

## **ETHIOPIA**

#### **OPERATIONAL UPDATE**

September 2024



1,069,897

Refugees & Asylum seekers in Ethiopia (as of September 2024)

60,688 Refugees and asylum seekers fleeing conflict in Sudan to

> Ethiopia (as of September 2024)

4.4M

Internally displaced people in Ethiopia (IOM/DTM February 2024)

### KEY HIGHLIGHTS

This month, our Protection team published a Brief highlighting the significant challenges in birth registration for refugees and asylum-seekers in Ethiopia.

Birth registration creates a permanent and legal record of the child's existence, establishing their legal identity, without automatically granting nationality.

Since 2017, efforts to register refugee children have only covered a small fraction, with only 12% of over 576,000 refugee children registered as of August 2024. This lack of registration can lead to statelessness, restricted access to essential services, increased vulnerability to abuse, and challenges in family reunification and legal protection.

Several obstacles have hindered comprehensive birth registration, including limited financial and human resources, inadequate registration infrastructure, and security issues in regions like Oromia, Tigray, and Amhara. The COVID-19 pandemic exacerbated these issues, creating backlogs due to movement restrictions. Additionally, cultural beliefs and low literacy rates have further limited community engagement and awareness about the importance of birth registration.

The Ethiopian government has made efforts to address these challenges, including through the issuance of the 2017 Vital Events Registration and Nationality Identity Card Proclamation, which provides the legal foundations for refugees' access to vital events registration, and the revised 2019 Refugee Proclamation, which awards refugees the same treatment as nationals regarding the registration of vital events and issuance of certificates. UNHCR has and continues to support the birth registrations, including by providing IT infrastructure, administrative support, and advocacy for increased donor support.

Despite these efforts, progress remains slow. Thousands of children in regions like **Afar** and **Assosa** are still waiting for registration, and urban areas such as Addis Ababa continue to face challenges.

The brief recommends scaling up registration efforts by simplifying administrative procedures, expanding alternative mechanisms like mobile units, and raising community awareness through targeted campaigns. It also emphasizes the need to integrate birth registration into broader programmes in health and education and calls for increased donor support and collaboration with the Ethiopian government to ensure all refugee children are registered and protected.

### **SECTORAL HIGHLIGHTS:**



+11,000 . refugees

Received their Fayda Digital ID cards as of September 2024



refugees

Passed the University Entrance Exam.



have received medical **+400.000** consultations across refugee refugees sites since January.



+709,000 refugees Collected their monthly food entitlements in September.



42 refugees in the Afar region supported to launch income-generating activities in September.



+1,700 refugees

have departed from Ethiopia on private sponsorship and resettlement.



\*The Humanitarian Response Plan 2024 estimated that the figure of 4.4M IDPs would be reached at the end of the year.

#### **RESPONSE AT A GLANCE**

7: 1,069,897

Total Refugees and Asylum-seekers (1,007,384 refugees | 62,513\* asylum-seekers)

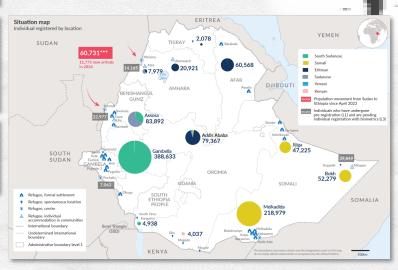
297,565

287,565
Households
(average family size: 4)

11 11	Children (0 -17 years
**	44% Adults (18 - 59 years)
Ť	2% Elderly (60+)

n & Children

Country of origin	Total Individuals	Percentage
South Sudan	431,298	40%
Somalia	359,567	33%
Eritrea	179,196	17%
Sudan	90,568	8%





So far in 2024, over 11,773 new refugees and asylum seekers have arrived in Ethiopia, bringing the number of people in need of protection arriving from Sudan to 60,688 since April 2023. Along with partners, UNHCR is providing protection counselling, healthcare, and lifesaving humanitarian assistance to new arrivals in need of international protection. UNHCR continues to support and advocate with the Government of Ethiopia for full resumption of registration across the country.



