



ETHIOPIA Country Refugee Response Plan

January 2022– December 2022

CREDITS:

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The maps in this publication do not imply the expression of any opinion concerning the legal status of any country or territory or area, of its authorities, or the delimitation of frontiers or boundaries.

All statistics are provisional and subject to change. Except where indicated otherwise, all population figures provided in this report are as of December 31, 2021.

Cover photograph:

Somali refugee children playing at the Youth/Children friendly center in Kebribeyah refugee camp, Jijiga.
UNHCR/Eugene Sibomana

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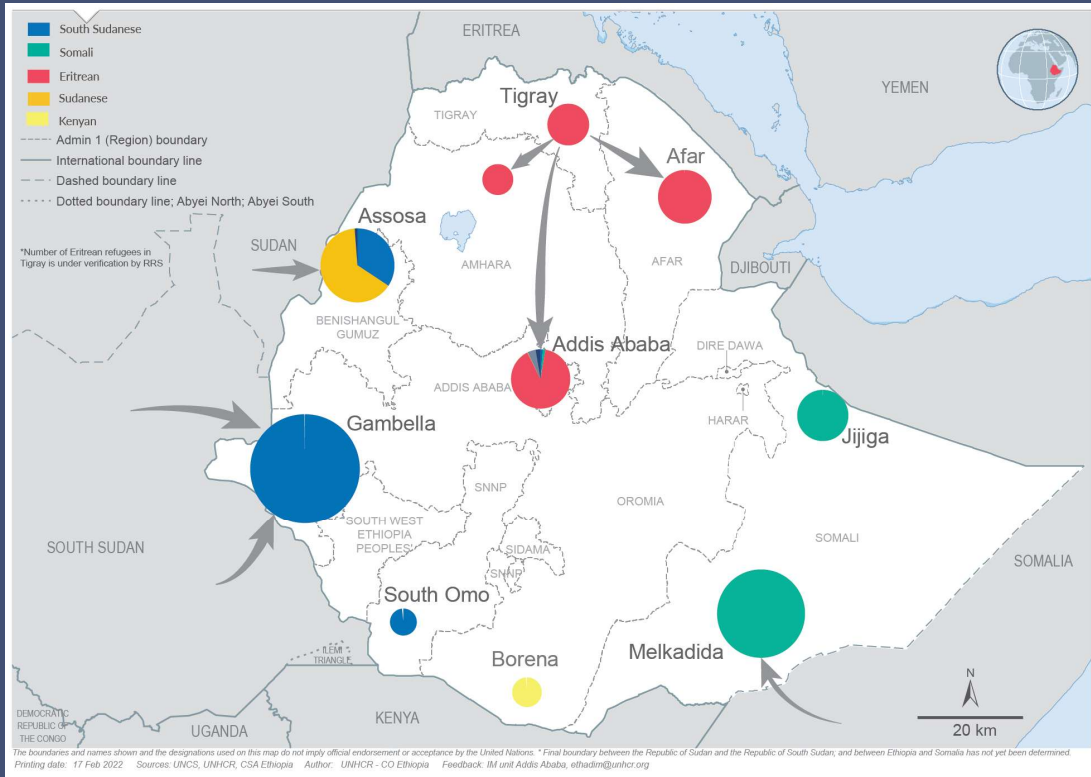
PLANNED RESPONSED

896,000
PROJECTED REFUGEE
POPULATION BY END 2022

US\$ 605M
REQUIREMENTS FOR 2022

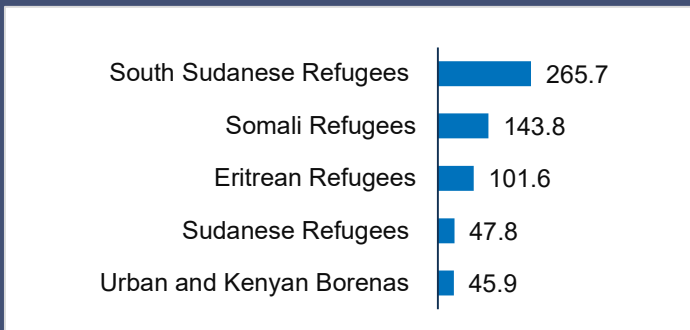
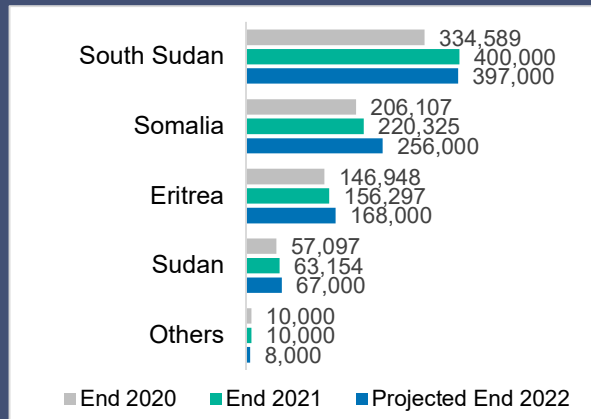
37
PARTNERS INVOLVED

424,767
ASSISTED HOST POPULATION



Refugee Population Trends

Requirements for 2022 | In millions of US\$



BACKGROUND AND ACHIEVEMENTS

Ethiopia is one of the largest refugee operations globally, and the third largest in Africa, hosting more than 823,951 refugees and asylum seekers from some 26 countries as of December 2021. Refugees are forced to flee their countries of origin as a result of persecution, conflict and serious human rights violations. A large section of the refugee population remains in a protracted situation with little prospects of safe return to their homes.

With a long history of hosting refugees on its territory, Ethiopia has a progressive asylum policy adopted in 2019, Refugee Proclamation No. 1110, that allows humanitarian access, ensures protection to those seeking refuge and helps them prepare for solutions. South Sudan, Somalia, Eritrea and Sudan are the largest countries of origin. The majority of refugees (90.24%) in the country are living in 26 camps and sites located in Afar, Amhara, Benishangul-Gumuz, Gambella, Somali and Tigray regions, with an increasing number of refugees living in the capital Addis Ababa. Many of the refugee hosting areas are amongst the least developed regions in the country characterized by harsh weather conditions, poor infrastructure, low administrative capacity, a high level of poverty and poor development indicators. The arid physical environment in the Afar and Somali regions, the drought and the scattered pastoral populations make it more challenging to provide services to refugee and host communities.

Since November 2020, the conflict in the Tigray region has continued unabated and has spread to other parts of the country, in particular the Afar, Amhara and Benishangul-Gumuz regions. The overall security situation in Northern Ethiopia remains complex and fluid hindering the effective and immediate delivery of lifesaving assistance to the affected populations. A shortage of cash, fuel and interruption in access to electricity and telecommunication services have had a negative impact on delivery of protection and assistance and well as the ability to undertake field missions by UNHCR and partners. UN humanitarian flights into Tigray were suspended in late 2021, though now operational intermittently. Road access into Tigray has been a challenge since mid-December 2021. However, in March 2022, Ethiopia's Government declared an immediate indefinite humanitarian truce together with a declaration of ceasefire of hostilities to allow aid into the northern regions of the country.

The four refugee camps in the Tigray region that hosted Eritrean refugees at the onset of the crisis have been seriously impacted by the conflict – two camps were destroyed in 2020 and officially closed in early 2021, with refugees from these camps further displaced, mainly to Addis Ababa. It is estimated that some 18,000 Eritrean refugees continue to live in the two camps of Mai Aini and Adi Harush as of April 2022, where access to and provision of assistance, particularly of water, food, cash assistance and medicines, have been hindered due to insecurity. In June 2021, the Government granted additional land for establishment of a refugee site, Alemwach, in the Amhara region aimed at accommodating up to 25,000 refugees. As of April 2022, more than 8,000 Eritrean refugees self-relocated from the camps in Tigray to Alemwach. With the spread of the conflict into the Afar region which hosts some 55,000 Eritrean refugees residing in two camps (Asayita and Barahle), large scale displacement especially from the largest camp in the region, Barhale and among refugees who lived within the community in the Dallol and Erebti Woredas occurred in

early 2022. Refugees from Barhale and those residing in Dallol and Erebti experienced secondary displacement, to urban and rural areas across Afar. The Government designated a new site, Serdo, to host these populations.

About 43,000 Eritrean refugees have self-relocated from the camps in Tigray since 2021. UNHCR and RRS have been facilitating individual verification and documentation of this group of refugees. A total of 20,000 refugees have been verified as of April 2022, issued with ID documents, assisted to open new bank accounts and provided with one-off cash assistance. Health assistance is targeted for persons with specific needs (PSNs). While the figure is expected to continue to rise as the verification exercise continues, strategic protection and solutions interventions are being developed to respond to the needs of this growing urban population. It is estimated that there are approximately 80,000 refugees in Addis Ababa.

Refugees in the Benishangul-Gumuz region have also experienced the effects of internal conflict. Two refugee camps, Gure-Shembola and Tongo, became inaccessible to humanitarian staff in January 2022 as a result of attacks by armed groups which also led to a mass exodus of refugees from both camps. Refugees have been relocated with the assistance of Refugees Returnees Service (RRS) and partners to a safer location near Tsore camp, which can accommodate up to 20,000 people.

In Gambella, on 13 April 2022, approximately 9,000 South Sudanese refugees were relocated from the Pagak Reception Center to Nguenyiel camp, located about 70 km from the Ethiopia-South Sudan border. This relocation sought to improve reception conditions and general protection.

In the Somali region, individuals continue to arrive in Melkadida due to insecurity in Somalia, with 13,582 refugees officially registered as of 15 April 2022. The situation has been exacerbated with the prolonged drought in the region. UNHCR, RRS and partners continue to support relocation of refugees from the reception center in Dollo Ado to the five refugee camps. Between 9 February and 15 April 2022, over 10,000 refugees were relocated from the reception center. With the imminent rainy season, UNHCR and partners have redoubled efforts in moving refugees and decongesting the reception center.

The Government of Ethiopia continues to maintain its policy of granting prima facie refugee status to South Sudanese, Somalis from South and Central Somalia, Sudanese refugees from the Blue Nile and South Kordofan, and Yemenis who arrived after January 2015. Individual Refugee Status Determination (RSD) is conducted for asylum-seekers from other countries and regions. The use of complementary pathways for solutions has been expanded which include study programs such as UNICORE and the Italian Humanitarian Corridor, as well as family reunification abroad. UNHCR and partners work with RRS to assess gaps in the current asylum system and provides capacity development and technical advice.

Ethiopia was among the first countries globally to implement the Comprehensive Refugee Response Framework (CRRF). The Government made nine pledges at the Leaders' Summit in New York in 2016 and reformed its legal and policy framework. A key milestone was the adoption and implementation of the No.1110/2019 Refugee Proclamation, one of the most progressive

refugee laws on the continent which enables refugees to live and work in Ethiopia, as well as access to social services. Development partners and donors remain committed to support the inclusion of refugees in national systems and support the operationalization of the Global Compact on Refugees (GCR) in Ethiopia. The National Comprehensive Refugee Response Strategy (NCRRS) will complement Ethiopia's Ten-Year National Prosperity Plan, aligned with the 2030 Sustainable Development Agenda. In September 2020, the Government signed Ethiopia's new UN Sustainable Development Cooperation Framework (UNSDCF: 2020-2025), which includes refugees and other Persons of Concern (PoCs) through the 'leave no one behind' commitment. In the context of the CRRF and in line with the Government's GRF pledges, the inclusion of refugees in national services will be pursued by partners to the extent possible, to support the self-reliance and resilience of refugees and host communities through the realization of their rights set out in Refugee Proclamation 2019.¹ Investments to strengthen the national system will help to preserve the protection space for asylum-seekers and refugees within Ethiopia. The socio-economic effects of COVID-19 continues to impact the humanitarian situation in the country. UNHCR and partners continue to intervene in all refugee camps and urban settings to put in place prevention measures. The Government of Ethiopia included refugees in national vaccination campaigns, however only a few thousands of refugees have been vaccinated to date.



Credit: Anna Hellge/UNHCR

Caption: A Somali refugee girl attending school in Sheder camp

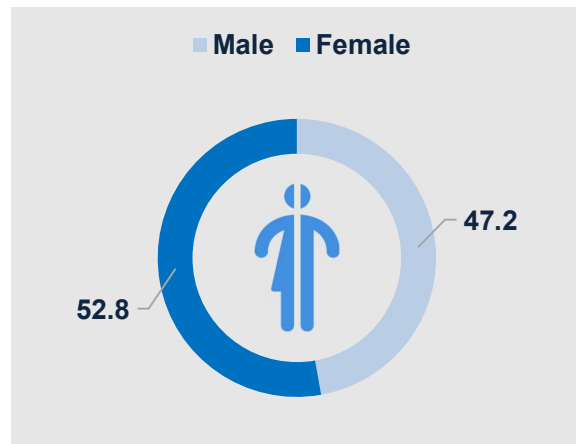
¹ Ethiopia: Proclamation No. 1110/2019, 27 February 2019, <https://www.refworld.org/docid/44e04ed14.html>




BENEFICIARY POPULATION

	Population as of November 2021	Population as of end of 2021	Planned Population as of end of 2022
Assisted Refugee Population			
South Sudan	383,087	386,874	397,000
Somalia	218,022	223,062	256,000
Eritrea	158,300	158,525	168,000
Sudan	46,181	46,433	67,000
Others	11,481	9,057	8,000
Total	817,068	823,951	896,000

Assisted Host Population	400,000	400,000	424,767
Total	400,000	400,000	424,767

Disaggregated Data of Planned Assisted Refugee Population			
Age group	% Of total 896k	Female % Of total 896k	Male % Of total 896k
00-04 years	15.7	7.7	8.0
05-11 years	25.6	12.7	12.9
12-17 years	18.6	8.8	9.8
18-24 years	14.4	7.1	7.3
25-49 years	20.8	13.6	7.2
50-59 years	2.7	1.6	1.1
60-69 years	0.8	0.5	0.3
70-79 years	0.7	0.4	0.3
80+	0.7	0.4	0.3
Total	100%	52.8	47.2



	Persons with Disabilities 1% of total 896k			
	29.0% Women and girls		24.2% Men and boys	

NEEDS ANALYSIS

Partners have been conducting needs analysis on a continuous basis through a multi-sectoral and participatory approach on protection, education, energy and environment, food security, health and nutrition, water, sanitation, and hygiene (WASH), agriculture, cash-based assistance, livelihoods, shelter and non-food items (NFIs). These include assessments on refugees not attending school in camps and energy/environment assessment in refugees' settings. Need analysis often seek to assess where strategic investments are needed for both refugee and host communities to maximize the impact with short term and longer-term solutions, without losing the perspective of the most critical needs.

These assessments established multiple protection risks in the operational context of Ethiopia. The Eritrean refugee population in particular, continues to have a significant number of Unaccompanied and Separated Children (UASCs) at heightened risk including exposure to Gender-Based Violence (GBV), psychological trauma, potential trafficking, and human smuggling. The protection and assistance situation of Eritrean refugees living in the two remaining camps in Tigray – Adi Harush and Mai-Aini – has further deteriorated, mostly due to the prevailing conditions in the region as a whole. Access to food, water and health has significantly reduced. Refugees who have relocated to Alemwach in the Amhara region are yet to develop coping mechanisms that facilitate cordial relations with the host community. Joint inter-agency initiatives and assessments have been undertaken in Alemwach with acute needs in Psychosocial and Mental Health, Education, Child Protection, GBV, WASH, Food Security, Health Shelter and Energy identified as critical areas of urgent intervention. The positive development of issuance of ID cards and opening of bank accounts for the rapidly growing urban population in Addis Ababa, including self-relocated Eritreans from the Tigray region, was temporarily suspended by the authorities. Registration of new arrivals and documentation activities were also temporarily suspended from November 2021 due to the escalated armed conflict in Northern Ethiopia and the State of Emergency (SoE). Lack of documentation has prevented and delayed refugees from being issued exit permits for purposes of resettlement, family reunification, studies and work opportunities abroad. Eritrean refugees in particular have been also at risk of arbitrary arrest and detention in the urban setting.

The protection risks facing refugee children across the operation identified in the 2021 participatory assessment (PA) remain valid. UNHCR and UNICEF continue to advocate for the effective inclusion of refugee children in the national birth registration system. A National Civil Registration and Vital Statistics Improvement Strategy, which was developed by the Immigration and Nationality Service (INS) (formerly the Nationality and Vital Events Agency (INVEA), now includes refugees. With the support of UNICEF and UNHCR a backlog clearance exercise by INS is ongoing in Gambella, Afar, Assosa, Melkadida and Jijiga. At the end of 2021 the backlog for children without birth certificates was 159,019. Though the backlog registration exercise initially targeted a total of 96,000 children who are aged 3 years and below, the achievement against this backlog is only 25,647 birth registration, representing 26.7 percent of the target as of April 2022. The main challenge remains the absence of dedicated registration staff. A Memorandum of Understanding (MoU) has been signed for the digitization of vital events. This project is also

funded by UNICEF and has already been implemented in 130 kebeles with the host community. In the refugee context, preparatory works are being finalized and the digitization is expected to be launched in the fourth quarter of 2022.

Gender-Based Violence (GBV) remains one of the major protection concerns of refugees in Ethiopia. According to the GBVIMS reports of 2021, psychological and emotional abuse, physical assault, denial of resources, opportunities or services, sexual assault, rape, forced/early marriage are the reported GBV typologies in Ethiopia, varying across different regions. According to the 2021 Participatory Assessment, the main GBV related risks as reported by diverse refugee women and girls of all age groups include sexual violence during firewood collection and fetching of water, harmful practices such as child and forced marriage and Female Genital Mutilation/Cutting (FGM/C). The PA also revealed, these GBV risks are exacerbated by shortage of alternative energy sources, streetlights, limited access to legal remedies, limited sex-segregated shower rooms and irregular supply of dignity kits among others.

Refugees in Ethiopia are at risk of Sexual Exploitation and Abuse (SEA) owing to the extreme vulnerabilities caused by the reliance on support from humanitarian agencies. With various camps in the country affected by conflict, service delivery has been hampered and this places refugees and asylum seekers at a higher risk of SEA. Students in Tigray have been out of school for the last two academic years due to COVID-19 and the ongoing conflict. Further to this, approximately 13% students did not return to school across all refugee locations in Ethiopia. Participatory assessments indicated early marriages and pregnancies for girls, engagement in income generating activities and lack of interest in education due to prolonged school closures as the main reasons for the dropouts. In 2022, formal out-of-school children's assessments are being carried out in Melkadida, Gambella and Asossa, to ascertain concrete reasons for the high dropout rates and develop mitigating measures. Quality education services for refugees remains among the top priorities however inadequate infrastructure, WASH facilities, scholastic materials, untrained teachers and lack of school meals, among others are impediments to achieving the objectives in education. Refugees in Ethiopia are affected by multiple displacement and may experience trauma or mental health issues as a consequence of this. Mental Health and Psychosocial Support (MHPSS) remains a key priority with the scale up of specialized staff to provide technical guidance and training to partners; monitor and evaluate programmes and provide supportive feedback to improve MHPSS interventions. 60 per cent of the projected refugee population is under 18 years of age including adolescents and youths who are most at-risk of early marriage, GBV, violence and other protection risks. Children and adults with disabilities need more meaningful access to services, including education. The need for effective legal responses is also a priority, as well as addressing the underrepresentation of women in community-based structures. Sex segregated shower rooms, to ensure women's and girls' privacy for menstrual hygiene and regular distribution of dignity kits is vital as well.

Addressing the insufficient, frequently interrupted distribution of water is a major challenge in most camps. There is inequitable water distribution across all camps. Current average daily water per person per day is 14 litres against the desired 20 litres per person per day (l/p/d). Emergency water has been provided through water trucking in Kebribeyah, Serdo, Alemwach, Dillo and Megado. Limited and in some cases non-availability of latrines has resulted in widespread open

defecation in the camps. Latrine coverage across the operation is around 40% against the UNHCR camp standard of at least 85%, posing protection risks particularly for women and girls, as well exposing persons of concern to disease outbreaks. Strengthening institutional WASH support by ensuring close cross-sectoral collaboration with health and education sectors is critical. The importance of preparing health facilities in light of the COVID-19 pandemic and making schools safe places for children is noteworthy. The COVID-19 pandemic has demonstrated the essential importance of health structures as the 'last line of defence' when treating those affected, enabling case management, disease surveillance and health education. WASH is essential to prevent further disease transmission between patients, caregivers and family members where risks of contagion are highest.

Health care, including access to better quality services as such for sexual and reproductive health, and provision of essential medicines and medical supplies, remains among the top priorities. Investments in nutrition continue to be made with a focus on under 5 children, and Pregnant and Lactating Women (PLW). These efforts are however challenged by food insecurity as a result of provision of 60% of the standard Kcal (sphere standards being 2100KCal/p/d), and limited access to livelihoods. Consequently, acute malnutrition, chronic malnutrition, and micronutrient deficiencies are prevalent among refugee populations, with protection risks. Single mothers with many dependents, especially, are forced to engage in unsafe livelihoods activities, such as informal gold mining and collection of firewood from distant locations. Access to adequate shelter also remains below standards, with <46% of the camp-based refugee families living in adequate dwelling. With high number of refugees living in old emergency shelters and sharing single shelters, there is need for more adequate shelters that will enable shelter allocation according to family size, and investments in shelter maintenance for camp-based refugees.

While progress has been made with the establishment of mechanisms for inclusion of women, men, girls and boys, persons with disabilities, older persons and others with specific needs in the refugee response overall, systems and processes for systematic inclusion of all Age Gender Diversity (AGD) groups, their specific needs and capacities need to be formalized when specifically designing and implementing solutions. Given the size, diversity and geographic areas of the refugee population in Ethiopia, comparing needs between population groups and across different types of refugee locations can be challenging. In this connection, the needs analysis below is presented by refugee population group, in particular Eritrean, Somali, South Sudanese, Sudanese with other nationalities, featured as separate chapters in the Country Refugee Response Plan to better reflect their needs. Different gender needs are also incorporated, given the unbalanced and serious repercussions caused by conflict the context on refugee women and girls.

RESPONSE STRATEGY AND PRIORITIES

Overall Strategy

Partners will continue to implement a multi-layered response that ensures access to territory and asylum as well as protection from effects of the armed conflict in the complex and constantly changing protection environment. They will seek innovative, cost-effective and sustainable ways to deliver basic needs and essential services, including life-saving assistance, as well as opportunities for durable solutions and self-reliance.

Response Objectives

The response for the different refugee population groups in Ethiopia in 2022 will be guided by the following strategic objectives, that rely on the coherent action of a broad range of partners to make progress towards the policy framework of the GoE and the Comprehensive Refugees Response Framework and the operationalization of the Global Compact on Refugees (GCR):

Objective (1): Preserve equal and unhindered access to asylum and protection, promote the full enjoyment of rights, and maintain the civilian character of asylum.

Objective (2): Ensure protection systems are strengthened, and refugees and returnees can enjoy their full rights, specifically with regard to safety and security, child protection, GBV, RSD, community-based protection, PSEA, MHPSS and with special attention to persons with specific needs.

Objective (3): Strengthen access to essential services such as education, WASH, health including sexual and reproductive health and nutrition, livelihoods and energy in a progressive and inclusive manner, in camps, out of camps and urban areas.

Objective (4): Support the implementation of the Government's 2016 and 2019 pledges, to expand access to rights, services, and self-reliance opportunities in the longer-term, in line with the GCR and the UNSDCF; in addition to commitments made in line with regional refugee policies led by IGAD, such as the Nairobi Declaration on Somali refugees, Djibouti Declaration on Refugee Education and the Kampala Declaration on Jobs and Livelihoods for refugees, returnees and host communities.

Objective (5): Enhance and promote peaceful co-existence and social cohesion between host communities and refugees, including through protection of the environment and mitigating the impact of drought and climate shocks.

Objective (6): Expand access to solutions including resettlement opportunities, voluntary repatriation when feasible, legal migration pathways, as well as local integration.

A key focus of the 2022 refugee response will be on promoting socio-economic growth and access to livelihoods opportunities for urban and camp-based refugees, as well as on ensuring working with refugees and partners towards food security. This approach will aim at strengthening the

inclusion of refugees and promote peaceful co-existence between refugees and the host population. Assistance will be targeted based on the specific needs, vulnerabilities and capacities of refugees.

Cash-Based Interventions (CBI) will be expanded as much as possible to address the basic needs of refugees, through sectoral or multipurpose assistance, while reducing in-kind procurement and distribution of materials for refugees. Expansion of CBI will be based on feasibility studies and response analysis, to improve refugee self-reliance and financial inclusion, while assessing the impact on local markets and communities, and mitigating protection risks. CBI interventions are already being implemented in Addis Ababa, Jijiga, Melkadida and Assosa where refugees are able to open bank-accounts with Ethiopia's largest financial institution, Commercial Bank of Ethiopia (CBE) and receive their assistance more securely as direct deposits instead of cash-in-hand. UN agencies and partners will continue to monitor security developments in the region and will facilitate the voluntary repatriation of families who have expressed the desire and intention to return to their places of origin outside Ethiopia that are considered safe for return. However, voluntary repatriation is not currently a durable solution favoured by the majority of refugee nationalities currently hosted in Ethiopia in particular for South Sudanese refugees. There is a sustained interest for voluntary return of Ethiopian refugees back to Ethiopia from Kenya Djibouti, Sudan, South Sudan and Yemen. In this regard, return movements are expected to gradually scale up considering the intention of people to return home.

The 2020-2021 emergency response for Northern Ethiopia is now part of the 2022 plan for the overall population of Eritrean refugees, and partners will continue to focus on the specific needs of refugees, as well as of other persons of concern, who are currently in the areas of Tigray, Amhara, Afar and Addis Ababa. In the context of the ongoing situation in the Northern Ethiopia, accountabilities towards refugees and asylum-seekers in the mentioned areas will include the continuation of the delivery of protection assistance and basic services, including the voluntary relocation to more conducive areas for safety, as well as working with those who have self-relocated to other parts of the country to find an adequate level of self reliance. To accommodate those relocated refugees, the development of the new refugee site of Alemwach in Amhara will advance, aiming at accommodating up to 25,000 Eritrean refugees.

Service provision such as registration, documentation, and counseling will be strengthened through the One-Stop-Shop (OSS) service center approach in refugee camps and in Addis Ababa, where services will be equally accessible to refugees and host communities. Inclusion of refugees in regional One-Stop-Centres for survivors of Gender-Based Violence (GBV) for holistic service provision, and inclusion of refugee children in national Child Protection programmes will be achieved gradually through the strengthening of national services to absorb refugees and enhance the quality of services for refugees and nationals alike. Partners will also strengthen community engagement to prevent GBV, including through engaging men and boys. The GBV programme in Ethiopia is comprehensive with components of prevention, risk mitigation and response. Benefiting from the GBV Information Management System (GBVIMS) and other data sources, a tool will be developed to regularly analyze GBV data which will feed the GBV programming and strengthen quality of services. The Refugees and Returnees Service (RRS) and partners will continue to implement the Ethiopia National Action Plan to mainstream GBV

prevention and response across the sectors of Child Protection, Education, Shelter, Health, Nutrition, CBI, Livelihoods and Energy to address risks through a multi-sectorial approach.

The Age, Gender and Diversity (AGD) approach is central to the Ethiopia refugee response and requires that all actors in the response consider the distinct needs and views of women, men, girls and boys of diverse backgrounds, including persons with disabilities, persons with diverse sexual orientations and gender identities, as well as ethnic, religious and linguistic minorities or indigenous groups, in assessment, planning, implementation and monitoring processes. UNHCR and partners will work to ensure women, girls, men and boys with disabilities have access to vital services and have the opportunity to apply their skills and capacities to benefit themselves, their families and communities and develop long term solutions. Key, amongst many specific mitigation measures to reduce the risks on integrity, behaviours, fraud, corruption by staff and partners, will include having a strong focus on staff behavior and Code of Conduct, as well as supporting enhanced oversight and monitoring of partners across all of these domains through the roll-out of Prevention of Sexual Exploitation and Abuse (PSEA) capacity assessments for each partner and supporting the improvement of their PSEA capacity. Relevant is having a strong framework on compliance in place, as well as a responsive approach to reporting in close liaison with the Inspector-General's Office and follow through on issues arising for SEA matters. The humanitarian and development community in Ethiopia are strongly committed to implement and monitor in a coordinated and meaningful manner the Strategy on PSEA, signed in 2020. The Strategy has a people-centered approach and recognizes the UN and partners' leadership responsibility to strengthen the fight against SEA in Ethiopia, in order to achieve a true system of collective accountability.

