



Ethiopia, Gambella region. Patients at Nguenyiel refugee health center run by RRS ©UNHCR/Petterik Wiggers

SCOPE OF REFUGEE HEALTH PROGRAMME IN ETHIOPIA

There is a total of 7 health posts and 21 health centers across all refugee camps in Ethiopia

Over 460 health staff and over 1,360 community outreach agents.

3 health posts are implemented by RRS and 4 are implemented by CUAMM.

20 health centers are implemented by RRS and 1 by MSF Holland.

Provision of primary health care for refugees in Ethiopia is under the responsibility of RRS.

The health facilities run by RRS are fully funded by UNHCR, while partners fund the facilities run by them. Medicines and medical supplies for the refugee population are procured by UNHCR.



-53%

Reduction of the allocated budget for Health in 2023 compared to 2022



5,577,000 USD

Total funding needed

Detail	Funding needed
Salary for Health staff	1,920,000 USD
Salary for Refugee Incentive Workers	567,000 USD
Medical Referrals	640,000 USD
Medicine and medical supplies	2,450,000 USD

IF FUNDING REMAINS INSUFFICIENT



Essential medicines cannot be provided for the close to 1 million* refugees and host community from June to December 2023

Increase in morbidity among refugee and host community population:

Due to lack of funding, UNHCR are only able to provide medicines or medical supplies until June 2023. This will result in inability to provide essential health care services from June – December 2023 and will have severe consequences for the refugees and members of the host community, including an expected increase in morbidity due to lack of essential medicine and supplies.



The entire refugee population in Ethiopia cannot access medical referrals in 2023

- **Increase in mortality among refugees:** Inability to undertake medical referrals in 2023 will contribute to excess mortality, including an increase in maternal deaths.
- In 2022, over 5,800 refugees were referred for secondary and tertiary health care outside the camps, 45% (2,642) being emergency medical cases. In 2023, the available funding will cater for less than 1,000 medical referrals.



Essential health services will not be available for the refugee population and host community in Ethiopia from April to December 2023

- **Increase in disease outbreaks and acute malnutrition:** Most health activities are budgeted for only the first four months of the year, with incentive workers budgeted for the first three months of the year. As incentive workers form the backbone of the community health system, this will affect key actions like disease outbreak prevention and early detection and management of acute malnutrition.
- **Increase in morbidity among refugee and host community population:** High levels of morbidity for common diseases will exacerbate the already critical levels of undernutrition in the camp where already **1 in 2 children below the age of 5 are undernourished.**

*Including the recent influx of refugees from Laascaanood to Ethiopia's Somali Region