



ETHIOPIA COUNTRY REFUGEE RESPONSE PLAN

JANUARY 2020 – DECEMBER 2021

UPDATED FOR 2021

CREDITS:

UNHCR wishes to acknowledge the contributions of humanitarian and development partners in Ethiopia, together with the UNHCR Headquarters, Geneva and UNHCR Regional Bureau for the East and Horn of Africa in the preparation of this document.

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

All statistics are provisional and subject to change. Except where indicated otherwise, all population figures provided in this report are as of December 31, 2020.

PHOTO CONTENT:

A family of Eritrean Kunama refugees have found emergency-temporary shelter in the Mai Aini Secondary School. A convoy arrived from Shire on 11 February 2021 transporting over 600 refugees. Families had fled violence in Shimelba refugee camp, first to Shiraro where they ran out of food, and then to Shire in search of safety and assistance. © UNHCR/Edward Leposky

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CONTEXT

2021 PLANNED RESPONSE

884,216

PROJECTED REFUGEE POPULATION

US\$ 552.6 M

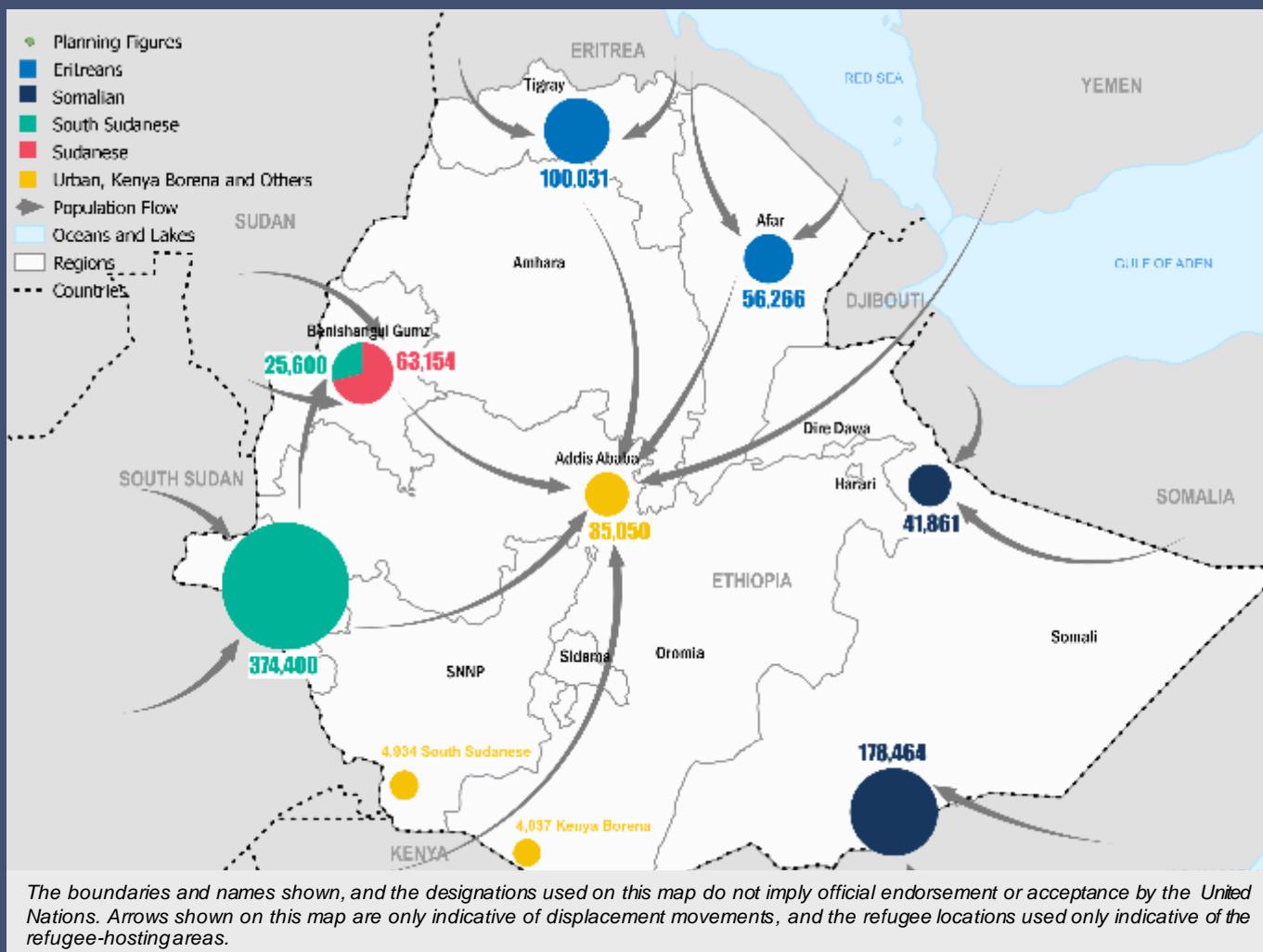
INTER-AGENCY REQUIREMENTS

29

APPEALING-OPERATIONAL PARTNERS

288,246

ASSISTED HOST COMMUNITY



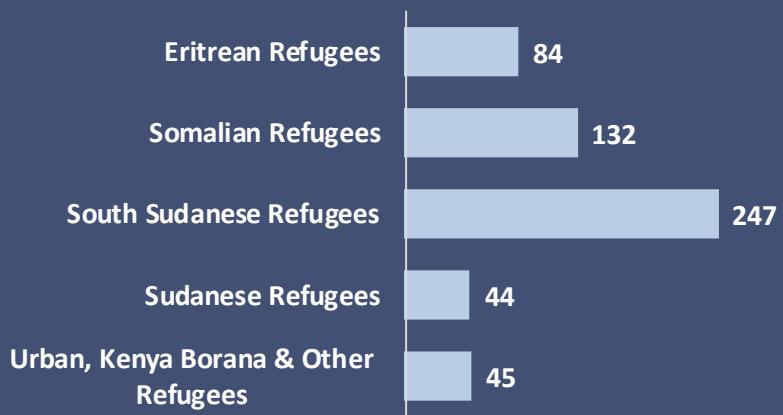
Refugee Population Trends



- Total 2019 Population
- Total 2020 Population
- 2021 Projected Population

Requirements by Refugee Population

In millions \$



Country Overview

Background

Ethiopia has a long-standing history of hosting refugees and is currently the third-largest refugee operation in Africa and one of the largest refugee asylum countries worldwide, reflecting the ongoing fragility and conflict in the East and Horn of Africa region. The country has provided protection to refugees and asylum seekers from some 26 countries. Among the principal factors are predominantly the conflict and food insecurity in South Sudan, the prevailing political environment in Eritrea together with the conflict and drought in Somalia.

The Government of Ethiopia continues to strive to implement its commitments made at the 2019 Global Refugee Forum, as well as the nine Pledges made during the Leader's Summit in 2016 to support the gradual inclusion of refugees in national services. Through the Pledges, which serve as a vehicle for implementing the Comprehensive Refugee Response Framework (CRRF) in the country, Ethiopia seeks to expand its Out-of-Camp policy (OCP); provide work permits to refugees; increase enrolment in primary, secondary and tertiary education; provide access to irrigable land for crop cultivation; facilitate local integration in instances of protracted displacement; earmark a percentage of jobs within industrial parks to refugees; and provide access to vital events documentation to facilitate increased access to basic and essential social services.

In this connection, Ethiopia's parliament adopted revisions to its existing national refugee law on 17 January 2019, making it one of the most progressive refugee policies in Africa. The Law provides refugees with the right to work and reside out of camps, access social and financial services, and register life events, including births and marriages. Fulfilling these considerable and measurable Government commitments to further its duty of care to refugees relative to its existing national resource constraints will inevitably be based on the scale-up of equitable responsibility-sharing between UN Member States and other key stakeholders.

The national asylum procedures are established by the Law, and the Government of Ethiopia has thus far maintained their traditional policy of granting *prima facie* refugee status (group-based recognition) to South Sudanese, Sudanese originating from the Blue Nile and South Kordofan region, Yemenis arriving in Ethiopia after 1 January 2015, and Somalis originating from South and Central Somalia, while nationals from other countries undergo individual refugee status determination. However, in January 2020, the Government of Ethiopia announced a change in policy away from granting *prima facie* refugee status for Eritrean nationals towards a hybrid asylum system whose content is yet to be communicated to UNHCR. Some 3.8 percent of the refugee population in Ethiopia lives in a protracted situation for over 20 years, including mostly South Sudanese and Somali refugees.

The refugee flow to Ethiopia continued during 2020 with 26,417 persons seeking safety and protection within the country's borders. At the start of 2021, Ethiopia hosted 802,821 refugees, who were forced to flee their countries of origin as a result of insecurity, political instability, military conscription, conflict, conflict-induced famine, and other challenges. The majority of refugees in Ethiopia are located in the Tigray region (although some have been forcibly displaced outside of the region due to the ongoing conflict as described below) and the four emerging regions of Ethiopia: Afar; Benishangul-Gumuz; Gambella and Somali regions. The emerging regions are the least developed regions in the country characterized by harsh weather conditions, poor infrastructure, low administrative capacity, a high level of poverty and poor development indicators. The arid physical environment in the Afar and Somali regions and the small and scattered nomadic populations make it more challenging to provide services to refugee and host communities alike. Many parts of the four regions are inaccessible with limited, poor or no road infrastructure. A majority of Eritrean refugees granted the OCP status reside in Addis Ababa and are largely dependent on financial remittances from abroad, as they are not entitled to humanitarian assistance outside of the camps and also find it difficult to achieve full economic self-reliance due to limited livelihood opportunities.

The coronavirus disease 2019 (COVID-19) dominated 2020 and continues to have a direct impact on the humanitarian situation in the country. Ethiopia confirmed its first case of COVID-19 on 13 March 2020. The pandemic then spread across regions including those hosting refugees and internally displaced persons. While there was no

2020 New Arrivals 26,417			
Age group	% of total 26k	Female % of total 26k	Male % of total 26k
00-04 y.	19%	9%	9%
05-11 y.	21%	11%	11%
12-17 y.	13%	6%	7%
18-59 y.	45%	26%	19%
60+ y.	2%	1%	1%
Total	100%	53%	47%

2020 End-Of-Year Population 802,821			
Age group	% of total 802k	Female % of total 802k	Male % of total 802k
00-04 y.	16%	8%	8%
05-11 y.	26%	13%	13%
12-17 y.	18%	9%	10%
18-59 y.	38%	21%	17%
60+ y.	2%	1%	1%
Total	100%	51%	49%

large-scale outbreak in the refugee camps and settlements, refugees, as well as their host communities, remained at risk and the delivery of humanitarian assistance was affected. The land border closure put in place to curb the spread of the pandemic has affected access to territory and asylum for a majority of newly arriving asylum seekers. To date Ethiopia has not formally resumed admission of new arrivals, while applying exceptions depending on humanitarian situations. The registration of new arrivals is currently suspended. As at 3 January 2021, a total of 125,622 cases had been confirmed in the country and 1,948 deaths reported¹. The first case among refugees was reported on 5 June 2020 from one of the camps in the Tigray region hosting Eritrean refugees. In total, 19 out of 26 camps confirmed 349 cases and 03 deaths amongst the refugee population in Ethiopia, as at 31 December 2020. Since the onset of the pandemic, preparedness and response activities have been underway in all refugee camps and Addis Ababa.

Tension between the Federal Government and Tigray's ruling party (TPLF) has been escalating in recent years. This escalation eventually led to armed conflict from 4 November 2020. Since the beginning of the conflict, civilians have been significantly affected, including local populations and refugees, in particular Eritreans, and other persons of concern who are being hosted in the region. At the same time, monitoring of the situation in the refugee-hosting areas remains a challenge due to lack of access of humanitarian workers. Further, any disruption in the distribution of humanitarian supplies is contributing to the worsening of the humanitarian context, as it prevents timely and adequate assistance to vulnerable communities in the region. The four refugee camps in the Tigray region that hosted Eritrean refugees were seriously affected. The Government has decided to close two of these camps (Hitsats and Shimelba) and consolidate refugees in the other two (Adi Harush and Mai Aini) which need considerable rehabilitation and expansion, especially considering the protection priorities and needs that have been exacerbated by the conflict and related further internal mass displacements of people.

Inter-agency Response

Humanitarian and development partners in Ethiopia continue working together to address the needs of all the refugee population groups in the country. This joint effort is grounded in the spirit of the Global Compact on Refugees and is contributing to the ten-year National Comprehensive Refugee Response Strategy for Ethiopia, which seeks to ensure the self-reliance and resilience of refugees and host communities and to prepare refugees for durable solutions by supporting their socio-economic integration and a phased transition out of the current camp-based model of assistance.

The **Inter-agency Country Refugee Response Plan (CRP) for Ethiopia** has been updated for 2021 to outline the multi-agency comprehensive response strategy and financial requirements of 29 humanitarian and development partners supporting the Ethiopian authorities to provide protection services and humanitarian assistance, as well as development opportunities, to 884,216 refugees and asylum-seekers by the end of 2021. It is anticipated that, among others, Eritrean, South Sudanese, Sudanese and Somalian refugees will continue to arrive in Ethiopia in 2021.

The updated CRP for 2021 aims to ensure an increased coherence and alignment of all planned interventions supporting refugees against a common set of sectoral objectives and performance targets, to improve coordination and further timely and effective protection and solutions, including in emergency settings. In that regard, CRP partners will also work to keep the services running in camps and if camps are consolidated, there will be considerable additional needs that would affect the whole population in the refugee-hosting areas. This plan is also targeting some 288,246 members of the affected local population and host communities for assistance through the inter-agency response mechanism.

The updated CRP includes elements from the Inter-agency Refugee Emergency Response Plan (RRP) for the Eritrean Refugees in Tigray, which was developed at the beginning of the Tigray crisis and in the context of the joint emergency response of humanitarian partners for a three-month period (November 2020-January 2021). In addition, the updated CRP is included in the 2021 UN Humanitarian Response Plan for Ethiopia. During 2021, the updated CRP will be fully revised as needed and complemented with further activities necessary to scale up the inter-agency response, including also from new partners, depending on developments in the context and needs.

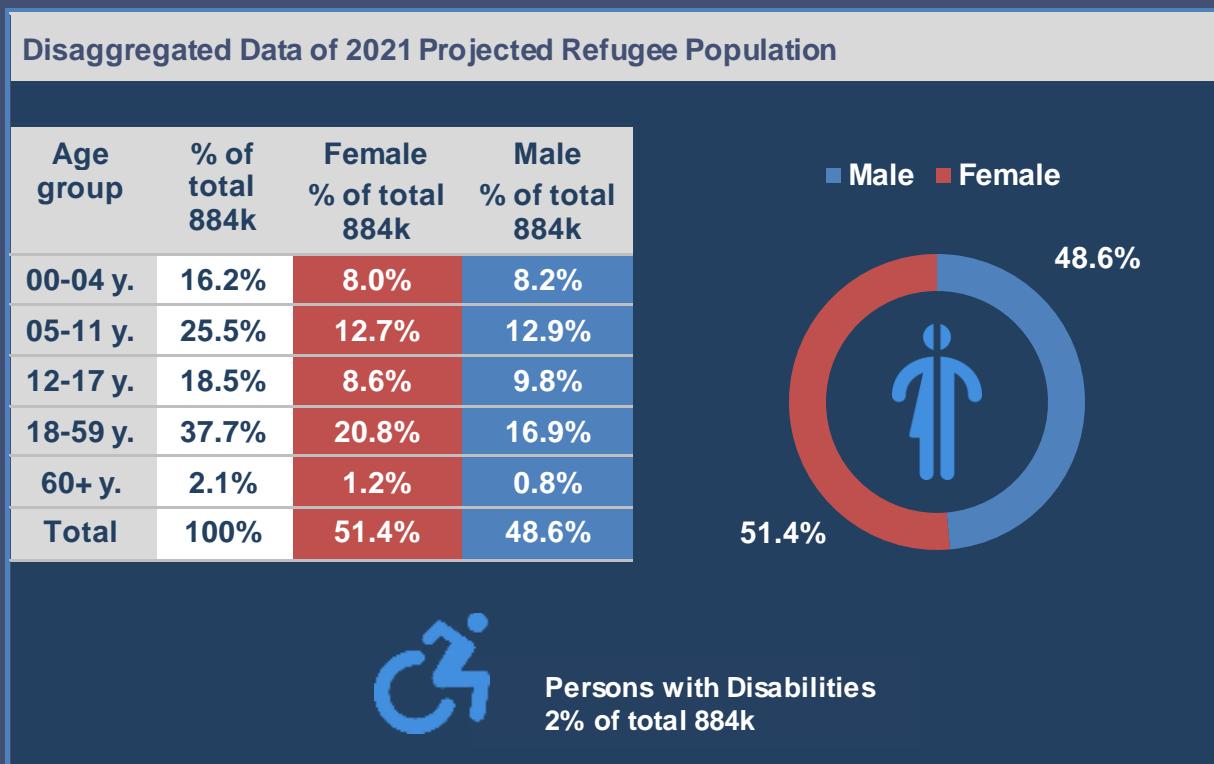


¹ Ministry of Health-Ethiopia & Ethiopian Public Health Institute

Beneficiary Population

	Population as of December 2020	Projected population by December 2021 ²
Refugee Population Groups		
Eritrean Refugees	151,379	156,297
Somali Refugees	203,040	220,325
South Sudanese Refugees	347,178	400,000
Sudanese Refugees	57,203	63,154
Urban/Kenya Borena/Others ³	44,021	44,440
Total	802,821	884,216

Assisted Host Population	
Total	288,246



² The refugee target is aligned to the number of registered refugees in the country as of the end of 2020, and those projected to be in need of registration by the end of 2021, including new arrivals and newborns.

³ The Urban/Kenya Borena/Other refugees group includes the following population groups by nationality, as of December 2020: Eritrean 29,948, South Sudanese 5,548, Kenyan 4,034, Yemeni 2,167, Somali 816, Congolese 459, Syrian 430, Other 280, Sudanese 206, Burundian 65, Djiboutian 51, Rwandan 17.

Needs Analysis

Partners have been continuously conducting a needs analysis attempting to collect as much updated information as possible in order to build a comprehensive understanding of the needs and issues facing the refugee population on a daily basis. Following a multi-sectoral approach, partners are working to identify needs, response gaps and priorities for the different refugee population groups on protection, education, energy and environment, food security, health and nutrition, water, sanitation and hygiene (WASH), livelihoods, shelter and non-food items (NFIs).

Given the size, diversity and geographic scope of the refugee population in Ethiopia, comparing needs between population groups and across different types of refugee locations can be challenging. In this connection, the needs analysis is presented by refugee population group, in particular Eritrean, Somali, South Sudanese, Sudanese and Urban, Kenya Borena and other refugees, featured as separate chapters within this updated CRP for 2021. The needs analysis by refugee population group aims at ensuring that refugees' needs are better addressed, including in times of the ongoing COVID-19 pandemic and especially during the emergency situation due to the conflict in the Tigray region, considering the profound consequences that such situations have on the refugee population. Different gender needs are also embedded, also given the unbalanced and serious repercussions caused by both the conflict and the pandemic to women and girls refugees.

Response Strategy and Priorities

Partners will continue to undertake a multi-faceted response that ensures access to territory and asylum and protection from effects of armed conflict, seeking also innovative, cost-effective and sustainable ways to deliver basic needs and essential services, including life-saving assistance, as well as opportunities for durable solutions and self-reliance. A comprehensive protection and solutions strategy has been developed for registered refugees in the country.

Response Objectives

All refugee responses for the different refugee population groups in Ethiopia in 2021 will fall under the umbrella of six Strategic Objectives.,

Strategic Objective (1): Preserving and enhancing the protection environment and living conditions of refugees including access to basic services, and promotion of peaceful coexistence with local communities;

Strategic Objective (2): Strengthening refugee protection through the expansion of improved community-based and multi-sectorial child protection and SGBV programmes inclusive of PSEA and MHPSS;

Strategic Objective (3): Strengthening access to inter alia education, WASH, health including sexual and reproductive health, and nutrition, livelihoods, energy, and to sanitary items;

Strategic Objective (4): Supporting the implementation of the Government's CRRF Pledges and GRF commitments to expand access to rights, services, and self-reliance opportunities in the longer-term, in line with the Global Compact on Refugees;

Strategic Objective (5): Contributing to the development of a strong linkage with national/regional development related interventions, and,

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

Tigray Region

Although the emergency response for the Tigray region is now part of the plan for the overall population of the Eritrean refugees, partners will continue to focus on the specific needs of refugees, as well as of other persons of concern, who are in the area. In the context of the ongoing situation in the Tigray region, accountabilities towards refugees and asylum-seekers in Tigray will continue to include, as priorities, the physical safety and security of refugees and asylum-seekers, the continuation of mental integrity protection and basic services to refugees and maintaining access to territory and asylum procedure for asylum-seekers.

The refugee response in Tigray is targeting multi-sectoral needs including protection, health and nutrition, food, emergency Shelter/CRIs, emergency education, WASH, energy and environmental protection. In order to harmonize the approach, the same consideration needs to be made by partners for Eritrean refugees displaced outside of the Tigray region, such as in Addis Ababa. Partners are also targeting the affected local population and host communities for assistance through the inter-agency response mechanism.

For camp-based refugees, significant effort will be exerted to restore the previously established mechanisms and the facilities as well as increase response capacities given the merging of additional camp populations. For new arrivals

and relocated individuals, high energy biscuits can be provided at entry points until the new arrivals are relocated to the camps; additional needs will be jointly assessed. Children under the age of five and pregnant and lactating women should be provided with supplementary nutritious food commodities where required, especially given the lack of specific health assistance before and after giving birth due to the dismantling of the majority of sanitary entities in the recent months. When the situation allows, school meals would need to be provided for refugee children attending schools. Child protection partners will continue to strengthen and restore assistance for unaccompanied and separated children (UASC). Food preferences of Eritrean refugees will continue to be considered in the provision of assistance, however, subject to availability of funding and the preferred food commodities in the supply system. Timely assistance to refugees would ease unnecessary competition for food in the local markets, however, this will not be enough to address all the potential challenges for host communities.

