

Consolidated Participatory assessment Report 2021



UNHCR
The UN Refugee Agency



UNHCR Representation Office,
Addis Ababa, Ethiopia

August
2022

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Acronyms

AAP	Accountability to affected people
AGD	Age, gender, and diversity
CBI	Cash-based interventions
CFS	Child-Friendly Space
COVID-19	Coronavirus disease 2019
CRI	Core Relief Item
CRRF	Comprehensive Refugee Response Framework
CP	Child protection
DICAC	Development and Inter-Church Aid Commission (Ethiopia)
DRCS	Digital Request and Complaint System
ETB	Ethiopian Birr
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
FR	Family reunification
GBV	Gender-based violence
GCR	Global Compact on Refugees
GFD	General Food Distribution
GoE	Government of Ethiopia
ICT	Information communication and technology
IGA	Income-Generating Activity
INS	Immigration and Nationality Service (formerly Immigration Nationality and Vital Events Agency, INVEA)
JRS	Jesuit Refugee Service
KII	Key informant interview
MFT	Multi-Functional Team
NAP	National Action Plan
NGO	Non-governmental organization
OPD	Outpatient Department
OSC	One Stop Centres
PA	Participatory assessment
PSN	Persons with specific needs
PSS	Psycho-social support
PTA	Parent-Teacher Association
PWD	Persons with disability
RCC	Refugee Central Committee
ROV	Refugee outreach volunteer
RRS	Refugees and Returnees Service (formerly Agency for Refugee and Returnee Affairs, ARRA)
RSD	Refugee status determination
UASC	Unaccompanied and separated children
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WFS	Women-friendly space
YFS	Youth-Friendly Space

Acknowledgements

This participatory assessment exercise was conducted across different refugee field and urban locations in Ethiopia in 2021.

Special thanks go to the following stakeholders for their valuable participation and support throughout the exercise:



Refugee women, girls, men, and boys and their elected representatives, who participated in individual interviews and focus group discussions (FGD),



Refugee outreach volunteers, who collected and gathered valuable data that informed the findings of this participatory assessment report,



Members of the host community and their elected/appointed leaders and representatives that participated in the exercise,



The staff members of different NGO partners across the different field and urban locations, who participated in the coordination and conduct of the exercise,



The Refugees and Returnees Service (RRS) staff members who participated in the coordination and conduct of the exercise; and



The United Nations High Commissioner for Refugees (UNHCR) staff members, who coordinated and participated in the exercise, as well as conducted the data analysis, drafting and compilation of the participatory assessment report.

This participatory assessment report will hopefully support the Government of Ethiopia, UNHCR, and all humanitarian actors in identifying key challenges faced by refugees in Ethiopia, as well as developing mechanisms that enhance protection, assistance and solutions for refugee and host communities.

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Executive Summary

In 2021, UNHCR Ethiopia, together with partners, conducted participatory assessments (PA) in different refugee locations of **Addis Ababa, Afar, Assosa, Gambella, Jijiga and Melkadida**. The PA exercise was not conducted in northern Ethiopia due to ongoing security restrictions.

As of 31 December 2021, Ethiopia hosts 823,951 refugees and asylum-seekers. The six refugee-hosting locations of Addis Ababa, Afar, Assosa, Gambella, Jijiga and Melkadida account for 778,123 (94%) of the total refugee population in Ethiopia. A total of 5,969 respondents participated in the PA exercise, which is a representative sample of 0.8% of the total number of refugees in the six locations.

Data collection, information gathering and interactive analysis during the PA was done through Key Informant Interviews (KII), Focus Group Discussions (FGD) and desk reviews. In some locations, (Addis Ababa, Jijiga, and Melkadida) data was collected using the KoBo platform, while the rest of the locations relied on manual collection and recording of data. In all locations, data was collected in line with age, gender, and diversity considerations.

Following the roll-out of the Global Compact on Refugees (GCR), UNHCR, as the key Refugee Protection Agency, intends to leverage the annual participatory assessments to generate evidence for mobilization of resources to advance refugee self-reliance and development of host regions.

Based on the PA exercises across the six locations, the following are the key highlights of the key findings:

Gender-Based Violence (GBV): GBV remained a key area of concern affecting refugee women and girls, with limited access to energy sources highlighted as a major contributing/risk factor to GBV incidents being perpetrated against women and girls, whenever they leave their homes/camps in search of firewood. Other factors, including inadequate livelihood opportunities, as well as community, cultural, and religious biases against women and girls were highlighted as contributing/increasing the risk of exposure to GBV for women and girls. Weak legal and judicial responses against perpetrators were highlighted as a major gap in the GBV prevention and response with survivors also indicating stigma, fear, and discrimination as the major reasons for not reporting incidents of GBV. GBV mainstreaming across all sectors should remain a top priority for the operation in line with the National Action Plan on GBV Prevention, Risk Mitigation, and Response (NAP).

Child Protection and Education: The number of unaccompanied and separated children (UASCs) was reported to be higher in urban settings than in field locations. Refugee children across the Ethiopia operation were reported to be at risk of early/forced marriage, domestic violence, denial of schooling opportunities for girls and child labour, among others. Refugee youth and children across all locations highlighted access to education as a key priority area. Most refugee children and youth reported overcrowded schools and poor infrastructure and facilities as a major reason for increased school dropout rates. Child-Friendly Spaces in schools and refugee camps were reported to be inadequate across all field locations. The long distance between schools and refugee camps was also highlighted as a reason for poor school attendance. While refugee children, particularly girls, desire to continue with their education, they are often seen as a source of income for their families and are consequently subjected to early/forced marriage for dowry.

Registration and Documentation: Refugee registration and access to documentation were highlighted as serious protection concerns by all refugee groups, particularly children. While all refugees without documentation do not benefit from any services, refugee children, who do not hold civil documentation, do not benefit from additional services such as enrollment in schools and are at heightened risk of becoming stateless.

Security and Access to Justice: Although access to justice is guaranteed under the 1951 Refugee Convention and the Ethiopian Refugees Proclamation No. 1110/2019, this right remains limited for refugees across the Ethiopia Operation. As a result, refugees often rely on informal traditional justice resolution mechanisms. Refugees feel relatively safe in the camps having established their own community security structures, although more women than men reported feeling insecure.

Community Participation and Representation: Refugees across the Ethiopia Operation have established well-functioning leadership structures. However, in some locations, refugees reported bias and discrimination against persons with specific needs, including persons with disabilities, in representational fora. Overall, there is gender inequality in the leadership structures with more men than women in these leadership structures.

Shelter: Refugees across the Ethiopia Operation identified shelter as a major challenge facing refugees, particularly in the refugee camps.

Refugee men and women reported, there were inadequate and sub-standard shelter facilities for their families in the camps and in the reception centres. Refugees possess shelter construction skills, and there is a need to tap into these skills.

Energy and Environment: Refugees in field locations reported limited access to sustainable and alternative energy sources such as charcoal, briquettes, and firewood as a significant challenge, leading to the cutting of trees and environment degradation. In addition, there is a direct link between the unavailability of alternative energy sources and the occurrence of GBV in field locations. On a positive note, refugees possess skills in producing charcoal stoves and are engaged in tree planting campaigns.

Livelihoods: Across the Ethiopia Operation, refugees reported limited livelihood and employment opportunities. Although the Government of Ethiopia, UNHCR, and partners have made efforts to boost refugee self-reliance by revising legal frameworks to do away with legal and procedural barriers, the impact on the lives of refugees remains minimal. A vast majority of refugees rely on food and non-food assistance provided by humanitarian agencies and on remittances and support from their relatives abroad. UNHCR and Development Partners, however, continue to explore ways of supporting the Government in advancing its commitments to the Global Refugee Forum in 2019.

Water, Sanitation and Hygiene (WASH): Refugees across all field locations reported water shortages in the camps as an area for improvement with water points reported to be inadequate, and where such water-points were adequate, they were often dry. While this is reflected across conversations with women, girls, men, and boys, it is women and girls, who are most affected, as they are often expected to travel long distances in search of water for their families.

Health: Refugees reported challenges in accessing health services under the national systems. In field locations, refugees reported that the quality of health services provided was below average, with drug shortages and referrals for specialized treatment identified as major concerns. Refugees, however, reported that they were satisfied with the information shared on COVID-19 prevention.

Food and Nutrition: Refugees in field locations reported that food and nutrition services were below average. They cited the inadequacy of the food rations/basket provided and the absence of a diversified diet. Some locations also reported interruptions in the food distribution cycle as an area of concern.

Durable Solutions: The limited number of resettlement quotas compared against the significant number of refugees in need of resettlement and other durable solutions such as complementary pathways, continues to be reported by all refugees as an area of concern.

Onward (Irregular) Movement: In the urban refugee setting, irregular movement was identified as one of the most serious protection risks faced by refugee youth and women with young children. Most of these irregular movements are triggered by the intention to pursue better opportunities elsewhere. Refugee men and women in both urban and camp settings reported that access to livelihood opportunities would be an effective way to address onward/irregular movement.

More specific recommendations have been made for each of the sectors ([see §4 - Sectoral Findings](#)).

1. Background

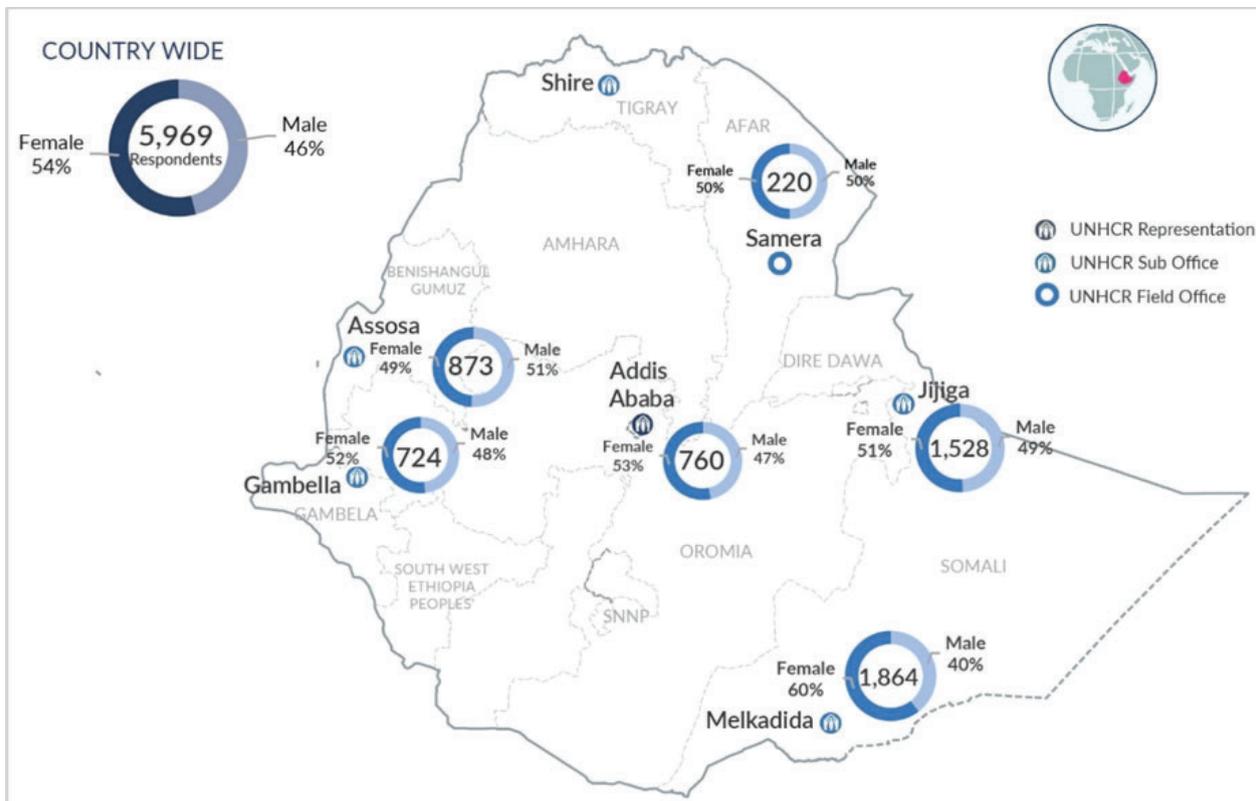
The concept of Participatory Assessments is a process that contributes to developing partnerships with refugee women and men, girls and boys and youth of all ages and backgrounds by promoting meaningful participation through structured dialogue. In 2021, UNHCR Ethiopia together with partners conducted participatory assessments (PA) in the different refugee locations of Addis Ababa, Afar, Assosa, Gambella, Jijiga and Melkadida. The participatory assessments involved separate discussions with women, girls, boys, and men, including adolescents and persons with specific needs, to gather accurate information on the specific protection risks, they face and the underlying root causes, to better understand their capacities, and to hear their proposed solutions.

The participatory assessments across the operation consisted of a process of information gathering and interactive analysis through key informant interviews (KII), focus group discussions (FGD) and desk reviews. In Addis Ababa, Jijiga, and Melkadida, data was obtained using KoBo platforms. The use of the KoBo platform allowed for individual responses across the age, gender, and diversity (AGD) spectrum. During the exercise, several thematic areas were covered during the collection and analysis of the data. These thematic areas included Gender-Based Violence (GBV), Child Protection (CP), Education, Registration and Documentation, Cash-Based Interventions (CBI), Security and Access to Justice, Community Participation and Representation, Shelter, Energy and Environment, Livelihood, Water, and Sanitation and Hygiene (WASH), Health, Food and Nutrition, Durable Solutions, and Onward Movement.

It is envisioned that the findings from these assessments will inform policy design and the development of Joint Projects, looking to advance refugee inclusion and development of their host communities, as part of the broad agenda to implement the GCR in Ethiopia.

2. Age, Gender, and Diversity (AGD) Considerations

In line with AGD considerations that ensured the participation of women, girls, men, and boys, including adolescents, youth, person with specific needs and disabilities, a sample of 5,969 refugees (54% female and 46% male) were selected across five refugee operations in Ethiopia to participate in the assessment through Focus Group Discussions and Key Informant Interviews.



