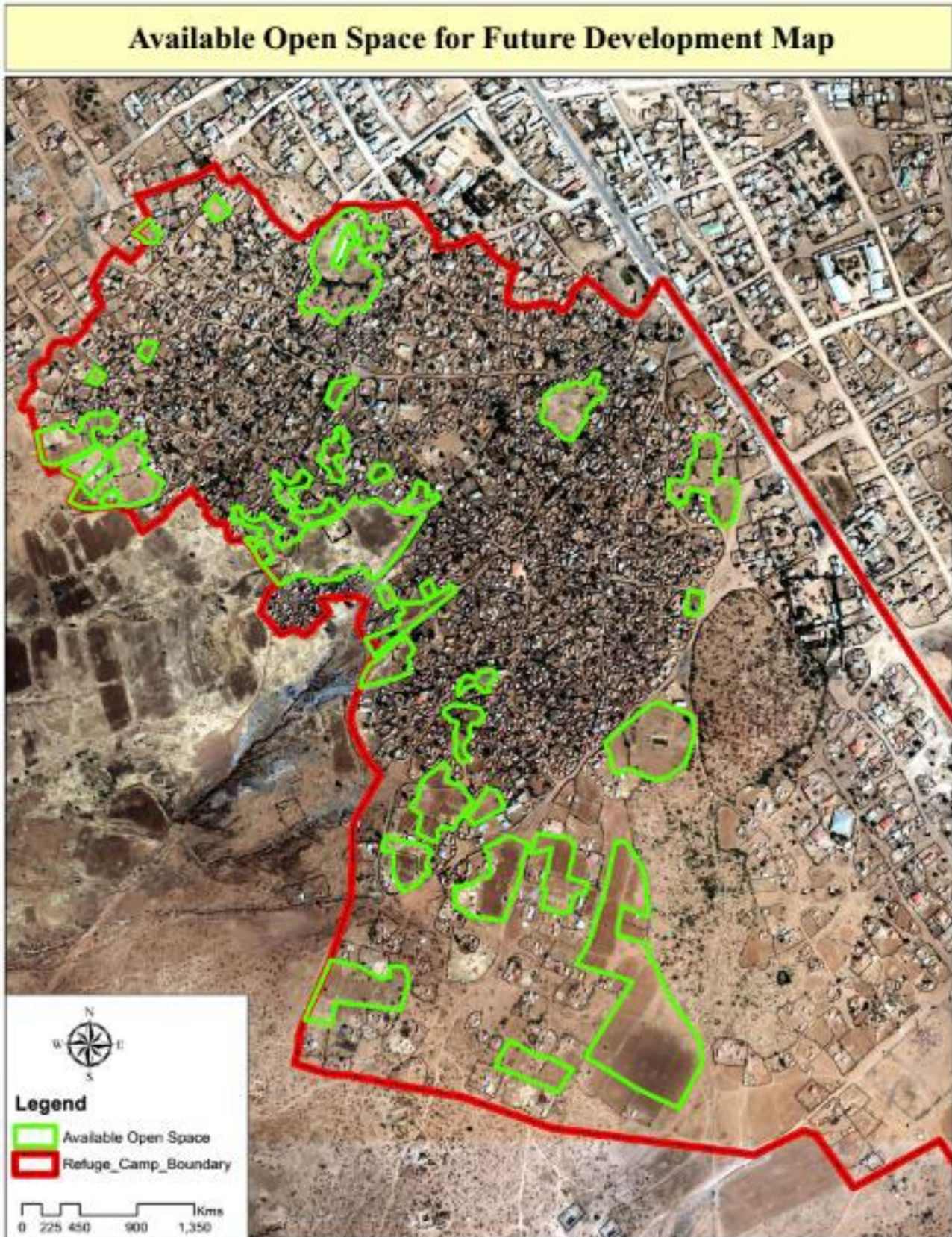


Figure 92: Available Undeveloped Area within the Refugee Camp

It is essential to note that the current assessment is based on archived aerial photography collected approximately two years ago. While this provides a useful baseline for planning, land use dynamics may have changed over time. Therefore, as part of the forthcoming structure plan revision process, it is highly recommended to undertake a detailed field survey and ground verification. This will ensure accurate and current data to guide the formulation of realistic and context-sensitive spatial development proposals.

Therefore, the presence of significant open space within the refugee camp offers a valuable opportunity for integrated spatial planning that addresses both environmental sustainability and the socio-economic needs of displaced and host populations. Inclusive and climate-resilient planning can be operationalized by strategically leveraging these open spaces to support green livelihoods, improve living conditions, and strengthen urban-rural linkages in Kebribeyah.

6.6.2. Affected Building Structures by the Proposed Structure Plan Road

As part of the spatial analysis for the structure plan of Kebribeyah, a comprehensive assessment was undertaken to identify the extent to which existing building structures or households within the refugee camp would be impacted by the proposed road network. The analysis revealed that a total of 909 building structures fall within the influence zone of the planned road alignments. These affected structures were further categorized into fully affected and partially affected units based on the degree of impact.

Out of the total, 321 structures are fully affected, meaning they fall entirely within the proposed right-of-way and would require complete demolition to accommodate the road infrastructure. A closer review of these fully affected structures indicated that 46 units have a floor area of less than 8 square meters. These small structures are most likely to be non-residential units such as kitchens, toilets, or storage spaces. Excluding these, the remaining 275 fully affected structures are assumed to be residential units, likely accommodating households that would need to be entirely relocated.

In addition, 588 structures are partially affected, indicating that only a portion of the building overlaps with the proposed road alignment. Among these, 30 units are also below the 8 square meter threshold and are therefore unlikely to be residential. This leaves 558 structures that are partially affected and may serve as dwelling units. Based on field observations and spatial logic, approximately 50% of these partially affected units (279 structures) are expected to require relocation. This is because partial demolitions may render buildings uninhabitable or violate legal and spatial standards. In some cases, the impacted portion may be essential to the structural integrity of the building or may fall within a plot that is already marked for full acquisition. The remaining 279 partially affected structures are likely to remain on-site, as the damage is minimal or can be managed through in-plot reconstruction.

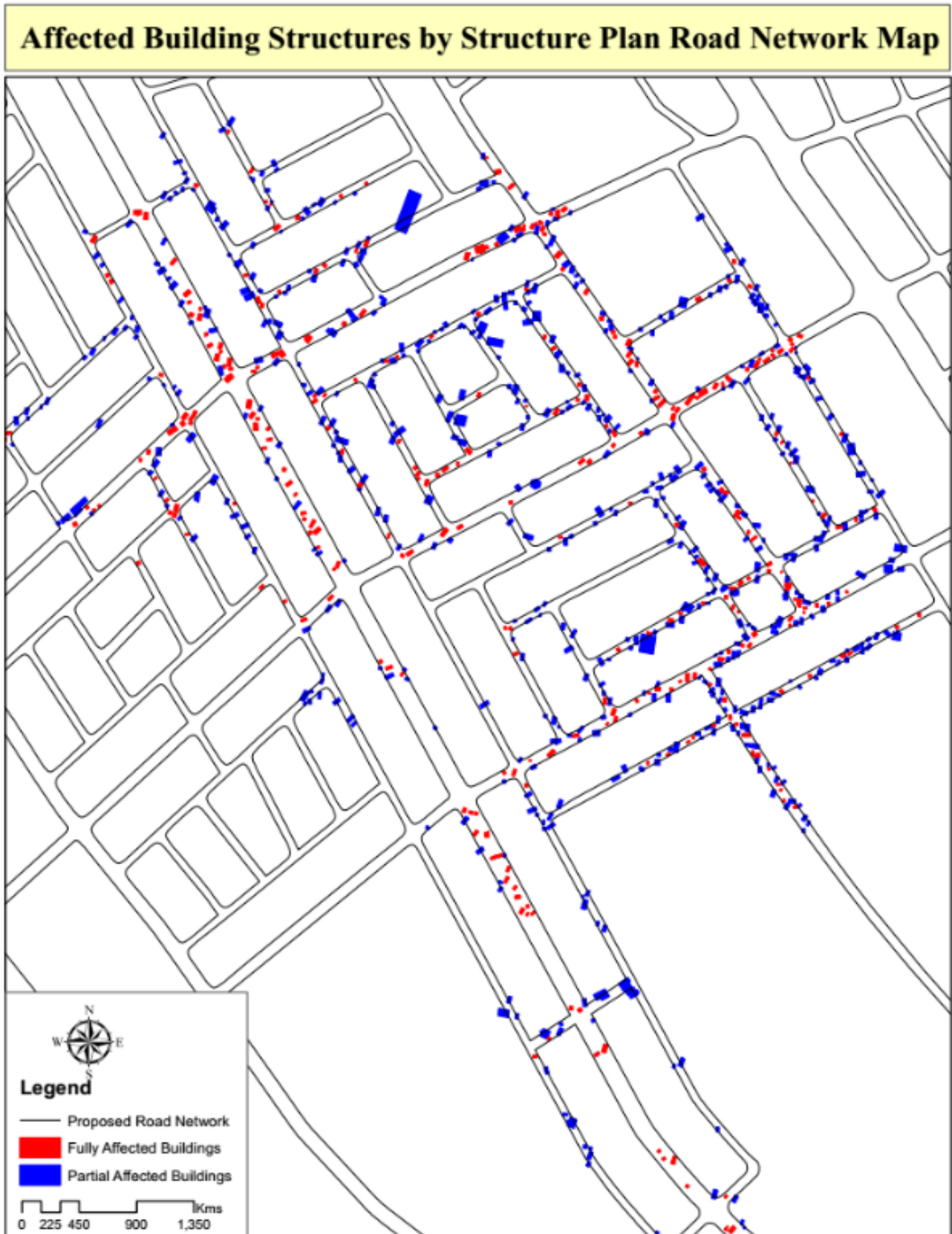


Figure 93: Partially and Fully Affected Building Units by the structure plan road

Based on this analysis, it is estimated that a total of **554 residential households** will require relocation due to the proposed road infrastructure - 275 from fully affected units and 279 from partially affected ones.

