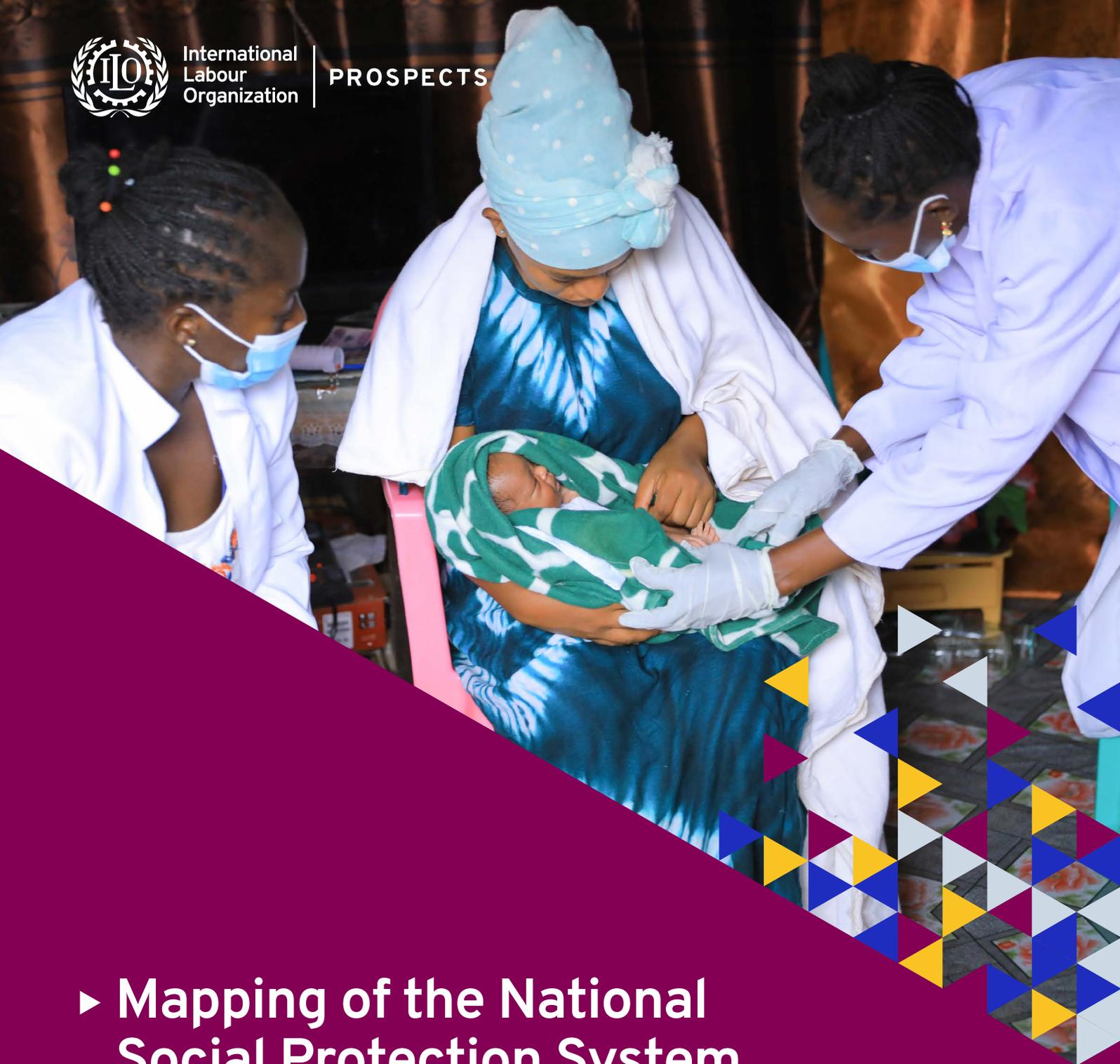




International
Labour
Organization

PROSPECTS



► **Mapping of the National
Social Protection System
in Ethiopia, including Social
Health Protection
Final Report**



Kingdom of the Netherlands

Copyright © International Labour Organization 2021
First published 2021

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to ILO Publications (Rights and Licensing), International Labour Office, CH-1211 Geneva 22, Switzerland, or by email: rights@ilo.org. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered with a reproduction rights organization may make copies in accordance with the licences issued to them for this purpose. Visit www.ifrro.org to find the reproduction rights organization in your country.

ISBN: 9789220351789 (print)

9789220351796 (web pdf)

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

Information on ILO publications and digital products can be found at: www.ilo.org/publns

Cover photo: Community health worker Azalech Ejigu examines Selamawit Teklu who gave birth to a baby girl five days ago. Azalech's visit is part of postnatal care that is provided to mothers and newborns in the community.

©UNICEF Ethiopia/2021/Nahom Tesfaye

▶ Contents

Abbreviations	ii
Executive summary	1
Section 1: Introduction and background	4
Section 2: Objectives and scope of the assignment	6
Section 3: Methodology of the assessment	7
Section 4: Findings	8
Social protection policy and strategy	8
Contributory social protection schemes in Ethiopia	9
Safety Net Projects	14
Refugee and IDP operations	18
Section 5: Ongoing reforms and the COVID-19 pandemic	22
Social health insurance	22
Social protection coordination	23
Refugee affairs	24
Section 6: Socio-economic status of refugees and IDPs and their challenges	25
Socio-economic status of refugees in Ethiopia	25
Socio-economic status of IDPs	28
Section 7: Conclusion and recommendations	29
Bibliography	32
Annexes	33

► Abbreviations

ARRA	Agency for Refugee and Returnee Affairs	NSPP	National Social Protection Policy
BoLSA	Bureau of Labour and Social Affairs	OCP	Out of camp policy
CBHI	Community-based Health Insurance	OOP	Out of pocket
CCC	Community care coalition	PDS	Permanent direct support
CRRF	Comprehensive Refugee Response Framework	PiN	People in need
CRRP	Country Refugee Response Plan	POESSA	Private Organizations Employees' Social Security Agency
EHIA	Ethiopian Health Insurance Agency	PROSPECTS	Partnership for improving prospects for host communities and forcibly displaced
ETB	Ethiopian Birr	PSSSA	Public Servants' Social Security Agency
FAO	Food and Agriculture Organization	PSNP	Productive Safety Net Programme
FDP	Forcibly displaced persons	PW	Public works
FDRE	Federal Democratic Republic of Ethiopia	PWD	Persons with disabilities
GoE	Government of Ethiopia	RPSNP	Rural Productive Safety Net Project
HISP	Health Insurance Strategic Plan	SHI	Social Health Insurance
HRD	Humanitarian Response Document	SIDA	Swedish International Development Cooperation Agency
HDRP	Humanitarian Disaster Resilience Plan	SP	Social protection
ICT	Information communication technology	UN	United Nations
IDP	Internally displaced person	UNHCR	United Nations High Commission for Refugees
JOBFSA	Urban Job Creation and Food Security Agency	UNICEF	United Nations Children's Education Fund
KII	Key informant interview	UPSNJP	Urban Productive Safety Net and Job Project
MoH	Ministry of Health	UPSNP	Urban Productive Safety Net Project
MoLSA	Ministry of Labour and Social Affairs	WASH	Water sanitation and hygiene services
MoP	Ministry of Peace	WB	The World Bank
MUDC	Ministry of Urban Development and Construction	WFP	World Food Programme
NDRMC	National Disaster Risk Management Commission		
NGOs	Non-governmental organizations		

Executive summary

The mapping of the national social protection system in Ethiopia, including social health insurance, is carried out as part of a joint technical study by the International Labour Organization (ILO) and partner United Nations (UN) agencies. Such studies have been carried out in a number of West and Central African countries by the ILO and United Nations High Commissioner for Refugees (UNHCR) and are now being scaled up under the Partnership for improving prospects for host communities and forcibly displaced persons (PROSPECTS).¹ The PROSPECTS partnership focuses on improving access to jobs, education and social protection for refugees and host communities alike.

The mapping of the current social protection system in Ethiopia, including social health protection, is conducted with the objective of identifying opportunities and possible activities to be undertaken as part of the ILO PROSPECTS social protection component, in line with the objectives of the project, output and timeline within the current context. The mapping exercise employed qualitative approaches.

The social protection mapping exercise has observed that Ethiopia has a fundamental policy and legislative framework strong enough to promote social protection programmes effectively. The country has a national social protection policy and strategy as well as different sector-specific strategies such as the Urban Food Security and Job Creation strategy.

Although it is at an early stage, the system for contributory and non-contributory social protection programmes is institutionalized to some degree in the country. The two main contributory social protection schemes are the public servants' social security and the private organization employees' social security schemes.

¹ PROSPECTS is supported by the Government of the Netherlands. The ILO also partners with UNICEF, UNHCR, WB and IFC to develop a joint and fully integrated approach to respond to the forced displacement situation in Ethiopia, Sudan, Lebanon, Jordan, Iraq, Egypt, Kenya and Uganda.

The public servants' social security currently covers 2.5 million public workers, while the private organizations employees' scheme has enrolled 1.67 million members out of a total of 203,458 private enterprises (3.6 per cent of the population). The expansion of private organization social security has a potential to embrace refugees, as their economic integration is ensured as part of the Comprehensive Refugee Response Framework (CRRF) and the additional pledges the country made during the first Global Refugee Forum in December 2019.

In terms of institutional structure, the Ethiopian Health Insurance Agency (EHIA) promotes social health insurance in the country based on mandates provided to it by Proclamation No. 191/2010. The agency administers two contributory health insurance schemes, which are the Social Health Insurance (SHI) for public service employees, government development enterprises, private organizations, non-profitmaking organizations and pensioners, and the Community-based Health Insurance (CBHI) scheme, mainly designed for small-scale, informal sector workers and the general public at large.

Although the SHI has a fully-fledged legislative framework and its implementation should be straightforward, it is not operational at present because of the challenges it encountered when first being put into practice. On the other hand, the CBHI scheme, which started as pilot in 13 *woredas* (districts) and four regions back in 2010–2014, has gathered strength and has a significant number of members. It currently covers about 70 per cent of all the *woredas* in the country, with more than 22 million members in both rural and urban areas.

The EHIA has developed a second Health Insurance Strategic Plan (HISP) envisioning to provide Universal Health Coverage (UHC) for all by 2030. Over the coming five years (2020–2025), the second HISP aims to reach 80 per cent of the population in the informal sector and 100 per cent of public servants in the formal sector (through SHI) with health insurance coverage.

The three large social protection programmes implemented in rural and urban areas are the Rural Productive Safety Net Project (RPSNP), Humanitarian Food Assistance (HFA) and the Urban Productive Safety Net Project (UPSNP). The RPSNP is implemented in rural areas of eight regional states providing services for more than 8 million beneficiaries. The UPSNP is implemented in 11 regional capital cities, providing transfer to 604,000 different categories of beneficiaries. HFA² is triggered in the country when natural and man-made disaster occurs; the number of beneficiaries is determined based on seasonal assessments conducted every six months.

While the RPSNP has no interventions that target refugees, the new design of the Urban Productive Safety Net and Job Project (UPSNIJP), which is financed by the World Bank with a contribution from the government, has made a paradigm shift in incorporating a component for the integration of refugees and host communities in selected localities. The project aims at including refugees and host communities living in the proximity of selected cities in a joint public works and livelihoods programme. It is expected to foster social cohesion and sustainable integration of host and refugee communities through shared activities and communication.

The Agency for Refugee and Returnee Affairs (ARRA) has developed a five-year Country Refugee Response Plan (2020–2021) which vows to go beyond mere care and maintenance and combines wider support to refugees and host communities.

Three different proclamations are currently in draft stages, and another proclamation is under review. These are: a) proclamations to establish a national social protection council; b) a proclamation for the establishment of a national social protection fund; c) a proclamation for the promotion of community-based health insurance. Additionally, the EHIA has identified key concerns and issues to be considered in amending the SHI for formal sector employees, all of which are currently awaiting approval and subsequent actions from the Council of Ministers.

2 The National Disaster Risk Management Commission is a focal institution that conducts seasonal assessment and issues a humanitarian response plan. The plan focuses on drought, flood and Forcibly Displaced Persons (FDPs) affected by natural or man-made disasters, including conflicts.

