Ethiopia: 2017 End of Year Report SOUTH SUDAN - REGIONAL RRP

December 2017

421,867 SOUTH SUDANESE

SITUATION OVERVIEW

seeking asylum in 2017.

The South Sudanese are the largest refugee

population in Ethiopia, totalling 421,867 persons at the close of 2017. Ethiopia recognizes arriving South Sudanese as refugees prima facie, and maintains an open border policy for persons fleeing persecution or armed conflict, having hosted successive waves of arrivals, and assisted subsequent voluntary repatriations, of South Sudanese over recent decades. Renewed violence in Upper Nile, Jonglei and

Unity States; that increasingly impacted border

areas, has resulted in 75,447 new arrivals

A total of 3,154 refugees were relocated in 15 convoys covering a distance of 844km from the

Pagak Entry Point to Gure Shembola Camp in

the Beneshangul Gumuz Region. Although a

modest number of new arrivals have been

relocated to the Benishangul-Gumuz Region to

ease the pressure on Gambella, the trend of new arrivals traveling with livestock from the towns

(DEC 2017)

US\$313.6M

REQUIRED IN ETHIOPIA REFUGEES IN ETHIOPIA IN 2017

18%

FUNDING RECEIVED (DEC 2017)

24 RRRP PARTNERS IN **ETHIOPIA**

SUDAN Refugee population 421,867 **ETHIOPIA** SOUTH SUDAN Refugee Refugee camp Refugee crossing Refugee locations 🕹 JUBA

and villages close to border areas in South Sudan indicates that the Region will continue to host the majority of additional new arrivals. Nguenyyiel Camp in the Gambella Region was expanded from a capacity of 60,000 to 90,000 to support new arrivals, supporting a population of 83,658 at the end of the year. The security situation in the region remains unpredictable; with past security incidents affected refugees, host communities and humanitarian workers, which have including fatalities.

Despite ongoing informal cross-border movements, including traditional movements in tribal areas that traverse the border, refugees show no significant interest in voluntary repatriation. A considerable number of new arrivals are further anticipated to seek asylum in Ethiopia. Sporadic fighting and violence, as well as challenges in the delivery of humanitarian aid in South Sudan is expected to result in additional new arrivals, with the total refugee population reaching 485,000 by the end of 2018, until such a time that a peace process is fully enforced, with the support of the AU and the international community.

The political situation in South Sudan continues to militate against efforts to stabilize and refocus interventions towards capacity building of refugees and host communities towards self-management and reduction of dependency of assistance. An additional 35,000 South Sudanese refugee are anticipated to seek asylum in Ethiopia in 2018, where the extension of life-saving essential services will remain the priority. At the same time, there remain fundamental gaps across all sector due to critical resource constraints.

Average Global Acute Malnutrition prevalence in the camps was 22.1% in 2017; continued ration cuts threaten to worsen the situation further. The risk of epidemics remains high with low vaccination coverage amongst new arrivals, ongoing cholera outbreaks in South Sudan and poor WASH conditions within the camps. In addition, only 37% of households were provided with transitional shelters in 2017, while only 54% of school-aged children were able to enroll in primary and secondary education with a mere 4% of households engaged in livelihoods.













75,447 South Sudanese refugees sought asylum in Ethiopia in 2017, bringing the total registered population in the country to 421,867 persons. At 84%, Women and children continue to represent the majority of new arrivals. Amongst the large number of children who arrived in 2017, 14,265 were unaccompanied and separated children; many having experienced traumatic events leading to their initial displacement or during their subsequent flight, including the death of parents or forced recruitment by armed forces or armed groups. A total of 3,154 refugees were relocated in 15 convoys covering a distance of 844km from the Pagak Entry Point to Gure Shembola Camp in the Beneshangul Gumuz Region.