Location	# of Respondents			%	
	Male	Female	Total	Male	Female
Addis Ababa	355	405	760	47%	53%
Afar	110	110	220	50%	50%
Assosa	444	429	873	51%	49%
Gambella	348	376	724	48%	52%
Jijiga	750	778	1,528	49%	51%
Melkadida	737	1,127	1,864	40%	60%
Total	2,744	3,225	5,969	46%	54%

Table 1. Participatory Assessment Ethiopia 2021_Respondents per location

Addis Ababa (urban setting)

In total, 760 participants (53% female and 47% male) participated in the assessment. They were selected from the refugee and asylum-seeker community inclusive of minority groups, of all age groups comprised of children ages 8 to 14 and 14 to 24. Adults and older persons were involved from ages 18 to 60 years, all ages of persons with specific needs, including persons with disabilities (PWD) and, women at risk. In addition, attempts were made to include refugee entrepreneurs, business owners and private and self-employed refugees.

Afar

The collection of data was conducted through Focus Group Discussions (FGD) with a total of 220 individuals (50% female and 50% male) taking part and spot-checking with different age groups disaggregated by gender. In this regard, 22 FGDs were conducted in Aysaita and Barhale refugee camps with girls and boys 10-13 years old, boys and girls host community 10-13 years old, refugee girls 14-17 years old, refugee boys 14-17 years old, female refugees 18-40 years old, male refugees 18-40 years old, female refugees 40-60 years old, male refugees 40-60 years old, male and female refugees as persons with specific needs (PSN); older refugees and refugees with disabilities, male and female refugee leaders and male and female refugee ethnic minority groups.

Assosa

A total of 873 persons (49% women and 51% male) from various population, age, gender, and diversity groups participated in the exercise. Boys and girls formed 30% of the total respondents. During the PA exercise, 62 FGDs were complemented by household level interviews and discussions conducted by MFTs. Household participants were randomly selected for the exercise. Enumerators employed semi-structured interviews, participatory observation, and spot check techniques to gather the information across all five camps.

Gambella

The collection of data was conducted through 68 FGDs with different categories of refugee groups in the seven camps. A total of 724 participants (52% female and 48% male) took part in the exercise. These include girls of 10-14 years old, boys of 10-14 years old, female youth of 15-24 years old, male youth of 15-24 years old, women of 25 -59 years old, men of 25-59 years old, older women from 60 years old and above, older men from 60 years and above, female refugees with disabilities and male refugees with disabilities.

Jijiga

A total of 1,528 interviews with refugee adults (51% females and 49% males) and 340 interviews with refugee children (51% girls and 49% boys) using the KoBo platform on tablets. Persons with disabilities within those age groups also took part in the exercise. The exercise took place in all three camps – Aw-barre, Kebribeyah, and Sheder.

Melkadida

A total 1,864 individuals were interviewed (60% female and 40% male) using the KoBo platform on tablets. Persons with disabilities within those age groups also took part in the exercise. In total, 371 children participated in the PA exercise. Of all the participants in the exercise, 67% were married, 28% single, with the rest either divorced, separated, or widowed.

3. Methodology

The UNHCR Tool for Participatory Assessment in Operations remained the primary guiding document for conducting participatory assessments (PA) throughout the operation and was used to plan and structure the dialogue with refugees. Other key guiding documents for conducting PAs include, but are not limited to, the updated UNHCR Policy on Age, Gender and Diversity (March 2018), UNHCR's Operational Guidance on Accountability to Affected People (Sept 2020), the Pocket Guide on Reporting: AGD Accountability Report (2018) and the PA Checklist developed by the UNHCR Representation in Addis Ababa.

Field locations across Ethiopia adopted different methods of data collection during the exercise. In Addis Ababa, Jijiga and Melkadida, a new innovative methodology was applied for the exercise with refugee communities playing a central role in conducting the exercise. UNHCR selected and trained refugee enumerators, who conducted interviews with refugees using the KoBo platform on tablets. The KoBo platform, as opposed to the manual recording of interviews, significantly simplified and expedited data gathering, processing and analysis. In Afar, Assosa and Gambella, the exercise was conducted through manual collection of data, where Focus Group Discussions (FGDs), household level discussions, and secondary data review were conducted. Observations and spot checks techniques were also applied.

For both approaches, UNHCR led multi-functional teams (MFT) comprising UNHCR, RRS and partners, as well as refugees and host community representatives in the design and implementation of the Participatory Assessment activities. For locations, where the KoBo platform was used by refugee enumerators to conduct interviews, the MFTs selected the refugee enumerators. All members of the MFT and the refugee enumerators were trained on the PA exercise prior to the identification and selection of participants.

The MFTs worked together with refugee representatives identified and selected participants/respondents for the PA exercise in line with the AGD considerations (*see § 2 – AGD Considerations*), purposive sampling technique, as well as random and non-random selection processes in a manner that selected groups represented the exact nature of the community segment they represented. The MFTs ensured that the necessary verification of legal status, consent and confidentiality parameters were strictly and effectively applied and adhered to throughout the process. The thematic/sectoral areas that the PA exercise focused on were identified based on refugee inputs, as well as findings from previous PA exercises.

Given the risk of COVID-19 transmission during the conduct of this exercise, all risk mitigation measures and precautions such as the use of hand sanitizers, wearing of face masks and physical/social distancing, were adhered to.

Across all locations, a total of 152 FGDs, as well as three instances of KoBo-based interviews, were conducted with a total of 5,969 persons participating in the exercise.

¹ UN High Commissioner for Refugees (UNHCR), *UNHCR Tool for Participatory Assessment in Operations*, May 2006, First edition, available at: <https://www.refworld.org/docid/462df4232.html>

¹ UN High Commissioner for Refugees (UNHCR), *UNHCR Policy on Age, Gender and Diversity*, 8 March 2018, available at: <https://www.refworld.org/docid/5bb628ea4.html>

¹ <https://www.unhcr.org/handbooks/aap/>

4. Sectoral Findings

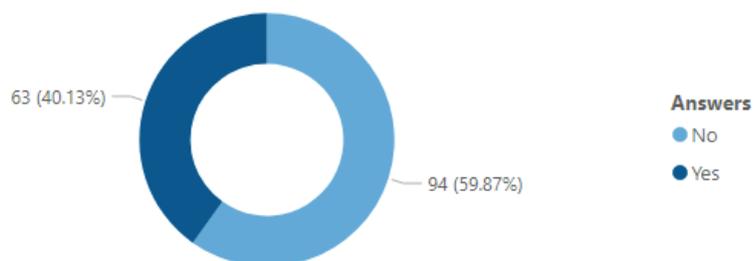
4.1 Gender-Based Violence (GBV)

Most focus group discussions indicated that refugee women and girls are exposed to a higher risk of sexual, physical, and psychological violence at firewood collection sites.

Refugees identified several contributing factors that put them at risk of GBV. Some of the factors mentioned include inadequate livelihood opportunities, limited access to alternative energy resources, which force women and girls to go look for firewood, as well as community, cultural, and religious biases against women and girls.

In Addis Ababa (urban setting), most of the respondents were not aware of available emergency GBV services for survivors of GBV. In addition, women participants highlighted that in cases of intimate partner violence, traditional court systems often favored men due to existing cultural influence and biases.

GBV survivors are aware they can get emergency services at One Stop Cen...



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Participatory Assessment children 2021 URBAN Data as of 6/30/21

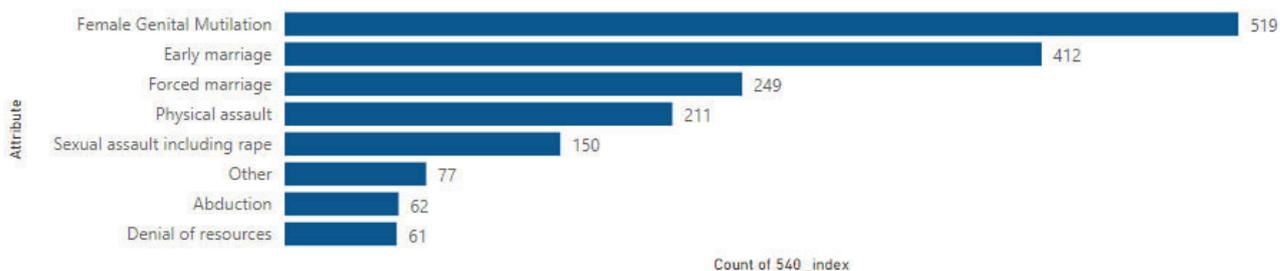
In Afar, adolescent girls reported being exposed to harmful traditional practices such as forced marriage, FGM/C, and denial of resources that prevented them from pursuing their studies.

In Assosa, refugee women identified weak legal and judicial enforcement against GBV perpetrators, as a massive gap/challenge in GBV prevention and response. They also highlighted under- representation of women in community-based structures as a challenge in terms of achieving gender equality. In addition, children are exposed to GBV while going to gold mines. Teenage pregnancy and early marriage continue to contribute to school dropout rates.

In Gambella, adolescent girls and women highlighted unmet needs such as clothes, shoes and shortage of food were likely to contribute to the risk of exploitation and abuse among adolescent girls.

In Jijiga, adults reported that FGM/C was the main risk, women face in the camps. Single women, women-headed households, and unaccompanied and separated children (UASCs) were reported to be most at risk of GBV. Women and girls are bound to go long distances to collect firewood and fetch water, which exposes them to the risk of GBV. In addition, refugee women highlighted weak legal and judicial enforcement of the law against GBV perpetrators, as well as underrepresentation of women in leadership roles as factors that contribute to or exacerbate the risk and occurrence of GBV.

What are the dangers that women are facing in the community

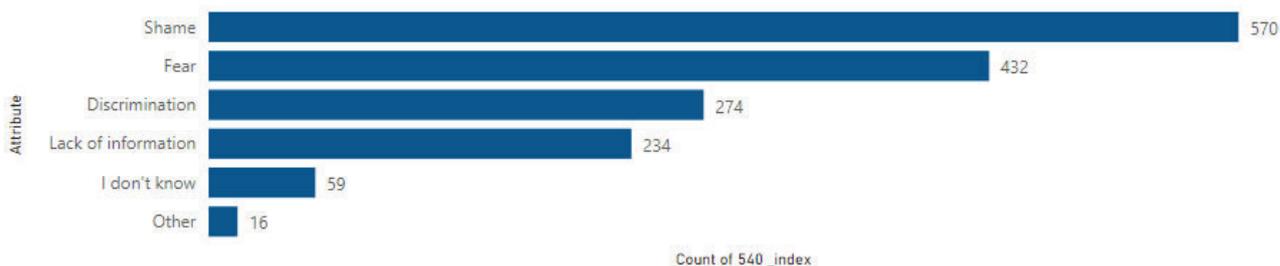


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Participatory Assessments (Adults) Jijiga 2021. Data as of 5/6/21

Stigma, fear, discrimination, and lack of information on available services were the main reasons highlighted for not reporting GBV incidents. (See graph below).

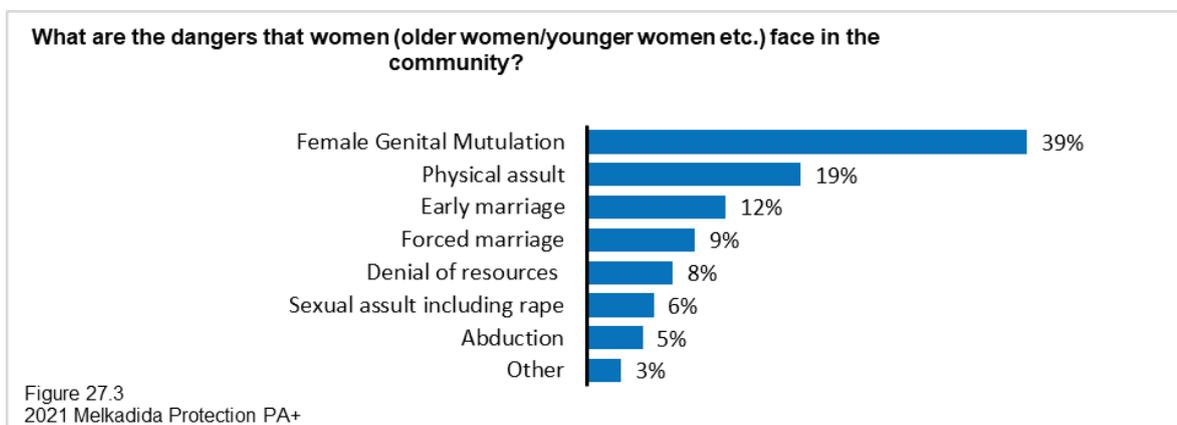
What is the reason not to report GBV incidents



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Participatory Assessments (Adults) Jijiga 2021. Data as of 5/6/21

In Melkadida, participants reported that FGM/C was the main form of GBV that women and girls faced in the camps, which together with physical assault and early marriage accounting for the top three forms of GBV risks.



Participants, however, indicated that they had confidence in what UNHCR, RRS and partners were doing to prevent GBV with 93% of the respondents indicating that enough was being done by stakeholders. Further, 77% of the respondents indicated that they were aware of the reporting channels, if faced with a GBV incident, with 64% indicating that they would report to the GBV partners, UNHCR or RRS. 36% of the respondents indicated that they would report to their family members, friends, or community leaders.

Are you aware of reporting channels in case of GBV incident?

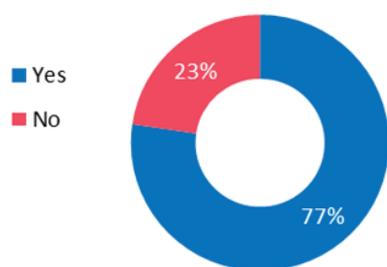


Figure 27
2021 Melkadida Protection PA+

Where would you ask for help on GBV incidents?