In line with the Comprehensive Refugee Response Framework (CRRF) approach, UNHCR and child protection partners promote the inclusion of refugee children in the national child protection and birth registration systems as well as the provision of targeted support for children with specific needs in their best interest. Considering that forced displacement often exacerbates existing child protection risks, it is important that humanitarian actors support and strengthen community-based child protection mechanisms and improvement in the meaningful participation of children and the empowerment of refugee's youth. Under a Joint Action Plan ("The Blueprint"), UNICEF and UNHCR will continue to deliver a measurably better response for refugee children and their families, focusing on education, water, sanitation and hygiene (WASH) and child protection in 2022, undertaking programming activities and to engaging development actors to ensure that children and their families can enjoy their rights and access national services. Partners will continue to work collaboratively with the Ministry of Education and Regional Education Bureaus to realize the GoE pledges in education, and further the commitments set out in the Global Compact on Refugees (GCR) aimed towards increasing the access to quality learning opportunities from pre-school to tertiary education for refugees and host communities. Engagement with Ministry of Water and Energy and Regional Water Bureaus will be strengthened to advocate for refugee inclusion in national systems. Lessons learned from the Itang water utility in Gambella will be used to improve the design and implementation of inclusive water supply in other locations.

In line with the Government policy of integrating refugees into national systems, a key priority will be to ensure integration of services for refugees within the host community. The Government will be supported by partners in their plan to domesticate the Sustainable Development Goals (SDG) through advocacy on the inclusion of refugees in national systems and in the implementation of the pledges made under the GCR framework to promote refugees' self-sufficiency and comprehensive integration. Advocacy efforts will be conducted in line with the UNSDCF so that humanitarian and development assistance can target refugee and host communities, promoting peaceful coexistence.

A comprehensive health-related response will continue to be provided throughout the displacement cycle. This includes health-related rapid well-supported health interventions at reception and admissions; support for immediate and ongoing health needs, assistance for local and national institutions and communities receiving refugees, as well as expanded opportunities for sustainable solutions. This will be achieved through (i) integration and inclusion into national systems; (ii) working in partnership for health; (iii) capacity strengthening partners including PoCs in health matters; and (iv) enhanced and integrated strategic health information management. UNHCR will work with ILO to assess the feasibility of inclusion of PoCs in Addis Ababa into the National Community-Based Health Insurance (CBHI) scheme.

Strengthening Livelihoods and Resilience

UNHCR will continue to play a catalytic and facilitating role in advocating for an enabling environment that will enhance refugee and host community socio-economic inclusion. This will be by ensuring that there is sufficient awareness on the legal policy frameworks on the rights to work amongst stakeholders, host communities and refugees themselves. The federal and regional Governments will be engaged to build their capacities, and advocate with them to include refugees into their development plans. UNHCR will also engage in strategic partnerships with development partners to support investments that can create decent and sustainable economic opportunities through joint projects where refugees and host communities both participate. The two critical employment pathways will be self-employment and enterprise development, with wage employment opportunities being pursued where conditions are possible. These projects will contribute to the Government's Global Compact pledge to create 90,000 economic opportunities in the agriculture and livestock sectors by 2024. Access to tertiary education, especially technical and vocational skills training (TVET), will be supported at both policy and implementation levels to ensure that refugees are included into national TVET systems and that skills are matched to the labour market demands of different sectors. When appropriate, CBI will be integrated into this process, including skill-training and entrepreneurial initiatives as a speedier, more cost-effective method for providing productive assets than in-kind procurement. There will be deliberate efforts to engage the private sector to motivate them to participate in investing and creating opportunities in refugee hosting areas. Financial Inclusion will be integral in providing refugees with access to capital and services such as savings and credit. To this end, UNHCR will leverage its frame-agreement with Commercial Bank of Ethiopia and ensure all financial services are made available to refugees, similar to Ethiopian citizens.

Host Communities

Many refugees are living in communities with scarce basic services and in locations prone to natural disasters, especially floods and drought. Refugees and local populations are equally in need of humanitarian assistance, quality services and self-reliance opportunities. Nevertheless, many host communities continue to welcome refugees and provide them with support where possible. The inter-agency response aims to support host communities, both in rural settlements and urban areas, and will continue to promote sustainable access to safe and adequate water, shelter, education, energy and environment, sanitation and other basic and essential services for refugees and their hosts, including access to land for agriculture where possible. Among the most vulnerable of the host and refugee populations, women and girls will continue to be targeted for assistance and support to prevent gender-based violence and sexual exploitation and abuse, also considering higher risks during humanitarian emergencies.

PARTNERSHIP AND COORDINATION

Ethiopia has well-established refugee response and coordination processes in place, based on the Refugee Coordination Model (RCM), which are anchored in a solid framework of refugee law and procedures. The Refugee Coordination Group (RCG) is co-chaired by Refugees and Returnees Service (RRS) and UNHCR with the participation of donors, Heads of partner agencies, and other senior staff supporting the national refugee response. The RCG meets quarterly to discuss strategic and inter-sector operational issues. Sector working groups including Protection together with Child Protection and GBV sub-working groups, Health, Education, WASH, Shelter, Energy and Environment and Livelihoods also meet regularly. A separate coordination forum for agencies specifically addressing urban refugees in Addis Ababa also meets regularly. Field-level coordination structures ensure that day-to-day progress and challenges are shared and managed efficiently between partners.

The Humanitarian Country Team forms part of the broader consultation forum on the overall refugee response, including the UN Sustainable Development Cooperation Framework (UNSDCF) covering the period 2020-2025. The UNSDCF was signed by the Government of Ethiopia in September 2020 and comprises four action working groups: Social Service Delivery; Governance & Peacebuilding; Economic Recovery & Inclusive Growth and Resilience to Climate Change & Disasters

A wide range of stakeholders across Government agencies and ministries, development actors, the World Bank, UN agencies, NGOs and the private sector are involved in the implementation of the comprehensive response approach to refugee protection and solutions.



APPEALING CRRP PARTNERS

Action Against Hunger
 Action for Social Development and Environmental Protection Organization
 Action for the Needy in Ethiopia
 African Humanitarian Aid & Development Agency
 Bethany Christian Services
 Center for Victims of Torture
 Concern Worldwide
 DanChurchAid
 Danish Refugee Council
 Deutsche Gesellschaft für Internationale Zusammenarbeit
 Development and Inter-Church Aid Commission
 Doctors with Africa
 Ethiopian Orthodox Church-
 Finnish Refugee Council
 Food and Agriculture Organization of the United Nations
 GOAL Global
 Help Age International
 International Medical Corps
 International Organization for Migration
 International Rescue Committee
 Jesuit Refugee Service-Ethiopia
 Lutheran World Federation
 Mercy Corps
 Norwegian Church Aid
 Norwegian Refugee Council
 Oxfam GB
 Plan International Ethiopia
 Refugees and Returnees Service
 Right to play Ethiopia
 Save the Children International
 United Nations Children's Fund
 United Nations Entity for Gender Equality and the Empowerment of Women
 United Nations High Commissioner for Refugees
 United Nations Population Fund
 World Food Programme
 World Health Organization
 ZOA Relief Recovery Hope

This cooperation based on the ten-year National Comprehensive Refugee Response Strategy and the integration of refugees within Regional Development Planning, will guide CRRF pledges and Global Refugee Forum (GRF) commitments to support an increasingly integrated approach to refugee assistance, aligned to the 10 year GoE's Growth and Transformation Plan. Related to the CRRF and GRF, the Inter-Governmental Authority on Development (IGAD) has facilitated GoE ministerial-level agreements for refugee inclusion in Education, Health, and Jobs / Livelihoods and supports the Ministry of Education in preparation of a multi-year costed plan of education (2020 - 2022) for refugees and host communities.

Partnership with IGAD presents an opportunity to support the GoE in operationalizing commitments made through regional frameworks, including the IGAD Nairobi Declaration on Durable Solutions for Somali Refugees and Reintegration of Returnees in Somalia, the Djibouti Declaration on inclusion of refugees in national education systems, and the Kampala Declaration on jobs and livelihoods – as well as GRF pledges. During the GRF in 2019, the IGAD Support Platform was launched, which provides a framework for regional policies on refugees, returnees, IDPs and host communities. The formulation of a Joint Solutions Initiative for Sudan and South Sudan's forcibly displaced is also underway aiming to create conducive conditions for sustainable and safe voluntary return whenever possible, while preserving protection and asylum space for refugees who opt to remain in their host country.

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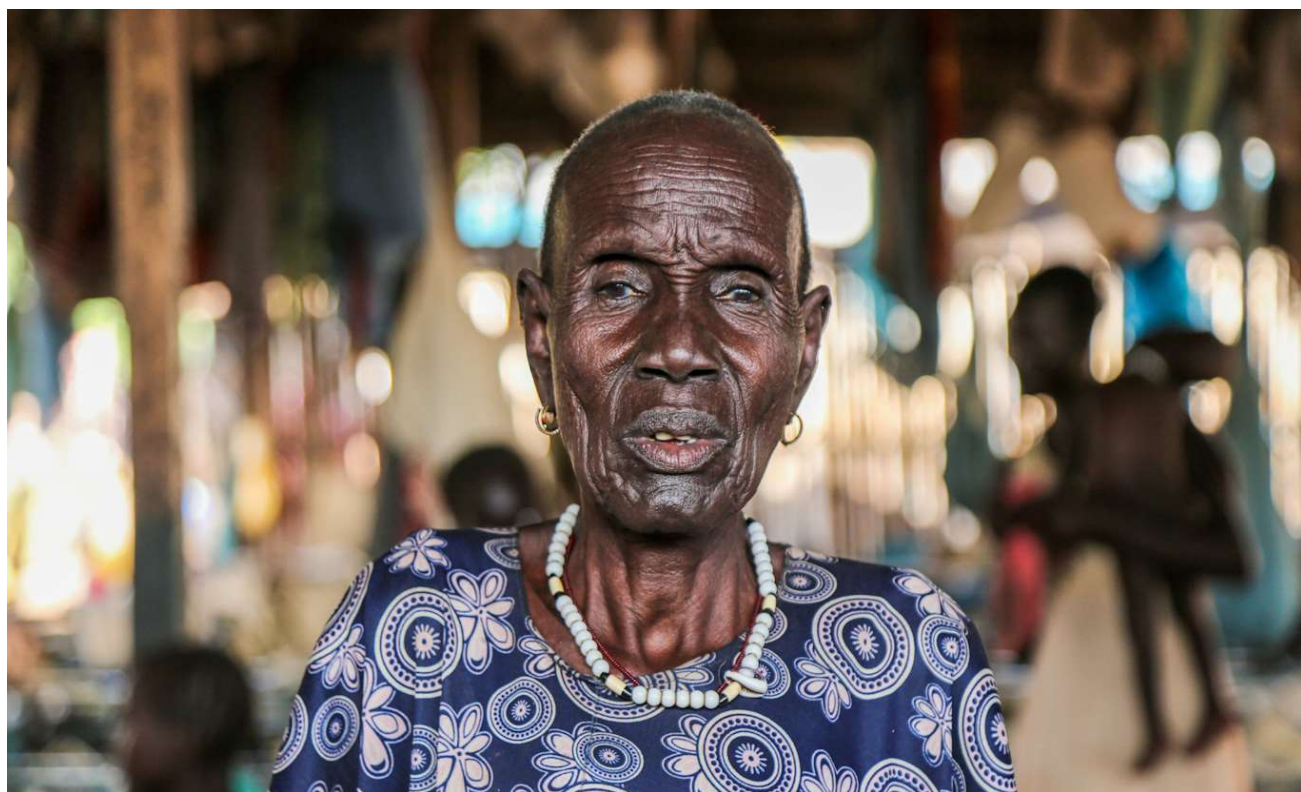
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With regard to coordination among operational partners, the South Sudan Regional Refugee Response Plan (RRRP) is a coherent strategy which is built on the national refugee response plans of asylum countries within the region. UNHCR leads the development of the Ethiopia chapter of the RRRP in consultation with key partners, to agree on clear division of responsibilities at the sector and geographic level that reflect each agency's capacity and comparative advantage within the response for South Sudanese refugees. Clear commitments will allow more predictability of service provision, reduce gaps and overlaps, and allow for more targeted fundraising and preparedness. UNHCR and RRS continue to coordinate with partners to improve the nutrition status of refugees through preventive and curative programmes. In line with the UN Secretary General's Global Action Plan (GAP) on prevention of wasting, UNHCR in conjunction with UNICEF, WFP, FAO, WHO and in collaboration the Ministry of Health and other key federal line ministries, has developed and validated the Ethiopia chapter of the GAP roadmap (Ethiopia GAP). The roadmap will inform key actions for the next five years, contributing to the World Health Assembly (WHA) and the Sustainable Development Goals (SDGs) targets.

In the wake of the COVID-19 pandemic, the Ethiopian Government took the lead in prevention and response to the virus across the country. Partners continue to advocate for the full inclusion of refugees and asylum-seekers in the national health surveillance, preparedness, and response plans for COVID-19. An inter-agency response coordination mechanism was established at national and district levels and operates alongside the UN COVID-19 Crisis Management Committee.



Credits: UNHCR/ Eugene Sibomana

Description: UNHCR is providing urgent aid to South Sudanese refugees who are living in the reception centre in Pagak. Nyeboth, 80, is living in Pagak with her daughter and granddaughter.

SOUTH SUDANESE

PLANNED RESPONSE

397,000

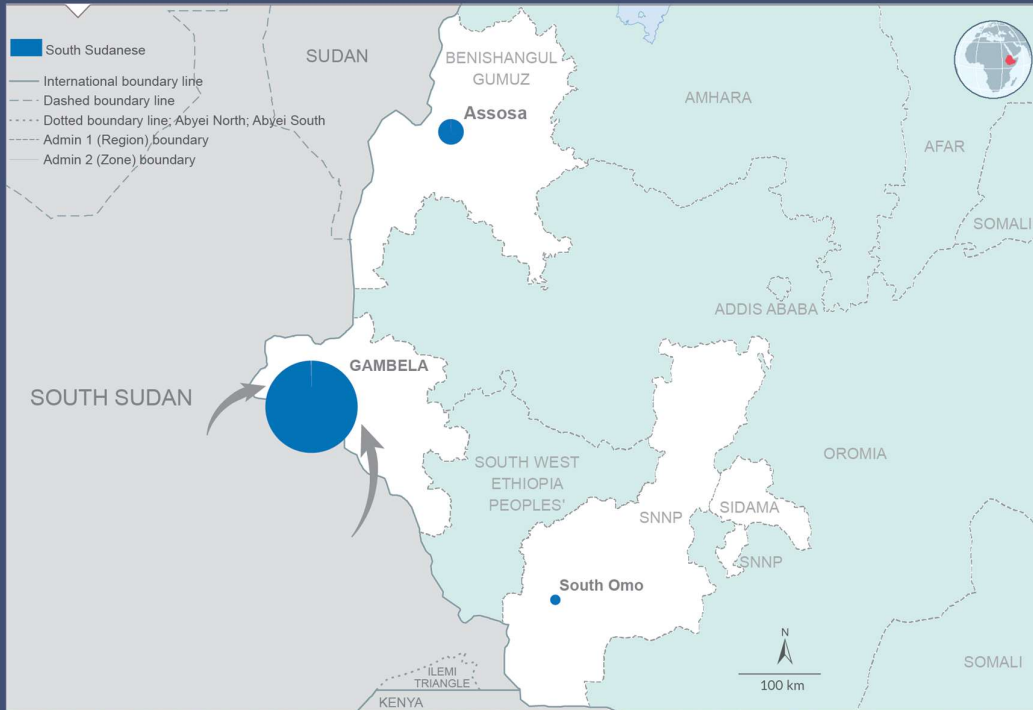
PROJECTED REFUGEE
POPULATION BY END 2022

US\$ 265,7M

REQUIREMENTS FOR 2022

36

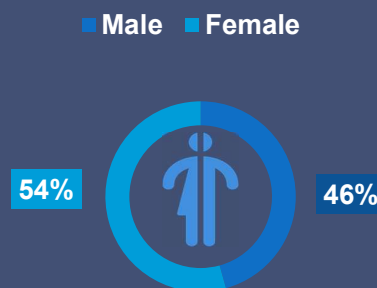
PARTNERS
INVOLVED



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundaries between the Republic of Sudan and the Republic of South Sudan, and between Ethiopia and Somalia has not yet been determined.
Printing date: 27 Apr 2022 Sources: UNCS, UNHCR, CSA Ethiopia Author: UNHCR - CO Ethiopia Feedback: IM unit, Addis Ababa, ethiopia@unhcr.org

Disaggregated Data

Age group	% Of total 397k	Female % Of total 397k	Male % Of total 397k
00-04 y.	16%	8%	8%
05-11 y.	28%	14%	14%
12-17 y.	19%	9%	10%
18-59 y.	34%	21%	13%
60+ y.	3%	2%	1%
Total	100%	54%	46%



OVERVIEW

The South Sudanese population is the largest refugee population in Ethiopia, totalling 386,874 as of December 2021, with majority living in seven camps in the Gambella region and five camps in Assosa. Compared to the January 2021 figure (331,269), this significant increase was mainly due to registration of newborn babies, reactivation of refugees who were absent during 2019 L3 verification exercise, the volatile security situation in South Sudan, that has had a negative impact on social services including education, health care and food insecurity. The security situation in the Gambella regional state, which hosts most South Sudanese refugees, remains unpredictable. The chronic ethnic based conflict in the area highly impacts peaceful co-existence among refugee and host community, especially in Pugnido and Okugo camps. While the Government of Ethiopia maintains an open-door policy and the Federal Government continues to provide protection and law enforcement in the camps, refugee movement remains restricted, which hinders them from engaging in meaningful employment.

Due to the conflict in late January 2022 in Benishangul-Gumuz region, the areas of Tongo town and the two refugee camps of Gure-Shembola and Tongo have not been accessible to humanitarian staff. Refugees and Returnees Services (RRS) and humanitarian staff have had to evacuate the camps. Some 22,000 refugees have been internally displaced within the region with both camps now empty. In mid-February, UNHCR, RRS and partners completed the relocation of all refugees to Tsore temporary site, with the total number of verified refugees at 17,190. In 2021, after the opening of the borders which were closed in March 2020, due to the COVID -29 pandemic, South Sudanese claiming to be asylum seekers continued crossing into Ethiopia through various unofficial entry points. Until end of March, Pagak served as reception center to accommodate new arrivals. With the deterioration of the security situation in the bordering area of Gambella and South Sudan, in March 2022, about 9,000 asylum seekers officially registered in Pagak center in October 2021, were relocated to a safer place - Nguenyiel camp.

The protection activities in the refugee camps in Gambella and Beneshangul regions are mainly focused on care and maintenance. Registration of vital events (birth, marriage, divorce and death) of refugees will continue as well as family reunification. Limited mainstreaming and inclusion activities in different sectors remains a challenge in terms of accessibility particularly for persons living with disabilities and elderly persons. The 2019 Refugee Proclamation paved the way for refugees for better integration opportunities. Since the Law came into force in 2021, a total of 345 refugees in Gambella have received residence permits. The Proclamation generated also a major intervention from development partners in the region to foster economic opportunities and support peaceful coexistence in line with CRRF and the Ten-year Regional Development Plan. Although the Refugee Proclamation has provisions geared towards the improvement of the protection situation of refugees, some enabling regulations/directives to facilitate the full implementation of the nine pledges by the Government of Ethiopia are still lacking.

Needs Analysis and Response by sector



Fair Protection Processes, Registration and Documentation

In 2021, L3 verification of refugees who were absent at the 2019 verification exercise resumed. After verification or registration refugees receive Proof of Registration (POR), while ID cards for all persons 14 years of age and above are printed and issued at a later date. The lack of requisite identity documentation poses serious protection risks to persons of concern including, but not limited to access to services and freedom of movement. UNHCR registration teams provided technical support at monthly Global Distribution Tool (GDT) by establishing litigation desks that resolved technical issues arising from the use of this tool. In September 2021 a pilot rollout of mobile phone version of GDT has been launched that will further streamline Global Food Distribution (GFD) by eliminating paper-based coupons issuance. Negotiations are ongoing with key stakeholders to advocate for identity cards issued to refugees to acquire for example SIM cards legally, facilitate opening of bank accounts, local integration among other rights linked to the CRRF and commitments made by the Government of Ethiopia to protect, support, include and empower refugees.

UNHCR and partners will continue to support and strengthen continuous registration procedures at all refugee locations. Key activities will include addressing the L3 absentee activation, issuance and renewal of documentation (Refugee ID cards and Proof of Registration) for all PoCs on a regular basis, biometric enrolment for new arrivals and existing caseloads, and mobile registration for refugees living within host communities to enable them to access documentation to reduce their vulnerability. SOPs will be rolled-out to help in effective, efficient and accountable distribution of in-kind assistance, and in keeping refugee population figures up to date..

The One-Stop-Shop (OSS) has been operationalized in Bambasi camp in Assosa in the Benishangul-Gumuz region, which encompass all activities of UNHCR, RRS and partners in one physical location. It allows for implementation and strengthening of different database systems (proGres v4, BIMS, GDT) and digital initiatives applications (such as the Digital Request Complaint System (DRCS)).

Enhancing access to mobile court services across the seven refugee camps in Gambella shall be continued through cooperation with the Gambella Region Supreme Court. Partners will also advocate for the upgrading of detention facilities. UN Women under its 'Access to Justice' programme is working on the capacity strengthening of customary courts, police force and other justice service providers, strengthening community-based legal aid, psychosocial support, and referral pathways. In 2022, the mobile court component supported by UNHCR will remain active. UNHCR in coordination with RRS will continue strengthening monitoring of entry points, focus on

capacity building and advocacy initiatives, and on enhancing coordination with partners and law enforcement entities to improve the protection of asylum seekers and refugees in reception centers.

Child Protection

Out of 356,925 South Sudanese refugees hosted in Gambella region as of 31 December 2021, 234,463 were under 18 years old. As such, almost two refugees out of three (65.7%) are children. 16,466 of them have been identified as children at risk in Gambella region, including 1,890 unaccompanied children, 13,779 separated children, and 797 other vulnerable children (OVC). Among the major child protection concerns have been physical violence, family separation, child abuse, GBV – in particular child marriage –, child labor, and lack of registration. Almost one child out of four (24.5%) who participated in a child protection needs assessment in Gambella region during the last quarter of 2021 presented a high level of distress.

While child protection prevention and response activities have been developed across the seven refugee camps in Gambella region a number of challenges and gaps remain. Among others, the identification of children at risk requires strengthening to make sure that concerned children receive adequate protection and assistance as per their individual needs. Even though the Child Protection Information Management System (CPIMS) has been commonly used by child protection partners, related data is not always properly recorded and harmonized, which affects accurate analysis of key child protection issues. There is also a lack of specialized services, especially for children with disabilities and children with mental health issues. Human resources in general need to be enhanced: while the ratio of children in need of case management services per caseworker should be 1:25 according to child protection standards, this ratio is currently 1:52; in addition, high staff turnover and lack of female staff as well as the lack of qualified workforce, including trained social workers, need to be addressed.

Refugee children's birth registration has been affected by the lingering negative impact on the COVID pandemic on operations. As of April 2022, there were 32,493 refugee children aged between 0 and 3 years without birth certificates in Gambella, with the number of children between 3 and 17 years without birth certificates reported to be higher. A birth registration backlog clearance exercise that targeted about 47,000 children of ages 0-3 only achieved 15,053 registrations. Opportunities to improve training of staff dealing with birth registration, the weak involvement of refugee leaders, limited of sensitization of the refugee community on the importance of birth registration, and the lack of harmonized referral process across all camps exist. There will be strengthened collaboration with the Regional Vital Events Registration Agency (RVERA), INS, RRS, the Ministry of Health, the Central Statistics Agency (CSA), UNICEF and other relevant actors. Awareness-raising activities on the importance of birth registration within refugee and host communities, development of Standard Operating Procedures (SOPs) relating to vital events registration – including birth registration, supporting relevant staff capacity development as well as monitoring will be undertaken jointly with other stakeholders.

In addition to childbirth registration, key priorities areas for 2022 are: provision of targeted support for refugee children with specific needs in their best interests; community-based child protection mechanisms' strengthening and improvement of children's meaningful participation; enhancement

of the protection and empowerment of refugee youth; refugee children's access to quality and protective education; and GBV prevention, risk mitigation and response in the Child Protection Sub-Sector. To favour the inclusion of refugee children and youth in the national child protection system, cooperation will continue with the Regional Bureau of Women and Social Affairs (BOWSA), on identifying common challenges and gaps and developing synergies for the protection of refugee and host community children and youth. Child protection case management will continue to be enhanced, including by training child protection staff and refugee incentive workers acting as caseworkers on the Best Interests' Procedures (BIP) Guidelines issued in 2021.

Given the high number of children at risk compared to available resources, priority will be given to children at heightened risk. Child protection standard operating procedures (SOPs) and referral pathways in each refugee camp will be updated according to latest developments, while information about entry points for reporting any child protection issue will be disseminated among refugees. Inter-agency information management relating to child protection, including the quality of data collected and related analysis, will be enhanced through the use of the Child Protection Information Management System Plus (CPIMS+) launched in Gambella region at the end of August 2021, as well as through the effective interoperability between the CPIMS+ and UNHCR proGres v4 database, to make appropriate child protection referrals and other tools such as the newly developed Child Protection Trend Analysis Tool. Existing procedures relating to refugees (reception, registration, BIP, durable solutions, etc.) will be reviewed to ensure they are child-friendly and are implemented through an age, gender and diversity (AGD) approach.

Collaboration with community-based structures, such as Child Protection Committees (CPC), including those led by children and youth, will continue to be enhanced, including to prevent the occurrence of abuse, neglect, exploitation and violence against children as well as to identify children-at-risk in need of protection and assistance. Parents and caregivers will be supported to develop and use positive parenting skills. Existing community-based complaint mechanisms (CBCM) will be strengthened and, if relevant, new ones will be developed. In line with the recommendations of the 2021 PA Report, the establishment of additional child-friendly spaces (CFS) will be considered where resources allow, and existing CFS will be rehabilitated with adequate recreational and learning materials and equipment and supported by trained facilitators. Particular attention will be paid to youth – including adolescents – through sport, art, skills trainings, peaceful coexistence initiatives and other relevant activities facilitated within and outside youth-friendly spaces (YFS). Collaboration and coordination with other sectors – in particular GBV and Education, as well as Health, WASH, Food and Livelihoods – to ensure child protection mainstreaming and capacity development of concerned stakeholders will also be strengthened. Partnerships such as the UNICEF-UNHCR Blueprint for Joint Action will continue being developed and implemented for the entire year. Under this Blueprint, UNHCR will carry out an assessment of the national child protection systems in Gambella to assess their accessibility and appropriateness for refugee children.

Gender Based Violence (GBV)

The 2021 PA Report shows the need to improve multi-sectorial integrated GBV response and capacitating local communities and transforming norms and practices. Different forms of GBV including rape, physical assault, child marriage and other harmful practices have been reported. Existing socio-cultural norms and power relations between men/boys and women/girls within the South Sudanese refugee community in Gambella result in gender inequality and GBV. According to Gender-Based Information Management System (GBVIMS) reports, over 95% of reported GBV survivors were female. GBV remains underreported due to a culture of silence, a lack of trust in formal justice and law enforcement systems, a fear of social stigma, discrimination and isolation, fear of retaliation by the perpetrator or the latter's family as well as opportunities to improve information dissemination on GBV and related referral pathways.