Key Achievements

- Objective 1: Strengthen the protection of children: Over 10,000 best interest assessment conducted; 72 community based committees/groups dedicated to child protection issues; 12'263 children receiving specialized CP services (individual case management).
- Objective 2: Reduce the risk of SGBV and improve the quality of response: 24community based committees/groups working on SGBV prevention and response; 100 reported SGBV incidents for which survivors receive legal assistance 466 SGBV reported incidents for which Survivors received psycho-social counselling.
- Objective 3: Strengthen and expand community mobilization: 13 community awareness and sensitization campaigns conducted, including the 16 days of Activism against gender violence.
- Objective 4: Improve or maintain quality of registration and profiling including civil registration and civil status determination: 75,438 refugees registered on an individual basis with minimum set of data required; 80 children were issued with birth certificates since the start of Refugee Vital Events Registration in October 2017.
- Objective 5: Strengthen services for persons with specific needs and ensure access to legal assistance and remedies for the refugee population: 5764 people living with specific needs received support in 2017.

% of refugees registered on an individual basis

% of children with specific needs receiving specialised child protection services

Sector Priorities

- Advance peaceful coexistence programming with the host community,
- Strengthen child protection through increased child protection mainstreaming across sectors, enhanced community-based child protection and promoted child participation
- Promote youth programming to improve youth access to livelihoods opportunities and meaningful youth engagement
- Improve access to justice for SGBV survivors
- Women and girl's empowerment
- Maintain the civilian character of asylum, including the screening of combatants,
- Enhanced registration processes
- Further durable solutions with a focus of selfreliance, and freedom of movement, and addressing the needs of older persons, and those with disabilities.
- Expand border monitoring, including via a community-based approach, focus on information and stabilization for new arrivals, and exchange of information for registration in safety and dignity.
- Enabling greater access to rights, as pledged by the Government of Ethiopia, including the out-of-camp option.

59%		
56%		

Education



Education services target all school-age children focusing on the provision of emergency education through temporary learning spaces during the first six months after arrival and the transition to formal education in established school structures subject to available resources. The Ethiopia Refugee Education Response Strategy (2015–2018) seeks to enhance the organizational capacities and efficiency of school administration and management. Priority areas include improving the quality of education through enhanced teacher certification, expanding access through the construction of additional classrooms, together with the provision of school supplies, curricular and instructional materials.

Key Achievements

- Access to primary education increased by 10% as compared to the previous academic year.
- 198 teachers recruited and deployed (112 refugees and 86 nationals).
- A Back-to-School Campaign was conducted.
- Teacher training provided to 388 (58F) teachers.
- 4907 (1628 females) were enrolled in Early Childhood Care and Development Centres.
- Provision of scholastic materials to children included 70,188 exercise book, 3200 school bag, 69,927 pen and other materials; including eraser, sharpener and rulers.

% of primary school aged refugee children enrolled in school / temporary learning spaces

% of secondary school aged refugee children enrolled in school / temporary learning spaces

Remaining Gaps

- Access to education is still limited due to a shortage of school facilities.
- Shortage of qualified teachers, lack of professional development, and low incentives.
- Low enrolment and high dropout of girls in primary second cycle.
- Low quality of education as a result of: untrained teachers; scarcity of quality enhancing resources, especially reading materials and teaching aids; low capacity of school leadership.
- Education services fall below national education quality indicators.





330,000+ South Sudanese refugees received monthly food assistance in 2017





The provision of the monthly general food ration continued throughout the year, newly arriving refugees received their in-kind ration upon arrival in the camp. The monthly ration comprised of in-kind food, ration cuts were implemented throughout the year amidst funding shortfalls. To bridge the gap between arrival in Ethiopia and relocation to the refugee camps, high energy biscuits were provided for a period of 3 days. During the relocation from Gambella to Gure Shembola camp in Benishangul-Gumuz, hot meals and high energy biscuit were provided during the three days journey. The usage of e-vouchers was expanded and covers now three camps in Gambella, targeting households with pregnant women and children up to the age of two years.

Key Achievements

- More than 330,000 refugees were provided with monthly food rations.
- High energy biscuits were provided for a minimum of 3 days to new arrivals as well as during relocation to Assosa.
- School feeding expanded to an additional four camps and benefited more than 45,000 children regularly.
- The fingerprint based biometrics was used in 7 out of 8 camps to enhance timeliness and accuracy of the food distribution.