In order to minimize displacement and reduce the number of affected households, it is strongly recommended that the road alignment proposed in the structure plan be refined during the preparation of the Neighbourhood Development Plan (NDP). According to Urban Planning Proclamation No. 574/2008, structure plans are conceptual frameworks and do not serve as legally implementable tools on their own. The law mandates the preparation of detailed local development plans such as NDPs as the basis for implementation.

The NDP phase should involve detailed topographic surveys, ground truthing, and plot-level verification to ensure that road alignments can be adjusted in a manner that preserves as many existing residential structures as possible while still achieving the desired urban connectivity. Opportunities such as shifting road alignments, adjusting right-of-way widths, or utilizing existing access paths should be explored to align with the built environment and reduce the number of demolitions.

6.6.3. Housing Relocation Land Use Proposal

A comprehensive land use plan has been proposed for the designated housing relocation site on the southwestern outskirts of Kebribeyah. The primary objective of this land use plan is to ensure that the relocated households are not only provided with adequate residential space but are also integrated into a well-structured and sustainable urban environment that meets their social, economic, and environmental needs.

The site is primarily allocated for residential development, with standard plot sizes of 20x24 meters designed to accommodate four households per plot. However, the land use proposal goes beyond housing provision by incorporating essential community services and facilities to foster a liveable and inclusive neighbourhood. Key public amenities have been systematically included, such as an education facility (kindergarten) to serve young children, a religious institution (mosque) to address the spiritual needs of the community, and a *kebele* administration office to ensure accessible local governance and administrative support.

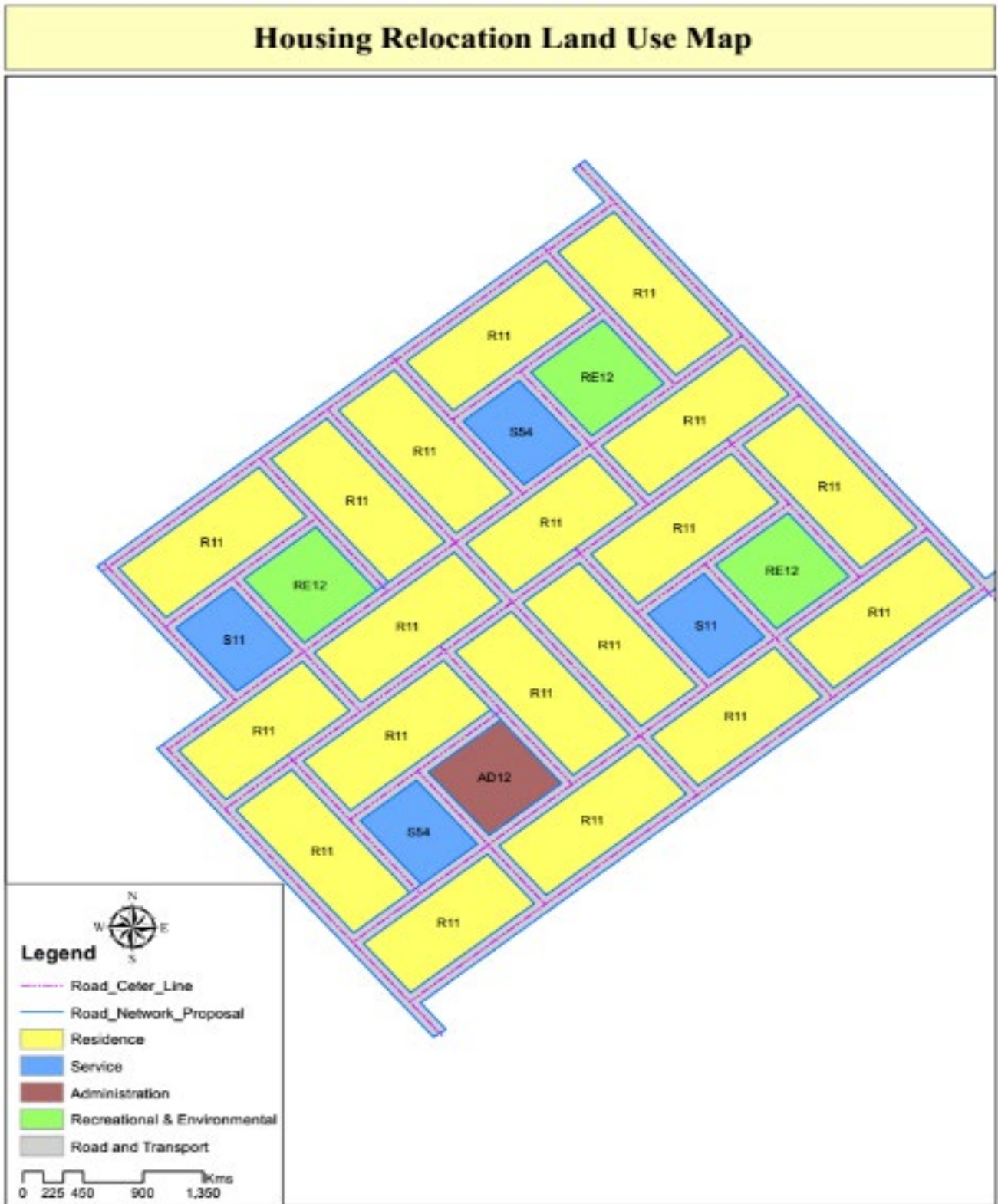


Figure 94: Housing Relocation Land Use Proposal Map

Additionally, open spaces and recreational areas have been allocated to promote environmental well-being, community interaction, and healthy lifestyles. These playgrounds and green spaces are strategically placed to be within a walkable distance from all residential units, ensuring equitable access for all residents.

The planning approach is rooted in the principles of integrated neighbourhood development, aiming to balance spatial efficiency with social inclusiveness and environmental sustainability.

6.6.4. Housing Relocation Road Network Proposal

A carefully planned road network has been proposed to serve the housing relocation site in the southwestern periphery of Kebribeyah. The road layout is designed to ensure seamless connectivity between the relocation site, the host community, and the adjacent refugee camp. Strategically located near the proposed ring road, the site benefits from high accessibility to and from all major parts of the city, enhancing its integration into the broader urban fabric.

The design of the internal road network is guided by national and regional urban planning standards. The layout includes a hierarchy of local roads that provide both vehicular and pedestrian access to residential plots and public amenities. The standard road width of 10 meters is adopted to accommodate expected traffic volumes, allow for safe circulation of vehicles and pedestrians, and provide sufficient space for utilities and drainage infrastructure.

In addition to road width, the block configuration is developed with a focus on accessibility, permeability, and walkability. Block depths are uniformly planned at 48 meters, while block lengths range between 100 and 120 meters, excluding plots allocated for public services and open spaces. This compact and well-structured design enhances urban efficiency, supports public safety, and promotes ease of movement within the neighbourhood.

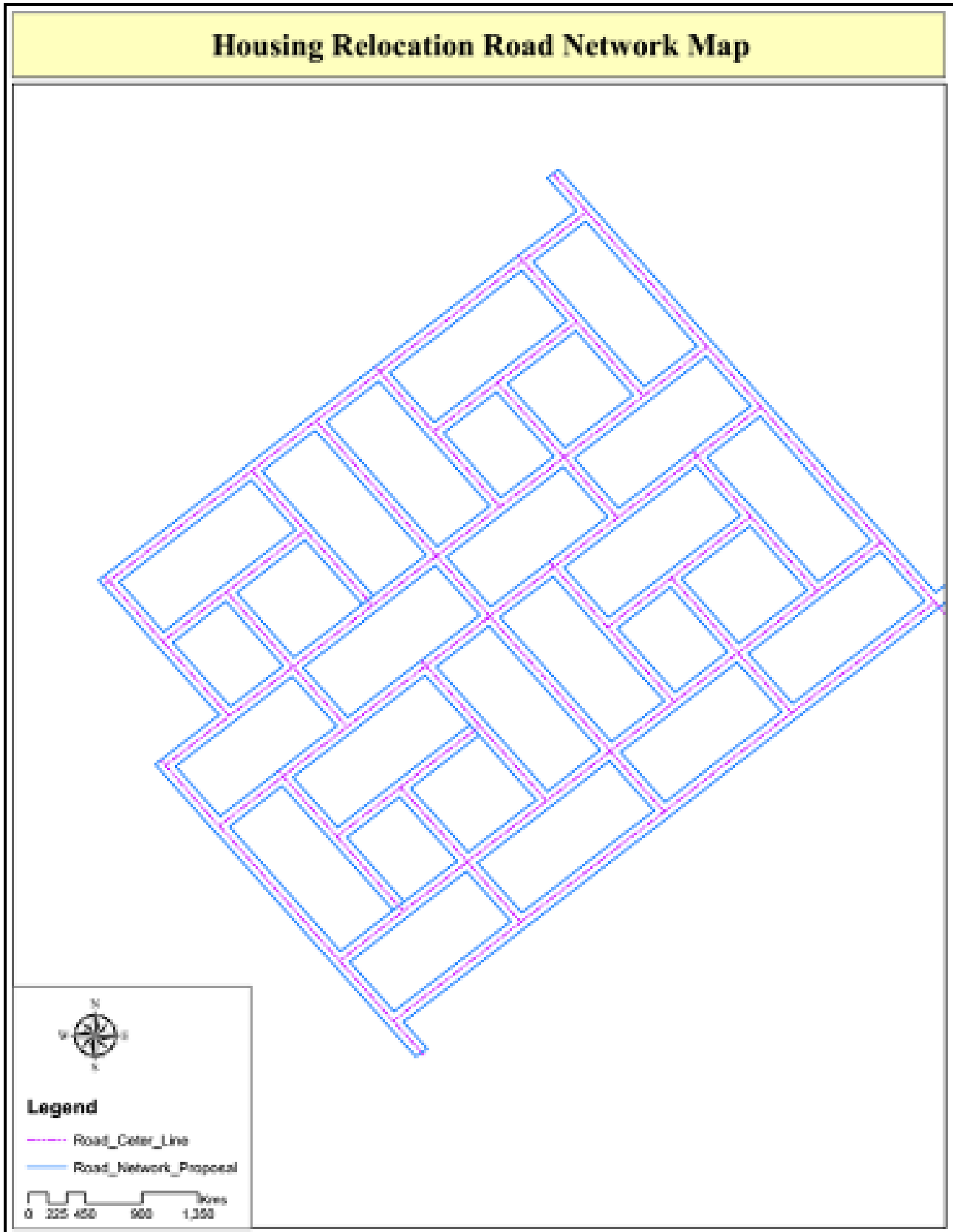


Figure 95: Housing Relocation Road Network Proposal Map

Therefore, the road network proposal is an integral component of the housing relocation strategy, ensuring physical connectivity, urban functionality, and long-term sustainability in line with the local development needs.