While prevention, risk mitigation and response interventions – including survivor-centered and multi-sectoral case management services – have been developed in all refugee camps in Gambella region, a number of needs and challenges remain. Timely reporting (within 72 hours) of GBV incidents requiring medical attention is still low, this is coupled with limited medical supplies and materials for GBV survivors as well of dignity kits for women and girls. The lack of temporary safe house, limits interventions for survivors at high risk, particularly when relocation outside Gambella is interrupted by insecurity in the region. The fact that traditional courts are heavily influenced by a culture of gender inequality and that there is an inconsistent follow-up of the formal legal process hinders GBV survivor's effective access to justice. There is a lack of specialized services, both for female and male survivors, as well as a high staff turnover and a need for capacity building that compromise the quality of interventions. GBV mainstreaming across all sectors remains weak. Negative perceptions amongst male refugees impedes the participation of men and boys in preventing GBV initiatives. The existing collaboration with community-based structures on GBV issues as well as Community-based complaint mechanisms (CBCM), including awareness on protection from sexual exploitation and abuse (PSEA) needs to be enhanced.

In 2022, quality and integrated case management based on a survivor-centered approach will continue to be enhanced through strengthened services, inter-sectoral coordination and continuous capacity building of case workers and other workforce involved in the GBV response. The GBVIMS will be used on an on-going basis to safely and effectively collect, store, analyze and share data on GBV incidents with the overall objective to ensure appropriate GBV prevention, risk mitigation and response programming. Access to justice will improve through support provided to mobile courts and capacity building of judiciary actors. Collaboration with the health sector will be extended to ensure adequate clinical management of rape as well as sufficient medical supplies and material support. Efforts will be undertaken to ensure the delivery of services at the One Stop Centre located in Gambella. Advocacy for women and girls' empowerment through income-generating activities, education as well as vocational and skills trainings will be strengthened. UNHCR and partners will ensure the inclusion of age, gender, and different social status in accordance with AGD approach and intersectionality principles. Persons with specific needs will be included in capacity building, women empowerment through partnerships with women-led organisations, community engagement activities and other service of GBV prevention and response services. Support will be provided to peacebuilding initiatives linked with livelihoods as an incentive for peace.

Awareness-raising on GBV will continue for both refugee and host communities through multiple channels (mass campaigns, door-to-door visits, focus group discussions, activities in schools, etc.). Collaboration with and capacity building of community leaders and community-based structures will be enhanced to ensure active participation and involvement of the community in fighting against GBV and promoting gender equality. Based on available resources the possibility to implement social and behavioural change approaches such as SASA or Engaging Men through Accountable Practice (EMAP) will be considered. UNHCR will continue to lead the coordination relating to PSEA to ensure that all humanitarian and development actors providing refugees with support and assistance are accountable, including by ensuring effective CBCM as well as all staff and incentive workers' capacity building and community outreach.

Persons with Specific Needs (PSN)

In both Gambella and Benishangul Gumuz Regions where South Sudanese refugees are being hosted, persons with specific needs (PSN), such as older and persons with disabilities, represent some 7 per cent of the population. PSNs are often at heightened risk of neglect because of the nature of their specific needs and vulnerabilities. Socio-cultural and economic factors in the community hamper their outreach and inclusion into regular humanitarian services and activities. Limited mainstreaming and inclusion activities in different sectors remains a challenge in terms of accessibility. PSNs often expressed lack of essential health care services for persons in need of cataract surgery, eyeglasses, hearing aids and shortage of drugs for persons with chronic diseases as well as lack of prioritization systems in overcrowded health centers. Persons living with disabilities and older persons have highlighted the lack of NFIs and provision of mobility aids as a major concern. The physical environment of camps is also not conducive for them to go to school and benefit from education.

In 2022, through collaboration with partners, improvement on access to services for PSN, capacity development on protection and mobilization of the communities in supporting those with critical specific needs will be pursued and prioritized. The approach will involve all stakeholders and will foster mainstreaming and inclusion of persons with specific needs across all sectors. The inclusion strategy will focus on access and participation through provision of mobility and assistive devices, building stronger networks for referral services and service provision for PWDs. Associations for older persons and persons living with disabilities will be empowered, supported and involved in decision making through their participation in refugee leadership structures. Support to persons with specific needs will be enhanced and capacity development of local Government structures to provide equal support to refugee and host communities will be pursued.

UNHCR and Partners will explore the feasibility of using cash-based intervention as a modality of assistance for PSNs while also seeking economic empowerment opportunities to ensure that PSNs are also able to attain a good level of self-reliance. Strengthening of social protection mechanisms will also be prioritized to enable them to build a community network and enhance community-based support systems. Referral mechanisms will need to be developed in coordination with all the partners to assess their needs/provide services on need basis. Mainstreaming diversity in national protection mechanisms will also be initiated by mapping local social protection services for PSN and

establishing a network with the host community/Government entities in disability inclusion dialogue. In order to guarantee the right to education for children and adults with disabilities, advocacy will be pursued, and contacts will be established with specialized national institutions in education on sensory impairment and physical disabilities.

Durable solutions

Since the Refugee Proclamation came into force a total of 315 refugees received refugee resident Permit and 258 refugees in 2021 were engaged in joint projects implemented by livelihood partners across the seven refugee camps. Resettlement submissions have been made to Norway, Sweden and United States of America for 81 South Sudanese refugees. Delays are expected due to travel clearances, COVID-19 protocols, as well as rescheduling of resettlement country interviews. Under complementary pathways, three individuals were accepted under the UNICORE-Italy scholarship program to commence their master's degrees. For 2022, a target of 1,500 individuals will be considered for resettlement to USA, and 100 to be submitted to Sweden.



While progress has been made throughout the past years to enhance refugee children and youth access to education, this remains a sector of major concern. By December 2021, only about 171,447 (41%) of eligible school going age refugee children and youth were enrolled in school in all the refugee operations, leaving approximately 59% out of school. In regard to the South Sudan situation, Gambella had an enrolment of 88,867 , while Asossa had an enrolment of 30,660 (42F). The low enrolment figures were further compounded with low quality education issues with only about 42% of professionally trained teachers in the refugee set-ups, average classroom pupil ratio of 1:137 against the national standard of 1:40, teacher pupil ratio of 1:50 against the national standard of 1:30 and latrine pupil ratio of 1:109 in Gambella, against the national standard of 1:25. While in Asossa, the average classroom pupil ratio stands at 1:82 against the national standard of 1:40, teacher pupil ratio of 1:52 against the national standard of 1:30 and latrine pupil ratio of 1:221 against the national standard of 1:25. Schools in the two refugee settings also lack key facilities including WASH, libraries, laboratories, school feeding as well as connectivity to facility use of technology. Limited secondary schools in all refugee locations remain a big concern in the sector, as large numbers of primary students are progressing from grade 8 and qualifying to join secondary education. Currently, 60 primary schools are supported in all the refugee camps, against 13 secondary schools. Teacher retention is also a challenge due to low remuneration leading to low morale in managing largely class sizes thereby resulting in a high turnover of teachers. The declining trend in funding to the Education Sector remains a key challenge to turning around the refugee education for the South Sudanese situation in Ethiopia. However, the promotion rate of secondary school students to tertiary level is increasing and the last 2 academic years' data indicate that, more than half of secondary schools completing refugees were scoring the cut points set by MoE for tertiary education entrance. In contrary, the resources' allocated to support these students (transportation fees, clothing, booking allowance and other supports) is quite minimal. Therefore, resource mobilization and advocacy efforts for post-secondary education are required.

Due to the COVID-19 pandemic, the impact of long school closure triggered high drop rates, including high mobility of the refugee population as well as increased tendency of children to engage in income generating activities, child marriage and teen pregnancy. This has been further compounded by security incidents in Okugo and Pinyudo camps in Gambella and Tongo and Gure Shombole and canps in Asossa. The national COVID-19 guidelines on safe schools amplified structural gaps related to lack of spaces and equipment to ensure a safe learning environment in refugee setups. Equitable access to education services remains a gap in the refugee camps with large gender parity indicators In Gambella, the gender parity index for primary education stands at 0.64, while in Asossa it is 0.74. Equally, children living with disabilities do not also attend school because of lack of facilities and specialized education.

In 2022 education interventions will aim at strengthening Government and developing partners relationships to facilitate a conducive environment for the inclusion of refugee children and youth in the national education system and related Government and donor investment plans. This will also ensure refugee integration with protection and other relevant sectors, capacity development and evidence-based planning guided by the priorities of the Inter-Governmental Authority on Development (IGAD) and Sustainable Development Goal 4. Pre-primary and primary education will be expanded in the refugee camps and host community schools in Gambella and Asossa to ensure refugees access to quality education. In 2022 for secondary education, emphasis will be put on the expansion and improvement of quality education in host community secondary schools, to open up opportunities for refugee integration in the public education system. Focus in this sector will also be on creating/ renovating learning spaces, equipping schools with basic furniture and providing education materials as well as teacher training. Adult education on literacy and numeracy will also be prioritized particularly in Gambella.

Other education priorities will include strengthening of protection mainstreaming in Education, PSEA training and awareness raising for learners and teachers, GBV prevention and mitigation measures, enhancement of community's participation, including Parent-Teacher Associations (PTA) and children clubs in schools. Focus will also be put on strengthening integration between refugee and hosting communities through the use of sports as a measure to facilitate cohesion and peaceful co-existence. Engagement with the Woreda Education Offices and the Regional Education Bureaus will be strengthened to ensure technical support in school inspections, teacher training programmes, monitoring and standards assessments including, learning outcome assessments where possible. Further, in line with the GCR and comprehensive response approaches, work with UNICEF on the Blueprint to support out of school children and advocate for inclusion of refugees into the national education system in Gambella and Asossa will be enhanced. Engagement with the World Bank under the IDA-19 refugee integration project in Ethiopia will strengthened to ensure that refugees in Gambella and Asossa benefit from it and enhance their integration into the national education system.



Access to safe, sustainable and durable sources of energy has remained a major concern over the years causing challenges in the relationship between host community and the refugees. The main source of energy in all refugee camps is firewood which is very limited in and around the camps. Refugees cut natural forests to meet their energy needs. Traveling long distances in the deep bush searching for firewood has exposed women and girls to GBV risks such as rape, physical attacks and harassment. A 2021 monitoring reports shows that refugees in camps rely entirely on traditional biomass for their daily cooking and baking needs. 95% of refugee households normally use traditional three-stones cooking stoves which have low efficiency of energy saving options. Women and children who spend long periods of time in the kitchen are exposed to high levels of indoor smoke emissions causing increased cases of upper respiratory tract infections and incidents of accidental fire burns. Scarcity of fuelwood is also associated with natural resource-related conflicts with host communities. In addition, refugees sell part of their food ration to meet domestic energy needs which is a negative coping mechanism leading to malnutrition in the household and reduced productivity among refugees in the camps.

Only 5 per cent of the population has enough access to energy (solar lanterns, solar streetlights, and fuel saving stoves). The installation of solar streetlights in Assosa camps greatly improved the lives of refugees in the camps and acted as a prevention mechanism against GBV incidents. Training of refugees in solar street light installation and getting them involved in safeguarding and maintaining solar streetlights is critical. In 2022, energy saving improved stove, charcoal briquette, solar lanterns, or solar lights will be provided in refugee camps to improve the energy efficiency from traditional energy stoves to enhance refugee protection from energy-related problems. Opportunities will be sought to produce energy saving stoves in the community to support the stimulator of the local economy and to facilitate skills transfer. Installation of semi-automatic charcoal briquette manufacturing machine will be completed in 2022 to create a market based clean cooking energy access for refugees and hosting communities around Nguenyiel camp. Responses in Energy solutions will be pursued and designed in a comprehensive manner ensuring that where possible, there is a correlation between energy solutions offering opportunities for economic activities and livelihoods for refugees and host communities.

The installation of solar streetlights at selected locations in the camps like health centers, primary and secondary schools, will facilitate safe access to facilities at night. Sufficient access to energy by refugees will contribute to improved natural resource and environmental conditions through reduced rate of deforestation and Green House Gas (GHG) emission. The briquettes, biogas, solar, grid electricity, and Fuel Saving Stoves (FSS) will reduce pollutant emissions and incidences of respiratory illness. There will be reduction in the time taken to collect firewood by schoolgirls and boys hence improving education outcomes through regular school attendance.

There is a direct relation between energy provision and the risk of environmental degradation. Initiatives towards forest restoration and prevention of soil degradation will continue in 2022. The activities will be implemented in collaboration with the Regional Bureau for Agriculture and Environment and other partners. Coordination with development actors in line with

operationalization of the CRRF will continue. More than 825,000 multipurpose tree seedlings were raised and transplanted in camps including Gambella region and Benishangul Gumuz regions in 2021. A total of 354.9 ha degraded forest lands and community woodlots were restored and developed from which 180 ha are woodlots and 164 ha are degraded forest lands. In 2022, close to 1,000,000 different tree and fruit seedlings will be raised, a total of 200 hectares of degraded forest lands will be restored and 100 ha community woodlots developed. 300,000 fruit and tree seedlings will be distributed for greening of refugee and host community gardens to improve their living environment, food nutrition needs.



Credit: ©UNHCR/Eugene Sibomana

Description: Nyabang, 31, is a refugee from South Sudan. Despite her own difficulties, she volunteers to keep the environment clean. She contributes to improving the lives of thousands of refugees living in Jewi camp, Gambella.



Previous assessments have shown that the refugee population is highly dependent on food assistance for survival given limited income-earning opportunities. The provision of the required 2,100 daily kilo calories is not being achieved due to funding constraints. As a result, refugees are receiving 60% of the Kcal recommended according to Sphere standards. Insecurity in some parts of the country have undermined the food security situation of the host population and refugees as production, transportation and stockpiles have been significantly impacted. This in turn has given rise to the sharp increase in commodity prices. Small-holder agricultural production and markets were also adversely affected due to the impact of the COVID pandemic limiting supply of agricultural inputs and trade. In 2022, UNHCR and WFP will augment joint global strategies partnerships in line with country MOU between WFP/UNHCR/RRS. CBI and enhanced refugee livelihoods including initiatives to stimulate the local economy will be pursued by UNHCR, WFP and partners. Expansion of livelihoods including animal husbandry and crop production/agriculture will continue to be provided for refugees and host communities in line with CRRF. In addition, nutritionally vulnerable groups will receive targeted assistance in the form of fresh food vouchers which provide access to

fresh foods which are not part of the general food basket but are important for dietary diversity. UNHCR, RRS, WFP will continue to improve the effectiveness and efficiency of the food distribution process through digitalization. WFP, RRS and UNHCR will conduct a joint CBI pilot, with the long-term goal of monetizing a segment of the food basket as well as essential non-food items like soap.



Health response activities aim to provide access to health services to reduce morbidities and mortalities, improve preventive and curative primary health care, provision of secondary and tertiary health care services through medical referrals, mitigate the risk of transmission of communicable diseases and improve Integrated Disease Surveillance and Response (IDSR) to monitor disease trends. Limited number of functional health facilities most exceeding the to standard of 1:10,000 population in Nguenyiel (currently 1:49,240), Tierkidi (1:68,100), Jewi (1:61,854) and Kule (1:49,795) is a major gap affecting access to primary healthcare services. Presence of endemic diseases and high risk of outbreak prone diseases such as cholera, measles, malaria, yellow fever, meningitis and dysentery is another concern.

In the Gambella region, the high HIV prevalence (4.2%) also remains a key concern. HIV prevalence among pregnant women attending antenatal care follow-ups is found to be 3.9 percent in the camps. Gaps remain in community-based HIV services, lack of income generation opportunities for people living with HIV. Additionally, in Gambella region only 4% knew their HIV status, and 60% of people living HIV received Antiretroviral Treatment (ART), evidence that there are crucial needs in terms of awareness in reproductive health and HIV. Though there is an improvement in health facility-based deliveries, Complete Antenatal Care (ANC) coverage, and Postnatal Care (PNC) attendance coverage, the adoption of family planning methods remains as constraints to public health due to cultural practices. Contraceptive prevalence rate below 2 per cent in refugee camps, compared to 30 per cent percent among the host community in Gambella region.

In relation to sexual and reproductive health and rights, the coverage of complete antenatal and postnatal care was 87 per cent and 84 per cent respectively. COVID-19 also affected access to other sexual and reproductive health services such as family planning, sexually transmitted infection treatments and safe abortion care. Lack of a fully functional blood bank in the region is a long-standing problem. Awareness among the community on sexual and reproductive health remained very low, affecting services uptake. The contraceptive Prevalence Rate is only at 4 percent, dropping by more than half of the achievement in 2021. The two hospitals (primary hospital and General hospital for secondary and tertiary services) in Gambella town are overwhelmed serving persons in need of health services. The need for mental health and psychosocial support service in the refugee's population and host communities of Ethiopia is also high. Out of the total refugee population in Gambella region, approximately 22.1 per cent are in need of mental health and psychosocial support services

In 2022, focus will remain on the procurement of supplies equipment and Long-Lasting Insecticidal Nets (LLINs) for emergency provision to newly arrived and other emergency affected communities.

Interventions will also include mental health and psychosocial support (MHPSS) and other noncommunicable diseases (NCDs) services. Efforts need to be made to strengthen IPC/WASH in health facilities. Maintenance of the existing health facilities will continue. 24/7 services will be ensured with adequate medicine, medical supplies, and staffing. Laboratory services will be upgraded to standard. COVID-19 temporary isolation centres will be maintained with continuous training of health care workers (HCWs) and community health workers (CHWs) and strengthening awareness and support the Government COVID-19 facilities to accommodate refugees and nationals.

UNHCR and health partners will work closely to strengthen comprehensive primary health care and ensure that the Crude Mortality Rate (CMR) and Under Five Mortality Rate (U5MR) remains within the acceptable range of 0.75 deaths/1,000/month and 1.5 deaths/1,000/month respectively. Child health services will be improved at both community and facility level with aim of reaching 95 per cent in both Pentavalent and measles vaccines. With improved reproductive health services provision at 24/7, the overall skilled birth attendance will increase from 96 per cent to 100 per cent in 2022. The prioritized response in 2022 will ensure provision of comprehensive primary health care (PHC) including curative, in-patient admissions, referral linkages and disease preventive packages. Capacity building in relation to disease prevention and control and curative services will be prioritized to keep health workers' knowledge updated. UNHCR and health partners will continue to advocate for inclusion of refugees in national programs like disease prevention and response including HIV, malaria, tuberculosis, leprosis, neglected tropical diseases (NTDs) and maternal and child health programs including immunization.

Access to HIV treatment will be made easy with collective effort of Government and humanitarian health partners, and the percentage of people on ART will increase to 95 per cent in 2022. Efforts will be made to support community-based Sexual and Reproductive Health (SRH) and HIV services. Development activities will be key to assist women, adolescent girls, and persons living with HIV in the sustainable establishment of conducting income-generating skills training and undertaking IGA activities in or near the home in the host and refugee communities.

Immunization activities will be enhanced, and integrated management of childhood illness (IMCI) will be implemented fully to effectively manage childhood illnesses. Health indicators selected for SDG Goal 3 will be monitored for refugees. Health interventions will continue in entry points, reception centres and during relocation. Coordination, joint planning, and monitoring will be done together with the Regional Health Bureau (RHB), WHO, UNICEF, UNFPA and other partners. Health projects will be supported under CRRF approach in terms of technical support, infrastructure, medical equipment, supplies and activities aligned to the Health Sector Transformation Plan of the Ministry of Health. Efforts to strengthen relevant activities for One Health interventions and vigilance for emergent infectious pathogens will be undertaken. As regards sexual and reproductive health and HIV integrated services, facility based safe motherhood and HIV services will be enhanced in collaboration with UNFPA and other partners. Health actors will be mobilized to support improved emergency obstetric care (EmOC) in the region, including by providing emergency RH kits and on-the-job training for MISP activities. Activities will be implemented for improvement in family planning, antenatal care, obstetric care, post-natal care, post abortion care and treatment of sexually

transmitted diseases (STDs). Adequate numbers of midwives will be employed to ensure that skilled birth attendance exceeds 95 per cent.



The nutritional status of the population has shown a significant improvement, especially in the period 2017 to 2021, which can be attributed to the implementation of nutrition-specific and nutrition-sensitive interventions. These include the treatment of acute malnutrition through stabilization centers, outpatient therapeutic care programmes, and targeted supplementary feeding programmes, as well as prevention through blanket supplementary feeding. Acute malnutrition, which was well above the WHO emergency threshold of 15 per cent in all camps is now at acceptable levels. Two-thirds of refugees in Gambella are under 18 years of age, with over 75,000 under five. The 2021 SENS survey showed Global Acute and Severe Acute Malnutrition rates (GAM and SAM) in Pugnido I fell from 16.8 per cent and 3.4 per cent in 2019 to 5.5 per cent and 0.9 per cent respectively. However, this success has not been replicated in the neighbouring camp Pugnido II which has a GAM of 11.4 per cent and SAM of 1.7 per cent. In addition, the survey found that in Pugnido II, none of the severely malnourished children were enrolled in a therapeutic feeding programme and only one-third of moderately malnourished children were enrolled in a Targeted Supplementary Feeding Programme (TSFP). With this hugely vulnerable population, adequate and timely lifesaving services are essential. The prevalence of anaemia remains of major concern, especially for children below 5 years. Dietary habits and practices among the refugee and host communities have been positively improved through better knowledge of nutrition, increased household production and consumption of high-nutritious foods and food products as well as small-scale processing in nutrition-sensitive value chains such as fruits and vegetables.

A multi-sectoral strategy will continue to be implemented, with a strategic approach which will evolve based on updated information obtained through assessment reports and monitoring data. Most vulnerable groups nutrition needs will be met by increasing access and coverage of nutritious supplementary foods, behavioral change communication on age-appropriate feeding and childcare, early detection of acute malnourished cases and facilitate referral linkage to appropriate program (blanket supplementary feeding, target supplementary feeding and along with referral of SAM cases. Nutrition sensitive and nutrition specific programmes will continue to be implemented following COVID-19 guidelines and key country and global strategies and priorities which include the UNHCR Multi-year, Strategy (MYS), UNHCR's Public Health strategy (global and Ethiopia context); SDG 2 and 3; CRRF; Infant and Young Child Feeding (IYCF) in Refugee Situations Framework; community outreach strategy; emergency nutrition response; national strategic guidelines (MIYCN, NNPII) with inclusion of host communities in program design enhanced through technology; research and innovations in curative and preventive nutrition and nutrition sensitive programs with an aim to reduce mortality, morbidity due to malnutrition. Mainstreaming of gender, GBV, CBI and COVID-19 measures will be prioritised in program design.

Public awareness campaigns will be conducted to increase knowledge on the benefits of dietary diversity and nutritious food. Efforts will also focus on the investment support for nutrition sensitive food supply chains. Under this component, small grants will be provided to individuals to finance

investments for production of nutritious foods at the household level with improvement of bio-fortified varieties of seeds to ensure year-round production. Considering quality seeds are a primary constraint to small-holder farmer, activities will include access foundation seed of approved varieties, in collaboration with Government research centers, mobilization of beneficiaries and producer cooperatives interested in seed production value chains and providing trainings using a farmer-field school approach.



Preliminary results from the SENS survey conducted mid-year 2021 confirmed the WASH-related gaps in the seven refugee camps in Gambella Region earlier identified through the participatory assessment conducted based on age, gender, diversity mainstreaming approach. In Itang area in Gambella, participants shared that there is insufficient water- sometimes spending one or two days without water, insufficient water points, non-functional water points, poor water point management and water wastage were raised as main concerns. These result in long queues for water collection. Refugees reported also delay in maintenance when there is damage in water system. Related to this topic, in all seven refugee camps, participants reported shortage of water collection containers and short water distribution time. Average liters of water per person per day across the 7 camps is 18l. latrine coverage is low at 26%.

In 2022, partners will maintain their contribution to SDG Goal 6 in ensuring access to safe water supply to the refugees and hosting communities. An action plan has been developed by all the stakeholders working in the Itang water system to increase the water sources. In addition, the design for the optimization of Itang water scheme (involving solarisation of part of the system and drilling of additional borehoels) is in progress with funding from KfW through UNICEF. In terms of personal hygiene and sanitation management, promotion of income generating activities by women groups will be expanded to other camps as piloted in Jewi camp targeting fabrication of reusable sanitary pads while promoting the marketing of the same within the camps and in the host community. Distribution of jerrycans with lids will ensure safe water handling supported by hygiene promotion activities implemented through the guidance of trained community hygiene promoters. In Benishangul-Gumuz region, there is inequitable water distribution. Current average daily water per person per day is 13l. The situation has been worsened by the relocation of refugees from Tongo and Gure Shambola camps. This has created enormous pressure and congestion in Tsore. Latrine coverage for the camps stands at 41%. Despite this high figure compared to Gambella at 26%, this still remains way below the desired $\geq 85\%$. Upscaling on solarisation of diesel-powered generators will be undertaken. However, partners will take stock of previous solarisation and conduct a comprehensive analysis on what the key issues are that have resulted in non-functional solar systems. Such analysis will inform and scale-up solarisation in light of fuel shortages and the need to protect the environment.



There are various livelihoods and income generating initiatives for refugees that are implemented by different partners in the various refugee camps in Gambella and Benishangul-gumuz regions. Most of these initiatives have focussed on technical and vocational skills training, as well as in providing tools and inputs for backyard gardening. However, these interventions are small scale and traditional in nature and have demonstrated limited impact with respect to improved self-reliance. In 2021, only 5,729 (5%) refugees benefited from livelihoods opportunities in Gambella. 3,056 (53.4%) were engaged in the use of camp land for farming that cultivated crop and vegetables in 237 Ha out of 441.8 Ha unutilized vacant land found inside the camp. Other initiatives included 873 (15.3%) in goat rearing, poultry, and cattle production. 1,800(31.4%) refugees were in the off-farm IGA (small business in cafeteria, shops, grinding mills, bakery house, tailoring, sanitary pads production, hairdressing, selling of cans & plastic wastes). Likewise, 8,567 of hosting community including the Abobo-Youth farming Cooperatives engaged in livelihood opportunities supported by Livelihoods partners. Activities included crop & vegetables production, bee keeping, fishing and retail business.

Under the CRRF, there have been advocacy efforts with the regional Governments to make land available for refugees and host communities to undertake crop production on a larger scale through joint projects. The Gambella regional Government has for example made available 50 Ha of land in 5 woredas (a total of 250 Ha) that could be used for cultivation. There have also been multi-stakeholder discussions between the regional Government, WFP, UNHCR and development partners to explore how large-scale commercial farmers can be brought in as aggregators of crops and as principal suppliers to the local and regional markets. Enterprise development initiatives have also been undertaken with refugee artisan groups comprised of women, with the support of UNHCR's MADE 51 initiatives. However, these initiatives need to be expanded so that linkages to sustainable domestic and export markets achieved. In 2019, an agricultural value chain study commodity selection exercise was conducted in collaboration with FAO in the Gambella and Benishangul-Gumuz regions. The critical crops identified included Tomato, Okra and Maize in the Gambella and Soybean in Benishangul-Gumuz. UNHCR also conducted a private sector mapping exercise where economic opportunities in the different refugee hosting areas were identified. Agriculture and livestock as well as enterprise development were identified as the most promising sectors for employment creation for refugees and host communities in both regions.

In 2022, the focus will be to maintain the advocacy efforts for an enabling environment such that refugees have the legal and de facto access to decent work (such as through rights to work, ability to own a business, access to financial services, access to land, and freedom of mobility). UNHCR will work towards ensuring that joint projects and financing are leveraged with a wide range of strategic development partners so that their existing resources and investments can contribute to the implementation of the pledges related to agriculture, livestock, and enterprise development initiatives. Partners will also apply market-based approaches to ensure that the private sector, including Financial Service Providers are motivated to participate in these value chains. Further, technical assistance to strengthen the capacities of relevant federal and regional Government

agencies and partners will be undertaken to develop coordinated job creation and livelihoods action plans and for the effective implementation of activities. The MADE 51 initiative with women artisans will also be scaled up, with an increased focus on the domestic market as a consumer of their products.