Remaining Gaps

- Ration cuts continued to affect the operation throughout the year, an average of 1,770 kcal/ person/ day were provided for 9 months. It further reduced during the mid-year to 1,440 kcal against a standard of 2,100 kcal/ person/day
- Consequently, food consumption scores remain low with only 32% of refugees having an acceptable food consumption score and 64% of the refugees using negative coping strategies to meet their food needs. Similarly, diet diversity is impacted by limited availability of alternative food productions.
- Insufficient numbers of food distribution sites result in overcrowding and delays in distribution.





Health and nutrition services aim to prevent excess morbidity and mortality among new arrivals as well as prevent outbreaks of communicable diseases through provision of clinical care, preventive and promotive activities. Using the CRRF approach, Ministry of Health, humanitarian and development actors provided jointly medical screening and vaccination to new arrivals as well emergency treatment and referral at border entry points. At camp level, health facilities in the two most recently established camps were gradually upgraded to offer the full package of primary health care services, more than 540,000 consultations were provided for refugees and host communities. Community Health Workers are trained in all camps and provide messages on disease prevention and promotive health care. Refugee camps were included in the Ministry of Health's HIV campaign to identify persons living with HIV, more then 65,000 refugees were screened and HIV positive patients were linked to treatment.

All children 6-59 months underwent screening for acute malnutrition upon arrival and were linked to appropriate programmes. In the refugee camps, comprehensive nutrition services focusing on preventive and curative care programme are available in all camps. Additional to the curative aspects of improving nutritional status, emphasis was given to preventive interventions with focus on multi-sectoral linkages/synergies with nutrition sensitive sectors like WASH, Health, food security, protection, shelter and livelihoods to ensure the needs of the refugees are met within their respective interventions. Standardized nutrition surveys were conducted in all camps, the prevalence of Global Acute is 22.9% and remains above the WHO emergency threshold of 15%.

To determine the risk factors of the high prevalence rates of malnutrition in the Gambella operation, RRP partners conducted a nutrition causal analysis (NCA). Following the results, a multisectoral work plan to address the identified risk factors under WASH, food security, nutrition, health, protection and shelter was developed.

Key Achievements

- Under 5 mortality rate was maintained at 0.2 deaths/ 1,000/ months and crude mortality rate at 0.1 deaths/ 1,000/ month
- Health facility utilization rate increased to 1.5 visits/ refugee/ year (standard: >1)
- 100% target achieved for both measles and polio vaccines.
- A total of 12,606 children were treated for moderate acute malnutrition and 6,605 for severe

Remaining Gaps

- 20 health facilities are serving refugees in camps, bringing the health facility coverage to 1: 19,000. An additional 17 facilities are needed to reach the minimum standard of 1 facilities for 10,000 persons.
- The promotion of Infant and Young Child Feeding practices as well as the provision of complementary food needs to be expanded to prevent malnutrition in children under 5.

malnutrition, the treatment recovery rates reached 84% and 85% respectively (Standard: >75%)

 More than 66,000 children under 5 and pregnant/ lactating women benefited from blanket supplementary feeding

% of refugee women delivering with assistance from qualified personnel

% of women requiring antenatal care undertaking at least 4 ANC visits

- Security concerns and high staff turnover impacted on the availability of 24/7 health services
- Insufficient numbers of ambulances delayed referrals, referrals for chronic conditions had to be deprioritized





Livelihood interventions implemented in Gambella and Benishangul regions aimed to build on existing opportunities offered by the context and based on the existing expertise of refugees. Activities range from agriculture for nutrition purposes to vocational training, income generating activities and microfinance. Many interventions are based on socio-economic assessment, market and value chain analysis and skills surveys. Links with existing markets structures remain underdeveloped.

Key Achievements

- Increasing inter-sectors linkages to Energy and Environment, Food Security and Nutrition.
- TVET increasingly connected to market needs.
- Access to financial services offered formally and informally to increasing numbers of refugees and targeting member of the host communities.
- Strengthened adult education and literacy as well as life skills training programmes.
- Small scale agricultural production has furthered nutrition and diet diversification, complementing food rations and lowering household expenditures.



Remaining Gaps

- Limited movement and access to the labour markets impair advances in livelihood activities.
- Assessments and analysis; particularly market analysis falls below quality standards.
- Medium to long-term sustainability is not reflected within livelihood programming.
- TVET remains traditionally based on the interest of beneficiaries, instead of potential employers, limiting the scope for future gainful employment.
- Coordination between stakeholders in the livelihood sector remains limited.