6.6.5. Housing Relocation Sample Parcellation

To facilitate smooth implementation and ensure clarity for planners, decision-makers, and local practitioners, a sample parcellation layout has been developed for the proposed housing relocation site. This layout translates the broader land use and road network plans into clearly defined, modular land parcels that align with the urban design standards and local demand.

As a practical demonstration, one segment of the neighbourhood has been subdivided into individual residential plots, each measuring 20 meters by 24 meters (480 square meters). This parcel size has been selected to comfortably accommodate four households per plot, ensuring adequate living space while supporting efficient land use. The parcellation respects block dimensions and the road hierarchy, allowing for orderly development and optimal use of infrastructure.

In total, 220 residential plots have been allocated within the planned relocation site. These are complemented by strategically integrated public amenities such as education facilities, religious institutions, administrative offices, and recreational spaces. The modular design approach makes the layout highly replicable and scalable, which is essential for phased development and future expansions.

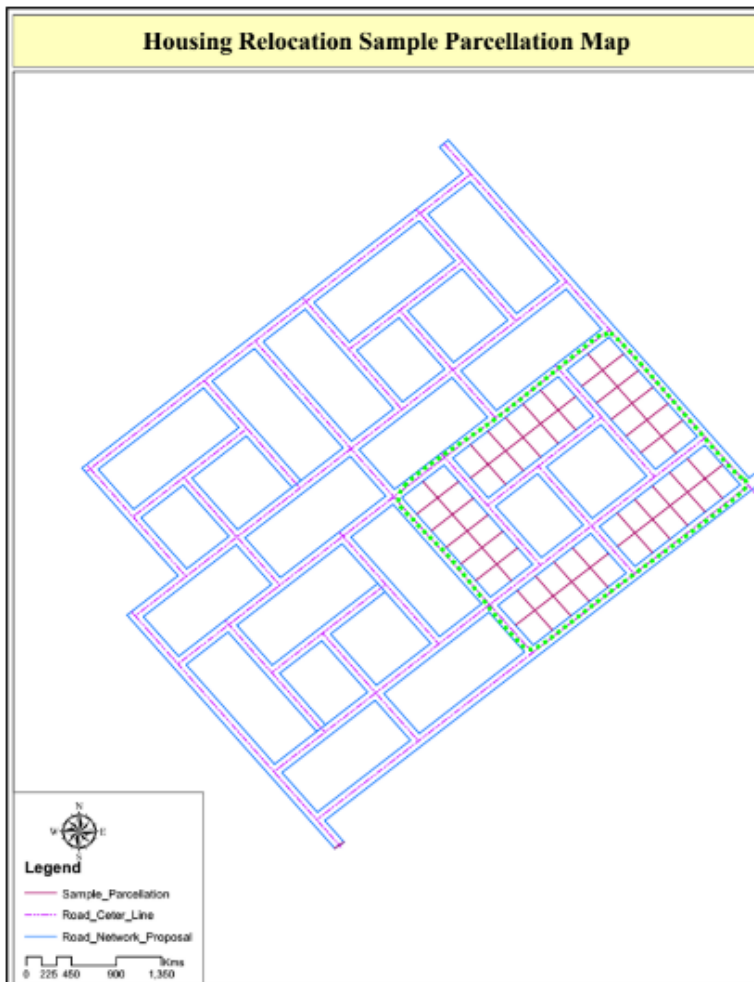


Figure 96: Housing Relocation Sample Parcellation Plan

By adopting a systematic parcellation framework, the proposal not only enhances the ease of implementation but also supports equitable access to services, promotes orderly urban growth, and aligns with the objectives outlined in the Terms of Reference (ToR). The approach ensures that the new neighbourhood fosters social cohesion, economic opportunity, and environmental sustainability.

As illustrated in the accompanying map, the proposed housing relocation site has been carefully organized to optimize land use while ensuring a functional and accessible neighbourhood layout. The plot distribution has been planned with precision to accommodate the required number of residential units while allowing sufficient space for essential public services and amenities.

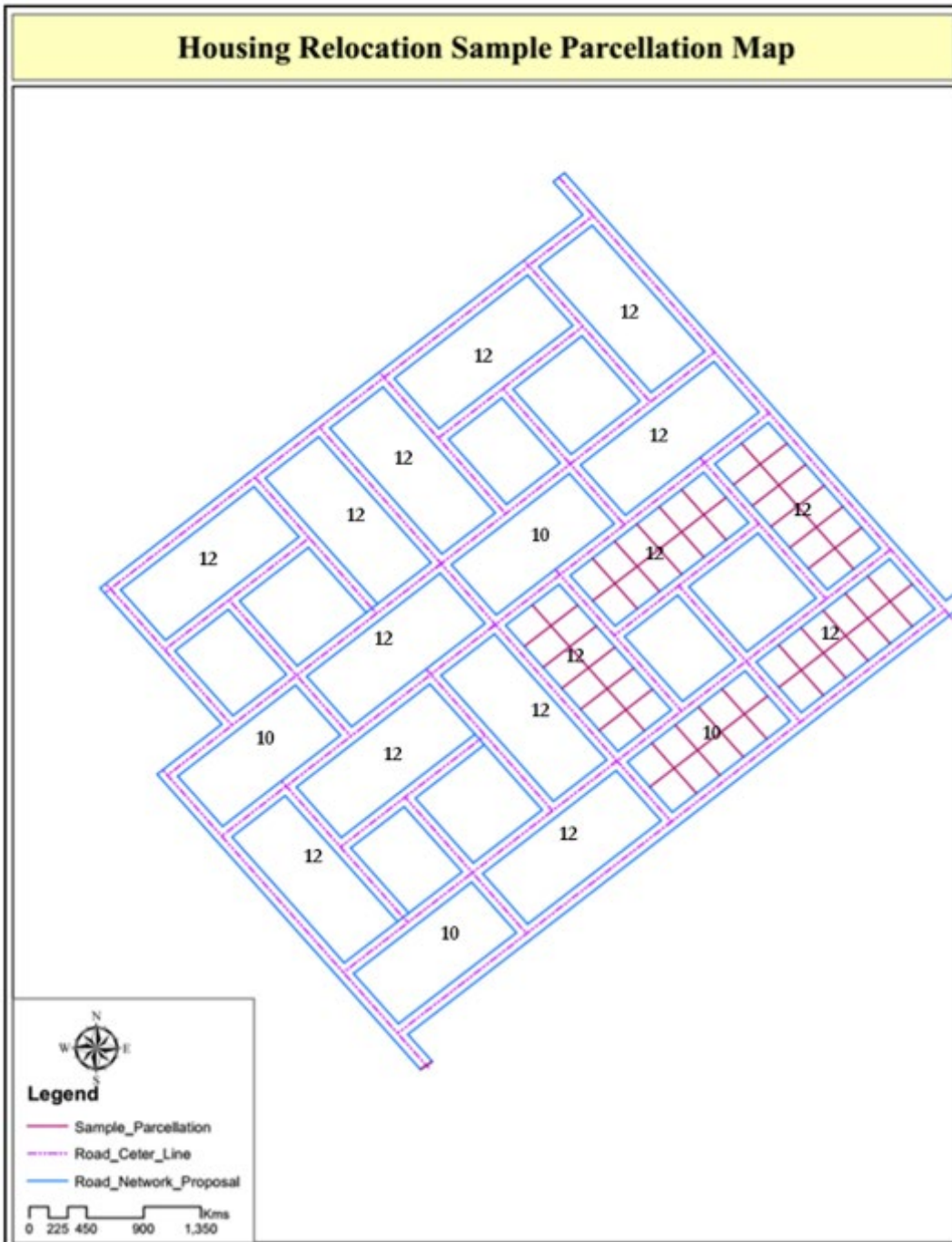


Figure 97: Planned Plots in the Housing Relocation Area

Specifically, the layout comprises a total of 15 residential blocks, each of which accommodates 12 plots - arranged as six plots on either side of the access road running through the center of the block. In addition to these, four blocks have been designated to accommodate 10 plots each, with five plots on each side. This configuration results in a total of 220 residential plots within the planned neighbourhood.

Beyond residential allocations, the layout also reserves adequate land for public amenities, including educational and religious institutions, administrative offices, open recreational spaces, and supporting infrastructure. This integrated planning approach ensures that the relocated households will benefit from a well-structured and liable environment that meets both current and future community needs.

The organized block and plot design, paired with thoughtful spatial distribution of public services, aligns with sustainable urban development principles and fulfils the requirements of the national and regional standard.

6.7. Social Service Mapping

As part of the broader spatial profiling and urban assessment of Kebribeyah, this section focuses on mapping and analyzing existing social service infrastructure to evaluate accessibility, adequacy, and spatial distribution across the city administration. The mapping and analysis targets key sectors critical to both refugee and host communities, including education, food security, legal protection, livelihoods, and water supply systems. Data used in this assessment were primarily drawn from the facility assessment survey and validated through field observations and geospatial mapping tools.

This mapping exercise is essential in identifying disparities in service provision, spatial mismatches between service locations and population centers, and gaps that hinder equitable access - particularly for vulnerable groups such as refugees. Furthermore, the findings will serve as a foundation for developing strategic recommendations to improve infrastructure planning and promote integrated service delivery. By aligning this spatial assessment with regional development policies and inclusive planning approaches, the study supports the design of responsive, resilient, and sustainable urban interventions that enhance the living conditions of all residents in Kebribeyah.

