

Ethiopia

September 2018

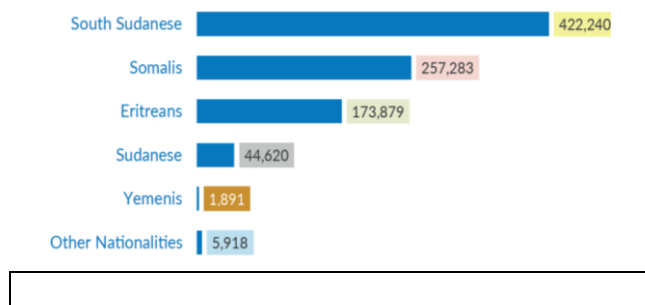
Ethiopia is host to the second largest refugee population in Africa, sheltering **905,831** registered refugees and asylum seekers as of 31 August 2018.

*Please note that the monthly population update is frozen until 18 January 2019 to allow for the smooth conduct of the ongoing L3 registration

Between January and August 2018, **36,185** refugees arrived in Ethiopia, mostly from South Sudan and Eritrea.

UNHCR is actively participating in the humanitarian response to the **IDP** situation in Ethiopia and has deployed **two Emergency Response Teams** to Geddo and West Guji. The teams are supporting the authorities with site management and the co-ordination of responses to protection needs. UNHCR is also providing emergency kits to the displaced people.

POPULATION OF CONCERN



FUNDING (AS OF 11 SEPTEMBER 2018)

USD 327.8 M requested for Ethiopia



UNHCR PRESENCE

Staff:

356 national staff, **116** international staff (including JPOs)
212 individual contractors
26 deployees & IUNVs

Offices:

1 Branch Office in (Addis Ababa), **5** Sub-Offices - Melkadida, Gambella, Shire, Assosa and Jijiga, **3** Field Offices -Tongo, Pugnido and Mekelle.

Working with Partners

- UNHCR's main government counterpart to ensure the protection of refugees in Ethiopia is the Administration for Refugee and Returnee Affairs (ARRA). In addition, UNHCR works in close coordination with some 50 humanitarian partners and is part of the Humanitarian Country Team in Ethiopia, where refugee programmes are discussed strategically to ensure that the needs of refugees are adequately presented and addressed across the UN System. UNHCR is also building on a well-established coordination fora, including the inter-sector Refugee Coordination Group, together with national and regional sector working groups. As part of the CRR approach, UNHCR is furthering partnerships with line ministries, regional and local authorities, as well as development partners.

Main Activities

Protection

- Together with ARRA and other partners, UNHCR is responding to the increased arrival of Eritrean refugees in Tigray Region following the reopening of the Zalambessa and Rama border crossing points on 11 September (Ethiopia's New Year's Day). Since then 6,779 refugees have been registered at the Endabaguna Reception Centre with 2,725 more at the border awaiting relocation to the reception centre. Women and children constitute around 90% of the new arrivals, in contrast with the profile of the existing population in camps in Tigray, where young men and children were the majority. Working with humanitarian partners on the ground, UNHCR and ARRA are coordinating the delivery of life-saving assistance to the new arrivals, including food, shelter, water and health and sanitation. Reception and registration capacities have been enhanced while shelter and services in receiving camps are being upgraded.

Education

- A total of 132,563 refugee children were enrolled in primary schools in 2017/18 academic year, up from 118,275 in 2016/17. This represents an enrolment rate of 72%, close to the government's pledge target of 75%. Secondary school enrolment rate has increased from 9% to 12%. 2,300 refugees are enrolled in tertiary education with 677 more expected to join during the current academic year. Gaps in the provision of education include a lack of available classroom space and trained teachers, and quality classroom materials, including books and scientific implements. The average teacher to student ratio is 1:80, with only 56% of teachers having formal qualifications to teach at the primary school level. Over 300 refugee teachers are currently enrolled in teachers' training colleges and are expected to help address the shortage of qualified teachers upon graduation.

Health

- So far in 2018, a total of 620,509 persons have received consultations across the health facilities in refugee camps, including 55,045 (8.9%) from the host communities. The measles outbreak reported in Adi-Harush and Mai-Aini refugee camps was controlled including through a vaccination campaign in collaboration with ARRA, the Regional Health Bureau and UNICEF. Three cases of watery diarrhoea among new arrivals from Eritrea were all treated and recovered with no additional cases reported. The measures include a mass measles vaccination campaign. The health facility utilization rate stood at 1.1 consultations per refugee

per year and is within the standard range of 1-4. The mortality rate in children under five is 0.1/1000/month and is below the emergency threshold of 3/1000/month. A total of 2,906 refugees were referred to higher health facilities outside the refugee camps for further treatment. Out of 10,784 live births, 10,488 (97.3%) were conducted with the help of skilled birth attendants. A total of 27,651 refugees were tested and counselled for HIV.