Based on the above findings, some of the opportunities that are available to strengthen the social protection system, the programmes in general and the social health protection in particular, are indicated below.

- ▶ Provide advocacy and advisory support for the Ministry of Labour and Social Affairs (MoLSA) to pursue its ongoing effort to establish and institutionalize a national social protection council, which provides strategic guidance and oversight to all social protection programmes and strategies in the country. By strengthening the social protection council, it is likely to ensure that issues related to the inclusion of refugees in the existing system can be better advocated and ensured.
- ▶ Support the MoLSA and EHIA to develop appropriate implementation guidelines and instruments to translate the legislative framework into all-inclusive, robust social protection activities and interventions. By doing so, it is possible to ensure that law and regulations are better enforced and implemented.
- ▶ Support the establishment of a social protection fund which could have a far-reaching impact on paving a way to financing pro-poor social protection schemes such as the CBHI, which is the cornerstone of the 2030 UHC goal of the country to enhance health insurance access outreach for refugees and host communities.
- ▶ Support the Urban Job Creation and Food Security Agency (JOBFSA) to consider enrolling refugees and host communities in CBHI, as a complementary service, along with the public works, could also address the economic and health service integration and inclusion of refugees and host communities. The agencies implementing this component could be given technical support to consider outreach of refugees to CBHI in a form of Memorandum of Understanding.
- ▶ Support the ARRA to effectively implement Refugee Proclamation No. 1110/2019 and the five-year Country Refugee Response Plan, which provides an array of opportunities for the economic and social integration of refugees with host communities.

Introduction and background

The Government of Ethiopia (GoE) has put in place the necessary legal framework which is favourable for the formulation and implementation of a National Social Protection System in the country. Article 41/5 of the Constitution states: “The State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian”. Furthermore, Article 41/6 states: “The state shall pursue policies which aim to expand job opportunities for the unemployed and the poor and shall accordingly undertake programmes and public work projects”. Article 90/1 stipulates: “as resource capacity of the government permits, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security”. On the basis of these statements, the government has reinforced the Constitution by issuing a National Social Protection Policy (NSPP), which was adopted in 2014, paving the way for kick-starting and expanding a range of social protection interventions.

Formal public contributory social security in Ethiopia dates back to 1963, when a scheme was established to provide social insurance for public sector workers, including the civil servants, the police and members of the defence forces.³

After five decades or so, the GoE issued Proclamation No. 715/2011, which expanded the social security scheme to include workers of private organizations. The proclamation is applicable to employees, including managerial employees, of private organizations who work for at least forty-five days over a definite or indefinite period of time, or on one piece of work. The term “private organizations”, as indicated in the proclamation, means an organization established to engage in commerce, industry, agriculture, construction, social services or any other lawful activity, which has salaried employees and includes charities and associations. Following this proclamation, the government established the Private Organizations Employees’ Social Security Agency (POESSA) in 2011 to manage the private sector social security fund.

3 The National Social Protection Policy of Ethiopia.

The Social Health Insurance (SHI) scheme is another wing of the social protection system currently extending its roots in Ethiopia. The country laid the foundation for the establishment of a social health insurance system by issuing Proclamation No. 690/2010, "A proclamation to provide Social Health Insurance", which was issued in August 2010. It states that the objective of the social health insurance scheme shall be to provide quality and sustainable universal health care coverage to the beneficiary through pooling of risks and reducing financial barriers at the point of service delivery.

Later, in December 2010, the GoE issued Regulation No. 191/2010 to establish the Ethiopian Health Insurance Agency (EHIA). The agency has a vision of ensuring that all citizens of the country are the beneficiaries of an equitable and sustainable health insurance system. It plans to realize these objectives by establishing an efficient and effective health insurance system that collects and administers contributions from members, ensuring the provision of quality health services to all citizens in a sustainable way.⁴ Subsequently, with the aid of the EHIA, the Community-based Health Insurance (CBHI) initiative was launched in 2011. Both the EHIA and the Ministry of Health (MoH) act as supervising and executive units of the project and have set up smaller national coordinating units to supervise operations. The CBHI is a system that benefits the part of the community that is engaged in the informal sector of the economy in urban and rural areas.

The three largest conditional and non-conditional social protection programmes are the Productive Safety Net Project (PSNP), Humanitarian Food Assistance (HFA), and the Urban Productive Safety Net Project (UPSNP). The PSNP, which started in 2005, provides cash or food transfers to chronically food-insecure people in rural areas in exchange for participation in public works (PW) or as direct support. The HFA provides food and cash transfers to people who are negatively affected by catastrophes such as drought and flood. The UPSNP provides cash transfers to urban poor living below the poverty line in 11 major cities in exchange for participation in PW or as direct support.

Moreover, some international organizations, non-government organizations (NGOs) and civil society and communities provide a range of social support and services to people in need, and the private sector offers a number of elements of a social insurance package. However, many of these programmes are either in pilot phases, have limited coverage or are time-bound.

In 2004 and 2019, Ethiopia enacted legislation regarding refugees which is in line with the international and regional refugee conventions to which Ethiopia is a party. In this connection the work of the focal government institution, the Agency for Refugee and Returnee Affairs (ARRA), can be noted.

Section 1 of this assessment report presents an **overview of the social protection system in Ethiopia**, and the two subsequent sections describe the **objective** and **methodologies** of the study. Section 4 presents the **key findings of the assessment**, with a focus on contributory and non-contributory social protection schemes and intervention on refugees and internally displaced persons (IDPs). Section 5 outlines **ongoing reforms**, while the following sections discuss **the socio-economic status of refugees and IDPs**. **Conclusions and recommendations** are presented in Section 7. A list of the key informants interviewed, and the terms of reference, are **annexed** to the report.

4 <https://ehia.gov.et/Vision-Mission-Objective>

Objectives and scope of the assignment

As laid out in the terms of reference, the objective of the consultancy assignment is to conduct a mapping of the social protection system in Ethiopia and identify opportunities and possible activities to be conducted as part of PROSPECTS social protection component, in line with the project's objectives, output and timeline within the current context.

More specifically, the consultancy is expected to deliver the following tasks:

- ▶ mapping of social protection schemes and respective coverage, as well as ongoing reforms and social protection responses to COVID-19;
- ▶ data collection on legal and effective coverage of refugees and IDPs;
- ▶ development of a report providing an overview of: i) the social protection system, including social health protection; ii) the specific situation of social protection coverage of refugees; and iii) opportunities identified along the three axes of intervention of the project (that is, extension of social health protection coverage of refugees and host communities, reinforcement of institutional capacities, and expansion to other benefits).

Methodology of the assessment

A qualitative approach was taken, with a desk review and key informant interviews (KII) helping to obtain the relevant documents and data to make an in-depth analysis of the social protection landscape in Ethiopia. Secondary sources of information were used extensively to obtain other necessary information. The secondary source documents consulted include national social protection policies, strategies, proclamations, regulations, project design documents, periodical reports, UN agencies' periodical publications and humanitarian cycle reports and plans. Web information on specific updates and newspapers were also used to complement specific thematic issues that otherwise would not have been covered by direct interviews or the past performance of a specific intervention.

The target populations for the survey, as stated in the terms of reference, were institutions engaged in social protection activities, with a focus on those that are linked to the provision of social protection services in general, and social health protection and services for refugees, host communities and FDPs in particular.

Key stakeholders interviewed are the Ministry of Labour and Social Affairs (MoLSA), EHIA, the Ministry of Agriculture (MoA), ARRA, the Urban Job Creation and Food Security Agency (JOBFSA), the Micro and Small-Scale Enterprises Development Agency and the Bureau of Labour and Social Affairs of Tigray regional state. On the side of development partners key informants from the United National Higher Commission for Refugees (UNHCR), United Nations Children's Education Fund (UNICEF), The World Bank (WB), International Labour Organization (ILO), World Food Programme (WFP), and Food & Agriculture Organization (FAO) were involved in the assessment. A semi-structured questionnaire was administered to guide the format of the discussion.

The assessment has the following limitations, which have slightly affected the scope and depth of the review. Owing to the COVID-19 pandemic, field assessment was not possible, limiting direct discussion with regional actors engaged in social protection, refugee and host-community focused interventions. However, every effort was exerted to have conversations and discussions with most of them through virtual meetings assisted by internet-based meeting platforms (Zoom, Team meeting) and phone calls. Some of the respondents provided their contribution in writing. Despite a repeated attempt, a direct interview could not be carried out with a representative from the ARRA, as getting a focal person ready for the interview was not possible. However, operations and projects carried out by the agency have been captured from its official website, the refugee response plan and other reports, including extracts taken from interviews carried out with partners closely working with the agency.

Findings

► Social protection policy and strategy

The assessment found that Ethiopia has issued a range of policies, legislations, strategies and action plans that have implications on the provision of social protection. The GoE issued the NSPP in 2014 with a vision “to see all Ethiopians enjoy social and economic well-being, security and social justice”.⁵ To translate the policy into action, the government additionally issued a National Social Protection Strategy in 2016.

The policy identifies the following five integrated focus areas as strategic direction.

1. Productive safety nets: poor and vulnerable households will receive transfers in the form of cash or food, which will enable them to increase their consumption of food, to access essential services, and to make productive investments. These transfers may or may not be conditional depending on local circumstances (for instance, target group, availability and quality of services to which conditions are attached).
2. Livelihoods and employment support: poor households will be supported with demand-led technical and financial support and/or information on employment opportunities, to enable them to improve their on- and off-farm livelihood activities.
3. Social insurance: expansion of mandatory insurance for formal sector workers and innovative insurance products for the rural poor and urban informal workers will enable people to better manage the risks they face.
4. Access to health, education and other social services: health fee waivers, subsidized health insurance, specialized services for persons with disabilities (PWDs), pregnant and lactating women, and school feeding, together with support from an expanded social work system, will improve access to services for the most vulnerable.
5. Provision of legal protection and support for citizens exposed to abuse, exploitation and violence.

⁵ National Social Protection Policy of Ethiopia.

The country has also issued different policies and strategies such as the Urban Food Security Strategy (2014), the National Disaster Risk Management Policy and strategy (2013) and the Employment Policy (2016). Furthermore, the GoE has issued a range of proclamations and regulations that shaped the SHI system in the country. While the adoption of the above strategies and legislations has changed the social protection landscape of Ethiopia, the most prominent ones that impacted the landscape are the National Social Protection Policy and the Urban Food Security Strategy.

This is clearly demonstrated by the fact that the SP strategy further enabled the expansion and financing of productive safety net projects in the country, while the food security strategy contributed towards the development of a new urban safety net project in 2015–16. As far as non-contributory⁶ social protection programmes are concerned, the most dominant ones in the country are the Rural Productive Safety Net Project (RPSNP) and the Urban Productive Safety Net Project (UPSNP). The adoption of the SHI has also significantly impacted the social protection landscape. This is especially pronounced in the introduction and implementation of the community-based health insurance scheme in the county. Both the contributory and non-contributory social protection programmes and schemes are presented below.

► Contributory social protection schemes in Ethiopia

The Public Servants' Social Security Agency (PSSSA) and the Private Organizations Employees' Social Security Agency (POESSA) are the parastatal agencies organized under the Ministry of Finance and MoLSA respectively. Furthermore, the MoH is responsible for managing both the SHI and CBHI schemes in the country.

Social Security Schemes

Formal public contributory social security in Ethiopia dates back to 1963 when a scheme was established to provide social insurance for public sector workers, including civil servants, the police and members of the defence forces.⁷ As part of expanding the social security scheme, the government established POESSA in 2011 to manage the private sector social security fund.

According to Proclamation No. 715/2011, the retirement age of an employee of a private organization is 60 years, based on the date of birth registered when he was employed for the first time. The benefits available under the proclamation are retirement pension, invalidity pension, incapacity pension or survivors' pension and gratuity. The proclamation is applicable to salaried employees, including managerial employees, working in a private organization for at least forty-five days over a definite or indefinite period or on a piece of work. The term "private organization", as indicated in the proclamation, embraces firms engaged in commerce, industry, agriculture, construction, social services or any other lawful activity, including charities and associations.

The proclamation stipulates those employees who are covered by a pension scheme or provident fund before the proclamation came into force may either decide to continue to benefit from the provident fund or agree to be covered by the new scheme. Provident fund arrangement was popularly used by NGOs and international organizations and provides better benefits for workers owing to larger employers' contributions.