6.7.1. Education Facilities

Education is a foundational pillar for social progress, economic development, and long-term resilience in any urban context. It plays a particularly critical role in areas like Kebribeyah, where both host and refugee communities coexist and rely on public infrastructure to meet basic developmental needs. The mapping and analysis of education facilities in this study focus on identifying the location, type, and accessibility of schools across both the host city and the refugee camp.

The spatial data collected and assessed reveal that existing educational infrastructure in Kebribeyah primarily consists of primary and secondary schools, with facilities serving both the host population and the refugee community. However, the distribution of these facilities is uneven, and there are spatial gaps that may limit access, particularly in peripheral areas and rapidly growing neighbourhoods. Furthermore, the proximity between educational facilities and residential clusters - especially within refugee settlements - needs improvement to ensure walkability and ease of access for school-aged children.

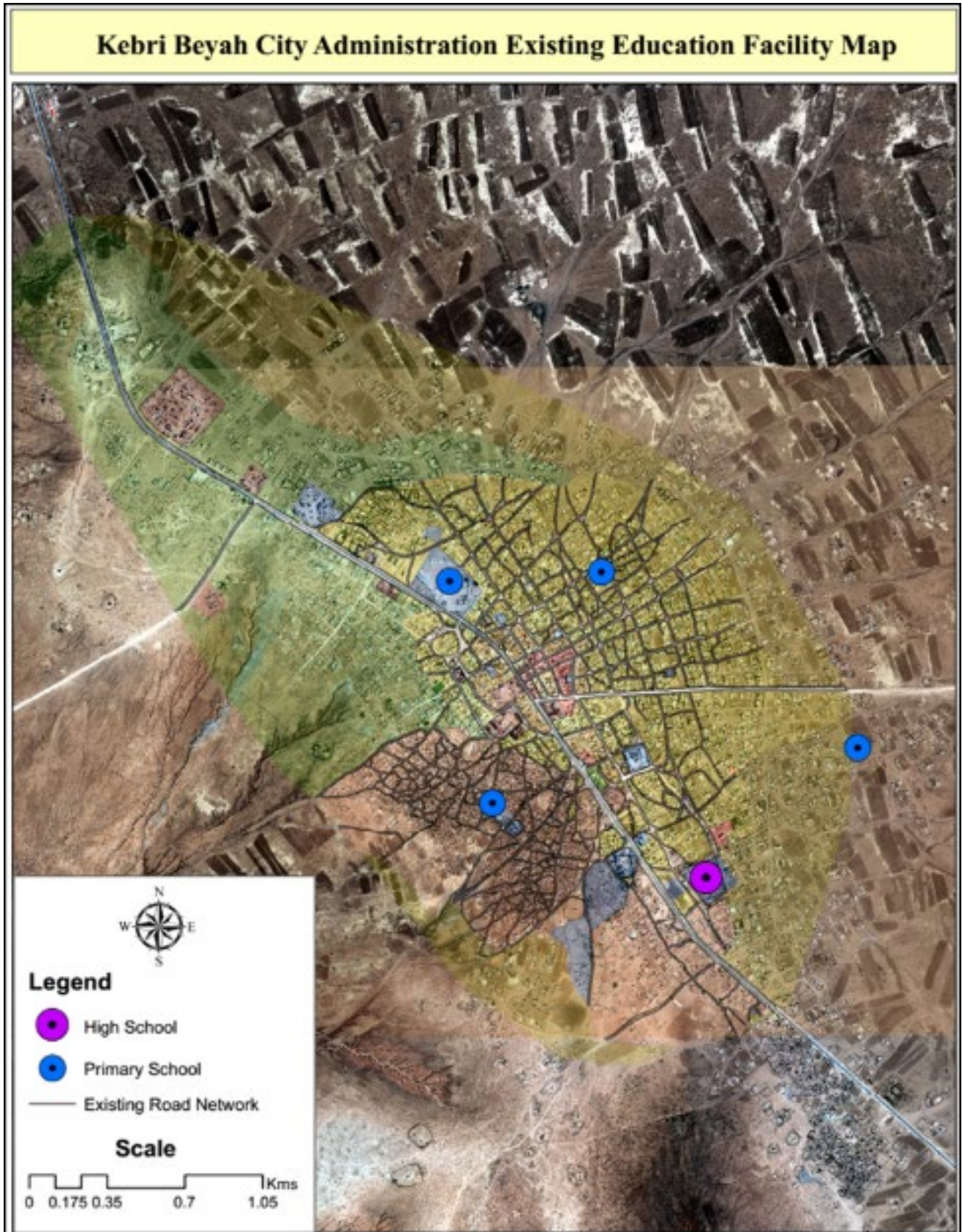


Figure 98: Education Facilities

Kebribeyah City Administration currently accommodates four primary schools serving the local population. Spatial analysis of these facilities indicates a moderately fair distribution across the urban core, with most of the existing built-up areas enjoying access to a primary school within a 1-kilometer radius. This coverage aligns reasonably well with national planning guidelines; however, critical gaps remain.

Notably, peripheral neighbourhoods - particularly those in the south-eastern and north-western sections of the city - fall outside the 2-kilometer maximum walking distance recommended by the Ministry of Urban and Infrastructure. These underserved areas reflect a spatial backlog that may hinder equitable access to education, especially for children residing in newly expanding settlements. Moreover, the plan revision should consider additional primary school provision for the upcoming generation and expansion area.

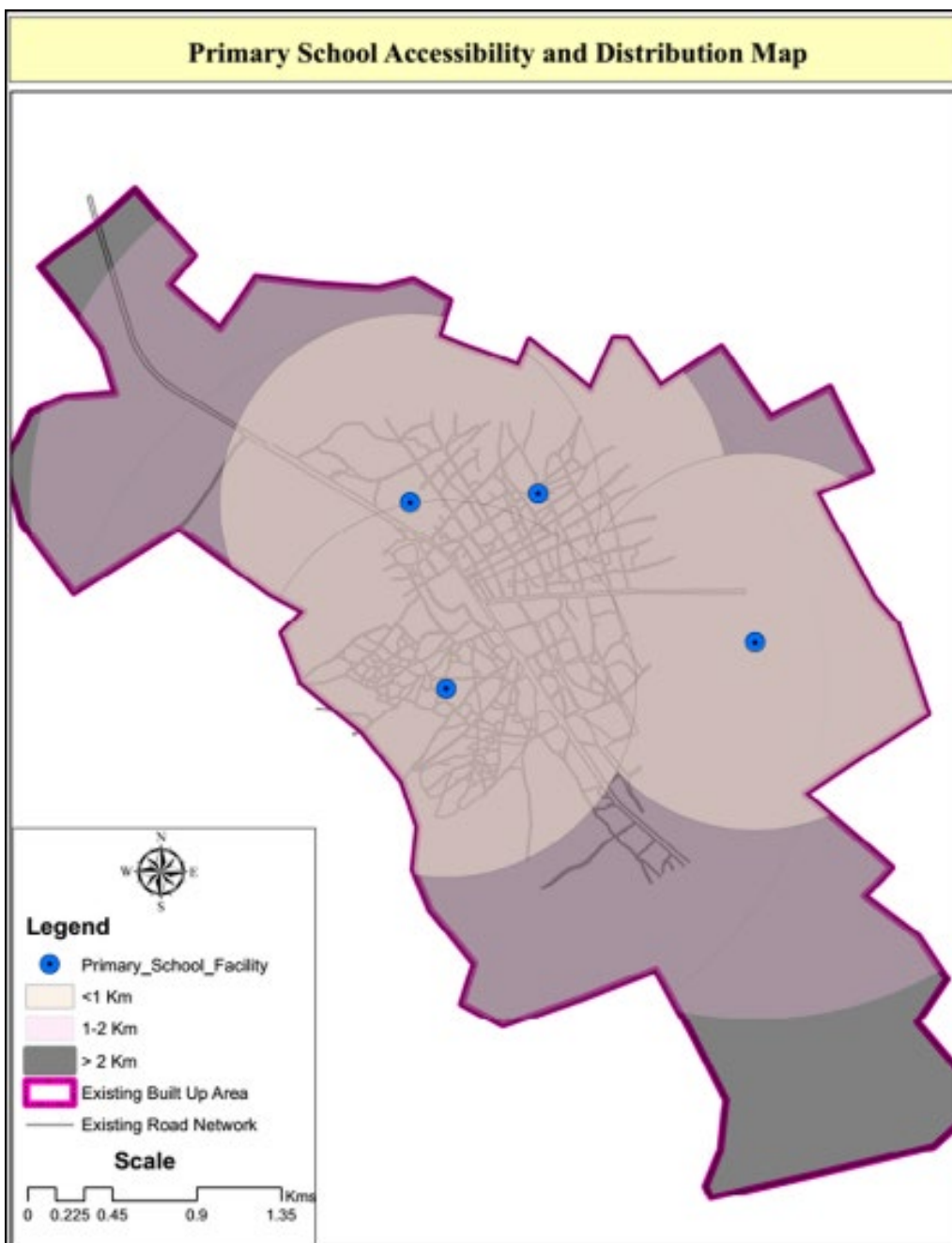


Figure 99: Primary School Accessibility and Distribution Map

Additionally, some of the existing primary schools lack paved road access, limiting their functionality and year-round accessibility, especially during the rainy season. Furthermore, one of the schools is situated in a suboptimal location adjacent to a major arterial road. This positioning raises serious safety concerns, as it exposes students to heightened risks of traffic-related accidents when crossing the street.

Generally, while the city demonstrates a reasonable baseline in educational service provision, targeted planning is necessary to address the spatial disparities, improve infrastructure access, and ensure that all children - regardless of where they live - can safely and easily attend school.

