



160,961 as of 31 May 2020

PERSONS OF CONCERN in the Melkadida region

1697

NEW ARRIVALS as of 31 May 2020

Operational context

UNHCR's Sub-Office Melkadida (SOMEL) in the Somali Region hosts 160,961 Somali refugees as of 31 May 2020 and received 1697 new arrivals during the first three months of 2020. The refugees have been accommodated in the five camps: 26,637 in Bokolmayo, 34,631 in Melkadida, 30,750 in Kobe, 35,605 in Hilaweyn, and 33,338 in Buramino camps. The COVID-19 pandemic has impacted the Melkadida operation which has not received new arrivals since the closure of the Somali border on 24th March 2020. Some 700 individuals who arrived prior to the border closure and stayed at the Reception Centre in Dollo Ado were relocated to camps. The Dollo Ado region was affected by floods in May, damaging the Reception Centre and some key facilities in it. Rehabilitation and restoration activities are now on-going. The recent seasonal rains have also severely impacted crop production in Melkadida, Kobe, Hilaweyn and Buramino. SOMEL is assessing the situation and is developing a re-plantation plan. Since the declaration of the COVID-19 pandemic, UNHCR has been taking measures to prevent the spread of the disease. An inter-agency Epidemic Preparedness and Response Plan and workplan have been finalized jointly with the Somali regional state. In order to mitigate the potential negative impact of the COVID-19 pandemic on the local economy, a 'COVID-19 Economic Stimulus Package' was developed, and one-off cash grants for the most vulnerable refugees and host community would be provided.

Sectorial priorities and unmet needs



Protection

New arrivals – During the first three months of 2020 the operation received 1697 new arrivals, fleeing insecurity and insecurity-induced food shortages. No new arrivals have been received since 24 March 2020 after Ethiopia closed its land borders to mitigate the spread of COVID-19. UNHCR understands the Government's decision to close the borders but has appealed that people seeking asylum be allowed to do so.

Child Protection – Child protection services are available across all five camps. As of 31 May 2020, SOMEL identified 14,736 children at risk, of whom 3,935 are unaccompanied or separated (UASC). Key protection risks for children include child labor, early marriage, and early drop-out from school, all of which are particularly acute for girls. Child protection officers, caseworkers, community-based caseworkers, and child protection committees work together to manage protection cases and find appropriate solutions to address those risks. The ratio of caseworker/protection officers to children-at-risk is 1:397. The operation also lacks adequate numbers of trained case workers, in comparison with the number of "children at risk" who require services and follow-up. Case workers themselves require further training and support to ensure compliance with the Best Interest Process (BIP), including further training/capacity-building on the preparation of Best Interest Assessments (BIA) and Best Interest Determinations (BID). Lastly, caseworkers sometimes lack the necessary office equipment to support their work in this area.

SGBV – Preventing and managing Sexual and Gender-Based Violence (SGBV) cases for women is a key priority. The office conducts various activities such as organizing SGBV training, awareness-raising activities, and case management. The most prevalent SGBV cases in the region include intimate partner violence, sexual assault, early marriage, and denial of resources. As for the second quarter of 2020, SOMEL aims to develop Somali-language sensitization and outreach materials and establish an email and telephone helpline to encourage timely SGBV reporting. Nevertheless, some clear gaps remain in the SGBV programming across all



five camps. The operation currently lacks adequate numbers of outreach and prevention officers, and there is a need for further training/capacity-building in the area of immediate case response and psycho-social support and counselling. While helpline has been rolled out to compensate for restrictions on movement and gatherings imposed in response to COVID-19, this is so far limited to only one camp. Also, and while we continue to support the programme of mobile courts working at camp-level, demand for these services continues to outstrip supply. Hence, further support for this activity would be able to enhance the court activity, and thus improve access to court proceedings and prosecutions for SGBV survivors.