# Gender Based Violence

UNHCR has released a protection brief examining the risks of **Gender-Based Violence** (GBV) affecting **Sudanese** refugees in Ethiopia, particularly in the **Amhara** and **Benishangul-Gumuz** regions. The report highlights incidents of Intimate Partner Violence (IPV), sexual assault, and harmful traditional practices, including female genital mutilation (FGM) and child marriage. In response, UNHCR and its partners have been providing **psychosocial counseling**, **medical assistance**, **dignity kits**, awareness campaigns, safety audits, and stakeholder training for addressing GBV cases and disclosures.

Despite these efforts, significant challenges remain. There are gaps in GBV programming, a shortage of safe houses, and limited legal and psychosocial support. The report recommends increasing GBV response capacity, establishing more **safe houses**, enhancing **legal** and **mental health services**, and deepening community engagement to mitigate GBV risks.



## Child Protection

The right to a name, identity, and to be registered at birth is a right of all children. Unfortunately, thousands of refugee children in the country continue to go unregistered. Despite increasing awareness and efforts to improve birth registration systems, many refugees face significant barriers with respect to registering the birth of their children. Having an effective birth registration system in place is an important first step to ensuring the protection of children.

The <u>Protection Brief on Child Protection</u> underscores critical challenges surrounding birth registration for refugees and asylum-seekers in Ethiopia. Since the initiative began in 2017, only a small portion of refugee children have been registered—69,131 out of over 576,000 as of August 2024.

This gap in registration heightens the risk of **statelessness**, limits access to **essential services**, and increases vulnerability to abuse, while also complicating family reunification and legal protection. Further details are available in the "Key Highlights" section above.

# Registration / Documentation

As of September, **11,210 refugees** across Addis Ababa, Alemwach settlement, and the Tsore and Kebribeyah refugee camps have received ID cards, improving their access to essential services and supporting their integration efforts. The recipients include **7,429** in Addis Ababa, **2,530** in Tsore, **987** in Alemwach, and **264** in Kebribeyah.



Schools across refugee camps and sites have reopened for the 2024-2025 academic year, with late registration still ongoing. Before the two-month break at the end of the 2023-2024 academic year in early July, over 164,000 refugee students were enrolled at the pre-primary, primary, and secondary levels.

In preparation for the new academic year, UNHCR and its partners launched back-to-school campaigns in early September to encourage students to register and remind parents to send their children to school. The number of students who reported back to school will be known as soon as late registration is completed

Meanwhile, 67 refugees successfully passed the 2024 national exams, earning eligibility to enroll in various public universities for the current academic year.

## Health

**UNHCR** and its partners have been providing health services to refugees fleeing violence in Sudan. At the Metema transit center in the Amhara region, the UNICEF-supported Mobile Health and Nutrition Team conducted 987 medical consultations, provided Mental Health and Psychosocial Services (MHPSS) to 53 individuals, and delivered health education to 1,701 others.

At the **Aftit** refugee site, also in the Amhara region, 739 medical consultations were conducted, including care for 130 children, referral services for 13 patients, and antenatal and postnatal care for 78 pregnant and new mothers. Family planning services were provided to 123 women.

Meanwhile, at the **Kurmuk** transit center in the Benishangul-Gumuz region, Medical Teams International (MTI) conducted 1,357 clinical consultations, including for 387 under five children. Additionally, antenatal care and follow up were given to 68 pregnant mothers.

At the Ura refugee site in the same region, MTI served 2,068 patients from both refugees and host communities. Among them 355 were children under five years of age. Additionally, 41 pregnant women received antenatal care services.



#### Addis Ababa, Ethiopia

Heartwarming moments as 333 #refugees departed from Addis Ababa to the United States us!

These departures are possible  $\rat{L}$  to the combined effort of the United States Government U.S. Department of State: Bureau of Population, Refugees, and Migration, the Government of Ethiopia ET, Refugees & Returnees Service - RRS, IOM Ethiopia and UNHCR.