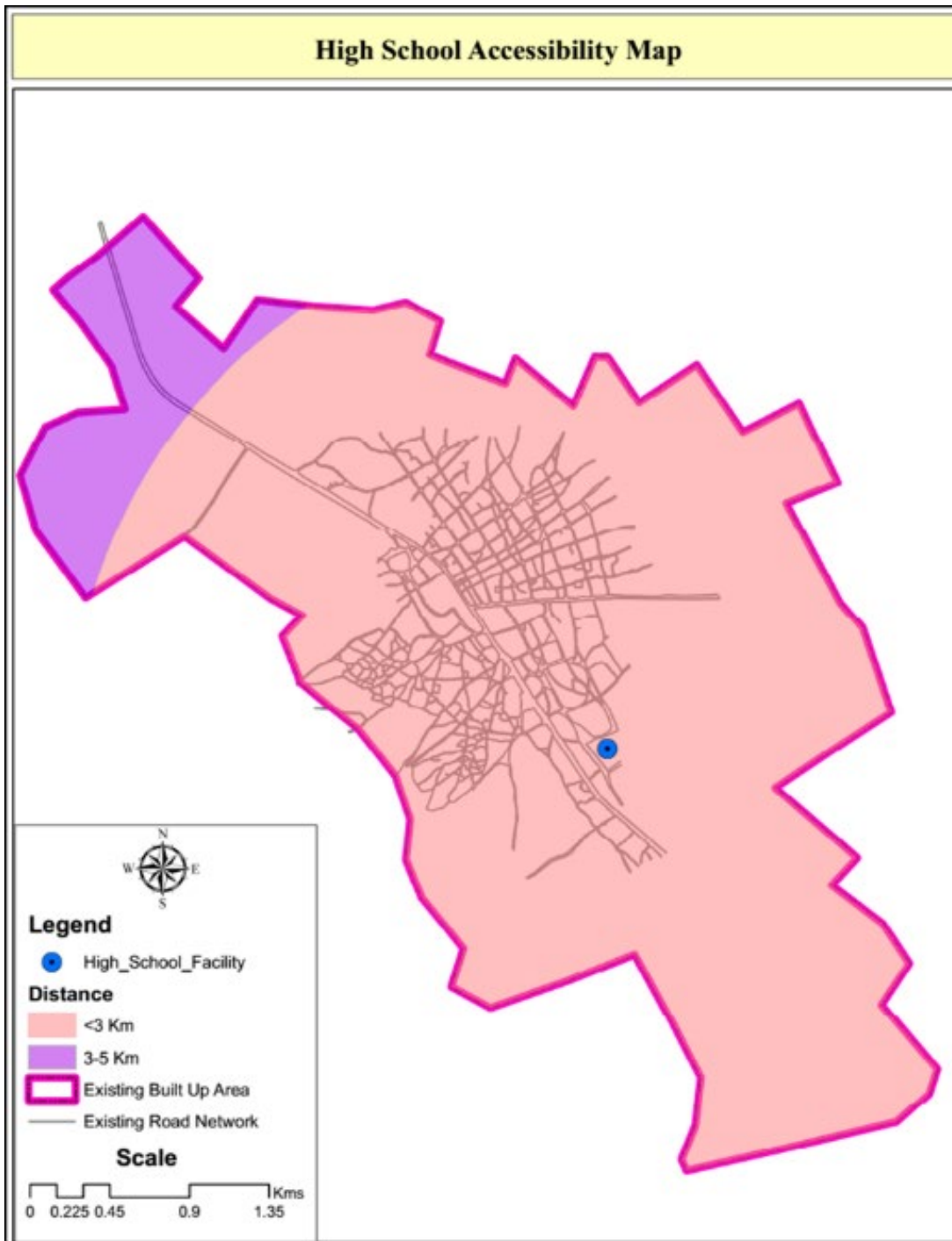


Figure 100: High School Accessibility Map

In addition to its network of primary schools, Kebribeyah City Administration hosts a single secondary school, strategically located within the city's central core. From an accessibility standpoint, spatial analysis shows that a significant portion of the city's residents can access this facility within a 3-kilometer radius, while the remaining population falls within a 5-kilometer distance. This range is largely consistent with the national planning standards set by the Ministry of Urban and Infrastructure, which recommends a service radius of 3 to 5 kilometres for secondary education facilities.

As illustrated in the accompanying figure, the existing built-up areas of Kebribeyah fall within the effective service radius of the current high school. However, as the city continues to expand - both demographically and spatially - reliance on a single secondary school may no longer suffice. Planned urban expansion, population growth, and the integration of refugee and host communities necessitate proactive educational infrastructure planning.

Therefore, future urban development strategies should incorporate the spatial distribution of secondary schools, ensuring equitable access across all neighbourhoods, including those in peripheral and newly urbanizing zones. It is particularly important to anticipate and respond to the projected student population over the next decade to maintain service adequacy and educational equity across the city.

This mapping and analysis of the education facilities highlights the need for targeted planning interventions to expand and equitably distribute educational infrastructure. Such improvements are essential not only for meeting the growing demand but also for strengthening social cohesion and integration between refugee and host populations - an explicit priority within the TOR. Addressing these spatial imbalances will also contribute to broader goals of inclusive urban development and human capital enhancement in Kebribeyah.

6.7.2. Food Security Facilities

Food security and nutrition services are fundamental pillars in supporting the well-being and resilience of both refugee and host communities, particularly in contexts such as Kebribeyah, where humanitarian and development needs intersect. The key objective is to assess existing basic services, including infrastructure related to food security, to inform inclusive and sustainable urban planning in Kebribeyah. This aligns with broader goals to enhance self-reliance, reduce vulnerability, and promote social cohesion between displaced and host populations.

As part of the facility assessment and spatial mapping, two primary food security and nutrition service centers were identified within the Kebribeyah City Administration. The first is the Refugee Food Security and Nutrition Center Facility, centrally located within the host town. This facility plays a critical role in providing nutritional support and food assistance to vulnerable residents, including women and children from the host community.

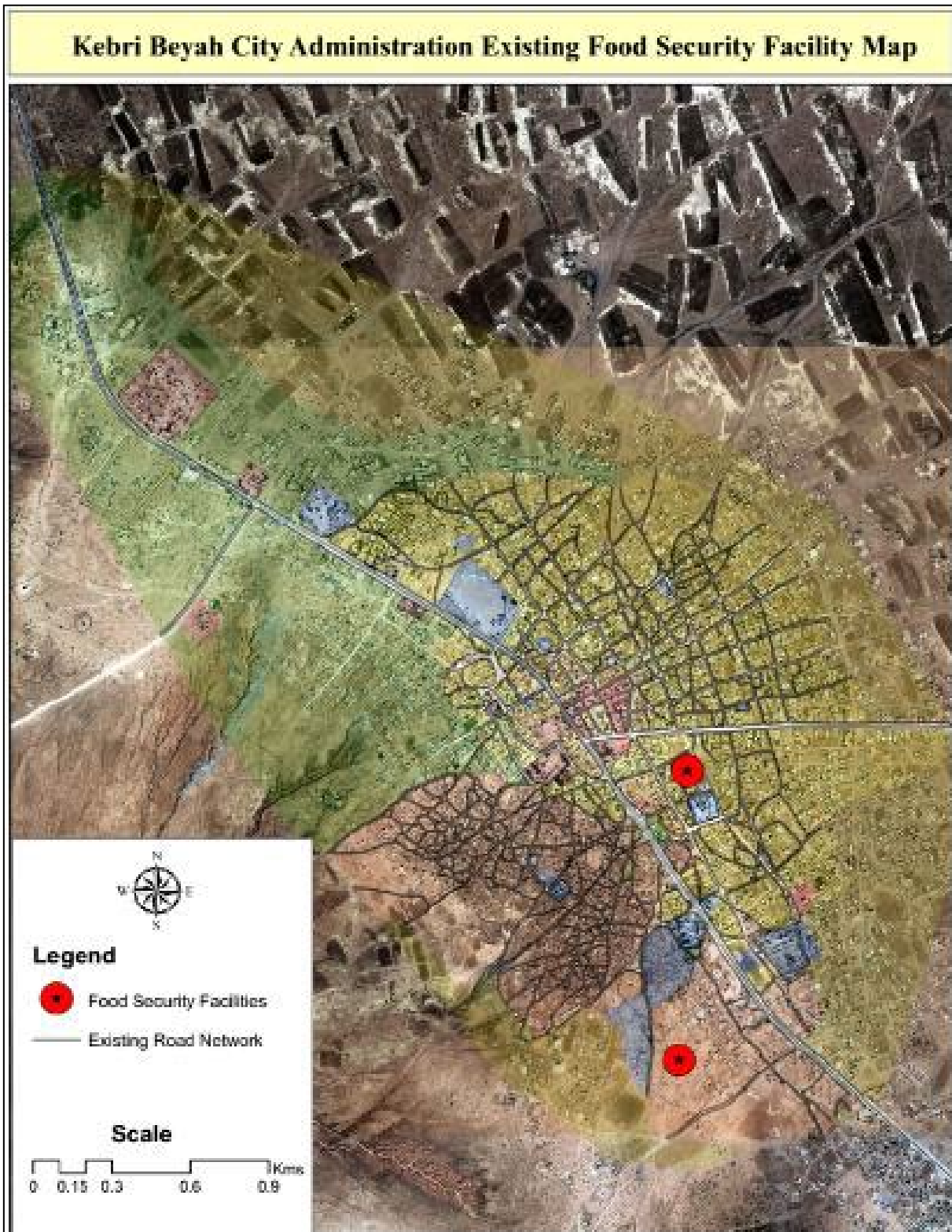


Figure 101: Food Security Facilities

The second facility, Kebribeyah Food Security and Nutrition Center is situated in the southern part of the city, in proximity to the refugee camp. This location is strategic in addressing the nutritional and food supply needs of the refugee population, in coordination with humanitarian actors operating in the area.

While these facilities represent essential assets in the city's service delivery framework, the current spatial distribution indicates a potential service gap in the northern and peripheral zones of the city, where access may be limited due to distance or inadequate road connectivity. As such, future planning should consider the equitable expansion of food security services and improved integration between the refugee camp and host town, in line with the CRRF principles and national inclusion strategies.