75,447 newly arrived South Sudanese refugees received emergency shelter & non-food items in 2017



All new arrivals were provided with an emergency shelter, with the provision of transitional shelters during the course of the year upon relocation to camps subject to available resources. A National Shelter Strategy 2017-2020 designed based on a country-wide Shelter Needs Assessment conducted in March-April 2017 provided a basis for improved shelter and site planning standards for South Sudanese refugees. Emergency shelters are composed of rectangular shaped wooden structures, covered with plastic sheeting/tarpaulin. Transitional shelter are composed of rectangular or square shaped stone masonry foundation walls, bedded in cement mortar, with a thatched roof, an internal partition wall with door, an entrance door with improved lock and two lockable windows.

Key Achievements

Remaining Gaps

- All new arrivals upon relocation were provided with household emergency shelters and core relief items.
- 6,292 transitional shelters completed.
- 9,418 emergency shelters constructed.
- Routine maintenance for 700 emergency shelters constructed.
- 15,000 refugee families who arrived in Ethiopia in 2017 are in need of transitional shelters.
- Grass collection, roof thatching and wall mudding is dependent on refugee participation, which remains a challenge. Dedicated community mobilizers were deployed to encourage participation and ownership.

% of new arrivals who received NFIs upon relocation to camps

100%



WASH interventions sought to ensure refugees' access to water in sufficient quality and quantity; ensuring refugees' access to quality sanitation services; while ensuring that refugees have improved personal and environmental hygiene. In response to the needs of South Sudanese refugees, an average of 701,666 liters of water were provided daily. The cost of water production remained high with budgetary constraints limiting a transition from emergency to sustainable water supply models. Further investments are required to ensure comprehensive community participation in managing WASH services, replacement of fuel powered pumping systems with solar powered models and to identify and implement sustainable sanitation-waste-to-value-solutions.

Key Achievements

- 1,670 communal latrines were established, in addition to 12,187 household latrines; constituting 30% of all needs.
- Dissemination of key messages on personal and environmental hygiene to refugees upon arrival and upon relocation were conducted.
- The piloting of the Utility Model for water provision began was launched in the Gambella Region, integrating service provision across the Itang host population and three nearby camps.

Remaining Gaps

- The provision of potable water via water trucking limited supply in a number of location to only 12 litres per person per day.
- Household latrine coverage was as low as 10% in some instances, representing a major public health risk.
- Emergency water supplies provided to new arrivals need to be transitioned to permanent water systems

% of refugee families with household latrines

30%

RRP PARTNERS IN ETHIOPIA IN 2017

- ACF Action Against Hunger
- ADRA Adventist Development and Relief Agency
- CWW Concern World Wide
- DCA Danish Church Aid
- DRC Danish Refugee Council
- EOC-DICAC Ethiopian Orthodox Church Development and Inter-Church Aid Commission
- FAO Food and Agriculture Organisation
- GOAL
- HAI Help Age International
- IMC International Medical Corps
- IOM International Organisation for Migration
- IRC International Rescue Committee
- LWF Lutheran World Federation
- MCMDO Mothers and Children Multisectoral Development Organization
- NRC Norwegian Refugee Council
- OXFAM
- PI Plan International
- SCI Save the Children International
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Fund
- WFP World Food Programme
- WVI World Vision International
- ZOA

FOR MORE INFORMATION

SOUTH SUDAN REGIONAL REFUGEE RESPONSE PLAN Ethiopia: 2017 Key Response Figures

1 January - 31 December 2017

PROTECTION







EDUCATION

60% of South Sudanese primary school aged children enrolled in school / temporary learning spaces **198 teachers recruited** (112 refugees, 86 nationals)





FOOD



45,000 children benefitted from regular school feeding



HEALTH AND NUTRITION



54,992 South Sudanese refugee children were vaccinated against measles; 61,489 were vaccinated against polio



SHELTER AND NFIs

75,447 newly arrived South Sudanese refugees received emergency shelter & non-food items in 2017 Only 39%
of South Sudanese refugees in Sudan had adequate dwellings in 2017

WATER, SANITATION AND HYGIENE





An additional **58,000** family latrines are needed **to reach 100% coverage**