Health

The five camps under Sub-Office Melkadida have two health centres each, with an additional health posts in Kobe and Melkadida camps, run by UNHCR's partner Humedica International. Communicable diseases such as respiratory infections, watery diarrhea, and skin diseases are among the most prevalent, whereas diabetes, hypertension, and asthma are common noncommunicable diseases. Services provided include immunization, basic emergency obstetric and neonatal care, antenatal, postnatal, family planning and SGBV clinical care; in-patient care, mental health care & psychosocial support as well as stabilization for severely malnourished children with medical complications. Tuberculosis and HIV treatment and care are also provided in all health centers. The health centers are equipped with water points, toilets for staff and patients, and mini-grid solar power supply. However, the provision of medical services is not adequate, challenged by insufficient and sub-standard drug storage facilities and poor infrastructure, lack of intra-camp ambulance for referral between the community and camp facilities, especially for obstetric cases; as a consequence of resource constraints over the years. Inadequate number of qualified, gender-balanced health providers is a result of the difficulty to attract and retain staff due to the harsh working and living conditions of the environment. There are limited referrals for secondary and tertiary care due to resource constraints. Adolescent and sexual reproductive health services are limited, with three of the five camps running a community-based programme. Presently, there is no specialized health care for persons with disabilities. For every 30 households, one community health worker frequently monitors the health situation. A pilot intervention on harmonization of outreach workers was undertaken and is being implemented in four camps. The pilot is most successful in Kobe refugee camp, in which community health workers provide health promotion messages, carry out disease surveillance, and assess the situation pertinent to WASH and nutrition. Since the declaration of the pandemic, COVID-19 related prevention and preparedness activities continue to be undertaken. Prevention measures including adequate water supply, provision of increased soap, hygiene promotion, health education, suspension of non-essential/non-life-saving services, enhancing social distancing, provision of services while promoting social distancing and adapting health services to minimize health facility. The preparedness to respond remains limited due to inadequate medical equipment including personal protective equipment; lack of sufficient capacity for isolation, testing and treatment in the area and inadequate health personnel. These constraints are mainly due to increased demand and reduced supply for these items in the market; lack of proximal market access and the location of the camps being far flung from the Regional capital, with poor transport infrastructure. Collaboration with the Regional Health Bureau (RHB) continues, through ARRA to enhance testing capacity, while camp based temporary isolation areas have been identified and are being furnished. Though procurement of some medical equipment has been initiated, lead times are quite long because of delays in the delivery of international procurements. Resource constraints also remain a challenge.



Food and Nutrition

The nutrition program is delivered through 14 community nutrition centers, community outreach agents and Mother-to-Mother Support groups. Monthly general food distribution is provided for all refugees. 'Community Management of Acute Malnutrition Programs', 'Infant and Young Child Feeding Programs', and 'Blanket Supplementary Feeding Programs' are in place for



specific categories of refugees. The incomplete food basket and inconsistent pipeline are significant attributes to malnutrition. Malnutrition is further exacerbated by poor acceptability of parts of the ration and sale of the ration to purchase other food and non-food items. The coverage of nutrition programmes including enrolment of children in blanket feeding programs is far below the UNHCR standard (>90%), with the wet blanket supplementary feeding program that serves 36-month-old to 59-month-old children having a much lower programme coverage. The prevalence of Global Acute Malnutrition (GAM) as per the 2019 Standardized Expanded Nutrition Survey (SENS) is 16.6% across all camps, remaining above the WHO/UNICEF classification of 'Very High' of 15%. The prevalence of GAM per camp stands at: 14.3% in Bokolmanyo; 19.5% in Melkadida; 11.7% in Kobe; 17.8% in Hilaweyn; and 19.5% in Buramino camps. The prevalence of anemia in children aged 6 to 59 months remains above 40%, whereas anemia among women of reproductive age stands at 37%, thus of high and medium public health significance respectively. Lack of access to diversified diets through complementary food provision and limited access to livelihoods is a major attributable factor to the high micronutrient deficiency, in addition to the inadequate food availability and consumption. The nutrition programme has faced interruptions as a result of the COVID-19 modalities of service provision, therefore posing a risk of increased malnutrition amongst the children aged under 5 years. This includes the cessation of the wet feeding Blanket Supplementary Feeding Programme catering to children aged 36 – 59 months normally administered through early childhood education centers which are now closed. Discussions have been held on including the blanket supplementary feeding program for children into the General food distribution so that they continue having access to the supplemental food rations. The other available alternative of using the nutrition partner to cater to the entire under 5 age group requires extra staffing, facilities and logistic capacity in order to adhere to crowd control measures relevant to COVID-19 prevention, which are all not immediately available.