To strengthen resilience and ensure adequate service coverage, the city administration and development partners must explore opportunities for scaling food distribution infrastructure, particularly in underserved areas, and integrate these services into a broader urban development strategy.

6.7.3. Livelihood Facility

Livelihood development is a cornerstone of long-term resilience and self-reliance for both refugee and host communities. In displacement-affected areas like Kebribeyah, the establishment and integration of livelihood support services are critical not only for economic empowerment but also for strengthening social cohesion, reducing aid dependency, and fostering inclusive urban development. This assessment and mapping of the livelihood facilities aims to assess the availability and spatial distribution of such facilities to inform future planning and decision-making in line with inclusive and sustainable urban development goals.

Two key livelihood support institutions are currently operating within the Kebribeyah City Administration are RRS Livelihood Program and Kebribeyah Livelihood Office.

RRS Livelihood Program plays a central role in providing livelihood opportunities tailored to the needs of refugees. The program focuses on skills training, entrepreneurship support, and access to small grants or start-up kits to enhance income-generating capacity. The RRS facility also acts as a coordination hub for implementing agencies and partners supporting refugee livelihoods.



Figure 102: Livelihood Facilities

Kebribeyah Livelihood Office serves the host population, this office is responsible for supporting local employment initiatives, vocational training programs, and the promotion of small and micro-enterprises. It works under the jurisdiction of the city administration and coordinates with regional economic development programs.

Although both facilities serve their respective communities, a significant observation from the field visit and key informant interview is the limited spatial and programmatic integration between the two. Livelihood services remain parallel and segmented, which reduces the potential for shared economic spaces, joint employment schemes, and market linkages between refugee and host populations.

Furthermore, there are spatial disparities in access - particularly for women, youth, and those residing in the peripheral and southern zones of the city and refugee camp. These gaps highlight the need for more decentralized and inclusive planning approaches, which encourages comprehensive assessments of services that support social inclusion and economic development.

6.7.4. Legal Protection Facility

Legal protection services are essential to uphold the rights, dignity, and safety of both refugee and host communities, especially in displacement-affected areas such as Kebribeyah. These services ensure access to justice, safeguard vulnerable populations, and promote peaceful coexistence through legal awareness, mediation, and the enforcement of protective frameworks. This assessment study specifically emphasizes the need to identify and spatially analyze institutions providing legal protection, as part of a broader goal to strengthen inclusive urban governance and enhance institutional capacity.

In Kebribeyah, two key institutions that provide legal protection services are RRS Legal Protection Facility and Kebribeyah Legal and Protection Office. RRS Legal Protection Facility operates under the RRS, this facility focuses on the protection of refugees by offering legal counselling, case management, documentation support, and referral services. It plays a crucial role in safeguarding the rights of refugees, especially women, children, and persons with special needs. It also coordinates with UNHCR and other humanitarian actors to ensure legal representation and protection in cases of abuse, family separation, or property disputes.

Kebribeyah Legal and Protection Office is managed by the local government and is tasked with ensuring the rule of law and legal services for the host population. It provides civil and criminal legal services, oversees conflict resolution at community level, and plays a role in land dispute mediation, which is particularly relevant in rapidly urbanizing areas.

Despite the existence of these institutions, the study identified notable challenges. First, there is limited coordination between the refugee-focused and host-focused legal services, which often results in fragmented service delivery.

Accordingly, enhancing access to legal protection is vital for promoting human rights, strengthening urban resilience, and ensuring the equitable inclusion of displaced populations in local systems. Therefore, spatial integration of legal protection services, capacity enhancement, and the institutionalization of joint protection strategies are essential next steps.

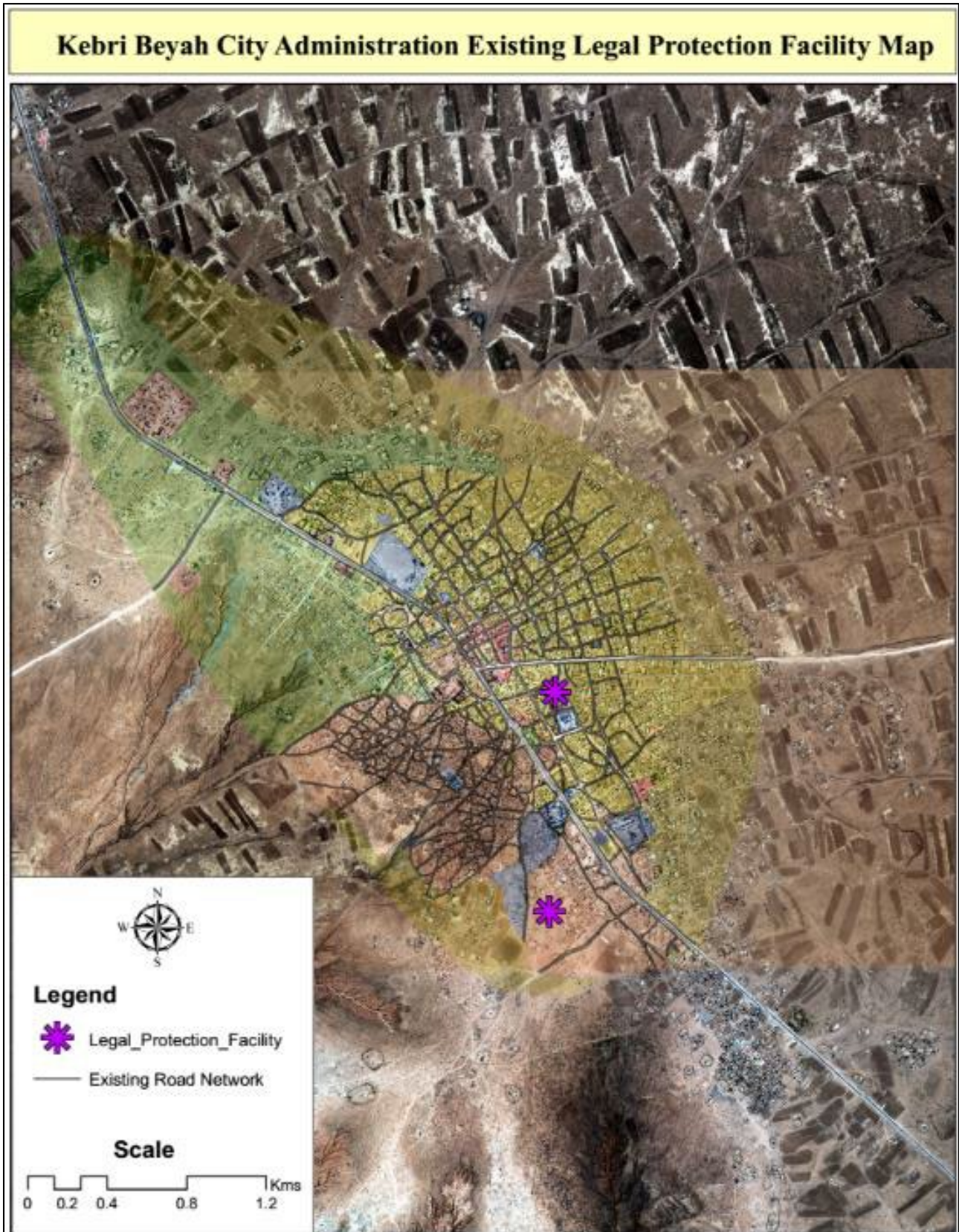


Figure 103: Legal Protection Facility

6.7.5. Water Supply

Access to safe and adequate water supply is fundamental to sustaining life, promoting public health, and supporting socio-economic development. In displacement-affected urban settings such as Kebribeyah, ensuring equitable and reliable water access for both the host community and refugees is a critical priority. This spatial profiling study explicitly highlight the need to map and assess basic service infrastructure, including water supply systems, with the objective of identifying service gaps, supporting integrated urban development, and informing inclusive planning processes.

Currently, water supply in Kebribeyah is provided through approximately twelve (12) water wells, which are used jointly by both the host population and the refugee community. These wells serve as the primary source of potable water in the area, forming a vital part of the settlement's basic service infrastructure. Some of the wells are located within the city center, while others are closer to or inside the refugee camp, managed either by local authorities or through humanitarian coordination with the RRS and partners such as UNHCR and NGOs.

Despite their importance, the existing water supply infrastructure faces a number of challenges. First, the distribution network is limited in its reach and does not adequately cover peripheral or newly developing areas, including those proposed for future housing relocation. Second, many of the wells are not mechanized or integrated into a broader piped water system, leading to reliability issues, especially during peak demand periods or seasonal fluctuations. Third, water quality monitoring and maintenance of the wells remain inconsistent due to resource and capacity limitations.

Therefore, mapping such facilities not only supports immediate service delivery improvements but also informs long-term urban and infrastructure planning. Ensuring that all neighbourhoods - existing and planned - have equitable access to clean water is essential for achieving the goals of sustainable urban development and refugee-host integration.