6 By non-contributory it is meant monetary contribution and transfer, though the public works component of RPSNP and UPSNP are conditional programmes with labour contribution.

7 The National Social Protection Policy of Ethiopia.

The proclamation states that, upon their consent, it can cover employees of religious and political organizations and persons engaged in the informal sector. However, the inclusion of informal sector workers in the scheme has not been established because an implementation guideline has not yet been issued. On the contrary, the proclamation clearly indicates that it does not apply to domestic workers or employees of governmental organizations, international organizations and foreign diplomatic missions.

The contributions payable to the Private Organizations Pension Fund are based on the gross salary earned during normal working hours of the employee: 11 per cent by the employer and 7 per cent by the employee, a total of 18 per cent.⁸

Retirement-related articles of the proclamation indicate that an employee of a private organization who has completed at least 10 years of service and retires upon attaining retirement age shall receive retirement pension for life. Additionally, an employee who has completed at least 20 years of service and leaves the service by voluntary resignation or for any other causes other than those provided for in the proclamation receives retirement pension for life upon attaining retirement age. Article 19 states that the retirement pension due to all employees of a private organization shall be 30 per cent of their average salary for the last three years preceding retirement and shall be increased by 1.25 per cent for each year of service beyond 10 years, up to a maximum of 70 per cent of the average salary for the three years preceding retirement.

The ten-year strategic plan issued by POESSA indicates that, so far, the scheme has enrolled 1.67 million members out of a total of 203,458 private enterprises. Between 2016 and 2020, the scheme has managed to enrol around 460,000 workers from 76,000 private firms. The plan indicates that the increase is attributed to the fact that in recent years the scheme has accepted contractual and temporary workers. However, as an overall trend, the percentage of enterprises covered by the scheme compared with the total number of companies registered in the country is still very low, confirming that the agency needs to exert extra efforts to reach to each and every one. The agency plans to increase the scope of the scheme, envisaging to enrol a total of 3 million members out of the potential of more than 311,000 private enterprises operating in the country.

On the other hand, by the end of 2020 PSSSA had a total of 1,669,518 public workers (1.5 per cent of the total population) who are contributing to the scheme, out of whom 61 per cent are male and 39 per cent female. In terms of beneficiaries, a total of 31,386 persons benefits from the scheme, of whom 74 per cent are male and 26 per cent female.⁹ In terms of number of people covered by both schemes, altogether, contributors and beneficiaries represent around 2.7 of the total population.¹⁰

Although the right of refugees to social security is not clearly indicated in the 2019 proclamation, it is guaranteed by international treaties to which Ethiopia is a party. Article 24 of the 1951 Convention stipulates social security schemes for refugees. Under Ethiopia's law, there are two modalities for social security schemes related to employment: the Public Servants' Pension Scheme and the Private Employees' Pension Scheme. As non-Ethiopian nationals are generally not allowed to engage in public service works in the contemporary legal framework (except after naturalization) the social insurance schemes would not be applicable to refugees.

However, as per Proclamation No. 1110/2019, refugees have a right to work in private firms. According to the prevailing labour proclamation of Ethiopia, foreigners can be employed in private organizations if they are granted a work permit by the MoLSA. Nevertheless, anecdotal sources indicate that in practice, a handful of refugees (from Syria, Somalia and Eritrea, for instance) are working in private organizations, mainly engaged in restaurants and trade-related business. An employer's legal obligation in this regard is to request work permits for them. Moreover, issues related to refugees are administered by the ARRA as a mandated institution to manage all refugee-related affairs in Ethiopia.

8 Private Organization Employees' Social Security Proclamation No. 715/2011.

9 Based on data found from the Social Security Indicators (SSI) collected by ILO, 2020.

10 <https://www.worldometers.info/world-population/ethiopia-population>

Social Health Insurance Schemes

The EHIA was established in 2010 as an autonomous federal organ through Regulation No. 191/2010. It manages both SHI and CBHI schemes, but they are implemented independently. Aiming to see all the citizens covered by an equitable health insurance system, the agency plans to establish an efficient and effective scheme that collects and administers contributions from members and ensures provision of quality health services to all in a sustainable way.¹¹ Subsequent regulations (Regulation No. 271/2005) and directives issued by the Council of Ministers have further outlined the role the agency plays in strengthening the health insurance system in the country.

The agency implemented its first Health Insurance Strategic Plan (HISP) between 2015/16 and 2019/20, and will introduce HISP II between 2020/21 and 2024/25. These plans aim to introduce and expand health insurance services in the country. In the first plan, the agency achieved a great deal of progress in the area of health insurance coverage, specifically by promoting the CBHI scheme in more than five regions out of the total of nine, together with two city administrations, and registered better coverage of eligible households. A key challenge met in the implementation was rolling out SHI for public and formal enterprise workers and pensioners. Other major obstacles consisted of inadequate commitment to CBHI implementation by leaders at different levels, and ineffective registration and renewal process in rural areas.

The second HISP envisages reaching Universal Health Insurance (UHC) by 2030 by strengthening primary health care. Accelerating progress towards UHC is a main objective, attainable by improving health insurance. Between 2020–2025, HISP II aims to reach 80 per cent of the population in the informal sector and 100 per cent of public servants in the formal sector with health insurance coverage.

According to the 2016–17 health accounts, 35 per cent of health expenditure in Ethiopia is financed by external funding, 32 per cent by the government, 31 per cent by household out-of-pocket (OOP) payments, and 2 per cent by private employers and insurance. The share of OOP spending is considerably higher than the global recommended target of 20 per cent. OOP payment at point of care may expose people to catastrophic health expenditure and may also, in extreme cases, force them and their households into poverty. Alternatively, they might forgo seeking health care and face the consequences of their illness. The incidence of catastrophic health expenditure in Ethiopia is 2.1 per cent (concerning close to 1.8 million individuals every year).¹² This could decrease with improvement in service availability and utilization.¹³

The SHI proclamation stipulates that the premiums are structured to be equivalent to 3 per cent of a worker's gross salary with a further contribution of 3 per cent from the employer. The beneficiaries of the SHI scheme are the members and their families who are entitled to "essential health services and other critical curative services" as determined by regulation.¹⁴

The health insurance scheme provides coverage for public service employees, government development enterprises, private organizations, non-profit organizations and pensioners. It provides the right for workers to receive services from health facilities that have concluded contracts with the agency, mainly for in- and outpatient care, delivery services, surgical services and diagnostic tests, as well as generic drugs included in the drug list of the agency and prescribed by medical practitioners.

11 <https://ehia.gov.et/Vision-Mission-Objective>

12 Central Statistical Agency, based on Household Consumption Expenditure Survey.

13 Health Insurance Strategic Plan (HISP) II (2020/21–2024/25).

14 Proclamation No. 690/2010 to provide for social health insurance, articles 7 and 8.

The exceptions from the service package are: any treatment outside Ethiopia; treatment of injuries resulting from natural disasters, social unrest, epidemics or high-risk sports; treatments related to drug abuse or addiction; periodical medical check-ups unrelated to illness; occupational injuries;¹⁵ traffic accidents and other injuries covered by other laws; cosmetic surgery; organ transplants; dialysis except acute renal failure; provision of eyeglass and contact lenses.¹⁶

Even though the SHI proclamation was issued in 2010, it has not yet been fully enforced in the country because of concerns raised by potential members. Some of these concerns are: the affordability of the premium; the inclusion of spouses from one household; the compulsory nature of the programme; the quality of care in public health facilities; and service accessibility issues.

More importantly from the operational point of view, the underdeveloped health service delivery system on the supply side in Ethiopia was a great concern that eroded the interests and confidence of workers in welcoming the scheme wholeheartedly. The assessment indicated that workers expressed scepticism about the service quality and delivery modality of the public health centres, which are not always fully staffed or furnished with the required health equipment compared to private centres. As a result, the agency undertook further studies on the factors and key concerns that hindered enforcement of the scheme and eventually submitted a proposed course of action to the Council of Ministers.

As indicated earlier, the CBHI scheme introduced in Ethiopia aims at people who work in the informal sector, both in urban and rural areas. According to a labour force survey conducted in 2013 by the Central Statistical Agency (CSA), about 5.7 million, or 18.1 per cent of the total employed population in urban and rural areas, are engaged in the informal sector. The numbers are even higher in urban areas, that is, 25.8 per cent of the total employed population. This shows the limitations of the SHI system in reaching out to the informal sector workers, calling for a different strategy in the form of a community-based health insurance system. The informal nature of economic activity is much higher in rural areas because the majority of the rural population is engaged in subsistence farming and animal husbandry, mostly in pastoral communities in the lowlands.¹⁷

As of 2019, 770 (or 70 per cent) of *woredas* in the country have a functioning *woreda* CBHI scheme. The per capita outpatient department visit rate for CBHI beneficiaries has been increasing steadily since 2015.

The scheme is integrated into the existing *woreda* government structures and run by three full-time executive officers. The *woreda* scheme is governed by the *woreda* health insurance board, led by the *woreda* administrator and composed of members from relevant sector offices, to facilitate implementation. To ensure the ownership and active participation of the community in the design and implementation of CBHI, each functioning scheme has a General Assembly that meets once a year; three community representatives from each *kebele*¹⁸ participate in the assembly. In addition, there is a CBHI *kebele* section, mainly responsible for community mobilization, registering members and distributing ID cards, collecting membership contributions and channelling the contributions to each *woreda* scheme pool.

Membership of the CBHI is voluntary, and enrolment is at the household level to reduce adverse selection. There is a 2 to 3-month enrolment period each year; the months are selected in consideration of the harvest season, when rural residents have more spending money than at other times. Membership contributions are 240, 350 and 500 Birr (ETB) (US\$7, 10.2, and 14.6¹⁹) per household per annum for rural, urban, and bigger-city residents, respectively. Indigents (people whose income is below the national poverty line) are eligible to become CBHI members, with their annual contribution covered by regional and *woreda* governments in the form of a targeted action. To that end, the federal government allocates

15 Occupational injuries are covered by the Labour Proclamation No. 1156/2019 or the civil servants' regulation.

16 Exceptions also include in vitro fertilization; hip replacement; dentures, crowns, bridges, implants and root canal treatments except those required because of infections; provision of hearing aids; health services provided to any beneficiary free of charge.

17 Regions found in the east, northeast and southern parts of the country.

18 Kebele is a smaller/lower administrative unit in Ethiopia. Each Kebele consists of at least five hundred families, or the equivalent of 3,500 to 4,000 persons.

19 Prevailing dollar exchange rate in the month of August 2020.

10 per cent of annual contributions in the form of a general subsidy. The CBHI benefit package covers all in- and outpatient services except chronic dialysis, eyeglasses, false teeth and cosmetic procedures at the health centre and nearby hospitals; the provider payment mechanism is free for service at all levels.

In the area of financing the CBHI scheme, members' contributions and government subsidies were the main sources of health insurance funding. Over the five-year period of HISP I, ETB5.11 billion (3.59 billion from paying members, 1.01 billion in targeted subsidy, and 0.51 billion in general subsidy) was mobilized. The federal government contributes to each *woreda* scheme based on its performance — each scheme is reimbursed 10 per cent of its mobilized revenue. *Woreda* and regional governments allocate budget to cover their indigent contribution — which is on average 10 per cent of their population, even if the average poverty rate is 23.8 per cent. The new CBHI proclamation that Parliament is considering to revisit is expected to address and provide solutions to many of the above-mentioned issues and problems encountered in CBHI operations.

As of 2019/20, 1,920 health centres and 245 hospitals are providing health service to CBHI beneficiaries through a contractual agreement with CBHI schemes. In addition, at the end of 2018/19, about 15 per cent of health facilities and CBHI schemes had a contractual agreement with third-party providers such as the Red Cross, Kenema,²⁰ and model private and public pharmacies to fill gaps in the availability of essential medicine in health facilities. A review made by the EHIA has shown that 84 per cent of health care visits were made to health centres and 16 per cent to hospitals. More than 90 per cent of CBHI schemes have maintained a positive financial balance during the strategic period.