Cross Cutting Operational Priorities

Refugees Living with Disabilities

An estimated 2 percent of refugees (nearly 18,000 individuals) are targeted for assistance in Ethiopia are living with disabilities. These individuals are at particular risk because they are not always identifiable and because they face specific difficulties in participating actively in decisions that concern them, which makes it less likely that their essential protection and assistance needs are met. Among the most vulnerable refugee population, persons with disabilities can be subject to stigmatisation and discrimination, with barriers to participation, unsafe shelters, and lack of access to basic services and special treatments, as well as with increased levels of sexual and gender-based violence in and out of the home, especially those with intellectual and mental disabilities. In particular, women and girls with disabilities are facing double discrimination as a result of their gender and disability, a situation which is exacerbated during the displacement situation. The response aims to proactively identify individuals with disabilities and to actively engage them in the planning and implementation of activities, so that partners can better respond to their specific needs and ensure that day-to-day care is made available to them.

Host Communities

In refugee-hosting areas, and mainly where camps are located, refugees and local populations are facing increasing challenges especially during emergencies and are equally in need of humanitarian assistance, support for access to quality services and developing the areas for self-reliance opportunities. In practice, some of the host community members are benefiting from services offered by partners in the camps. Primary health care services are provided to refugees and surrounding host communities, in particular in response to the COVID-19 pandemic. Partners will continue their efforts to promote sustainable access to safe and adequate water for refugees and host communities and ensure access to adequate sanitation services. The community management of WASH infrastructures and services remains a priority, due to the COVID-19 pandemic. Among the most vulnerable of the host and refugee populations, women and girls will continue to be targeted for assistance and support to prevent gender-based violence and sexual exploitation and abuse, with a higher risk during humanitarian emergencies.

IDP assistance will be provided through the Ethiopia Humanitarian Response Plan for 2021 which is prepared by OCHA. However, in particular during the ongoing situation in Tigray region, host communities and individuals in refugee-hosting areas will benefit from humanitarian assistance according to specific sectoral targeting criteria and to the extent that security conditions and resources permit. Together with refugees, host community members will be assisted following an assessment by inter-agency partners of the situation on the ground, which will also inform the refugee response with.

Documentation

Through comprehensive Level 3 Registration, refugees have been able to record essential information on their educational and professional skills, and details of family members located in other countries against their individual and family profile. The improved data collection system will facilitate access to a greater range of complimentary services and opportunities for all refugees, including the right to live outside of refugee camps or to advance their education. In some instances, the data will be important in facilitating reunification with family members abroad, while allowing humanitarian actors to increasingly tailor assistance to the specific needs of refugees. The inclusion of the Biometric Identity Management System (BIMS) as part of Level 3 registration has facilitated the integration of new registration equipment countrywide and has also enhanced measures to uphold integrity of the system.

The collation of individual biometrics (iris scan and fingerprints of individuals aged 5 years old and above) facilitates the issuance of individual identification documentation to all refugees over the age of 14, and a proof of registration document is issued for every refugee household. This new documentation has facilitated the pilot issuance of SIM cards and access to bank accounts for refugees, a new entitlement which will be afforded countrywide. The integration of BIMS is also currently supporting the roll-out of the One-Stop-Shop (OSS) model for inter-agency service provision in Addis Ababa and all camps country-wide. The model includes the integration of documentation, vital events registration:

birth, marriage, divorce and death, and the establishment of a protection referral pathway to complimentary services provided by a range of partners in the areas of GBV, child protection, and support to persons with specific needs.

In 2021, there will be a focus on renewing individual identity documents issued in 2018 following expiry of their 3-year validity. The OSS model is expected to act as the appropriate infrastructure in the camps and in Addis Ababa to support the renewal phase and the issuance of other government documents such as pass-permits, civil registration documents and residence permits among others. The operationalization of OSS will be critical in order to avoid backlogs in expired refugee ID cards.

Out-of-Camp Policy

In line with the GoE's CRRF Pledge of September 2016 to expand its Out-of-Camp Policy (OCP) to benefit 10 percent of the refugee population, an additional caseload comprising refugees from all nationalities is expected to be granted permission to reside in rural and urban non-camp locations. The Policy was first introduced in 2010 to provide Eritrean refugees with the opportunity to live in Addis Ababa and other non-camp locations of their choice considering their ethno-linguistic and cultural ties with Ethiopia. The eligibility criteria have included amongst others the availability of the necessary means to financially support themselves for the purpose of self-reliance, either directly, or under sponsorship from relatives or friends who are able to act as their guarantor. The majority of Eritrean refugees with OCP status are believed to have arrived from the camps in the Tigray and Afar regions to Addis Ababa. In December 2019, ARRA adopted the Directive to Determine Conditions for Movement and Residence of Refugees Outside of Camps, Directive No. 01/2019, formally establishing the criteria for granting of OCP permits. However, it remains to be seen how ARRA will operationalize it for non-Eritrean refugees across the country. The COVID-19 pandemic has significantly affected the level of financial support that OCP refugees receive from relatives or friends abroad as well as the livelihood means that they had already established on their own, and consequently their overall livelihood situation.

The GoE's pledge at the GRF in December 2019 to strengthen the national asylum system and social protection capacity provides additional orientation to the expansion of the OCP, placing a central focus on strengthening Ethiopia's capacity in relation to refugee registration, Refugee Status Determination (RSD) and civil documentation systems, as well as enhancing the inclusion of refugees in national protection systems, particularly individuals with specific needs. Support to targeted beneficiaries will also be aligned to other national commitments, which include the expansion of livelihood opportunities together with market-based skills and vocational training.

To enable the GoE's CRRF pledge on local integration made in September 2016, refugees who have lived in Ethiopia for over 20 years have been identified in a number of locations in the country, notably Assosa in the Benishangul-Gumuz region, Jijiga in the Somali region and Pugnido in the Gambella region. Building upon the adoption of Refugee Proclamation No.1110/2019 which includes a provision for the local integration of refugees who have lived in Ethiopia over a protracted period of time, support will be provided to further outline the details of this provision, including the applicable criteria and approach that will be regulated through subsidiary legislation and/or aligned with the GoE's National Comprehensive Refugee Response Strategy (once finalized), and any relevant regional planning. While supporting the inclusion of refugees within regional development plans, wider investments will continue to further the socio-economic process of local integration while taking into consideration social cohesion and peaceful co-existence between refugee and host communities, through the expansion of sustainable livelihoods to ensure self-reliance and the ability of refugees to contribute to the economic life of their host communities.

Cash-Based Interventions (CBI)

Cash-Based Interventions (CBI) have been successfully implemented in Ethiopia following feasibility studies conducted in selected camps in the Somali and Benishangul-Gumuz regional states. Cash has been used for the direct purchase of items to meet basic needs including laundry soap, kitchen sets, sleeping mats, sanitary kits and fuel for cooking, in addition to supporting transitional shelter construction works for vulnerable households. Within the camps in the Tigray Regional State, which accommodate a significant number of unaccompanied children, cash has been used to reinforce foster care arrangements.

In 2021, cash assistance is scheduled for all camps in the Afar, Benishangul-Gumuz, Somali and Tigray regional states, in addition to urban refugee support in Addis Ababa. This will include core relief items, education, energy, health, shelter and livelihoods sectors, as sector specific assistance or part of a comprehensive multi-purpose cash grant. In addition to the ongoing cash for nutrition assistance, a comprehensive CBIs feasibility assessment will also be conducted in camps in the Gambella Regional State, the Liben Zone in the Somali Regional State and Melkadida markets. Multipurpose cash grants will also be utilized to support the reintegration of Ethiopian refugees who have chosen to voluntarily return from countries of asylum.

Post distribution monitoring, together with feedback and complaints mechanisms will be expanded to inform and improve cash assistance activities. The monitoring information will help to identify and address financial and protection risks associated with the use of various cash assistance Financial Service Providers (FSP) and modalities which may include negative inflation in the local markets and misunderstanding with host communities. Further, security monitoring will be conducted to identify and mitigate any related risks due to the continued conflicts/displacements and as the country

approaches the election period. The development of a common cash delivery mechanism accessible to all humanitarian partners and stakeholders will be explored to improve reach, cost efficiency and avoid duplication, while leveraging national protection and the social safety net system – the Ethiopia Productive Safety Net Programme (PSNP). Additionally, it should be also taken into consideration how women face greater barriers to access and participate in cash programming, as well as higher protection risks because of how their gender is linked to age, ability and other socio-demographic elements that can intersect with risk factors. Cash programming can (though does not necessarily) increase rates of intimate partner, gender-based and inter-generational violence, worsen stigma towards beneficiaries, and aggravate social tension in communities. All the mentioned factors should be borne in mind by CBI designers.

Security

All humanitarian partners are routinely engaged in security information sharing through operational and security briefings, training, logistic support, convoy coordination and incident management. The adoption of specific risk mitigation measures in response to ongoing and emerging threats are undertaken through standardized security risk management mitigating measures which are mandatory for UN agencies, and recommended for all operational humanitarian partners, as per the Saving Lives Together Framework. Civil unrest and communal conflict are anticipated to have an impact on road mobility and the delivery of humanitarian items to refugee population centres. In addition to direct security threats, road traffic incidents due to poor road maintenance, extreme weather conditions, poor due to road conditions, driving practices and overloaded vehicles will continue to pose a common threat to humanitarian personnel. Participating in ongoing security awareness training in the areas of personal security is encouraged, together with the Safe and Secure Approaches in Field Environments Course to be provided in all refugee hosting regions by the United Nations Department of Safety and Security (UNDSS).

To further improve the safety of humanitarian workers within each of the 26 refugee camps, security infrastructure have been upgraded through the establishment of HESCO protective structures in 15 selected camps, with strong rooms established within the remaining camp locations, which include the integration of metal window shutters and reinforced doors to provide protection during unforeseen security incidents. In addition, very high frequency radio (VHF) handsets will be allocated in all camp locations to reinforce effective communication and coordination between humanitarian partners and local authorities, and to support crisis communications in the event of an emergency.



Partnership and Coordination

Ethiopia has well-established refugee response and coordination processes in place, based on the Refugee Coordination Model (RCM), which are anchored in a solid framework of refugee law and procedure. An interagency Refugee Coordination Group composed of the Heads of Agencies, and other senior staff supporting the national refugee response meets on a regular basis to discuss strategic and inter-sector operational issues. Sector working groups include Protection, Health, Education, WASH, Shelter, Energy and Environment, together with a Child Protection/SGBV sub-working group. There is also a separate urban coordination forum for agencies operating specifically for urban refugees in Addis Ababa. The Humanitarian Country Team also forms part of the broader consultation forum on the overall refugee response, together with UN Sustainable Development Cooperation Framework (UNSDCF) working groups that relate to refugees. As part of broad investments in inter-agency coordination, an information management working group was established in 2021 to harmonize the collection, management and use of data.

UNHCR has embarked on a new form of enhanced partnership with UNICEF in 2020 and made a joint commitment to transformative change in the three identified sectors of education, WASH and child protection. UNHCR and UNICEF jointly developed a two-year Blueprint for Joint Action for the Ethiopia operation, aiming to transform the quality of life for refugee children and their families by enhancing refugee children's access to education; ensuring that they can access clean, sustainable and environmentally sound WASH services; addressing protection concerns and ensuring quality, child-friendly response services; and identifying context specific barriers to inclusion in national systems to enable joint advocacy for policy change in Ethiopia. UNHCR and UNICEF will learn from the results of these joint actions and finalize a new and transformative partnership in 2021.

As part of the rollout of the CRRF in Ethiopia, the existing coordination mechanism has been complemented by a national Steering Committee to facilitate engagement of a wide range of stakeholders across government agencies and ministries, with the World Bank, development actors, UN agencies, NGOs and the private sector. This structure, together with a ten-year National Comprehensive Refugee Response Strategy and the integration of refugees within Regional Development Planning, will guide Comprehensive Refugee Response Framework (CRRF) pledge and Global Refugee Forum (GRF) commitments to support an increasingly integrated approach to refugee assistance, aligned to the GoE's Growth and Transformation Plan.

Engagement with representatives of the international community will be further expanded, in line with the commitment of UN Member States to the Global Compact on Refugees, and the pledges made at the first GRF in 2019. Governmental and intergovernmental partners have already proven to be key stakeholders in the refugee response, enhancing national donor coordination mechanisms, facilitating multi-stakeholder consultations, providing feedback and insights to enhance the quality of protection and assistance, while taking initial steps to contribute to equitable responsibility sharing for hosting and supporting large refugee movements.

With regards to coordination among operational partners, the South Sudan Regional Refugee Response Plan (RRRP) is a coherent strategy which is built on the national response plans of regional countries. UNHCR leads the development of the Ethiopia chapter in consultation with key partners, to agree on clear division of responsibilities at the sector and geographic level that reflect each agency's capacity and comparative advantage within the response for South Sudanese refugees. Clear commitments will allow more predictability of service provision, reduce gaps and overlap, and allow for more targeted fundraising and preparedness.



APPEALING CRRP PARTNERS

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

Together with partners, UNHCR will continue to strengthen national and field-level preparedness for response to large-scale influxes, or rates of arrival that exceed inter-agency planning, also including internal and external displacement due to the ongoing situation in the Tigray region. A key component of this will be to seek firm commitments from UN and NGO partners on scale-up capacity in the case of a contingency scenario and of a rapid deterioration in the security situation, while at the same time maintaining a robust and flexible emergency response capacity within UNHCR in case of gaps in interagency service provision.

The updated 2021 Inter-agency Country Refugee Response Plan (CRP) for Ethiopia brings together 29 humanitarian and development operational partners, who seek to continue the positive working relationship with other partners, including the GoE's Agency for Refugees and Returnees Affairs (ARRA), international and national NGOs and the civil society. The response activities of CRP partners are further complemented by those activities developed and implemented by other partners, including local authorities and implementing partners.

2021 Financial Requirements

By Sector

SECTOR	TOTAL BUDGET REQUIREMENTS (USD)
Education	61,312,140
Energy & Environment	20,510,802
Health	54,050,521
Livelihoods & Resilience	36,880,001
Nutrition & Food security	178,613,737
Partnership & Coordination	32,703,125
Protection	76,588,699
Shelter, Infrastructure & Core Relief Items	42,820,778
Water Hygiene and Sanitation (WASH)	49,176,980
TOTAL	552,656,783

By Sector and Refugee Population

SECTOR	ERITREANS	SOMALIANS	SOUTH SUDANESE	SUDANESE	URBAN	TOTAL BUDGET REQUIREMENTS (USD)
Education	10,820,516	15,843,616	27,228,815	4,509,768	2,909,425	61,312,140
Energy & Environment	2,977,061	6,380,892	7,745,548	2,958,091	449,210	20,510,802
Health	6,527,815	9,305,042	20,434,324	3,984,432	13,798,908	54,050,521
Livelihoods & Resilience	2,983,622	11,017,797	16,626,409	3,492,568	2,759,605	36,880,001
Nutrition & Food security	20,373,766	49,457,658	91,418,348	16,235,871	1,128,094	178,613,737
Partnership & Coordination	10,229,956	7,424,728	8,853,533	751,057	5,443,851	32,703,125
Protection	14,460,040	15,224,480	30,804,353	4,599,264	11,500,562	76,588,699
Shelter, Infrastructure & Core Relief Items	6,131,157	7,446,223	20,941,287	3,480,444	4,821,667	42,820,778
Water Hygiene and Sanitation (WASH)	9,266,279	10,251,914	22,780,896	4,388,739	2,489,152	49,176,980
TOTAL	83,770,212	132,352,350	246,833,513	44,400,234	45,300,474	552,656,783

By Partner for the Overall Response

PARTNER	ACRONYM	TOTAL BUDGET REQUIREMENTS (USD)
Action against Hunger	AAH	4,000,000
Action for Social Development and Environmental Protection Organization	ASDEPO	795,000
Action for the Needy in Ethiopia	ANE	2,700,542
African Humanitarian Aid and Development Agency	AHADA	772,158
Bethany Christian Service Global	BCS	355,180
Concern Worldwide	CWW	3,828,393
Danish Refugee Council	DRC	5,100,000
Doctors with Africa	CUAMM	800,000
Ethiopian Orthodox Church Development and Interchurch Aid Commission	DICAC	197,504
Food and Agriculture Organization of the United Nations	UN-FAO	1,000,000
GOAL	GOAL	2,800,000
HelpAge International	HAI	1,595,000
International Medical Corps	IMC	7,922,696
International Organization for Migration	UN-IOM	4,375,000
Jesuit Refugee Service	JRS	3,514,291
Norwegian Church Aid	NCA	200,000
Norwegian Refugee Council	NRC	17,770,225
Oxfam GB	OXFAM GB	7,520,061
Plan International Ethiopia	PIE	10,150,000
Right to Play	RTP	1,850,000
Save The Children International	SCI	14,000,000
The International Rescue Committee	IRC	9,980,942
The Lutheran World Federation	LWF	2,850,000
United Nations Children's Fund	UN-UNICEF	41,374,874
United Nations Entity on Gender Equality and the Empowerment of Women	UN-UNWOMEN	550,000
United Nations High Commissioner for Refugees	UN-UNHCR	250,105,998
United Nations Population Fund	UN-UNFPA	2,000,000
World Food Program	UN-WFP	150,936,119
ZOA Relief Hope Recovery	ZOA	3,612,800
TOTAL		552,656,783

ERITREAN REFUGEES

2021 PLANNED RESPONSE

156,297

PROJECTED ERITREAN
REFUGEE POPULATION

US\$ 83.7 M

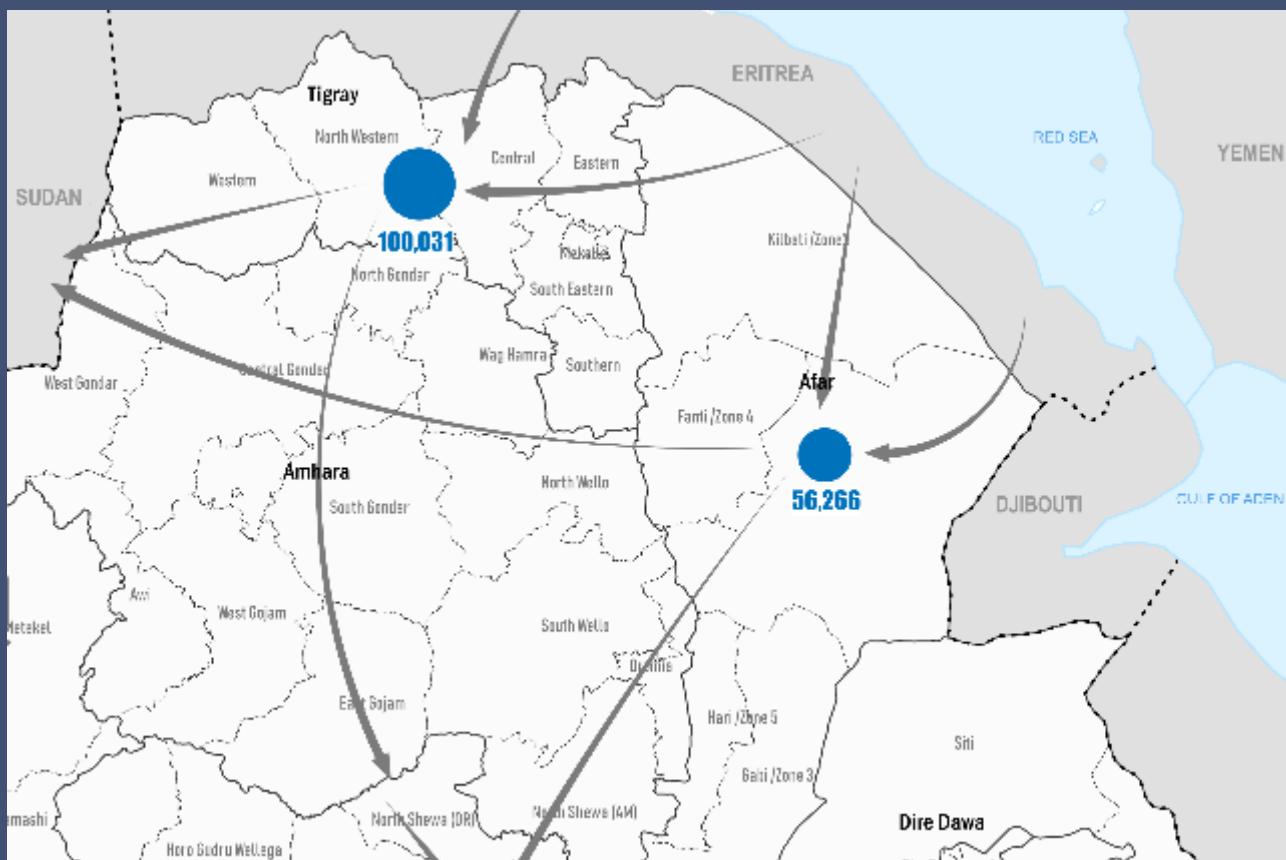
INTER-AGENCY
REQUIREMENTS

16

APPEALING-OPERATIONAL
PARTNERS

24,000

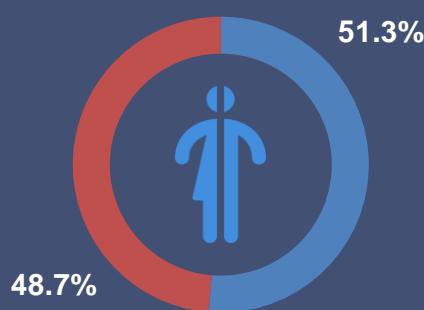
ASSISTED HOST COMMUNITY



Disaggregated Data

Age group	% of total 156k	Female % of total 156k	Male % of total 156k
00-04 y.	9.8%	4.8%	5.0%
05-11 y.	17.4%	8.4%	8.9%
12-17 y.	18.4%	7.6%	10.8%
18-59 y.	52.8%	27.1%	25.8%
60+ y.	1.6%	0.8%	0.9%
Total	100%	48.7%	51.3%

■ Male ■ Female



Persons with Disabilities
1.6% of total 156k

Overview

As at December 2020, Ethiopia was home to 181,264 Eritrean refugees across the country, equal to over 22 percent of the total refugee population in Ethiopia of 802,821. In the Tigray region, UNHCR had registered 95,929 Eritrean refugees, as of end October 2020, sheltered mainly in four refugee camps in the western part of the region: Shimelba (8,702 refugees), Mai-Aini (21,682), Adi-Harush (32,167) and Hitsats (25,248), and, in addition, 7,818 refugees benefitting from the Government's Out of Camp Policy, allowing refugees to live in communities. However, given conflict within and outside of the Tigray region, a significant number of refugees have left both Shimelba and Hitsats camps, with some relocating to Mai Aini and Adi Harush. At the time of writing this document, the population figures and location of refugees remain highly fluctuating given the ongoing movement in search of safety. The remaining Eritrean refugees outside Tigray live predominantly in the Afar region (51,777) and in the capital Addis Ababa (29,948)⁴.

