

Ethiopia

05 February 2021

801,790

Refugees and asylum
seekers as of 31 January
2021

39,162

Handwashing facilities in
camps

2,509

Health and community
workers trained

COVID-19 Operational Context

As of 04 February 2021, the Ethiopian Ministry of Health (MoH) reported 140,157 coronavirus (COVID-19) cases and 2,126 deaths in the country. Ethiopia is currently registering one of the highest numbers of COVID-19 cases in Africa.

COVID-19 Prevention and Response



A South Sudanese refugee woman washes her hands in one of the refugee camps in Gambella where UNHCR and partners are disseminating messages for prevention of COVID-19. ©UNHCR/Reath Riek

The Government's Agency for Refugee and Returnee Affairs (ARRA) and UNHCR, together with the Regional Health Bureaus and other health partners, continue to reinforce their response to the coronavirus in both refugee camps and other locations sheltering refugees and asylum seekers throughout the country. Organizations have enhanced communication on hygiene and are continuously working to reduce overcrowding, to curb the spread of the virus. Supplies of water and soap continue to be reinforced, together with the installation of handwashing stations, as well as the ongoing strengthening of health services and the provision of personal protective equipment for health care workers, first responders and others depending on availability. However, the delivery of services including for the prevention of COVID-19 and the response in the four refugee camps in the Tigray Region have been greatly affected due to the ongoing insecurity.

- **PPEs, COVID-related medicines and medical equipment** worth approximately \$1 million are being delivered for health services and health staff while a fresh procurement order for medicines and medical equipment for both COVID and regular health programmes has been placed. Five ICU beds, five patient monitors, 50 oxygen cylinders, and 300 coverall gowns have been procured and transported to Gambella to help the Regional Health Bureau to improve capacity to care for COVID-19 patients.
- There have been **39,162 handwashing stations** installed in communal centres and households in 20 of the 26 refugee camps to promote regular handwashing with soap. We are unable to update the data for the remaining six camps (four in Tigray and two in Afar) due to the recent conflict and lack of access to the area. Of these, **37,926** were installed in refugee households and **1,236** were set up in communal facilities to provide services to refugees and asylum seekers. More capacity is needed, however, to ensure that every refugee household is equipped with a handwashing facility.
- Over **2,500** trained **health and community outreach workers** are actively engaged in awareness raising, case investigation and management, as well as mitigation, prevention and control of the virus. They include **446** healthcare workers, **22** laboratory technicians and **1,719** community outreach workers who are serving both the refugees and the communities hosting them. In addition, refugee representatives, Refugee Outreach Volunteers (ROVs), women, youth and child committees and other community representatives were trained and are actively engaged to ensure that basic preventive measures are observed in the communities.
- The daily average per capita **water distribution** in the refugee camps stands at **18.6 litres**. While some of the camps have access to 20 liters per person per day per the UNHCR standards, others are receiving less than the emergency threshold of 15 liters per person per day. UNHCR, ARRA and partners are working to ensure that all refugees have access to adequate potable water, in keeping with the minimum international standards. The current emergency in Tigray Region has seriously disrupted the provision of water in the four camps located in the region. UNHCR and partners are working to normalize service provision in Mai Aini and Adi Harush camps where currently we currently have access to.
- **Isolation facilities**, known as Temporary Assessment Units, have been set up in all refugee camps to temporarily quarantine possible suspected COVID-19 cases pending their transfer to Government isolation and treatment facilities, if necessary. UNHCR has provided hospital beds, mattresses, coverall gowns and other supplies to equip the facilities and the health staff and extended support to the Government-run treatment centers, which are also accessible to refugees. The construction of five additional isolation facilities in the five Melkadida camps has been completed.
- In the capital, Addis Ababa, where over **35,000** urban refugees reside, UNHCR is **communicating with refugees via telephone helplines, WhatsApp and Telegram groups**. In addition to this, a **Digital Request and Complaint System (DRCS)** is fully functional, with an average of 100 requests received on a daily basis and these are being processed by the Protection team. Refugee Outreach Volunteers (ROVs) and refugee leaders are also helping raise awareness.
- In order to meet additional expenses for soap and other sanitary materials, UNHCR provides an allowance of 300 Ethiopian Birr (\$7.61) per person per month, to urban-based refugees entitled to monthly living allowances. A two-month advance cash transfer is also made as a living allowance. The intervention is monitored through post-distribution phone interviews by Protection staff.
- The Registration services resumed at the UNHCR office in Addis Ababa to issue refugees with registration documents and update their data. Limited numbers are received per day due to the health measures in place to ensure the safety of refugees.

- UNHCR is **supporting the inter-agency COVID-19 response to the IDP situation** in the country, distributing non-food items, equipping isolation and quarantine centers and providing community communications on health messaging.

COVID Impact and Challenges

Health Impact: Pivoting of much of UNHCR's limited health budget to the COVID-19 prevention and response efforts is resulting in a strain on the provision of regular essential health services in the refugee camps. This, in turn, will pose challenges in continuity of maternal and child health services, disease control programmes such as for HIV, TB and Malaria, among others. The reallocation of funds to combat COVID-19 may also negatively impact the efforts already made towards the control of non-communicable diseases including diabetes, hypertension and mental health.