Concerning automation of the system, the information communication technology (ICT) roadmap lays out a strategy to guide the five-year health insurance expansion. It will be implemented in two phases, moving from manual to semi-automated in the first phase and to more advanced solutions in the second phase. In the year 2020, an IT system was being piloted in Kilege Awlalo *woreda* (Tigray) digitizing the core functions of the CBHI scheme, that is, member enrolment, claim submission, adjudication, reimbursement, reporting and analytic platforms. Based on the results of the pilot scheme and evaluation, the agency plans to scale up the system in phases to other *woredas*.

Within the EHIA itself, the agency has installed the Health Net Virtual Private Network system to connect the head office and branch offices for data exchange. In addition, it is making preparations to install an interactive voice response information system. Although there are good initiatives in applying ICT in the health insurance system, there are many gaps. Some CBHI schemes do not have computers to support their work, and minimal digitization at the health facility level has challenged the implementation of the pilot project to digitize the CBHI process. Moreover, lack of continuous internet connectivity has prevented nine EHIA branch offices of EHIA from fully using the health net virtual private network (VPN) system.

When it comes to the CBHI scheme, the government shows its commitment to help the poorest of the poor to benefit from the scheme through an indigent support mechanism which is already covering 10 per cent of those in need. Hence, this scheme, if it is backed further by legal provisions, has a great potential for reaching poor people living in urban and rural areas. Although this has not been explicitly indicated, it is evident that it has a spill-over effect for refugees, as UHC is a vision for all people in the country. The modality for extending CBHI to refugees is an area that requires further study and engagement with the EHIA. However, the possibility and affordability of extending the service for refugees are fairly clear, as indicated above. The assessment has observed that there is an opportunity to pilot outreach access to the CBHI by refugees. The Urban Productive Safety Net and Job Project (UPSNIJ) could serve as a vehicle to realize this in close coordination with the ARRA. Detailed services for refugees are further elaborated in section 4.4.1 of this assessment report.

²⁰ Government-owned public pharmacies.

► Safety Net Projects

The World Bank and UNICEF are the two key partners with whom the MoLSA is closely collaborating to promote a social protection system in Ethiopia. With the World Bank, the ministry implements the RPSNP and UPSNP with a focus on labour-constrained families and provision of permanent direct services for the poor in rural and urban areas. In parallel, in close coordination with UNICEF, the MoLSA is implementing an Integrated PSNP²¹ pilot project with a focus on selected *woredas* in the Amhara regional state and two sub-cities of Addis Ababa.

The MoLSA also works on the rehabilitation and reintegration of returnees from Middle Eastern countries. These returnees are Ethiopians who travelled to countries such as Saudi Arabia, Bahrain, Kuwait, UAE and Lebanon between 2005 and 2020 years in search of employment opportunities. The MoLSA administers overseas employment of Ethiopians based on Proclamation No. 923/2016. Upon their return, either upon completion of a contract or for any other reasons, the ministry registers returnees and provides them with basic services including provision of temporary shelters, food and a health check-up for COVID-19. Re-integrating returnees with their families and communities is part of the services carried out by the ministry in close cooperation with International Organization for Migration (IOM) and other development partners.

Rural Productive Safety Net Project

The RPSNP is a government national programme financed by the GoE and 10 development partners, which are the Government of Canada, Danish International Development Assistance (DANIDA), the Kingdom of the Netherlands, the European Union (EU), the Government of Ireland, the Foreign, Commonwealth and Development Office (FCDO), the United Nations Children’s Fund (UNICEF), the United States Agency for International Development (USAID), the World Bank (WB) and the World Food Programme (WFP).²²

The project is implemented in rural areas of eight regions: Afar; Amhara; Dire Dawa; Harari; Oromia; Somali; Southern Nations, Nationalities and Peoples (SNNP) Region; and Tigray. Direct programme beneficiaries of the project include 8 million people targeted as core beneficiaries.

The project has three components — safety net, livelihood and systems development. The safety net component focuses on the delivery of predictable and timely transfers (regular transfers to core clients and transfers to households in response to shocks). It comprises the PW that most clients work on in exchange for their safety net transfers and the nutrition-sensitive interventions that supplement these PW conditions. It supports chronically food-insecure households, which make up the core of the PSNP, through manual cash payments, cash e-payments and food transfers. Public work activities involve rehabilitating the natural resource base, building health posts and schoolrooms, constructing and rehabilitating roads, and building other public infrastructures as prioritized by the community.

Households are selected to participate in the programme through a community-based targeting process to identify those that are chronically food insecure. Households with able-bodied adult members receive safety net transfers in exchange for work carried out on PW. The beneficiaries receive transfers each month for six months until the households graduate from the programme. During 2013–2015 the government conducted large-scale “graduation” from the UPSNP, which led to a significant number of beneficiaries (2.5 million) exiting the programme. However, by the end of 2016, the caseload raised from 5.2 million to 7.9 million people and has remained relatively constant since then.²³

21 IPSNP is implemented in selected pilot urban and rural areas using PSNP programme implementation modality.

22 <https://www.worldbank.org/en/news/press-release/2017/09/14/world-bank-to-help-ethiopia-build-a-national-safety-net-system-as-a-more-effective-response-to-droughts>

23 Adaptive Safety Net Project, PAD.

The most vulnerable households, with elderly or disabled members and lacking any able-bodied adults, or female-headed households with high dependency ratios, receive direct transfers each month throughout the year. Starting from July 2017, the value of the transfers (per person per month) has been indexed to the price of 15 kg of wheat in local markets at the point in the year when prices are highest.

The aim of the second component is to enhance access to complementary livelihood services. This component supports the livelihood interventions that are carried out under the RPSNP for chronically food-insecure households, aiming to reach 10 per cent of the PSNP clients. The programme is working towards bringing the livelihood support to the PSNP clients that is provided through NGOs into the framework of the PSNP livelihood component, to enable better coordination, complementarity, and learning.

This component consists of two elements: a) support to core PSNP clients, including on-farm extension, mentoring and coaching in business and technical skills training for diversification into off-farm activities, links to employment services, voluntary savings promotion, and referring households to micro-level financial institutions; b) provision of livelihood transfers or grants to give the most vulnerable households a boost to enable them to build productive assets, develop their livelihoods, access credit, and, ultimately, become self-reliant.

The third component supports activities to strengthen the government's institutions, human resources and systems in the area of effective targeting of safety net resources, timely delivery of predictable safety net support in the form of cash or food, scaling-up of safety net support in response to drought to eligible households, including developing a robust monitoring and evaluation system.

The other programme that is implemented in a parallel and coordinated manner is the HFA, which is coordinated by the National Disaster Risk Management Commission (NDRMC). The programme provides food and cash transfers to households that are food insecure because of a shock, most often drought, in rural areas. The number of people supported by the HFA is determined through a biannual needs assessment. Transfers in food are provided through the government's food management systems and through the WFP and NGOs.

The MoLSA implements the permanent direct support (PDS) component of RPSNP in the project areas using the regional, zonal and *woreda* labour and social affairs offices. While implementing the PDS component of the project is a commendable action, the MoLSA also needs to discharge its national social protection programmes coordination role effectively by establishing structures such as the national social protection council, which is mandated to provide strategic guidance and oversight on the overall the SP system in the country.

Urban Productive Safety Net Project

The UPSNP is another social protection programme implemented by the Ministry of Urban Development and Construction (MUDEC) as part of its ten-year programme framework. The project is funded through a US\$300 million World Bank credit and a government cash contribution of US\$150 million. The development objective of the project is to support the GoE to improve the income of targeted poor households and establish urban safety net mechanisms.

The first phase of the UPSNP began in 2016 with a project duration of five years till the end of 2020. This initiative has three major integrated components: a) basic safety net support, including productive and predictable transfers through conditional and unconditional transfers; b) livelihood services, including interventions that facilitate graduation from the programme and promote moving out of poverty; and c) capacity building which focuses on Institutional Strengthening, Project Management, and Coordination for immediate safety net support for the urban poor. The project currently covers 11 major cities, including Addis Ababa, and has about 600,000 beneficiaries. It is ultimately intended to support more than 4.7 million urban poor in around 972 cities and towns as part of the MUDEC's ten-year plan.

The public works component employs poor individuals in small-scale infrastructure and social services development and maintenance, which includes urban beautification, watershed development, clean river basins and sewerage system, and urban agriculture projects. Like PSNP, it also has a direct support component that provides unconditional cash transfers to households that have no able-bodied members to work. The destitute sub-component of UPSNP has incorporated financial and in-kind support (shelter, healthcare, counselling, reunification, education and vocational support) to the urban “destitute”, which include people living and working on the street in precarious conditions.²⁴

The UPSNP builds on this experience and aims at improving the income and livelihoods of poor urban households and individuals through financial and technical support. It also builds the capacity of implementers to make them more effective. The initial pilot phase started in 11 major cities, one each from the regional states plus Addis Ababa and Dire Dawa. The population of these pilot cities is estimated to be five million of whom about 20 per cent are below the poverty line. The pilot phase is being implemented to reach 604,000 of those below the poverty line, while Addis Ababa as the largest urban centre will take the bulk of resources (75 per cent).

As part of the UPSNP, the MoLSA is implementing a PDS component which is currently implemented in 11 cities. The UPSNP programme has public works, livelihood and PDS/Urban destitute support components. Regional structures of the JOBFSA and the Bureau of Labour and Social Affairs (BoLSA) are responsible for the implementation of the project JOBFSA serving as a focal government institution that coordinates the project.

A KII from JOBFSA has indicated that the GoE, with additional financing from the World Bank, is currently designing the second phase of the programme, that is, the UPSNJP, which has a development objective of improving the incomes of the urban poor and the labour market inclusion of disadvantaged urban youth.

Accordingly, the agency plans to expand the scope of the UPSNP to more cities, focusing on livelihoods and labour market integration, particularly of youth, as well as protecting the most vulnerable populations such as the elderly and disabled, the homeless, as well as refugees and host communities. The GoE has decided to expand the urban safety net to up to 83 cities in the new UPSNJP project implementation by 2025 by providing a significant contribution to this goal, in addition to the existing 11 UPSNP cities.

The UPSNJP will be implemented with a focus on public works and livelihood support to selected urban poor households, including refugees, taking into consideration city-level poverty and unemployment rates, administrative capacity and regional equity. Additionally, the project provides a first work experience by promoting apprenticeship for disadvantaged urban youth and support reforms in job search services, in up to 11 cities. A dedicated component will strengthen urban social assistance by expanding direct income support to more cities and by providing reintegration services for the homeless. The project envisages providing institutional strengthening support of the UFSJCA, MoLSA, the Job Creation Commission and ARRA to further build safety net systems and foster public private partnerships for livelihood development and jobs.

The design of the new UPSNJP project has factored in the fact that Ethiopia has become one of the first countries to implement the Comprehensive Refugee Response Framework (CRRF) and the additional pledges the country made during the first Global Refugee Forum in December 2019. The pledge includes: a) create up to 90,000 socio-economic opportunities through agricultural and livestock value chains that benefit both refugees and host communities; b) provide quality and accredited skills training to 20,000 hosts and refugees on an equitable basis; c) provide market-based and sustainable household and facility-based energy solutions for 3 million hosts and refugees; and d) strengthen the GoE’s asylum system and social protection capacity.

In view of this, the five-year response plan developed by the ARRA paves a way for translation of the pledges into action. The plan serves as a guiding document for a comprehensive government approach enhancing self-reliance and resilience for refugees and host communities.

24 UNICEF-supported Integrated Productive Safety Net Project (IPSNP).

The JOBFSAs have indicated that the current project has a US\$50 million equivalent sub-component for the integration of refugees and host communities in selected localities. Mainly, the project aims at including refugees and host communities living close to selected cities in a joint public works and livelihoods programme. The project is expected to foster social cohesion and sustainable integration of host and refugee communities through shared activities and communication. The implementation modalities of the sub-component remain largely the same, not to create a separate programme but to integrate refugees and host communities in the existing UPSNP programme.

The component envisages the integration of refugees and host communities to be carefully rolled out in different regions, based on the outcome of the pilot from the Somali region based on local consensus, and adhering to international protection standards as well as social and environmental standards. The JOBFSAs and ARRA are expected to build strong coordination mechanisms in the selection of host households, which is expected to be led by the local office of the UJCFSA in a participatory way. The selection of refugees will also be led by the ARRA in a participatory way, with the participation of key stakeholders including the UJCFSA, and based on pre-determined criteria.