In the last couple years, RRS has welcomed the use of cash-based assistance in favour of in-kind distribution—authorizing several feasibility studies to take place for cash scale-up, and its implementation in several locations and situations across the country. A joint-feasibility and market study was conducted by WFP, RRS and UNHCR in 2021 and the promising findings are now compiled into a report. Currently, UNHCR Ethiopia’s CBI portfolio is largely direct implementation with some projects as indirect, through partners. For direct implementation, UNHCR has one active frame-agreement with the Commercial Bank of Ethiopia (CBE). UNHCR, with CBE typically first opens a bank account for the beneficiary and then the assistance is directly deposited – this arrangement includes refugees who have the right to maintain a bank account in Ethiopia.



New asylum seekers from South Sudan continue arrive in Gambella through various border entry points such as Matar, Burbey, Akobo, Raad and Pochalla, and Pagak. Once the new arrivals are granted refugee status, refugee households are relocated to the existing camps, receiving a plot of land; provision of emergency shelters and full CRIs. South Sudanese refugees are hosted in camps in Gambella and Assosa including the Tsore new site where refugees from Gure Shembola and Tongo have recently been relocate. Emergency shelters are made from plastic sheets and eucalyptus poles obtained from local markets (the life span is about six months), to meet the shelter needs of new arrivals in short term. Overall, in 2021, UNHCR/RRS and partners managed to provide over 1,200 emergency shelters to new arrivals relocated from reception center to camp locations. 1,100 Transitional shelters were constructed for vulnerable families across 7 camps, and over 1,300 existing old transitional shelters were rehabilitated in order to improved living conditions. In 2022, over 1,800 emergency shelters have been constructed in Nguenyiel camp in order to accommodate about 9,000 relocated refugees from the Pakag reception centre in Gambella. 60 communal hangars, 413 temporary shelters have been constructed in Tsore (Benishangul-Gumuz) to address the emergency shelter needs of some 17,000 refugees relocated from Tongo and Gure-Shombolla camps.

In Gambella most refugee families still live in old emergency shelters and in depilated conditions. More than 54% of household's are dire need of adequate transitional shelters and in camps located in Assosa; especially Tsore camp including the extended site to accommodate relocated refugees from the two camps. In the Tsore new site, 100% of the households are living in emergency shelters and are shared communal hangars. The design life span of transitional shelter is about 3 to 5 years and those transitional shelters constructed five years ago in all camps required repair and maintenance, especially for families who are living in crowded situations. Most of the refugees have limited resources to procure shelter construction materials to maintain their shelters. Lack of proper access road construction and maintenance within the camps is a challenge specially during rainy

season due to large camp area. Refugee shelters located in lower lying sections of the camps are most negatively impacted. Most camps require drainage channel construction and excavation of flood protection channels.

Most of the existing camps have reached maximum absorption capacity, for example in Tsore camp there is a need for a minimum of 100Ha of land to host new populations from Tongo and Gure Shambola. Currently, very limited space to provide shelter plots and other key facilities. Continued advocacy is needed at all levels for the allocation of new site. In 2022, UNHCR together with RRS and partners will continue to provide immediate emergency shelter and distribution of CRIs to new arrivals and relocation to the camps, a mapping exercise will be conducted to identify possible suitable spaces within the existing camps in order to allocate free spaces for possible shelter plots. Shelter Partners will foster collaboration to strengthen participation by refugee communities to ensure full ownership in order for families to be part of shelter programming from the onset of emergency (tent fixing) to transitional shelters. This year, UNHCR and Partners have planned to improve more than 2,300 Transitional shelters and rehabilitate over 2,000 existing shelters. Focus on collaboration with UNITAR (United Nations Institute for Training and Research) in supporting in mapping exercise for environmental simulation in two camps (Nguenyiel and Jewi camp) as the region is flood prone location, thus will guide the operation in mitigation measures needed.



To Covid 19 pandemic has taken a negative toll on global supply chains. The procurement and delivery of goods i.e., medicines and medical equipment, personal protective equipment (PPE) have been significantly delayed due to border closures, along with the bureaucracy and regulations on importation of goods into the country. Transportation of core relief items from Dire Dawa/Moyale to Gambella remains a challenge due to several roadblocks in the Oromia region, and trucks stranded loading CRIs at the border. UNHCR Gambella has one warehouse for storage with inadequate capacity to handle emergency needs especially CRI/NFI stocks. Moreover, transportation of CRIs from the Assosa warehouse to camps frequently face security challenges due to the conflict in the area. In 2022, UNHCR and partners will continue to provide logistics support to persons of concern by providing CRIs to new arrivals. Regular distribution to camp residents will continue with soap, and dignity kits for women and girls of reproductive age. In coordination with other stakeholders, the possibility of substituting CRI distributing with cash will also be pursued.

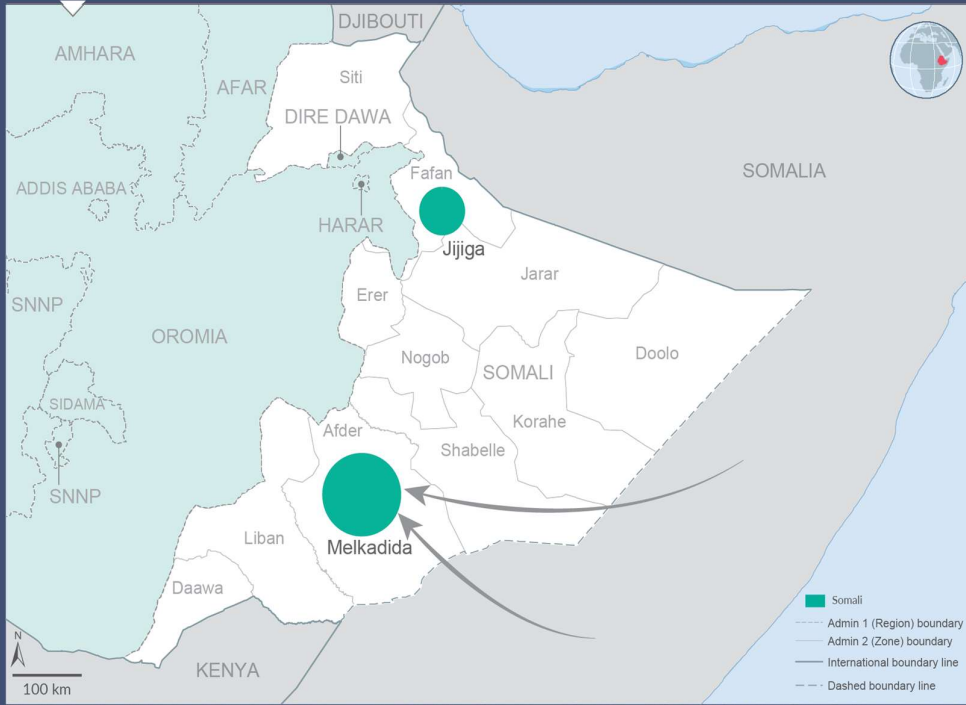
SOMALI REFUGEES

PLANNED RESPONSE

256,000
PROJECTED REFUGEE
POPULATION BY END 2022

US\$ 143,8M
REQUIREMENTS FOR 2022

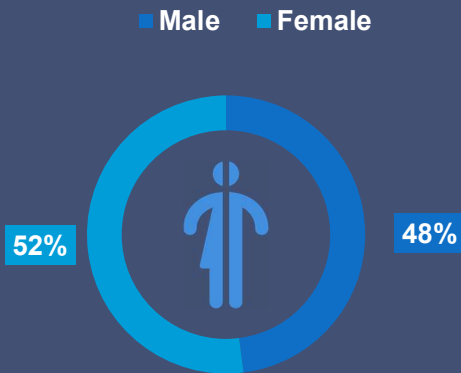
19
PARTNERS
INVOLVED



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan, and between Ethiopia and Somalia has not yet been determined. Printing date: 18 Feb 2022. Sources: UNFCS, UN/ICG, OCHA/Ethiopia. Author: UN/ICG - OCHA/Ethiopia. Feedback: UN and Addis Ababa, unahd@unhcr.org

Disaggregated Data

Age group	% of total 256k	Female % of total 256k	Male % of total 256k
00-04 y.	16%	8%	8%
05-11 y.	24%	12%	12%
12-17 y.	22%	11%	11%
18-59 y.	36%	20%	16%
60+ y.	2%	1%	1%
Total	100%	52%	48%



OVERVIEW

The Somali refugee population in Ethiopia live mainly in three camps in the Somali Regional State near the capital Jigjiga, and in five camps close to the border town of Dollo Ado. As of December 2021, 223,062 Somali refugees were registered in Ethiopia, representing the second largest refugee population in the country, and over a quarter of the total refugee population. Land borders have reopened after closure at the height of the COVID 19 pandemic, and reception/registration of refugees by immigration authorities at Dollo Ado has resumed. Two border monitoring visits conducted in September 2021 confirmed that new arrivals are crossing into Ethiopia without any impediment. At the end of 2021, approximately 60-80 people were crossing into Ethiopia every day. The Out of Camp Policy (OCP) is applied in Jigjiga but has not been extended to Somali refugees in Melkadida.

The pandemic has had far-reaching negative socio-economic impacts on economic inclusion interventions and livelihoods. Movement restrictions have impacted pastoral livelihoods, including livestock trade, as well as animal health, slaughterhouses, meat and milk selling businesses. This has affected both refugees and host community members who participate in the inclusive cooperative enterprises. COVID-19 emerged amidst other shocks, including agricultural pests such as desert locusts and fall army worm, droughts and seasonal flooding. These posed difficulties to farmers in crop production and caused scarcity of pasture for livestock, market price fluctuations and supply chain bottlenecks of key commodities.

In order to minimize the impact of the pandemic, particularly on persons with specific needs and heightened vulnerability, UNHCR and RRS conducted a rapid assessment for pilot cash-based interventions (CBI) and provided cash assistance to older persons. Additionally, with the support of the IKEA Foundation, UNHCR and RRS, in cooperation with the local authorities, ensured continuity of existing market-based livelihood initiatives on agriculture, livestock and financial services for both refugees and their host communities. UNHCR and partners will continue to work with the Government of Ethiopia and a broad range of actors in rendering support to fulfill the Government's commitments in line with the Global Compact on Refugees, as well as contributing towards the achievement of the Sustainable Development Goals. COVID-19 preventive and response measures continue to be provided and refugees have equal access to the health facilities, including isolation centers, as the host communities. Health facilities are poorly equipped.

Needs Analysis and Response by Sector



Fair Protection Processes, Registration and Documentation

In October 2017, RRS launched vital events registration in all refugee camps in the Somali Regional State. However, there are some critical gaps in ensuring effective access of refugee children to birth registration. Among these is the lack of dedicated registration staff. The inconsistent interpretation of the Vital Events Registration and Nationality Card (amendment) Proclamation No.1049/2017 represents an additional challenge. Low awareness among the refugee community on the benefits of registering vital events and limited outreach activities have resulted in the overall low vital events registration. The population is also exposed to risks of unlawful and arbitrary detention and irregular movements and trafficking, increasing the need for legal assistance in the camps. Although mobile courts have now been introduced, there still exist serious gaps in the legal/judicial framework and lack of capacity and resources for the mobile court system. Survivors of serious crimes often hesitate to bring cases to the legal aid service and, instead, opt to resolve issues through traditional community structures. There is low community awareness on access to justice, the legal system, and due processes.

As of April 2022, there were 23,952 refugee children aged between 0 and 3 years without birth certificates in the Somali region. The number of children between 3 and 17 years without birth certificates is even higher. A birth registration backlog clearance exercise that targeted children of ages 0-3 only achieved 8,060 registrations. Consequently, in 2022, UNHCR and partners will continue providing technical and financial support to RRS to ensure refugees have better access to all vital events registration. Advocacy for the full implementation of the provisions on registration and documentation contained in the Refugee Proclamation will continue, and coordination mechanisms between RRS and the relevant humanitarian partners to ensure accurate data will be maintained. Sensitization campaigns for all refugees on the importance of civil registration and documentation for vital events will be conducted. Activities using the “One-Stop Shop” approach will be fully supported. Also, the focus in 2022 will be on strengthening the implementation of mobile court services to the refugee and host communities, through continued cooperation with the Somali Region Supreme Court and High Court, as they have been effective actors in reducing the backlog in remote and hard-to-reach areas. Capacity development for Governmental partners, judicial and other legal actors and for the refugee population will continue.

Child protection

As of March 2022, the total refugee population in Melkadida stood at 194,242, with children representing 62 per cent of the population. Similarly, in Jijiga, 50% of the refugee population of 42,282 are children. . In both locations, traditional harmful practices continue, such as female genital

mutilation, as well as high risks of GBV incidents for children. The 2021 Participatory Assessment identified child labour as a risk factor. Protection counselling and interventions for children-at-risk are not consistently recorded and updated in data management systems. UNHCR and partners will roll out a Child Protection Trend Analysis Tool to improve data recording and management. Bullying in schools is also a major child protection concern identified in Jijiga. According to the 2021 Participatory Assessment report, limited livelihood and education opportunities, daily subsistence challenges, lack of shelter for new arrivals, insufficient availability of drugs at primary health care facilities in the camps, lack of sanitary materials, high school dropout rates, and poor school performance are among the factors that drive the youth to irregular onward movements (*Tahrib*). UNHCR's Telling the Real Story (TRS) Project in Jijiga continues to actively engage youth and refugee communities to address the increase in irregular onward movements through awareness raising about the risks and dangers of *Tahriib*, community empowerment activities, livelihood start-ups and referrals to complementary pathways.

In 2022, Child Protection interventions will focus on enhancing prevention and response services to child abuse, neglect, exploitation and violence through the strengthening of a comprehensive child protection programme. Accordingly, community-based child protection mechanisms will be strengthened, and child protection risks will be addressed through community participation. Best Interests Procedure (BIP) shall be strengthened through capacity development of child protection social workers/incentive workers and other existing community groups. Advocacy efforts will be concentrated in the inclusion of refugee children in the national child protection and birth registration systems. In line with the revised 2019 Minimum Standards for Child Protection in Humanitarian Action, MHPSS interventions will be supported for children, parents and caregivers. Empowerment of refugee youth will also be a priority by expanding education and livelihood opportunities, as well as ensuring the meaningful participation and engagement of the youth across all stages of the programme cycle. There will be a focus on ensuring that GBV prevention, risk mitigation and response is mainstreamed in the child protection. As per the recommendations of the 2021 Participatory Assessment report, linkages between the CP, GBV and Education sectors will be enhanced to ensure better protection outcomes for children. Finally, child protection interventions focused on addressing the drivers of irregular onward movements in Jijiga camps will be mainstreamed.

Gender-Based Violence (GBV)

Women and girls across the eight camps of the Somali Regional State continue to face serious risks of domestic violence, rape and forced/early marriage, sexual exploitation and abuse. Women and girls often encounter GBV risks when working outside the home, especially when gathering fuel/firewood to be used as a source of energy. There also continue to be serious gaps in the effective mainstreaming of GBV prevention and response across all sectoral interventions. GBV survivors can access legal services and assistance through the formal courts. In addition, GBV prevention and response activities in Melkadida are implemented through a network of 32 community structures and 19 community-based groups. Outreach and awareness meetings target large numbers of persons to raise awareness on GBV issues in the camp. The existing referral systems were strengthened, and remote case processing mechanisms have been established through the use of dedicated helplines and case response officers.

In 2022 focus will be placed on mainstreaming of GBV prevention and response across all sectors and throughout the programme cycle. This will include a review of the current case management Standard Operating Procedures (SOPs) in Melkadida. Diversified approaches and programmes will be implemented for GBV prevention. GBV prevention and response will be strengthened through community-based structures in the camps, and by enhancing community-based approaches, mitigation and response. A rigorous and coordinated case response and management system based on a survivor-centred approach will be implemented, coupled with continuous capacity-building of GBV actors to ensure effective coordination of the multi-agency responses. Women and girls' empowerment programmes will be strengthened, as well as access to quality multi-sectored GBV response services in accordance with interagency GBV SOPs. To improve access to justice for survivors, there will be efforts to strengthen the use of mobile courts and capacity-building of judiciary actors. There will be coordinated effort to increase the renovation and use of women and girl friendly spaces to ensure safe spaces for both prevention and response services. Efforts will be undertaken to ensure the delivery of services at the One Stop Centre located in the referral hospital in Jigjiga. While continuing to provide psychological support and legal assistance to GBV survivors, Income Generating Activities (IGA) for men and women heads of households will be strengthened in an effort to mitigate overall protection risks of GBV in both Jigjiga and Melkadida operations. Technical support will be provided to sectors towards the implementation of the National Action Plan to mainstream GBV risk mitigation. Efforts will continue to implement PSEA activities including strengthening reporting through Community-Based Complaint Mechanisms (CBCM), awareness raising and training for UNHCR and partner staff and community members as under national PSEA strategy.

Persons with Specific Needs (PSN)

Women, children and older persons with disabilities are often exposed to discrimination, exploitation, violence, and GBV, and excluded from support and services. Refugee children with disabilities are at greater risk of abuse, neglect, abandonment, exploitation, health concerns, exposure to longer term psycho-social disturbances, family separation and denial of the right to education. Refugees with disabilities are often excluded or discriminated against in accessing support and services, and often have fewer opportunities for other durable solutions such as local integration and resettlement. In 2022, efforts will be made to ensure effective targeting of relevant assistance and maintain updated information in case management databases to record and track PSNs. Psychosocial support will be provided to PSNs as well as rehabilitation services at physiotherapy/daycare centres and at home. PSN data will be recorded in proGres, to ensure effective case management and follow-up. People with disabilities and older people will also be prioritized in the CBI shelter construction project. Working with communities will contribute to establishing mechanisms in which family and community support is always available for PSNs in the camps via a community-based approach.

Durable solutions

Integration has increasingly been made available for Somali refugees through legal instruments. However, refugees continue to experience restrictions to their freedom of movement in the country, access to land, and their access/rights to employment. Voluntary Repatriation is still not a viable option for Somali refugees due to the unstable socio-political environment in their country of origin, presence of militant groups and discrimination of minority groups. In 2022, advocacy will focus on identifying and developing resettlement opportunities and complementary pathways to other countries. Sufficient staff/processing capacity will be established to identify and submit the most vulnerable refugees to the available quota. Specific measures, including consistent use of proGres, adherence to established SOPs, and proper filing and physical file handling procedures, will be enhanced to prevent and respond to fraud.



The total enrollment in pre-primary education for the Somali children in both refugee locations stood at 14,967 (50.2%F) learners by December 2021. The average gender parity index in pre-primary was 1.01, while the teacher pupil ratio stood at 1:31. For Somali refugee children, the total enrolment in primary education stood at 25,030 learners (13,358 boys and 11,672 girls), by December 2021. The average gender parity index in primary education was 0.9, while the average teacher pupil ratio stood at 1:46. The portion of Somali secondary school-aged (15 -18 years) individuals in Melkadida and Jijjiga was approximately 13% and 14% respectively. The Gross Enrolment Rate (GER) of secondary school students was 2,904 (14%) in Melkadida and 2,159 (41.9%) in Jijjiga. In the two locations of Melkadida and Jijjiga, the average classroom-student ratio stood at 1:89, against the national standard of 1:40. The long school closure due to COVID-19 had a big impact on return to school especially for girls, leading to high dropout rate. This also resulting in early marriages and pregnancies. In Melkadida, some students did not return to school, preferring to work in the agricultural farms to earn an income. Overall, in the two locations, schools struggle to provide adequate classrooms, school desks, textbooks, reference books and related scholastic materials. The education services are further constrained by the lack of qualified teachers and high turnover of teachers. These challenges are related to the poor infrastructure, (which do not meet the GoE's standards), as well as insufficient numbers of qualified teachers in pre-primary and primary schools. To ensure that schools play their protective roles and are free of sexual abuse and harassment, teachers' code of conduct is signed by all teachers and PSEA trainings for teachers and learners undertaken. The code of conduct that defines the roles and responsibilities of teachers, including the issue of pedagogy, peer-to-peer violence, and sexual exploitation and abuse.

In 2022, UNHCR will work closely with RRS, Woreda Education Office, Regional Education Bureau, Federal Ministry of Education in the transition of three secondary schools to the Somali State Regional Education Bureau (REB). An MoU to facilitate this transition will be developed and discussed with all the key stakeholders. The integration strategy for secondary schools (two in Melkadida and one in Jijjiga) and primary school in Kebrebiyeha woreda should be aligned with the MOE and RRS plans to facilitate the smooth and sustained transitions of schools into the national

system. Sensitization campaigns will be organized on the enrolment and retention rate of refugee secondary school youth with special focus on girls. Education services including scholastic materials, textbooks, furniture etc will continue to be provided to refugee schools and host community secondary schools. In primary education in Jijiga, RRS and UNHCR are working with the Kebribriya city authorities and the Somali regional education bureau to fully integrate the Kebribibiya refugee primary school into the national education system. This is within a broader strategy to fully integrated to be part of the Kebribriya city.

Educational access for girls will be promoted through the implementation of targeted activities that enhance awareness of the importance of girls' education in refugee communities. Deliberate and concerted efforts will be undertaken to make schools friendly to girls by constructing separate latrines for boys and girls and assigning female teachers and head teachers. Girls' education and support clubs will be established in schools. Special tutorial classes, guidance, and counselling services will be provided to female students. Refugees' girls are highly encouraged to strengthen their academic achievement through in-kind incentives and by encouraging and supporting them to become self-reliant. The use of ICT by all teachers and students has a paramount importance in facilitating the tasks and in accessing information to keep at par with national secondary schools. In both Jijiga and Melkadida, digital libraries have been established to strengthen students access to technology. There is need though to put up more science laboratories and pedagogical centers. School governance will be enhanced by facilitating awareness-creation programs and capacity building for School Management Committees, Parent-Teacher-Student Associations and Student Committees/Councils to develop skills in leadership, conflict resolution, and democratic decision-making, and to promote the full and realistic participation of school staff, parents and children in school governance. Partners will provide a safe learning environment and GBV referral mechanisms. Similarly, safer learning environments for refugee girls and boys will be ensured and enhanced by promoting PSEA and child protection in schools. Synergies with WASH, child protection, cash-based programs and local authorities will be promoted.



Currently solar grid of 108KV was installed and gave energy service for more than 799 households. 60kw of solar grid is planned to installed for 2022 to serve for both refugees and host community. Overall, provision of clean energy, especially through adequate connection to the national grid and solar lighting, is still a challenge in the camps. In order to support such remote operations, UNHCR has launched a new 'green energy for water initiative' globally, including in Melkadida. This gives the opportunity to solarize all water supply systems across the refugee camps. The natural resources available near the camps are used mainly for construction and cooking energy purposes. This has led to tensions between refugees and host communities and contributed to deforestation. The distribution of charcoal and charcoal briquettes through a CBI modality was started in Buramino refugee camp by UNHCR, RRS, Save the Environment Ethiopia and the Refugee Central Committee (RCC). Priority was given to households with persons with mental and/or physical disabilities, older refugees and households that have no access to any cooking energy alternatives. This initiative will continue in the other camps. In parallel, 700 cookstoves were produced for

distribution to the most vulnerable households. The vocational skills training on solar energy is ongoing in the Dollo Ado Horn International College. 50 students completed the theoretical part of the training and started the practical module.

Partners' response in Melkadida and Jijiga will link energy solution with livelihoods and will strengthen market-based livelihoods and economic inclusion opportunities with enhanced multiple actors' coordination, including humanitarian, development, private sector, regional Government, research institutions and national actors. The primary focus will be sustaining existing gains on investments made by actors as well as generating evidence to ensure context-based evidence informed planning and implementation. Linked to evidence-based programming, the operation will prioritize structured monitoring of ongoing economic inclusion interventions, learning from evaluations and assessments to scale-up and design interventions. Based on pilot cash-based interventions for older persons linked to COVID-19 pandemic, Cash Based Interventions will be explored for business development to mitigate the adverse socio-economic impact of the pandemic on cooperative enterprises. Skills development trainings in Aw-barre and Shedder Somali refugee camps are expected to continue to allow expansion of access to gainful employment, strong market linkages for cooperative enterprise development and improved income. Increasing efforts will be put into attracting, facilitating and coordinating private or public energy providers and development projects that can reinforce and complement existing interventions in the refugee camps, with the ultimate goal of increasing energy access for the refugee population and host communities, especially through sustainable green energy alternatives, including solar power, biogas and cookstoves production. Energy saving stoves and briquettes will continue to be provided to refugees while seeking opportunities to develop the skills and Entrepreneurial capacity among refugees and host communities to produce and market these cooking stoves to support the household income. The CBI approach for the most vulnerable households and production of Prosopis charcoal briquettes will continue.



In 2021, the main food security challenges comprised an inadequate food basket and limited options to complement and diversify cereal based food baskets provided to beneficiaries. Refugees in Jijiga area received cash in lieu of the cereals which gave them the option to buy food based on their preferences. In Melkadida, refugees received all assistance in-kind. Faced with limited options, refugees found themselves selling an estimated 30 percent of their food rations to buy other food or Non-Food Items (NFIs). Limited resources undermine economic opportunities and inclusion of refugees into targeted livelihood interventions, reducing access to adequate food and self-reliance. The Somali region experiences recurrent shocks from floods alternating with droughts. This is aggravated by the desert locust infestation which poses threats to crops, pastures and rangelands, further worsening the poor food security situation.

Recurrent drought and failed harvests have left a negative legacy on many families, who have lost livestock and other productive assets, and refugee movements to the camps during General Food

Distribution (GFD) remains common among Somali refugees. Although the food distribution process is still being carried out manually, it is expected that the Global Distribution Tool (GDT) will be fully incorporated in the distribution process throughout 2022. In the Somali Region, WFP will continue to provide in-kind food assistance which allows refugees to complement the food basket that includes vegetable oil, corn-soy blend, salt and pulses. Measures such as physical distancing, handwashing and mask wearing are implemented to ensure the continuity of activities during the COVID-19 pandemic. WFP, UNHCR and Partners will actively seek livelihoods opportunities that will enable refugees identify alternative sources of income and appropriate nutritious food production to reduce food insecurity.



Under-5 and Crude mortality rates are within the minimum standard in Melkadida camps and improving in Jigjiga. Nevertheless, both locations face serious challenges related to inadequate health facilities, constant lack of drugs, medical supplies, vaccines and laboratory equipment, and excessive exposure of medical products to hot weather, resulting in rapid expiry and loss of effectiveness. In Melkadida, these problems coupled with the recurrent shortage of experienced staff led to immunization below 85%, and inadequate follow-up on cases requiring regular attendance like chronic illness. In Jigjiga, the absence of well-equipped health centres for the host community in Awbare and Kebribeyah Woredas is adding pressure on service provision by the health centres in the refugee camps. In Melkadida, the influx of asylum-seekers and the slow registration and relocation process is creating pressure to the basic health and nutrition service at the reception center and nearby hospital, thereby increasing the vulnerability for outbreaks and seasonal illnesses. The risk of disease outbreak, like cholera is high, as the disease is endemic to the region.

Partners will continue the provision of health and nutrition services to benefit both refugees and host communities, also through the improvement of immunization services, integrated management of neonatal and childhood illnesses, the integrated mental health and community-based sexual and reproductive health and medical referrals for lifesaving and chronic conditions needing specialist follow-up. Ensuring WASH infrastructure and reliable power supply and equipping the health centers with essential materials will be critical. Enhancing the staffing status, and strengthening the supply, warehousing and utilisation of drugs and reagents will continue to be key activities for 2022. COVID-19 prevention measures will be mainstreamed and coordination with the Regional Health Bureau will be strengthened. Preventive measures for other outbreak prone diseases (cholera, measles, dengue, etc.) will continue in collaboration with regional and woreda health bureaus and in coordination with partners. Mental Health and Psychosocial Services (MHPSS) will be delivered through camp-based specialised partners, as well through established referral linkages with specialised hospitals. In Melkadida, there will be enhanced engagement with Dollo Ado and Filtu Hospitals to strengthen refugees' access to secondary treatment / referral services close to the camps.