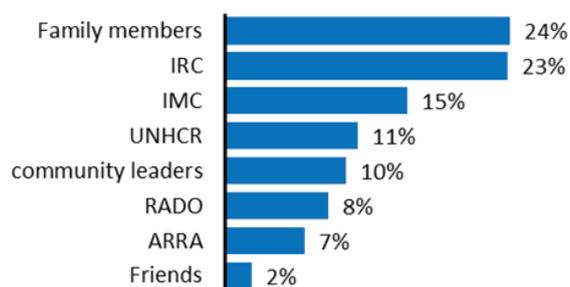
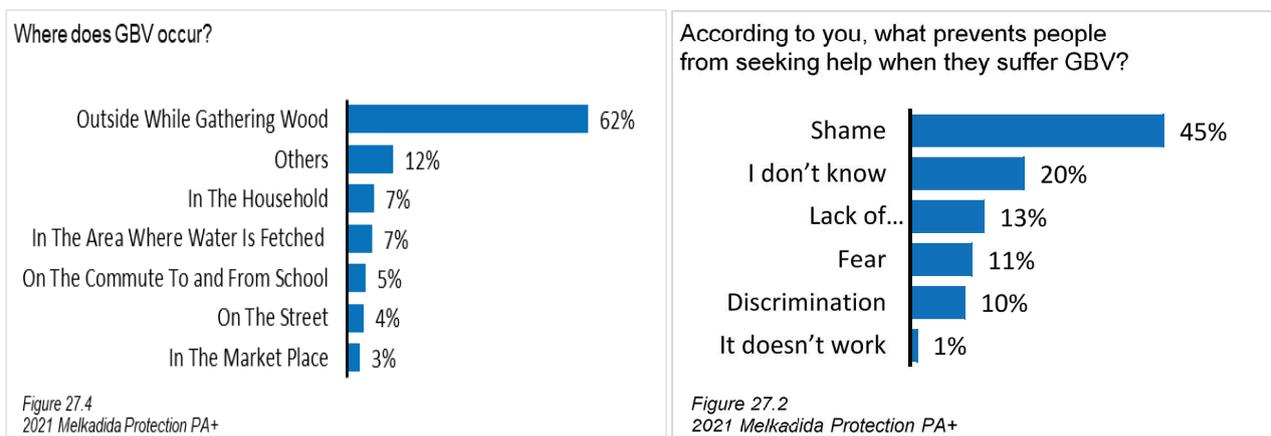


Figure 27.1
2021 Melkadida Protection PA+

Women and girls reported that they were at most at risk of GBV with 62% of the respondents indicating that they were most at risk when fetching firewood, and another 7% while fetching water. A similar number of respondents, (7%), indicated that they were at risk of suffering GBV within their household.

Stigma, fear, discrimination, and lack of information on available services were the main reasons highlighted for not reporting GBV. (See graphs below).



Community Capacities Identified

- There are community-based structures such as Refugee Central Committees (RCC), Women’s Associations, Youth Associations, Persons with Disabilities Associations, Older Persons Associations, etc. that engage in awareness raising activities on GBV, including PSEA, which can be strengthened.
- Communities are collecting firewood together in groups to mitigate risks.
- Communities are working closely with UNHCR, RRS and other GBV partners, whenever child/forced marriage is reported.

Recommendations

1. UNHCR offices should mainstream GBV prevention, risk mitigation and response across all sectors in line with the National Action Plan (NAP) on GBV Mainstreaming. This will ensure a collective approach and a shared responsibility towards addressing and reducing GBV risks across all sectors in all locations. [UNHCR, All Partners]
2. There should be an expansion of appropriate youth, children, and women friendly recreational centres to promote refugee participation in and access to psychosocial support and social interaction. [UNHCR, GBV Partners, RRS]
3. The expansion of livelihood projects to include income-generating projects and employment opportunities, as well as access to alternative energy resources and satisfactory health service. [UNHCR, RRS, GoE (Ministries of Agriculture, Health, Water and Energy, and Works and Skills)]
4. Installation of streetlights on the main roads in refugee camps. [UNHCR, GBV Partners, RRS]

5. UNHCR should work with GBV partners to strengthen awareness raising efforts in the urban refugee programme, utilizing creative mechanisms to reach refugees across the city. Similar approaches should be adopted across other refugee locations to sensitize the community about GBV and available services. [UNHCR, GBV Partners, RRS]

6. All GBV actors should work with the traditional justice system in different locations with the aim of undertaking capacity development, sensitization and providing guidance on how these systems could support in terms of referral of GBV cases to the police and other legal actors to ensure justice for GBV survivors. [UNHCR, RRS, GBV Partners]

7. There should be increased collaboration with line Ministries of Women and Social Affairs, and Health, as well as their relevant departments to mainstream protection of refugees and asylum-seekers, including access to GBV services, to pave the way towards inclusion of refugees in the national system. [UNHCR, RRS, GBV Partners]

8. There should be joint advocacy by education, child protection and GBV units for resources to address unmet needs for sanitary kits for girls. [UNHCR, GBV Partners, RRS]

How the Participatory Assessment (2021) contributed to the planning and programming on GBV for 2022

In line with the findings and recommendations of the 2021 PA, some activities and programmes have been implemented and prioritized in 2022:

Gender-Based Violence Strategy (2022-2026): UNHCR Ethiopia has developed a new five-year GBV strategy that shapes our approach on GBV prevention, risk mitigation, and response in six strategic priorities:

- i. Strengthening women's and girl's and adolescent's participation and empowerment and transforming systems.
- ii. Strengthening access to quality multi-sectored GBV response services .
- iii. Inclusion of refugees in the national system.
- iv. Mainstreaming GBV risk mitigation within UNHCR in coordination with other humanitarian actors.
- v. Strengthening the prevention of GBV.

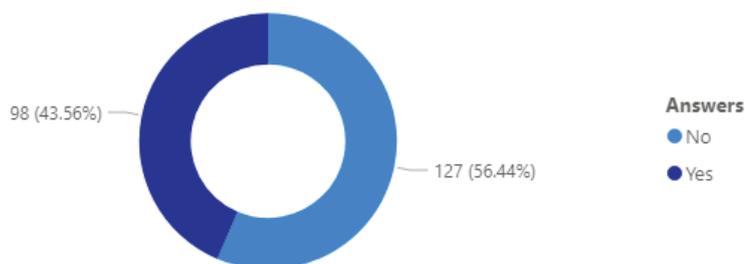
4.2 Child Protection

In Addis Ababa (urban setting), close to 40% of the children, who participated in the PA, indicated that they are either unaccompanied or separated children, which closely reflects the current data of refugee children in the urban operation; and of whom 20% reported lack of family or community support, placing them at heightened protection risks.

Early marriage, forced marriage, rape and attempted rape, denial of educational opportunities for girls, child labour, FGM/C, harmful coping mechanisms such as substance abuse (alcohol, khat, and cigarettes) were reported as the most common risks, refugee children in the urban context are mostly exposed to.

Outreach by child protection partner and community structures such as Refugee Outreach Volunteers (ROVs) were found to be good with 38% of the respondents reporting to have been reached or contacted by either the partner or the child protection ROVs for protection services. However, accessibility of the child protection centre remains limited with few children reporting to have benefited from the services at the centre.

Where to report if you know children encountered incidents indicate in qu...



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Participatory Assessment children 2021 URBAN

In Afar, the absence of child-friendly spaces and psycho-social support for children has contributed to children being exposed to substance abuse and addiction. In addition, children have limited awareness on GBV, including how and where to report GBV incidents, when they occur.

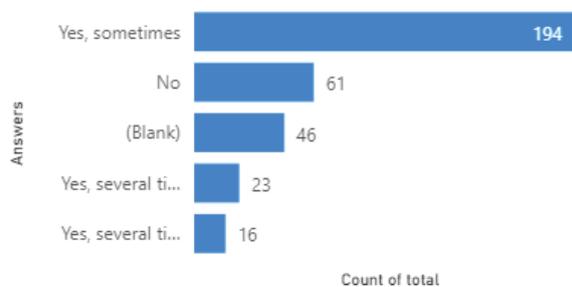
In Assosa child labour continues to be a common issue raised across all camps. Farming, gold mining and fetching water is the labour that most children are exposed to. Due to inadequate CRIs, children resort to these activities to cover their basic needs such as shoes and clothes for themselves and their families. Children also reported that COVID-19 restrictions and inadequate recreational and educational facilities contributed to absences from school and high rates of school dropouts.

In Gambella, school dropout was a major concern reported by groups of children, youth, and adults. Children identified the closure of schools due to COVID-19, including social and physical distancing and face mask wearing requirements, as the reason for the decrease in the number of students, and attributed the increase in dropouts to early marriage, pregnancies, lack of school uniforms, absence of school feeding programmes and long distances to and from the schools. In Okugu camp, children involved in gold mining activities do not attend school. Girls reported that lack of sanitary materials forces them to miss school.

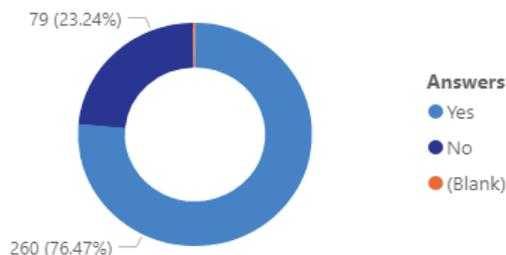
Some groups indicated that some children living with caregivers are used as servants and are not allowed to attend school. In the same context, children also reported that parents and caregivers frequently travel back to South Sudan to follow up on some of their properties, income generating activities or to settle family issues, while others leave the camps to go in search of work in the Gambella region, and in the process, abandon children in the camps with or without caretakers. COVID-19 also affected the engagement of children/youth in CFS/YFS centres, as they were closed, or activities were downsized.

In Jijiga, 86% of interviewed refugee children are aware of child-friendly spaces with 233 out of 340 having said, they have gone to at least one space. After COVID-19 led to closures of child-friendly spaces in all three camps, a significant percentage (77%) of refugee children, found it difficult staying at home. The children found the “living situation at home was not comfortable (183),” they “missed going to school (156),” and there was “no child-friendly activities to do (55)” in the home. Additionally, it is important to note that 7 children (3 girls and 4 boys) reported that the primary reason, they faced difficulties at home, was due to an “abusive family member.”

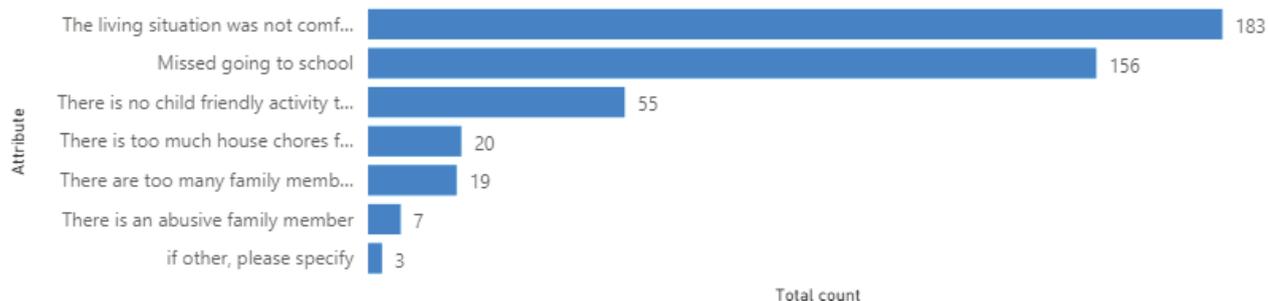
Going to child-friendly space in the camp



Staying at home during covid-19 was difficul...



Staying at home during covid-19 difficult factors



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Participatory Assessment children 2021 Jijiga Data as of 3/22/21

Some of the big areas of concern identified by children across all the three camps include khat ('chat') drug use, (182 children: 97 girls and 85 boys); bullying (88 children: 35 girls and 53 boys); crime (58 children: 30 girls and 28 boys); and alcohol (50 children: 22 girls and 28 boys). While khat drug use was reflected as the biggest concern in all three camps, Shedder and Kebrebiyah camps had a considerable number of children (25) concerned about bullying. Aw-Barre, on the other hand, had a higher rate of concern related to alcohol abuse (19).

Furthermore, 11% of children across all the three camps felt "influenced by a friend or family member to illegally go to other countries." This is further exacerbated by the fact that 41% of refugee children have heard of someone in their community irregularly moving to another country. Children suggested that UNHCR, RRS, and partners assist in the creation of work opportunities, increase awareness raising, livelihood activities and access to work permits as a response to the irregular onward movement in the community.

In Melkadida, 81% of the respondent children indicated that they lived with their parents with the rest of the respondents indicating they lived with an adult relative, foster family, or a member of the community, and that they received support from the community. Only 1% reported to have been living alone and with no support from the community.

85% of the refugee children interviewed indicated that they were aware of child-friendly spaces, with 73% indicating that they had access to these spaces. However, 31% of the 27% that did not access these spaces indicated that the child-friendly spaces were located far away from their homes with 38% indicating that they did not go to the child-friendly spaces because of schoolwork and household chores.

Do you know where child-friendly spaces are located in your camp?

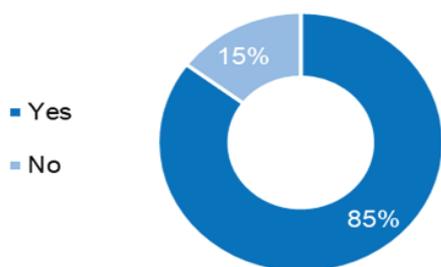


Figure 4
2021 Melkadida CP PA+

Do you go to the child-friendly spaces?

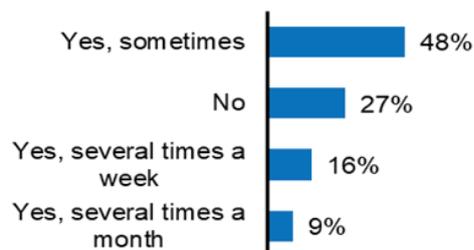


Figure 4.1
2021 Melkadida CP PA+

To identify the most common forms of risks and abuse children faced, the refugee children were asked about the occurrence of violence at home or school. 55% of the children reported not to have suffered or witnessed any form of violence perpetrated against other children at home or in school. However, the remaining 45% have seen children face violence, bullying or other forms of abuse in school or at home.