The ARRA is expected to play a key role in the integration of the refugees and host communities under the project, and it will be mostly responsible for coordination at the national, regional and local levels of refugee-related programmes, for facilitating access and providing necessary protection services. The agency will be fully involved in the selection process of the voluntary participating refugees and in the overall monitoring of project progress. A memorandum of understanding between the JOBFSAs and ARRA, which will outline the respective roles and responsibilities, will be signed prior to implementing any activities with refugees. The number of refugees and host communities to benefit from this intervention is expected to be determined based on specific needs assessments, to be conducted when the project becomes operational in 2021. As the JOBFSAs are starting to deal with refugees and the host population for the first time, the required capacity development support would be immense and also requires specialized services that agencies such as the UNHCR, IOM and ILO could provide. Hence, it would be beneficial to coordinate closely with the JOBFSAs and ARRA to identify if there is a specific capacity development need for implementing and expanding such projects effectively in similar settings in Ethiopia.

Integrated PSNP Pilot

The Integrated Safety Net Programme (ISNP) is a pilot programme financed by the Swedish International Development Agency (SIDA) and implemented by the GoE with UNICEF's support in 2018–2022, in the context of the fourth phase of the PSNP. This pilot is implemented in both rural and urban areas to provide added value to the RPSNP and UPSNP.

Using this pilot, UNICEF supports the building and strengthening of a child-sensitive social protection system, with a specific focus on social assistance, social work workforce, and child protection. It also helps the GoE to establish and strengthen social protection coordination mechanisms at all levels and to support the establishment of a national social protection registry and a direct support management information system. The pilot analyses the existing fiscal space for child-sensitive social protection, including advocacy for a sustainably and domestically financed social protection system. One of the project's objectives is to improve the capacity strengthening of the government for evidence-based planning, policy dialogue, formulation, revision and implementation of a child-sensitive social protection system. The pilot supports the EHIA/MoH and MoLSA to link existing social cash transfer clients with complementary social services and the CBHI.

The project has been implemented in Amhara regional state and in two sub-cities of Addis Ababa (Addis Ketema and Arada) for the period from 2018 to 2022. The Addis Ababa BoLSA coordinates projects in the capital, while the project is implemented in Amhara regional state by its regional BoLSA.²⁵ In view of the above activities, the government is currently committed to covering health insurance premiums for the lowest 10 per cent of the poor. In this regard, UNICEF works closely with regional, zonal and

²⁵ UNICEF-supported Integrated Productive Safety Net Project (IPSNP).

woreda administration so that permanent direct support beneficiaries of the programme get free access to CBHI coverage, which is financed by the government health pool fund. To that end, in Amhara regional state (three *woredas*) and in two sub-cities of Addis Ababa, a memorandum of understanding has already been signed to enrol all PDS beneficiaries of the UPSNP to access free health insurance. Efforts are being exerted to increase access to the CBHI by public works beneficiaries as well. UNICEF is also currently working on advocacy activity on the need to increase the indigent 10 per cent to 23 per cent, to ensure universal health insurance for the poorest of the poor in the country. SIDA is supporting UNICEF in shock responsive community programmes, including provision to top-up COVID services.

UNICEF supports MoLSA and regional BoLSAs in social workforce development, targeting community-based workforce development at *woreda* and *kebele* levels. Equal efforts are also exerted to other aspects of the social protection system, such as linking project intervention with nutrition and strengthening the social protection management information system, which is an ongoing activity for the PSNP.

Other government initiatives

The GoE is taking different initiatives aiming at supporting the most vulnerable segment of society. One of such initiatives is the promotion of school feeding and provision of scholastic materials, especially in urban areas such as Addis Ababa. The city administration school-feeding programme targets some 300,000 primary school students — up to grade eight — who are benefiting from the free school feeding programme.²⁶ The programme has created jobs for a considerable number of mothers and parents of students in Addis Ababa. During its second regular session of the year (2020), the city council ratified a bill to set up the agency to run the students' meal programme effectively. The agency will be tasked to run the programme to ensure that students in the city are not dropping out of school because of lack of access to food and educational resources, and to develop a system in which the administration and the community can contribute to the success of the programme, enabling students to succeed in their education.

In a bid to increase the financial space for social protection, the GoE is currently pursuing a range of resource mobilization initiatives such as donation for school feeding initiatives, provision of clothes and any other material for the destitute and the like. This mobilization is fragmented by nature and does not indicate clearly the amount of resources mobilized and the number of people benefiting from it. Hence, the GoE of Ethiopia, more specifically the MoLSA, needs to be supported technically so that it can pursue its bid for the establishment of a social protection fund, whose proclamation is tabled to be adopted by the council of Ministers of the Federal Democratic Republic of Ethiopia (FDRE).

This mapping of the national social protection system in Ethiopia attempts to review its overall architecture by focusing on national programmes and projects currently being implemented. The review will attempt to provide an overview of the social protection system, with a focus on the specific coverage of refugees.

► Refugee and IDP operations

Ethiopia has a long-standing history of hosting refugees. The country maintains an open-door policy for refugee inflows into the country and allows humanitarian access and protection to those seeking asylum on its territory. Proclamation No. 1110/2019, which recently replaced the national Refugee Proclamation first issued in 2004, is enacted based on the international and regional refugee conventions to which Ethiopia is party (1951 Convention relating to the Status of Refugees, its 1967 Protocol and the 1969 OAU Convention). Continued insecurity within neighbouring states has resulted in sustained refugee movements, either directly as a result of internal conflict and human rights abuse or as a result of conflict related to competition for scarce natural resources and drought-related food insecurity.

²⁶ Daily Amharic language *Addis Zemen* newspaper, which quoted the public relations officer of the Addis Ababa City Education Bureau.

The ARRA, currently housed under the Ministry of Peace (MoP), is a designated government body overseeing day-to-day refugee affairs with the support of the UNHCR and other humanitarian partners. The ARRA is managing operations of refugees in all refugee camps in the country, both as a regulatory as well as a service-provision institution. The MoP works on peace-building, conflict prevention and resolution, inter-governmental relations, and the realization of equitable development in emerging regions. It aspires to see that Ethiopia has a highly strengthened, modern peace and security system, a well-organized federal system and equitable development.

Ethiopia became one of the first countries to provide pledges on the CRRF. The framework provides opportunities for refugees to gain access to education and labour markets so that they can build their skills and become self-reliant, contributing to local economies and fuelling the development of the communities hosting them, subject to the availability of external resources. The ARRA is collaborating with a range of national and UN agencies in addressing the issue of refugees, host population and returnees. The UNHCR is one of the leading partners working closely with the ARRA in a range of areas.

Additionally, in the area of forcibly displaced persons (FDPs), the MoP is a focal institution mandated to promote peace and stability in Ethiopia and to manage FDPs as the result of natural or man-made disasters, including conflicts. The NDRMC is a specialized commission mandated to manage disaster risk management and response actions. The commission works closely with a range of national and international organizations to manage natural disasters including conflict and displacements.

Refugee operations

Ethiopia is currently hosting close to a million refugees from some 26 countries, making it the second-largest hosting nation in Africa. The majority of these refugees originate from South Sudan, Somalia, Eritrea and Sudan. In Ethiopia, the majority of the refugees are currently sheltered in 27 camps, while some others are allowed to live outside the camps, including the capital city, Addis Ababa, by the Out of Camp Policy (OCP) as well as with due recognition of the urban refugee status to eligible persons. The ARRA is now collaboratively working with various partners to comprehensively support refugees, returnees, and host communities.²⁷

The assessment has learned that the UNHCR has developed a two-year (2019–2020) Country Refugee Response Plan (CRRP) for Ethiopia, as an integrated response plan for refugees from Eritrea, Sudan, South Sudan and Somalia. The plan is developed in close consultation and coordination with the ARRA and other government stakeholders, taking note of a new refugee proclamation dealing with refugee affairs issued in 2019. The plan has reviewed succinctly the status and trend of the flow of refugees to Ethiopia.

The CRRP underscores that refugee flow to Ethiopia continued during 2018, with 36,1351 persons seeking safety and protection within the country's borders. At the beginning of 2019, the nation hosted 905,8312 refugees who had been forced to flee their homes as a result of insecurity due to political instability, military conscription, conflict, famine and other problems in their countries of origin. The plan aims to ensure the increased coherence and alignment of all interventions intended to support refugees against a common set of sectorial objectives and performance targets, to improve coordination, and to further timely and effective protection and solutions.

In terms of location, the CRRP shows that the majority of refugees in Ethiopia are located in Tigray and four other regional states, namely Afar, Benishangul-Gumuz, Gambella and Somali. From the point of view of nationality, South Sudanese form the largest refugee population in Ethiopia, totalling 422,240 persons in 2020. The majority were accommodated through the expansion of Nguenyiel Camp in the Gambella region. Somalis constitute 28.4 per cent of registered refugees. The Eritrean caseload comprised 173,879 individuals at the end of 2020, with 14,567 new arrivals received in the Tigray and Afar regions. Ethiopia also hosts an additional caseload of 52,429 individuals drawn from across a wider region, including Sudan (44,620), Yemen (1,891) and other countries.

²⁷ <https://arra.et/message-from-the-deputy-director/>

The response plan has outlined six strategic objectives: a) preserving and enhancing the protection environment and living conditions of refugees, including access to basic services, and promotion of peaceful coexistence with local communities; b) strengthening refugee protection through the expansion of improved community-based and multi-sectorial child protection and SGBV programmes; c) strengthening access to education, water sanitation and hygiene services (WASH), health and nutrition, livelihoods, energy, sanitary items, inter alia; d) supporting the implementation of the government's pledges to expand access to rights, services and self-reliance opportunities in the longer term, in line with the CRRF and its pilot implementation in Ethiopia; e) contributing to the development of a strong linkage with local or national development-related interventions; and f) expanding access to solutions that include resettlement opportunities, voluntary repatriation when feasible, legal migration pathways as well as local integration.

On health-related issues, the plan states that: "Investments will continue to be made to strengthen comprehensive preventive and curative primary health care services, including mental health care, non-communicable disease prevention and treatment, and referral care. The prevention of new HIV infections and provision of care for those infected, as well as the prevention and early treatment of malaria cases will remain a priority." As regards urban areas, the plan states that urban refugees continue to be helped to access basic services, including health and education, while an increased focus will be placed on furthering access to legal aid.

In terms of host community support, the mapping has shown that there is a range of projects and programmes that target poor and vulnerable communities in rural and urban areas. These projects are the RPSNP, UPSNP and IPSNP. At the time of conducting this assessment, none of the above projects are providing services for refugees, and the scope of the project focuses primarily on host communities. However, as indicated above, there is a plan in the new design of UPSNJP to include a component which serves refugees and host communities.

A UNHCR report²⁸ indicates that collaboration is most advanced with line ministries in the areas of health, water, education, and child protection. In the health sector, the ARRA and UNHCR partner with the federal MoH and the regional health bureaux on emergency preparedness and response, as well as on the control of major disease burdens such as malaria and tuberculosis. In the education sector, the collaboration between the federal Ministry of Education, the regional bureaux of education, UNHCR and ARRA has resulted in the adoption of the national curriculum in all schools operating in refugee camps and in the establishment of the Education Management Information System. The Ethiopian parliament also approved a revised Proclamation of the Federal Vital Events Registration Agency to allow refugees to be included in the national system. Such a development is significant as there are an estimated 70,000 refugee children in Ethiopia without birth certificates.

The inclusion of refugees in national systems can benefit host communities as well. The installation of the Itang integrated water infrastructure system in Gambella region is one such example. Rather than rely on an expensive water-trucking option, which is temporary by nature, a large-scale water infrastructure scheme was developed by the Regional Water Bureau together with the United Nations Children's Fund (UNICEF) to respond to the needs of three refugee camps and two neighbouring towns. This water system aims to serve a population of 250,000 and will be managed by a professional public water utility.

In the area of health insurance, the two big social health insurance programmes are the SHI and CBHI. While outreach to the SHI is somehow remote for refugees, as it requires engaging in formal public and private firms, the CBHI scheme is a wide-open option for all categories of persons; hence the possibility of embracing refugees through this scheme is huge.