### Health (cont'd)

In September, **37,323 refugees consulted doctors**, bringing the total number of consultations since January to 404,846. Additionally, 274 patients received MHPSS services, bringing the total consultations since January to 7,435. Furthermore, 482 deliveries were recorded during the month, with 88% of them with the help of skilled birth attendants. Overall, 16,937 women received family planning services since the beginning of the year.

Following WHO's declaration of a public health emergency for the **mpox outbreak** in mid-August, we finalized our preparedness plans, integrating them into regional health systems, initiating community awareness and case-finding in camps, and enhancing coordination and engagement with WHO and partners.

Meanwhile, despite the steady decline in measles cases in the Gambella camps over the past few months, two new cases were identified in September, prompting us to reinforce preventive activities.

⚠ With only 43% of our \$23 million funding requirements met, we can only offer minimal healthcare, leaving refugees vulnerable to preventable diseases. This gap will hinder disease management, emergency responses, essential supplies, referral services, and staff salaries. Without an extra \$10 million, the well-being of nearly 1 million refugees is at serious risk. Read more here.

# Shelter & CRIs

In September, UNHCR and its partner Action for the Needy in Ethiopia (ANE) set up 20 additional **family tents** for vulnerable families at **Aftit**, bringing the total to 419. At the Ura site in the Benishangul-Gumuz region, 50 more emergency shelters were completed, increasing the total to 834 and providing shelter for thousands of Sudanese refugees. In **Gambella**, 90 transitional shelters have been completed and occupied, with 150 more at various stages of completion in the Ngynnyiel and Pugnido refugee camps.

Despite these efforts, overall shelter coverage for refugees remains low at about 33%. Many refugees still live in old, dilapidated shelters or overcrowded emergency shelters, compromising their privacy, protection, and well-being. Additional funding is needed to construct more shelters to meet at least the minimum humanitarian standards.

▲ UNDERFUNDING in Shelter causes thousands of refugees to be housed in inadequate shelters, living in congested conditions, unprotected from rain and flooding. This poses safety concerns to both refugees and host communities living around the settlements or refugee sites. Read more here.

## Food security + Nutrition

In September, 709,190 refugees (80.4% of the target population) across various camps and sites received monthly food rations. These rations, however, only covered 60% of their minimum dietary needs. The exception was new arrivals, who received rations that fully met their minimum dietary requirements. Without further interventions, the current ration size, which falls below the 2100 Kcal daily minimum, may lead to a worsening nutritional situation. This shortfall could compel those affected to adopt more severe negative coping strategies.

# Food security + Nutrition (cont'd)

In terms of nutrition, UNHCR, alongside other UN agencies, nutrition partners, and the Government's Refugees and Returnees Service (RRS), has been providing both preventive and curative nutrition services across all sites, including for new arrivals. In September, 1,355 children under five with Severe Acute Malnutrition (SAM) were successfully treated, including 201 with medical complications. This brings the total number of children treated for SAM since January to 9,154 including 930 with complications. Additionally, 4,020 children were treated for Moderate Acute Malnutrition (MAM) in September, bringing the total since January to 23,441.

The programmes' performance indicators remain within SPHERE standards, with success rates of 89% for SAM and 95% for MAM. However, screening activities show that malnutrition is on the rise in all camps and sites. Preventive measures, such as **the Blanket Supplementary Feeding Programme**, which provides fortified nutrients and extra kilocalories to children, has been impacted by funding shortfalls. This could severely affect the nutritional status of children under five and other vulnerable groups, as highlighted by various screening mechanisms.

▲ Without additional funding in Food and Nutrition, over 90,000 refugee children will suffer from undernutrition, stunting their physical and mental development, exposing them to disease and eventually death. Programs to prevent undernutrition for close to 200,000 children under five and over 40,000 pregnant and lactating women will cease. Read more here.

# Water, Sanitation & Hygiene

In September, UNHCR and partners provided an average of 10 liters of water per person per day (I/p/d) to new arrivals from Sudan and Somalia, falling short of the emergency threshold of 15 I/p/d. The latrine-to-user ratio was 1:109, far below the acceptable emergency standard of 1:20. This critical WASH situation highlights the urgent need for additional funding to improve infrastructure, prevent disease outbreaks, and ensure the dignity and safety of refugees.