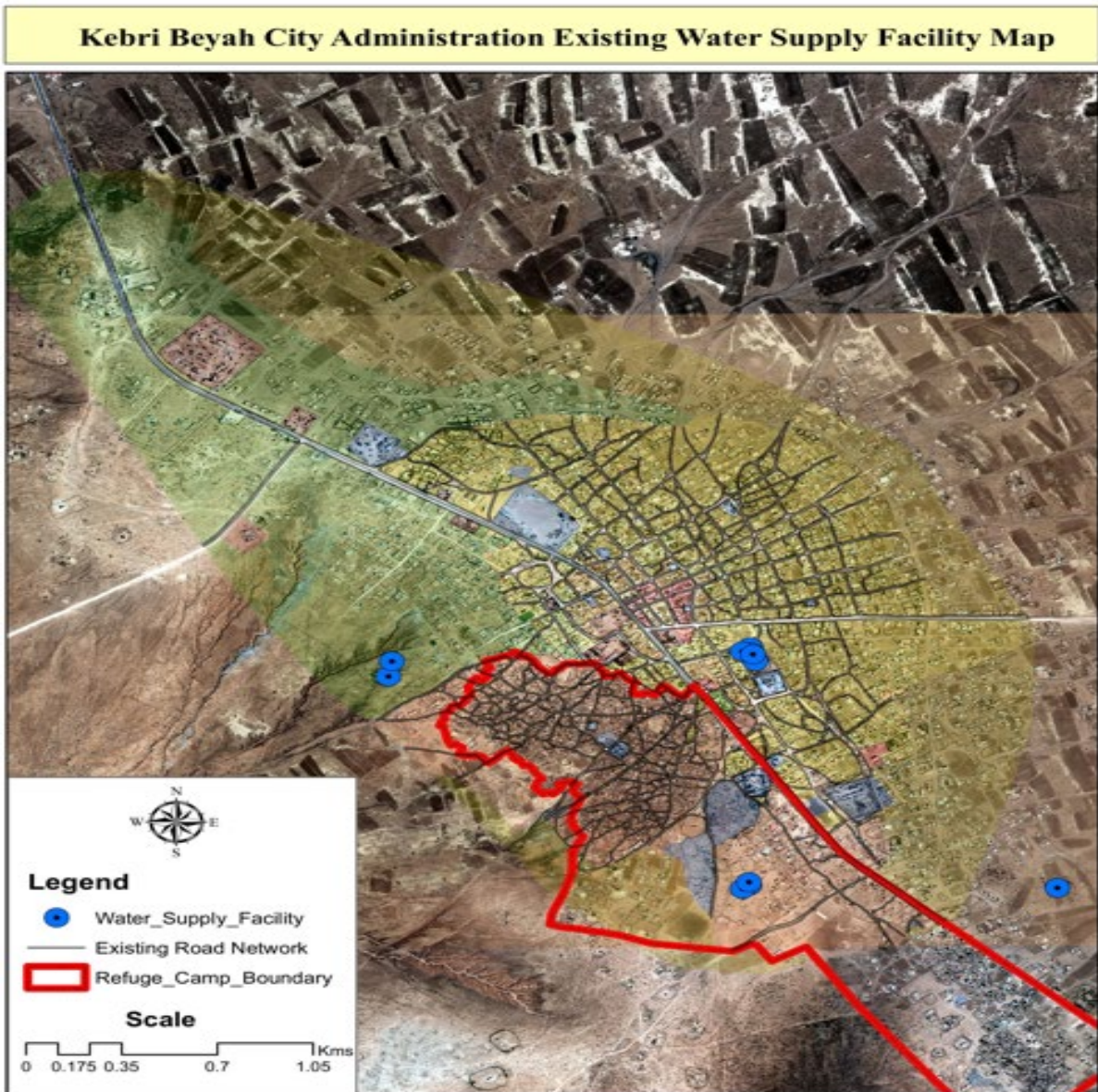


Figure 104: Water Supply

CONCLUSION AND RECOMMENDATION

In this section of the report, consolidated conclusions and recommendations are presented based on the findings from the Socio-Economic Profiling, Access to Basic Services, Facility Assessment, and Infrastructural Mapping. The conclusions offer a clear and concise summary of each facility, highlighting key insights from accessibility, quality and inclusiveness perspective. These are followed by practical, actionable recommendations aimed at addressing identified issues and leveraging potential opportunities.

Conclusions

This comprehensive assessment, conducted in Kebrebeayah refugee camp, focused on socio-economic profiling, evaluation of basic services and facilities, and infrastructure mapping, using primary data collected from refugees, host communities, government officials, UNHCR, and other stakeholders. The socio-economic analysis of refugee and host communities underscores the complex interplay of vulnerability and resilience, where disparities in access to resources, economic opportunities, and services create divergent realities for each group. While refugees benefit from legal documentation and humanitarian support, they face enduring hardships related to poverty, unemployment, insecurity, and limited educational and job prospects. Furthermore, structural challenges such as high dependency ratios, discrimination, and large family sizes deepen their marginalisation. Host communities, though more integrated into the local economy, grapple with landlessness, inadequate access to financial services, and exclusion from humanitarian aid. Despite these challenges, both refugee and host populations share common struggles related to informal labour markets, high illiteracy rates, and gender disparities, which limit upward social mobility. Community engagement and social cohesion are relatively strong, providing a solid foundation for integrated efforts to address shared challenges. However, the transition from aid-dependence to sustainable self-reliance demands strategic interventions that promote long-term empowerment for both groups, ensuring inclusive development and reducing the vulnerability of both populations.

Moreover, based on the findings of the assessments, the following targeted conclusions are drawn for each facility.

Health facilities:

Despite commendable efforts in providing essential healthcare services to both refugee and host communities, significant gaps persist in ensuring accessible, high-quality, and inclusive care. Refugee services, while supported by humanitarian agencies, are overstretched and lack specialised and referral capacities. Meanwhile, host communities face systemic under-resourcing and logistical barriers. Vulnerable groups, especially women, children, the elderly, and persons with disabilities, remain disproportionately affected by these gaps. While health facilities demonstrate adequate staffing and gender-sensitive infrastructure, ongoing issues such as inconsistent utilities, limited mental health services, and infrastructural degradation undermine care quality. Strategically aligning the complementary strengths of both systems could significantly improve healthcare equity, accessibility, and resilience for all populations across the region.

Education Facilities:

The educational landscape for both refugee and host community schools reveals substantial barriers to accessibility, quality, and inclusiveness, despite some areas of strength. Although access to education exists nominally for all children, overcrowded classrooms, insufficient learning materials, and inadequate infrastructure severely limit educational quality across both refugee and host settings. These challenges are compounded by gender inequities, with adolescent girls facing high dropout rates due to early marriage, domestic responsibilities, and lack of menstrual hygiene support.

A closer assessment of individual schools highlights stark inequities in resource distribution, where NGO-supported education facilities like DICAC Kebribeyah offer relatively better facilities, staffing, and materials, in contrast to under-resourced government schools. The lack of support for students with disabilities, limited gender diversity among staff, and poor sanitation infrastructure further underscore a systemic shortfall in inclusive practices. Thus, while some schools manage to maintain stable attendance, the broader environment remains inequitable and insufficiently supportive of diverse student needs, calling for urgent, targeted interventions to ensure genuinely accessible, high-quality, and inclusive education for all learners.

Water, Sanitation and Hygiene (WASH):

Water, sanitation, and hygiene (WASH) services in both refugee camps and host communities face critical shortcomings that undermine accessibility, quality, and inclusiveness. While the refugee camp has relatively better infrastructure, overuse and poor maintenance threaten its reliability and sustainability. In contrast, host communities suffer from minimal access, with unsafe water sources and limited sanitation facilities contributing to widespread health and environmental risks. The overall quality of water services is compromised by degraded infrastructure, weak governance, and inadequate management capacity. Although inclusive efforts, such as the absence of user fees, support short-term equity, the lack of sustainable financing and underreporting of health data pose long-term threats to service continuity and targeted interventions. The surprising effectiveness of informal community arrangements in some areas highlights the potential of context-driven, locally adaptive approaches to improve inclusiveness and service quality.

Livelihood Facilities:

The Training Centre and Livelihood Facility each contribute meaningfully to community development, yet both face critical resource and sustainability challenges. While the Training Centre effectively supports host community members through free, certified training with strong employment outcomes, its exclusivity and resource constraints limit its broader impact. The Livelihood Facility, more inclusive in scope, supports social cohesion and modest economic growth but also suffers from underinvestment and lacks scalability. Without targeted interventions, both facilities risk stagnation, undermining their long-term effectiveness.

Protection and Legal Assistance:

While refugees have access to more structured and inclusive protection mechanisms through the RRS facility, significant barriers persist in both refugee and host communities related to accessibility, service quality, and inclusiveness. The RRS facility, although better staffed and more inclusive in principle, offers limited legal services and is strained by high operational demands, which compromise service quality and long-term sustainability. Conversely, host community facilities are broader in legal scope but face critical resourcing and infrastructure deficits that hinder accessibility and effective service delivery.

Across both contexts, persistent risks such as child labour, early marriage, and gender-based violence reflect systemic shortcomings, especially in coordination, awareness, and reporting mechanisms, undermining the inclusiveness and quality of protection services overall. Addressing these gaps requires integrated strategies that bolster infrastructure, staffing, funding, and outreach to ensure equitable, accessible, and high-quality legal protection for all.

Access to Shelter and Non-Food Items (NFIs)

Shelter conditions vary widely. Many refugee shelters are overcrowded and built with temporary materials prone to weather damage. Hosts, especially in impoverished rural areas, often reside in dilapidated housing with inadequate roofing, ventilation, and sanitation. Non-food item distribution remains insufficient and irregular, leaving both communities in need of essential items such as clothing, kitchen utensils, blankets, and mosquito nets.

Main Sources of Energy for the Household

Most households in both communities rely on firewood and charcoal for cooking and heating. This has contributed to rapid deforestation and environmental degradation. Collection of firewood, often done by women and girls, exposes them to risks such as GBV and injuries. Access to cleaner, alternative energy sources such as solar power or liquefied petroleum gas (LPG) remains minimal due to affordability and limited distribution.

Food Security and Nutrition

Both refugees and host communities face significant challenges in food security and nutrition, underscoring a systemic crisis marked by limited accessibility, strained quality of services, and uneven inclusiveness. Refugees, being more aid-dependent, and host communities, with fragile coping mechanisms, are equally vulnerable to malnutrition and food shocks. When comparing service delivery between the RRS and Kebribeyah facilities, the Refugee Food Security and Nutrition Center emerges as more inclusive and accessible in terms of comprehensive services and hygiene, yet it is hindered by logistical and infrastructural limitations. Kebribeyah provides critical support to host populations but suffers from poor service consistency, staffing issues, and a lack of diverse food options, compromising quality and inclusivity. Shared shortcomings in sanitation and waste management further diminish service quality and accessibility for both populations. Collectively, these findings point to the urgent need for integrated, equity-focused interventions that enhance infrastructure, staffing, and nutrition diversity while addressing the long-standing disparities in public health and service delivery.