On 4 November 2020, military confrontations between federal and regional forces in Ethiopia's Tigray region, which borders both Sudan and Eritrea, led the Government to declare a State of Emergency. Since then, and despite the announcement of an official end to military operations at the end of November 2020, Ethiopia's Tigray region has continued to be affected by armed clashes and insecurity, having a serious impact on access and the provision of humanitarian assistance to refugees and Internally Displaced Persons (IDPs).

Due to the conflict, UNHCR and partners were forced to relocate many of their staff from the Tigray region. Only a limited number of critical staff remain, in the areas affected by the conflict. With limited access to cash, fuel and food, their operational capacity has been severely hindered. This has led to a drastic halt in the delivery of services to Eritrean refugees and an ever increasing IDP population.

UNHCR has been able to access Adi-Harush and Mai Aini refugee camps and with ARRA and partners has been able to gradually re-establish basic services, including importantly protection services. Recently, with the easing of humanitarian access, UNHCR has been able to confirm that Hitsats and Shimelba camps have been largely destroyed and entirely deserted. Efforts are underway to identify a new location to host the refugees from the two camps, which the Government decided to close.

The lack of access to food, fuel and other essential supplies has created a complex humanitarian situation with extreme suffering and life-threatening consequences. To find safety and basic means of survival, Eritrean refugees who were housed in Hitsats and Shimelba camps have been fleeing to other locations within Tigray (including Mai-Ani and Adi-Harush) and other regions of Ethiopia, as well as to Sudan.

Overall, protection and other basic services have fully resumed in Mai-Ani and Adi-Harush camps after most suffered delays or hit a snag as a result of the conflict. A few partners have been increasing their technical presence in these camps especially in life saving and critical sectors of WASH, health, food assistance and shelter. The refugee situation in the Afar region which hosts two refugee camps, Aysaita and Barahle, remains stable, where UNHCR and partners continue to provide multi-sectoral assistance to about 54,000 individuals.

Needs Analysis by sector



Access to legal assistance and remedies

Significant gains were made in 2019 and 2020 to allow opportunities for access to legal assistance and remedies for refugees. Due to increased arrivals and overcrowding in camp shelters, as well as misgivings among the hitherto close-knit hosting communities and refugees, some community unrest and intercommunal tension has increased leading to the need for access to legal redress. Despite enhancing ARRA's limited legal staffing through a pro bono lawyers scheme, other gaps remained significant, particularly in GBV cases where the workings of traditional justice systems impacted the number of survivors seeking legal redress, most acutely felt in Afar where only 14 percent of reported SGBV cases sought legal redress.

Child protection

During and following the conflict, initial prioritization will focus on the restoration of basic child protection services, with a particular focus on Unaccompanied and Separated Children, who continue to form a significant part of the Eritrean refugee flow. 44 percent of the population in Afar and Tigray are children, with 17 percent of all children in Tigray registered as UASC (in 2020). This includes an average of 28 newly arriving UASC per day in 2019 (over 10,000), with similar numbers continuing in early 2020 prior to shifts in asylum policy as well as Covid-19 movement restrictions. Currently over 4,000 UASC actively receive case management support. UASC note that family separation often occurs

⁴ For the response to Urban Refugees, including Eritrean refugees, see chapter of Urban, Kenya Borena & Other Refugees.



Ethiopia, Tigray region. Eritrean Kunama refugees unloading their belongings in Adi Harush camp after having arrived on a convoy from Shire on 14 February from Shire transporting nearly 200 refugees. Families fled violence in Shimelba refugee camp to find emergency temporary shelter in an early childhood care and development facility in the camp. Other refugees previously in Hitsats and Shimelba camps are now scattered in Shire and other towns in Tigray awaiting transport or trying on their own to reach the already over-crowded Adi Harush and Mai Aini camps, where emergency shelter options are quickly running out. © UNHCR/Edward Leposky

during flight by children from Eritrea fleeing the forced indefinite conscription into military service, escaping the general human rights situation and needing to support their families, and wanting to reunify with family / relatives outside of Eritrea and the lack of legal methods to achieve this from within Eritrea. Despite ongoing efforts to facilitate safe family reunification to Eritrea for UAC, no such returns from Ethiopia have occurred since early 2009, with no foreseeable opening in this regard. Despite significant numbers of UASC, family-based care arrangements were continually prioritized through efforts.

A concern emerged in 2020 with the changed asylum policy is the growing numbers of Eritrean unaccompanied and separated children who have been largely denied access to the asylum system and remain unregistered.

Unaccompanied and separated children in the two operating camps (Adi Harush and Mai Aini) need close follow up and attention at this crucial time when the conflict in Tigray is still ongoing. For those children newly relocated from Hitsats and Shimelba, orientation to services, thorough assessment and integration into case management systems will be required. Additionally, there is a need to scale up MHPSS, for all populations, but specifically those relocated from Hitsats and Shimelba noting the trauma experienced as a result of the relocation experience. At the writing of this report, the child protection reception services and field monitoring missions have been resumed. Best interests assessment (BIA) and best interests determination (BID) cases will follow.

Gender-Based Violence (GBV)

In situations of conflict, women and girls particularly, but also men and boys, are at heightened risk for GBV. Further to a recent rapid assessment conducted in Mai Aini and Adi Harush camps in January 2021, respondents expressed concern regarding the lack of GBV prevention and response services, as well as limited access to sexual and reproductive health services, throughout the previous three months and suggested that in the absence of services and workable reporting mechanism, underreporting can be expected. Priority will therefore be placed on reestablishment of effective referral pathways, outreach services to identify those in need of targeted services and working towards mitigation of GBV across all sectors.

While there are a few reported SGBV cases per month, survivors often underreport cases due to cultural norms, fear of retaliation, lack of trust, lacklustre referral linkages, weak response mechanisms, etc. This is also indicated in the Age, Gender and Diversity Mainstreaming (AGDM) assessments. Alleged rape perpetrators arrested and put in prison are

usually released on bail by the court after a meagre payment. This has diminished local support for the formal justice system in the camps. These gaps allowed perpetrators to continue practices of abuse and make case identification and reporting a very sensitive and complicated issue. Traditional justice and reconciliation systems at camp level need to be informed by training on relevant national and international laws and standards regarding women and children rights. Capacity building to the community on women empowerment, participation of women and girls in decision making platforms remains crucial.

One of the challenges in addressing GBV is limited or lack refugee women and girls' participation in the Refugee Central Committee (RCC) to fully participate in decisions affecting their lives, and efforts will be made to address this challenge. In addition to this, it is important to note that whereas many sexual and gender-based violence (SGBV) risks in refugee camps are well-documented, less is known about the threats faced by refugee women and girls that are largely integrated into their host communities. Therefore, in Ethiopia, it needs to be ensured that risks assessments as well as preparedness and response activities also respond to threats and experiences of SGBV amongst refugee women and girls are integrated into their host communities to ensure a broader focus.

Persons with Specific Needs (PSN)

Limited support for PSN continues throughout Tigray and Afar. In 2019 assessments were conducted by the partners in Shire camps to identify the number of persons living with disabilities and older persons. Over 2,378 (1,471 males / 907 females) persons living with disabilities were identified in the four camps of Tigray, and a variety of supportive devices provided. However, replacement of worn out assistive devices and orthopaedic devices continues to be a challenge. Referral for rehabilitative services for PSN living with these conditions are not available in and around the camp communities. There is a need to improve access to education for children with disabilities. In Afar, similar assessments were conducted at the start of 2020. Some 1,023 persons living with disabilities and older persons were identified in need of support. Support included material, psychosocial, awareness, device assistance, home-to-home visits and counselling. A total of 328 persons living with disabilities and elderly and 24 unaccompanied children received different material support in 2020. However, PSN and elder persons in Afar camps were not receiving adequate assistance due to resource limitations. No social service and physical support for persons living with disabilities was provided other than material support. Special skills training for persons living with disabilities remains a huge gap. Referral services for rehabilitation for PSN are not available in and around the camps. Access to education for children with disabilities continues to be a gap. There are around 100 psychosocial support groups in the two camps in Afar who support PSN and older persons. The support groups are not getting any incentive payment and material support to protect themselves from different communicable diseases including COVID-19. The social workers working with the partner in the camps are very few compared to the need. Therapeutic service in a rehabilitation center is provided in the two camps. However, the centers are made of corrugated iron sheets and not accessible to persons living with disabilities due to the very hot weather condition.

Registration and Documentation

In early 2020, the Government of Ethiopia (GoE) changed the reception and refugee determination process from *prima facie* to an individual determination. In the previous years, all the Eritrean new arrivals had accessed individual registration by both the Ethiopia government and by UNHCR. However, the new arrival numbers received in Tigray and Afar (Barahle & Aysaita) has been impacted by the change of policy, the new arrival figures have dropped significantly to about 15 percent in comparison to 2019, and was brought to a total standstill following the conflict beginning on 4 November 2020.

Assuming the current restrictive policy remains in place, the lower arrivals trend is expected to continue through to 2021 with possible increases with COVID-19 situation improving and success in UNHCR advocacy. Registration by UNHCR was conducted on an individual basis using a minimum dataset which included biometric information for enhanced identity management for all individuals above 05 years old. Government and UNHCR registration will be further merged with use of proGres V.4. A major concern remains for the Eritrean new arrival asylum seekers, who remain in need of international protection, but due to the 2020 introduced restrictive policy do not have access to the asylum system or registration.

In line to the adopted COVID-19 preventive measures, persons who were in the quarantine centres at the collection points and when the conflict started on November 4th, 2020 ARRA/UNHCR registration system was halted for Eritrean refugees. Access to standard services in the camp requires persons newly relocated refugees from Shimelba and Hitsats camps will have to be documented with proof of registration/identification document. Similar to registration of new arrivals, new-born baby's registration which was halted in both Mai Aini and Adi Harush refugee camps as a result of the conflict, will continue.

The enactment of the Vital Events and National Identity Card (Amendment) Proclamation 1049/2017 in October 2017 paved the way for refugees to access civil registration within Ethiopia including birth, marriage, death, and divorce certificates for the first time. Despite this positive advancement, actual issuance of civil documentation remains critically low when compared to the vital events that are registered within UNHCR's proGres database. In addition, access to other civil status documents like marriage and divorce certificates remained critically low. In addition, mechanisms to

ensure access to other civil status documentation like death, marriage and divorce certificates will be required including legal aid where necessary (particularly for those living outside of the camps). Finally, community mobilization will be required for enhanced information sharing with the community on the importance of such documentation, as well as to better understand the bottlenecks that need to be unlocked in order to increase vital event issuance.

Durable solutions

There is currently no indication that the recent peace agreement between Eritrea and Ethiopia led to significant improvements in the military, security, and human rights situation in Eritrea. Accordingly, Tigray and Afar regions continue to receive thousands of new arrivals as a result of severe violations of human rights in Eritrea and hence promotion of repatriation of refugees to Eritrea in safety and with dignity is not foreseeable in the near future.

Notwithstanding the establishment of a legal framework for the implementation of the GoE pledges through incorporation into a new Refugee Proclamation, local integration prospects are limited for a majority of refugees in Tigray and Afar regions. Further, the encampment practice leads to the restriction of movement of the refugee population and their right to earn a living through formal employment. As a result, there are limited livelihoods and income generation opportunities in the camps while the refugee situation is becoming protracted. The realization of such rights as stipulated in the amended refugee proclamation is expected to happen when the Ethiopian government lays down the guidelines and provisions governing their implementation.

The Out of Camp Policy (OCP) has not yet been fully rolled out and there are regular returns to the camps by refugees who initially moved to urban areas but were unable to cope with the high cost of living and lack of employment. Moreover, due to limited livelihood programs in the camps the level of poverty has gone up as evidenced by the rising malnutrition rates in the camps and perceptions of a rising crime rate also. Given that voluntary repatriation and local integration are not feasible options in Ethiopia, resettlement continues to be the main international protection tool and durable solution available to refugees in 2021.

Emergency transportation

Vulnerable refugees getting detained, with rights to freedom of movement denied. Forcefully pushing the refugees through the borders back to where they came from against their wishes. Tensions escalating between refugees and host communities. Increased risk of harm to the refugees the longer they wait at border entry points and/or in reception centers. Delayed/lack of access to life-saving services in the camps including food, NFIs, WASH, and health. Denial of dignified transportation options, with refugees overloaded in trucks as a last resort by other stakeholders.



In the 2019/2020 academic year, the net enrolment rate in Early Childhood Care and Development (ECCD) centres was 38 percent, while average primary school net enrolment rate was 34 percent in both regions. Whereas average secondary level net enrolment rate stood at about 11 percent. In line with this, 12,000 refugee students were enrolled in primary schools located in six camps across the two regions while 1,407 refugee students attended secondary education in both regions. There are high dropout rates in both Afar and Tigray regions, mainly due to secondary movement to Addis Ababa and out of Ethiopia. Girls' participation is low especially in primary education in Afar. Overall, the textbook to student ratio was high in both regions; about 1:4 and 1:2 for primary and secondary schools, respectively. However, following the minimum standards as a prevention to the spread of the corona virus the recommended ratio is 1:1.

The ratio of qualified teachers to pupils was extremely high (about 1:89). This is twice compared with the national standard of 1:40. Some schools functioned under makeshift structures, notably the Mai Aini refugee camp lower primary school and the Mai Tsebri secondary school. The Mai Tsebri secondary school can be considered as the best example for realizing the inclusion of refugees into the national education system as students from both refugee and host communities attend the school. However, this secondary school has limited resources, which need to be enhanced. The same challenges are exhibited in Barahle and Aysaita public secondary schools that serve both the host and refugee communities.

Many schools do not have libraries, laboratories, pedagogic centers and ICT services. The average latrine to pupil ratio is high at 1:210; especially in the primary schools. The average desk to student ratio is 1:7. With regards to provision of WASH (water points and sex segregated toilets), refugee and local schools are below the minimum requirements. The situation in the Afar refugee camps is higher than these averages. Many of the teachers in the camp schools are unqualified, which adversely affects the quality of education. There is a need for gender-sensitive teaching material, as well as for training staff to challenge gender stereotypes in teaching materials, thus promoting gender equality.

Like in other parts of the country, the COVID-19 pandemic disrupted the education of the almost 15,000 enrolled in pre-primary, primary and secondary schools. Due to lack of appropriated devices and signals in these regions, almost all refugee children could not access the distance education programmes broadcast by the Ministry of Education and the

respective Regional Education Bureaus. While schools in other parts of the country reopened in October, the conflict in Tigray continues to lock thousands of refugee and host community out of school, resulting to significant learning loss, with the risk of permanently keeping many children out of school. It is also worth mentioning the existing additional barriers as a consequence of negative social norms hindering girls' school attendance, including harmful traditional practices like early marriage, and which can become even more relevant in precarious living situations as those faced by refugees.



ENERGY & ENVIRONMENT

Four of the Eritrean refugee camps are established in Tigray Regional state (among which only two are operational at the time of writing). These are surrounded by mountainous rugged topography characterized by poor vegetation cover, whereas the two refugee camps in Afar are located in a zone that suffers from extreme weather conditions, characterized in places by scanty vegetation cover and bushes. Continued overuse of the forest resources, regardless of the crisis, is unsustainable and can only lead to environmental degradation, as a result of deforestation, flood and wind erosion around the refugee cluster settlements. Refugees are forced to meet their energy requirement mainly from biomass, primarily firewood, causing the refugees often women and children to search further away from the camps, putting them at increased risk of violent attacks, health problems and prompting them often to refrain from attending their education, among others.



FOOD SECURITY

A general food ration with a food basket comprising cereals (part of it exchanged to cash in some camps, pulses, SuperCeral (fortified corn soya blend plus or CSB+), oil and salts are distributed on a monthly basis. Absence of sugar from food basket resulted in the delivery of only 1961 Kcal per person per day instead of 2100Kcal per person per day. With the introduction of the combined cash and food assistance started in all camps with 10 kg cereal, plus 95 Birr in Tigray camps and in Barahle, refugees receive 11 kg cereals plus 90 birr. Aysaita camp receives 6 kg cereals and 180 Birr in cash to reduce sale of food aid and to provide means and security for refugees who borrow food when it runs out before the scheduled time for the next distribution. When food rations do not last for the entire month and when there are delays in distribution, refugees use several negative and unhealthy coping mechanisms to fill the food gap which include skipping of meals and borrowing from shopkeepers at high interest. Some refugees get employment within the camp as casual labourers, in small businesses, or as incentive workers for NGOs and ARRA. Remittances from relatives or friends abroad provide some funds to help refugees improve their food security.

The COVID-19 pandemic created new health challenges in food distribution and new standard operating procedures (SOPs) for general food distributions were rolled-out, focusing on physical distancing, sanitation and use of personal protective equipment. Double rations aimed to minimize the frequency of large gatherings of refugees. However, the double-rations were very heavy to carry and resulted in more sales of food. Households found it more difficult to ensure the double rations lasted a full two months. As these disadvantages were considered to outweigh the advantages, monthly distributions resumed in 2021.

Due to the conflict in Tigray, there was no general food distribution for the month of November 2020, however as WFP had already distributed a two-month ration in mid-October 2020 (for October and November), refugees received that way uninterrupted assistance until food distribution was reinitiated in December 2020.



HEALTH

The under 5 mortality rate and crude mortality rate are 0.2 and 0.1 /1,000/month respectively. Qualified national staff were employed to provide comprehensive preventive and curative services. However, there are challenges of staff turnover in all the camps which impact on the 24hour/7days service provision and quality of care. In addition, the resources allocated for referral is inadequate. Malaria is the main leading cause of morbidity in Tigray camps and the delay in procurement of drugs remained a challenge in all camps. There is high risk of outbreaks of communicable diseases due to continuous new arrivals, poor WASH indicators and ongoing disease outbreaks within Ethiopia. Despite all the challenges, refugees had equal access to health services offered in camps as well as in the national health facilities.

UNHCR and ARRA are making some progress to ensure refugee health services are included in the regional health systems which is in the context of CRRF. Epidemic preparedness and response, for example, is well integrated within regional and woreda health bureaus and coordinated among partners active in relevant sectors in the camps. Refugees in all camps are provided with vaccinations TB/HIV program supplies from the national health program. The COVID-19

pandemic created new health challenges and all health centres in the camps were trained and provided with limited personal protective equipment (PPE) to identify cases and control transmission. There is a high demand of mental health and psychosocial support (MHPSS) services among the refugee population which has further increased due to the recent conflict in Tigray Region. MHPSS services are provided following the pyramidal approach where psychosocial first aid, individual and group counselling are in general provided at camp levels with referral links with regional and central referral hospitals.

Regarding sexual and reproductive health and HIV services, in 2019, health facility-based deliveries reached 99 percent in Tigray and Afar camps, all deliveries were attended at the health facilities by skilled health professionals. Complete Antenatal Care (ANC) coverage was above 100 percent in all the camps in Tigray and 74 percent in Afar. Postnatal Care (PNC) attendance was 98 percent in Tigray and remained low in Afar. Uptake of family planning remains constrained due to cultural practices in Afar where contraceptive prevalence rate reached only 19 percent in Afar, compared to 42 percent in Shire camps. PMTCT (Prevention from Mother to Child Treatment) coverage in the camps in Shire reached 100 percent while in Afar, only 78 percent.

Although various behaviour change interventions have been introduced in safe motherhood and HIV/AIDS, the level of awareness of the community regarding key Reproductive Health (RH) and HIV/AIDS facts and services still requires intensive intervention. Unintended pregnancies due to sexual violence or unprotected sex during flight from Eritrea are the reported main causes of high numbers of induced and unsafe abortions in Tigray camps. This poses serious risks of increased maternal mortality. In the Afar region, culture and traditional beliefs presents an enormous challenge in the implementation of RH/HIV/AIDS programmes. Ethiopia as a whole has a maternal mortality rate of 401 deaths / 1000,000 live births (2017 est.). It can be expected to be even more dire in emergency situations in which there is an increased lack of skilled birth attendance, lack of medications and commodities for safe delivery, and decreased access to modern family planning, including emergency contraceptives, to reduce unintended pregnancies, leading to unsafe abortion. Another critical, lifesaving intervention needed during crisis is survivor-centered clinical management of rape services. These services help to decrease the life-threatening consequences of sexual violence.