Meanwhile, community awareness activities on cholera transmission, prevention, and hygiene reached over 1,000 households at the Aftit site and Metema Transit Center.

In other refugee-hosting areas, refugees received an average of 14.1 l/p/d, a slight improvement from the previous month but still below the standard of 20 l/p/d. Sanitation coverage in camps was 33%, well under the 85% standard, with funding shortfalls, insecurity, and access challenges delaying ongoing WASH expansions.

The **solarization** of two boreholes at Aw-barre refugee camp in the **Somali** region was completed, enabling water pumping to the existing booster station. A 10.88-kilometer pipeline was also installed in Megado, southern Ethiopia, improving water supply to refugees from Kenya.

⚠ UNDERFUNDING in Water and Sanitation causes disease outbreaks, including cholera, and exposes women and girls to sexual violence as they walk long distances to fetch water and do not have adequate sanitation facilities. Read more <a href="https://example.com/here/here/">here</a>.

# **Livelihoods & Economic Integration**

In Barahle refugee camp, in the Afar region, UNHCR, in collaboration with its partner, the Ethiopian Evangelical Church Mekane Yesus (EECMY), supported 42 refugees in launching incomegenerating activities. This included 12 women starting a fruit and vegetable business and 30 others operating a flour mill. Meanwhile, in Aysaita refugee camp, also in Afar, 76 refugees completed Technical and Vocational Education and Training (TVET) to equip them for self-reliance. In the same camp, UNHCR's partner Danish Church Aid (DCA) provided multipurpose cash assistance to 1,668 refugees to help cover living costs and prevent the sale of assets. So far this year, UNHCR and its partners have supported 6,221 refugees and host community members with livelihood programmes, including 494 in the Afar region.

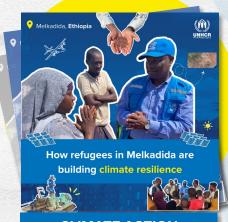
#### Resettlement

Over the past nine months, the cases of 4,220 refugees have been submitted to various countries for resettlement consideration, surpassing the annual target of 4,000. In September alone, 1,701 refugees departed from Ethiopia, including 842 for resettlement, 853 through private sponsorships, four via education pathways and two for family reunification.

Additionally, we provided counseling to 13 refugees on family reunification, education pathways and labor mobility while also assisting five refugees in securing iob offers abroad.



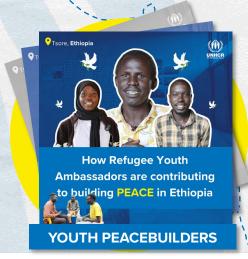
## LATEST UPDATES



#### **CLIMATE ACTION**

UNHCR Ethiopia chief Andrew Mbogori initiated a series of field missions to witness first-hand the progress in our implementation + the challenges refugees & host communities face when accessing

- water
- **K** livelihoods
- energy
- 🛊 health
- education



"If I understand peace, I can help bring it to my people in South Sudan"

Chuol is one of the Youth Peacebuilders in Tsore, in the western #BenishangulGumuz region of ET.

🙏 to @NLinEthiopia, @DanishMFA & @EUinEthiopia, he was trained to manage & solve conflicts in his community.



#### **FUNDING UPDATE** | 2024

#### \$426 million Funding requirements for 2024

1 Only 43% of our funding requirements have been met so far this year causing critical gaps in our response. UNHCR is grateful for the critical support provided by donors that have contributed to its work in Ethiopia, as well as to those that have contributed to UNHCR programmes globally with unearmarked or softly earmarked funds.

Canadä = **@UNAIDS** EHF Burdantarian

#### FOR MORE INFORMATION:



Together with the Government Refugees and Returnees Service (RRS), UNHCR, the UN Refugee Agency aims to protect, assist and provide durable solutions for refugees and asylum-seekers in Ethiopia. UNHCR works to strengthen refugee protection through the expansion of improved community-based and multi-sectoral child protection. and programs addressing gender-based violence

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