Inadequate General Food Distribution (GFD) food basket, lack of complementary fresh foods support, limited livelihood opportunities, coupled with high fertility, restrictive socio-cultural norms, and unhelpful dietary practices contribute to high malnutrition. Macro and micronutrient deficiencies are leading to serious malnutrition including wasting, stunting and anaemia. In Melkadida, 44 per cent of children under five and 37 per cent women of reproductive age suffer from anaemia. 15.5 per cent of children have acute malnutrition and 36 per cent of the children are stunted, all of which are above the WHO/UNICEF and UNHCR acceptable standards.

In addition to these critical gaps, irregular and delayed delivery of nutrition supplies, the continued threat of COVID-19, and continued reduction of the number of community incentive workers engaged in community mobilisation, outreach and case identification, and the shortage of service delivery points to match the increasing target population are immediate constraints from providing the required nutrition services in the camps. The absence of needs-based nutrition services for adolescents, older persons and chronically sick is another gap coupled with the lack of nutrition status data which undermines acceptability of the existing services, like deworming and iron folate supplementation, and school-based meals. The recently concluded food and nutrition gap (FNG) assessment shows that at the current food assistance levels (60% of the standard Kcal according to the sphere standard), the gap for each household member to consume an nutritious diet is 552 birr/ person/ month. In 2022, the nutrition program in the camps will continue with the provision of basic and life-saving services to refugee and local community members in neighbouring communities; strengthening households' capacities to bridge some of the gaps in micronutrient supply using approaches like CBI, vegetable and poultry micro-gardening; continuing the engagement with external health/nutrition providers, including the local ministry, UNICEF, and WFP; strengthening the community capacity to carry out some of the nutrition activities; and continuing active surveillance of nutrition and food security status and use these and program data for tailoring the services, and resource mobilisation.



The water system in Kebrebeyah is obsolete and has outlived its lifespan and therefore requires urgent replacement/upgrading to improve water supply. The status of water supply infrastructure in Kebrebeyah has also been worsened by high concentration of iron in the boreholes, posing some challenges to the operation and maintenance of key electro-mechanical equipment. In Bokolmayo camp, the ageing system is not able to cope with current water supply needs and requires immediate upgrading. Current water supply challenges in Somali region have been worsened by drought. There are reported community clashes in Shedder camp due to overcrowding at water collection points and high-water demands. In Jijiga camps, average liters per person per day is 15 with the lowest in Kebrebeyah camp at 7.5 liters per person per day. For Melkadida camps, the average is 18l/p/d. However, this is with long running hours of between 18-20 hours per day through diesel generation, without any back-up pumps which causes recurrent malfunctioning, prevents the delivery of water

to refugees and high consumption of fuel per day (approx. 280 L/Day). There are frequent system breakdowns and interrupted water supply. The UNICEF-UNHCR regional 3-year WASH program for Refugees and Host communities (R-WASH) being implemented in Kabribeyah, Sheder and Aw-Barre as well as surrounding host communities in Somali Region offers an opportunity for refugee inclusion and creating peaceful co-existence with host communities. UNHCR and partners will take advantage of various initiatives to improve WASH services for example, the Germany Government will fund GIZ with a GCR Advisor to strengthen capacities and support UNHCR in the implementation of the GCR and Humanitarian-Development-Peace Nexus, with a focus on inclusive water supply in Jijiga under the R-WASH to improve WASH services and promoting refugee inclusion and peaceful co-existence. Sanitation.

Limited and in some cases non-availability of latrines has resulted in widespread open defecation in all the camps in Melkadida and Jijiga camps. Latrine coverage is 15% in Jijiga camps. This is way below the minimum standard of $\geq 85\%$. In all the camps, there is poor storage of water due to limited and unavailability of water storage containers. There is also insufficient soap distribution, making it difficult for families to practice proper hygiene promotion. WASH response by partners will prioritize system upgrading and replacing key electromechanical equipment across all the camps. UNHCR has already done massive procurement for key electromechanical equipment for all the camps. The R-WASH project jointly by UNICEF and UNHCR will also go a long way in intervening with long-term upgrades of all the water infrastructure in Kebrebeayah, Sheder and Aw Barre. Latrine construction will also be prioritized in all the camps. This will be complimented by hygiene promotion.



In the Somali Region (Dollo Ado and Bokolmanyo Woredas), livelihoods and self-reliance of refugees and host population have been adversely impacted by economic shocks and the COVID-19 pandemic which has worsened access to commodities and markets. Agro-pastoralist activities particularly crop production has seen declining yields because of scarcity of rainfall, droughts, locusts and floods, while camps and host community areas are isolated from major markets. As per the 2021 GRF Pledge Progress Report, RRS has created Economic opportunities for 7,010 refugees. Overall, refugee hosting areas suffer from high unemployment and underemployment among youth. Market linkages and private sector engagement is weak. With only one microfinance institution operational in the camps, access to financial services and financial inclusion is limited. Approximately 2.5 per cent of refugees aged 18 – 59 have accessed formal loans and saving services. Despite positive achievements of the agriculture cooperatives (crop and livestock), capacity development; private sector and market linkages are key for optimizing economic opportunities, employment, and attractive additional private sector investments in the area. More than 80 per cent of household's experience constraints in pursuing sustainable livelihoods to complement existing gap in basic needs provision.

Existing vocational training opportunities are unmatched with labour market needs as well as prospective market opportunities, and rarely enable the graduates to transition to sustainable employment. Whilst there are opportunities for economic inclusion, lack of market-oriented skills,

lack of business and entrepreneurship skills, access to finance and capital limit refugees' achievement of self-reliance. Partners' response in Melkadida will strengthen market-based livelihoods and economic inclusion opportunities with enhanced multiple actor coordination, including humanitarian, development, private sector, research institutions and national actors. The primary focus will be sustaining existing gains on investments made by actors as well as generating evidence to ensure context-based evidence informed planning and implementation. Linked to evidence-based programming, the operation will prioritize structured monitoring of ongoing economic inclusion interventions, learning from evaluations and assessments to scale-up and design interventions. Based on pilot cash-based interventions for older persons linked to COVID-19 pandemic, the operation will explore feasibility of Cash Based Interventions for business development to mitigate the adverse socio-economic impact of the pandemic on cooperative enterprises and has budgeted a dedicated CBI international position with this scale-up in mind

Similarly, the response in Jigjiga will focus on increasing market-based livelihood opportunities and reduce the number of unemployed youth and female headed households, mainly through the provision of vocational skills within the national qualifications' framework, the establishment of cooperatives and the provision of financial services. Efforts will be undertaken in collaboration with the private sector and the Regional Government to attract private sector investment in the area. Skills development trainings in Aw-barre and Shedder Somali refugee camps are expected to continue to allow expansion of access to gainful employment, strong market linkages for cooperative enterprise development and improved income. CBIs will be integrated into the process to promote the purchase of productive and livelihood assets locally.



In February 2022, cases of measles outbreaks were reported in Melkadida and due to high number of new arrivals at Dollo Ado reception. The outbreak was partly attributed to congested living conditions. In addition to the medical interventions UNHCR, RRS and Partners identified free shelter plots in the five camps and provided over 2,000 emergency shelters in Buramino, Melkadida, Bokolmayo, Helaweyn and Kobe camps. This enabled the relocation of more than 14,000 registered refugees to the newly built shelters thereby decingesting the reception center. In 2021, the provision of NFIs was prioritized for new arrivals in Melkadida. Dignity kits and sanitary materials as well as soap as an additional preventive COVID-19 measure continue to be provided to women of reproductive age.

The availability of adequate shelter still remains a concern across all camps of the Somali region, with only 24% of households having access to adequate shelter - Kebribeyah camp being the worst with all households living in depilated old shelters. Many households are living in temporary emergency shelters and old shelters requiring regular maintenance especially for families who are living in crowded situations. Most of the refugees have limited resources to procure shelter construction materials to maintain their shelters. Lack of proper access road construction and maintenance to the in and out of the camps for service delivery is a major challenge specially during rainy season mainly in camps in Melkadida.

UNHCR and partners are piloting additional shelter options based on improved Somali transitional shelters to address the increasing needs of new arrivals, including cash for shelter activities, encouraging self-construction and the purchasing of local materials and tools. Plans are underway with close coordination with RRS and local authorities to rehabilitate existing Dollo Ado Transit Center which will have a capacity to host over 1,600 new arrivals in case of influx as a contingency plan in relation to the trends of new arrivals. For shelter activities across all camps, 238 Transitional shelters will be constructed in Melkadida to support vulnerable families and 600 Transitional-shelters in Aw-Barre and Sheder through Cash Based interventions. In Jijiga, a joint team of UNHCR/RRS and partners have finalized beneficiary selection for the planned activities. In 2022 UNHCR and partners' response will aim at ensuring a community-based management system that empowers communities to maintain their shelter facilities, as well as at scaling up the construction of shelters through Youth Education Pack (YEP) graduates and community contributions. Registration of new arrivals is expected in 2022, resulting in a higher demand for shelter and NFIs through cash-based interventions.



Changes in the value of the local currency has seen many suppliers issuing quotations that are valid for less than 30 days, which poses a challenge to the procurement of goods that require long lead times. The mobile telecommunications network is very poor and working in limited areas only. As part of the One-Stop-Shop project, VSAT links have been installed in 3 camps (Bokolmanyo, Hilaweiyin and Buramino) and Fiber link in Kobe camp. As mobile telecommunication is expanding to remote areas, the Somali region is expected to benefit from 4G connection in the near future. In 2022, the response will focus on fuel storage capacity improvement to stabilize the water supply to the refugee and host communities and minimize the water shortages. The procurement of pumps, generators and liners for pioneer tanks for the replacement of aged electromechanical units and water storage kits in Bokolmayo and Melkadida camps is also needed.



Credits: UNHCR/Eugene Sibomana

Description: In some societies, women and girls face discrimination and violence every day, simply because of their gender. In Kebribeyah refugee camp, UNHCR and partners work hard to manage programmes that help women to improve their leadership skills, overcome barriers to education, and access opportunities.

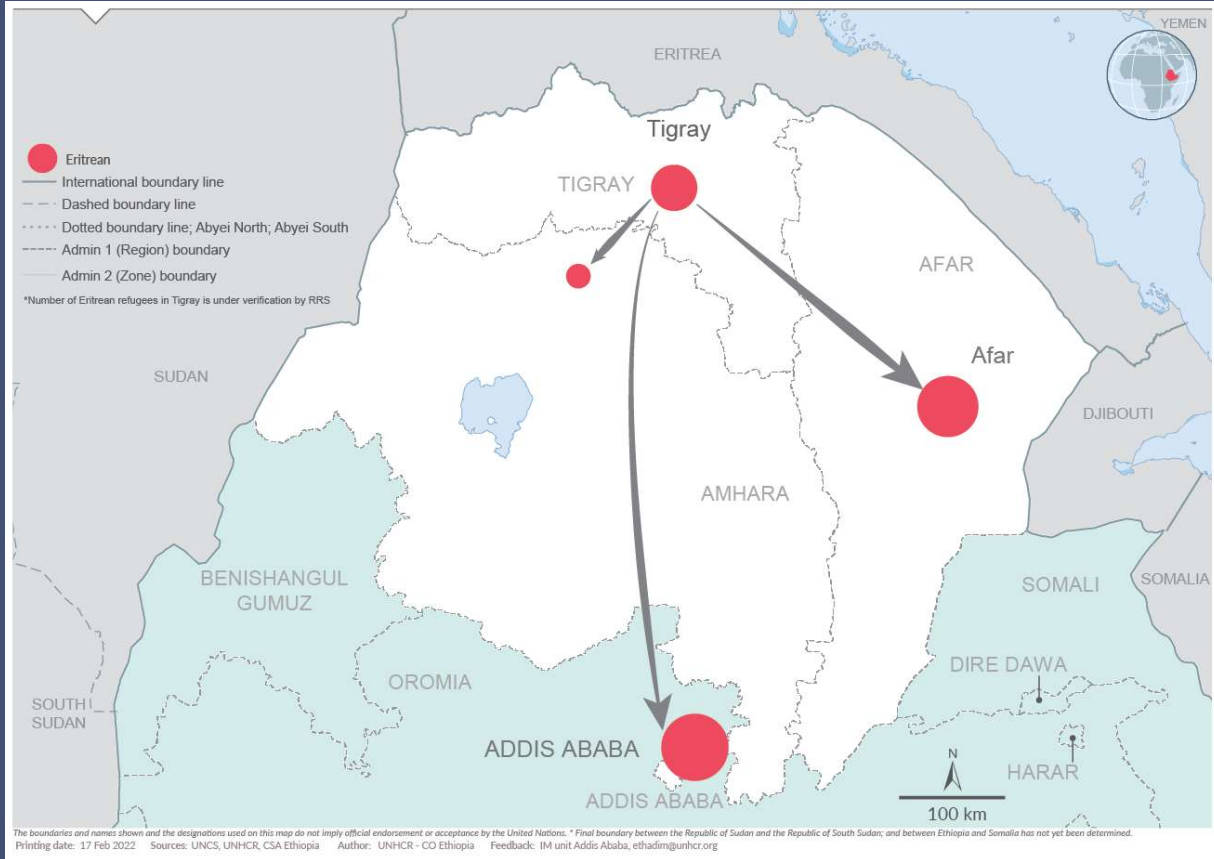
ERITREAN REFUGEES

PLANNED RESPONSE

168,000
PROJECTED REFUGEE
POPULATION BY END 2022

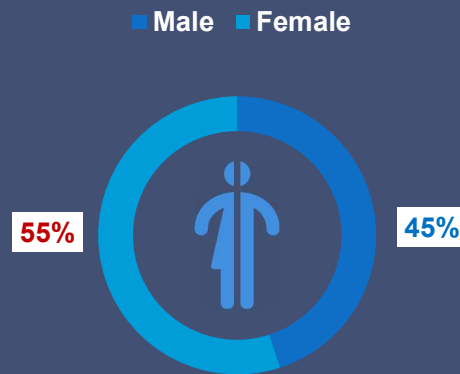
US\$ 101,6M
REQUIREMENTS FOR 2022

19
PARTNERS
INVOLVED



Disaggregated Data

Age group	% of total 168k	Female % of total 168k	Male % of total 168k
00-04 y.	6%	3%	3%
05-11 y.	13%	6%	7%
12-17 y.	13%	6%	7%
18-59 y.	66%	39%	27%
60+ y.	2%	1%	1%
Total	100%	55%	45%



OVERVIEW

At the end of December 2021, Ethiopia was hosting 158,525 Eritrean refugees across the country. Over 25,000 registered Eritrean refugees lived in camps in Tigray, mainly in Adi-Harush and Mai Aini camps. Following a relocation survey, the majority of refugees indicated that they did not feel safe in these camps and wished to move to a safer location. The priority has been to sustain life-saving services in the refugee camps as well as facilitate the transportation of those refugees who voluntarily relocate to a new site - Alemwach, in the Amhara region or other locations. In the Tigray region, more than 20,000 refugees and asylum-seekers live amongst host communities, however due to the conflict and suspension of the asylum system, they have received limited support. The remaining Eritrean refugees outside Tigray live predominantly in the Afar region (55,773), in Addis Ababa (65,906), as of December 2021 and most recently in the new site in Alemwach, Amhara region (approx. 8,000) and Serdo temporary site in Afar (3,000).

Since November 2020, the Tigray region, and now increasingly the Afar and Amhara region, have been affected by armed clashes and insecurity, impacting refugees and other persons of concern. Insufficient food, fuel, cash and other essential supplies has created a complex humanitarian situation with extreme suffering and life-threatening consequences. Overall, protection and other life-saving services in Mai-Aini and Adi-Harush camps have suffered significant interruptions since the outset of the conflict, with delays, suspensions, access challenges and shortages in critical sectors of WASH, health, food assistance, shelter, registration of asylum-seekers, education. A constantly changing security environment has impacted the protection of refugees.

An RRS/UNHCR joint verification of Eritrean refugees started on the 4th of August 2021. Since then, as of April 2022, 20,000 persons have been registered in Addis Ababa, including some 9,000 from the former Hitsats and Shimelba camps. All refugees were issued with ID cards or other proof of registration documents, allowing them to reside in Addis Ababa for three years. This will enable refugees to access assistance, services, including bank account and protection. This movement trend is expected to continue with with continued insecurity in Northern Ethiopia. UNHCR provides a one-off cash assistance to those verified to cover their basic needs for three months. So far, the cumulative analysis indicates that out of 15,393 self-relocated refugees, 2% have expressed their interest in safely returning to camps; 41% prefer temporary residency and 56% chose the option to obtain Out of Camps (OCP) status.

Needs Analysis and Response by sector



Fair Protection Processes, Registration and Documentation

For the most part of 2021, the Tigray region was in a state of emergency and / or conflict, and formal justice and legal services were suspended or were inaccessible. The number of vital events registered in the refugee camps in Tigray and in the zonal office in Shire remained very low mainly due to lack of dedicated staffing for the registration, huge backlogs of birth registration, suspension of the exercise due to COVID-19 and disruptions due to the conflict. As of April 2022, there were 2,319 refugee children aged between 0 and 3 years without birth certificates, UNHCR will continue to advocate with RRS and INS to ensure that birth registration remains a continuous activity throughout all the refugee locations. In 2022, it is anticipated that the situation in Northern Ethiopia will allow for a gradual strengthening of legal activities and support. Legal assistance will be improved through the recruitment of additional personnel for the pro-bono lawyers' scheme, as well as support for the Legal Assistance project through the operational partner Danish Refugee Council (DRC), and to the judicial organs overseeing the mobile courts. In 2022, UNHCR and partners will continue to work in Tigray, Amhara, Afar and Addis Ababa to ensure refugees have access to vital events registration by providing technical and capacity support and to address legal and procedural bottlenecks.

Child protection

Family-based care arrangements have been a priority for large numbers of UASC through efforts by UNHCR, RRS and partners. Services in the Tigray region were significantly impacted by the conflict, cash shortages, access issues, and the suspension of the main child protection partner covering Mai Aini and Adi Harush camps. Most child protection services are no longer functioning, with only community-based protection mechanisms continuing, albeit largely unsupported. In 2022, partners will focus on restoring child protection services in Tigray, Afar, Amhara (Alemwach site) and urban areas by strengthening the national Child Protection (CP) system, provision of targeted support such as Best Interest Procedure (BIP) and MHPPS, reinforcing community-based child protection mechanisms, enhancing youth protection and empowerment, and strengthening the linkage between CP and Education. Additional cash assistance is also provided to formal caregivers of UASC. Eritrean refugee children with the Out of camp Policy (OCP) status fall outside of the scope of the regular child protection support provided by UNHCR and its child protection partners, and therefore the extent of their child protection risks is not comprehensively captured. Mechanisms will be established in 2022 to address this gap in Child Protection services. Cash Based Interventions (CBI) for kinship/foster care will be expanded to eligible individuals. At camp level and community level, family-reunification will be prioritised through the expanded support system, including cash

and livelihood support, designed to support children to live in family-based arrangements (e.g. kinship and foster care).

Gender-Based Violence (GBV)

Due to the conflict and in the absence of services and reporting mechanisms, there has been underreporting of GBV. In priority was placed on the re-establishment of effective referral pathways, outreach services and community-based mechanisms to identify those in need of targeted services and working towards mitigation of GBV across all sectors. Unfortunately, GBV response and prevention activities were impacted by the conflict around Mai Aini and Adi Harush camps in July 2021, and while efforts are ongoing to restore them, shortages of fuel and security issues have continued to limit an effective response. Focus group discussions and key informant interviews (KII) conducted by International Medical Corps (IMC) in September 2021 in Aysaita refugee camp in the Afar region highlighted those women and girls expressed concern about their safety and security and GBV risks, especially during firewood collection and when travelling long distances to attend school. Similar concerns were reported also in Barhale refugee camps (now affected by the conflict and refugees displaced to Serdo). Female Genital Mutilation (FGM) is practiced in the camps. With service provision limited due to the conflict and the historical dependence of the refugee communities on humanitarian assistance increased the risk of SEA, particularly for women and girls in the affected areas. Accessible reporting channels are critical, while the community members know where and how to safely report SEA when it occurs.

While the conflict situation is expected to present challenges, GBV prevention and response activities will be prioritized aimed at supporting the refugee community through different modalities such as women and girls friendly spaces, comprehensive case management and psychosocial support, especially for persons with specific needs, (PSN) creation of a referral pathway and setting up of coordination mechanisms among thematic service providers will be critical. Awareness creation strategies will be implemented for all groups of people, and different capacity building initiatives will be offered for groups of the community and partners. PSEA activities including awareness raising and training of partners will be prioritized to ensure zero tolerance.

Access to justice for GBV survivors will be strengthened through advocacy and strengthening of the judicial system around the camps. Efforts will be made to enhance the capacity of local Government department and agencies to mainstream responses around GBV into their annual plans. Advocacy will be made for the inclusion of GBV prevention and response activities into all sectors during project planning with partners. Implementation of the National Action Plan to mainstream GBV in different sectors will be strengthened. Partners will advocate with the judicial system to ensure perpetrators go through the proper court process. It is important to continuously revise the Standard Operating Procedures and share information with the refugee and host community to facilitate access to the available services. The GBVIMS will be used to safely and effectively collect, store, analyze and share data on GBV incidents. ProGres V4 GBV module will be rolled-out for Afar region. Efforts will continue at enrolling vulnerable women, girls and GBV survivors in skills-building and livelihoods programs to reduce dependence on perpetrators. Mainstreaming of PSEA awareness raising in community engagements will continue to be prioritised. Due to the existence of gaps in communication and outreach as well as in appropriate rights-based messaging, comprehensive

awareness- raising will be conducted including with communication (IEC) materials. Priority will also be given to strengthening complaints and feedback mechanisms and to ensure access for reporting.

Persons with Specific Needs (PSN)

Due to the conflict and impact on camps in Northern Ethiopia, the situation for PSN has further deteriorated with insecurity and shortages in all life-saving services. Vulnerable groups in camps are worst affected. Referral for rehabilitative and therapeutic services and assistive and orthopedic devices for persons living with disabilities are not readily available in and around the camps. Mental Health and Psychosocial Services (MHPSS) is needed for all populations, given the trauma experienced as a result of the conflict. Overall, the construction of shelters and latrines for PSN will be mainstreamed into the shelter and latrine design in 2022, and the emergency shelters built in 2021 will be replaced with transitional ones giving priority to PSNs. Partners will continue to advocate for refugees' inclusion into the national system. Empowerment projects such as livelihoods support, skills training, and income generating activities for communities will be strengthened. Mental Health and Psychosocial Services will be enhanced with the establishment of functional and sustainable systems and teams. This will be done in close collaboration with the Regional Health Bureaus and specialized partner agencies. The MHPSS team will develop and maintain capacity for MHPSS interventions within UNHCR and partner staff in order to foster delivery of quality MHPSS interventions for refugees and surrounding host communities by working closely with the existing technical groups to establish appropriate consultative mechanisms for MHPSS integration.

Durable solutions

Since the suspension of registration of new arrivals from Eritrea in January 2020, and the subsequent advent of conflict in North Ethiopia, asylum space for Eritreans continues to be challenging. As a result, thousands of Eritrean asylum-seekers are currently living in limbo inside and outside the Tigray region. There are also regular reports of targeting of the Eritrean refugee population by their home Government, and peaceful co-existence between refugees and host communities is weak. The realization of full local integration as stipulated in the amended refugee proclamation is expected to happen when the Ethiopian Government enforces the guidelines and provisions governing implementation. In Addis Ababa, UNHCR, in collaboration with RRS identifies registered refugees, who have been displaced from the Shimelba and Hitsats camps in Tigray through biometric verification. UNHCR and RRS issue temporary 3-year ID cards for thousands of refugees in Addis Ababa arriving from Tigray, as well as other Eritrean refugees previously registered in Tigray, who have fled to the capital. In view of the current situation affecting Eritrean refugees across Ethiopia, resettlement will continue to be pursued as an international protection tool and as the sole available durable solution for Eritrean refugees in Ethiopia. The USA has pledged a significant resettlement quota for Eritrean refugees over the next three years (2022-2024) and other traditional resettlement countries, mainly in Europe, are expected to announce a quota for another 1,000 refugees in 2022.


EDUCATION

At the pre-primary education level, a total of 1,915 learners were enrolled in 2021. The gender parity index in pre-primary education for Eritrean children, stood at 1.01, while the teacher pupil ratio stood at 1:31. At the Primary level, a total of 4,084 learners were enrolled in primary education in the north. The gender parity index in primary education, stood at 0.83, while the teacher pupil ratio for primary education, stood at 1:40. In the 2020/21 academic year, there were 17,794 secondary school children. Out of this number, 1,407 refugee students attended secondary education in Tigray regions. There are high dropout rates in both Afar and Tigray regions, mainly due to secondary movements to Addis Ababa and out of Ethiopia. The COVID-19 pandemic and the conflict disrupted the education services. In general, the challenges of secondary education for refugees are overcrowded classrooms, (1 classroom: 89 students) inadequate supply of textbooks and teachers' guides, exponential growth in demand for secondary education, high turnover of teachers related to poor entitlement packages (salary, accommodation, and training opportunities), traditional socio-cultural norms that prevent girls from attending school as well as non-inclusive education affecting access to quality education for children with special needs, among others. Provision of quality secondary education in the refugee camps is far from satisfactory, reaching only a Gross Enrolment Ratio (GER) of 4.9 per cent in Shire, with a total of 13.7 per cent of the total secondary school age population. Planned interventions aim at increasing the GER of secondary school students by 3 per cent in 2022 in each location. In 2022, to promote access, partners will prioritize construction and maintenance of school infrastructure, including classrooms, furniture and WASH facilities. Temporary learning spaces will also be provided to both host community schools and learning centres to ensure the speedy resumption of education services.


ENERGY & ENVIRONMENT

Before the advent of the conflict in northern Ethiopia, Adi-Harush and Mai-Aini refugee camps were connected to the national electricity grid. This enabled the camps to benefit of electric power for basic service infrastructure communal kitchens and street lighting. However, the electricity connection has been intermittent due to the situation in Northern Ethiopia, significantly affecting the camps. The Barahle and Aysaita refugee camps in Afar are also connected to the national electricity grid through the Regional Development and Protection Programme (RDPP). The grid connection allows powering of basic services, social services, communal kitchens, household cooking and lighting. This project is the first of its kind that connects 1,080 refugee households with the national electricity grid. Expansion of the grid electrification to more households will also reduce the protection risks associated with firewood collection by substituting firewood with clean electricity cooking and lighting. Over 8,000 Eritrean refugees are located in Alemwach, a semi-urban area which is surrounded by farmlands owned by host community farmers. This makes a free collection of firewood almost impossible due to unavailability of forest in the surrounding area. The host communities and surrounding area however have Eucalyptus tree plantations owned by individual

farmers which is being used for cooking fuel and shelter construction. Due to these factors, access to cooking energy is one of the main priorities and demand for the refugee community relocated to the site.

Increasing access to energy for cooking, lighting and electricity will be priorities in relation to Eritrean refugees. The environmental rehabilitation and natural resource management activities will also be continued with tree planting and land management activities. Given that the grid electric connection of Aysaita and Barahle refugee camps has been completed through the RDPP project, replacement of basic and social services being powered by diesel generators to grid connected green electricity was undertaken. Operationalization of grid connected communal kitchens and street lighting in Afar refugee camps will be considered provided that access to the Barahle camp is secured. The grid electricity connection to the refugee households for cooking and lighting will be piloted in Afar camps with 1,080 households that are already connected to the national grid. Expansion of briquette production to support more beneficiaries and involvement of the refugee and host community youths to the briquette cooperatives and self-help groups is among the priorities in Aysaita refugee camp, where the installation of a semi-automatic briquette machine was undertaken in 2021. For the environmental protection activities, multi-purpose trees will be grown and transplanted in communal plantation sites and distributed to communities. As a short-term response, UNHCR and partners have planned to provide fuel wood and will work with the private sector to establish facilities for training in and production of fuel saving stoves as a means of livelihoods options for refugee households and the community in Alemwach and Serdo sites. An assessment has already been started to identify the appropriate cooking energy solutions and delivery mechanisms for a sustainable cooking fuel access while reducing the impact on the environment. The national electricity grid is also within a short distance of the Alemwach site which is an opportunity of extension for clean and integrated energy services for refugees and hosting communities in Alemwach.