NUTRITION

As regards nutrition, in Tigray camps of Mai-Aini, Adi Harush, Shimelba and Hitsats, the prevalence of global acute malnutrition (GAM) rate was 6.8 percent, 10.1 percent, 17.8 percent and 10.1 percent respectively (2019 SENS result). According to the World Health Organization's classification of severity of malnutrition, the current situation is above emergency threshold (>15%) in Shimelba. The prevalence of chronic malnutrition ranges from 13 percent-33 percent in these camps (high in three camps>20% except Mai Aini). In Afar camps, the prevalence of global acute malnutrition above the emergency threshold (15%).

This could partly be attributed to poor hygiene and sanitation conditions, lack of domestic energy among others. The situation needs to be addressed comprehensively through a multi sectoral approach in food assistance, WASH, energy, shelter etc. UNHCR, UNICEF and its partners will continue to advocate for additional funds to ensure quality nutrition services are offered in all camps and prevail upon WFP to maintain SuperCereal (CSB+) in the food ration to prevent micronutrient deficiencies such as anaemia. In addition, consulting women, girls, men and boys without discrimination on the provision of nutrition services and facilities can ensure a more appropriate service provision. For example, consultation can lead to the creation of infant and young child feeding centres that provide private spaces for breastfeeding mothers and offer a safe haven from harassment and violence.



WASH

At the time of writing this report, a WASH assessment was underway to determine and update the overall needs of WASH facilities required to absorb the existing and planned new arrival population in the two existing camps in Tigray.

At the beginning of 2019, the yearly average per capita access to water across the six camps in Afar and Tigray regions was as follows: 24 litres/person/day in Shimelba; 12 litres/person/day in Mai Aini; 13 litres/person/day in Adi Harush; 9 litres/person/day in Hitsats; 9 litres/person/day Barahle and 17 litres/person/day in Aysaita. Based on this data it is evident that water supply coverage is far below UNHCR standards, where the given standard is 20 litres/person/day. The COVID-19 pandemic revealed a new challenge with the shortage of water in the camps, exposing persons of concern to higher risks if they are unable to access the minimum clean water needs.

Due to the increasing inflow of Eritrean refugees into the Mai-Aini and Adi-Harush camps, the sanitation and hygiene conditions of the camps have deteriorated as a result of overuse and overcrowding compared to 2020 when the average household latrine coverage of all camps versus the number of shelters in the Tigray region was about 58.98 percent and in Afar about 40 percent.

Among other priorities to work on in the near future remains to deepen understanding of the respective needs, as well as roles and capabilities of refugee women, girls, men and boys regarding their intersectional and meaningful access to and the appropriate use of facilities. For example, facilities that afford privacy encourage women and girls to use them, including also as points for social interaction, as they lessen embarrassment and the fear of violence, especially when the surrounding environment supports, such as with lighting.



LIVELIHOODS

In 2019, Ethiopia enacted a new refugee proclamation (No. 1110/2019) that demonstrated its commitment to implement pledges that it made in 2016 at the leader's summit in New York that would enhance refugee economic inclusion. The Government further pledged four additional commitments at the Global Refugee Forum (GRF) and issued directives that would create an enabling environment for job creation and livelihoods under the Global Compact on Refugees (GCR). Despite these positive high-level policy developments, economic and livelihood opportunities for Eritrean refugees and their hosts in the Tigray and Afar regions remain limited.

While there are some livelihood interventions implemented by partners, these are limited to camps, are small in scale and are yet to demonstrate impact with respect to refugee self-reliance via the three employment pathways. Most are not funded on a multi-year basis, are mainly focused on securing household level food security, and do not respond to the intended shift from humanitarian to development intervention. Further, poor market infrastructure, a limited labour market, restricted mobility to access employment opportunities outside of camps and poor access to vital services such as formal banking and documentation exacerbate the situation. In addition, the two refugee hosting regions have suffered adverse effects of the COVID-19 pandemic and the ravaging Desert Locust Invasion.

The most potential sources of livelihoods for refugees and their hosts are agriculture and livestock in terms of practice. For example, in Afar (Aysaita), some joint agricultural initiatives exist where refugees and their hosts participate. These can be scaled up through investments in mechanization, capacity building and legal frameworks. There is also a need to enhance skills development through TVET education so that Eritrean youth of working age can be competitive in local labour markets. The regional governments and local authorities have committed to making accessible arable land for crop production if investments in irrigation infrastructure are forthcoming from the international community through joint programs.

FAO, through a collaboration with UNHCR, generated an analysis related to agriculture opportunities in the Afar and Tigray refugee-hosting areas. A participatory agricultural and livestock value chain selection exercise was conducted that narrowed down three value chains (Tigray: Cattle fattening & Shoat Production, Afar: goat production). This collaboration lead to a common understanding and prioritization of the food security and agricultural livelihoods situation in the southern Somali region.



SHELTER & NFIs

In the Eritrean refugee response, there are three types of shelters: semi-permanent, transitional and temporary. By the end of 2020, the adequacy of shelter coverage was planned to reach roughly 65 percent of households in Tigray camps and 18 percent in Afar camps. The rest of the population (34 percent in Tigray and 72 percent in Afar) live in substandard shelters or in overcrowded situations. In the camps in Tigray, some seven to nine persons share a shelter while the standard is for five persons per shelter. In Afar people are living outside the camp because of lack of shelters.

A significant number of shelters are damaged each year and require major maintenance and replacements of parts, especially those which have been constructed using mud bricks and wooden materials.

Overall, the shelter coverage in the camps is low. The situation is deteriorating in 2021 as the population figure increases, especially as refugees are being relocated from Hitsats and Shimelba camps to Adi Harush and Mai Ani Camps following the conflict in Tigray. With the expected arrival of 15,000 individuals from Shimelba and Hitsats camps, and potentially additional new arrivals, a total of 170 acres or 67.5 Hectares, suitable land for construction will be required; this would include all other supporting infrastructures development to have a fully functional settlement, maintaining both UNHCR / Sphere standards. Core Relief Items (CRI) provision is one of the response priorities which requires significant resources to adequately assist refugees with basic needs. The operation currently prioritizes new arrivals from Eritrea and refugees relocated from Shimelba and Hitsats camps for general CRI distribution; however, the COVID pandemic has resulted in a very high demand for CRIs specially for those items used to support WASH activities like soaps, buckets and jerrycans. Eritrean refugees rarely receive the full kit due to unavailability of the items. However, women and girls of reproductive age (13-49 years) are provided with underwear, sanitary napkins and soap regularly regardless of their arrival time to the camps.



LOGISTICS & TELECOMS

There is a need to allocate sufficient resources to adequately respond to emerging needs within the Eritrean refugee operation which has experienced fast changing circumstances with regards to the conflict situation beginning in November of 2020 and the rapidly evolving operational context. Considering the inaccessibility and volatile security situation in the area between Shire and the southern part of Tigray, where the two existing camps are located, UNHCR has established a temporary presence in Debark, Northern Gondar, to facilitate access to the Mai-Aini and Adi-Harush camps. Setting-up of new telecoms devices remains a challenge as well establishment of warehouses and holding points to store varied items for the response. Reports have also been received of missing vehicles from UNHCR partners which occurred in the initial phase of the crises. Due to the current situation there is need to significantly strengthen the operational capacity so that UNHCR and partners can better address the increasing needs of the population, including communication, transport, workspace, suitable location and additional staffing.



Response Strategy and Priorities by Sector



PROTECTION

Child protection

In 2021, partners will focus on restoring child protection services in Tigray, while prioritizing quality family-based care. Cash Based Interventions (CBI) for kinship/foster care will be expanded to a larger number of eligible individuals, and the cash offered will be in line with updated 2020 market assessments. Efforts to mainstream child protection into all services, particularly education, to ensure all children are protected will be further enriched, and quality of case

management will improve and monitored as focus is shifted from providing emergency care to longer term alternative care, in line with the evolving situational dynamics.

Moreover, partners in Shire and Afar will continue working towards the key priority of promoting family reunification within the operation and with relatives, particularly parents, abroad. At reception centres, this is achieved by establishing/maintaining the integrated registration and CP functions, whereby staff conduct Best Interest Assessments (BIA) as part of the registration process, systematically identify and support all UASC with relatives in the camps and abroad. At camp level, family-reunification will be prioritised through the enhanced and expanded support system, including cash and livelihood support, designed to promote children to live in family-based arrangements (e.g. kinship and foster care). As family reunification activities are heavily dependent on staffing for case management, reduced staffing of partners will also reduce the case management capability at camp level. This will result in identified UASC, not being adequately assessed, family relatives not being identified or traced and reduce the number of reunifications. Reduced staffing for Best Interests Procedures will result in a decreased number of children assessed and referred for international family reunification options, limiting access to this vital child protection initiative, and complementary pathway. Additionally, the cash-based support system designed to promote children to live in family based arrangements (e.g. kinship and foster care) will not be able to continue/expand, ensuring that the UASC remains living in the community-based group care programme which is not in their best interests.

Gender-Based Violence (GBV)

Further to the suspension of GBV prevention and response services in the camp as a result of the conflict, a gradual resumption of services in Adi Harush and Mai Ani is currently underway.

A rigorous and coordinated case management response based on a survivor-centred approach will be ensured and coupled with the on-going capacity-building of GBV actors to ensure coordination of the multi-sector, multi-agency response in all locations. Community advocacy groups will be strengthened to provide awareness and sensitization activities. Activities regarding Protection from Sexual Exploitation and Abuse (PSEA) will continue to be prioritized to ensure zero tolerance. Access to justice for survivors going to court will be strengthened through advocacy and training of the judicial system around the camps.

Advocacy will be made for the inclusion of GBV prevention and response activities into all sectors during project planning with partners. Partners will advocate with the judicial system to ensure perpetrators go through the proper court process.

In addition, provision of 24,469 dignity kits for most vulnerable women and girls as an entry point to integrated GBV and SRH services and information, deploying mental health and psychosocial support experts and doubling of the number of social workers for GBV case management for a period of three months. Special attention will be paid to particularly vulnerable populations, including women and girls living with disability, who are often at greater risk of GBV.

In 2019, robust Community Based Complaints Mechanisms (CBCM) were established in all Tigray/Afar camps, as well as a strong PSEA network among partners. While complaints were followed up throughout the first half of 2020, due to conflict in the Tigray Region in late 2020, reestablishment of previous structures and systems is required and will be prioritized. Furthermore, the surge in (new and non-traditional) responders, combined with stringent movement restrictions and unequal access to resources, may lead to a concentration of power, wielded to the detriment of vulnerable people. This can lead to negative coping strategies for affected populations, thereby increasing SEA risks.

Access to legal assistance and remedies

In 2021, legal assistance will be improved through recruitment of an additional legal personnel in ARRA Tigray, funding to ARRA for engagement of the pro-bono lawyers scheme in preparation for ARRA's takeover of the scheme after completion of the Regional Development and Protection Programme (RDPP) Legal Assistance project through operational partner Danish Refugee Council (DRC) and support to the judicial organs overseeing the mobile courts.

Given the decrease in available legal aid in 2020, due to Covid-19 closures as well as the conflict, there is a significant demand for legal assistance. Danish Refugee Council as well as Norwegian Refugee Council play vital roles in collaborating for local court systems for the integration and advocacy of legal remedies on behalf of refugee populations. Expansion of such services in 2021 will need to be explored, given the lack of access for a significant period of time.

Persons with Specific Needs (PSN)

Overall, the construction of shelters and latrines for PSN will be mainstreamed into shelter and latrine design in 2021 and will be a consideration in the establishment of emergency shelters. Although the provision of new assistive devices and orthopaedic devices for PSN is an ongoing activity, the accessibility to everyone is a challenge due to limited quantities. The operation will advocate for the inclusion of refugees into the national systems or other agencies to ensure everyone is served. While advocacy is an ongoing process, UNHCR will procure new assistive devices and orthopaedic devices for targeted distribution. Empowerment projects as livelihood support to community structures will be strengthened.

Assistive equipment for education for inclusion of children to be provided. Empowerment projects such as livelihood support to persons living with disabilities and will continue to be a priority in 2021. Further, providing material support to

the group should continue but the need and increased demand may be satisfied by involving this group in life skill training and income generating activities and incorporating them in self-help groups. In addition, the inclusion of PSN in all project design should continue as priority. An assessment and monitoring of the situation of the PSNs along with the participation of partners and case management of vulnerable persons is essential after the intense phase of the conflict.

Registration and Documentation

In 2021, UNHCR/ARRA will engage in robust and practical measures with the goal of ensuring quality of registration data remains sustainably high in line with operational priorities, as well as ensuring the reestablishment of previous mechanisms. The operation will sustain implementation of level-3-registration and of the Biometric Identity Management System (BIMS) enrolment for all new arrivals at point of registration in Tigray and Afar. UNHCR and ARRA will expand and strengthen the staffing capacity necessary for enhancing the quality of registration. In addition, UNHCR will ensure resources are available for robust on-the-job trainings for ARRA/UNHCR registration staff on level-3-registration standards, BIMS enrolment and use of Population Registration and Identity Management Eco-System (PRIMES) and effective use of biometric food collection systems. UNHCR will also continue to advocate for the reestablishment of an asylum system that is inclusive of all Eritrean new arrival asylum seekers into the asylum system and to regain access to registration and documentation, however given the challenges around this objective the Office will at a minimum collect information and endeavour to monitor this unregistered group, when access is possible.

UNHCR also will continue to provide support to Ethiopia's commitment to implement a GoE pledge that seeks to ensure full access to civil registration for refugees. Access to national civil registration systems will be achieved through retention of ten regular VERA officers to be stationed in refugee hosting locations in Tigray and Afar regions, designation of funds to cover levies associated with issuance of civil status documents under Sharia Law particularly in Afar, and provision of four trainings on practical modalities of civil registration and documentation targeting VERA, ARRA, UNHCR staff. Efforts will also be made to combine the parallel system of VERA civil documentation procedures for refugees and for nationals.

Durable solutions

In 2021, resettlement will continue to be implemented as an international protection tool and the only durable solution for many of the vulnerable Eritrean refugees in Tigray and Afar. The vulnerable Eritrean population in need of resettlement include those with protection needs including violence and torture survivors, women and girls at risk, serious medical cases, and people with legal and physical protection needs. Fraud awareness and prevention will be strengthened to preserve the integrity of the resettlement process. The file management and tracking system will be developed; proGres will be actively used as an identification and verification tool and for recording all actions taken related to refugees; complaint mechanisms and counselling of refugees during interviews and community outreach activities on the implications of fraud and ways to prevent fraud will be carried out.

Emergency transportation

Under the UNHCR-led Inter-agency Refugee Response Plan for Refugees in Tigray, Somali (Melkadida) and Gambella regions, IOM aims to provide protection related transport and pre-travel health screening assistance for a targeted 43,750 refugees from Tigray region (5,000), Melkadida in Somali region (15,000) and Gambella region (15,000) to other camps and/or regions in Ethiopia. This assistance will ensure their safe and secure transportation.

In close coordination with the Government of Ethiopia's Agency for Refugees and Returnees Affairs (ARRA), the UN Refugee Agency (UNHCR), and other humanitarian partners, IOM is the sole humanitarian agency providing transportation and travel health assistance to refugees and asylum seekers in Ethiopia.

IOM's transportation and relocation assistance ensures access to life-saving services in refugee camps or other designated accommodation, including food, NFIs, WASH, and healthcare.

An effective feedback mechanism is in place to ensure beneficiaries receive adequate and timely information on distance of travel, access to assistance, to receive and address complaints, and to identify areas of needed improvement. To ensure their safety and dignity, experienced medical and operations staff are deployed in different regions where IOM is operational.

Services Provided:

- Transport from Refugee Camps to Departure sites, as needed.
- Welcome, medical and pre-departure screenings, including medical screenings for illness, including tests for COVID-19, TB, etc., as needed). Those with symptoms are referred to health services and are not eligible for departure until their situation is resolved.
- Pre-embarkation checks** - to assess refugees' fitness to travel:
- Issuance of masks (two per person), hand sanitizer and hygiene education prior to departure.
- Preparation of luggage and belongings of returnees – IOM will ensure belongings are properly sealed, secured and loaded onto trucks.
- Receipt of manifest lists from UNHCR, to support all necessary operational partners.

- Organization of transportation (charter flight, convoy, etc., as required) from point of departure to point of destination – and possibly passage through a waystation, as needed.
- Welcome, medical and arrival screenings***completed by IOM in coordination with health districts authorities
- Returnee verification – completed by UNHCR, in coordination with local authorities.

**Pre-Embarkation Checks (PEC) will be carried out by IOM to ensure fitness for travel and ensure everyone does not pose any health threat to themselves and/or to other passengers. PEC consists of a review of any previous migration health assessment and a medical check (review of vital signs/physical examination) by a medical practitioner. Those who are found to need medical assistance during their travel will be provided with a medical escort to support them throughout the journey.

Considering the global COVID-19 pandemic, additional health measures will be undertaken. COVID-19 is a challenge for VoRep as it entails exposure to large groups of people. Consequently, IOM has put in place maximum precautionary measures since mid-March 2020 and will continue to do so under any programming implemented under this appeal. These include sensitizing VoRep beneficiaries to wash their hands and on cough etiquette and strengthening hygienic measures to minimize potential risks of disease spread among refugees and UN staff. To that end, IOM has, and will continue to, deploy additional nurses at VoRep departure centers to ensure that everyone, i.e., refugees, IOM, UNHCR, government staff, who enters the departure centers has their temperature checked through non-contact thermometers and wear personal protective equipment. IOM will also provide beneficiaries with face masks and hand sanitizers upon departure. Over the course of the journey, temperature and symptoms check will take place as well. Positive cases will be immediately isolated and reported to health authorities.

*** Upon arrival medical screening will be performed in coordination with health district authorities. Health professionals from health districts will be deployed at Points of Entry (PoEs) to screen (temperature and visual observation) the returnees, to receive suspected cases identified during travel as well as to distribute personal protective equipment consisting of masks. Moreover, sensitization sessions on COVID-19 will continually be organized through distribution of information-education and communication (IEC) materials on what is COVID-19, what are the symptoms, the ways of transmission and what are the prevention measures to put in place.



EDUCATION

March 2021 marks one year since Eritrean refugee children in the Tigray region have been out of school. Efforts to work towards safely reopening schools should be prioritized. To promote access, partners will prioritize construction and maintenance school infrastructure including classrooms, furniture and WASH facilities. Temporary learning spaces will also be provided to both host community schools and learning centres to ensure speedy resumption of education services. Host community schools near camps will also be expanded to create space for refugee children. Communities will be educated and mobilized to send children to school to increase enrolment.

Strategies and interventions for quality improvement will include provision of teaching and learning material, including textbooks and individual learner supplies. In line with the Ministry of Education vision, and in response to the disruptions caused to education services by COVID-19, support will be provided to the two Regional Education Bureaus to develop and broadcast digital content via various platforms, while learners will be provided with requisite devices to access the content. Targeted support including remedial lessons will be provided to girls help them catch up with their male counterparts. A coordinated approach will be adopted to advocate for and support integration of refugee education into regional plans and programmes, including collection and analysis of EMIS data, school inspection and supervision, capitation grants and textbook supply. Regional and woreda education and other partner staff, PTAs and teachers will be trained on critical and emerging issues/topics to build their capacity to plan and implement quality and sustainable education services for refugee and host community children.



ENERGY & ENVIRONMENT

In order to increase the access to energy to the Eritrean refugee population and surrounding host communities in Afar and Tigray regions, partners will prioritize the finalisation of the supply of electricity through the national grid power to all the refugee camps and operationalize the use of communal kitchens. Additionally, partners are planning to scale up the electrification in the already connected camps of Adi Harush and Mai Aini. The strengthening of collaboration will be assured with partners that show interest to work in the sector of energy such as Alianza Shire, the Norwegian Refugee Council (NRC) and Danish Refugee Council (DRC) to maximize access to energy in all the camps.

In addition, partners will continue to provide other mixed alternative sources of cooking fuel which include ethanol and support to communal kitchens for Tigray camps. Other alternative sources of energy such as solar lantern distribution and fixing of street lighting shall also be pursued through bilateral funding (from other stakeholders) in all the camps. However, for Aysaita and Barahle camps in the Afar region, connection to the national grid and briquette charcoal will

be the main source of household energy. To contribute to environmental sustainability, partners intend to plant around 120,000 tree seedlings in the communal plantation sites across the six refugee camps and host community households. With regards to soil conservation, some 6,000 pieces of micro-basin catchments, six kms of terracing lines, 2,000 m length of deep trench structures will be constructed.



FOOD SECURITY

Partners will continue to support the distribution of food assistance by ARRA. Food basket monitoring will be conducted to ensure that all refugees receive the planned rations and also post distribution monitoring will be conducted to identify challenges faced with access and utilization of the distributed food and to jointly address these challenges with WFP and ARRA. To improve the food security, provision of cash voucher to access fresh foods would go a long way in ensuring that adequate food is available for all household members. The cash voucher component should also be regularly reviewed in line with inflation and purchasing power. With funding availability, ARRA will be supported to ensure that all the 12 distributions of food assistance take place on a monthly or depending on the mitigation of the COVID-19 virus, on a bimonthly basis. Quarterly post distribution monitoring will take place jointly with more active participation by WFP, ARRA and UNHCR.



HEALTH

In 2021, pending full inclusion in the regional/national health system of refugees as part of the CRRF, the operation should continue to provide primary health care services and ensure that health facilities are upgraded and maintained. Comprehensive response will focus mainly on community outreach and strengthening the outreach workforce to enhance preventive and promotive health care. Health workers should meet the MoH minimum standards, capacity building will be provided to enhance service quality. Resources permitting, the referral systems will be strengthened. Control of communicable and non-communicable diseases will be strengthened through community outreach/health workers in promoting preventive health services, increasing health awareness, health care utilization, distribution of IEC (information, education and communication) materials for BCC (behaviour change communication), and provision of mosquito nets.