NFI Non-Food Items

Upon arrival refugees are provided with the following seven Non-Food Items (NFIs): 1) kitchen set, 2) plastic sheets, 3) jerry cans, 4) mosquito net, 5) sleeping mat, 6) bucket and 7) soap with the actual entitlement varying depending on family size. Soap is provided monthly and has increased from 250g to 500g/person/month as part of the COVID-19 response. At the start of 2020 dignity kits comprising underwear, sanitary pads and soap were provided for women in reproductive age (14-49 years), and a supplementary distribution to particularly vulnerable households followed in June. The next round of general distribution is planned for July 2020. There is high demand of NFI replenishment, especially plastic sheets since these are being used for shelters. Currently, NFI's are replaced for the most vulnerable families only as there's not enough budget to cover the entire population.



Education

In 2019, gross enrolment stood at 42,815 (24,405M & 18,410F) which is 47% of the school age population. Of these, 69% (8,430M & 7,869F) were in preprimary, 49% (13,642M & 9,996F) in primary school while 15% (2,333M & 545F) of whom, 40 are from host community, were in secondary school. Government higher education scholarships were awarded to all grade 12 students who qualified to join University, totaling 264 (227M & 37F) students. 28 refugee students continued with their education at the Dollo Ado College of Teacher Education. The number of teachers stands at 666 (551M & 115F), of whom 50% are qualified national teachers. Teachers have received in-service training on classroom management, school improvement, ethical profession & action research, Prevention from Sexual Exploitation and Abuse (PSEA) and inclusive education. Monthly supervisory visits are carried out by ARRA and UNHCR to support the teachers. At Secondary level, students have access to textbooks (1:1 ratio), the library, a science laboratory and Desktop and Laptop computers. The number of out of school children remains significantly high at 53%. This is because children drop out to support their parents in income generating activities, long distances to schools, or return to Somalia. The teacher- pupil ratio at pre-primary level is very high at 1:90 – even with the double shift programming. Inadequate classrooms at secondary school level remains a challenge, with the classroom to



student's ratio standing at 1:116. Generally, the schools lack equipped pedagogical centers, libraries, textbooks, trained teachers in sufficient numbers, and sufficient classrooms. The number of girls remains low, and more dropouts are observed when moving up the education ladder. Only 1 out of every 16 eligible girls (543) are enrolled at the three secondary schools in the camps. This is attributed to earlier marriages, limited livelihoods, family chores and generally poor attitude of parents towards education. Teachers are ill equipped to provide quality education to children with special needs.



Shelter

There are 15,563 shelters across the five camps in Melkadida, of which 43% need maintenance. Between 2017-2020 an additional 635 transitional and 302 emergency shelters were constructed, and a total of 17 idle institutions were rehabilitated to serve as communal shelters across the five camps, which only addresses 9% of the shelter gap. In total, 37.84% of the existing refugee households are residing in an adequate dwelling. With the continued registration of new arrivals, adequate coverage of shelters is a challenge; emergency shelters are set up to accommodate new arrivals. In the absence of sufficient shelters in camps, refugees are forced to live with extended families or relatives who are already residing in the camps. In addition, bad road conditions delay the timely delivery of construction materials to the sites. UNHCR needs more budget to improve infrastructure and construct more shelters including by empowering refugees to construct their shelters.



WASH

144 community WASH management committees were established in all the camps to raise more awareness on water utilization together with installation of 144 water meters for metering the distribution [BKM=34, MK=37, KB=33, HEL=20, and BUR=20]. In Hilaweyn camp water production was enhanced by borehole cleaning, pump testing and maintenance. The new solar installation in Hilaweyn will positively complement water operationalization in a cost-effective and environmentally friendly manner. The permanent water systems are currently under high pressure due to the new arrivals and the resultant expansion of the camp facilities to accommodate them, which has caused an increase in the demand for water. Besides, the generators and pumps are old and require daily maintenance, particularly in Bokolmayo, Melkadida and Kobe camps. To ensure the provision of sustainable and quality water, the water treatment system needs to be upgraded, pressure lines replaced, and boreholes rehabilitated. So far, six pumps have been procured to replace the old pumps in Bokolmayo, Melkadida and Kobe camps. On average, the operation has been able to sustain around 23.5 litres per person per day (lppd) of chlorinated water to the refugees and the surrounding host community. Attention will be paid to the promotion of safe water access by extending and upgrading the water plants. As for sanitation, significant gaps remain in sanitary facility coverage in all the five camps. The latrine-to-user ratio in Melkadida, Kobe, Bokolmayo and Buramino falls below the minimum SPHERE standard of 1:20 [1:29 in Melkadida; 1: 27 in Buramino; 1: 26 in Bokolmayo; while the ratio is relatively high at 1:34 in Kobe camp]. Access to latrines remains highly dependent on communal latrines. Against a standard coverage of 85% the current HH latrine coverage stands at an average of 24%; with Hilaweyn refugee camp being the lowest at 16%. In 2020, it is aimed to construct 240 new latrine units throughout the five camps. Weekly hygiene promotion activities are carried out in all the camps; a total of 600 refugees were trained on hygiene promotion which has proven to enhance good hygiene behavior.