28 UNHCR refugees' inclusion in national systems, Ethiopia 2017.

IDP operations

The NDRMC is coordinating disaster risk management related activities in the country, including natural disaster and conflicts. A recent Humanitarian Response Cycle report issued in May 2020 states: “Since the release of the 2020 Humanitarian Needs Overview,²⁹ there have been changes in the IDP and returnee situation throughout the country. The Humanitarian Disaster Resilience Plan (HDRP) document acknowledges that “in addition to climate-driven needs, there are huge conflict-induced IDPs, many of whom need relief and recovery/resettlement assistance.” The most recently issued Humanitarian Response Document (HRD) shows that “between December 2019 and January 2020, large numbers of people were newly displaced in all regions (except Benishangul-Gumuz), mostly as a result of conflict. Seasonal floods and drought were the other main drivers of new displacements. The total number of displaced persons is currently 1.8 million.”³⁰

The HDRP is a joint government and development partners’ document which lays out the basis for a model that will allow for further planning and development investments, in line with a disaster risk management approach. It follows a three-pillar approach: a) prevention and mitigation by prioritizing humanitarian response for support via humanitarian or development flexible funding; b) preparedness and response provision of largely relief commodities and ensuring partners’ presence in hot-spot areas; and c) strengthening the national recovery system to ensure that all humanitarian assistance in the country is delivered with or through national systems at the point of delivery.

In connection with its mandates, the NDRMC has issued a Humanitarian Response Plan revision (April 2020) that shows the changes in the humanitarian situation (non-COVID related) that have impacted the number of People in Need (PiN). It indicates that the PiN overall in the country have increased from 8.4 million (2020 Humanitarian Needs Overview) to an estimated 10 million. Of these, conflict IDPs in sites are 678,000, in host communities 624,000, climate-induced IDPs 602,000, making the total of 2,916 million persons including returnees.

One can see from the above that the HRD was developed by the GoE and development partners. The plan was developed based on joint seasonal assessments carried out twice a year. Reporting and the response plan follow a clustered approach, that is, agriculture, health, education, food, WASH, emergency shelter or non-food items, etc. Clusters are classified and budgeted with relevant sector ministries and development partners playing prominent roles in the planning and implementation phases. Each cluster has a set of objectives, specific activities with targeted population and budget requirements classified in three tiers.

29 Humanitarian Needs Overview.

30 Humanitarian Programme Cycle 2020, May 2020.

Ongoing reforms and the COVID-19 pandemic

► Social health insurance

The assessment has shown that the EHIA has acknowledged legislation gaps in the area of SHI and CBHI. Accordingly, key challenges and concerns that hindered the implementation of the SHI proclamation have been identified and presented to the council of ministers for sub-sequent policy direction. The rectification of the proclamation is expected to address the concerns in reference and to enable the enrolment of the huge number of formal sector workers in the health insurance scheme. This will drastically address the OOP health services that most formal sector workers are experiencing now.

The CBHI is being implemented, based on a directive issued by MoH membership to the scheme is not mandatory. The agency believes that the CBHI scheme needs to be scaled up in all the parts of the country that called for the drafting of a proclamation, and should be submitted to the council of ministers. The adoption of the CBHI proclamation is expected to provide a legal backing to expand health insurance for urban and rural populations engaged in small-scale private businesses and informal sector operators at large. Drafting the above two proclamations call for advocacy work so they can be promptly adopted by the council of Ministers and transferred to the parliament for their final issuance. In addition, once these proclamations have been adopted and issued, they would lead to technical support for the EHIA to organize a series of sensitizing activities and develop implementation manuals, procedural guidelines and working mechanisms. More specifically, detailed tools such as a service provision payment mechanism, a pooling mechanism, clinical and claim audit, benefit package, sliding contribution rate, mandatory CBHI membership and complaint handling are required to streamline the scheme. Supporting EHIA in this endeavour makes sense of the government's strategic plan that envisions Universal Health Coverage (UHC) by 2030, which implies that the CBHI scheme would have a great potential to embrace large segments of the population, including refugees.

In the area of ongoing reforms, UNICEF has supported the MoLSA in drafting a directive to establish a national social protection council. The directive has been tabled for review by the council of ministers, and their decision is currently pending because of the reform programme the country is undergoing, and in connection with the COVID-19 pandemic. As interim strategy, MoLSA has reactivated the National Social Protection Platform which has been engaged in similar activities since 2011.

► Social protection coordination

The MoLSA is responsible for coordinating social protection programmes in the country. To this end, the ministry works closely with the Ethiopian Elderly and Pensioners National Association, the national association of persons with disabilities and other relevant national associations. At the federal level, it works closely with the MoH and the MUDC in enhancing living conditions for persons with disabilities (PWD). At the regional and *woreda* levels, BoLSAs promote the establishment of community care coalitions (CCCs), civic societies working at grass-roots level in close coordination with *woreda* administration and providing a wide range of support for the poorest of the poor. In most cases, CCCs are composed of local *Edirs*,³¹ women's associations, youth associations, local administrations, development agents, school representatives and community leaders.

At the time of writing this report, the ministry is working to assume its social protection coordination role by assessing its capacities, conducting a rebranding activity that focuses on strengthening the social protection system in the country by establishing an effective management and information system, setting up a national social protection council and a fund which will bring fragmented resource mobilization into a coordinated system.

To that end, the ministry has drafted two legal directives: a) a proclamation for the establishment of a national social protection fund; b) a proclamation for the establishment of a national social protection council. The two legal documents have already been presented to the council of ministers and are awaiting adoption. The SP fund proclamation is expected to enhance the MoLSA's capacity to coordinate the different social welfare initiatives implemented in the country and to enhance a more streamlined domestic financing.

The social protection council is expected to oversee SP-related programmes in the country and provide strategic guidance in their effective implementation and realization. When issued, the two directives should increase collaboration among all government ministries involved in SP programmes and projects. As an Interim strategy for the coordination of SP programmes in the country, the MoLSA is planning to reactivate the National Social Protection Platform, which brings together relevant sector ministries, development partners, international organizations, NGOs, and civil society representatives. The NSPP has played a pivotal role in drafting the SP policy and strategy back in 2014–16. The social protection platform is an important forum that discusses issues not adequately covered in policies and strategies of the country and provides opportunities for addressing them. Strengthening such forums could facilitate the promotion of policy dialogue on emerging SP issues and targets such as refugees, host communities and returnees.

Even though the establishment of the national SP council at federal level is still awaiting a final decision, some regional states such as Amhara have already managed to establish a regional SP council. Some regions have also succeeded in convincing their regional high council to establish a regional SP fund, which is supported by UNICEF. It is an EU-funded programme that focuses on public finance management and exploring fiscal space for social protection in the regions.

UNICEF supports the MoLSA to review and revise the national social protection policy and strategy to align it with the current situation. Even though the policy was issued in 2014 much of its strategies have not yet been fully implemented, apart from a set of interventions related to safety net programmes. On top of this, existing programmes are not yet systematically interlinked to serve a life-cycle social protection system. The UNICEF policy unit has no refugee-focused intervention. With respect to the RPSNP, there is a plan to include a shock responsive social protection component at donors' group level, realized in the form of a developing contingency plan. Nevertheless, its focus is on drought response activities to encourage *woreda* administrations to mobilize resources.

31 *Edir* is a local support association which provides support in funeral ceremonies and other social issues.

One of the supports that MoLSA seeks in this regard is in advocacy work for the speedy adoption of the directives by the council of ministers. Once they have been adopted, these instruments will call for the development of manuals, guidelines for their effective implementation and operationalization.

► Refugee affairs

In Ethiopia, policy and legal reforms have been revised and issued to further support the inclusion of refugees in the national systems. Refugee Proclamation No. 1110/2019 (which replaced Proclamation No. 409/2004) addresses most of the concerns of refugees. This proclamation is in line with the government pledges made at different times and in line with the CRRF of the UN General Assembly's New York Declaration.

The new proclamation acknowledges that the one it replaced was not painstaking and did not reflect the more recent development and progress made in refugee protection. Consequently, the enactment of a new Refugee Proclamation was called for, to improve comprehensive protection and assistance to refugees within the means available.

The proclamation provides a range of rights and privileges to refugees and their family members. Article 22 states: "Every recognized refugee and asylum-seeker is a) entitled to the rights and be subjected to the obligations contained in the Refugee Convention, the OAU Refugee Convention and applicable international laws; b) shall be subject to the laws and provisions in force in Ethiopia".

Subsequent articles cover these rights more specifically: Article 23, the right to stay in Ethiopia; Article 24, access to education; Article 25, access to health services and Article 26, the right to work. The proclamation recognizes that "refugees and asylum-seekers engaged in rural and urban projects jointly designed by the Ethiopian government and the international community to benefit refugees and Ethiopian nationals, including in environmental protection, industry and small and micro enterprises, shall be given equal treatment as accorded to Ethiopian nationals engaged in the same projects".

In Article 34 the proclamation stipulates that "where a rationing system exists, which regulates the general distribution of products in short supply, recognized refugees and asylum-seekers shall be accorded the same treatment as nationals". Article 42 of the proclamation also states that "Every recognized refugee or asylum-seeker who fulfils the necessary requirements provided in the relevant provisions of the Ethiopian Nationality Law relating to naturalization may apply to acquire Ethiopian Nationality by law".

In view of the above proclamation, the UJCFS Agency has incorporated a refugee component in the new design of the UPNSJP project, which is expected to be implemented in early 2021. The success and expansion of such an initiative would be contingent upon effective joint planning, adequate donor support and the ability of all the stakeholders to work in a complementary fashion. Hence, the overall situation of refugee integration shows that it is showing progress in the legal framework as well as in the programme aspect.

Socio-economic status of refugees and IDPs and their challenges

► Socio-economic status of refugees in Ethiopia

Ethiopia has a long-standing history of hosting refugees. It maintains an open-door policy for refugee inflows and allows humanitarian access and protection to those seeking asylum on its territory.

Refugees' right to work

The Refugee Proclamation No. 1110/2019 provides a range of rights and privileges to refugees and their family members. Article 22 states that "Every recognized refugee and asylum-seeker is a) entitled to the rights and be subjected to the obligations included in the Refugee Convention, the OAU Refugee Convention and applicable international laws b) shall be subject to the laws and Provisions in force in Ethiopia".

Wage-earning employment

The GoE also made pledges specific to the right to work and livelihoods during the Leaders' Summit in New York in 2016. The Refugee Proclamation No. 1110/2019 recognizes the rights of refugees to wage-earning employment in the same circumstances as the most favourable treatment accorded to foreign nationals, pursuant to national laws. Nevertheless, foreign nationals in Ethiopia have a very limited right to work. The Labour Proclamation No. 1156/2019 states that "any foreigner may only be employed in any type of work in Ethiopia where he possesses a work permit given to him by the Ministry". In most cases, work permits are granted in connection with investment licences for types of work that cannot be filled by nationals or for high-level managerial positions, where the employer believes that the position is essential to run the business.

Self-employment

The second gainful activity listed under Article 18 of the Refugee Convention is self-employment. In accordance with articles 5(2) and 6(2) of the Proclamation No. 270/2002, providing foreign nationals of Ethiopian origin with certain rights to be exercised in their country of origin, they have the right to be employed in Ethiopia without a work permit in all sectors except National Defence, Security, Foreign Affairs and other similar political establishments. The self-employment modalities, as provided under Article 18, may include agriculture, industry, handicrafts and commerce or trade. The provision indicates that the sectors in which refugees could be self-employed are quite broad. In this regard, the different body of domestic laws that apply in various contexts — such as the Commercial Registration and Business Licensing Proclamation No. 686/2010 (as amended by Commercial Registration and Business Licensing Proclamation No. 731/2012); the Commercial Code, the Investment Proclamation, the Council of Ministers Investment Regulation No. 270/2012, the Commercial Registration and Business Licensing Proclamation No. 980/2016 as amended by Proclamation No. 1150/2019; the Council of Ministers Commercial Registration and Licensing Regulation No. 392/2016 as amended by the Council of Ministers Regulation No. 461/2020 — should be taken into consideration. These legal bottlenecks and barriers have been factors for foreign nationals in Ethiopia to have limited rights to self-employment, with the exception of the Investment Proclamation that grants entitlements to foreign nationals. In general, the right to self-employment makes it possible for refugees to start new businesses, to add to existing markets, and to employ Ethiopian nationals and other refugees.