Mental Health and Psychosocial Support (MHPSS) needs are critical, particularly within the Tigray region as a result of the conflict situation. Upscaling of existing MHPSS partners is required. Mental Health and Psychosocial Services (MHPSS) will be delivered through camp-based specialised partners as well through established referral linkages with specialised hospitals. Epidemiological surveillance and outbreak preparedness plans will be maintained. The inclusion of refugee health services in the regional health system in both regions Afar and Tigray will be strengthened by building strong links with the Regional Health Bureau (RHB), IGAD, WHO, UNICEF and other partners. This will ensure that the refugees are included in regional plans e.g. Vaccination, TB/HIV and capacity building. More focus will be given to COVID-19 prevention and response activities in camps. UNHCR will advocate that refugees are accorded the same considerations as nationals on COVID-19 prevention and response.

In relation to sexual and reproductive health, UNFPA and other partners will prioritize ensuring the Minimum Initial Services Package for Reproductive Health in Crisis (MISP) services are in place, including access to safe delivery, clinical management of rape (CMR), prevention and treatment of sexually transmitted infections and HIV, access to modern family planning and access to comprehensive SRH care, including antenatal and postnatal care (ANC and PNC) and maintaining current staffing levels. UNHCR will work with operational partners to address prevailing gaps such as the capacity building, implementation of targeted health education/awareness activities and behavioural change mechanisms in all camps. Regular and timely delivery and availability of HIV testing kits in all camps will be ensured jointly with UNHCR, ARRA and RHB. All HIV patients will receive appropriate care, treatment and support including Antiretroviral Therapy (ART). In addition, the prevention and continuous awareness raising activities through community conversation and peer education programs will be given more emphasis to address the lack of HIV information behavioural change among the refugee and surrounding local populations. The participation of men and youth in reproductive health matters will be ensured through engaging them in community dialogue and providing awareness. Support the provision and access to Sexual and Reproductive Health (SRH) services as outlined in the Minimum Initial Service Package for RH in Emergencies (MISP) for refugees and host population women and girls, including those living with disability.



NUTRITION

Nutrition centres structures will be maintained and continuous Mid-Upper Arm Circumference (MUAC) screening and growth monitoring promotion will be done in regular manner including early identification, referral and treatment of cases

of acute malnutrition. The outreach program will also be strengthened through community health workers and reducing the number of defaulters. Nutrition surveys will be prioritized to establish the nutritional status of the population. In collaboration with RHB and UNICEF, therapeutic products for treatment of acute malnutrition will be provided. Infant and Young Child Feeding (IYCF) programme targeting pregnant and lactating mothers will be prioritized through training of nutrition staff. In collaboration with WFP blanket supplementary feeding will be maintained for children, pregnant, lactating mothers and for medical cases.



At the time of writing this report, a WASH assessment was underway to determine the overall needs of WASH facilities required to absorb the existing and planned new arrival population in the two existing camps in Tigray. However, to in order to meet the 85 percent target for latrine coverage in Tigray and 40 percent in Afar for the old population, UNHCR aimed and engaged partners to provide 500 new household latrines in Tigray and 370 new latrines and maintenance of latrines in Afar camps in 2021. For Tigray, the number of latrines (communal and household) will be increased following results of the assessments and bilateral discussions with related partners. To maintain the daily provision of potable water in the camps towards the minimum standards of 20L/P/D, maintenance and optimization of existing water supply system activities will be carried out in 2021. In the meantime, water trucking for three months is planned for an estimated 15,000 new relocated refugees from Shimelba and Hitsats by UNHCR and partners operating in this sector.



In tandem with UNHCR's multi-year Livelihoods and Economic Inclusion Strategy (2019-2021) and in the 'new way of working', UNHCR will lead on coordination in 'protection advocacy' for refugee economic inclusion. Strategic partnerships will be established with the regional governments and local authorities, development partners, the private sector, UN agencies, INGOs, NGOs and the civil society to design 'joint programs' that are targeted at job creation through Agriculture and livestock, enterprise development and skills development. This will include capacity building of regional and local authorities to ensure that they are in a position to take lead on the refugee economic inclusion agenda of their respective regions. UNHCR will also strengthen refugee data so as to ensure that sufficient information is available for programming planning and advocacy.

Further to the conflict in Tigray, plans are underway by UN Development partners in collaboration with the Government of Ethiopia to conduct a rapid Priority Assessment and Intervention for Early Recovery in Tigray. It is aimed to support the restoration of functioning regional level and local governance, the delivery of essential public services (e.g. health, education and WASH, safety net, food security and the fight against COVID-19 and the desert locust), economic recovery, confidence-building and trust within the civilian population, and between the latter and local government, that fosters peace and the re-establishment of law and order throughout the region and nearby affected areas.



Further to a recent assessment (February 2021) of the shelter situation in the camps by technical specialists, there is need to provide an additional 3,000 shelters for a possibly 15,000 refugees relocated from Hitsats and Shimelba camps. While plans are underway to settle on the preferred/suitable emergency type shelter with the affected population in Mai Ani and Adi Harush camps, partners have been engaged to construct an additional 250 new transitional shelters in both Afar (100 in two camps) and Tigray (150 in two camps) regions. Achieving these targets will provide long-term shelter to some 1,250 persons and mid-term shelters to 5,000 individuals who will be part of the shelter construction process. Special attention will be given to new arrivals from Shimelba and Hitsats camps, persons with specific needs, such as elderly persons, single parents, families taking care of unaccompanied and separated children, and persons living with disabilities.

In addition, maintenance of 200 shelters in Tigray and 100 in Afar camps will be also implemented to compliment the shelter adequacy coverage increment. Efforts will also be made to encourage beneficiaries of these shelters to participate in construction and rehabilitation with the primary aim of reducing unit cost of the shelters

Core Relief Items (CRIs) will be provided to some 10,000 new arrivals from Shimelba and Hitsats camps, and targeted distribution to the old population residing in Mai Ani and Adi Harush camps. New arrivals from Eritrea into the Afar region will be provided with CRIs. Furthermore, partners will provide sanitary materials/dignity kits targeting some for 18,000 women and girls of reproductive age (13-49 years) on a monthly/quarterly basis 15L buckets, blankets, kitchen sets, soap, mosquito nets, 10L jerry cans shall be allocated in the collection and reception centres to ensure new arrivals are in good condition pending their full registration and relocation to the camps. However, laundry soap will

be provided to the whole refugee population, asylum seekers, regardless of their arrival and locations, in camps and at entry/reception points.



LOGISTICS & TELECOMS

UNHCR will provide logistical support to partners, manage temporal and permanent warehouses/holding points for CRIs including for UN sister agencies who require support for the Tigray emergency, cover overhead headquarters costs for international NGO partners, strengthen the capacity of national NGOs and partners through training on programme delivery and staffing support, conduct financial and performance monitoring visits to mitigate risks, ensure quality delivery of activities and guide the operation on resource allocation to pertinent areas of need.

Partnership and Coordination

More than 20 operational and implementing partners, including UN, NGO and government partners, support the overall response for the Eritrean refugees in Shire and Afar Regions.

This updated for 2021 Inter-agency Country Refugee Response Plan (CRRP) brings together 16 appealing partners.

2021 Financial Requirements

By Partner and Sector

Partner	Education	Energy & Environment	Health	Livelihoods & Resilience	Nutrition & Food Security	Partnership & Coordination	Protection	Shelter, Infrastructure & Core Relief Items	WASH	Total Budget Requirements (USD)
Action for the Needy in Ethiopia		276,107								276,107
Danish Refugee Council				150,000		200,000	900,000	300,000	150,000	1,700,000
Food and Agriculture Organization of the United Nations				333,000						333,000
GOAL					1,000,000					1,000,000
International Medical Corps		46,246				101,297		775,796		923,339
International Organization for Migration						500,000				500,000
Jesuit Refugee Service				54,838	198,000		681,000			933,838
Norwegian Refugee Council	1,000,000			2,000,000			2,000,000	2,000,000	1,000,000	8,000,000
The International Rescue Committee	250,000		1,400,000				1,200,000		1,051,777	3,901,777
The Lutheran World Federation				400,000		150,000	200,000	500,000		1,250,000
United Nations Children's Fund	3,912,394		1,000,000		183,265		2,550,696		3,000,000	10,646,355
United Nations Entity on Gender Equality and the Empowerment of Women							300,000			300,000
United Nations High Commissioner for Refugees	5,261,535	2,404,954	3,781,569	174,584	970,805	9,901,556	5,893,447	3,631,157	2,788,706	34,808,313
United Nations Population Fund			300,000			128,400	183,600			612,000
World Food Program	396,587				17,621,696					18,018,283
ZOA Relief Hope Recovery		296,000		271,200						567,200
Total	10,820,516	2,977,061	6,527,815	2,983,622	20,373,766	10,229,956	14,460,040	6,131,157	9,266,279	83,770,212

Ethiopia, Tigray region. On 4 February, the Ethiopian National Defence Force transported over 300 refugees from Shire to Mai Aini refugee camp. Refugees were primarily Eritrean Kunama who had fled violence in Shimelba camp. The majority of the refugees found emergency temporary shelter in the camp's elementary school. © UNHCR/Edward Leposky



SOMALIAN REFUGEES

2021 PLANNED RESPONSE

220,325

PROJECTED SOMALIAN
REFUGEE POPULATON

US\$ 132.3 M

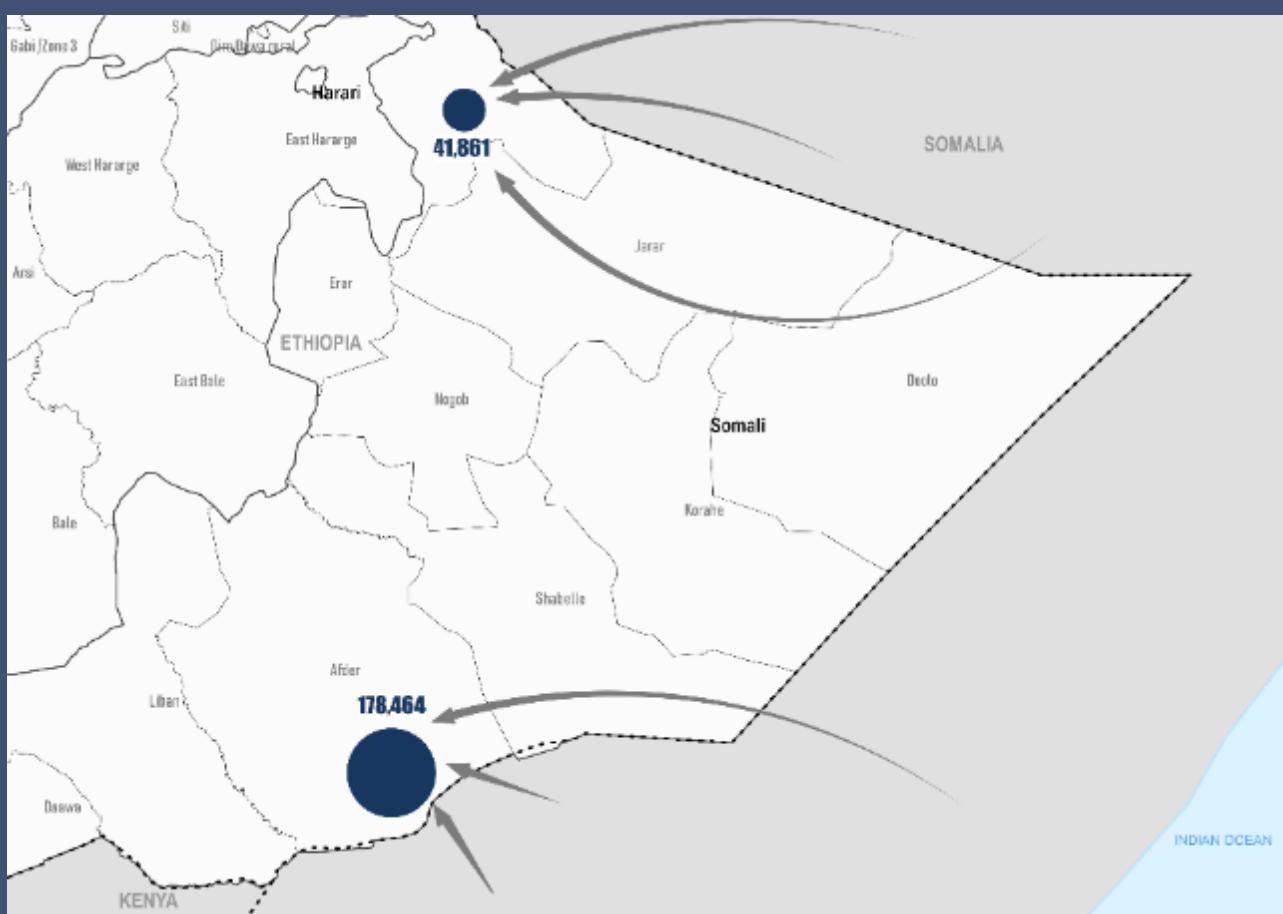
INTER-AGENCY
REQUIREMENTS

16

APPEALING-OPERATIONAL
PARTNERS

143,010

ASSISTED HOST COMMUNITY

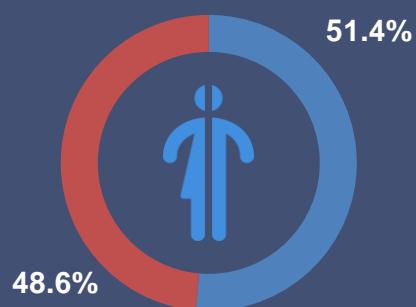


The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Arrows shown on this map are only indicative of displacement movements, and the refugee locations used only indicative of the refugee-hosting areas.

Disaggregated Data

Age group	% of total 220k	Female % of total 220k	Male % of total 220k
00-04 y.	17.5%	8.8%	8.7%
05-11 y.	24.9%	12.5%	12.4%
12-17 y.	22.0%	11.3%	10.7
18-59 y.	33.4%	14.7%	18.7%
60+ y.	2.2%	1.2%	1.0%
Total	100%	48.6%	51.4%

■ Male ■ Female



Persons with Disabilities
2.1% of total 220k

Overview

The Somali population in Ethiopia is a mix of refugees who sought asylum in Ethiopia in the early 1990s and between 2006 and 2008, sheltered in three camps in the Somali regional state near the capital Jijiga, and those who arrived between 2009 and 2012, hosted in five camps close to the bordering town of Dollo Ado. As of 30 December 2020, 203,040 Somali refugees were registered in Ethiopia, constituting over 25 percent of the refugee population. The Federal Government of Ethiopia (GoE) continues to maintain an open-door policy for refugees. Individuals of Somali origin are recognized as refugees on a *prima facie* basis. The Somali refugee caseload is expected to increase modestly as a result of natural population growth while, in the case of Melkadida, the recent trend of increasing arrival numbers is expected to continue once the land borders re-open and reception/registration of refugees resumes. In addition, in the latter half of 2019, some 1,091 Somali refugees arrived from Eritrea, following the suspension of services at the Umkulu camp in that country, with the new arrivals being accommodated in both Melkadida and Jijiga camps.

Over the course of 2020, the delivery of services and engagement with refugee communities in the camps have been impacted by the COVID-19 pandemic. Through the COVID-19 pandemic, prevention and response, measures such as sensitization, equipment or construction of isolation centers and material support for the quarantine center have been taken. A total of 8 health facilities (one per camp) have been equipped, constructed or rehabilitated across the refugee camps of the Somali region to face the COVID-19 emergency. 96 health staff have been trained on COVID-19 prevention and treatment in Somalia. The desert locust swarms and seasonal rains in the area also impacted on crop production and had socio-economic consequences. In order to minimize the impact, Cash-based interventions (CBI) were prioritized and initiated, focusing on most vulnerable refugees during the COVID-19 pandemic. In Melkadida, several market-based livelihood initiatives have been rolled out, focusing on the development of the agriculture and livestock sector and provision of microfinance services to refugees and their host communities and building on previous years' efforts, in close partnership with the Ikea Foundation.

The Inter-governmental Authority for Development (IGAD) Special Summit on Durable Solutions for Somali Refugees and Reintegration of Returnees in Somalia, and the related Nairobi Declaration and the accompanying Plan of Action provide impetus for delivering durable solutions. The implementation of and support to the GoE pledges on local integration and expansion of Out of Camp Policy (OCP) continued in Jijiga, preparing communities for local integration. Differently, OCP has not been extended to Somali refugees in Melkadida yet. As part of a commitment to enhance coordination and partnerships, support to strengthen the capacity of the Somali Regional Government and local authorities to pursue the Sustainable Development Goals in refugee hosting areas and to meet the wider objectives of the Global Compact on Refugees continued in 2020.

Needs Analysis by sector



Access to legal assistance and remedies

Somali refugees continue to be subject to a wide range of violations of their rights inter alia, intimate partner/domestic violence, sexual violence, early/forced marriage, Female Genital Mutilation (FGM), unlawful and arbitrary detention and illegal migration. This has increased the need for legal assistance/response in the camps. Although mobile courts have now been introduced, there still exist serious gaps in the legal/judicial framework as well as the lack of capacity and resources available to the mobile court system.

The survival of serious crimes often hesitates to bring cases to legal aid service and resolve issues through community structures. The population is also largely unaware of their rights, or the existing laws in country of asylum and with low community awareness on access to justice, the legal system and due processes.

Child protection

Unaccompanied and Separated Children (UASC) face risks of labor exploitation and physical abuse, with some children being left without family support for extended periods while parents return to Somalia. Learning environments are not properly designed nor equipped to provide specialized services for children with special needs, particularly children with disabilities and lack of adequate learning and socialization centers (Child Friendly Spaces) for children. In addition to these, some of risk also faced by UASC in the Jijiga area include early marriage and drug addiction among the youth from age 14. Even though a Child Protection Information Management System (CPIMS) with limited data sharing has been established, it remains under-used, with very considerable inconsistencies in the data being collected compared with proGres data.

Gender-Based Violence (GBV)

Women and girls across the eight camps of the Somali Regional State continue to face very serious risk of partner and domestic violence, rape, forced/early marriage, together with a wide range of emotional/physical abuse in the domestic

sphere. Women and girls continue to be at risk of GBV when working outside the home and, particularly when gathering fuel/firewood to be used as a source of energy. There also continue to be serious gaps in the effective mainstreaming of SGBV prevention and response.

GBV survivors are able to access legal services and assistance from the court through the adjudication of GBV -related cases, as well as awareness creation and sensitization by the court on the Ethiopian law in relation to GBV. In addition, GBV prevention and response activities in Melkadida are implemented through a network of 32 community structures and 19 community-based groups. Outreach and awareness meetings target large numbers of persons to raise awareness on GBV issues in the camp. The existing referral systems were strengthened and remote case processing mechanisms have established through the use of dedicated hotlines and case response officers.

In order to improve the current response to GBV, the focus should be on women's empowerment through capacity building of duty bearers and community engagement by improving the access to basic safety services as well as conflict resolution and grievance mechanisms, increasing the access to justice and establishing grievance mechanisms for refugee women and girls, and enhancing access to safe and trusted reporting mechanisms to handle violence against women/girls and sexual/gender-based violence violations.

Persons with Specific Needs (PSN)

People with disabilities face different challenges like psychosocial and emotional abuse, marginalization and discrimination, low secondary school enrolment and lack of livelihood opportunities. Public areas, including roads and pathways, and public facilities, including latrines, schools, and shelters, are seldom built to accommodate individuals with disabilities. This is aggravated by negative/discriminatory community attitudes. Additional support for the elderly, especially those without close or extended families facing psychosocial and lack of proper care and support, is needed. There is need to ensure effective targeting of relevant assistance, and maintain current information on the proGres database, to record and track individuals PSN, and the protection and assistance they require and receive.

Registration and Documentation

The establishment of the Vital Events and Registration Authority (VERA) in 2017, together with amendment of the Refugee Proclamation allowing provision of birth certificates and other civil status documentation to refugees, has not yet translated into improved access to civil registration and documentation for Persons of Concern (PoCs) at camp level. Technical and staffing constraints have continued to slow VERA/ARRA civil registration and documentation activities in the Somali camps. The inconsistent interpretation of the Proclamation and its amendments represents an additional challenge. This, combined with the lack of alternative civil documentation and poor outreach/access to civil registration staff for camp residents, has led to a low rate of civil/birth registration in the camps. Similarly, there is poor overall access to birth registration, with many new-born babies registered with UNHCR in 2020 still not able to obtain birth certification documents from the Ethiopian Vital Events Registration Agency (VERA).

Durable solutions

The Somali refugee population is among the most protracted in Ethiopia. Local integration has become increasingly accessible. However, refugees continue to experience significant restrictions to their freedom of movement in the country (most notably through application of the current pass permit system), their rights to own/use land, and their access/rights to employment. Currently, Voluntary Repatriation is not a viable option for Somali refugees due to unstable socio-political environment in Somalia, presence of militant groups like Al-Shabaab and discrimination of minority clans make Somalia still unsafe and unconducive. As work on Policy and Strategic frameworks for the roll out of the new refugee law, is going on, support to enhance the capacity of refugees and host communities to collaborate on community initiatives and protection started in earnest in 2020. In addition, partners continued to roll out livelihoods and economic inclusion programs to enhance socio-economic integration Opportunities for resettlement and other legal pathways are also being explored to provide a durable solution, particularly to vulnerable individuals and households.



In 2020, 57 percent (6,548 female, 7,176 male) and 47.6 percent 2,319 of children aged 3-5 years were enrolled in early childhood education in Melkadida and Jijiga respectively. As regards primary schools, 45 percent (9,988 female, 13,142 male) and 96.6 percent (7,250 persons) were enrolled in Melkadida and Jijiga respectively, while the percentage in secondary education, was 11 percent (432 female, 1820 male) in Melkadida and 47.1 percent (2,459) and Jijiga . Over the course of the year, education activities were heavily impacted by the COVID-19 pandemic, with schools being closed for over six months. The current challenges relate to the poor infrastructure and facilities, which struggle to meet the GoE's standards for school reopening, as well as to the insufficient numbers of qualified teachers in pre-primary and primary schools. Furthermore, the average classroom ratio is reported to be 1:130 in Melkadida and 1:85 in Jijiga. The long school closure due to COVID 19 has resulted in low attendance (average 86 percent) and in increased dropouts at all levels. It was not easy for the students to get back to school after the long closure.