Limitations to timely access, availability and utilisation of food compounded by insecurity affecting food supply chains and market functionality are major factors that have contributed to food insecurity. Further, ration cuts were applied in November 2021 from 84 per cent to 60 per cent of the recommended dietary minimum allowance of 2,100 kilocalories per person per day. The current refugee food basket consists of pulses, vegetable oil, super cereal, iodized salt and cereal. Sugar is no longer included due to funding constraints. The same food basket will continue in 2022 if the funding situation allows. Since outcome monitoring surveys have indicated better results for hybrid camps where food is combined with cash, efforts will continue to scale up CBI during 2022. With the introduction of the combined cash and food assistance started in all camps it helped to reduce the sale of food aid and to provide security for refugees who borrow food when they run out before the next distribution. When food rations do not last for the entire month, or if there are delays in the distribution, refugees use several negative coping mechanisms to fill the food gap, which include skipping of meals and purchasing foodstuffs from shopkeepers at high interest rates. The COVID-

19 pandemic created new health challenges in food distribution, and new standard operating procedures (SOPs) for general food distributions were rolled-out, focusing on physical distancing, sanitation and use of personal protective equipment (PPE). Double rations aimed to minimize the frequency of large gatherings of refugees but resulted in more sales of food.

In 2022, partners will support the distribution of food assistance in line with the Tripartite Memorandum of Understanding (MOU) between RRS, UNHCR and WFP. Food assistance monitoring and assessments, such as food basket monitoring, and post distribution monitoring will be conducted jointly to ensure that all refugees receive the planned rations. To improve the food security, provision of other household food modalities, such as cash, livelihoods, prioritisation of vulnerable groups will contribute to adequacy of food for all household members. The cash component will be regularly reviewed in line with WFP and UNHCR guidelines on minimum expenditure basket and market functionality to determine the cash value.



The health system has been severely disrupted, and in some areas collapsed as a result of the ongoing fighting in Northern Ethiopia, significantly impacting access to life-saving medical services. There is a need to restore and rehabilitate health facilities so that services for trauma and injuries, reproductive, maternal and child health, routine and supplementary immunization, malnutrition, communicable as well as non-communicable disease treatment can resume. In addition, the danger of health epidemics in the region is deemed quite high. The absence of health and laboratory facilities, as well as a lack of staff, communication and disruption of WASH services, are all likely to delay the surveillance and management of outbreaks, which may easily lead to increases in avoidable morbidity and death.

COVID-19 surveillance and control efforts in the region were disrupted for almost six months, which, along with huge displacements and overcrowding in relocation settings, is thought to have increased community transmission of the pandemic. Prevention efforts included the distribution of rapid detection test (RDT) kits to selected health facilities, distribution of COVID-19 hygiene promotion leaflets and personal protective equipment (PPE), health education and the organization of a sanitation campaign in camps. In terms of sexual and reproductive health and HIV services, health facility-based births were much better in 2021. Awareness building in Afar camps is still needed. All deliveries were attended by competent health workers at health facilities. Antenatal Care Coverage (ANC4) and contraceptive prevalence are 60 per cent, while postnatal care is reported to be 56 per cent. Similarly, results from the Barhale refugee camps revealed that the leading causes of maternal morbidity are haemorrhage (54.5%), abortion (21.2%), and Sepsis (15.2 percent). Despite the introduction of numerous behaviour modification interventions in the areas of safe motherhood and HIV/AIDS, the community's level of awareness of essential reproductive health (RH) and HIV/AIDS information and services still requires intense support. In the implementation of RH/HIV/AIDS programs, culture and traditional beliefs are a significant obstacle.

In line with CRRF commitments, UNHCR, RRS and partners will continue to provide primary health care services and ensure that health facilities are upgraded and maintained and where possible mainstreamed into the national systems. The comprehensive response will focus mainly on community outreach and strengthening the outreach workforce to enhance preventive and promotive health care. Mental Health and Psychosocial Support (MHPSS) needs are critical, particularly within the Tigray region. Increasing the number of MHPSS partners is urgently needed and will be prioritized. These services will be delivered through camp-based specialised partners as well as through established referral linkages with specialised hospitals. In relation to sexual and reproductive health, UNFPA and other partners will prioritize the Minimum Initial Services Package for Reproductive Health in Crisis (MISP) services, including access to safe delivery, clinical management of rape (CMR), prevention and treatment of sexually transmitted infections and HIV. Access to sexual, reproductive health and HIV/AIDS services for Eritrean refugees at Barhale, Aysaita Refugee camps and surrounding host communities in Afar will be enhanced. International Medical Corps (IMC) will provide an integrated, inclusive and more sustainable community-based reproductive health service provision with active participation of line ministries, regional Government authorities, sister UN agencies, donors, civil societies and academics.



- The nutrition situation for Eritrean refugees has deteriorated, also due to the impact of COVID-19 Northern Ethiopia, limiting avenues to address nutrition specific and nutrition sensitive needs for refugees and surrounding hosting communities. The prevalence of chronic malnutrition ranges from 13-33 percent in the refugee camps in Tigray. The nutrition situation is also critical in the camps in Afar and compounded by environmental, social and geological factors that limit multisectoral actions with prevalence of global acute malnutrition (GAM) above the emergency threshold (>15.0%). This is partly attributed to poor hygiene and sanitation conditions, and lack of domestic energy. The situation needs to be addressed comprehensively through a multi-sectoral approach in food assistance, WASH, Energy, Shelter, Health, Livelihoods and Protection. Children aged 24-59 months may be excluded from Blanket Supplementary Feeding Programmes (BSFP) in camps where the GAM rates are below 15 per cent, if the funding constraints continue in 2022. To prevent mortality due to malnutrition, UNHCR and partners will continue to prioritise nutrition sensitive and nutrition specific programmes in line with the national food and nutrition strategy, and the Global Action Plan for prevention of wasting within the emergency context. The key interventions prioritised comprise both curative treatment programs and the malnutrition preventive programs. These will include but are not limited to community management of acute malnutrition; infant and young child feeding promotion including growth monitoring; blanket supplementary feeding programs and prevention of micronutrient deficiencies; capacity-building and community outreach; nutrition surveillance including rapid impact surveys as feasible. The immediate needs of pregnant lactating women and children under five years will be a priority.



Average litres of water per person per day remains quite low in Shire at 9l/p/d. In Adi Harush at 10l/p/d and Mai-Aini at 8l/p/d. The situation is quite dire in Serdo, a new refuge site hosting refugees relocated from Barahle. Average liters of water per person per day is less than 6l/p/d. Water is currently provided through through water trucking. High temperatures in Afar regions, particularly in Serdo make the situation quite dire and calls for urgent intervention by all partners. Apart from water supply, there is need for latrines and bathing shelters for the families at Serdo. The water situation in Aysaita is slightly better at 16l/p/d although still less than the minimum 20l/p//d. In Alemwach, water supply has continued to be provided through water trucking and communal latrines and bathing shelters have been provided. Overall, water supply in camps have to be expanded, upgraded and the existing water systems need to be rehabilitated, to meet the minimum standards. In the water supply intervention, maintenance of water lines, replacement of electromechanical equipment and monitoring of water quality are key. As per International Medical Corps' (IMC) 2021 needs assessment, the main WASH gap both in Aysaita in Afar region, includes low water supply coverage, inadequate drinking water sources, insufficient water points, lack of adequate sanitation facilities (latrines, showers, cloth washing basins, soakaway pits, and waste disposal pits), lack of intermediate waste disposal bins, lack of cleaning materials and poor hygienic practices of the refugee community. For camps in Tigray, while refugees continue to reside in Mai Aini and Adi Harush, efforts will continue to ensure minimum water provision and sanitation support as well as hygiene promotion support.



The implementation of the Refugee Proclamation (No. 1110/2019) has some challenges in terms of economic and livelihood opportunities for Eritrean refugees and their hosts in the Tigray and Afar regions. While partners have implemented some livelihoods interventions, these have been limited to camps in a smallscale and are yet to strengthen refugees' self-reliance through employment pathways. Most are mainly focused on securing household level food security, and do not respond to the intended shift from humanitarian to development interventions. Furthermore, poor market infrastructure, a limited labour market, restricted mobility to access employment opportunities outside of camps and poor access to vital services, such as formal banking and documentation, exacerbate the situation. In addition, the the refugee hosting regions, Tigray, Amhara and Afar have suffered adverse effects of the COVID-19 pandemic and the ravaging Desert Locust Invasion. The most significant sources of livelihoods for refugees and their hosts are agriculture and livestock.

In Afar (Aysaita), some joint agricultural initiatives exist where refugees and their hosts participate. These can be scaled up through investments in mechanization, capacity building and legal frameworks. There is also a need to enhance skills development through Technical and Vocational Education Training (TVET), so that Eritrean youth of working age can be competitive in local labour

markets. The regional Governments and local authorities have committed to making arable land for crop production available if investments in irrigation infrastructure are forthcoming from the international community through joint programs. Strategic partnerships will be established with the regional Governments and local authorities, development partners, the private sector, UN agencies, INGOs, NGOs and the civil society to design 'joint programs' that are targeted at job creation through agriculture and livestock, enterprise development and skills development. This will include capacity building of regional and local authorities to ensure that they are in a position to lead the refugee economic inclusion agenda of their respective regions. Refugee data will also be strengthened to ensure that sufficient information is available for programming, planning and advocacy.



In the Eritrean refugee response, there are three types of shelter solutions: construction of emergency and transitional shelters; and maintenance of existing transitional shelters. At the end of 2021, above 86% of households lived in adequate dwellings in both Mai Aini and Adi Harush camps. For Afar region, 86% of households lived in sub-standard dwellings or dilapidated shelters in both Aysiata and Berhale camps. A significant number of shelters are damaged each year and require major maintenance and repairs. Development of 8ha of land for a reception site to accommodate a large refugee population is prioritized at the new Alemwach site in Amhara region. 40 partitioned communal hangars and over 500 emergency shelters have been provided to relocated families from Adi Harush and Mai Aini camp. Additionally, there is a dire need for 4,000 household transitional shelters and other public infrastructure to ensure the settlement is fully functional to accommodate Eritrean refugees transferred from the Tigray region. Core Relief Items (CRI) provision is one of the response priorities.

The development of other parts of the new Alemwach site, set up in June 2021 in Amhara, for family-based facilities as per the site plan will be a priority for 2022 alongside with key public facilities, such as access roads, drainage channels and health facilities. Alemwach settlement services will be integrated to Dabat city plans and UN-Habitat in collaboration with UNHCR has undertaken preliminary assessments to close support with RRS and zonal administration in mapping services around the settlement to facilitate services integration. In response to the emergency situation in Afar, the Government has allocated about 250 Ha of land to establish a temporary site in Serdo. ; Thus far over 700 family tents have been installed hosting relocated refugees from Berahle camp. In Afar, provision of transitional shelter for families living in sub-standard shelters will be a priority in 2022. The Protection and Assistance programme in Afar will work with CBI experts to explore possibilities of faster, more cost-effective shelter solutions through CBI, especially for promoting both the self-construction and repair of transitional shelters. Community-led shelter provision will be a priority in all camps hosting Eritrean refugees. Additional transitional shelter solutions will be explored for Afar, which can also be applicable to camps in other arid regions. Core Relief Items (CRI) provision is one of the response priorities which requires significant resources to adequately assist refugees with basic needs. The operation currently prioritizes refugees to be relocated from Adi-Harush, Mai-Aini to Alemwach site; and refugee relocation from Barhale to newly established site in Serdo and from other parts of the country for general CRI distribution.



Due to the ongoing insecurity in the Tigray region, it is difficult to enhance the operational capacity to better address the increasing needs of the population, with interruptions in telecommunications and internet connectivity. Access from Shire to the camps is possible, although interrupted on occasion. Access to the new Alemwach site is possible from Gondar. UNHCR will provide logistical support to partners, manage temporary and permanent warehouses/holding points for CRIs, including for UN sister agencies, strengthen the capacity of national NGOs and partners through training on programme delivery and staffing support and to ensure quality delivery of activities.



Credits: UNHCR/Eugene Sibomana

Description: In Addis Ababa, UNHCR and RRS continue to register Eritrean, former residents of Hitsats and Shimelba camps in the Tigray region. Refugees are issued with three-year ID cards which allows them to receive cash assistance and be provided with durable solutions.

SUDANESE REFUGEES

PLANNED RESPONSE

67,000

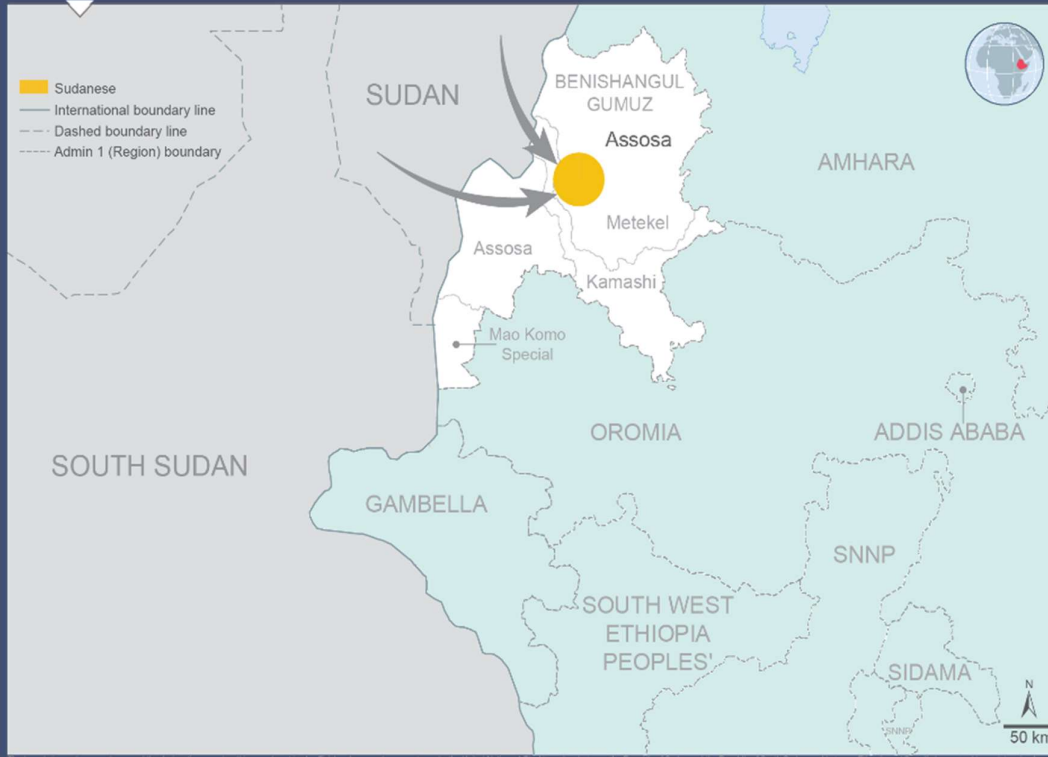
PROJECTED REFUGEE
POPULATION BY END 2022

US\$ 47,8M

REQUIREMENTS FOR 2022

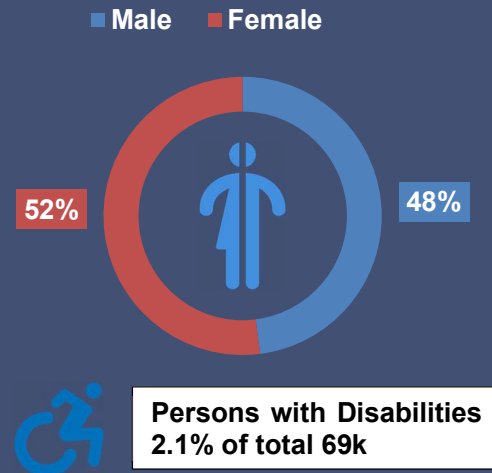
13

PARTNERS
INVOLVED



Disaggregated Data

Age group	% of total 67k	Female % of total 67k	Male % of total 67k
00-04 y.	18%	9%	9%
05-11 y.	23%	12%	11%
12-17 y.	17%	9%	8%
18-59 y.	40%	21%	19%
60+ y.	2%	1%	1%
Total	100%	52%	48%



Overview

The Sudanese refugee population in Assosa is currently hosted in three refugee camps in Benishangul-Gumuz Regional State (Sherkole, Tsore, Bambasi). The Sudanese refugee population arrived in Ethiopia in successive waves from 1997 and represent a total population of 46,434 refugees as of December 2021. Although the situation in Sudan remains unstable, the return intention surveys indicate that a large majority of the Sudanese refugee population expressed a desire to return home in the near future, while also highlighting risks related to the lack of access to food, employment and education opportunities – particularly for girls – in their country of origin. Alternative durable solutions through resettlement (third country solutions) are also extremely limited. Currently, Refugees Status Determination (RSD) is pending for 460 Sudanese asylum-seekers.

Since December 2021, the security situation in Ethiopia's Benishangul-Gumuz region bordering Sudan and South Sudan has remained very tense and volatile. The Tongo and Gure-Shambole camps hosting around 22,000 Sudanese and South Sudanese refugees were looted, and there were reports of gender-based violence, denial of food and other basic necessities. This resulted in multiple forced displacement, arbitrary detention and family separation. Refugees, who fled, were relocated and are currently hosted in a new temporary site near Tsore camp. Refugees in the region have very limited access to work opportunities. The majority of the youth neither employed nor in school, leaving them vulnerable to negative coping mechanisms including illegal substance and drug abuse.

In 2021, 91 per cent (60,084) of eligible refugees in Assosa were provided with an ID card and Proof of Registration. This was accomplished through the Level 3 and continuous registration exercises. Given that registration is a key protection tool, enhanced registration activities will continue in all camps as a priority contributing to an accountable, accurate and sustainable data system. Documentation will also facilitate refugee access to basic services, both inside and outside the camps. Legal assistance will be made available to refugees through enhanced partnership with Assosa University. Reception centres will be maintained and ensuring safe passage through border entry points will be a priority. Transportation of new arrivals from the reception centre to the camp in a dignified manner will be continued.

Needs Analysis and Response by Sector



Fair Protection Processes, Registration and Documentation

Refugees face difficulties getting proper legal assistance and incur additional costs to pay for court fees, transportation and translation costs. In this respect, the existing collaboration with the Assosa University Faculty of Law will be strengthened by finalizing the guiding principles and operating procedures to enhance access to legal assistance and remedies. As community structures are crucial in addressing the immediate protection needs in the camps, capacity building programs for the members of various community structures on basic protection principles and domestic laws will be implemented. Strengthening relations between host communities, law enforcement structures and refugee community structures through common platforms and joint capacity-building exercises will also be prioritized to enhance smooth integration of the refugee communities.

Gaps remain in ensuring full access to vital events registration in the camps. Absence of dedicated staff to undertake the registration, low awareness of refugees on the benefits of registering vital events, manual registration system, suspension of the exercise at the peak of the COVID-19 pandemic have been some of the main challenges. With these limitations, vital event certificates were issued for about 936 cases until 30 June 2021. Strengthening of Government capacity to use an electronic vital events registration system is recommended so that vital events of refugees can be recorded in the State database that is already in use in other regions. UNHCR has been working to ensure the operationalization of the One-Stop-Shop (OSS), which includes a dedicated space for vital events registration.

Efforts will continue in 2022 to issue birth and other vital event certificates in a timely manner to address the backlog in camps. It is expected that some 9,000 refugee children born in Ethiopia before and after 2017 will receive birth certificates. As of April 2022, there were 8,296 refugee children aged between 0 and 3 years without birth certificates, with the number of children between 3 and 17 years without birth certificates reported to be higher. A birth registration backlog clearance exercise that targeted about 10,000 children of ages 0-3 only reached 1,853 registrations. UNHCR and partners will conduct awareness activities for refugee parents to register their children at birth. Advocacy efforts will be geared to ensure adequate staffing for vital events registration for RRS. Operationalization and maintenance of the OSS, ensuring continuous registration through BIMS, and operationalization of PRIMES (proGres v4-Migration) to ensure data quality will be prioritized in 2022. However, staffing and capacity development in terms of training for both UNHCR and RRS is required, as well as resources to cover running costs related to the implementation of the new registration systems. At the OSS, UNHCR together with RRS will implement the Individual Enhanced Registration (IEHR) as well as collection of data in addition to individual registration data elements used to facilitate specific protection case management

and/or programming interventions. The OSS will also need to be embedded into the national system.

Child protection

The findings of the Participatory Assessment done in 2021 show that child labour continues to be a serious issue in all refugee camps. Children are reported to be engaged in gold mining activities exposing them to risks of exploitation and abuse. Early pregnancy, rape, incidences of harmful traditional practices including female genital mutilation and child marriages are still prevalent despite awareness initiatives and prevention activities. Delays in food assistance, due to insecurity in some areas, has had severe impact on women and children who have to find coping mechanisms for survival, including child labour and other activities resulting in school dropouts. Furthermore, very few initiatives target the youth and adolescents. Enhancing community engagement through community-based child protection structures is of critical importance. There is a strong need for more safe child friendly spaces with indoor and outdoor learning and skilled personnel to manage these. Mainstreaming of mental health and psychosocial support services in schools remains an area that requires improvement.

In 2022, UNHCR, UNICEF and partners will focus on implementing the recommendations of the Assosa child labour survey, as well as on mainstreaming child protection in all sectors. Culturally sensitive strategies, referral systems and key messages will be developed. An integrated approach will be adopted in the areas of GBV, education, community-based protection, nutrition and health. This will also apply in relation to mainstreaming of children, adolescents, youth and inclusion of those living with disabilities. Alternative care/foster care arrangements for UASC and CP case management will be strengthened. Child safe space activities and facilities will be improved. NFI support for children-at-risk will be enhanced, and awareness programs will be designed to minimize GBV risks for children. Advocacy for inclusive education will continue. Similarly, capacity-building for Child Protection (CP) staff and refugee case workers will be intensified, and referral mechanisms among different actors in and between the camps enhanced. Prevention measures will be enhanced through focused awareness activities on specific risks and interventions such as child neglect, exploitation, and child marriage. UNHCR and partners will continue to cooperate with the Bureau of Women and Social Affairs (BoWSA) on identifying common gaps and challenges for the protection of children and youth and develop harmonized intervention plans at the regional level. Improvement of the youth centre activities, facilities and capacity-building of youth associations will be considered.

In addition, partner agencies will focus on the UNHCR/UNICEF Joint Action Plan under the Blueprint partnership for Child Protection and its strategic objectives. In line with the Blueprint, strengthening existing national child protection systems, developing capacities of national partners on refugee protection, and integrating refugee children in national child protection systems and plans will be key activities. Thus, development of the social service workforce, supporting the implementation of the best interest procedure, strengthening mainstreaming of GBV risk mitigation and response, and strengthening Mental Health and Psychosocial Support (MHPSS) are some of the core interventions envisioned to continue under the Blueprint in 2022.

Gender Based Violence (GBV)

In 2021, the Gender Based Violence Information Management System (GBVIMS) indicated a similar increase of reported GBV cases as in 2020, which was 70-75% higher than in 2019, especially in domestic violence, physical assaults, and emotional abuse by intimate partners. Rape, teenage pregnancy, early marriage and other harmful traditional practices were also reported. Due to the COVID-19 outbreak, safe space activities were run with a limited number of women and girl participants on different time slots in line with prevention measures guidance. The findings of the 2021 participatory assessment shows that single women, women headed households and Unaccompanied and Separated Children (UASC) are found to be most at risk of GBV. Women and girls are bound to walk long distances to collect firewood, fetch water and use the host community grinding mill and going to gold mining areas to work, all of which expose them to GBV risks. Assessment results also reported a lack of empowerment programs for women and girls, and there are no livelihood opportunities for vulnerable women. Female representation in leadership roles remains only at 35 per cent.

In 2022, survivor-centred and integrated case management services will be enhanced through improved coordination including with government bodies. Capacity-building of staff and case managers will be done through continuous case management trainings. Community-based protection interventions will be scaled up, diversifying channels to community leaders and strategizing community mobilisation methodologies towards the goal of communities independently advocating for GBV prevention. This will also contribute to meaningful engagement with men and boys in the context of the National Strategy. Likewise, emphasis will be given to the eradication of early/forced marriage and timely reporting through harmonised messaging with Sexual and Reproductive Health (SRH) on HIV prevention and the right to contraceptives. Women and girls' empowerment programs will be continued and expanded across the camps. Efforts will continue to reduce GBV risks in line with the National Action Plan to mainstream GBV across sectors. Advocacy for women's economic empowerment will continue and marketing opportunities for handicrafts produced at Women and Girls Friendly Spaces (WGFS) will be further explored. Furthermore, Protection from Sexual Exploitation and Abuse and Sexual Harassment will be mainstreamed in GBV awareness and prevention activities. UNHCR and partners will strengthen collaboration with Bureau of Women and Social Affairs MO, RRS to enhance safe house services including equipping safe houses in Assosa, while seeking to improve services in the One-Stop-Centre in collaboration with UNICEF. Partners will continue to mainstream complaint and feedback mechanisms in coordination meetings and paramount effort will be placed to mainstream GBV and PSEA across sectors through provision of technical guidance and monitoring.

Persons with Specific Needs (PSN)

The 2021 Participatory Assessment indicated that pregnant women, older persons and persons with disabilities are not able to access the health centre during night-time, and the long-distance travel to reach to hospital affects their health situation. PSNs expressed the lack of essential health care services for persons in need of cataract surgery, eyeglasses, hearing aids and lack of assistive devices. The assessment also reported the shortage of drugs for persons with chronic

diseases, the overcrowding at the health centres and the lack of a clear support and prioritization system. Persons with disabilities (PWDs) face difficulties moving from place to place, and children with disabilities face challenges going to school. Likewise, the community also raised their concern about lack of livelihood opportunities for PSNs, insufficient medical referrals for PWDs, insufficient NFIs and assistance to PWDs including older persons. Mainstreaming accessibility especially for PWDs into service centres remains a challenge. In addition, limited inclusion in activities in different sectors affects children living with disabilities who cannot attend school because of the lack of disability-friendly facilities and specialized education.

In 2022, assistive devices and medical referrals for persons with disabilities and older persons will be provided. Collaboration with livelihoods partner agencies will be intensified to explore and initiate possibilities to enhance the livelihoods of PSNs. Strengthening psychosocial support and NFI provisions to PSNs will also be prioritized. PSN mainstreaming of programs and services, capacity-building of partner agencies, as well the mobilization of the communities in support of the most vulnerable persons will be also carried out. Mental Health and Psychosocial Services will be enhanced with the establishment of functional and sustainable system and teams. This will be done in close collaboration with the Regional Health Bureaus and specialized partner agencies. The MHPSS team will develop and maintain capacity for MHPSS interventions within UNHCR and partner staff in order to foster delivery of quality MHPSS interventions for refugees and surrounding host communities by working closely with the existing technical groups to establish appropriate consultative mechanisms for MHPSS integration.

Durable Solutions

In 2021, resettlement continued to be a durable solution and protection tool for vulnerable Sudanese refugees in Assosa. As of December 2021, 64 Sudanese individual cases were submitted to third countries. With the resumption of resettlement departures, 124 Sudanese have been able to depart for Sweden, Norway and to the US. A total of 211 refugee residence permits were issued in Bambasi camp and 49 certificates were delivered to refugees. However, the remaining certificates are still pending further validation. Regarding complementary pathways, three Sudanese students were assisted in applying for Italian scholarships (UNICORE 3.0). All three were successful. Two Sudanese refugee students have been assisted in submitting their applications for scholarships offered by Germany (DAAD). However, the lack of internet connectivity and computers were obstacles, prevented these students from spending enough time conducting independent online research and relevant readings. It is expected that the 2022 resettlement quota in for Sudanese refugees will be higher than in 2021 (400). Sudanese cases will continue to be submitted to third countries while expanding complementary pathway opportunities with a particular focus on scholarships. In parallel, efforts for voluntary repatriation and local integration will continue as well.



