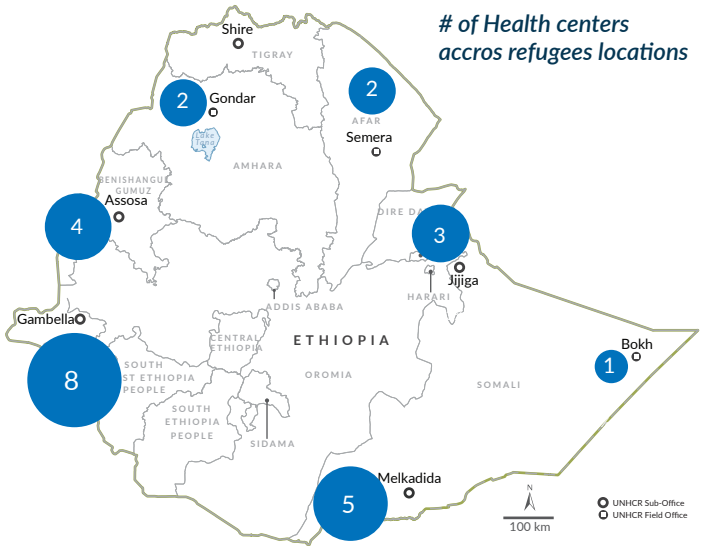
HEALTHCARE SERVICES SUPPORT OVERVIEW

- UNHCR, in collaboration with implementing and operational partners, continues to provide comprehensive primary healthcare services to refugees and neighboring host communities across Ethiopia, while facilitating access to secondary and tertiary referral care for refugees and asylum seekers. To strengthen access to quality healthcare and support alignment with national health systems, UNHCR supports 26 health centers and 4 health posts within refugee camps and settlements, ensuring the delivery of essential primary healthcare services for both refugee and host populations.
- UNHCR's public health response, implemented jointly with partners, covers Afar, Amhara, Benishangul-Gumuz, Somali, south Omo (Nyangatom) and Gambella regions. Key interventions include the deployment of healthcare personnel to field locations, the uninterrupted supply of essential medicines and medical commodities, and the provision of healthcare services for urban refugees in Addis Ababa.



- In response to the ongoing emergency influx, UNHCR, together with the Disaster Prevention Office and CUAMM, continues to support health services at the Matar and Muon points of entry, as well as at the newly established refugee site in Luakdong.
- No suspected or confirmed cases of Marburg Virus Disease have been reported across any refugee operation areas. Preparedness and response activities are ongoing to strengthen outbreak prevention, surveillance, and risk mitigation in all refugee camps. In this context, online emergency coordination meetings were conducted with partners from all operational areas, in collaboration with the Refugees and Returnees Service, focusing on outbreak preparedness and response as well as the rational use of medicines and medical supplies.
- The distribution of essential medicines and medical supplies has been completed in most operational areas. However, a portion of the allocation, particularly antimalarial medicines and selected medical supplies, remains pending due to delays in obtaining clearance from EFDA.

PROGRESS AND KEY ACHIEVEMENTS

- For the Ethiopia Refugee Operation, a total of 1,023,845 consultations were provided to refugees through primary health care services at UNHCR-supported health facilities in 2025. Notably, 97,605 consultations, representing 9.5 percent of total visits, were provided to members of the host community. This reflects practical progress toward inclusive service delivery models that promote equitable access for both refugees and host populations, while supporting the gradual integration of refugee health services into the broader government health system. From January to 31 December 2025, the Crude Mortality Rate was 0.04 per 1,000 population, and the Under Five Mortality Rate was 0.10 per 1,000 under-five population. The infant mortality rate was 5.0 per 1,000 live births, which remains substantially below the UNHCR benchmark of 60 deaths per 1,000 live births. Both the Crude Mortality Rate and the Under Five Mortality Rate were well below the UNHCR emergency thresholds of 0.75 and 1.5 per 1,000 population per month, respectively. These results reflect the strong performance of health services and favorable overall health outcomes within the refugee population.

SOUTH SUDAN EMERGENCY RESPONSE

- Health Services: Health partners continued to strengthen emergency and primary healthcare across refugee sites. CUAMM maintained mobile clinics in Muon and Tormorok, providing primary healthcare and operating oral rehydration points (ORPs) for mild cholera cases. GOAL delivered emergency health services in Tormorok, and also ran PHCs and ORPs. During the reporting period, CUAMM conducted 1,115 consultations in Muon and Tormorok, while GOAL provided 742 consultations in Tormorok. At Luakdong, DPO offered 1,720 PHC consultations and referred 53 emergency cases to secondary facilities. DPO also expanded community-based interventions on cholera and malaria prevention through 50 community health workers, reaching 2,109 individuals. These interventions are critical for reducing health risks and ensuring timely access to lifesaving care in flood-affected areas.
- Nutrition and Food Assistance: UNHCR and partners have advanced food assistance at emergency sites despite ongoing challenges. GOAL's hot meal program reaches an average of 3,359 people daily, supported by a newly constructed hot meal kitchen in Luakdong. Action Against Hunger has started building a nutrition center at the site. Preparations are ongoing to distribute High Energy Biscuits to unregistered asylum seekers, pending approval from the RRS Gambella office.

KEY FIGURES

1,124,246
Total target population

1,020,800
Total consultations done during 2025

88%
Skilled birth attendance

84%
Polio zero vaccination

95%
Measles coverage

5/1000 death
Infant mortality
live births (within standard)

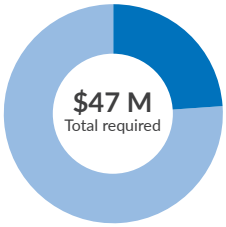
GAPS AND CHALLENGES

- Nutrition Gaps: Vulnerable populations continue to rely solely on general food distribution rations due to the absence of a Blanket Supplemental Feeding Program. Unregistered new arrivals currently have no access to food assistance. Sustained support is essential to maintain food programs and prevent further deterioration of nutritional status among refugee populations.
- Funding Constraints: Critical funding shortfalls are negatively affecting the quality of already fragile primary healthcare and nutrition services. Budget limitations have reduced the number of medical referrals, particularly for patients requiring chronic care follow-up. Funding gaps have also led to a significant reduction in technical staff at both field and country offices, limiting the capacity to monitor and support implementing health partners effectively.
- Disease Outbreaks: Communicable disease outbreaks, including a major cholera outbreak in Gambella refugee camps, pose serious risks to an overstretched health system, further straining its ability to respond. This highlights the urgent need for sustained funding and additional healthcare resources to manage ongoing health emergencies.
- Transport Challenges: Shortages of ambulances across most operational areas are affecting timely patient transportation and access to critical care.

WAY FORWARD

- Advocate for adequate resource allocation to ensure the provision of essential primary and secondary healthcare services.
- Promote the inclusion of urban refugees in the community-based health insurance scheme to facilitate unhindered access to health services.
- Strengthen the capacity of nearby government hospitals to reduce the need for referrals to Addis Ababa.
- Enhance support for cholera outbreak response in collaboration with the Gambella Regional Health Emergency Response Committee.
- Continue delivering lifesaving emergency health services across all refugee operation areas through partners, with ongoing coordination and support from operational stakeholders.

FUNDING DEC 2025



$35.7 M
Gap (74%)

$11.6 M
Received as of Dec 2025
(24%)

PARTNERSHIPS

- FDRE Refugees and Returnees Service (Government of Ethiopia)
- Partners: MTI, DPO, OWDA, ASDEPO

UNHCR, the UN Refugee Agency,
is grateful for the direct contributions to the UNHCR Ethiopia Operation