ENERGY & ENVIRONMENT

Linking humanitarian interventions with local energy development initiatives and moving from grant to business approach remains a challenge. The demand for electricity is increasing, and the provision of solar lightings is inadequate due to its limited distribution and inability to purchase lighting privately. In Melkadida camps, continuous technical assistance for solar energy cooperatives is needed to strengthen their business outcome and upgrade their technical and entrepreneurial skills. Research indicates that the entire population rely on firewood as the main fuel for cooking, while 97 percent of the household cook on an open fire. As the refugee camps in the Somali region are not connected to the national mini-grid, electrification options will be explored. To this end, UNHCR succeeded in attracting a private company, to explore investing in solar energy in the area. The natural resources available near the camps are used mainly for construction and cooking energy purposes. This has reduced the shrubs and pastures for host community livestock and in turn led to tensions between the two communities. In both locations, this has led an alarming rate of deforestation mainly attributed to the large number of refugee and host community households who have little or no alternatives but the natural woodland. Some 50 percent of risks associated with environment were mitigated with the comprehensive response over the past years though environment interventions. More can be done through a strong engagement of GoE's counterparts in natural resource management, especially by increasing their responses to calls of the national greening campaigns, and enforcement of the natural resource bylaws.

Ethiopia. Somalian refugees taking a break during while harvesting onions in Melkadida area. Livelihoods projects are supported by UNHCR under the CRRF approach aiming at integrating refugees and host communities. ©UNHCR/Adelina Gomez



FOOD SECURITY

In 2020, the main food security challenges comprised inadequate food basket, limited options to complement and diversify cereal based food basket provided to beneficiaries. Refugees in Jijiga area received cash in replacement of the cereal which gave them the option to buy foods based on their preference while those in Melkadida area received all in-kind assistance. Consequently, and faced with scarcity of options refugees found themselves selling an estimated 30 percent of their food ration to buy other food or Non-Food Items (NFIs). This is also caused by the fact that culturally preferred foods, such as sugar, are not part of the food basket. Refugee movement to the camps during General Food Distribution (GFD) remains common among Somalis, limited resources to ensure linkages and inclusion of refugees into targeted livelihood interventions make achieving adequate food access and self-reliance difficult. Somali region experiences recurrent shocks coupled with desert locust infestation which poses threat to crops, pastures and

rangelands further worsening food insecurity. The food distribution process is still carried out manually. This, plus over and under scooping challenges faced due to the lack of standard scooping materials, need to be addressed in 2021.



Frequent stock out of drugs and laboratory reagents, and lack of intra-camp ambulance especially for pregnant women and chronically sick and limited slot for referral of chronic cases to secondary and tertiary facilities, and high turnover and shortage of trained health workers remained critical gaps in Melkadida as well as in Jijiga in 2020. In both locations, the lack of medical doctors significantly impacts the delivery of primary health care services to PoCs. Health centers across the five camps of the Melkadida operations have been constructed and equipped to face the COVID-19 pandemic, and they can also be used in case of other disease outbreaks. Mental health professionals provide care integrated into primary healthcare services in Melkadida camps for mentally ill patients. With the view of mitigating COVID-19, isolation centers were established and furnished in Awbarre and Sheder camps of Jijiga.

Under-5 mortality rate is within the standard in Melkadida camps and is improving in Jijiga. Nevertheless, both locations face serious challenges related to inadequate health facilities, constant stock outs of drugs, medical supplies, vaccines and laboratory equipment. In Melkadida, this contributed to the health facility utilization being below one new visits/refugee/year and complete immunization below 85 percent. In Jijiga, the absence of well-equipped health centres for the host community in Awbare and Kebribeyah Woredas adds pressure on service provision of the health centres in the refugee camps. There is ongoing risk of disease outbreak, e.g. outbreak of cholera, as the region is endemic to this disease. Epidemic preparedness and response are well integrated within regional and woreda health bureaus and coordinated among partners active in relevant sectors in the camps.



Irregular and delayed delivery of nutrition supplies, interruption of wet feeding for preschool children and the threat of COVID-19 limiting the mobilization, screening and monitoring activities affects quality of services for malnourished children. The absence of nutrition services for adolescents, the elderly and chronically sick and the gap in the food rations provided lead to Global Acute Malnutrition (GAM) levels above UNHCR standards. Furthermore, the lack of nutrition data, notably for people with chronic illnesses, undermines quality of interventions. Macro and micronutrient deficiencies are leading to serious malnutrition including wasting, stunting and anaemia (4% of children under five and 37% women of reproductive age suffer from anaemia). Stunting is observed among 36% of the children.



In 2020, household latrine coverage in the Somali refugee camps remained low (23.5% in Melkadida and 37% in Jijiga). This increased open defecation practices, subsequently causing diarrheal diseases. There is still a significant lack of adequate waste disposal pits, which adversely affect the environment. In addition, many latrines are collapsing or filling up, exacerbating the poor environmental and hygiene situation of the camps. In Melkadida, the high cost of latrine construction is attributed to the rocky nature of the ground, and to the need to procure construction materials from the central areas of Ethiopia and Kenya. In Jijiga, latrine construction was deprioritized due to resources limitation, as construction materials need to be procured either from Dollo Ado or Addis Ababa. Latrine coverage is thus expected to decline further.

While water supply averaged 19 l/p/d in Melkadida camps and 15 l/d/p in the Jijiga ones in 2020. The existing water supply systems of the Somali camps are old and do not fully address the current water needs of the refugee and host communities. In addition, water fluctuations and over utilization of the infrastructure cause reduction of yield. To compensate low yield, running hours for pumping water has increased from eight hours to 18-20 hours per day, without any back-up pumps, in order to meet the standards. This causes recurrent breakages and prevents the delivery of water to refugees. In Jijiga, the water constraints experienced by the pastoral community to provide water to livestock undermine the efforts for local integration and peaceful coexistence.



The livelihoods and self-reliance of Somali refugees were limited prior to the COVID-19 pandemic, which worsened access to commodities and markets. Agro-pastoralist activities in the region are negatively impacted by the recurrent droughts, floods and desert locust invasions. Besides, camps and host community areas are isolated from major markets.

Over 65 percent of refugees have limited livelihood opportunities to generate sustainable income hence is dependent on humanitarian assistance. Markets remain weak and the refugee hosting areas suffer high unemployment, particularly among youth. With only one microfinance institution operational in the camps, access to financial services and financial inclusion is limited. Only 2.5 percent of refugees aged 18 – 59 have accessed loans and saving services. Despite positive achievements of the agriculture cooperatives (crop and livestock), capacity development; private sector and markets linkages are needed to optimize economic opportunities and untapped potential for economic development in the refugee hosting area.

FAO, through a collaboration with UNHCR, generated an analysis related to agricultural opportunities in the Melkadida area. A participatory agricultural and livestock value chain selection exercise was conducted that narrowed down three value chains (Frankicense/Gum, Dairy and Onion). This collaboration lead to a common understanding and prioritization of the food security and agricultural livelihoods situation in the southern Somali region.

In Jijiga Area, ILO assessment recommended small ruminant (sheep), grains (wheat, sorghum and maize) value chains. EUTF and DFID funded initiatives are expected to build foundations for market-based livelihoods approaches to start developing the value chains. These valuable initiatives will need to be complemented by others to enhance production capacity and inject improved range of management practices.



SHELTER & NFIs

The availability of adequate shelter remains a concern across the eight refugee camps of the Somali region, with approximately 39 percent of households in Melkadida and 17 percent in Jijiga having access to it. Many households are thus living in temporary emergency shelters, which fail to provide protection to the refugees against animals, wind and floods. The lack of construction material at local level forces refugees, mostly women, to spend hours in the bush to search for wood. This also exposes them to protection risks. Following the 2017 National Shelter Strategy, all camps will construct rectangular transitional shelters with stone masonry foundation walls, bedded in cement mortar, and external walls with hollow concrete blocks.

In 2020, the provision of NFIs was prioritized for new arrivals and extremely vulnerable persons. During the COVID-19 pandemic, the quantity of soap distributed has been increased to 500 grams per person per month. While dignity kits and sanitary material are provided to women of reproductive age, distributions do not take place regularly and impact the levels of school attendance of girls. In general, the demand for NFIs is growing as refugees have limited opportunities to find and buy what they need.



LOGISTICS & TELECOMS

The refugee camps of the Somali region face procurement and logistics challenges caused by their remoteness and distance from the capital. Poor road infrastructure makes it difficult and costly to transport goods. Additionally, occasional intra ethnic violence often leads to disruptions on the supply route, causing delays in receiving essential items. In Melkadida, the service provision relies heavily on the use of generators for power supply, even though there is high potential for solar alternatives. Maintenance costs for generators are high for many partners. The unavailability of spare parts in the local market, coupled with lack of appropriate garages and skilled mechanics, has accelerated the depreciation of generators. Given that most goods purchased from local suppliers are imported from Mogadishu, Somalia, there is limited movement of products due to COVID-19 restrictions. Items available on the local market are highly priced as sellers face higher expenses in transporting goods during restrictions. The COVID-19 pandemic has also exposed the dire need for connectivity and digital inclusion. The pandemic disruptions undermined abilities of local authorities, partners and communities to adequately engage. Markets were also disrupted due to the restrictions. It is therefore becoming important that all initiatives consider having strong digital inclusion components.

Response Strategy and Priorities by Sector



PROTECTION

Child protection

In 2021, interventions will focus on increasing monthly assistance to prevent different protection risks faced by children. Coordination will be strengthened, and child protection risks will be addressed through community participation, capacitation of child protection social workers/incentive workers (mostly refugees) and other existing community groups including child protection committees and child rights clubs. Registering children at risk, initiating best interest assessments and doing follow ups through proper case management steps to monitor the situation will be prioritized as

well as harmonised data of UASC with partners, while ensuring that Child Friendly Spaces are safe, secure, functional and accessible.

Gender-Based Violence (GBV)

A rigorous and coordinated case response and management based on a survivor-centred approach will be ensured and coupled with the on-going capacity-building of GBV actors to ensure coordination of the multi-sector, multi-agency response in all locations in accordance with the revised inter-agency GBV Standard Operating Procedures (SOPs). In Melkadida, focus will also be placed on the mainstreaming of GBV prevention and response across all sectors and throughout the project cycle. This will include a review of the current case management Standard Operating Procedures (SOPs) in Melkadida. Efforts will be put to ensure the delivery of services at the One Stop Centre located in the referral hospital in Jijiga. While continuing to provide psychological support and legal assistance to GBV survivors, IGA activities for men and women heads of households will be strengthened in an effort to mitigate overall protection risks of GBV.

Access to legal assistance and remedies

Access to justice will continue to be a key feature for the protection of rights, and an important element of programming for development, and poverty eradication. Mobile courts, which have proven to be an effective tool in reducing the backlog of lower courts in remote and hard-to-reach areas, will be fully utilized. Hence, the focus in 2021 will be on strengthening the implementation of mobile court services to the refugee and host community, through continued cooperation with the Somali Region High Court. Capacity building for governmental partners and other legal actors, as well as the refugee population on the ground will be conducted.

Person with Specific Needs (PSN)

Assistance will be provided to PSNs through the provision of psychosocial and rehabilitation services at physiotherapy/day care centres and at home. In addition, additional efforts will be put in building skills of persons living with disabilities associations, in addressing gaps in referral SOPs to ensure all actors are able to respond to the needs of persons living with disabilities and in linking related activities to IGA activities. Records of PSN will be established and maintained in proGres, so as to provide for active case management and follow-up. In Jijiga, people with disabilities and older people will be prioritized in the CBI shelter construction project and other services. Advocacy for the inclusion of children with special needs in education will also continue.



Registration and Documentation

In 2021, UNHCR will continue to provide the ARRA/VERA unit with materials and technical advice to support their capacity to issue civil documentation to refugees. Advocacy for the provisions on registration and documentation contained in the 2018 Refugee Proclamation to be fully implemented will continue, and coordination mechanisms between UNHCR, ARRA and the relevant humanitarian partners to ensure accurate data is maintained will be established.

The prioritized response in 2021 will focus particularly on birth registration and the issue of birth certificates. To that end, sensitization campaigns for all refugees on the importance of civil registration and documentation for vital/life events, as well as capacity-building activities for ARRA/VERA staff, will be conducted. Activities using the “One-Stop Shop” approach will be fully supported.

Durable solutions

In 2021, activities related to local integration will focus on public education and outreach to ensure both members of the refugee community of the five camps in the Melkadida area and relevant local administrative staff, are fully aware of the rights and obligations entailed by the new/2019 proclamation. In the Jijiga area, there are over 13,000 Kebribeyah refugees that are eligible and expected to be all integrated in ten years. To this end, the Somali Regional State Government and relevant local authorities will be supported to roll out long term local area development including availing of land for settlement; livelihoods and infrastructure development; settlement planning and construction of durable shelters and infrastructure.

It is anticipated that the United States might lift some of its restrictions soon, but it is also uncertain as to when exactly the country will reopen its doors to Somali refugees. Therefore, in 2021 advocacy to identify and develop resettlement opportunities and complementary pathways to other countries will be enhanced. Sufficient staff/processing capacity will be established to identify and submit the most vulnerable and deserving refugees to the available quota. Specific measures, including consistent use of proGres, adherence to established SOPs, and proper filing and physical file handling procedures, will be enhanced to prevent and respond to fraud.



Education intervention will ensure to support education facilities from early-childhood to secondary levels at camp level, including through improvements to the learning environment by prioritizing the renovation of class rooms and associated WASH facilities, ensuring adequate and separate latrines for girls and boys and replacing inadequate teaching materials.

Attention will be put on improving outreach and follow-up for registration and enrolment of children, with focus on girl children, based on the new digital dashboard, which provides ready access to enrolment data. Improving the number of qualified teachers in the primary schools as per MoE standards is also paramount. Equally, increasing the number of classrooms is necessary.

The response in Jijiga will also focus on mainstreaming of education services and widening partnership for improvement of education quality. In Melkadida, advocacy efforts for the inclusion of refugees in secondary education and for the integration of secondary education in the national systems in collaboration with the Regional Education Bureau will continue, building on the achievements of 2020.



In order to increase the access to energy, the 2021 response in the five Melkadida camps will focus development of sustainable green energy alternatives, including solar power, biogas and cookstoves production through the provision of technical assistance to the already established refugee and host community cooperatives. In parallel, the community will be sensitized with energy saving practices and a CBI approach will be adopted in the energy sector for the most vulnerable households. Alternatives for cooking fuel are being looked into, and progress is being made through the production of Prosopis Charcoal briquettes.

Given the success of the pilot biogas project, the operation will aim at expanding the scale and use of biogas as a source of clean energy. In Jijiga, energy saving stoves and briquettes will continue to be provided to the PoCs, while a pilot solar energy project is being explored. In both locations, advocacy and fundraising efforts for the electrification of the camps will continue. During 2020, five COVID-19 isolation centers were constructed and provided with solar energy. Efforts to support health facilities will continue in 2021. Environmental activities will continue with the planting of multi-purpose drought resistant seedlings in refugee and host community areas and with continuous community awareness raising sessions on environmental management and protection issues to increase the engagement of local communities. In addition, the mobilization of all relevant stakeholders and local authorities will be pursued.



FOOD SECURITY

Food assistance will continue in cooperation with ARRA and WFP, while food basket and food distribution monitoring will be conducted to ensure that all refugees receive the planned rations. To improve the food security, cash vouchers to access fresh foods will be provided, building on the cash transfer experience in Jijiga and the scale-up phase in Melkadida, also based on recommendations of joint assessments. Availing sugar, based on availability of funds, in the food basket especially for communities that value sugar as the main component of their diet will also be considered.



HEALTH

Partners will continue to maintain the provision health and nutrition service provision to benefit both refugees and host communities, also through the improvement of immunization services, integrated management of neonatal and childhood illnesses and medical referrals for lifesaving emergencies, including sexual and reproductive health. Ensuring WASH infrastructure and adequate equipment of the health centers will be critical. Finally, COVID-19 prevention measures will continue to be mainstreamed and coordination with the Regional Health Bureau will continue to be strengthened. Preventive measures for other outbreak prone diseases (cholera, measles etc.) will continue in collaboration with regional and woreda health bureaus and in coordination among partners. Mental Health and Psychosocial Services (MHPSS) will be delivered through camp-based specialised partners as well through established referral linkages with specialised hospitals.



NUTRITION

The nutrition response will aim at enhancing community management of acute malnutrition through mother-to-mother support and family MUAC, as well as at strengthening referral pathways. In Melkadida, better nutrition standards will also be achieved through the expansion of backyard sack gardening projects, Infant and Young Child Feeding (IYCF) programs, the distribution of fresh food vouchers for children under 2 years old and supplementary feeding programs. In Jijiga, chronic malnutrition levels will be reduced through long-term interventions to address chronic malnutrition levels, while providing severely malnourished children with therapeutic foods.



WASH

The WASH response will prioritize latrine construction, the associated maintenance and solid waste disposal also by investing in waste-to-value sanitation and by integrating latrine construction with new shelter constructions. Environmental hygiene promotion campaigns, cleaning campaigns and provision of hygiene materials will continue through Community Outreach Agents (COAs), including to schools, communal centers and health institutions.

In order to maintain the daily provision of potable water in the camps, maintenance and optimization or construction of existing or new water supply system activities will be carried out in 2021. In Melkadida, the community-based management model adopted in all camps will help in reducing unaccounted-for water as well as reducing water unit costs. Efforts will be put in the planned installation of solar hybrid water pumping systems.



LIVELIHOODS

Partners' response in Melkadida will keep pursuing livelihood opportunities with multiple private and actors, while re-evaluating the efficacy and sustainability of the ongoing cooperative agricultural projects. Improving the quantity and quality of seedling production, maintaining the current support for gum and incense production, developing more sustainable approaches to prosopis processing and strengthening community-participation across all projects will be the main priorities. This will be done by building on the previous achievements and by involving new development actors and the private sector. Similarly, the response in Jijiga will focus on increasing market-based livelihood opportunities and reduce the number of unemployed youth and female headed households, mainly through the provision of vocational skills within the national qualifications' framework, the establishment of cooperatives and the provision of financial services. Key efforts will be put in the work with the private sector and Regional Government to attract private sector investment in the area.



SHELTER & NFIs

Given the gaps faced by refugees in accessing adequate shelters and the high cost of construction materials, the partners response will aim at ensuring a community-based management system that empowers communities to maintain their shelter facilities, as well as at scaling up the construction of shelters through YEP graduates and community contributions. A CBI approach will also be adopted, while measures to repair the shelters damaged by natural disasters will be undertaken. Refugees sheltered in the three Jijiga camps have been provided NFIs for long core relief items for decades.

Multi-purpose cash grants through mobile money transfers are thus considered as an option that will strengthen their self-reliance efforts. Vulnerable host community members' needs will also be taken into account. Given the numbers of new arrivals to Melkadida at the end of 2020, the provision of NFIs remains a priority. Mosquito nets will also be distributed to breast feeding and lactating mothers. Blanket distribution of sanitary wears to women of reproductive age will continue during the year. Possibilities of shifting from blanket distribution of sanitary wears to targeted population and a CBI approach will be explored.



LOGISTICS & TELECOMS

The construction of additional fuel storage capacity will be undertaken, with a view to ensuring enough stocks of fuel in the event of disruptions. Old trucks will also be replaced so as to be operationally effective in the transportation of material and in the delivery of water to the refugee camps or to other persons of concern. In 2021, the response will also focus in strengthening the partnership with existing garages and review of clauses of frame agreements.

Partnership and Coordination

Some 20 operational and implementing partners, including UN, NGO and government partners, support the overall response for the Somalian refugees.

This updated for 2021 Inter-agency Country Refugee Response Plan (CRRP) brings together 16 appealing partners.