Insufficient classrooms both in pre-schools and primary schools together with a shortage of qualified teachers, high turnover and poor capacity is affecting the quality of education for refugees and also negatively affects students' attendance. Maintaining qualified national teachers demands improving benefit packages such as salary increment/adjustment, accommodation, and continuous professional development. Lack of adequate facilities such as sports fields, playgrounds, textbooks, laboratories, and absence of a pedagogic centre in schools are also a key concern. In addition to poor school feeding centres, inadequate supply of school uniforms, solar lighting for night reading, absence of tutorial classes for girls and the absence of non-formal education (functional adult literacy) impact education negatively. Students are also at risk of COVID-19 infection due to poor WASH infrastructure at school. Lack of access to education for children with disabilities, mainly hearing and visual disabilities, as well as limited technical and vocational learning opportunities for refugees in the operation also affect the quality of education. To promote access to education, construction and maintenance of school infrastructure including classrooms, pedagogy centres, outdoor and indoor playing materials, laboratory, recruitment of teachers, furniture and WASH facilities, will be prioritized in 2022. More attention will be given to improving follow-up actions for registration and enrolment of children, based on a new digital dashboard. In early childhood education, more advocacy will be conducted for funding inclusive education in the operation to provide access to education for children with specific needs. Community engagement in education service provision will be strengthened and will play a key role in addressing of the issue of children out of school, dropouts, absenteeism and encouraging female students' education. Capacity-building for national and incentive teachers and girls' tutorial classes will be strengthened.

Monitoring and technical capacity of the Regional Education Bureau will be utilized to promote school inspections, standard assessments, school improvement plans and learning outcome assessments. School feeding programs will continue in the Early Childhood Education and primary schools to support the retention of students. Advocacy on the importance of non-formal education will be strengthened in 2022. In addition, school feeding will continue in all refugees' primary schools to increase the daily attendance rate and reduce dropouts. Likewise, to reduce the students risks of exposure to COVID-19, school WASH infrastructure will be upgraded and availability of water in the camps enhanced in collaboration with WASH partners. Effective communicating and facilitating access to nearby government schools is critical to realize access to equitable quality education. Refugees will be supported through cash-based assistance for housing, school uniforms and food allowances when they attend government schools. UNHCR and partners will seek to mainstream secondary education into national schools. Sex segregated latrines, promoting hygiene education and making water points available in the schools are other prioritized activities.

A GBV focal person will be assigned at all levels (Head Office, Zonal Office and schools) to give orientation to students on whom to contact and how to report GBV incidents confidentially. Complaint boxes will be placed in different locations. A committee consisting of a combination of teachers, parents and students will be established at school level and they will be oriented on their

role to improve their engagement and participation in school governance. In order to increase girls' enrolment and maintain retention, sensitization campaigns, motivation mechanisms, strengthening school-based baby care spaces and hiring of incentive workers who will take care of the children are required. PSEA activities including training of learners, teacher and parents shall be enhanced in schools.



Access to safe and sustainable sources of energy is a major gap in the three camps of the Benishangul-Gumuz region. This issue has remained persistent over the years, causing challenges in the relationship between the host community and the refugees. Domestic energy remains an unmet need for the Sudanese refugees. A majority of refugees in all camps are heavily relying on firewood collection from forests and selling part of their ration to purchase firewood from nearby markets. Production of charcoal briquettes from elephant grass and agricultural residues was piloted in Assosa camps though the intervention was small scale and non mechanized. . Two grid connected communal kitchens are operational at Sherkole refugee camp which is close to the national electricity grid. Household and community lighting coverage remains very low in Assosa refugee camps that contributes for protection risk at night and also affects students' ability to study after sunset. The natural resource management and rehabilitation program is among the good practices and achievements in Assosa with good survival rates of woodlot and tree plantations. Currently three communal kitchens were connected to national grid which can serve for more than 500 households for cooking and beaking. The pilot production of briquet charcoal in the camps will be transform to full scale production using semi-automation briquette charcoal production.

In 2022, priority will be given to scale-up and improve the briquette production and distribution system while expanding opportunities for clean cooking energy access. Solar streetlights that are procured last year will be installed in protection sensitive locations in collaboration with RRS, RCC and the refugee community. Advocacy and partnership will also be enhanced to increase access to modern household lighting through solar lantern and solar home system interventions. Engagement and discussion with Ethiopian Electric Utility (EEU) will be initiated through RRS for expansion of grid electricity in Sherkole camp as well as extension of the grid to Bambas and Tsore refugee camps. The natural resource management and reforestation programs will be continued including woodlot plantations for future cooking energy and shelter construction purpose. Matured Eucalyptus and Bamboo woodlot plantations will be harvested and distributed to refugees and hosting communities in discussion with the Regional Agriculture and Environment Bureau.



WFP/UNHCR/RRS provide food assistance or food with combined cash assistance in all camps in Benishangul Gumuz region. Under a tripartite MOU a Biometric system and the global data tool (GDT) is used to facilitate food distribution... The agencies conducted pre and post distribution meetings, inter-agency meetings and sector specific consultations that help to identify refugees' concerns and to monitor the quality and quantity of food items provided. Refugees in Sherkole, Bambasi and Tongo camps are totally dependent on the GFD as the main source of food due to limited livelihood activities. The energy provided through food distributions is 1,800 kcal/person/day, which is below the standard of 2,100 kcal/day/person. Delay in supply of food and incomplete food baskets are also a challenge in this sector. Selling of food rations for domestic energy is one of the causes of malnutrition in the camps. Poor security along the roads in the region affects the logistics of getting food into the region for refugees.

UNHCR, WFP and RRS will continue to advocate for funding for the provision of standard food assistance at 2,100 kcal per person including Corn Soya and Blend (CSB) and sugar to prevent risk of high malnutrition rates. Support will be extended to small scale food and agriculture sensitive livelihoods activities. Complementary food assistance to children aged 6-23 months and pregnant and lactating women will be provided. Hot meal provision to new arrivals in reception centres will continue. The prioritized interventions will entail provision of staff to ensure routine and timely general food distribution and small-scale interventions that will mainly target high risk groups. Monthly monitoring of food baskets will continue and food distribution activities will be supported. The school feeding program will be coordinated with the ECDs to promote alternative energy sources. Collaboration with livelihood actors and the host Government will be strengthened for implementation of activities to enhance food security for the refugees and host community in line with the CRRF approach



In 2021, efforts were made to strengthen provision of primary health care including clinical consultation, disease prevention and health promotion packages. The operation has been coordinating with the Regional Health Bureau to address refugee needs such as polio and measles vaccination and treatment of neglected tropical diseases (NTD) that improved vaccine coverage for deadly diseases. Discussions with the refugee communities indicate critical gaps such as inadequate inpatient beds, meals, medical supplies and high turnover of qualified staff. Low remuneration and allowances to motivate health personnel have resulted in a low staff retention. In 2021 shortage of laboratory technicians affected the clinical diagnosis and internal quality control. The lack of an adequate quantity and quality of essential drugs and lab reagents remains a chronic challenge in the three camps. Due to inadequate intra-camp transportation for the Provincial Health (PH) team, monitoring activities of Community Health Workers (CHWs)

remains difficult, resulting in inconsistencies in measuring behavioural change interventions. A sustainable energy source is also required to store some drugs which need to be refrigerated. Quality clinical care at the referral hospitals remains challenging and requires improvement.

In 2022, the health response will seek to assure provision of primary health care (PHC) including curative, inpatient admissions, referral linkages and disease preventive packages. Deployment of additional health staff including laboratory technicians for each camp is necessary. Equipping the health centers with medical and diagnostic equipment like otoscope, ophthalmoscope, pulse oximeter and BP apparatus will be prioritised. Procurements of PPEs and disinfectants for COVID-19 prevention and response activities will be considered. Efforts will be made to support local Healthcare and Family Services (HFS) and referral hospitals through renovating and supplying medical equipment and PPEs. Internet installation and roll out of mobile tablets based iRHIS health data collection and analysis will be prioritized. Referral to secondary and tertiary care will be strengthened. Enhancing community support and defaulter tracing will be addressed with due focus on Community Health Workers (CHWs), which will enhance community health seeking behaviour. Reproductive health officers and social workers will continue to support community-based RH and HIV services like community-based HIV prevention, home to home care, counselling and follow up measures in all locations.

Efforts will be made to enrol all HIV positive refugees on ART. Coordination with the Regional Health Bureau (RHB) will be strengthened to fill gaps of HIV test kits, opportunistic infection drugs for patients on ART. Capacity-building in the areas of disease surveillance, iRHIS, and integrated pharmaceutical and logistic supply system (IPLS) will be considered to improve quality of care. Insecticide treated nets and indoor residual spray (IRS) chemicals to prevent malaria related morbidity and mortality will be procured. Constant supply of drugs will be prioritized. The operation will coordinate with various actors to facilitate durable solutions for refugees with chronic and untreatable conditions at local setups. Healthcare provision to Sudanese refugees will aim to maintain basic health service provision to ensure the management of under-five mortality within the sphere standard of below 1.5/1000/month.



In 2021, UNHCR, WFP and RRS provided basic nutrition services in all locations through the deployment of two nutrition officers to run curative and preventive nutrition programs. As a result, all children aged 6-23 months are enrolled in the complementary feeding program. All pregnant and lactating women were also enrolled in the supplementary feeding program to break the cycle of malnutrition. Children with moderate malnutrition were provided with plumpy nut supplements that reduced the number of cases with acute malnutrition including kwashiorkor.

The nutrition program was however affected by chronic staffing constraints, compromising the quality of the service and leading to dissatisfaction of beneficiaries. Quality measuring, registration and follow-up measures were inconsistent. Due to limited staff capacity, timely reporting and

supply management were a challenge in 2021. Lack of funding for Infant and Young Child Feeding (IYCF) staffing, facilities and lack of distribution of supplies compromised implementation of IYCF packages, impacting negatively on child feeding practices. Inconsistent supplies of nutrition products have affected service provision for malnourished cases.

The nutrition response in 2022 will mainly focus on implementing a wide range of nutrition programs to strengthen prevention and treatment for acute malnutrition management. Nutrition promoters will be deployed to ensure home to home messaging, counseling and support to enhance risk identification and timely referral. In addition, monthly under 5 mass MUAC screening will be strengthened for malnutrition case surveillance and enrolment in the nutrition program. Necessary supplies including plumpy nuts, therapeutic milk and plumpy sup for community management of acute malnutrition will be procured and distributed. Nutrition iRHIS data collection and growth monitoring will be strengthened as a tool to enhance nutrition surveillance and reporting. To prevent COVID-19 transmission at the nutrition centre, prevention protocols will be implemented in all camps.



There is inequitable water distribution in all the three refugee camps (Sherkole, Bambasi and Tsore). The situation in Tsore has been worsened by the relocated families from Tongo and Gure Shambola. Current average daily water per person per day is 13l. The situation has been worsened by the relocation of refugees from Tongo and Gure Shambola camps. This has created enormous pressure and congestion in Tsore. Latrine coverage for the camps stands at 41%. This remains significantly below the desired $\geq 85\%$. There is need to expand water supply and construction of both communal latrines and family shared latrines. Distribution of jerry cans is quite urgent to improve water storage options for families and to reduce overcrowding at waterpoints. Consistent distribution of soap is required in all camps. This will be complimented by hygiene promotion. In 2022 delivery of safe and adequate water (20 liters/p/day) for the required water consumption demands will be prioritized. On the same note, the chlorination of the water for drinking purposes will continue, ensuring that turbidity levels of less than 5NTU and free residual chlorine or active chlorine for the purpose of post fetching contamination prevention are in the ranges of 0.2-0.5 mg/lit.

Community-based Water supply, Sanitation and Hygiene Committees will be established. Mainstreaming of GBV prevention within WASH programming will be enhanced. Construction of family latrines will be prioritised in the three camps. At the same time, partners will continue to ensure that access to safe water is provided to the host communities adjacent to the camps to enhance peaceful coexistence between the two communities. Advocacy will be undertaken with the Regional Water Bureau for the inclusion of refugees in Regional and Woreda development plans in line with the operationalization of the CRRF. Construction of new household latrines and handwashing facilities in the three camps will be considered. Hygiene promotion and community awareness will be conducted to contribute to communicable disease control, including the COVID-19 pandemic.



Access to self-reliance and livelihoods opportunities remain a big gap for Sudanese refugees. Livelihoods are provided through small projects and with few operational partners. The percentage of persons of concern having access to livelihood activities such as skills training, small business development, and agricultural is about 20 per cent of the population. The lack of infrastructure such as a farmers' training centre, demonstration sites for on farm and off farm livelihood activities needs to be addressed. Limited economic empowerment opportunities for women also lead to protection risks such as GBV. There are opportunities for the implementation of inclusive livelihood opportunities through financial and economic inclusion service modalities. The unavailability of support functions in the local economies has hindered some development actors from fully supporting the self-reliance of refugees outside the camps. There is also a gap in terms of data and information on the different skills and capacities of the persons of concern.

In 2022, UNHCR and partners aim to establish and support refugee-hosting businesses through agricultural cooperative business groups providing business trainings, coaching and financial services. Special emphasis will be given to Income Generating Activities (IGA) business effectiveness, agricultural production activities and economic and financial inclusion services. In an effort to improve livelihoods services, the African Entrepreneurs' Collective (AEC) will provide financial and business services in Sherkole camp. Hence, more than 300 refugee and host community businesses are expected to be supported and strengthened in 2022. The operational partner, Good Neighbours Ethiopia (GNE), will fully operationalize the Savings and Credit Cooperatives SACCO business model implementation via a cooperative to provide a comprehensive financial business development package. In addition, UNHCR will scale up the agricultural livelihoods programme across the five camps to reduce the food gap of refugee households and create a disposable income and thereby reducing refugees' negative coping mechanisms, protection risks and challenges to the peaceful coexistence with their host community. Partners will establish self-help groups with more than 623 skill trainers, trained in different skill trainings, and will provide start-up kits to generate income and join the markets under NORAD project as a part of the Assosa refugee response



A 2021 shelter assessment and field verification exercise established that only 10% of the households in the three camps (Tsore, Bambasi and Sherkole) have adequate shelter or living in good conditions. Approximately 10,146 households are in old and dilapidated emergency shelters. In 2021, UNHCR with its partners managed to provide 110 emergency shelters in Tsore camp for new arrivals. 250 T-shelters were constructed in all the camps for vulnerable families and improved conditions for 230 existing shelters. With the relocation of refugees from Tongo and Gure Shambola to Tsore camp there is an urgent need for a minimum of 100Ha of land to accommodate the relocated population of approximately 17,000 refugees. There is an urgent need

to improve the drainage and road infrastructure in Tsore and Bambasi to address the situation of erosion the related impact on road access.

UNHCR and partners trained selected individuals from the refugee community in the construction of shelters to maintain the quality of shelters based on the existing knowledge and skills of the refugee community. The shelter response in 2022 seeks to build upon the successful pilot in 2021 which placed the refugees at the center of the construction process rather than the technical partner, speeding up the completion of work while fostering more ownership among the beneficiaries. The new strategy anticipates increasing durability and quality of the transitional shelters compared to the ones already constructed. Strengthening coordination between shelter partners and those working in energy and environment is another area that UNHCR will prioritize to ensure the quality of the shelter intervention.

LOGISTICS & TELECOMS

There are three in Assosa warehouses which addresses some of the gaps that have been encountered in terms of logistics and storage of NFIs for Sudanese refugees. All facilities require continuous logistical and technical support. Frequent theft has been reported over the past years. The capacity of the three warehouses is rather limited (10x24 meters only) and is currently being used for storage of CRIs for both refugees and other Persons of Concern. Fuel storage capacity is a challenge, with the current capacity at 8,000 litres. In 2022 the establishment of more warehouses, installation of additional fuel tanks at camp level and creation of a mechanical workshop will be prioritized.



Credit: ©UNHCR/Samuel Otieno Description: Raba Hakim, a 22-year-old Sudanese refugee whose family twice fled to Ethiopia to escape conflict in Blue Nile state, has received a MasterCard Foundation scholarship and enrolled in the United States International University-Africa in Nairobi to study for a bachelor's degree in psychology.

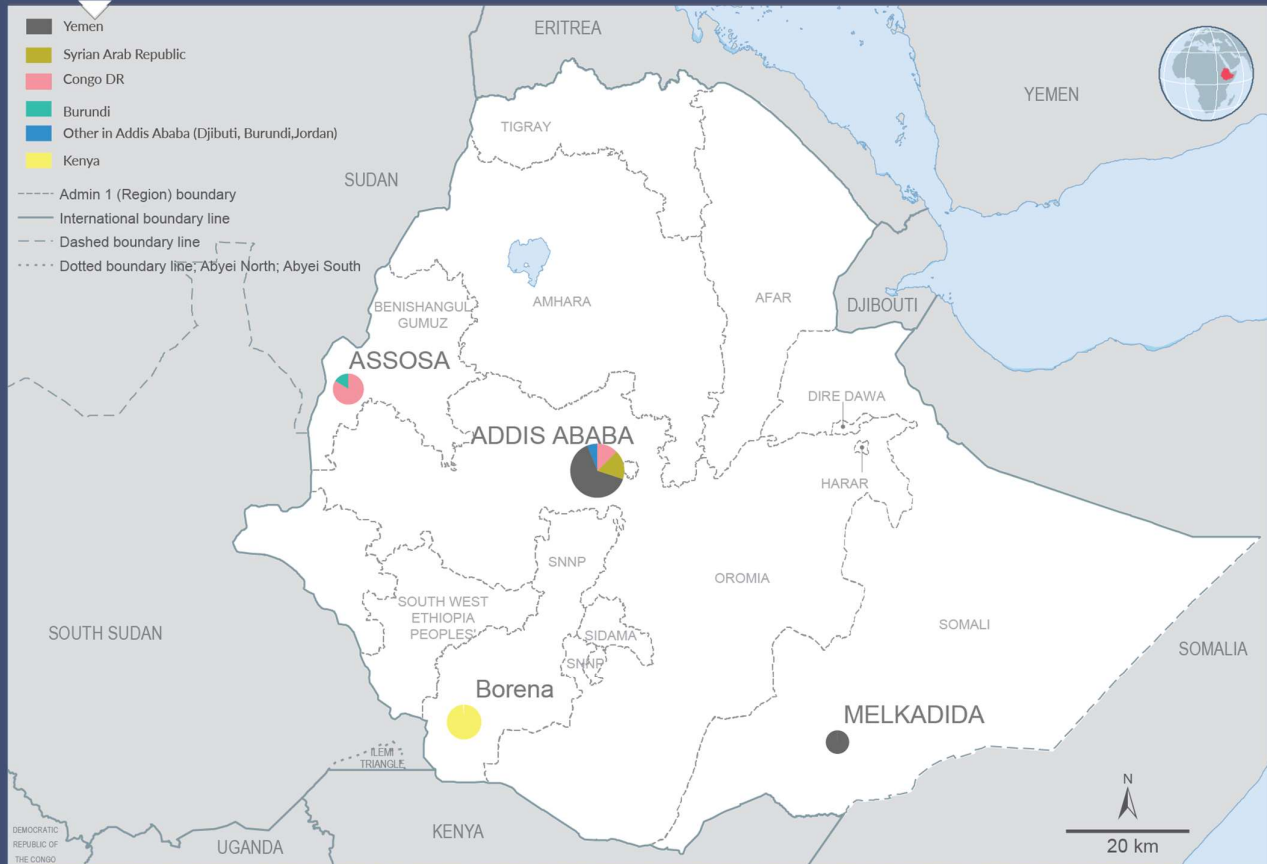
OTHER NATIONALITIES

PLANNED RESPONSE

8,000
PROJECTED REFUGEE
POPULATION BY END 2022

US\$ 45,9M
REQUIREMENTS FOR 2022

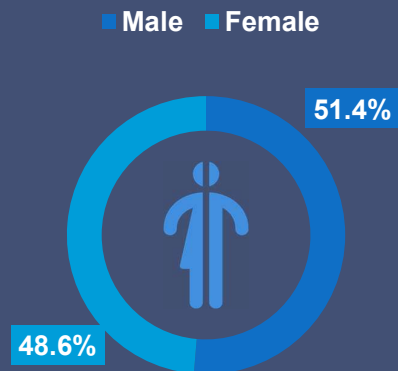
11
PARTNERS
INVOLVED



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. *Final boundary between the Republic of Sudan and the Republic of South Sudan, and between Ethiopia and Somalia has not yet been determined. Printing date: 17 Feb 2022. Sources: UNCS, UNHCR, CSA Ethiopia. Author: UNHCR - CO Ethiopia. Feedback: IM unit Addis Ababa, ethadm@unhcr.org

Disaggregated Data

Age group	% of total 8k	Female % of total 8k	Male % of total 8k
00-04 y.	16%	8%	8%
05-11 y.	28%	14%	14%
12-17 y.	19%	9%	10%
18-59 y.	34%	19%	15%
60+ y.	3%	2%	1%
Total	100%	52%	48%



Overview

Refugees and asylum-seekers from other nationalities includes those who are transferred from the camps for medical and protection reasons, refugees who have no camps designated for their residence in Ethiopia, university students on sponsorship programmes and target populations of the Out-of-Camp Policy (OCP). The majority of this population is composed by Yemenis (3%), Somalis (1.%), Democratic Republic Congolese (less than 1%), and other nationalities (3%). Given the high cost of living, most of the registered refugees in Addis Ababa struggle to meet their basic needs with the monthly cash assistance provided by UNHCR and partners, and/or the current income that they receive either from informal work or remittances from their families abroad. Despite the requirement of self-reliance, refugees with OCP status access emergency medical assistance on an exceptional basis from UNHCR's urban partner Development and Inter-Church Aid Commission (DICAC). Their economic situation has been exacerbated by the COVID-19 pandemic which caused the loss of livelihood opportunities and the reduction in remittances.

Needs Analysis and Response by Sector



Fair protection processes and documentation

The Refugees Status Determination (RSD) process in Addis Ababa had a backlog of 900 cases at the end of December 2021. Due to the COVID-19 pandemic, refugee reception services were suspended on a temporary basis. This affected the processing capacity and speed of registration and protection services, including refugee documentation. A Helpline and an Online Digital Service Request and Complaints System (DRCS) were put in place, but lack of staffing and refugees' limited access to the internet have been a challenge. Advocacy for the gradual integration of refugees into the national vital events registration system will be strengthened, especially birth registration. As of April 2022, there were 3,152 refugee children aged between 0 and 3 years without birth certificates, with the number of children between 3 and 17 years without birth certificates reported to be higher. Efforts in capacity building on RSD cases processing for RRS and development of harmonized and consistent RSD procedures will continue. DRCS will also continue in 2022, subject to deployment of additional staffing to manage the system.

Access to justice and recognition under Ethiopian law and access to the national justice system is critical to an effective protection environment for refugees and asylum-seekers, particularly within an urban context. Even though the revised Refugee Proclamation No. 1110/2019 provides for access to legal counselling and assistance for refugees, a guideline needs to be adopted on the matter. UNHCR partner agencies such as the Norwegian Refugee Counsel (NRC) provided free legal aid services until the agency was suspended by the Government of Ethiopia in August for five months. The suspension was lifted in January 2022.

Efforts to support the GoE in building strong national institutions that will benefit both refugees and host communities alike under SDG 16 will continue by enhancing cooperation with relevant legal aid providers, academic institutions, NGOs, law enforcement and judicial bodies to extend such services to urban refugees. Focus will also be put on the operationalization of the flagship pro bono legal services pledge made by the global community in the GRF. Continued engagement with the refugee community will also enable UNHCR and partners to better understand the underlying barriers for refugees to access the national justice and legal remedies and provide awareness on the available legal services. Coordination with urban partners implementing information counselling and dissemination on rights and obligations of refugees, including those that provide direct legal aid and counselling to refugees will be enhanced. Based on the findings of the Justice Needs and Perception Survey conducted in 2021 by UNHCR and the Hague Institute for Innovation of Law, UNHCR and RRS will develop a national access to justice strategy for refugees and host communities.

Child protection

Overall, the urban population is young, with 29.4 per cent categorized as youth. UASCs face multifaceted risks including abuse, neglect, exploitation and violence. The high cost of living, limited access to adequate and relevant protection related information and family/community support in urban settings usually exacerbate the protection risks of UASCs in Addis Ababa, including physical and emotional violence, irregular migration and child labour. The 2021 Participatory Assessment conducted in May 2021 highlights that the major child protection concern in the urban context in Addis Ababa is Gender Based Violence (GBV). The outbreak of the COVID-19 pandemic negatively affected livelihoods and employment opportunities and particularly posed a new challenge related to family-based care, as several urban refugee families were unable to adequately care for children due to economic challenges. Disruptions in educational activities have also adversely affected the development, safety, and well-being of children. Overall, limited opportunities for self-reliance lead to negative coping strategies for affected populations, thereby increasing risks of sexual exploitation and abuse. Given that the refugee communities live in dispersed locations across the city, it remains challenging for the urban child protection service providers to identify children-at-risk and provide timely protection responses.

The overall response will prioritize the protection of children from abuse, neglect, exploitation and violence through enhanced child protection prevention and response programmes in Addis Ababa focusing on strengthening Best Interests Procedures for better identification and response to abuse, neglect, exploitation and violence against children. The response will also enhance the protection environment through strengthening the existing community-based child protection mechanisms; strengthening Mental Health and Psychosocial Support (MHPSS) for children and their caregivers; and enhancing youth empowerment and protection and strengthening linkage between CP, GBV and Child Protection. Regular protection monitoring of UASC and other children at risk will be maintained mostly through community-based protection structures. In line with the CRRF, the strengthening of national child protection systems, the promotion of refugee children's inclusion in the national child protection systems establishing links with the Ministry of Women

and Social Affairs (MoWSA), other relevant Governmental bodies as well as with development agencies will be prioritized.

Gender-Based Violence (GBV)

According to the participatory assessment conducted by UNHCR and partners, women and girls in urban refugee settings face different types of GBV. The major cause of sexual exploitation and abuse are the power imbalances between men and women, students and teachers, resource owners and destitute people. Refugees also indicated that SEA cases are underreported due to lack of knowledge about it and where and how to report such cases, fear of retaliation, stigma, and inability to provide evidence on SEA incidents. Access to basic and quality GBV response services and information on the availability of the services, referral pathway and level of the awareness of the community remain a significant concern expressed by the urban refugee community.

During the height of the COVID-19 pandemic, an increasing number of GBV cases in children of both sexes and women was observed, probably because of the time spent in confined home environments. Several women reported commercial sex and are at risk of being exploited and becoming victims of trafficking, unwanted pregnancies, exposure to sexually transmitted infections (STIs) and HIV/AIDS. Despite these risks, many refugees still do not report GBV incidents. The challenges faced by the community is lack of knowledge on where to report GBV cases and where to seek help. When reported, GBV survivors are referred to the necessary national services at the One-Stop-Centres (OSCs) operational in Addis Ababa, however language barriers have been identified as a challenge. Through house-to-house visits, the GBV program ensures that community members have access to information on the different available services and awareness raising on the importance of reporting incidents within 72 hours, outreach service and dissemination of information. In 2021 virtual webinars were provided for GBV case workers that promoted survival center approach and remote case management strategies. Inclusion of refugee survivors in the national services including safehouses needs to be enhanced.

In 2022, GBV interventions will focus on the inclusion of refugees in the national system through coordination and collaboration with the national GBV prevention and response systems with the long-term vision of refugee survivors benefiting from comprehensive GBV prevention and response services provided by the Government of Ethiopia. The risk of GBV is reduced and the quality of response improved in urban refugee settings through enabling the participation of the community in GBV prevention and response, and providing well-coordinated quality survivor-centred GBV response services; mainstreaming gender and women empowerment interventions throughout all sectoral interventions and programmes; and enhancing meaningful engagement of men and boys in GBV prevention and response. Strengthening engagement with refugee communities and community-based structures to promote self-reliance of women will continue.