Food Security and Nutrition

- Findings of the annual nutrition survey in the two camps in the Afar Region show a Global Acute Malnutrition (GAM) prevalence of 17.6% in Aysaita and 16.6% in Barahle camps while prevalence of Severe Acute Malnutrition (SAM) was 7.4% in Aysaita and 3.9% in Barahle. Despite improvement compared to the 2017 results, GAM rates remain above the emergency threshold of 15%. Health and WASH partners operating in those camps are working on a comprehensive action plan to address the issue. Refugees received general food ration combined with cash in Jijiga, Assosa, Afar and Shire refugee camps, and in-kind only in Gambella and Melkadida refugee camps. The amount of general ration provided was less than the minimum requirement of 2,100 Kcal per person per day. In Gambella, Melkadida, Assosa and Jijiga, refugees received 1,737 Kcal while those in Tigray and Afar regions received 1,920 Kcal. The country-wide nutrition performance indicator (recovery rate) for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) remained > 85% which is above the standard of 75%.

Water and Sanitation

- 13.2 million litres of water were supplied across the regions in Ethiopia hosting refugees, representing an average per capita distribution of 19 litres of water per person per day (lppd). 12 of the 26 refugee camps have achieved the minimum standard of 20 l/person/day; in 11 camps refugees received between 15 and 20 l/person/day while the remaining 3 camps (Boramino, Kebribeyah and Hitsats) received less than 15 l/person/day. On average 30% of all refugee households own a latrine while the rest use shared family latrines. 18 of the 26 camps have met the minimum standard of 'maximum of 20 persons per latrine' while 8 camps are still below the minimum standards.

Shelter and CRIs

- Post distribution monitoring of UNHCR's cash based intervention (CBI) pilot in camps around Jijiga, supporting the purchase of core relief items and construction of improved shelters through vouchers, shows that CBI is an appropriate modality in responding to refugee needs in Ethiopia. It is also the preferred modality of receiving support for the majority of the refugees as opposed to in-kind support. There was a good market response to the pilot, with no negative impact on the local economy, no reports of insecurity due to the CBI and no disruption of household and community social dynamics. The vouchers also did not lead to entry of contra-bands into the market as only registered and licensed traders were contracted. The CBI improved purchasing power of the refugee households with reduced adoption of negative coping strategies to meet basic non-food needs. The CBI also improved interactions between the local communities and the refugees, as demand of core relief items in the local markets improved, leading to a positive impact on the local economy. The findings from the Jijiga CBI implementation will inform expansion of use of cash to camps around Shire and Assosa, targeting core relief items and cooking energy (Assosa) and will continue in Jijiga and Addis Ababa.

Camp Coordination and Camp Management

- UNHCR and ARRA work in close coordination with partners to ensure efficient and coordinated delivery of protection and assistance to refugees. Camp coordination meetings and technical working groups take place both at the zonal and camp levels.

Access to Energy

- UNHCR continues to seek solutions to ensure refugees' access to energy while strengthening environmental protection activities in and around refugee camps. Response to refugees' cooking energy needs remains a largely unmet priority. In this regard, communal kitchens and other basic facilities in Sherkole, Aysaita, Barahle and Hitsats camps are being connected to the national electricity grid as part of a pilot initiative within the operation. 33 briquette carbonizers are in place in the five camps near Assosa, and two automated briquette producing machines (1 in Assosa and 1 in Aysaita) are also installed to increase the production of charcoal briquettes.

Community Empowerment and Self-Reliance

- UNHCR's investment in livelihood activities target refugees and host communities and include: agriculture and livestock; vocational skills training; microfinance and small enterprise development. Backyard gardening has been established in Gambella and Assosa, while in Shire refugees are engaged in agriculture and goats and cattle fattening. Vocational training courses are available in a number of locations, and are increasingly linked to markets, often targeting youth and women.

Durable Solutions

- Providing resettlement opportunities remains a top priority, as conditions for voluntary repatriation are unfavourable for most refugees in Ethiopia and options for local integration are limited. So far in 2018, 2,302 individuals were referred to the UNHCR Regional Service Centre for resettlement, with 2,239 individuals submitted to resettlement countries. As of 30 September, 897 refugees departed for resettlement countries.

External / Donors Relations

UNHCR is grateful for the direct contributions to the UNHCR Ethiopia Operation from:

USA| CERF| Netherlands| UK (DFID)| Denmark| KEA Foundation | European Union (ECHO)| Japan| UN Children Fund| Germany| Educate A Child Programme- EAC/EAA| Sweden| Ireland| Canada |Republic of Korea| Private Don Spain| UN Dept. of Economic and Social Affairs| UN Program on HIV/AIDS

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