70% of the children reported to be aware of what GBV is, and that if it occurred, 35% of them would report to their parents, with the remaining reporting either to UNHCR, their school (head)teachers, partners, RRS or friends. Only 16% reported they do not know where to report if they suffered GBV.

The insecurity and hardship experienced in the camps were highlighted as a cause for some of the prevalent child protection concerns raised, as well as the standard of parental care subsequently provided to children. Exposure of children to violence outside of the camps, particularly during firewood collection was attributed to the insufficiency of alternative energy within the camps leaving households with no other option. The cause of early marriage was linked to several causes, including families using it to repay debt, traditional beliefs such as siblings marrying the spouse of their late sibling, poor performance in school leading to dropout and subsequently marriage, as well as the lack of parental responsibility.

Community Capacities Identified

- There are gender clubs in the community, which are used to engage children in the camps.

Recommendations

1. There should be regular distribution of dignity kits to female students. Partnerships with other agencies should be explored to support this initiative. [UNHCR, GBV, CP Partners]
2. The operation should enhance its child protection programming, including youth programmes, and design programmes that address issues of khat drug abuse, bullying, alcohol abuse, gang violence and crime. [UNHCR, CP Partners, RRS]
3. All stakeholders should ensure that schools and child-friendly spaces remain fully functional with COVID-19 preventive measures in place. [UNHCR, CP Partners, RRS]
4. Securing additional funding for children and youth recreational activities is central to curbing the tension and security issues facing refugee children. [UNHCR, CP Partners]
5. The case management component of the child protection programme must be strengthened. Proactive and effective identification of UASCs and ensuring family-based care needs, to be strengthened. This should include meaningful participation of the RCCs, ROVs and other community structures in the identification of UASCs, foster care arrangements, and monitoring of care arrangements. [UNHCR, CP Partners, RRS]
6. Together with RRS, partners and refugee communities, UNHCR should strengthen the linkage between child protection, education and GBV. RRS, UNHCR and partners need to continue strengthening community-based protection interventions to address GBV, child labour and other forms of exploitation, abuse, and violence against children. [UNHCR, CP, GBV Partners, RRS]
7. UNHCR and its child protection partners should enhance outreach activities to ensure that all children gain access to the available child protection services. Efforts to extend the child protection centre services to increase its accessibility should continue. [UNHCR, CP Partners, RRS]

How the Participatory Assessment (2021) contributed to the planning and programming on child protection for 2022

In line with the findings and recommendations of the 2021 PA, some activities and programmes have been implemented and prioritized in 2022:

Refugee Child Protection Strategy (2021-2025): UNHCR Ethiopia developed and rolled out a new five-year refugee child protection strategy that aims to achieve six strategic priorities:

- i. Inclusion of refugee children in the national child protection and birth registration systems.
- ii. Provision of targeted support for refugee children with specific needs in their best interests.
- iii. Strengthening of community-based child protection mechanisms and improvement in the meaningful participation of children.
- iv. Enhancement of the protection and empowerment of refugee youth (age 15-24).
- v. Refugee children have access to protective education.
- vi. Mainstreaming of gender-based violence (GBV) prevention, risk mitigation and response in the child protection sector.

4.3 Education

In Addis Ababa (urban setting), over half of refugee children (58%) reported to be attending school. On the other hand, it was evident that very good progress in terms of gender parity in school attendance has been made, as respondent children indicated that almost all (over 93%) boys and girls in their community equally attend school.

Only 20% of the children, who attend school, reported bullying and other forms of physical and mental violence as common protection issues, they face in schools. Close to one third of the respondents reported such protection issues to their parents, while the remaining respondents stated, they report either to their teachers, implementing partners (JRS /DICAC), friends, UNHCR, RRS or ROVs/RCC.

Only an insignificant number of them indicated, they did not know where to report such incidents. This could be a good indicator of progress on the efficacy of community-based complaint and reporting mechanisms, particularly with respect to abuse and violence in schools.

Access to education for children with disabilities remains an area for improvement with almost half of the respondents indicating that children with disabilities in their community do not have access to education pertinent to their disability. One or more of the COVID-19 prevention measures were found to be present/practiced in schools.

Most of the refugee children and youth indicated the need for language, computer, music, filming, and photography training, while a good number of them also indicated their interest in sports and other recreational activities.

Do boys and girls in your community equally attend school?



[Open in Power BI](#)

Participatory Assessment children 2021 URBAN

In Assosa, refugees reported that classrooms are crowded with a shortage of desks to accommodate the high number of students. They also reported that schools lack student uniforms, textbooks, solar lighting for night reading, and the language barriers that exist among students and teachers. Furthermore, the limited non-formal education (functional adult literacy) in the camps was also mentioned. Likewise, increased specific needs of students due to COVID-19 infection and poor school infrastructure (broken toilet doors, shortage of water etc.) were highlighted. They underscored that the limited number of qualified teachers in the school, high turnover and poor capacity among refugee teachers negatively affect student attendance and interest in attending school and this, in turn, impacts the overall quality of education.

Refugees in Tsore camp reported that secondary school students are out of school and engaged in hard and exploitative forms of labour, including gold mining. They also reported early marriage as a major cause of school dropout cases among female students. The suspension of the school feeding programme was identified as a major cause of irregular and poor school attendance for primary school students aged 7 to 14 years. The alignment of school hours with COVID-19 prevention guidelines has also affected the amount of time students spend in class and has minimized learning gain.

In Tsore, refugees highlighted bullying, mostly done by boys and youth, as well as menstrual cycle, domestic chores, including taking care of younger siblings as reasons that contribute to the poor attendance and performance among female students. In Bambasi, the poor state of child-friendly pre-school facilities (i.e., fencing, poorly constructed playgrounds, and shortage of play materials, also served to discourage children from going to these schools. Additionally, the limited number of national teachers in Gure Primary School (only 5 teachers in this school) contributed to the poor quality of education. Although it was agreed that English would be used as a language of instruction, students also complained about the use of Amharic language as the medium of instruction in school with most refugees unable to speak or understand the language. This is attributed to the lack of capacity among the teachers to speak and/or use English while teaching.

Similarly, students in Bambasi and Tongo also identified long distances between the camps and school as an additional factor that contributes to poor school attendance, particularly affecting students with disabilities.

In Gambella, school dropout was a major concern reported by children, youth, and adults. Children reported that COVID-19 restrictions and the subsequent closure of schools, early marriage/pregnancies, lack of school uniforms, absence of school feeding programmes together with long distances to and from the schools contribute to the high rates of school dropouts.

Unaccompanied and separated children are reported to be more likely to drop out of school due to limited access to basic needs. In Okugu camp, children involved in gold mining activities did not attend school despite there being awareness raising activities on the importance of attending schools.

Girls reported inadequate sanitary pads forced them to miss school from time to time, thereby affecting their performance. Groups of persons with specific needs added that girls are also viewed as a source of income through dowry and are not prioritized, when it comes to secondary school enrollment.

Lack of solar lights at home prevents children and youth from doing their homework after sunset. Some groups in Tierkidi and Okugu refugee camps reported low quality of education in the camps, which can be attributed to the limited number of qualified and motivated teachers, inadequate inputs for teaching and learning process, and poor infrastructure in the schools.

Refugees further reported that preventive measures for COVID-19 limited the number of children at school because of social and physical distancing. Students also reported that they did not have access to face masks in the camps.

In Nguenyiel, Okugu and Pinyudo refugee camps in Gambella, shortage of water at school was identified by children as a major concern. In Okugu, participants reported that the RRS primary school in Anuak site is not child friendly. The school is made of corrugated iron sheet and is about to collapse. Moreover, the school has no playground, no proper feeding space or water for latrines.

In Jijiga, 97% of the refugee children participants enjoy being at school, and 95% intend to go to the next education cycle, including advancing to university. These statistics reflect that refugee children, including youth, are strongly motivated by the pursuit of higher education. UNHCR programming should highlight additional opportunities for educational growth and complementary pathways for this target audience. Despite their intention to continue with their education, students also expressed concerns about the violence that occurs on school grounds. Out of 340 refugee children, 90 stated that they had been caned, grabbed, punched, or slapped by the school community (students or school administration). Furthermore, 12% of children also noted that they witnessed at least one of the above types of violence being committed at school.

In Melkadida, the PA exercise focused on out-of-school children and the quality of education, as these remained the current priorities of the operation. 60% of the parents interviewed reported to have children in school or to be attending school. Children and youth respondents also provided similar answers regarding school enrolment rates. This finding was consistent with the year-end joint education assessment finding (2020/21) on school enrolment rates, which revealed an average of a40% enrolment rate of children in school, with 60% of children reported to be out of school.

The reasons provided by the respondents for the low enrolment rates in school were schools being too far away from the children's village (44%); children working to support their families (19%); and no recognition of the value of education (13.2%).

However, the average radius of primary schools is approximately 2 kms, with each camp having one secondary school which is within the Ministry of Education Guidelines of 2-5 kms. However, this concern over distance could be attributed to the harsh weather conditions in Melkadida.

4. What are the reasons behind dropping out or not enrolling in formal education?

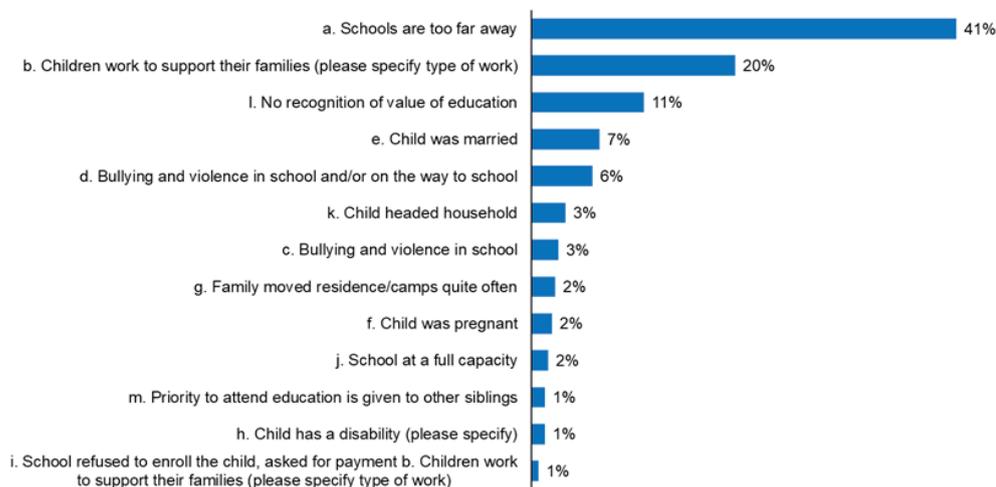


Figure 3.2
2021 Melkadida Education PA+

Regarding the quality of education, 52% of the respondents were satisfied with the quality of education offered, while 33% and 15% were unsatisfied and unsure, respectively.

The respondents identified possible solutions to ensure continuity of education and avoid instances of school dropout. 48% of the respondents identified improvement and rehabilitation of school structures, as well as increasing the number of classrooms as the top priority. Awareness raising on the importance of education, as well as resumption of school feeding programmes were the second most important needs with each of those categories getting a positive response from 8% of the respondents.

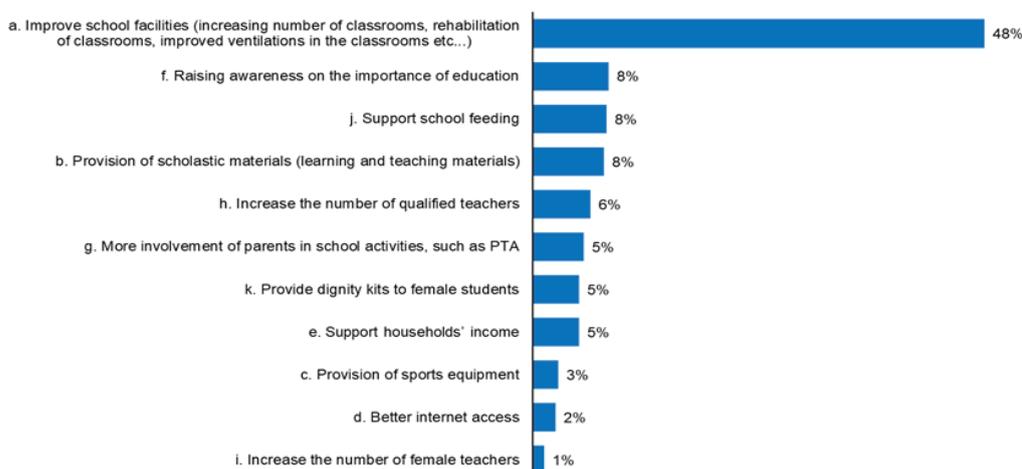


Figure 2.2
2021 Melkadida Education PA+

Community Capacities Identified

- There are opportunities for the refugee community to work closely with the education partners and UNHCR to support and improve education in all field locations.
- Strong PTAs can result in refugees supporting and monitoring the day-to-day educational activities in schools.
- The refugee community has qualified refugee teachers, including university graduates, who can engage in promoting education and be employed as qualified teachers.
- Refugee children are sharing available resources and school supplies.
- There is solidarity amongst refugee students by, for instance, walking together to local schools, which serves as a peer support groups.