Economic impact: Despite the prevailing COVID-19 pandemic, there have been positive advancements with respect to the planned roll out of projects designed by development partners in 2020. The £24m SHARPE Project funded by FCDO will start market systems development activities in February 2021, targeting 200,000 beneficiaries in the Gambella and Somali regions over a period of three years. Similarly, the UN Capital Development Fund (UNCDF) will kick off the Inclusive Digital Economies Action in Ethiopia: (IDEA). The project will ensure financial inclusion to 18,000 beneficiaries in 500 groups in the Somali region. The Poverty Alleviation Coalition consortium, led by World Vision in Ethiopia will be fundraising to design and implement Graduation Programs in all refugee hosting regions, expected to reach 14,000 households over a period of five years. UNHCR is working closely with these partners to ensure that refugee inclusion and protection is realized and that these projects support the COVID-19 economic recovery efforts in refugee hosting areas.

Operational Response Updates

Tigray Emergency: Following a one-month food distribution in Mai Aini and Adi-Harush in mid-December 2020, WFP/UNHCR/ARRA completed a second food distribution covering January 2021. Similarly, Core Relief Items (CRIs) were distributed to 2,600 refugees who are known to have come from Hitsats and Shimelba camps to which UNHCR no longer has access. UN High Commissioner for Refugees Filippo Grandi visited Ethiopia from 29 January to 01 February 2021 during which time he met with Ethiopian Government officials, including the Prime Minister and discussed critical issues in relation to the refugees who were impacted by the conflict in the Tigray Region. He traveled to a refugee camp in the Tigray Region and discussed with the Eritrean refugees who had been cut



High Commissioner Filippo Grandi in the midst of a press interview inside Mai Aini camp to which UNHCR has now access to provide protection and critical humanitarian assistance ©UNHCR/Chris Melzer

off from humanitarian supplies for about two months. During a virtual press conference, he gave at the conclusion of his visit, the High Commissioner said: “The humanitarian situation in Tigray, I think I will say something that everybody knows, but I think it’s important to repeat it, is extremely grave. People need all possible forms of support: food items, non-food items, medicine, clean water, shelter.” Regular Ethiopia country and regional UNHCR updates on the crisis can be found at: <https://data2.unhcr.org/en/situations/rbehagl>



Protection

Free legal aid to IDP returnees: In partnership with the Wollega University’s free legal aid centers, UNHCR provided free legal aid services for 49 persons of Concern in Wollega, Oromia Region. 17 beneficiaries (06 males & 11 females) were from Gimbi woreda in west Wollega while, 32 others (15 males & 17 females) were from Gida Ayana in East Wollega). Of the latter, five received legal representation to ensure their housing, land and property rights were respected.

Relocation of South Sudanese refugees: With the relocation of the remaining 1,189 refugees to Nguenyiel camp, UNHCR and partners successfully completed the transfer of a total of 8,220 South Sudanese refugees from Pagak reception centre. Among the last batch were 152 children with specific needs, including 71 unaccompanied minors and 79 separated children.



Education

Distribution of uniforms and radio sets: School uniforms were distributed to 742 secondary students in Sheder camp near Jijiga in the Somali Region. 109 of the secondary school students, 32 of them females, are expected to take part in the upcoming university entrance examination. Similarly, 82 students who completed their Vocational Skills training in the same camp passed the Centre of Competency (COC) examination, earning them approval for level I and II qualifications in furniture making and basic metal work skills. In Kebribeyah camp, Solar radio sets with built in flash drives were distributed to approximately 390 students, with guidance on how to operate them. They are meant to facilitate supplementary learning. Similarly, in Gure-Shembola refugee camp in the Benishangul-Gumuz Region, Plan International Ethiopia (PIE) distributed 1,055 of the planned 2,321 radio sets to students from grade 5 to 8 while memory cards with audio books and other learning materials were distributed to students in grades 3 to 8.

In the Melkadia area of the Somali Region, which hosts thousands of Somali refugees in five camps, 80% of students have been registered in the new digital platform. Enrolment rates stand at 12,460 (6367M, 6093F) in pre-primary; 23,283 (13192M, 10091F) in primary, and 2,252 (1820M, 432F) in secondary schools.



Shelter & CRIs

Space for shelter construction in Adi-Harush: Shelter specialists drawn from UNHCR, ARRA, IRC and NRC conducted an assessment of spaces in Adi-Harush camp where new shelters can be set up to accommodate refugees coming from the other camps. To date there is only spaces enough for some 390 shelters, which falls far short of the needed 2,000 shelters.



Health

Oral Cholera Vaccines: As part of the effort to contain the spread of cholera from the surrounding area in Okugo camp in Gambella, ARRA has started administering oral cholera vaccines to the South Sudanese refugees in the camp and surrounding host communities. The vaccines were provided by the Ethiopian Public Health Institute through the Gambella Regional Health Bureau. Humanitarian workers in the camp will also be covered.

Health Services in Melkadida meet 78% of requirements: An evaluation conducted in the five Melkadida camps showed that the camps meet 78% of the acceptable health service requirements, a little less than the 80% minimum requirement as stipulated by the UNHCR Balance Score Card (BSC) guide. The evaluation showed, however, an improvement compared to previous years. It also recommended that improvements be made to laboratory services, management of non-communicable diseases and outpatient services for children require, including by deploying experienced health workers and better quality control.

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