Infrastructural Mapping:

The spatial profiling of Kebribeyah analyzes the city's urban structure, infrastructure, land use, and service delivery in both the town and nearby refugee settlements. Using desk reviews, field assessments, and mapping, the study found that the 2011 structure plan is outdated and poorly implemented, leading to fragmented development, weak connectivity, and segregation between host and refugee communities.

Key service gaps persist in education, legal protection, food security, livelihoods, and water access, with underserved areas especially in the periphery and refugee camp. Integration goals outlined in policies like the CRRF Roadmap are not yet spatially realized. A proposed housing relocation site in the southwest, near the refugee camp, aims to support inclusive, sustainable urban growth with provisions for services, administration, recreation, and improved road access, promoting spatial equity and resilience.

General Conclusion

In general, based on the findings from the assessments, the infrastructure in both refugee camps and the surrounding host communities is either insufficient or in a state of disrepair. Roads are often unpaved or poorly maintained, making transportation difficult and access to services unreliable. Educational facilities such as schools are frequently overcrowded, under-resourced, or entirely lacking, which hampers children's ability to receive a quality education. Health centres, where they exist, are unable to meet the healthcare needs of the population. Additionally, water supply systems are often inadequate, leading to limited access to clean and safe drinking water. These challenges strain the capacity of both refugee settlements and host communities, exacerbating existing vulnerabilities and impeding long-term development efforts.

RECOMMENDATIONS

Based on the findings of this assessment, the following targeted recommendations are provided in each facility.

Health Facilities:

To promote equitable and sustainable access to health services for both refugee and host communities, the following integrated and actionable recommendations are proposed:

- ❖ **Expand and Integrate Health Service Delivery through:** deployment of Mobile Health Teams to underserved refugee and host communities to address maternal, child, and emergency care gaps; Integrating Health Service Planning at the district (woreda) level to optimize resource sharing, strengthen drug supply chains, and prevent duplication and strengthen Referral Systems between refugee camp health centers and primary hospitals through improved coordination and communication mechanisms.
- ❖ **Enhance community-based health initiatives by:** establishing networks of community health workers trained in local and refugee languages for effective outreach, education, and trust-building, and introducing Mental Health First-Aid training in schools, youth centers, and women's groups to address increasing psychosocial needs.
- ❖ **Improve Infrastructure and Service Quality through:** Upgrading Sanitation Facilities in hospitals, including hygienic and regularly maintained toilets for patients and staff-only toilets to support dignity and workplace standards; and ensuring Reliable Electricity Supply by investing in backup generators or solar systems to enable uninterrupted healthcare services.
- ❖ **Monitor, Evaluate, and Improve Inclusivity through:** Use Disaggregated Data (by community, gender, age, and service type) to monitor health service utilization and identify equity gaps; and Conduct Annual Inclusivity Audits, building on existing UNHCR assessments, to evaluate WASH, staffing, service access, and community satisfaction, and to guide continuous improvements.

Education Facilities:

The following integrated and practical recommendations are aimed at ensuring fair and sustainable access to education services for both refugee and host communities.

- ❖ Promote Inclusive and Equitable Access to education through targeted Incentives to Reduce Dropout by providing cash or in-kind support (e.g., school kits, uniforms) for girls, addressing barriers such as early marriage and menstruation.
- ❖ Strengthen School Infrastructure and Learning Environments, possibly through using available school yard space (except Abdinajib & Kebribeyah HS) to add classrooms, with a priority on Shek Yusuf Keynun due to overcrowding; supplying Furniture and Equipment, including desks, chairs, and learning materials.
- ❖ Enhance Water, Sanitation, and Hygiene (WASH) in Schools by collaborating with WASH-focused NGOs and government agencies to extend water systems to schools without access, and renovate and maintain toilets; ensure handwashing stations are available and functional in all schools.
- ❖ Foster Social Cohesion Between Host and Refugee Communities via Distributing refugee students across multiple schools to avoid overburdening institutions like DICAC Kebribeyah, and organizing joint extracurricular activities and community events to promote understanding and interaction.

Water, Sanitation and Hygiene (WASH)

To ensure equitable and sustainable water and sanitation access for both refugee and host communities, the following integrated and actionable recommendations are proposed:

- ❖ Expand and Improve Water Infrastructure by rehabilitating and expanding shared boreholes and hand pumps, ensuring inclusive access through joint host-refugee maintenance committees.
- ❖ Promote Inclusive Sanitation and Hygiene Facilities through constructing gender-segregated, disability-friendly latrines in communal spaces such as schools and markets to ensure safe and dignified access for all.
- ❖ Support Community-Based Waste and Environmental Management

Livelihood Facilities:

To support fair and lasting access to livelihood services for both refugee and host communities, the following coordinated and actionable recommendations are presented.

- ❖ Promote Equitable Access to Livelihood Services via opening the Training Centre to both refugees and host community members to ensure inclusive access to skills development and economic self-reliance.
- ❖ Enhance Inclusivity: Open the Training Centre to refugees to promote equitable access to skills development and economic self-reliance.
- ❖ Strengthen Coordination: Foster collaboration between the Training Centre and Livelihood Facility to align efforts, share resources, and streamline services.
- ❖ Mobilise Resources: Seek external funding and partnerships to address capital shortages, support infrastructure upgrades, and hire qualified trainers.
- ❖ Plan for Scalability: Develop clear, phased strategies for expansion to serve larger populations and ensure long-term sustainability.

Protection and Legal Assistance:

The following targeted and collaborative recommendations aim to ensure equitable and sustained access to legal and protection services for both refugee and host communities.

- ❖ Strengthen Community-Based Legal Protection and Accountability via supporting and building the capacity of local protection task forces (elders, women, youth) to monitor child protection and GBV risks, and train law enforcement and judiciary on refugee rights, culturally appropriate dispute resolution, and local justice systems.
- ❖ Improve Access to Legal Identity and Financial Inclusion through Launch widespread documentation and mobile ID registration drives for refugees and host communities to enable access to services and employment, and Promote financial inclusion—particularly for women and low-income groups—through mobile banking, microcredit, savings cooperatives, and financial literacy programs.
- ❖ Foster Social Cohesion and Participatory Governance by implementing social cohesion programs such as joint cultural activities, youth engagement, and inclusive community committees; Encourage participatory governance by supporting local decision-making structures with equal refugee and host representation, and Promote community-based protection through neighborhood watch groups, improved lighting, and partnerships with law enforcement to reduce crime.
- ❖ Promote Strategic Coordination and Sustainability through enhanced coordination between refugee response structures (e.g., RRS) and host systems to share resources and harmonize service delivery.

Access to Shelter and Non-Food Items (NFIs):

These focused and collaborative recommendations are designed to promote fair and lasting access to shelter and non-food items for refugees.

- ❖ Provide transitional shelter upgrade kits (iron sheets, cement, doors) to families in fragile shelters in both refugee and host communities.
- ❖ Develop locally tailored shelter designs using cost-effective, climate-resilient materials through community co-design workshops.
- ❖ Distribute essential NFIs through joint distributions prioritized by household vulnerability, including host families.
- ❖ Support local small enterprises (tailors, carpenters) with NFI procurement contracts to stimulate the local economy.

Main Sources of Energy for the Household:

These targeted and cooperative recommendations aim to support equitable access to clean energy for both refugee and host communities.

- ❖ Subsidize the distribution of improved cookstoves to reduce firewood use and indoor air pollution.
- ❖ Train women's groups in the production and sales of briquettes or alternative fuels (e.g., from agricultural waste).
- ❖ Provide solar lanterns and charging kits to vulnerable households and students, particularly in off-grid host communities.
- ❖ Partner with local cooperatives for solar kiosk development, creating jobs and access points for clean energy.

Food Security and Nutrition:

Drawing from a comprehensive assessment, these actionable recommendations are suggested to provide inclusive food security and nutrition services that address the needs of both refugee and host communities.

- ❖ **Strengthen Staffing and Training:** Address personnel shortages in Kebribeyah through targeted recruitment and training, while increasing budget allocations for RRS to maintain staff capacity.
- ❖ **Improve Food Distribution Systems:** Enhance food variety and reliability at both facilities. Introduce mobile distribution or satellite centres to reduce travel distances for beneficiaries at RRS.
- ❖ **Upgrade Sanitation Infrastructure:** Install handwashing stations and gender-sensitive toilets at both sites to improve hygiene and safety, especially for women and children.
- ❖ **Invest in Waste Management:** Provide both facilities with formal waste disposal systems and initiate community awareness campaigns to promote better waste practices.
- ❖ **Enhance Security and Maintenance:** Allocate resources for infrastructure repair and improved security at RRS, and supply Kebribeyah with the necessary equipment to support efficient service delivery.
- ❖ **Promote Community Engagement:** Strengthen community outreach and feedback mechanisms in Kebribeyah to improve trust, service utilisation, and awareness of available support.

Infrastructural Mapping:

Based on the study's findings, the following strategic recommendations are proposed:

- ❖ **Initiate the preparation of a revised and legally compliant structure plan for Kebribeyah,** with active participation from local stakeholders, regional planning authorities, and humanitarian partners. This new plan should reflect recent urban growth trends, population dynamics, and refugee-host integration priorities.
- ❖ **Improve physical connectivity between the refugee camp and the host town through an integrated road network development through asphalt road provision.** Prioritize the implementation of the proposed ring road and local streets to foster spatial continuity and economic interaction.
- ❖ **Expand and upgrade critical social infrastructure (education, health, water, legal protection, food, and livelihoods) based on spatial accessibility analysis.** Services must be planned equitably across both host and refugee populations, guided by national service standards.
- ❖ **Fast-track the implementation of the proposed housing relocation neighborhood by securing institutional commitment, funding, and community engagement.** The modular parcellation and inclusion of public amenities make the site a replicable model for future urban extensions.

BASIC SERVICES ASSESSMENT AND SOCIO-ECONOMIC PROFILING IN KEBRIBEYAH, SOMALI REGION, ETHIOPIA

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