Recommendations

1. Bullying and violence at school needs to be addressed to ensure that children remain keen to attend school and that their cognitive, emotional, and physical health is not negatively impacted. Education, GBV and CP actors should be integrated in their anti-bullying campaigns with active involvement of community structures for children, including school child clubs, parents, and teachers, should be supported and organized by partners and/or authorities running the schools. [UNHCR, CP Partners, RRS]
2. Female students should be supported to continue with their education, and campaigns/activities to prevent early marriage need to be strengthened. [UNHCR, CP Partners, RRS]
3. Dignity kits and/or sanitary hygiene materials should be regularly distributed to female students. All field locations should prioritize resources for targeted procurement and distribution of these materials. In line with UNHCR's commitment on menstrual health management, UNHCR Ethiopia should advocate for more funding to initiate or cement innovative and other menstrual health management programming efforts. Furthermore, the operation should explore partnerships with other stakeholders for the provision of such materials. [UNHCR, CP, GBV Partners, RRS]
4. The operation should explore and consider expanding educational programmes to include learning opportunities for persons living with disabilities, such as introducing braille and sign language, and training teachers on this. [UNHCR, CP Partners, RRS]

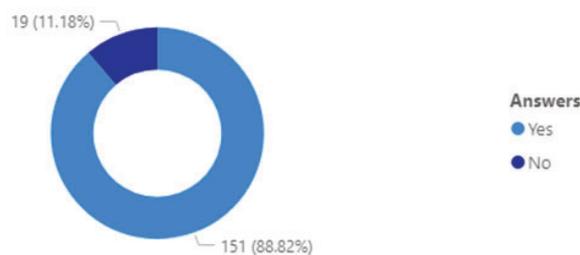
5. The operation should explore possibilities of partnering with others to ensure distribution of scholastic materials, uniforms and other CRIs (clothes and shoes) for children. [UNHCR, CP Partners, RRS]
6. UNHCR and WFP should advocate for the re-establishment of school feeding programmes across all field locations. [UNHCR, WFP]
7. Households should, where possible, be provided with solar lanterns for evening studies. Where possible, refugee camps should be connected to the national grid. This will address the energy supply challenges within the camps. [UNHCR, CP and Energy Partners, RRS]
8. Additional and qualified teachers across all levels of education should be recruited. In addition, better salaries should be offered to incentive teachers to reduce the high turnover and provide continuous capacity development opportunities for all teachers and support staff. Where applicable, adult education programmes should be considered and rolled out. [RRS, GoE]
9. Construction of additional classrooms and other school facilities, as well as improvement of such existing structures, including proper ventilation particularly in hot environments should be prioritized. [UNHCR, RRS]
10. RRS, the Ministry of Education, UNHCR and partners should continue working to ensure that refugee children continue to access education by addressing general and operation-specific issues that lead to lack of school enrollment or dropout. [UNHCR, RRS, CP Partners]
11. Efforts in equipping key school facilities, developing the capacity of teachers, expanding special needs education, encouraging girls, as well as children with disabilities to attend school must be strengthened. [UNHCR, RRS, CP Partners]
12. UNHCR, RRS and all other education and child protection actors should design mechanisms that allow for children of school-going-age to register and enroll in schools, when they arrive in the country after the registration and enrollment period. UNHCR, RRS, CP Partners]
13. All field locations should refrain from using teachers and education support staff in the general food distribution. This activity interrupts teaching time and leads to loss of school hours. Dedicated food distribution staff or the use of community volunteers should be explored. [RRS]

⁶ See, UNHCR, *Institutional Survey on Menstrual Hygiene Management*, May 2019, available at: <https://wash.unhcr.org/download/institutional-survey-on-menstrual-hygiene-management/>

4.4 Registration and Documentation

In Addis Ababa (urban setting), refugees have significant challenges accessing UNHCR through the Digital Request and Complaint System (DRCS), with 60% of the respondents indicating, they are unable to access DRCS. Nevertheless, the participants suggested to improve the system through sensitizing the refugee community about DRCS, shortening the processing time, before feedback is provided, minimizing the language barrier in the system, increasing refugee's knowledge on how to use DRCS, and working with partners to set up a system/mechanism that results in increased accessibility of DRCS to all refugees.

Do you want UNHCR to improve the Digital Request and Complaint Syst...



In Assosa, the suspension of registration activities for new arrivals because of COVID-19 related restrictions exposed new arrivals and refugees to harmful coping mechanisms. New arrivals awaiting registration do not access available services in the camps.

In Gambella common concerns reported across all the refugee camps related to lack of documentation for children born outside the camp and out of health facilities, and the large number of unregistered refugees, especially children, in refugee camps. According to respondents, these are children that self-relocate from other camps to join their relatives. This constitutes a burden for the receiving families because they have to share food, shelter, and offer other types of assistance. Likewise, some of those, who missed the comprehensive (L3) registration, do not have documentation and as a result, they do not have access to basic services in the camps.

Recommendations

1. UNHCR to continue its advocacy with RRS, and RRS to assume overall leadership for the continuous registration of asylum-seekers, who join their relatives in the camps, including children, who relocate from one camp to another for family reunification. [UNHCR, RRS]

2. Awareness raising campaigns are required to ensure refugees are issued with civil documentation such as birth certificates. Such campaigns should involve all stakeholders, including RRS, UNHCR, INS and child protection actors. [UNHCR, RRS, CP Partner, INS]
3. All Reception Centre services should be resumed, including provision of proper medical screening to enhance COVID-19 prevention measures. [UNHCR, RRS]
4. UNHCR should carry out awareness raising sessions on the use of DRCS for urban refugees in Addis Ababa and make the system more user friendly for refugees. [UNHCR]
5. UNHCR should conduct capacity development for all ROVs on DRCS and involve them in awareness sessions in their communities. [UNHCR]

4.5 Security and Access to Justice

In Addis Ababa (urban setting), the full realization of the right to access to justice, which is a fundamental right enshrined both in the 1951 Refugee Convention and the 2019 Ethiopian Refugees Proclamation remains limited.

About half of the respondents reported that they approach RRS, when they face legal issues with a view to receiving an effective remedy. The assessment also found that refugees do not often seek to find their own independent solutions, whenever they are faced with legal issues. Language barriers and information gaps are the top two obstacles that refugees face in their efforts to seek justice, legal aid services, or when approaching national institutions.

Urban refugees face a variety of legal issues. Most notably, the respondents reported divorce settlements, name changes, custody appeals, excessive detention without appearance before courts of law and violation of rights during arrest or detention among other as the main legal and security issues, they face.

Pursuant to the above analysis, access to justice through the formal legal channels remains complex for refugees. Urban refugees resort to informal ways of resolving their legal issues, either when the challenges of the formal channel are cumbersome, or they do so naturally probably because of their confidence in the community structures closer to them. The respondents indicated that they resort to community elders' fora, negotiate with the party, they have a dispute with or use family-based dispute resolution mechanisms.

In Assosa, refugees reported that the lack of lightning arresters – devices used on electric transmission systems to protect them from the damaging effects of lightning – and the failure to test whether the available arresters in Gure-Shombola and Tongo camps are effective, has resulted in the loss of life and property during thunderstorms.

The absence of firewood distribution or provision of other forms of cooking energy, as well as limited livelihood opportunities, expose women and girls to security risks and threats while collecting firewood in the forest or going outside the camps in search of work. There have been reports of refugees being physically assaulted while collecting firewood in the bush. Moreover, the continued shortage of food and missing food items during food distribution is making refugees more vulnerable.

Similarly, refugee women and girls face heightened security threats at night-time due to limited streetlighting in the camps. Women-headed households are more at risk and often suffer GBV incidents. Mothers are forced to leave their children unattended in the camps, as they go in search of work at the gold mines in host community locations. In Bambasi camp, the refugee structures in attendance reported ineffective application of the law and judicial enforcement against GBV perpetrators is exacerbating acts of GBV and related abuses.

In Jijiga, the majority of refugees feel safe in the camps. Interestingly, women feel safer (85%) in the camps compared to men (82%). This may, in part, be explained by the fact that security incidents in the camps are usually caused by and are among male refugee youth. Aw-Barre camp is the safest camp according to refugees with as high as 97% of women feeling safe. On the other hand, only 66% of refugees feel safe in Shedder camp. Conflicts within the community and gangs are among the most common reasons, refugees feel unsafe in the camps. The PA interviews also revealed that refugees feel most unsafe between 6 pm and midnight. 70% of refugees interviewed stated that they felt comfortable reporting a matter to the police. Refugees stressed that police officers act on reported incidents (73%) and arrest perpetrators (84%). Police brutality does not appear to be widespread. 88% of refugees stated that they are not aware of police brutality.

Only 6% of the interviewed refugees had reported to have had cases examined by courts. 41% of the interviewed refugees mentioned no challenges in accessing justice. On the other hand, a significant number of interviewed refugees claimed, they faced challenges in accessing their legal documents, due to (i) delays in processing the documents; (ii) difficulties in accessing the relevant offices; and (iii) limited information on the legal procedure in question.

Recommendations

1. Robust interventions and engagement with law enforcement structures are needed to address the hesitation that some refugees have in approaching the police to report criminal matters. This would help strengthen access to justice for refugees.
2. Strengthen the capacity of informal justice mechanisms/providers and create an appropriate channel to link them with the formal justice system.
3. Diverse reporting mechanisms such as a phone helpline, refugee neighbourhood watch, well-functioning peace committees, reintroduction of activities for youth, who are often involved in violent incidents, and installation of solar streetlights would help strengthen the feeling of safety and security in the camps.
4. Collaboration with partners to improve and increase the knowledge and experience of refugees on legal services. Partner activities such as working with legal aid organizations, providing legal aid awareness, and counselling clinics, as well as effective use of mobile courts, should be further explored and strengthened.
5. Refugees should receive more information about access to legal counselling, procedures, legal documents, national and regional legal systems, as well as legal avenues available to them. Language barriers should be overcome by ensuring legal aid services are offered in languages that refugees understand. As a starting point, offices should consider (unofficially) translating all legal documents into all refugee languages for information awareness.
6. Partnerships on access to justice should be extended to include other partners such as universities to help bridge the gap.

How the Participatory Assessment (2021) contributed to the planning and programming on Security and Access to Justice for 2022

In line with the findings and recommendations of the 2021 PA, some activities and programmes have been implemented and prioritized in 2022:

- **Development of an Access to Justice Strategy:** UNHCR, in close collaboration with RRS and other players in the national justice sector, is working on developing a strategy to secure effective inclusion of refugees in access to the justice sector.

- **Pilot Legal Aid Project for urban refugees:** UNHCR, in partnership with the Addis Ababa University School of Law, has piloted a free legal aid project for urban refugees. The School of Law will supervise the legal assistance programme with UNHCR identifying and referring cases in need of legal aid.
- **Strengthening of existing legal aid activities:** Through the National Academic Network, UNHCR is further strengthening and expanding legal aid projects offered by public universities in different refugee locations. In addition, development of legal awareness brochures in different refugee languages is ongoing.

4.6 Community Participation and Representation

In Afar, participants expressed concern over some refugee communities that are neglected and discriminated against because of poor information sharing on community-related issues and services, particularly with disadvantaged groups with specific needs. In addition, individuals or groups with specific needs do not get equal chances at community representation structures, they do not have decision making positions and are often not involved or considered for the out-of-camp policy. In addition, few women are in refugee leadership and decision-making positions.

Similarly, individuals or groups with specific needs reported that they often faced difficulty accessing information and participating in most community activities due to their age, gender, and specific needs, including disability.

In Assosa, women participation in leadership and decision-making roles is still low compared to men. There still exists an attitude that women and girls are not capable of taking leadership roles, and there are gender inequality attitudes among some men and boys. Issues of persons with specific needs, including in some instances women, persons with disabilities and older persons are often left unaddressed. Limited engagement of youth in meaningful activities and support to youth associations was also underscored.

In Jijiga, there are strong and well-developed community leadership structures such as the Refugee Central Committees (RCCs), Women's and Youth Associations, Persons with Disabilities Associations among others. Over 95% of refugee respondents were satisfied with the work of their representatives.

They also expressed satisfaction that the refugee representatives adequately informed them about their meetings with RRS, UNHCR and partners.

In Melkadida, 427 participants (266 female and 161 male) were interviewed on community representation, with 63% reporting that they were aware of the community leadership structures, and another 51% reporting that the leadership structures were well organized.

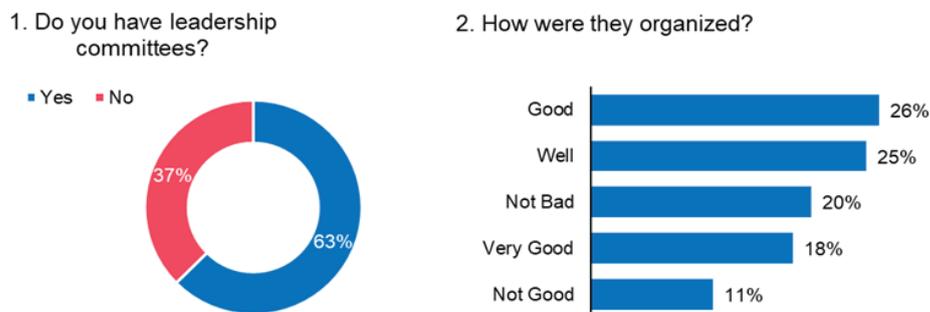


Figure 2
2021 Melkadida Field PA+

Furthermore, 64% of the respondents found the community structures useful, with 56% reporting that they participated in community activities. On equal participation between men and women, 61% of the respondents reported that men and women participated equally in community activities.

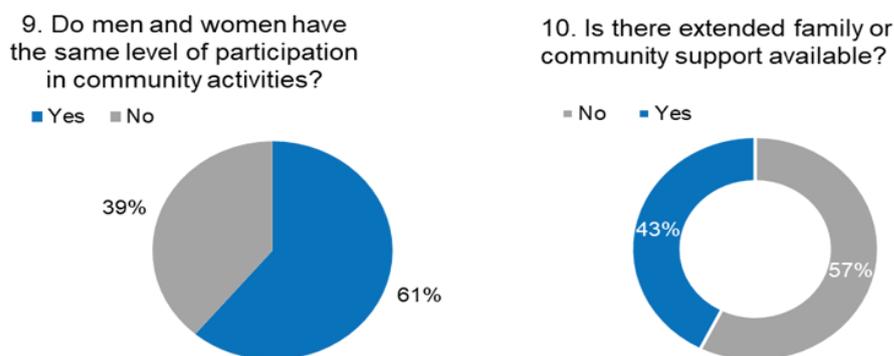


Figure 4
2021 Melkadida Field PA+

In an indication of the trust the refugees have in their communities' abilities to address and resolve problems within these structures, 56% of the respondents reported that they would approach the RCC or their clan elders, if they faced a problem in the community, with the remaining 44% reporting they would approach UNHCR and/or RRS. The refugees also identified the need for training (62%) as the main way to encourage the positive use of community skills.