2021 Financial Requirements

By Partner and Sector

Partner	Education	Energy & Environment	Health	Livelihoods & Resilience	Nutrition & Food Security	Partnership & Coordination	Protection	Shelter, Infrastructure & Core Relief Items	WASH	Total Budget Requirements (USD)
Action for the Needy in Ethiopia								767,634		767,634
African Humanitarian Aid and Development Agency									271,716	271,716
Danish Refugee Council					50,000	1,050,000			250,000	1,350,000
Food and Agriculture Organization of the United Nations				333,000						333,000
International Medical Corps	971,938		305,909	1,551,281		337,035			545,000	3,711,163
International Organization for Migration						1,500,000				1,500,000
Jesuit Refugee Service	420,000			94,000		432,000				946,000
Right to Play	800,000								400,000	1,200,000
Save The Children International	2,800,000			1,400,000	1,050,000		1,750,000			7,000,000
The International Rescue Committee	175,000	300,000				650,000			1,729,609	2,854,609
The Lutheran World Federation			300,000				150,000			450,000
United Nations Children's Fund	1,925,217		3,500,000		1,154,591		1,201,309		1,500,000	9,281,117
United Nations High Commissioner for Refugees	8,209,444	6,380,892	4,333,104	7,150,638	2,232,357	7,219,128	8,151,736	6,528,589	5,555,589	55,761,477
United Nations Population Fund		200,000			155,600	152,400				508,000
World Food Program	1,513,955			662,250	43,469,429					45,645,634
ZOA Relief Hope Recovery				772,000						772,000
Total	15,843,616	6,380,892	9,305,042	11,017,797	49,457,658	7,424,728	15,224,480	7,446,223	10,251,914	132,352,350

SOUTH SUDANESE REFUGEES

2021 PLANNED RESPONSE

400,000

PROJECTED SOUTH SUDANESE
REFUGEE POPULATION

US\$ 246.8 M

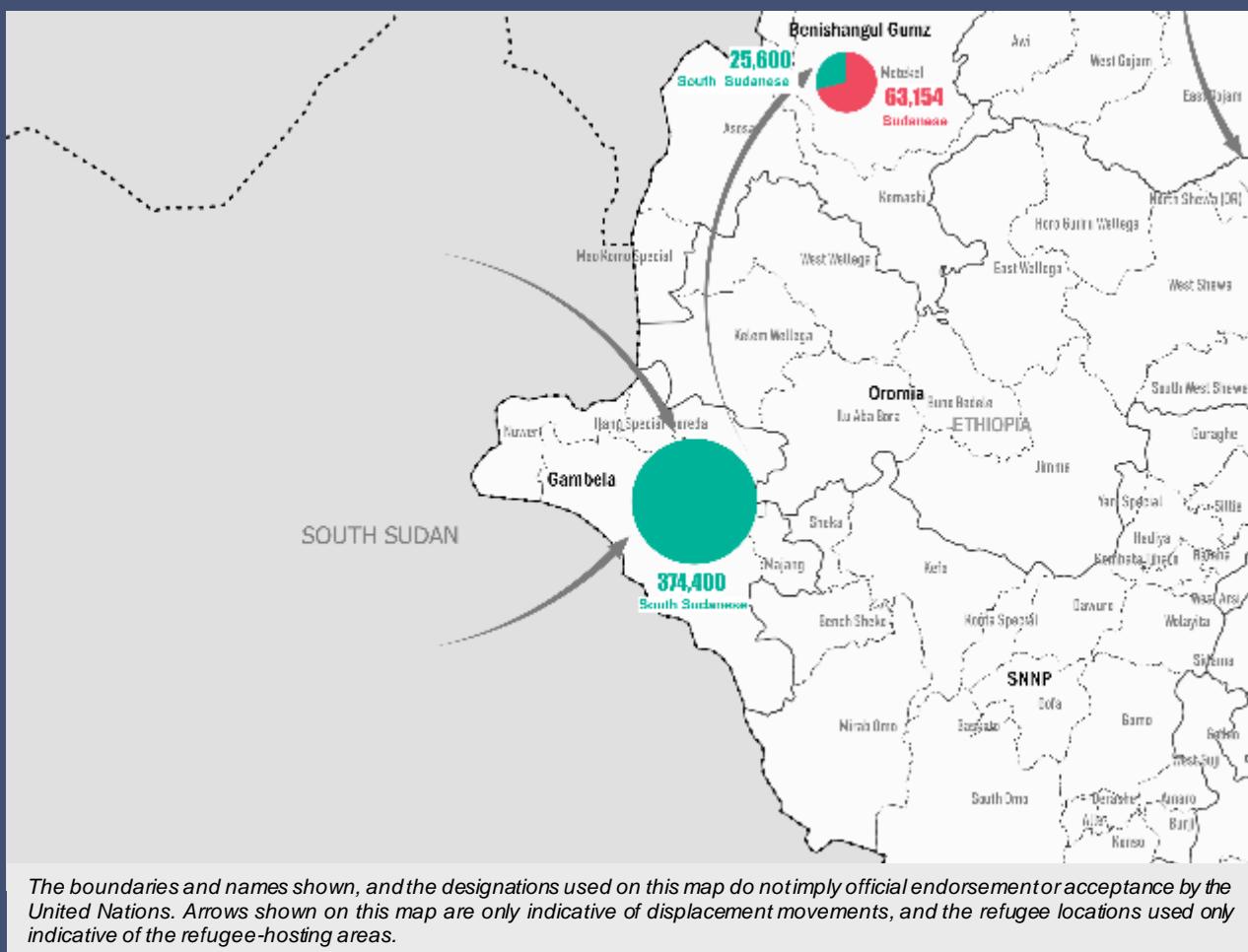
INTER-AGENCY
REQUIREMENTS

26

APPEALING-OPERATIONAL
PARTNERS

100,000

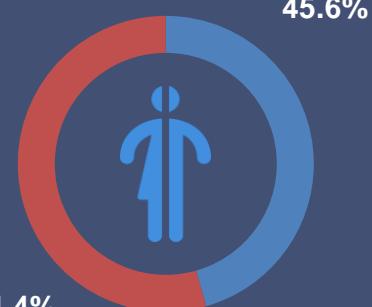
ASSISTED HOST COMMUNITY



Disaggregated Data

Age group	% of total 400k	Female % of total 400k	Male % of total 400k
00-04 y.	18.8%	9.2%	9.6%
05-11 y.	30.7%	15.2%	15.5%
12-17 y.	17.2%	7.9%	9.3%
18-59 y.	31.1%	20.5%	10.6%
60+ y.	2.2%	1.6%	0.6%
Total	100%	54.4%	45.6%

■ Male ■ Female



Persons with Disabilities
1.3% of total 400k

Overview

The South Sudanese population is the largest refugee population in Ethiopia, totalling 347,178 as of 31 December 2020. While noting with cautious optimism the signing of a revitalized peace agreement in September 2018, the National dialogue Peace Conference held in Juba on 3-15 November 2020 by the South Sudanese factions and monitoring the conditions that would enable safe and voluntary return, Ethiopia has continued to receive new refugee arrivals from South Sudan in addition to individuals who spontaneously returned to South Sudan and were subsequently forced to flee again to Ethiopia. In this regard, the management of reception centres, timely registration, and the transportation of refugees to locations collectively identified as a favourable protection environment with safety and dignity remains a priority. Despite ongoing informal cross-border movements, including traditional movements in tribal areas that traverse the border, the refugee population is expected to remain stable.

The security situation in the Gambella region, which hosts the majority of South Sudanese refugees, remains volatile; with recent security incidents affecting refugees, host communities and humanitarian workers, which have included fatalities. New arrivals are mostly of Nuer ethnicity (91% based on registration profiling), while the majority of Ethiopians are drawn from both Nuer and Anuak populations. Consequently, identifying land and the expansion of camps within areas inhabited by Ethiopian Nuer is essential, as well as the promotion of community security, social cohesion, and peaceful coexistence.

In March 2020, Ethiopia temporarily closed its land borders in an effort to prevent the spread of COVID-19. Although a modest number of new arrivals have been relocated to the Benishangul-Gumuz Region at the request of the Gambella Regional Government, the prevailing security environment has restricted the onward relocation of additional persons of concern. However, with the COVID-19 pandemic, these restrictions have been exceptionally eased in order to prevent the dissemination of the virus within the refugee and host community. As a result, all new arrivals identified in 2020 were relocated within the existing humanitarian infrastructure in the Gambella region.

While there remains a need to consolidate existing humanitarian service provision, the 2019 national Refugee Proclamation is contributing to facilitating refugees' enjoyment of additional rights and services over the medium term that affords economic opportunities, fosters investment within host communities to support peaceful coexistence and reduce over time aid dependency amongst the refugee population. To this regard, many development partner interventions have started up in Gambella, including substantial investments through the *Development Response to Displacement Impacts Project* (DRDIP) and the *Building Self-Reliance Project* (BSRP), as well as UNHCR's direct interventions and partners' activities, especially in the area of livelihoods.

Key progress has also been achieved in the livelihood sector with the strengthening of the Livelihoods Sector Working Group (LSWG) for the Gambella region, which now has operational partners in all the camps and settlement such as DFID/SHARPE, GIZ, WFP and the Regional Bureau of Agriculture (RBOA); the geo-mapping of vacant land in camps, which has identified an approximated 1,292 acres (516.8 Ha) in the camps, mostly suitable for farming and agriculture-based projects; a large scale mechanized crop production pilot project in two camps (Nguenyiel and Okugo); analytical studies including context analysis of livelihoods situation in camps and host community, skills and institutional mapping, and analysis of ProGres socioeconomic data, that will be key to develop a multi-year livelihoods strategy for Gambella; or the registration of four artisan groups in Jewi, Tierkidi, Pugnido, and Okugo camps with MADE51, the UNHCR global value-chain for refugee arts and craft.

Direct support to the Government also increased due to the reinforced engagement and acceptance of the Comprehensive Refugee Response Framework (CRRF). In this respect, UNHCR Gambella facilitated the involvement and engagement of Gambella Bureau of Finance and Economic Development (BoFED) and all UN agencies to contribute to the preparation of the home grown 10 years Regional Development Plan. This will help the Regional government to coordinate local area response plans incorporating refugee needs. Grounded in the spirit of CRRF, and in support of the national-led response, the Ethiopia chapter in the Inter-agency Regional Refugee Response Plan (RRP) for South Sudanese refugees forms part of this Inter-agency Country Refugee Response Plan (CRP) for Ethiopia and outlines the collective response of humanitarian and development agencies in 2021. The RRP aims to ensure the increased coherence and alignment of all planned interventions at regional level supporting refugees against a common set of sectoral objectives and performance targets, to improve coordination, and to promote timely and effective protection and solutions.

Needs Analysis by sector



Persons with Specific Needs (PSN)

At Assosa, persons with specific needs (PSN), mainly elderly and persons with disabilities, among South Sudanese refugees represent 3.5 percent, with mostly the same proportion in Gambella region (3.57%). PSNs are a group of the



population that requires specialized protection and lifesaving assistance to ensure their survival and improved wellbeing. These groups are often at heightened protection risk of neglect because of the nature of their specific needs and vulnerabilities. Often the socio-cultural and economic factors in the community hamper their outreach and inclusion into regular humanitarian services and activities. As well, these groups are at risk of COVID-19 due to their physical vulnerabilities.

Limited mainstreaming and inclusion activities in different sectors remains a challenge in terms of accessibility particularly for persons living with disabilities and elderly persons. Children living with disabilities don't attend school because of lack of facilities and specialized education and teachers in refugee schools.

Durable solutions

The 2019 Refugee Proclamation allows refugees the right to obtain work permits, access primary education, obtain drivers' licenses, legally register life events such as births and marriages and open up access to national financial services such as banks. Since the Law came into force in 2020 a total of 54 refugees in Gambella have received Residence Permits. They were all selected based on their involvement in Livelihood programmes by partners in the camps as well as restaurant owners.

In 2020, a resettlement mission was organized in Gambella during which 38 individuals, all South Sudanese nationals, were interviewed and accepted by Norway. They are currently awaiting departure which has been delayed by the travel restrictions brought on by the pandemic. As for Assosa, relying on an international affiliate workforce and one regular staff (GL6), the needs for additional personnel devoted to resettlement remains acute to process cases according to the expected level of achievement. Furthermore, COVID-19 posed a significant problem in 2020, as it reduced the flow of resettlement case submissions due to reduced movements to the camps and reduced case processing capacity as a result of measures set to prevent the dissemination of the illness.

Fair Protection Processes, Registration and Documentation

The lack of requisite identity documentation poses serious protection risks on persons of concern including, but not limited to, access to services, ability to move freely, etc. Asylum-seeker and refugee identity cards need periodic

renewal, after two years for asylum-seekers and three years for refugees. On various occasions, there have been delays in issuing certificates to persons of concern.

Following the commencement in March 2018 of the L3 comprehensive registration, UNHCR and ARRA introduced the Biometrics Identity Management System (BIMS), a more robust biometrics system, in the registration process. In 2021, full continuous L3 registration will resume as per the new registration Standard Operating Procedures (SOPs) in COVID situation by implementing contactless iris verification, thus reactivation of L3 absentees will be entertained in addition to 14,915 refugees who will turn five years old in 2021 who will have to undergo continuous registration to collect their biometric data (only iris). One of the biggest challenges, however, remains the 11,052 undocumented refugees including those who will reach 14 years in 2021 who qualify for the issuance of identity cards. More than 10,000 newborns between 2019 and 2020 are pending official birth registration which is delaying the issuance of birth certificates in order to obtain basic rights such as identity, education, and health. School-aged refugee children might also face challenges during enrolment if they do not possess refugee identity documents provided by ARRA/UNHCR. In addition, more than 63,000 refugee identity cards will expire and expected to be renewed in 2021.

The greater impact on the issuance of refugee identity cards is digital inclusion through which giving access of relevant refugee data to partners is aimed at supporting social-economic activities. Ongoing negotiations with key stakeholders to advocate for identity cards issued to refugees to acquire for example SIM cards legally, facilitates opening of bank accounts, local integration among other rights linked to the CRRF and commitments made by the Government of Ethiopia to protect, support, include and empower refugees.

Child Protection

Family separation, neglect, child abuse, lack of registration, child labor and child forced marriage in addition to abduction are among the highest concerns of refugee children in Gambella region. As a result, high number of children are exposed to numerous risks which might add more challenges to the support provided due to lack of qualified Child Protection (CP) staff and specialized social workers, in addition to the high turnover among the CP staff. On the other hand, culture and social constraints are considered difficult barriers to ensure full protection of children, thus, community engagement would be a must through enhancing the community-based child protection structures. Furthermore, the huge number of children in Gambella, which is more than 270,000 children, increases the need for more safe child friendly spaces, equipped with adequate learning materials and managed by qualified facilitators. Most of the interventions lack proper psychosocial support, particularly in schools while basic activities have been conducted as part of the case management in addition to few referrals to specialized services.

Advocacy was strongly made in 2020 to revive the process of birth registration and the issuance of birth certificates for refugee children. Slight changes were made, seeking that this activity will be resumed in all camps with clear indications of the consequences and the good effect on the life of children. Due to COVID-19, many activities were suspended and negatively affected birth registration and caused the suspension of this service as well, in spite all awareness campaigns conducted on this matter and other children rights. It is worth mentioning that children with disabilities are suffering from the lack of services and facilities to ensure their proper inclusion, thus, they are forced to be isolated or even abused by their own communities.

In 2020, with the support of UNICEF, Child Protection partners staff and CP case workers received few trainings on the upgraded CP Information Management system (CPIMS+) which will be officially used by 2021.

Gender Based Violence (GBV)

GBV on women and girls are predominant in the refugee community due to socio-cultural aspects. GVBIMS indicates up to 75 percent rise of reported cases at the end of 2020 in Assosa. In Gambella, 261 GBV cases were reported in 2019 and 283 cases were reported for 2020 which is an increase of more than 8 percent compared to the previous year. Emerging complications include significant increase of domestic violence by intimate partners during COVID-19 outbreak, teenage pregnancy, early marriage, and other harmful traditional practices. Despite various awareness raising activities, incidents are underreported due to stigma, discrimination and fear of retaliation and limited awareness on GBV and referral pathways for some categories of the population. Timely reporting within 72 hours after incidents remains low. Lack of temporary safe houses limits interventions for survivors at high risk particularly when relocation to outside camp is interrupted by insecurity and COVID-19 risks.

Likewise, community intervention including referrals is minimal. Negative perception amongst male refugees impedes participation of men and boys. Owing to limited opportunities for livelihoods, some women engage in illegal and risky activities like alcohol brewing and survival sex. Significant challenges remain when seeking to address underlying gender inequalities including high instances of intimate partner violence, prevalent early/forced marriage, limited energy/food supply necessitating women and girls to go to firewood/food collection.

Moreover, general findings from the GBV safety audits indicate limitation of regular safe space activities for women and girls and lack of livelihood activities for men which compelled them to spend more time at home contributing to family conflict and domestic violence, lack of alternative energy sources which forces women and adolescent girls to travel long distances and collect firewood from most risky locations, lack of street lighting at night in some camps, crowded

households with no partitions, limited privacy, and insufficient access to menstrual hygiene materials. According to the Rapid Gender Analysis and justice response during COVID-19 (by CARE Ethiopia, 2020) service providers are not equipped with adequate staff, resource and budget assigned for GBV related support services.

Different measures taken to prevent the spread COVID 19 like movement restrictions, including the closure of borders, schools, and other public spaces, with strict social distancing implementation, led to the disruption of livelihoods opportunities, food shortage and scarce resources that created more power imbalance, yielding to the detriment of vulnerable refugees, thereby increasing the risk of SEA in refugee camps. In the same context, the use of isolation measures has limited access to information and to reporting channels increasing the underreporting of SEA cases.



EDUCATION

Access to education in Gambella and Assosa, particularly for secondary education is still very limited due to a combination of factors and constraints in addition to the declining fund, which is exposing education to additional challenges, particularly following COVID measures. Schools continue operating in highly congested classrooms, with inadequate facilities and services including the lack of proper school feeding and the inadequate WASH facilities. Additional critical gaps related to lack of learning spaces and the need to construct learning facilities such as libraries, laboratories, appropriate Wash facilities and friendly spaces for students to safely play and interact. With the big number of newly arrived children to Gambella, particularly relocated to Ngyenyyiel camp, a new challenge is added on how to accommodate all children into the current school structures while services are over stretched.

In both Gambella and Assosa, service is further constrained by lack of qualified teachers and teaching materials, inadequate supply of textbooks in addition to the high turnover of teachers. Refugee teachers are paid low incentives with minimal motivation to manage large class sizes. Another aspect of challenges related to the low participation and high drop-out rate of girls especially at the secondary level due to various cultures constraints and implications. The suspension of schools since March 2020, reverted the 75 percent increase for primary and 22 percent for secondary which had been envisaged prior to the COVID-19 situation, with adverse effect on development, safety, and well-being of children in the camps where schools play an important role in child protection. While by the end of December 2020, according to the verified numbers of students, 85-90 percent of total enrolled students from the pre-COVID-19 levels have returned to class, regular attendance remains to be an issue in all levels of education. Despite challenges, school feeding program continued in Early Childhood Education as well as in primary school to partly support the retention of students.

The national guidelines related to COVID-19 safe school operation amplified structural gaps related to lack of spaces and equipment to ensure a safe learning environment is achieved at all levels. This requires strict compliance with minimum operating standards of class size, teaching load, teachers training on psychosocial support (PSS), COVID-19 regulations, medical referrals, revision of teaching shifts.



ENERGY & ENVIRONMENT

Access to safe, sustainable and durable sources of energy has remained a major gap in Assosa and Gambella operations. This problem has remained persistent over the years causing challenges in the relationship between host communities and the refugees, as the refugees go to the bush and protected forests to collect wood fuel for cooking and lighting. The main source of energy in all refugee camps is firewood which is very limited in and around the camp as refugees are cutting natural forests to meet their energy needs. Women and girls are traveling long distances to collect firewood for household consumption as it is a sole responsibility for women and girls in the Gambella refugee community. Traveling long distance in the deep bush searching for firewood has exposed women and girls to GBV risks such as rape, beating and harassment. A base line survey from 2017 energy assessment and 2020 monitoring reports show that refugees in camps rely entirely on traditional biomass for their daily cooking and baking needs. Only 32 percent of the population has enough access to energy (solar lanterns, solar streetlights, rocket fuel saving stoves and save-80 stoves)

Refugees normally use traditional three-stones cooking stoves which have low efficiency of energy saving options. The three stones fire is used by 68 percent of the households. Women and girls spend many hours a day on fuel wood collection which exposes them to various forms of sexual and gender-based violence. Women and children who spend long periods of time in the kitchen are exposed to high levels of indoor smoke emissions causing increased cases of upper respiratory tract infections and incidents of accidental fire burns. Scarcity of fuelwood is also associated with natural resource-related conflicts with host communities. In addition, refugees sell part of their food ration to meet domestic energy needs which has a negative coping mechanism leading to malnutrition of the household and less productivity of refugees in the camp.



FOOD SECURITY

Food inadequacy aggravated by availability, access, utilisation, and stability limitations largely due to funding and access to livelihoods option in and out of camp continue to have negative impact on food security of the population. In 2020 WFP/UNHCR/ARRA endeavoured to provide food assistance in line with UNHCR/WFP SOPs due to COVID 19 Pandemic through general food distributions in seven camps following the biometrics system using the global data tool (GDT) with reference to sphere standards and the tripartite Memorandum of Understanding (MoU). The agencies conducted pre and post distribution meetings, inter-agency meetings and sector specific consultations that helped in flagging refugee concerns and monitoring the quality and quantity of food items provided. The registration sector continues to provide trainings on the GDT assistance with continued upgrade. Refugees in Gambella are dependent on the GFD as the main source of food due to inability to access adequate farming land and cash through Cash based interventions (CBI).

The food basket currently provides 1,803 kcal per person, per day, against a minimum standard of 2,100 kcal. GFD may only last 21 of 30 days at risk of deeper ration cuts due to pipeline breaks due to funding limitation. Refugees may sell food to meet unmet food and non-food items needed. The 2019 SENS findings have indicated only 49.37 percent of the population is using no harmful coping strategy, largely attributed to firewood collection. Consequently, harmful coping mechanisms are adopted such as reduced frequency of meals, firewood collection for sale which increases exposure to GBV risks, brewing and sale of alcohol and sale of food to buy non-food items.



HEALTH

Health response activities aimed to provide access to health services to refugees similar to that of the host community; reduction of mortalities and morbidities through preventive and curative primary health care (PHC), provision of secondary and tertiary health care services through medical referrals, mitigate the risk of transmission of communicable diseases and improve integrated disease surveillance and response (IDSR) to monitor disease trends and take necessary measures. A total of 19 primary health clinics in the Gambella region support an average of 27,000 individuals, against the minimum standard of 10,000. Although crude and under five mortalities are within the acceptable range (0.75 deaths/1000/month and 1.5 deaths/1000/month respectively), the issue of deaths being underreported is also recognized.

As of the end of December 2020, a total of 5,183 refugees were tested for COVID-19 and 231 confirmed COVID-19 cases (171 Gambella and 60 Assosa) were identified and transferred to designated treatment centers, two deaths were registered which translates to a fatality rate of 0.86 percent. COVID-19 treatment facilities are overwhelmed due to shortage of resources including space, supplies and health care workers. The Regional Health Bureau capacities for isolation and treatment centres to manage critical COVID-19 cases affecting host communities and refugees are limited. Capacity of the laboratory is limited due to shortage of testing machines.