Liberal profession

Traditionally, liberal professions include those that require special training and the provision of intellectual services, acting independently without an employer; they may include lawyers, medical doctors, dentists, veterinarians, engineers, architects, accountants, interpreters and so forth. For refugees to benefit from this provision, they should possess a diploma accredited by the competent authority of the hosting state.

The 2019 Proclamation accords refugees a treatment that goes beyond the minimum requirements provided in the 1951 Convention for practising liberal professions, giving foreign nationals the most favourable treatment in the areas getting work permit. Ethiopian federal legislation allows a foreigner to be employed in Ethiopia on the condition that they acquire a work permit. Simply put, a work permit is given to a foreign employee in a specific type of work for three years, and it must be renewed every year.

Services to refugees in Ethiopia

The UNHCR provides a wide range of services in 26 refugee camps in the country. These include ensuring social safety for the refugee population by enhancing access to housing, health services and food security. It supports the provision of primary health services, water sanitation and hygiene services (WASH), at the camp level and beyond.

Social health protection

In most refugee camps there is a primary healthcare centre managed by the ARRA. A few primary healthcare facilities (centres and posts) are managed by NGO partners such as Médecins Sans Frontières (Gambella, Melkadida) and Humedica (Melkadida). Depending on the number of refugees residing in the camp, more health centres or posts are added to facilitate the access of refugees and host communities to the healthcare services. The ARRA and UNHCR have also established an exchange system for excess drugs or those with short expiry dates with district health centres and hospitals.

Primary healthcare facilities in refugee camps are accessible for refugees and host community members at no cost. In 2016, 868,746 consultations were handled altogether, of which 12.6 per cent (109,895 consultations) were for host community members. For access to secondary healthcare, refugees are referred to health facilities outside the camp, run by the Regional Health Bureau. Outside the camp,

refugees are entitled to access the national health care system in the same way that nationals and host populations are treated, as health services are generally subsidized by the Ethiopian government. The ARRA and UNHCR cover costs associated with health services provided to refugees in secondary and tertiary health facilities.

Additionally, recognizing that refugees access the national health system at secondary and tertiary healthcare facilities for more advanced treatment, the UNHCR has donated medical equipment to regional hospitals over the last ten years. These donations have helped to enhance service availability and improve the quality of care provided to both nationals and refugees alike. If treatment is not available at regional level (for example, for advanced diagnostics or cancer therapy), refugees are further referred to facilities located in larger cities.³² In some cases, hospitals or health centres in the districts and the regions are supported by NGOs like Médecins Sans Frontières as well. ARRA's remit of responsibilities extends to urban areas. Access to health care and referrals are provided to refugees who are in urban locations for reasons such as scholarships, resettlement interviews or protection, in addition to those referred on medical grounds.

All in all, the UNHCR operates and collaborates with the GoE on the basis of the comprehensive Refugee Response framework (2016). It catalyses and brings in different partners to work on projects that benefit refugees and host populations. At the camp level, refugees and host communities are provided with primary health services free of charge. Services provided at the camp level are fully open and accessible both for refugees and host populations. In the assessment it was learned that 10 per cent of the services provided by the UNHCR are utilized by host communities.

WASH services

In the area of WASH services, 67 per cent of Ethiopia's 26 refugee camps receive the acceptable standard of 15 litres and more of water per person per day, while the remaining 33 per cent receive less. Similarly, 82 per cent of the refugee camps have met the minimum standards of 20 persons per latrine, while only 40 per cent of the refugee households have access to family latrines.³³

The UNHCR has continued to provide essential services during the COVID-19 pandemic. Health services, food security and WASH services have been scaled up to adapt to the pandemic situation. Improving WASH services, including setting up additional hand-washing spots and increased water provision has been implemented. Education services have been interrupted as a result of the shutdown of schools. In close collaboration with national and international partners, Personal Protective Equipment (PPE) is provided for refugees. Overall, no specific structural change or ongoing reform is taking place because of the COVID-19 pandemic. However, UNHCR management is currently in discussion with the WB social protection team in the area of refugee economic integration with host communities, as part of the newly designed UPSNP. The UNHCR's operations have no specific linkages with the government-run productive safety net programme; however, linking refugee services in the new UPSNP is being discussed.

Challenges

Refugees face many challenges. The absence of a communications network and language barriers prevent sending accurate and timely messages to refugees and IDPs. Without critical information about COVID-19, these groups may not only risk spreading the virus but also find themselves in violation of government-imposed restrictions.³⁴

32 UNHCR, Refugee Inclusion in the National Systems.

33 <https://reliefweb.int/report/ethiopia/unhcr-ethiopia-fact-sheet-february-2020>

34 HRP document.

While the pandemic may affect all members of society, certain vulnerable groups such as women, children, PWD, the elderly, IDPs, returnees and refugees are at greater risk, as identified in the 2020 Humanitarian Needs Overview. New groups who have not previously been targeted for humanitarian assistance, such as urban poor, persons (including children) living and working on the street, returning migrants, and persons with deprived liberties or in institutions, and the elderly, also face the risk.

As one of the main sources of transmission is respiratory droplets transmitted by an infected person or contaminated surfaces, IDPs living in informal settlements or sites have a higher risk of exposure to COVID-19 owing to overcrowded living conditions, shared WASH or cooking facilities, and insufficient access to safe water and hygiene. While this has been raised as a serious concern by the government and several clusters, resource and capacity shortages will make it difficult to decongest sites and relocate IDPs and refugees.

► Socio-economic status of IDPs

Internal displacement is increasing alarmingly in Ethiopia. In 2018, Ethiopia recorded the third-highest number of new displacements worldwide, with 3,191,000 IDPs. A significant portion of these displacements are conflict-induced, largely related to ethnic and border-based disputes.

Ethiopia is also highly affected by climate-induced displacement, mainly caused by drought and floods. Beginning in 2015, the country faced one of the strongest onsets of El Niño, a periodic heating of the eastern tropical Pacific, which reduced the Kiremt rainfall³⁵ and resulted in drought in the southern and south-eastern parts of the country. However, low-lying areas experienced heavy rainfall and floods during the Kiremt season, and up to 331,000 IDPs were displaced by 2019. The NDRMC is responsible for managing issues related to IDPs. Response to their situation is taken as part of the GoE's humanitarian response plan. While the NDRMC provides shelter, food and non-food related support to IDPs, different sector ministries provide other cluster-based support such as education, health and WASH services. KII from Tigray regional state, a micro and small-scale enterprise development agency and BoLSA have indicated that these agencies provide different services including training and the provision of workplaces, to ensure that IDPs have access to employment and livelihood. In partnership with UNICEF, BoLSA provides protection of vulnerable groups in refugee camps, with a focus on mothers and children on issues associated with gender-based violence.

35 Kiremt is the summer rain that normally lasts from June to September. This rain is crucial for the main meher harvest.

Conclusion and recommendations

As the main purpose of the mapping exercise is to identify opportunities and possible activities to be conducted as part of PROSPECT's social protection component, the unit of diagnostic and analysis of the assessment focused on the review of the overall architecture of the SP policy and legislative framework, projects and interventions implemented by key institutions and ongoing reforms.

The key findings that shaped the proposed recommendations are presented below.

- ▶ Overall, the country has put in place fundamental policies, strategies and a legislative framework strong enough to promote social protection programmes in the country. The key policies and strategies cover a national social protection policy and strategy and the Urban Food Security and Job Creation Strategy.
- ▶ Though it is at the initial stage, the system for contributory and non-contributory social protection programmes is institutionalized to some extent. The expansion of private organizations employees' social security has a potential for embracing economically integrated refugees, as the refugee proclamation entitles them with a range of socio-economic related rights.
- ▶ Despite the fact that the SHI has a legislative framework and its implementation should be straightforward, the scheme is not operational at present, owing to enforcement challenges it encountered in the initial implementation stages. However, the CBHI scheme, which embraces small-scale, informal sector workers and the general public at large, is successful and steadily growing.
- ▶ Three proclamations that promote social protection in general and social health protection in particular are already drafted and submitted to the council of ministers.
- ▶ The five-year strategic plan adopted by the EHIA envisions Universal Health Coverage by 2030, which has a great potential of embracing a large segment of the population, including refugees.
- ▶ Refugee Proclamation No. 1110/2019 provides an array of opportunities for the economic and social integration of refugees with host communities. In terms of social health protection, primary health services for refugees and host communities are provided at the camp level. Secondary and tertiary services are provided for refugees in bigger cities based on agreements with regional health bureaux.

- ▶ The two large social protection programmes implemented in rural and urban areas are the RPSNP and UPSNP. The RPSNP has no interventions that target refugees, while the newly designed UPSNP has a US\$50 million equivalent component for integration of refugees and host communities in selected localities. The project is expected to create a synergy between the UJCFS and ARRA and to foster social cohesion and sustainable integration of host and refugee communities through shared activities and communication.
- ▶ The five-year Country Refugee Response Plan 2020–2021 developed by ARRA advocates stable humanitarian financing by promoting wider multi-year development financing to support refugees' self-reliance through an improved and sustainable approach, the promotion of a peaceful coexistence and the greater inclusion of refugees as part of national and regional development plans.
- ▶ In the area of FDPs, the Ministry of Peace is a focal institution mandated to promote peace and stability in the country and manage persons displaced because of natural or man-made disasters including conflicts. The NDRMC is a specialized commission mandated to manage disaster risk management, early warning and response actions in the country.
- ▶ IDP-related interventions are part and parcel of the HDRP that the NDRMC develops once every three years and updates twice in a year in the form of an HRP. Based on the above findings, the mapping of a social protection system has shown that there is a range of opportunities available to strengthen the social protection system and programmes in general and the social health protection in particular.

The main challenges identified in the social protection sphere are:

- ▶ enforcement limitation of the SHI proclamation on the side of EHIA;
- ▶ low engagement of concerned federal sector ministries in issues related to the provision of basic services to refugees;
- ▶ limited capacity of MoLSA in coordinating the national social protection programmes in the country.

Henceforth, the available opportunities and recommendations outlined below focus on four categories, which are: strengthening the social protection landscapes; social health protection; refugee and host communities; and institutional capacity building.

Social protection landscapes

- ▶ Help the MoLSA to pursue effective advocacy activities for the speedy enactment of the draft proclamation to establish a national social protection council, which could play an important role in undertaking advocacy work on the inclusion of refugees in the existing system.
- ▶ Provide technical support to the MoLSA in its bid to establish a national social protection fund that has the potential to finance full-scale expansion of the CBHI, which has an impact on universal health coverage for all and enhanced outreach by refugees and host communities.
- ▶ Provide technical support to the MoLSA to develop appropriate guidelines and instruments to translate the new proclamations into action. Ensure that these guidelines consider the issue of refugees and host communities.
- ▶ Provide technical support to the MoLSA to reactivate the national social protection platform as interim strategy to coordinate social protection programmes and work towards advocacy activities. The platform could play an important role in mainstreaming the issue of refugees and host communities into social protection projects and programmes.
- ▶ Support the MoLSA and regional social sector actors to develop region-specific SP action plans at the federal and regional levels, in order to implement all the five focus areas of social protection strategy.

Social Health Insurance

- ▶ Support the EHIA to pursue effective advocacy activities for addressing issues and gaps identified in the implementation of the SHI legal framework.
- ▶ Support the EHIA to pursue effective advocacy activities for the timely enactment of the CBHI proclamation and to successfully implement its five-year strategic plan. This helps the agency to promote complementary health insurance for a greater number of the poorest of the poor, as a stepping-stone to the realization of universal health coverage for all, including refugees.
- ▶ Provide technical support to the EHIA to develop appropriate guidelines and instruments to translate the new proclamations into actions.