Community Capacities Identified

- Refugees have the capacity and willingness to share information using traditional methods of information sharing. In Afar, one such method is known as the Dagu⁷ system.
- The willingness of refugees to participate in matters that affect their lives, including electing their representatives.

Recommendations

1. All humanitarian actors should circulate information to all refugee communities inside and outside the camps, using all available community-based structures rather than relying on RCCs only. [UNHCR, All Partners]
2. Mediation committees already in the camps should be involved during provision of assistance or support, be it food, CRIs or services to target populations. This will ensure buy-in and mitigate potential conflict. However, these mediation committees should not mediate GBV cases, or matters which would otherwise fall within the jurisdiction of criminal court proceedings. [UNHCR, RRS GBV Partners]
3. All field and urban locations should put in place standard criteria for the selection of refugee representatives in line with age, gender, and diversity considerations. [UNHCR, RRS]
4. All field and urban locations should mainstream and enhance the participation of communities in every programme intervention throughout the programme cycle. [UNHCR, RRS, All Partners]
5. Support should be extended to host community schools, health posts/centres, as well as the expansion of water supply, and shelter construction for host communities with critical needs. Youth recreational/empowerment programmes should also be supported to strengthen peaceful coexistence between the refugee and host communities. [UNHCR, RRS, Child Protection, Youth Partners]

⁷ The Dagu is an oral, interpersonal communication performance done as a ritual by the members of the Afar ethnic group in Ethiopia. It is held in a highest of regards by the Afar due to the fact that their livelihood is very much dependent on the information they get from Dagu. They get any current information ranging from weather to availability of grazing lands for their cattle. See, *Dagu' as a Cultural Regulator among the Afar People: The Communication aspect*, 2013, available at: <https://www.amazon.com/Dagu-Cultural-Regulator-among-People/dp/3659332127>

4.7 Shelter

In Assosa, refugees expressed concern at the small number of refugees and households receiving shelter support from humanitarian organizations. They said that the number of households in need of shelter maintenance and reconstruction is very high. Refugees are forced to travel long distances in search of grass, bamboo and wood poles, and this is particularly difficult for single mothers. The need for extra bamboo for shelter maintenance and construction of fences further exposes them to potential risks of being attacked by the host community while in the forest.

In Gambella, participants appealed for the reconstruction of shelters that were falling apart, and they committed to participate in the reconstruction of these shelters. Refugees also added that a single tukul (hut) was not adequate for large family sizes. They also wanted houses to be partitioned to ensure privacy. A spot check also revealed that many of the locks in the houses were not working and offered little protection for the occupants. In Punyido, respondents reported that some households relocated from the peripheral locations of the camp fearing armed attacks, and that this has resulted in overcrowding of shelter spaces in some camp locations and lack of privacy inside the shelters.

In Jijiga, only 38.28% of the interviewed refugees reported to be benefitting from shelter services with less than one-third of interviewed refugees reporting that they found their shelter sufficient for their families. 32% of respondents further reported that they have a family member with disabilities with more than half of those respondents indicating that their shelter, including latrines, are not adapted to the specific needs of persons with disabilities.

Community Capacities Identified

- Community participation and contribution in the construction of their own shelters. Refugees possess construction skills and are willing to construct and maintain their own shelters.

Recommendations

1. The selection process for shelter target populations must be all inclusive and consultative. It should recognize and prioritize persons with specific needs in line with AGD considerations. [UNHCR, RRS, Shelter Partners]
2. RRS, UNHCR and partners must embrace the culture of self-reliance and community participation in shelter construction. Refugees should be encouraged and supported to utilize their skills and abilities to construct their own shelters with partners providing required materials and technical support. [UNHCR, RRS, Shelter Partners]

3. RRS and UNHCR to advocate for more resources for the construction of additional shelters for refugees in all camps. [UNHCR, RRS, Shelter Partners]

How the Participatory Assessment (2021) contributed to the planning and programming on Shelter for 2022

In line with the findings and recommendations of the 2021 PA, some activities and programmes have been implemented and prioritized in 2022:

- **Piloting of cash-based interventions (CBI) for shelter construction:** In Assosa, UNHCR successfully piloted the use of CBI for construction and maintenance of transitional shelters, as well as construction of emergency shelters. This approach has been well-received by the community. It also promotes and ensures community participation in shelter construction. Further, there has been a 20% increase in CBI targets from 50% (in 2021) to 70% of total shelter construction and maintenance plans in 2022.

In Jijiga, a CBI pilot project will also be used to construct approximately 617 transitional shelters.

- **Shelters for large families with specific needs:** In Gambella, UNHCR has prioritized the construction of additional shelter for large families, as well rebuilding shelters for families with specific needs. Emergency shelters are also provided to families relocated from the Pagak reception centre to Nguenyiel camp.

4.8 Energy and Environment

In Afar, participants reported that due to the absence of solar and electric lights inside the camps, unavailability of functional communal kitchens and inadequate domestic energy sources, refugees are forced to travel long distances collection of firewood and are obliged to cut trees in host community areas, which results in conflict between refugees and host communities, as well as degradation of the environment. Women, girls, and children of all age groups reported walking long distances to collect firewood, and that this exposes them to the risk of rape, physical and emotional abuse, and attack by wild animals.

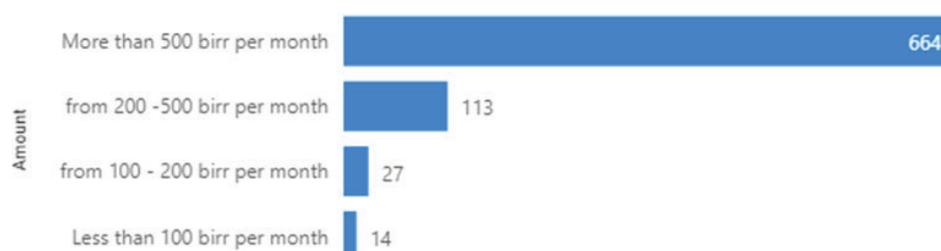
Participants also reported limited awareness on environmental protection, limited skills on tree protection, limited water for tree planting, and poor stakeholder’s coordination to solve related water challenges as some of the other factors that contribute to poor environmental protection.

In Assosa, most refugee households are reported to have limited access to sustainable energy and alternative energy sources such as charcoal, briquettes, and firewood. The shortage of these alternative sources of energy exposes the community to safety and protection risks. Moreover, these shortages limit the refugee communities’ ability to engage in various income-generating activities in various parts of the camps. They also expressed concern that most streets do not have communal lighting, thereby exposing women and girls and persons with disabilities to the risk of GBV. Many households reported to be travelling long distances for work to raise money to cover the cost of cooking fuel. In addition, students are unable to study at home in the dark. Distribution of solar lights and improved cooking stoves for has not taken place in the past three years.

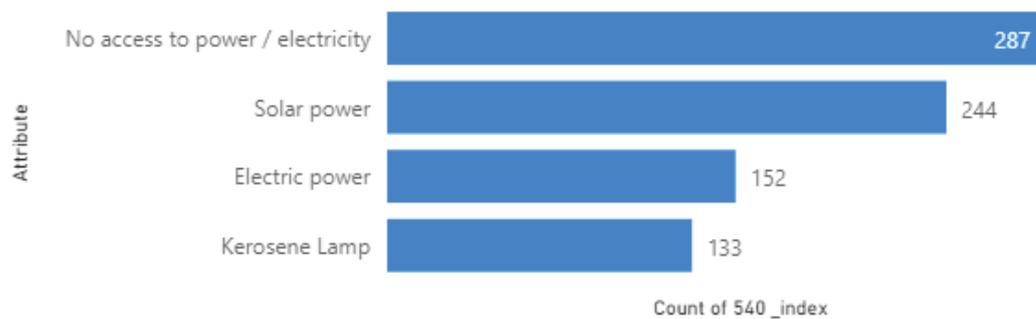
In Gambella, women and girls of all age groups shared that due to limited alternative sources of cooking fuel, they walk long distances to collect firewood in the nearby forests. This puts them at risk of exposure to GBV ([see § 4.1 – GBV and § 4.3 – Education](#)). In addition, the cutting of live trees by refugees for firewood, fencing, charcoal production for income, construction of additional shelter and intentional and unintentional burning of bush land by refugees has resulted in degradation of surrounding natural forests and bushland and loss of biodiversity.

In Jijiga, refugees spend a significant amount of money, i.e., over 500 ETB per month on cooking fuel. In comparison, refugees receive only 300 ETB as monthly multipurpose cash assistance. Most of the interviewed refugees did not have access to electricity. On the other hand, the interviews revealed positive findings with most interviewed refugees reporting to be using green/clean energy such as solar power.

Money spending on cooking fuel



Source of power / electricity



[Open in Power BI](#)

Participatory Assessments adults Jijiga 2021 Data as of 3/22/21

Community Capacities Identified

- Refugees possess traditional skills in making stoves in the refugee camps.
- Refugees are willing to adopt available alternative sources of energy.
- Refugees are engaged in planting trees and in awareness raising campaigns on preserving the environment.

Recommendations

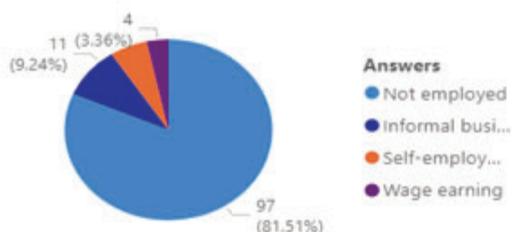
1. The selection criteria for energy provision should be carefully reviewed and monitored and should be consultative to ensure that those most in need are prioritized for the required support. [UNHCR, RRS, Energy & Environment Partners]
2. RRS and UNHCR to assess possibilities of providing more alternative sources of energy with a view to covering the needs in all the camps. Both UNHCR and the RRS should advocate for additional resources to meet these needs. [UNHCR, RRS, Energy and Environment Partners]
3. Stakeholder engagement on energy and environment involving RRS, UNHCR partners, refugees and host communities should continue. This will provide the forum to devise mechanisms for alternative energy resources. [UNHCR, RRS, Energy & Environment Partners]
4. Communal streetlighting should be installed in strategic areas across the camps to minimize protection risks, while malfunctioning solar systems should be repaired or replaced. [UNHCR, RRS, Energy and Environment Partners]
5. UNHCR, RRS and partners should engage refugees, host communities and local authorities on sustainable ways in which refugees can collect firewood in the forests. [UNHCR, RRS, Energy and Environment Partners]

6. Construction of additional communal kitchens in field locations, where communal kitchens are utilized. [Energy, Shelter Partners]
7. Improve the roll-out and expansion of the national grid electricity to the camps by installation of electric lights inside the camp. The capacity of the national grid should also be upgraded to allow for home cooking; resolve billing issues and expand the electricity that is connected to households. [UNHCR, RRS]

4.9 Livelihoods

In Addis Ababa (urban setting), refugees continue to depend on either the support, they receive from relatives abroad in the form of remittances or humanitarian assistance from UNHCR and partners. Despite efforts made by the Government of Ethiopia, UNHCR and partners to boost refugee self-reliance through revision of legal frameworks to do away with legal and procedural hurdles, CRRF pledges and support provided to the GoE by UNHCR and development partners, the impact on the lives of urban refugees is minimal.

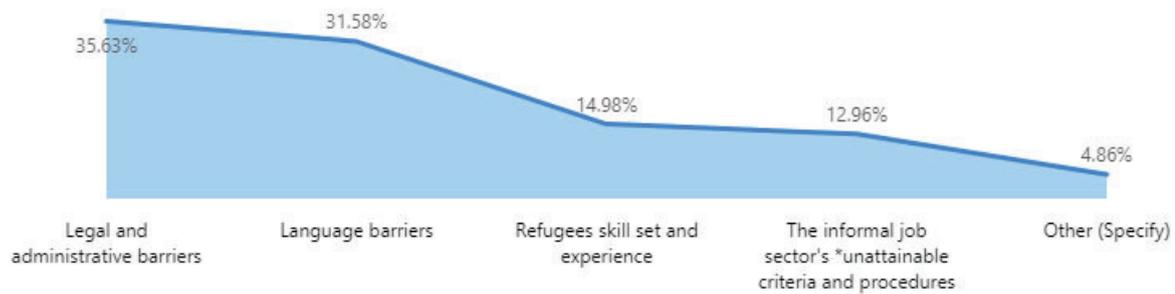
Employment opportunities currently engaged



A majority of the respondents indicated that they are not aware of the right to work for refugees, and hence they have not benefited from this. Less than 4% of the refugees reported to be aware of and benefitting from this right to work. In other words, a very small percentage of the respondents are employed either in the formal or informal job sector. Most refugees also reported that there is discrimination between refugees and host communities when it comes to accessing livelihood opportunities. Legal, administrative and language barriers dominated the factors inhibiting access of refugees to livelihood opportunities.

The respondents recommended for refugees to improve their skill set and to engage with the public and private sectors with a view to enhancing their potential for better access to livelihood opportunities. Limited livelihood and employment opportunities, challenges integrating in the urban setting and friends and family influence in destination countries, have been reported as the main push factors for refugees to undertake irregular onward movement outside of Ethiopia.

Challenges to access livelihood opportunities



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Participatory Assessment 2021 URBAN

In Afar, participants reported that livelihood opportunities are limited inside refugee camps, and that they fully depend on their monthly food rations to support their households. Only a few refugees are engaged in small-scale businesses, work as incentive workers in different organizations with little pay or engagement in different IGAs with the support of partners operating in the sector. Persons with disabilities find it difficult to engage in income-generating activities because of difficulties in terms of mobility and insufficient financial support.