The urban program will improve working with community structures towards capacitating members and the refugee leaders on GBV prevention and response services. Considering prevention of COVID-19 and the dispersed settlements of refugees in the city, creative approaches will be taken to reach the refugee community; these will include utilization of social media to disseminate

messages. As the GBVIMS has not been used in urban settings, the partners will prioritize the roll-out of the system/ proGres V4 GBV module to collect, store and analyze GBV data confidentially and systematically. Trainings will be provided to staff and community leaders to raise awareness on their role in prevention and response of GBV. Meetings with community representatives and outreach workers, annual workshops, awareness campaigns on 16 Days of Activism, Girl Child's Day, International Women Day, and the use of billboards will be other mechanisms to raise awareness.

Youth, men, women, and persons with disabilities will be included in community structures and decision-making. Standard Operating Procedures (SOPs) will be updated to include the revised modalities of implementing prevention and response of GBV in urban settings. Updated communication materials will include information on GBV services. The GBV prevention and response strategy will be disseminated through channels that are accessible to persons with disabilities. Community outreach on PSEA will be enhanced along with strengthening various complaints and feedback mechanisms.

Durable solutions

As voluntary repatriation may still not be a viable option for most of the refugee population in urban areas, and resettlement as a solution is available to only a small fraction of the population, emphasis will be placed on facilitating local solutions through enhanced socio-economic integration, including access to livelihood opportunities through education and vocational skills training, language courses and online learning programmes. Ethiopia adopted Refugee Proclamation No. 1110/2019 which is in line with international standards. UNHCR and partners will continue to provide technical support to RRS on the implementation of the Proclamation. Complementary pathways activities such as the family reunification, education scholarships, labour mobility, private sponsorships and humanitarian admission programmes will continue to be implemented and expanded.



Credit: ©UNHCR/Eugene Sibomana

Ethiopia. UNHCR and RRS register Eritrean refugees in Addis Ababa from the Mai-Aini and Adi-Harush camps.

EDUCATION

Urban, Kenya Borena and South Sudanese refugees living in the Southern Nations Nationalities and People's Regional State are integrated into the national systems. However, public schools face nationwide challenges related to overcrowding, limited infrastructure and access to education materials. While refugee children accessing national schools have the same access to pre-primary, primary, secondary and tertiary education as Ethiopians, the indirect costs of schooling are often too high for refugee families. In the urban context, the refugees under the Out-of-Camp Policy (OCP) are not receiving education assistance. An assisted group of the urban refugees receive cash assistance for education to access the host community schools. This cash assistance is very low compared to the price escalation of the scholastic materials and transport costs. Refugee students under the OCP do not receive support and assistance and are enrolled in more than 250 schools across the country. The Kenyan Borena refugees are supported by RRS. Awareness creation with the host community school administration and teachers on the psycho-social support needs of refugees also remains a gap.

In 2022, UNHCR and its partners will continue to support initiatives and activities that promote the integration of refugees into the national system. Focus will be put on increasing the enrolment rates in pre-primary, primary and secondary education. The host community schools both in Addis Ababa and in the regions are overcrowded and require expansion and support to accommodate refugees. Support in urban settings will continue in the form of Cash-Based Interventions (CBIs) in order to cater for transportation, uniforms, and costs for school materials. Revision of the Minimum Expenditure Basket in coordination with the national Cash Working Group will ensure that refugee learners receive an adequate amount of cash support for education. Advocacy at local level for expansion of school facilities, awareness on the specific needs of refugee learners will be strengthened.



In urban areas, refugees have access to the national grid electricity that are connected to their rented houses. Cost of electricity bills are not included in the Urban cash assistance program therefore not considering energy as part of the Minimum Expenditure Basket (MEB). Environment and protection challenges remain due to the lack of appropriate plantation management in areas where the Kenya Borena refugees are settled, where indigenous trees are being depleted for firewood and illegal charcoal production. Expansion of electricity grid connection for Kenya Borena will continue to provide energy for cooking, lighting and productive activities. In 2022, training will be provided to households and host communities to manage and expand the woodlots (fruit tree plantations). In urban areas, UNHCR will aim to provide multi-purpose cash assistance that covers costs of energy.



Refugees in the urban setting do not receive food assistance but instead receive multiple-purpose cash assistance to help them meet their daily subsistence needs. Due to the COVID-19 lockdown, many refugees lost their informal jobs or remittances that they used to receive from relatives and friends abroad. Refugees Addis Ababa are receiving multi-purpose cash grants to cover their basic needs including food, while Kenya Borena are receiving food assistance provided by WFP on monthly basis.



COVID-19 pandemic has aggravated the vulnerability of refugees, notably persons with disabilities and chronic medical conditions, due to the challenges in accessing UNHCR, partners and public services or due to losses or reductions in their income. About 70 to 80 per cent of camp referrals to the urban program have chronic health problems, including chronic kidney diseases, advanced cancer cases, and mental health. According to recent systematic review and meta-analysis, the prevalence of mental health disorders revealed that PTSD was 31.46 per cent, followed by depression 31.5 per cent, anxiety disorders 11 per cent and psychosis at 1.51 per cent. Refugees' awareness level improved on reproductive health/HIV, and they are able to protect, prevent and promote their individual and family members' health. Sexual and reproductive health is inter-linked with gender-based violence, so planned interventions will not only be clinical, but also psychosocial and legal. In the urban refugee community, a significant proportion of refugees are in the reproductive age group. Awareness and access to the SRH/HIV service provider options, including, maternal health is key. The Kenya Borena refugee population can access healthcare services from the closer public health facilities free of charge.

In 2022, interventions for the urban refugee population will include the facilitation of access to public health facilities and 24/7 ambulanceservices for emergency cases and for chronic bed-ridden patients. Psychosocial support which includes counselling, as well as hygiene materials for urban refugees living with HIV and GBV survivors will also be provided. COVID-19 prevention and response measures will continue through strengthened outreach services, through the provision of personal protective equipment (PPE) to Refugee Outreach Volunteers (ROVs), ambulance services and strengthening of referral linkages to designated capacitated facilities for continued care and health emergencies.



Nutrition interventions are provided by the Regional Health Bureau. Kenya Borenas and the host community utilise the same national health structures. UNHCR and partners will continue to advocate for continued use of national health and nutrition structures in place, with inclusion of pregnant and lactating women in social support programs.



Access to supply of clean drinking water remains a major challenge in Dillo and Megado refugee sites which hosts refugees from Kenya. Refugees in Dillo and Megado refugees in Borena Zone in Oromia Regional State, have for a long time relied on emergency water service provision through water trucking which is expensive and unsustainable. There is generally poor ground water potential. Available permanent sources are between 40kms and 60kms, making it difficult for readily available permanent water sources. In Dillo, available electromechanical equipment requires upgrading to improve the capacity to provide sufficient water to the municipality. With this scenario, it is a challenge to extend water services to the refugees. In Megado, there is no functioning water system, and the population relies on spring water sources. Households are in need of jerry cans for safe collection and storage of drinking water. There is high latrine usage ratios at 1 latrine serving over 100 people instead of 1 latrine to serve about 50 individuals. Availability and access to WASH services are crucial for preserving the health and well-being of refugees and asylum-seekers. Water provision of 20 l/p/d remains a key priority. Water quality monitoring and surveillance will be undertaken to ensure safe water is delivered. Cost effective sustainable water provision mechanisms will be explored. Safe excreta disposal will be ensured as well as consistent soap provision and functional hand washing facilities. Jerrycan replenishment is needed to ensure that there is no post-contamination of water.



The Out of Camp Policy (OCP) status has been granted since 2009 to refugees who can demonstrate that they can cover their cost of living outside of camps and be self-reliant or have a sponsor who can cover their living costs regularly. As many refugees under this category are negatively affected by the socio-economic impact of the COVID-19 pandemic and inflation, UNHCR and partners are covering the costs of medical emergencies and life-threatening health concerns for vulnerable groups. Humanitarian partners will work with the Government of Ethiopia and other relevant actors to expand economic opportunities for refugees residing in Addis Ababa. Systemic advocacy engagement with the GoE will be undertaken to further enhance the enabling environment for *de facto* inclusion of refugees, coupled with support to partners in designing and implementing joint initiatives that aim at creating gainful employment opportunities that will enable refugees to cover their basic needs.



Refugees registered included in the urban protection assistance program will continue to receive CBIs, giving priority to those with most critical needs as per the set criteria. The number of self-relocated refugees in Addis Ababa is expected to increase significantly. While providing one-off cash assistance to all self-relocated refugees is not feasible, UNHCR will continue to support these refugees in a targeted manner. Tailored assistance models will therefore be devised to respond to the specific needs of these refugees. This will require a household-level socio-economic survey and an in-depth analysis of available refugee data, as well as a multi-functional team, technical and financial resources. Refugees in Kenya Borena are receiving Core Relief Items (CRIs) on an annual basis. In the meantime, in May 2022, as part of a Post Distribution Monitoring (PDM) exercise, UNHCR engaged some 1,000 beneficiaries of the Urban Assistance Cash Program and will seek feedback on current rental market in Addis Ababa, as well as water, electricity and fuel consumption among urban refugees to inform programmatic actions.

Summary of Prioritized Responses in 2022

Protection	<ul style="list-style-type: none"> Improving access to services for persons with specific needs, including cash-based assistance, access to integrated MHPSS interventions, capacity development on protection inclusion and mainstreaming for partners as well as the mobilization of the communities in supporting those with critical specific needs will be pursued and prioritized. Strengthening and improving access to vital events registration including birth and death certificates. Strengthening monitoring of entry points, focus on capacity building and on enhancing coordination with partners and law enforcement entities to improve the protection of asylum seekers and refugees in reception centres, including mobile court services. Refugee inclusion, on the basis of the provisions contained in the 2019 Refugee Proclamation; in country-wide individual documentation programmes will continue to be a priority through issuance and renewal of identity cards, biometric enrolment for new arrivals and existing caseload, mobile registration for refugees living within host communities. Promote engagement with Refugee-Led Organizations (RLOs). Promote peacebuilding initiatives with linkages to livelihoods.
GBV and PSEA	<p>GBV</p> <ul style="list-style-type: none"> Strengthen women's and girl's empowerment programmes. Strengthening access to quality multi-sectored GBV response services through quality and integrated case management based on a survivor-centered approach through inter-sectoral coordination and continuous capacity building of case workers and other workforce involved in the GBV response. Protect girls from harmful traditional practices. Strengthen the inclusion of refugees in the national system. Mainstream GBV risk mitigation within UNHCR in coordination with other humanitarian actors_ Strengthening the prevention of GBV. UNHCR and partners will closely work with community-based structures for planning and implementation of the GBV program. <p>Protection from Sexual Exploitation and Abuse</p> <ul style="list-style-type: none"> Uphold organisational accountability in tackling sexual exploitation and abuse including through the UN Common Assessment on PSEA capacity and inter-agency collaboration on PSEA. Strengthen complaints and feedback mechanisms ensuring they are practical and accessible to all community members. Enhance community awareness on PSEA including through community engagement and IEC material reaching diverse members of the community. Equip and empower UNHCR and partner personnel to prevent, identify and respond to SEA.
Child Protection	<ul style="list-style-type: none"> Strengthen advocacy for the inclusion of refugee children in the national child protection and birth registration systems. Provision of targeted support for refugee children with specific needs. Strengthening of community-based child protection mechanisms and improvement of meaningful participation of children. Enhancement of the protection and empowerment of refugee youth by empowering refugee youth through meaningful engagement; facilitating opportunities for youth to voice their ideas and concerns, engage in decision making processes, and develop their leadership potential. Refugee children's access to quality and protective education supported by conducting assessments to identify, support and strengthen referral systems for children with special education needs and expand accelerated learning and catch-up programs in close collaboration with education partners to trace out-of-school children with clear linkages to formal education. Meaningful engagement of youth. Mainstreaming of GBV prevention, risk mitigation and response in the Child Protection response.

Education	<ul style="list-style-type: none"> • Following the reform in the country, the MoE is conducting curriculum review and pre-primary education has become part of the general education program. Piloting of the revised curriculum in selected schools is on-going. UNHCR and partners will adopt the curriculum and harmonize the ECCE curriculum. • Strengthening community's participation, advocacy for the inclusion of conflict sensitive education in the programme delivery. • Enhancement of digital enrolment to ensure education effective data collection, storage and analysis as well as the development and strengthening of interventions targeting children and youth at risk of being out of school, in particular girls and children with disabilities, in collaboration with relevant Sub-Sectors. • Construction and maintenance of school infrastructure, with segregated latrines for boys and girls and temporary learning spaces to both host community schools and learning centres to ensure the speedy resumption of education services. • Sensitization campaigns will be organized on the enrolment and retention rate of refugee children with specific attention to girls' and children with specific needs.
Livelihoods and Resilience	<ul style="list-style-type: none"> • Cash Based Interventions (CBI) plus Business Development Services (BDS) will be strengthening to allow refugees to set up micro-businesses., giving priority to those with most critical needs as per the set criteria. • CBI for kinship/foster care will be expanded to a larger number of eligible individuals • Vocational skill training and livelihoods programs will be offered in refugees camps including women, girls and GBV survivors. • Food security livelihoods and economic inclusion initiatives prioritised and implemented for refugees and hosting communities.
Food	<ul style="list-style-type: none"> • Advocacy efforts will be prioritised for standard food basket entitlement for refugees in camps (2,100 calories/day). • Joint assessment mission (JAM) to be conducted. • Monthly food and cash distribution monitoring. • CBI and small-scale livelihoods interventions that will mainly target high risk groups and the 1,000 days cycle. • Multisector engagements to augment livelihoods and economic inclusion is prioritised in relevant sectors. • Emergency food services for PoCs including new arrivals. • The cash component will be regularly reviewed on minimum expenditure basket and market functionality to denote the cash value.
Health and Nutrition	<ul style="list-style-type: none"> • Procurement of supplies, medicines, equipment and Long-Lasting insecticidal nets (LLINs) for emergency provision to newly arrived individuals. • Provision of mental health and psychosocial support (MHPSS), non-communicable diseases (NCDs) services, sexual and reproductive health and HIV integrated services will be strengthened at health facilities level as well as training for existing clinical nurses. • COVID-19 temporary isolation centres will be maintained while continuously training health care workers (HCWs) and community health workers (CHWs) to strengthen awareness; support the government COVID-19 facilities to accommodate refugees and nationals' preventive services for communicable and non communicable diseases, • Health interventions will continue in entry points, reception centres and during relocation. Coordination, joint planning, and monitoring will be done together with the Regional Health Bureau (RHB) and partners. • Curative treatment programs and malnutrition preventive programs will be provided, as well as blanket supplementary feeding programs and prevention of micronutrient deficiencies; capacity-building and community outreach; conduct nutrition surveillance including rapid impact surveys as feasible to denote the nutrition situation to prioritise the immediate needs of pregnant lactating women and children under five years. • Inclusion of PoCs in Addis Ababa into the National Community Based Health Insurance (CBHI) scheme will be also assessed.
Operational Support	<ul style="list-style-type: none"> • Support to government entities and local NGOs will continue. Efforts will be made to ensure that the required material support in terms of vehicles, warehouses, cash, fuel and ICT equipment is made available to deliver in the field.
Non-Food Items (NFI)	<ul style="list-style-type: none"> • Partners will continue providing lifesaving humanitarian assistance, including Non-Food Items and targeted support to new arrivals with specific needs groups comprising the sick, older people, young children, lactating and pregnant mothers and people with disabilities, and referrals to other partners for specialized services.

Shelter and Infrastructure	<ul style="list-style-type: none"> • Shelter and settlement solutions will be provided to meet the demanding needs for new arrivals and adequate shelter coverage in all the refugee sites. The overall priorities for 2022 to ensure increase in shelter provision through CBI, enhance community led shelter provision and improve shelter information management. • Development of reception center and Tsore site/extension for refugees from the Tongo and Gure-shembola camp including establish establishment of Serdo temporary site to host relocated refugees from Berahle camp. • Continue provision of transitional shelter provision through in kind and CBI provision across all refugee camp to incentive the beneficiaries to construct and repair by themselves. • Maintenance of existing transitional shelter to enhance the adequacy of shelters • Routine maintenance of access road and drainage improvement to maintain all year-round access to and within refugee camps. • Carry out site mapping exercise which uses geospatial technologies for assessing the camp infrastructures and status of the shelters. • During emergencies, partitioning of communal hangars for family allocation to enhance privacy. At the camp or new sites, timely provision of household shelters either through family temporary or transitional shelter in order to reduce overcrowding in communal hangars which will reduce exposure to GBV risks.
Energy and Environment	<ul style="list-style-type: none"> • Expand and scale-up access to clean, safe and affordable energy for cooking and lighting needs. • Coordination and multi-actor engagement while strengthening the Energy and Environment Working Group (EEWG). • Create and expand a market-based energy access and build a vibrant energy market • Increase community engagement and local production of Energy Technologies while linking with livelihood and job creation opportunities. • Enhancing protection of existing natural forest by mobilizing refugee and host communities with tree plantation and re-forestation programs. • Planting of seedlings to rehabilitate deteriorated ecosystem and developing community woodlots with community sensitization and awareness for natural resource management. • Enhancing backyard gardening, fruit tree production and distribution to refugee households and local communities in order to improve livelihoods. • Expand community woodlot with plantation of fast-growing tree species for future household energy and shelter construction use. • Engagement with Ministry of Water and Energy (MoWE) and Environmental Protection Authority (EPA) for integration of services and inclusion of refugees in the national Energy and Environment programs.
WASH	<ul style="list-style-type: none"> • Initiate integration of refugees into the national systems by strengthening engagement with the Ministry of Water and Energy and the Regional Water Bureaus. • Water supply infrastructure optimization particularly in Somali region and Gambella will be prioritized. • Need to advocate and prioritize sanitation across all the refugee camps. • Construction of a permanent water source for Serdo site is a key priority. • Ensuring consistent soap distribution and jerry can replenishment in all camps and sites. • Promote community led WASH interventions by strengthening beneficiary participation, while promoting rights-based and community-focused approaches. • Strengthen institutional WASH by ensuring close cross sectoral collaboration with health and education sectors. • Ensuring effective preparedness for emergency response across the country to provide timely WASH support.

2022 Sector Financial Requirements Summary

By Organization & Sector

Partner	Education	Energy & Environment	Health & Nutrition	Livelihoods & resilience	Food Security	Logistics, Telecoms and Operational Support	Protection (incl. GBV and CP) *	Shelter and NFIs	WASH	Total Budget Requirements (USD)
Action against Hunger			2,000,000		700,000					2,700,000
Action for Social Development and Environmental Protection Organization			300,000				750,000			1,050,000
Action for the Needy in Ethiopia		725,000						9,875,000	770,000	11,370,000
African Humanitarian Aid and Development Agency								1,155,876		1,155,876
Bethany Christian Service Global, LLC			185,727				177,978			363,705
Center for Victims of Torture			4,000,000							4,000,000
Concern Worldwide			1,693,603	595,744						2,289,347
Dan Church Aid Ethiopia			38,241	325,756	296,952					660,949
Danish Refugee Council							1,750,000		380,000	2,130,000
Doctors with Africa/CUAMM			1,330,000							1,330,000
Ethiopian Orthodox Church Development and Interchurch Aid Commission	5,574,940		1,281,480	341,195						7,197,615
Food and Agriculture Organization of the United Nations				999,000						999,000
Finnish Refugees Council	450,000			100,000			50,000			600,000
Germany Agency for International Cooperation				2,168,660						2,168,660
GOAL			3,150,000		350,000					3,500,000
HelpAge International			310,000	210,000			195,000	180,000		895,000
International Medical Corps			1,242,217				1,030,406		4,127,729	6,400,352
International Organization for Migration							4,375,000			4,375,000
International Rescue Committee			850,000				3,800,000		10,500,000	15,150,000
Jesuit Refugee Service							800,000			800,000
Lutheran World Federation		500,000		2,250,000	800,000		350,000			3,900,000
Mercy Corps		1,500,000	1,500,000	7,000,000						10,000,000
Norwegian Church Aid							333,333		10,580,361	10,913,694

Ethiopia Country Refugee Response Plan

Partner	Education	Energy & Environment	Health & Nutrition	Livelihoods & resilience	Food Security	Logistics, Telecoms and Operational Support	Protection (incl. GBV and CP) *	Shelter and NFIs	WASH	Total Budget Requirements (USD)
Norwegian Refugee Council	1,100,000				3,200,000		1,080,000	1,500,000		6,880,000
Oxfam GB							1,000,000		4,989,907	5,989,907
Plan International Ethiopia	6,850,000			500,000			5,650,000			13,000,000
Right to Play	900,000		550,000							1,450,000
Save The Children International	5,500,000						1,185,000			6,685,000
United Nations Children's Fund	4,618,790		4,010,705				12,192,640		14,000,000	34,822,135
United Nations Entity on Gender Equality and the Empowerment of Women							150,000			150,000
United Nations High Commissioner for Refugees	28,115,133	31,384,327	26,022,641	17,817,801	1,500,000		76,000,302	37,960,271	28,126,513	246,926,988
United Nations Population Fund			1,250,000				750,000			2,000,000
World Food Program			20,864,032	5,000,000	160,636,368					186,500,400
World Health Organization			3,350,000							3,350,000
ZOA Relief Hope Recovery	245,596			1,195,587			298,076	740,936	641,673	3,121,868
Total (USD)	53,354,459	34,109,327	73,928,646	38,503,743	167,483,320		111,917,735	51,412,083	74,116,183	604,825,496.00

*Breakdown of Protection requirements

Partner	Child Protection	GBV	Protection	Grand Total
ASDEPO	350,000.00	400,000.00		750,000.00
Bethany Christian Services Global (BCSG)			177,978.10	177,978.10
Danish Refugee Council	250,000.00		1,500,000.00	1,750,000.00
Finnish Refugee Council			50,000.00	50,000.00
HelpAge International			195,000.00	195,000.00
International Medical Corps		1,030,406.38		1,030,406.38
International Rescue Committee	2,050,000.00	1,750,000.00		3,800,000.00
IOM			4,375,000.00	4,375,000.00
Jesuit Refugee Service/JRS/	500,000.00		300,000.00	800,000.00
LWF			350,000.00	350,000.00
Norwegian Church Aid	66,666.00	266,666.67		333,332.67
NRC	300,000.00		780,000.00	1,080,000.00
OXFAM			1,000,000.00	1,000,000.00
Plan International Ethiopia	3,000,000.00			3,000,000.00
Plan International Ethiopia	2,650,000.00			2,650,000.00
Save the Children	1,185,000.00			1,185,000.00
UN Women			150,000.00	150,000.00
UNFPA		750,000.00		750,000.00
UNICEF	12,192,640.00			12,192,640.00
United Nations High Commissioner for Refugees	10,699,790.46	14,928,114.79	50,372,397.31	76,000,302.55
ZOA			298,076.13	298,076.13
Grand Total	33,244,096.46	19,125,187.84	59,548,451.54	111,917,735.83

Monitoring Framework

To support the periodic review of the inter-agency Country Refugee Response Plan and its impact, an indicator framework has been developed that will strengthen the availability of data structured around the objectives outlined above. The monitoring exercise will be carry out by each technical working group among the CRRP partners,related to the various thematics at least once per yer. However, this list does not strive to be exhaustive and cover all aspects, but it should be considered illustrative and indicative, as reflected by the number of indicators identified. Areas in need of support which are not explicitly addressed by the these indicators will be monitored through other agreed frameworks or guiding principles.

Protection
Gender-based Violence
Extent known SGBV survivors receive appropriate support
Extent community is active in SGBV prevention and survivor centered protection
Women and girls receiving empowerment trainings and activities
Of GBV survivors who are referred to and receive
Country has a Refugee Response Plan or similar interagency refugee/returnee strategy that includes GBViE risk mitigation Interventions
Of reported SGBV incidents for which survivors receive legal assistance, health psychosocial support and case management
Child Protection
% Of children under 12 months old who have been issued birth certificates by the authorities
Extent children of concern have non-discriminatory access to national child protection systems
% of children at heightened risk supported by BIP
% of children with safe access to community spaces for socializing, play, learning, etc.
% of UASC for whom a best interest's process has been initiated
of UASC who have received targeted support
of refugee children whose birth is registered.
Number of education staff who participated in GBV trainings and/or child protection training
of youths participated in play and learning activities as part of the youth development program
of refugee youth graduated high level education and job opportunity facilitated
of integration and peaceful co-existence discussions held between host and local communities as part of the child protection program
Of children addressed through age, sex, and cultural appropriate center-based play and learning activities
of children, adolescent and caregivers who received community-based mental health and psychosocial services as part of child protection programme
Coordination Mechanism for child protection is established and functioning (Yes/No)
Community mobilization and Peaceful co-existence
% of active female participants in leadership/ management structures
of programme priorities identified by the community during participatory assessments that are implemented
of projects benefiting local and displaced communities implemented
Registration
% of persons of concern registered on an individual basis
% children under 12 months old who have been issued birth certificates by the authorities
of asylum seekers and refugees biometrically registered in BIMS

Durable Solutions
% of persons of concern identified in need of resettlement submitted for resettlement
of Resettlement Registration Forms (RRFs) submitted
Legal Assistance
Extent persons of concern have access to legal assistance
of PoC receiving legal assistance
General Protection
% of persons of concern whose protection risks or gaps or needs assessed, identified and supported
% of refugee representatives and incentive workers trained on specific needs and challenges of older persons
Shelter and Infrastructure
% of households living in adequate dwellings
of transitional shelters provided
of emergency shelters provided
of transitional shelters maintained
% of PoC households whose shelter was upgraded/repaired
% of refugee households living in emergency shelter
Livelihoods
% of persons of concern (18-59 yrs) with own business / self-employed for more than 12 months
% of persons of concern (above 60 yrs) whose livelihood gaps and capacities assessed and supported
% PoC who received productive assets, training and /or business support in cash or kind
% Poc who employment opportunities improved after trainings
% of vocational training students who graduate (successful completion and receipt of certification)
Energy
Proportion of PoC with primary reliance on clean (cooking) fuels and technology
Proportion of PoC that have energy to ensure lighting (close to sphere)
% of community facilities (schools, health centers, markets,) with access to sustainable energy
Environment
of tree seedlings planted
Survival rate after planting (%)
of hectares of land reforested
Non-Food Items
% of households who received adequate core relief items
% of persons of concern receiving ≥ 250 grams of soap/person/month
of persons receiving hygienic supplies
Education
% of children enrolled in early childhood education
% of children enrolled in primary education
% of young people enrolled in secondary education
% of Children with Special Needs enrolled
of new classrooms built
% of schools with proper WASH facilities.
% of qualified teachers
% of dropout rate
Teacher student ratio

of children with special needs supported
of PoC who receive tertiary education scholarships
Health
Crude mortality rate (per 1000 population/month)
Under-5 mortality rate (per 1000 population/month)
% of livebirths attended by skilled personnel
% of refugees have access to primary and secondary health care services
psychological care/counseling and mental health case management services provided
of health facilities equipped/constructed/rehabilitated
Training provided to refugees and ARRA on basic concepts of mental health
of refugees tested for COVID-19
of confirmed COVID-19 deaths among refugees
of PoCs whose specific health problems assessed and supported (NCD for Older Refugees)
Nutrition
Prevalence of chronic malnutrition (stunting) (6-59 months)
Prevalence of global acute malnutrition (6-59 months)
Prevalence of severe acute malnutrition (6-59 months)
Prevalence of anaemia in women of reproductive age (15-49 yrs)
Prevalence of anaemia in children (6-59 months)
of malnourished older persons identified and supported
Food Security
% of refugees benefitting from full food ration assistance (in kind/CBI at recommended 2,100 kcal/person/day)
WASH
Average # of litres of potable water available per person per day
% of households with drop-hole latrine or drop-hole toilet
of PoC reached by environmental health and hygiene campaigns
of PoC (PwDs and Older Persons) reached by construction of accessible or inclusive latrines
#of water system constructed and rehabilitated
of latrine cubic/stance constructed and rehabilitated
CBI Multipurpose / Sectoral
% of country operations budget implemented through cash
% of assistance provided through CBI