Refugee and host communities

- ▶ Support the ARRA to implement effectively Refugee Proclamation No. 1110/2019 and the five-year CRRP that provides an array of opportunities for economic and social integration of refugees with host communities.
- ▶ Strengthen the engagement of the UNHCR and ARRA with the appropriate sector ministries and regional bureaux such as education, health and water development commissions, to formalize and institutionalize services provided to refugees and host communities by the government.
- ▶ Support the UJCFSA and ARRA to consider community-based health insurance as a package of services for refugees and host communities, along with the public works employment package granted to refugees in the UPNSJP and incorporate it in the memorandum of understanding to be signed between the agency and ARRA. Institutional support to both agencies could further consolidate such initiatives in the country, including mainstreaming the issue of refugees into projects and programmes implemented by other sector ministries and agencies.

Institutional capacity building

- ▶ Provide capacity development support for key institutions responsible for social health insurance (EHIA), refugee affairs (ARRA), social protection coordination (MoLSA) and disaster and IDP operations (NDRMC), to coordinate and implement effectively the programmes that fall under their jurisdiction, based on needs assessment.

▶ Bibliography

ARRA (2020), Ethiopia Country Refugee Response Plan – The integrated response plan for refugees from Eritria, Sudan, South Sudan and Somalia, January 2019–December 2020.

EHIA (2020) Health Insurance Strategic Plan of EHIA.

The Federal Democratic Republic of Ethiopia, House of Peoples' representatives (2019), Refugee Proclamation No. 1110/2019.

The Federal Democratic Republic of Ethiopia, House of Peoples' representatives (2016), Commercial Registration and Business Licensing Proclamation No. 980/2016.

The Federal Democratic Republic of Ethiopia, Council of Ministries (2010) Regulation No. 191/2010, to establish the Ethiopian Health Insurance Agency (EHIA).

The Federal Democratic Republic of Ethiopia, House of Peoples' representatives (2010) Proclamation No. 690/2010, to provide for social health insurance.

The Federal Democratic Republic of Ethiopia, House of Peoples' representatives (2015) Proclamation No. 715/2015, to provide for pension of private organizations employees.

The Federal Democratic Republic of Ethiopia, House of Peoples' representatives (2016) Proclamation No. 923/2016, Ethiopia's Overseas Employment Proclamation.

The Federal Democratic Republic of Ethiopia, Council of Ministers (2012), Regulation No. 271/2012, to provide for social health insurance scheme.

Italian Journal of Paediatrics (2018), School feeding programme has resulted in improved dietary diversity nutritional status and class attendance of school children.

MoLSA (2019), Draft ten-year strategic development plan of the Ministry of Labour and Social Affairs, 2020–2029.

MoLSA (2016), Ethiopian National Social Protection Strategy.

NDRMC (2018), Ethiopia 2018 Humanitarian and Disaster Resilience Plan.

NDRMC (2019), Ethiopian Humanitarian Response Situation Report No. 20.

POESSA (2020), Ten-year Strategic Plan of the Private Organizations' Employees Social Security Agency.

UN. Convention and Protocol relating to the status of refugees, Convention 1951.

UNHCR (2019), Mapping of social protection in Ethiopia.

UNHCR (2020), Working Towards Inclusion, UNHCR Refugees within the national systems of Ethiopia.

UNHCR (2020), Fact sheet Ethiopia.

UNICEF (2019), Design overview, Integrated Safety Net Programme (ISNP) in selected rural *woredas* of Amhara region – Enebsie Sar Mider, Dawa Chefa and Libo Kemkem.

University of Oxford, Refugee Studies Centre, Refugee Economies in Addis Ababa, Towards Sustainable Opportunities.

The World Bank (2017), Ethiopia Rural Productive Safety Net Project, PAD.

The World Bank (2016), Urban Productive Safety Net Project, PAD.

Annex 1: List of Key Informants Interviewed

No.	Name and position	Name of institution
1	Mr Mulat Tegegn	Director, Members' Affairs, Ethiopian Health Insurance Agency
2	Mr Abebe G. Medhin	Technical Assistant for Implementation and Management of Social Protection, MoLSA
3	Mr Abreham Petros	Director, Safety Net Directorate, UJCFSA
4	Ms Andrea Vermehren	Lead, Social Protection and Jobs, WB
5	Ms Samantha de Silva	Senior Social Protection Specialist, WB
6	Mr Mathew Tasker	Chief, M&E and Policy Unit, UNICEF
7	Mr Getachew Kebede	Senior Social Protection Specialist, UNICEF
8	Mr Asis K. Das	Senior Public Health Officer, UNHCR
9	Mr Alemayehu Girma	Social Protection Officer, UNHCR
10	Mr Niang Sidy	Senior Social Policy Officer, FAO
11	Ms Ayan Barre	Nutrition Officer, WFP
12	Ms Li Xiong	Programme Policy Officer
13	Mr Gebrehywet Hagos	General Director, MSE Development Agency, Tigray Regional State
14	Mr Berhe Tsegaye	Director, Job Creation, Tigray Regional State
15	Mr. Hagos Girmay	Director Plan and Programme, Tigray Regional State
16	Ms Nigisti W. Rufael	Deputy Director General Bureau of Labour and Social Affairs of Tigray Regional State

Annex 2: Terms of Reference

Terms of Reference – External Collaborator

National consultant – Mapping of the national social protection system in Ethiopia, including social health protection

Project Title	PROSPECTS: Partnership for improving Prospects for host communities and forcibly displaced persons
Organization	International Labour Organization (ILO)

Background and Rationale

The International Labour Organization (ILO) is a standard setting organization that promotes international labour standards adopted by its tripartite constituents — governments, employers and workers –, develops policies and devises programmes as a means to promote decent work for all women and men. The Decent Work agenda encompasses four pillars: rights at work, job creation, social protection and social dialogue. In particular, the ILO works with its constituents to promote the development of government-led social health protection systems and universal access to health care for all through the creation and improvement of countries' national social protection systems, including floors.

The ILO and the United Nations High Commissioner for Refugees (UNHCR) have worked together in line with their respective mandates to strengthen access to decent work among refugees, especially as regards income generation and social protection since 2014. The partnership between ILO and UNHCR has led to the elaboration of joint technical studies in a number of West and Central African countries and is now being scaled-up under the **“Partnership for improving Prospects for host communities and forcibly displaced persons” (PROSPECTS)**.³⁶ The PROSPECTS partnership focuses on improving access to jobs, education and social protection for refugees and host communities alike.

There are three axes for intervention under the social protection component of PROSPECTS:

- ▶ Assessing the feasibility and supporting the implementation of the inclusion of refugees in existing social (health) protection schemes.
- ▶ Reinforcing institutional capacities of social protection institutions so that they have the knowledge and tools to meaningfully improve and extend coverage and adequacy of benefits for refugees and host communities alike.
- ▶ Progressively expand towards other social protection benefits such as maternity, cash transfers, pensions and so on.

Under the present assignment, the ILO is recruiting a national consultant to support the scoping stage of the PROSPECTS project’s social protection component.

Objective of the assignment

The objective of the assignment is to identify opportunities and possible activities to be conducted as part of the PROSPECTS social protection component in line with project’s objectives, outputs and timeline within the current context. The place of the assignment is Addis Ababa, Ethiopia.

Activities and deliverables

The national consultant will conduct the following activities and deliver the products below.

1. The consultant will conduct a mapping of the current social protection system, including social health protection in Ethiopia. A template for data collection will be developed on the basis of existing ILO tools.

The mapping will include:

- ▶ the overall architecture of the social protection system;
- ▶ a description of institutions and their mandates;
- ▶ ongoing reforms — including a review of current social protection COVID-19 response;
- ▶ plans for extension and subsequent requirements in terms of eligibility, monitoring and needs for additional institutional capacities.

Deliverable 1: Mapping of social protection schemes and respective coverage (as per ILO assessment matrix template), as well as ongoing reforms and social protection responses to COVID-19.

2. The consultant will gather information on the current social protection coverage of refugees, especially:
 - ▶ social health protection provided to refugees and pathways to healthcare;

³⁶ PROSPECTS is supported by the Government of the Netherlands; the ILO also partners with UNICEF, UNHCR, WB and IFC to develop a joint and fully integrated approach to respond to the forced displacement situation in Ethiopia, Sudan, Lebanon, Jordan, Iraq, Egypt, Kenya and Uganda.

- ▶ refugees' access to other social protection benefits (that is, maternity, sickness, family benefits or cash transfers for families or children);
- ▶ data available on the socio-economic status of refugees.

Deliverable 2: Data collection on legal coverage and effective coverage of refugees and IDPs.

3. Support the Social Health Protection Officer of PROSPECTS to develop possible interventions under the social protection component of the project on the basis of the evidence collected and consultations with key partners and informants.

Deliverable 3: Report providing an overview of: i) the social protection system, including social health protection; ii) the specific situation of social protection coverage of refugees; and iii) opportunities identified along the three axes of intervention of the project (that is, extension of social health protection coverage of refugees and host communities, reinforcement of institutional capacities, and expansion to other benefits).

Methodology

The National Consultant will conduct work through:

- ▶ desk review of existing material;
- ▶ collection of documents and data from relevant government and non-governmental agencies;
- ▶ key informant interviews with government institutions in charge of social protection, particularly social health protection, and social partners involved in their governance and non-governmental agencies involved in the delivery. Amongst others, this includes MoH, MoLSA, UNHCR, ILO, World Bank, WFP, UNICEF, FAO and UNFPA.

Management of the assignment

The national consultant will work under the overall supervision of Shana Hoehler, hoehler@ilo.org (Technical Office, Social Health Protection) and Jean-Yves Barba, barba@ilo.org, (Chief Technical Advisor, PROSPECTS Ethiopia).

The ILO will provide the project documents and other related literature relevant to this task; assist in coordination with relevant stakeholders; review progress of the work and provide feedback as necessary.

For reporting, weekly Skype calls with the responsible officers will be organized. Draft deliverables will be submitted by the consultant in time for review and feedback by the ILO team. Payments will be released upon submission to the satisfaction of the ILO.

Payment modality

- ▶ 30% upon the submission of inception report, incorporating ILO's comments
- ▶ 40% upon submission of draft report, incorporating ILO's comments
- ▶ 30% upon submission of the final assessment report incorporating comments from the ILO and key stakeholders invited to the validation workshop

Kindly note the following

- ▶ A UN Exchange rate will be applied.
- ▶ Travel expenses (flights, vehicle rent and DSA) would be reimbursed as per standard UN rates and upon submission of receipts.

- ▶ The consultant will submit invoice(s) for payment, in accordance with the payment schedule of the contract. The invoice(s) must make reference to the services delivered and quote the Purchase Order/ Contract Number.
- ▶ Please note that the consultancy fees shall be paid in Ethiopian Birr and shall be inclusive of any travel-related costs to the assignment. Any additional costs related to the assignment will be permissible only with the prior approval of the ILO. Payment will be affected when the service provider presents an official invoice (no other invoices other than that provided by the service provider will be accepted). The beneficiary bears the charges levied by its own bank.

Contracting conditions

The present assignment is a consultancy under the standard terms and conditions of external collaborator contracts of the ILO. The desired timeline is to contract the external collaborator in May 2020 and for the work to be conducted in June/July 2020. The deadline for the delivery of the final version of the assignment is 31 August 2020, subject to the current global and national public health pandemic (COVID-19).

In order to apply, based on the outlined work profile and your experience, please send an email to Eirmyas Kaase (kaase@ilo.org) with the following attachments before 07 May 2020:

- ▶ Your CV
- ▶ An estimation of the technical and financial proposal for this work
- ▶ Your availability
- ▶ A sample written piece (research, assessment, evaluation) that clearly illustrates your role in the process
- ▶ Your contact information

Profile and requirements

Qualifications required:

- ▶ Postgraduate degree in medicine, social science, political science, law, public management or similar.

Experience required:

- ▶ Minimum five years of experience working on social protection and/or health protection, with a good understanding of policy contexts and operational realities of the social protection in Ethiopia.
- ▶ Expertise regarding refugee or displaced populations and ideally direct experience in expanding services to refugee populations would be a plus.
- ▶ Experience working in Ethiopia.

Skills/Technical skills and knowledge:

- ▶ Strong English communication skills (writing/speaking).
- ▶ Proven experience of policy analysis, qualitative interviews, and ability to synthesise.
- ▶ Ability to work independently and with a multiplicity of stakeholders.

Language requirements:

- ▶ Expert knowledge of English (Read – Write – Speak)



International
Labour
Organization

Made possible by support from the



Kingdom of the Netherlands