Energy & Environment

UNHCR Melkadida's Energy strategy aims to cover refugees' basic energy needs through livelihood opportunities. Energy activities are implemented through cooperative systems – UNHCR provides direct support to the cooperatives, which then sell electricity to both refugee



and host community households and businesses. This allows energy cooperatives to grow while ensuring the sustainability of the energy provision. Presently, intensive technical assistance has been given to the five legalized solar cooperatives. The installation of five Solar mini grids (2 in Bokolmayo, 1 in Buramino, 1 in Helowyin and 1 in Melkadida) have demonstrated to be an opportunity to establish businesses within the community. The challenges regarding energy include keeping up with the constantly increasing demand for energy, creating stable solar streetlight systems, and introducing the use of socially acceptable cookstoves. Currently, cookstove cooperatives are locally producing fuel-efficient cooking stoves. Two new technologies, solar water pump and biogas, are now being piloted. The environmental degradation, de-vegetation of woody biomass, overgrazing, and soil degradation are all increasing the deforestation rate by 2% every year. Hence, environmental protection/rehabilitation programmes have been set up, including: 1) the implementation of biological and physical soil and water conservation measures; 2) the production and planting of 35,000 tree seedlings; 3) the promotion of Agroforestry practices; 4) the establishment of land enclosures; 5) the implementation of community awareness-raising and mobilization activities; 6) the management of invasive tree species, such as *Prosopis julifera*, to be utilized as an energy source; 7) the establishment of different committees and cooperatives to manage natural resources; 8) plastic recycling; and 9) management of potential gum and incense resources to improve livelihood opportunities. The main challenges concern both the absence of strong ownership for environmental protection and rehabilitation activities among relevant stakeholders, as well as degradation and absence of market linkage for livelihood related environment activities. To address such challenges, the operation plans to raise continuous awareness on environment-related challenges and on the use of *Prosopis* as a source of firewood, as well as to engage with the relevant stakeholders to effectively enforce the bylaws already in place.



Livelihood

Several market-based livelihood initiatives have been rolled out which focuses on the development of the agriculture/livestock sector and provision of microfinance services to refugees and their host communities. These initiatives include: 1) the construction of irrigation canals; 2) formation of primary agriculture cooperates; 3) construction of livestock trade markets and slaughterhouses; 4) the formation of meat & milk shops; 5) delivery of animal vaccination campaigns; 6) provision of technical and business skills trainings to the agriculture cooperatives, and 7) the livestock business groups. The developed arable land is divided into nine distinct irrigation schemes managed by agriculture cooperatives. They cover 1,000 hectares of land and are expected to provide livelihood opportunities for 2,000 farmers (1000 refugees and 1000 host community members). Refugee- and host community farmers are engaged in farming activities across nine irrigation schemes, including Melkadida, Kobe, Hilaweyn, and Buramino refugee camps and Kole host community location. The formation of the agriculture cooperatives and construction of large-scale concrete canals is completed, but there are systematic challenges related to illiteracy, lack of business management skills and experience, and lack of motivation amongst agricultural cooperative members. Thus, there is a need to develop and roll out a comprehensive agribusiness, multi-year cooperative capacity development programme delivered by a professional consultancy company. In addition, tractors and water pumps regularly break down with adverse impact on ploughing and irrigation activities. There is, therefore, a need to establish a 'Farm Equipment Repair and Maintenance' workshop and form a group to run it as an independent business. Additionally, there is a need to construct flood protection structures since the farms are usually affected by flooding during rainy seasons causing loss of crops and incomes for farmers. Lastly, to improve market linkages between the refugee camps and boost the marketing of agriculture and livestock products, there is an acute need for asphalt roads and rehabilitation of bridges to facilitate transportation access for crop and animal products and attract potential buyers in the area.