As a result of limited livelihoods opportunities, some refugees are engaged in high-risk coping mechanisms such as taking loans from the local community. Where refugees default on the repayment of these loans, it often results in conflicts with the host community, children being forced into child labour, while adolescent girls are exposed to GBV among other protection risks. There are limited livelihoods and income-generating activities in the Afar camps, which result in limited employment opportunities. In addition, minimum wages, limited access to higher education, and discrimination in targeting groups for livelihood opportunities have contributed to an increase in harmful coping mechanisms.

In Assosa, the limited number of livelihood activities are affecting living conditions of refugees. Limited sources of income and inadequate livelihood access expose refugees to major protection risks, particularly single mothers with dependents, who are forced to engage in unsafe livelihoods activities such as informal gold mining and firewood collection. Refugee families send their children to work instead of sending them to school. Refugees also sell their monthly food rations to get cash. Limited access to economic activities has forced refugees with different skills to remain idle and to rely only on monthly food rations.

The livelihood agricultural assistance is not enough to generate income. Job opportunities available for daily labourers in the host community farms are often underpaid and limited in scope. Refugees have limited access to appropriate structures within the host community, where they can lodge complaints relating to under or non-payment, and they do not have the legal capacity to negotiate, enter into formal contracts such as contract farming or other income-generating activities and services. In addition, limited access to civil and legal document issued by RRS and INS such as marriage, divorce, birth, and death certificates have also affected the ability of refugees to engage in income-generating activities inside and outside the camps.

Furthermore, refugees in Assosa underscored that the poultry business activity failed because of disease outbreak among the poultry and the lack of veterinary medical services. The CBI livelihood support implemented by a partner also did not achieve expected results, as cash disbursed to refugees to start the poultry businesses was used by the refugees for household use. Similarly, start-up kits provided in some camps to support furniture, tailoring, barber and hairdressing, gaming as well as restaurant businesses were sold to generate cash.

Refugee youth and persons living with disabilities do not benefit from livelihood services, including skills training and Income Generating Activities (IGA). Access to financial services such as savings and credit associations is also not available.

In Gambella, participants reported that livelihood opportunities are limited inside the refugee camps, and that they fully depend on their monthly food rations to support their households. Only a few refugees are recruited by partner organizations as social workers, nurses, teachers, cleaners, and guards. Other refugees have opened small businesses such as cafeterias, shops, grinding mill services, bakeries, tailoring, sanitary pad production, hairdressing, mobile charging, and sale of cans and plastic waste. In Okugu, some refugees are daily labourers in gold mining. The majority of refugees being from rural areas mentioned agricultural land and pastoral activities as potential sources of income for them. Persons with disabilities reiterated the challenges, they face while engaging in income-generating activities because of the difficult environment related to their mobility and the inadequate support from government and humanitarian actors. For instance, persons with disabilities reported that consumers had negative perceptions about their products, believing that their products were of lesser quality.

This made it difficult for them to compete with and access the markets at equal level with others. Furthermore, persons with disabilities reported that although they engaged in income generating activities, they did not have proper business management skills as they had not received proper training building training.

As a result of limited livelihoods opportunities, some refugees are engaged in harmful coping mechanisms like the production and selling of local alcohol, crime, including theft and robbery, especially by idle youth. Some children are forced into child labour and adolescent girls compelled into early/forced marriage, as such practices are considered potential means of enriching families through dowry.

In Jijiga, nearly 80% of interviewed refugees indicated that they have not received any technical nor vocational skills training. In terms of employment opportunities, 8% stressed that they are employed by NGOs, 18% are self-employed, and 5% of interviewed refugees employ others with 3% in the case of women. These numbers reveal low livelihood opportunities, which represent major challenges in the efforts of refugees to become self-reliant.

Community Capacities Identified

- Refugees have entrepreneurial skills, which can help them start up and run small businesses inside their camp or in the local host community to support their families.
- There is available skilled and unskilled labour within the refugee community to do different jobs such as agricultural and off farm activities, as well as other skillsets, including production of arts and crafts, petty trading, and shelter construction, among others.
- Refugee youth have the capacity, energy, and motivation to organize themselves and work.

Recommendations

1. Follow through with the pledges made in line with the CRRF and seek to implement the Directives on the right of refugees to work and to obtain residence permits. UNHCR should advocate with the GoE to harmonize legislation that negatively impacts the implementation of these Directives to bring about meaningful changes to guarantee the right to work for refugees. Similarly, RRS should facilitate access to residence permits. [UNHCR, RRS]

2. Increase comprehensive livelihood opportunities targeting income generation, business skill training and access to livelihoods and job opportunities in the host community. [UNHCR, RRS, Livelihood Partner]
3. Expansion of irrigation services to create more self-employment opportunities for more families in the area of agriculture. [UNHCR, RRS]
4. UNHCR and RRS should advocate with the GoE and local authorities for increased access to land and seed resource for refugees outside of camps. [UNHCR, RRS]
5. UNHCR, RRS and partners should diversify vocational skill training and increase IGA opportunities by lobbying government agencies to open job markets to refugees. [UNHCR, RRS]
6. UNHCR should advocate with the GoE to enhance tertiary education opportunities, especially for refugees, who have completed secondary schools in coordination with education partners. [UNHCR, RRS]
7. UNHCR, RRS and partners should ensure, the selection criteria for livelihood opportunities provide equal opportunities for all refugees in line with AGD considerations. [UNHCR, RRS, Livelihood Partner]
8. Create awareness for urban refugees on their right to work, the criteria and procedures to benefit from the right to work and the limitations thereto. [UNHCR, RRS, Livelihood Partner]

4.10 Water, Sanitation, and Hygiene (WASH)

In Afar, inadequate water, unfunctional water taps and poor water management and water treatment in the camp was identified as a major challenge, which in turn puts the community at risk of contracting diseases.

Refugees also reported that the shortage of water storage containers in the camps forces them to collect less water than what they need/are entitled to.

Shortage of latrines, showers and limited awareness on hygiene were identified as the main reasons for open defecation, and waste disposal pits are also reported to be full. These conditions put the community at risk of water-borne diseases.

In Assosa, insufficient, frequently interrupted, and delayed distribution of water is stated as a challenge in the camps. Participants also mentioned that the water provided is of poor quality and is highly turbid and chlorinated. Interrupted water supply over weekends is also a challenge particularly in Gure-Shombola camp.

Family latrines are inadequate and almost full, and the selection process for latrine construction has been poor, resulting in refugees using open defecation. Refugees reported a high prevalence of skin and abdominal diseases due to inadequate water supply and poor hygiene and sanitation. Similarly, the host community in Gure-Shombola does not have access to potable water.

In Gambella, participants reported they have insufficient water thus sometimes going one or two days without water. Few water points, dysfunctional water points, poor water point management and water wastage were also identified as weak areas in water provision. Repair of damaged water systems was also reported to be slow.

In Jijiga, refugees indicated that they have various means of accessing water depending on the camp in question. In the Aw-Barre and Shedder camps, refugees mostly access water through communal water points. In Kebribeyah camp, the communal water points are mostly dysfunctional, and refugees are forced to buy water from donkey water vendors. Refugees also reported that they had to travel long distances to the closest functioning water point. Refugees highlighted protection risks and challenges faced while trying to access water with 83 interviewed refugees (43 males and 40 females) listing the risk of physical/sexual assault or rape.

Most of the refugee respondents reported that provision of sufficient water was the most important factor in improving hygiene facilities in the camp.

Community Capacities Identified

- Existing water tanks and emergency water points can be used to receive water trucks in times of water shortages.
- Existence of functional water management committees in refugee camps.
- In some locations, river water is available for use for both refugees and host community.
- Community engagement in maintaining a clean environment and creating community awareness on hygiene and sanitation.

Recommendations

1. Construction of additional latrines and bathrooms with internal and external locks. [WASH Partner]

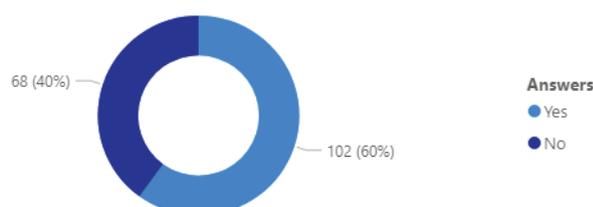
⁸ According to the SPHERE standards the indicator for water supply remains 15 litres of water per person per day (L/p/d) for drinking, cooking, personal hygiene, and domestic hygiene.

2. Support with distribution of appropriate jerricans for households. [WASH Partner]
3. Construction of additional or expansion of existing water points, and repair of broken water points in a timely manner. [WASH Partner]
4. Engage the community and tap on their capacity to build, maintain, and repair water points, as well as their engagement in the water management structures. [WASH Partner, UNHCR, RRS]
5. Strengthen feedback mechanisms with WASH partners for rapid responses, whenever WASH issues are reported. [WASH Partner]
6. Water quality should be improved for locations, where water was reported to be over-chlorinated and highly turbid; water interruptions should also be resolved. [WASH Partner]
7. All locations should develop water demand management strategies focusing on water conservation and include this as part of awareness raising. [UNHCR, RRS, WASH Partner]
8. Community participation in latrine construction is recommended to improve latrine coverage across refugee locations. [WASH Partner, UNHCR, RRS]
9. There should be timely and consistent soap distribution in all the camps. [RRS, UNHCR]

4.11 Health

In Addis Ababa (urban setting), as part of integrating refugees into the government health care system, refugees were asked, if they were accessing government health systems. Some 60% of the participants reported that they had access to government health facilities. Nevertheless, the majority suggested improvements in the government health system, namely related to availability and affordability of medication. Refugees also reported that the quality of the services of the government health system was unsatisfactory.

Are you accessing services from government facilities in your locality?



Only 42% of the respondents were satisfied by the support, they received from UNHCR, RRS and partners during the COVID-19 pandemic. 90% of the refugee population reported to be taking the COVID-19 preventive measure seriously practicing handwashing, proper masking, and physical distancing. However, 46% of the respondents reported to have challenges in avoiding big crowds.

In Afar, participants decried the poor conditions and quality of services provided at the health facility. Understaffing, shortage of medicines and medical supplies, poor medical examinations, poor laboratory services, limited working hours, and the unavailability of ambulance services were reported. Health personnel, including midwives, were reported to be unavailable during work hours. Power supply in the delivery ward was also reported to be unstable with pregnant women sometimes forced to deliver without power in the dark.

Spot checks during the participatory assessment also confirmed the concerns raised by the refugee participants. Poor patient history record/ filing system and limited laboratory services were noted.

In Assosa, refugees and host community members reported a shortage of essential drugs at the health centre, as well as inadequate laboratory services. In Gure-Shombola camp, the health centres were said to operate with limited hours with no services available at night or on weekends. Community-based reproductive health education service provision was reported to be weak.

Ambulance services for emergency cases and women in labour was reported to be unavailable, and medical referrals to specialized treatment were slow, and where available, the amount of money provided for subsistence was very little (ETB 50 per day). Refugees reported that specialized treatment for eyes, teeth and ears was unavailable.

The participants further reported a shortage of health staff. Service provision in the health centre has declined due to COVID-19, while children above two-years are not included in nutrition support.

In Gambella, the medical facility was reported to be too far for some refugees, and that overall, the quality of medical services needed improvement. Refugees reported shortage of medicines and medical supplies, poor medical examination, limitation on the number of patients seen per day, long waiting lines, limited working hours, language barriers, poor attitudes by health workers and inadequate laboratory services in the health centre as the most common challenges.

The unavailability of medical treatment and/or services at night was also highlighted. Refugees rely on traditional forms of medication to overcome these gaps and are often forced to cover for medical evacuation/transportation on their own.

Spot checks during the participatory assessment also confirmed that the distance between the health centres in some locations is indeed far. Patients, including persons with disabilities and other persons with serious medical conditions, remain mostly unattended to, as they are unable to access health services in the camps due to limited support.

COVID-19 has affected access to health services with the scope of medical response downsized, and patients' privacy has been at risk, as medical staff and patients are required to maintain social and physical distancing during medical consultations.

Participants attributed the prevalence of HIV/AIDS in the refugee camps to having multiple sexual partners, low rate of HIV testing, unavailability of condoms, alcohol and other substance abuse, low awareness of HIV/AIDS transmission, and limited recreational centres.

Refugees reported that they receive information on COVID-19 prevention from government and humanitarian actors, who distribute this information through megaphones, billboards, RCC members and religious leaders. Participants reported that the preferred channels of communication were through community leaders, face-to-face meetings with humanitarian actors and suggestion boxes. Older persons and persons with disabilities, however, expressed concern that those channels of communication were not effective for them.

In Jijiga, the vast majority of interviewed refugees (744) indicated that they mainly rely on health care services and facilities in the camps. However, more than 200 interviewed refugees also reported to be using health services of hospitals outside of the camps. Almost 30% of interviewed refugees (130 females and 105 males) reported to have paid for health services, although such services are meant to be provided free of charge in all health facilities in the camps. This may indicate that refugees are unsatisfied with the quality of healthcare provided in the camps, and are, therefore, seeking (paid) medical services in local health facilities outside of the camps. Only a few of the interviewed refugees claimed that they resort to traditional medical practices.

In Melkadida, 376 respondents (63% female and 37% male) were interviewed on health services in the refugee camps. Of the total persons interviewed, only 41% are of the opinion that the health services for outpatient (OPD), emergency, medical referral and reproductive health are excellent, while 35% are of the opinion that it is poor, and 24% are of the opinion that it is average.

what is your overall opinion of the service

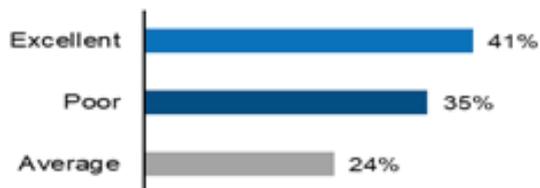


Figure 4.1
2021 Melkadida Health PA+

In addition, according to the respondents, accessibility, and availability of health services in the camps scored below average.

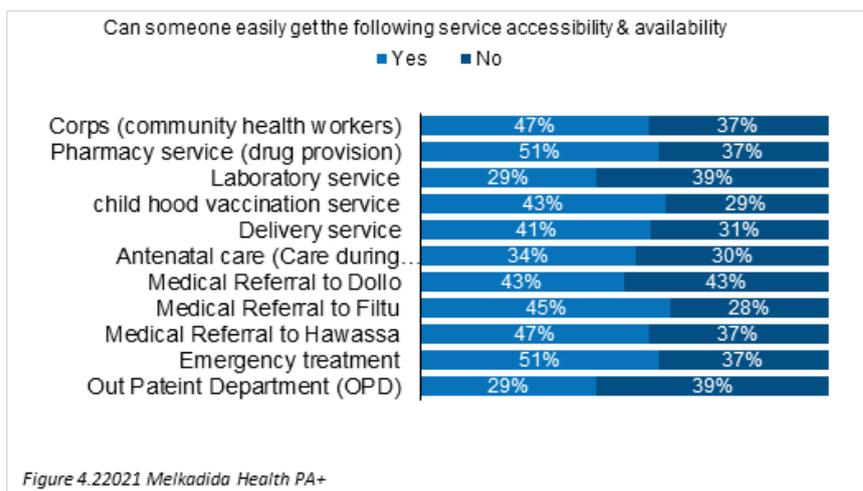


Figure 4.22021 Melkadida Health PA+

Community Capacities Identified

- Communities support in creating awareness by actively participating in diseases prevention and control activities. During the COVID-19 outbreak, the community extensively engaged in awareness raising of prevention activities.
- Reliance on alternative means of transport (bajaj) to get to the hospitals in cases of emergency.
- There is capacity within refugee women to serve as midwives or traditional birth attendants, if they are supported and trained.

Recommendations

1. Adequate medical supplies and drugs, including those related to mental health, as well as laboratory equipment, including HIV testing, should be available at all the camp health centres at all times. [RRS]
2. Medical service provision needs to be improved, and the number of health staff should be increased. Health centres should provide services day and night, every day of the week. [RRS]
3. RRS and UNHCR should closely monitor and oversee service delivery and provision of essential health services in the health facilities. [UNHCR, RRS]
4. The number of ambulances should be increased across all refugee locations to support intra camp and specialized referral services, especially for emergency cases and women going into or in labour. [RRS, UNHCR]
5. Refugee patients should be allocated adequate subsistence allowance, whenever they are referred for specialized treatment outside their area of residence.
6. Improve community awareness on reproductive health services and service provision. [RRS, UNHCR]
7. Adequate supplementary food access should be made available and accessible for children below 5 years, pregnant women, and older persons to address malnutrition. [RRS,]
8. Relevant health sector stakeholders, jointly with RRS and UNHCR should tap into the community resource by training and supporting refugee women to serve as traditional birth attendants to support with midwifing services at homes prior to referrals to health centres. [RRS, UNHCR]
9. Proper history record/ filing systems should be established in all health centres. [RRS]

4.12 Food and Nutrition

In Gambella, the community raised concerns about the insufficiency of food to meet their dietary needs. According to participants, food ration lasts 15 to 20 days, which is likely to increase malnutrition rates and harmful coping mechanisms. Under scooping, congestion at food distribution centres, distance to food distribution centres, unavailability of transportation for food items for persons with specific needs in some refugee camps and selling of food to meet other household/personal needs are some of the issues highlighted by the community in relation to food security. Some groups also raised concerns over delays in monthly food distribution.

As coping mechanisms, some women and men support their families by selling local drinks, firewood collected in the forest, and handmade crafts like calabashes, embroidery, tailoring and petty trading, as well as small scale backyard gardening. Youth are involved in casual labour with high rates of unemployment for those, who completed their university education. Another coping mechanism used is borrowing money or food rations from other members of the community as a means of supplementing food stocks.

Refugees found the two-month food distribution cycle challenging to sustain them until the next distribution period. In response to this, some women are reported to sell a portion of the food ration received and use the proceeds from the sale to start small businesses. Overall, although refugees understand the rationale behind the two-month distribution, they prefer a monthly food distribution cycle.

On nutrition, participants in Gambella reported that the reduction of the food basket, under scooping and the limited variety of food, leading to selling of a portion of their food ration, are some factors causing malnutrition in refugee camps. Besides, older persons feel excluded from the nutrition programmes. Due to COVID-19, regular distribution schedules of the nutrition items have changed (from weekly to biweekly) leading to misuse of supplementary food. In Okugu, the nutrition centre is very small, and it is not appropriate to accommodate and provide quality services.

In Melkadida, only 42% of the total persons interviewed are of the opinion that nutrition services in general are excellent, while 33% reported them to be poor, and 25% reported them as average. In addition, accessibility and availability of nutrition services ranged between average and poor across various areas.

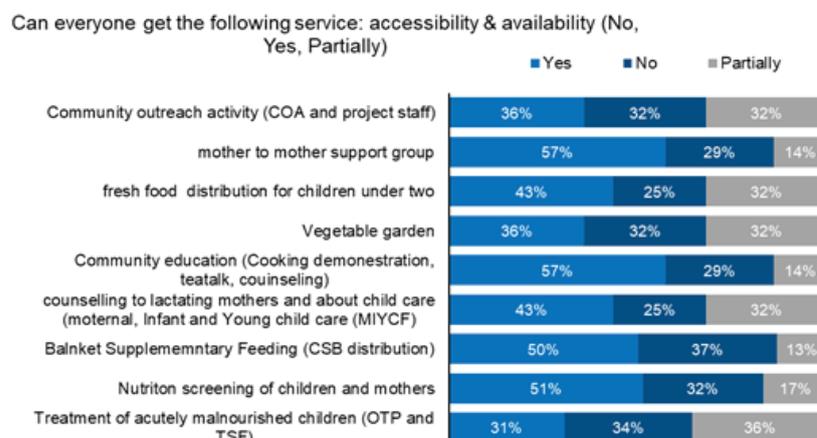


Figure 6
2021 Melkadida Health PA+

Community Capacities Identified

- Refugees stated that they are good farmers, and if provided with agricultural tools, land, and seeds, they can engage in home gardening and farming of different crops to diversify their diet, and this will solve the food insecurity and malnutrition.
- The community shares their food rations with fellow refugees, who are not registered and not entitled to food assistance.

Recommendations

1. Stakeholders should adhere to the food distribution schedule and reinforce protection litigation desks to deal with issues like loss of coupons during GFD. [RRS, UNHCR, WFP]
2. Strengthen measures to facilitate and support persons with specific needs (PSN) during food distribution by, among others, offering transportation of food for individuals with critical specific needs. Food management committees inclusive of PSN in line with the AGD considerations should be established and strengthened. [RRS, UNHCR]
3. Provision of supplementary feeding to older persons, persons with serious medical conditions and persons with disabilities and children below 5 years. [RRS, UNHCR, WFP]
4. Resume weekly distribution of supplementary food in locations where this is necessary or required. [RRS, UNHCR, WFP]
5. Expand nutrition centres across all field locations to accommodate large numbers of people during general food distributions. [RRS, UNHCR, WFP]

4.13 Refugee Status Determination and Durable Solutions

In Assosa, delays in refugee status determination and the issue of durable solutions were raised, in particular, by participants from Sherkole camp.

Asylum-seekers from the Great Lakes region reported that they have been waiting for a long time for their asylum applications to be processed. In general, DR Congolese refugees feel discriminated, as they perceive that resettlement opportunities are not available for them.

They were also concerned about the availability of durable solutions for Ethiopian nationals married to refugees. Moreover, refugees in Sherkole also reported that there is limited community awareness on resettlement. Participants from Bambasi have also requested for refugees to be given more resettlement slots and scholarship opportunities in terms of complementary pathways.

In Gambella (Pinyudo camp), there were complaints about the small number of individuals getting resettlement opportunities. In Okugu camp, refugees did not understand what resettlement entails.

Recommendations

1. UNHCR should provide counselling and/or create awareness among the refugee population about RSD processing in line with the strategic use of RSD as applicable in Ethiopia. [UNHCR, RRS]
2. UNHCR should continue to advocate for more resettlement and complementary pathways opportunities. In addition, some awareness should be created among the refugee population to manage their expectations in relation to resettlement. [UNHCR]

How the Participatory Assessment (2021) contributed to the planning and programming on RSD and Durable Solutions for 2022

In line with the findings and recommendations of the 2021 PA, some activities and programmes have been implemented and prioritized in 2022:

- **Enhanced RSD processing modalities:** UNHCR has recruited additional RSD staff to support RSD processing in Assosa and has adopted new processing methodologies to expedite the process.
 - In Gambella, the resettlement quota has been increased from 100 to 800 persons.
 - Advocacy for more resettlement opportunities for all refugees, including DR Congolese refugees. Some resettlement countries have expressed willingness to accommodate DR Congolese refugees in their resettlement quotas.
- **Expansion of complementary pathways:** UNHCR continues to advocate and pursue complementary pathways for refugees to prevent irregular onward migration and provide refugees with better and safer migration options through family reunification;

universities scholarships for qualified refugee applicants (UNICORE in Italy/ DAAD in Germany; Spain; France); and the Italian Humanitarian Corridor. UNHCR is also working with Canada on a potential refugee labour mobility scheme for skilled/qualified refugees and their families.

 **Increased information awareness and sensitization on resettlement processing:** Resettlement counselling remains a continuous process with plans to increase this across all refugee locations in Ethiopia.

4.12 Onward Movement

In Addis Ababa (urban setting), irregular onward movement remains a serious protection risk for urban refugees. Key populations engaged in irregular movers are youth, unaccompanied and separated children, or mothers with young children. Access to smugglers is typically found within the various refugee networks and community structures throughout Addis Ababa.

Limited livelihood and employment opportunities, challenges integrating in the urban setting, and friends and family influence in destination countries, have been reported as the main push factors for such irregular onward movement.

Other push factors include unaccompanied and separated children without access to family reunification (FR) processes, as well as other asylum seekers that have limited access to registration and documentation procedures due to changing policy landscapes and restriction of these services as a result of the COVID-19 pandemic.

A considerable number of refugees (34%) reported that irregular onward movement is common in their community, although many consider it a risky activity. Although most refugees are reported to understand the risks of irregular onward movement, they nonetheless engage in irregular migration to pursue better opportunities.

Approximately 20% of the respondents indicated that they did not understand the risks involved, and that their focus was “better opportunities” elsewhere. This can also be explained through the phenomena “migration of the mind,” whereby many would-be movers are mentally in destination countries and thus are incapable of ‘seeing’ any other alternative/opportunity that may be presented to them in transit countries.

Recommendations

1. Expand opportunities in Ethiopia such as vocational training, secondary and tertiary education, regular migration pathways and access to work permits for refugees. [RRS, GoE, UNHCR]
2. Improve availability and accessibility of services offered to refugees by agencies. [UNHCR, RRS, All humanitarian actors]
3. Information sensitization sessions with the community on the dangers of engaging in irregular onward movement. [UNHCR, RRS, All humanitarian actors]
4. Explore and strengthen local/socio-economic integration schemes through the Joint Project approach. [RRS, UNHCR]
5. Strengthen the legal system to prevent and control human trafficking and smuggling. [RRS, UNHCR]
6. Expand interventions that are youth-oriented/focused with young adults and youth reported to be the main profiles of irregular onward movers. This includes expanding educational opportunities such as the RRS scholarship, professional training creating pathways to well-paid work (i.e., partnership with ZOA and UNHCR “Gebeya ICT Training for Refugee Project”). [UNHCR, RRS, GoE]
7. Additional recommended interventions include dissemination of ‘refugee success stories’ (UNICORE winners, professional refugees, refugee business etc.), as well as stories of successful family reunification. [UNHCR]
8. Pursue partnerships with non-traditional partners to advance the Humanitarian-Development nexus to facilitate implementation of the GCR in Ethiopia. [UNHCR]

How the Participatory Assessment (2021) contributed to the planning and programming on Onward Movement for 2022

In line with the findings and recommendations of the 2021 PA, some activities and programmes have been implemented and prioritized in 2022:

- **Supporting youth-oriented/focused opportunities:** UNHCR has increased dissemination of information and support to refugee student applicants for various international scholarship (UNICORE, Barcelona and France scholarships) by organizing and holding information workshops on scholarships, as well as supporting applicants with the application process and pre-departure counselling sessions.

- **Increased information awareness and sensitization:** UNHCR has partnered with former recipients of the UNICORE scholarship to provide outreach messaging and peer-to-peer inspiration and motivation. In addition, UNHCR has partnered with Eritrean refugee artist/band to disseminate (motivational) information through music and video. UNHCR is also working with refugee-led organizations such as Nina Pictures and a collection of refugee artists to develop a short film on irregular onward movement and complementary pathways.
- **Supporting capacity development efforts:** UNHCR has offered the “Clown Science Dreams Training”, which is a well-known training in emotional communication for all Refugee Outreach Volunteers in Addis Ababa.
- **Highlighting success stories:** UNHCR interviewed four (4) UNICORE recipients prior to their departure and upon their arrival in Italy. universities. These stories are shared on all UNHCR social media platforms to highlight these opportunities as success-stories.

5. Conclusions

The Participatory Assessment remains a useful tool for engaging refugees in structured dialogue and receiving feedback on the quality of services provided across different sectors. In 2021, the exercise provided refugees and asylum-seekers in six refugee locations with an opportunity to reflect upon and provide feedback to UNHCR and other humanitarian actors on the quality of services offered by humanitarian actors, including UNHCR, RRS and partner organisations.

The PA exercise provided valuable lessons to UNHCR and other humanitarian actors on the need to engage refugees and asylum-seekers throughout every stage of the operations management cycle.

In addition, this exercise also provided an opportunity for UNHCR to try out innovative ways to conduct future assessments. In particular, the innovative use of technology (KoBo) for the exercise in Addis Ababa, Jijiga, and Melkadida proved essential, as it provided access to real-time information on the ground for a broad range of stakeholders. It also simplified data collection and analysis.