The pandemic reduced access to healthcare not only because of challenges faced by healthcare providers but also patients thought they can get the virus during health facility visits. The quality of care is substandard due to shortage of infrastructure, HCWs and challenges in referral services. There is high turnover of qualified staff which requires continuous capacity building support. The regional health facilities that provide secondary health care are overwhelmed with a high number of patients from refugee and host communities. In addition to COVID-19, civil unrest and lack of budget interrupted referrals to tertiary hospitals. Refugees hosting districts are epidemic prone for malaria, typhoid fever, measles, meningitis, hepatitis b, diarrheal diseases, and the burden of preventing non-communicable diseases (NDCs) such as cardiovascular, eye conditions and mental health disorders is increasing. Although partners integrated efforts to vaccinate children, the overall coverage for Penta3 and Measles was 64 percent and 57 percent respectively far below the standards.

In relation to sexual and reproductive health and rights, the coverage of complete antenatal and postnatal care was 87 percent and 84 percent respectively. Mobility of mothers between camps make them appointments in the health facilities. COVID-19 also affected access to other sexual and reproductive health services such as family planning, sexually transmitted infection treatments and safe abortion care. Lack of a fully functional blood bank in the region is a long-standing problem challenging the availability of blood when needed for emergency cases, including for delivering mothers. In addition to COVID-19 pandemic which affected access to services, awareness among the community on sexual and reproductive health remained very low, affecting services uptake. The contraceptive Prevalence Rate is only at 4 percent, dropping by more than half of last year's achievement.

In the Gambella region, high HIV prevalence (4.2%) also remains a key concern. HIV prevalence among pregnant women attending antenatal care follow-ups is found to be 3.9 percent in the camps, the total number of patients on antiretroviral therapy (ART) dropped to 1,514 from 1,891 before COVID-19. Gaps remain in community-based HIV

services, lack of income generation opportunities for people living with HIV and absence of interventions targeting key populations. As a result, low awareness on HIV as well as stigmatization remains despite coordinated efforts by multiple partners.



NUTRITION

In 2020 COVID1-19 has plausibly contributed to high malnutrition denoted from reduced scale in undertaking comprehensive nutrition intervention including nutrition sensitive sectors; however, context multisector and routine data has been analysed to denote the nutrition situation. The increased burden to quality of care with required COVID-19 measures in line with WHO and Government guidance placed strain on the nutrition budget and beneficially access to services and livelihoods thus malnutrition. Child malnutrition is still high extrapolated from routine data and 2019 SENS results which indicated the prevalence of Global Acute Malnutrition (GAM) among 6-59 months children at 10.4 percent. High prevalence of anaemia remains a public health concern with rates at 44.2 percent 2019 among children 6-59 months and medium at 25.6 percent among women of childbearing age compared to the WHO standard of <20 percent.

In 2020, the prevalence of acute malnutrition among new arrival children is 12.0 percent (Jan -October). despite improving Results further analysis of the findings documented in assessments conducted, such as Nutrition Causal Analysis (NCA), Knowledge Attitude Practice (KAP) and SENS surveys, Nutrition evaluation of the Infant and young child feeding framework 2019/2020 show that several risk factors contribute to poor nutrition outcomes; such as inadequate food availability, high workload for women, social cultural practices (poor maternal care practices, poor hygiene and health-seeking behaviour), limited diet diversity, negative coping mechanisms; lack of livelihood/livelihood options; insecurity and COVID 19; dependency on humanitarian assistance to meet all basic needs, cultural barriers, consistent food ration cuts (resulting provision of 1,803 kcals/person/day which is lower than the recommended 2,100kcal/person/day). Despite the strengthened multi-sectoral approach and gains made for improved nutrition wellbeing especially for children under five years and pregnant and lactating women, the risk of all forms of malnutrition remains high in camps and hosting communities.



WASH

Access to safe water supply improved from 15.3 in 2019 to 17.2 litres per person per day in 2020 attributable to care and maintenance activities at water schemes. However, four camps are yet to attain the UNHCR standard of 20 l/p/d. The main impediment to this progress is the limited water sources of the Itang water scheme to meet the current water demand, high breakdown rate of the generators and the limited treatment capacity of the surface water treatment at Jewi.

Initially, the participatory assessment conducted by UNHCR, ARRA and partner organizations in each of the camps revealed limited access to water supply was among the top prioritized gaps by refugees in the four camps as it resulted in increase in diarrhoea and malnutrition cases at health centres as well as conflict cases at water points. Not only women and girls expressed their concerns for limited water supply, but also the men and boys in the camp and at schools and health centres.

As regards sanitation, UNHCR's standard has been met in all camps, which requires that the number of persons per latrine stance should be less than 20. The household sanitation coverage is at 30 percent in Gambella camps and in two of Assosa camps, 44.2 percent at Tsore camp and 25 percent at Gure Shombolla. Only half of those with the shared family latrines have access to a bathing shelter, while only 20 percent have a functional hand washing station at household level.

Families are required to share latrines and bathing shelters which lowers access particularly at night resulting in open defecation and poor hand washing practice which increases the risk of disease outbreak, worsens malnutrition levels and may eventually result in related increased morbidity. Most affected are women and children as per the participatory assessments per camp.

Lack of lighting in the camps and limited access to solar lanterns is also another deterrent factor to nocturnal latrine access. Vandalism of latrine superstructure during some insecurity incidents resulted in reduction of coverage while some simple pit latrine pits became full. Challenging ground conditions have called for more expensive latrine options including UDDT (urine diversion dry toilet) latrines which means that rate of progress is limited. A WASH KAP survey in one of the camps indicated that 92 percent of the respondents had knowledge on hand washing but only 50 percent of the sampled population were observed to wash their hands after visiting a toilet. A gap exists in actualizing the knowledge. The low access to water collection and storage containers still needs financial support to ensure availability of narrow-necked containers with lids to ensure a safe water chain.

Ethiopia. South Sudanese refugee women in Tierkidi refugee camp bear the brunt of water collecting activities. © UNHCR/Maria Dombaxi



LIVELIHOODS

Related, small scale initiatives are implemented by partners in Gambella and Benishangul-Gumuz regions, mainly focusing on technical and vocational education, animal husbandry, and agriculture – which makes use of some of the available land in and around camps. Women's participation is high, yet projects are traditional in nature and do not demonstrate impact with respect to refugee inclusion and self-reliance via the three employment pathways (self-employment, wage employment and enterprise development). However, there has been an impetus by some partners to shift from a humanitarian to a more development-oriented approach in implementation. Efforts have also been made to advocate with the Gambella regional government to secure arable land for crop production and animal husbandry, with some success.

More land is required to be made available to ensure that refugees and their hosts can participate in joint programs for agriculture and livestock value chains. These regions also have poor market infrastructure, limited labour markets, restricted mobility to access employment opportunities outside of camps and poor access to vital services such as formal banking and documentation. In addition, the two refugee hosting regions have also been subject to negative socio-economic impacts of the COVID-19 pandemic.

FAO, through a collaboration with UNHCR, generated an analysis related to agricultural opportunities in the Gambella and Benishangul-Gumuz refugee-hosting areas. A participatory agricultural and livestock value chain selection exercise was conducted and narrowed down three value chains (Gambella: Tomato, okra and maize production; Benishangul-Gumuz: Soybean production). This collaboration lead to a common understanding and prioritization of the food security and agricultural livelihoods situation in the Western refugee-hosting regions of Ethiopia.



SHELTER & NFIs

Majority of Core Relief Items (CRI) have undergone major wear and tear over a varied period. Due to the COVID-19 pandemic, there is a need for increased water storage facilities and soap to improve and ensure hygienic conditions for persons of concern at the household levels. In 2020, the total of the general population received laundry soap on a monthly basis.

In 2020, there were 10,665 new arrivals and for all new arrivals Kitchen sets, Blanket, Sleeping Mat and Jerry cans were distributed upon their arrival. In addition, sanitary materials (Sanitary napkin/3pcs, Soap/3pcs and Women underwear/3pc) also distributed on quarterly basis for women and girls of reproductive age 12-49 which represent 45 percent of the population. To keep in tandem with refugee needs both disposable and reusable sanitary pads have been distributed. Refugee women have expressed more interests in disposable sanitary pads. Nonetheless, UNHCR provides both disposable and reusable pads (cloth). Sanitary kits identified as a Global Strategic priority is considered a priority for the operation to be provided either through cash or in-kind distribution. It promotes a life of dignity and promotes girl child education.

As regards shelter, all refugee household have been provided with a plot and a constructed emergency shelter upon arrival in the camps. Emergency shelters are made from plastic sheets provided by UNHCR and eucalyptus poles obtained from local market. While emergency solutions have proven to be an appropriate response to meet the needs of new arrivals in the short-term, they do have a short lifespan of about six months.

New asylum seekers from South Sudan continue to arrive in Gambella through various border entry points such as Matar, Burbey, Akobo, Raad and Pochalla, and Pagak serves as the main reception center accommodating about 5,000 refugees. Routine maintenance of temporary facilities at entry points and reception centers is necessary to meet the minimum emergency standards for any response. At the end of 2020 about 60.47 percent of the total population of refugee households lived in adequate transitional shelter. The remaining 39.53 percent (27,531HH) were still in need of transitional shelters, still residing either in emergency shelters or sharing with other relatives within camps. Transitional shelters constructed in older camps such as Tierkidi, Kule, Jewi, Pugnido1, Pugnido2, Nguenyyiel and Okugo refugee camps do require routine maintenance due to short life span of shelters.

According to 2019 shelter assessment conducted in Assosa, the coverage percentage was only 55 percent in Tsore and 35 percent in Gure-Shombolla, which is far below UNHCR minimum standard of 95 percent. The high need for shelter construction in both camps remained a bigger challenge as compared with the limited resources available for addressing these needs. In 2020, due to budgetary limitations; maintenance of only 135 shelters constructed in both camps was executed. Thus, the construction of transitional shelter requires critical attention and support towards improving the wellbeing of the refugees in the camps. Furthermore, community participation in shelter construction require continuous and regular engagement with refugees towards building sustainable shelters. However, persons with specific needs (PSN) need support to build their shelters. The design of transitional shelters in the two refugee camps in Assosa operation need to be improved to provide separate rooms for parents and children. In addition, household kitchen and fence are not included in the shelter strategy. This has negative impact on the environment where refugees go to the bush to collect construction materials to construct their kitchen and fence.



LOGISTICS & TELECOMS

After the outbreak of the pandemic of COVID-19, the Supply Chain was hampered and negatively affected globally so as a result the procurement and delivery of goods i.e.: medicines and medical equipment and procurement of personal protective equipment (PPE) in response to COVID-19 has been extremely slow because the government acted and closed boarders, government offices and business firms with the intention of reducing the spread of COVID-19 and along with the bureaucracy and regulations on importation of goods in the country. Transportation of core relief items from Dire Dawa/Moyale to Gambella remains a challenge due to several roadblocks in the Oromia region that impacts on time delivery of goods, trucks were stranded loading CRIs at the border. UNHCR has one warehouse for storage with inadequate capacity to handle emergency needs especially CRI's/NFI's. Poor camp road conditions, weather conditions are challenges that will continue in 2021.

Moreover, transportation of CRIs from the Assosa warehouse to Gure Shombolla and Tsore camps frequently faced security challenges due to the conflict between the Ethiopian Defense Forces (EDF) and Unidentified Armed Groups (UAGs) in the area. This affected the timely delivery of NFIs to the camps and delayed the timely distribution of CRIs to the persons of Concerns in the two camps, repeated internet breakdown also challenged the communication between staffs and partners which in turn affected the engagement of UNHCR in reaching out the persons of concern.

Response Strategy and Priorities by Sector



PROTECTION

Persons with Specific Needs (PSN)

In 2021, improvement on access to services for persons with specific needs, capacity building on protection inclusion and mainstreaming for partners as well the mobilization of the communities for their participation in supporting the most vulnerable will be pursued and prioritized. The approach will involve all stakeholders and will foster mainstreaming and

inclusion of persons with specific needs across all sectors including COVID-19 integrated awareness messages. In the same context, elderly persons and persons living with disabilities associations will be empowered and supported. They will get much involved in decision making through their participation in leadership refugee management structures.

In order to guarantee the right to education for children with disabilities, advocacy will be pursued, and contacts will be established with specialized national institutions in education of sensory impairment and physical disabilities. Support to persons with specific needs will be enhanced through distribution of NFIs, COVID-19 preventive materials and provision of mobility aids and devices.

In 2021, partners will explore the feasibility of using cash-based intervention as a modality of assistance of persons of specific needs. Strengthening of social protection mechanisms for PSN will also be prioritized to enable them to build a community network and enhance community-based support systems for persons with specific needs (PSN). PSN referral mechanism and verification need to be developed in coordination with all the partners to assess their vulnerability/provide services on need basis. Mainstreaming PSN on national protection mechanisms will also be initiated by mapping local social protection services for PSN and establishing a network with the host community/government body.

Access to legal assistance and legal remedies

In 2021, the focus shall be on strengthening the implementation of the mobile court services to all seven refugee camps through continued cooperation with the Gambella Region Supreme Court. This will be through more predictable circuit dates, awareness raising activities and training for targeted groups of refugees and host communities. Partners will also advocate for the upgrading of detention facilities, for a credible justice system. UNDP supported this response with the 'Community Safety and Access to Justice Project (CSAJ)' through inclusion of other Rule of Law actors, provision of free legal aid, counselling through the Gambella University, refresher training made available to partners and law enforcement agencies on a regular basis. In this connection, UN WOMEN under its 'Access to Justice' programme started building the capacity of customary courts, police force and other justice service providers, strengthening community-based legal aid, psychosocial support and referral pathways. In 2021, the mobile court component sponsored by UNHCR will remain active.

Durable solutions

For 2021, it is planned that a resettlement employee will be permanently based in Gambella to help with the identification and processing of cases. Coupled with this, with the high numbers of the profile of the individuals identified this year as needing resettlement, mainly GBV, women and children at risk, it is planned to submit at least 200 individuals for Resettlement. Combined with the target of 40 cases/160 individuals expected from Assosa, the total target for South Sudanese refugees rises to 360 individuals (90 Resettlement Registration Forms (RRFs).

Registration and Documentation

In 2021, UNHCR will continue to impress upon the ARRA on the importance that registration activities and renewal of documentation in line with Ethiopia Registration Multi-Year Plan of Action, SOPs for comprehensive registration of refugees and asylum seekers, CRRF which calls for the inclusion of refugees in country-wide individual documentation programmes and remove obstacles for them to obtain such documents. Quality and reliable data on refugees and asylum seekers is an important component in supporting the implementation of the Nine Pledges made by the Government of Ethiopia.

UNHCR will continue to support continuous registration aimed at addressing the L3 absentee activation, issuance and renewal of identity cards, biometric enrolment for new arrivals and existing caseload, mobile registration for refugees living within host communities to enable them to access documentation to reduce their vulnerability.

Furthermore, UNHCR will seek a stronger partnership with ARRA - VERA, to raise awareness among partners, refugee committees and refugees on the importance of civil registration and documentation. This is in line with 10-years #ibelong campaign action 7 on the importance of birth registration for prevention of statelessness and the CRRF Art 5 (f) call for state commitments to ensure the registration of the births of all refugees children born on their territory and efforts to reduce statelessness. SDG 16:9 for states commitment in providing a legal identity for all including free birth registrations.

Child protection

In 2021, partners will continue supporting children at risk in all camps through comprehensive case management, capacity building for Child Protection (CP) staff and refugee case workers, and enhancement of referral mechanisms among different actors intra and inter camps. Moreover, prevention measures will be enhanced through focused awareness activities on specific risks and interventions such as child neglect, exploitation, and child marriage. Due to the lack of adequate number of qualified CP staff, priorities will be given to children at high risks such as the unaccompanied and separated children and children exposed to forced marriage and domestic violence. Child marriage is a huge challenge in CP interventions due to culture and social stereotype of girls' marriage at a certain age. This practice bans girls to continue their education and violates their basic rights from being effective members in their

communities which leads to lack of girls and women's autonomy. It also creates complications related to child/teen pregnancy and early childbirth which become the main causes of death among girls 15 to 19 years old, and it is associated with obstetric fistula. In times of conflict, displacement and natural disaster, parents may force their young daughters to get married as a mean to generate some income during the time of economic hardship.

More emphasis will be also given to community-based child protection approach through enhancing the community-based structures which are mainly supporting child protection issues such as committees and children clubs, including the ones in schools. Community engagement is essential to ensure holistic child protection interventions and services. Through the weekly Child protection working group, mainstreaming of CP and GBV into other sectors will be among the high priorities in 2021, particularly in education.

Gambella hosts over 40 per cent of the total number of refugees in Ethiopia, and many (66 per cent) are children. Among whom, about 25,000 are children with specific needs, who require individual case management to ensure that child protection services are provided in an accountable manner.

Since 2015, child protection actors, including UNICEF, UNHCR, Save the Children, Danish Refugee Council, and Plan International, have been trying to systematically address this need. However, it was discussed that the old child protection information management system (CPIMS) was not able to collect this required information and the data analysis. As a result, UNHCR, UNICEF and partners agreed to roll out CPIMS+, the upgraded version of the CPIMS, to support the collection, organization, storage, and dissemination of case management data in a uniform way in accordance to information sharing protocols.

Through the CP/GBV Working Group, Data Protection, Information Sharing Protocols and Standard Operating Procedures have been finalized and in 2021, partners will be using the new live CPIMS+ to continue the essential case management support to refugee and host community children.

Training on CP/GBV basics and child friendly communication techniques will be provided to teachers, school management, parents and children themselves. Through the ongoing cooperation with UNICEF, children rights will be widely advocated through particularly engaging children and youth in various interactive activities while disseminating friendly messages in schools and friendly spaces about rights and community roles for the protection of their children. UNHCR will continue cooperating with the Bureau of Women and Children Affairs (BoWCA) on identifying common gaps and challenges for the protection of children and discussing better interventions to ensure harmonized intervention plans are conducted at the regional level.

Gender Based Violence (GBV)

In 2021, while adhering to COVID-19 precautionary measures, priorities in GBV interventions will focus on the following aspects. Quality and integrated case management will be enhanced through improved coordination and continuous capacity building of case managers. Male survivors will have access to services by equipping service providers with basic knowledge and skills to receive male survivors, coupled with identifying entry points. GBV partners will be encouraged and guided towards the inclusion of Persons with specific needs in GBV interventions and more coordination with child protection actors enhanced to protect children from sexual violence and abuse.

UNHCR will work with BOWYCA, ARRA, and IRC to enhance safe houses in host communities while seeking to improve services on One Stop Centre in collaboration with UNICEF in Assosa. Advocacy will continue to get safe houses in Pugnido and Dimma for Gambella operation while trying to identify and support available safe houses in Gambella region. UN WOMEN together with CARE Ethiopia will continue work on GBV prevention, PSEA training for service providers, facilitate community dialogues using the Social Analysis and Action tools and continue media campaign on GBV prevention. UNFPA, in collaboration with ARRA and other operational partners, will provide technical support, capacity building opportunities, clinical management of rape kits, and dignity kits for vulnerable women and girls and survivors of GBV. At the same time, more sensitizations will be conducted to use the services of mobile court to provide a response to the legal aspects of survivors' claims. Community based protection interventions will scale up, diversifying channels to various community leaders and strategizing community mobilisation methodologies towards the goal of communities independently advocating for GBV. This will also contribute to robust engagement with men and boys aimed at in the National Strategy. Thematic emphasis will be given to eradication of early/forced marriage and timely reporting through harmonised messaging with SRH on HIV prevention and right to contraceptives. Advocacy for economic women empowerment will continue and marketing opportunities for handicrafts produced at WGFS will be further explored.

UNHCR will coordinate to hold humanitarian agencies accountable for PSEA and to strengthen the community-based complaints mechanisms (CBCM) in the refugee community. In this regard, the activities of Gambella and Assosa inter-agency PSEA commitments will be pursued and strengthened, combined with a gender analysis and a gender integrated responses to strengthen access to PSEA services. UNHCR will ensure continuous and strong two-way intersectional communication with partners/stakeholders and refugee communities to promote access to reliable, accurate and timely information through training, information campaigns and reporting mechanisms. Paramount effort will be placed to mainstream GBV across sectors through provision of technical guidance and monitoring in line with the National Action Plan. An effort will be made to complement GBV awareness raising with behaviour change approaches like SASA!


EDUCATION

In 2021, UNHCR new education strategy (2020-2025) aims to build on pledges and commitments on refugee education which ensures inclusion of children in the national education system and investment plan, integration with Protection and other sectors, capacity development and evidence-based planning guided by IGAD and SDG 4 priorities.

In Assosa, to enhance the quality of education, the production and distribution of professional development video on CD-card, in English, for teachers and widening of partnerships will be emphasised. To promote access, construction and maintenance of school infrastructure - including classrooms, recruitment of teachers, furniture and WASH facilities- will be prioritized in 2021. Furthermore, more attention will be given in improving follow-up actions for registration and enrolment of children, based on the new digital dashboard.

In Gambella, taking current capacity and population projection into account, the sector targets Global Enrolment Rate (GER) of Early Childhood Care and Education (61.4%); primary school (82.2%); and secondary school (24.9%); including an intake average of 753 students in tertiary education. The increase of enrolment rate considers key areas including, provision of school supplies, teachers' trainings and diplomas, and teaching materials. Equally mainstreaming protection into education with focus on Prevention of Sexual Exploitation and Abuse, basics of child protection and GBV will be prioritized with tools of harmonized standard code of conduct, accessible and confidential reporting tools, risk assessments and performance reporting.

Moreover, regulatory and technical capacity of the Regional Education Bureau will be utilized to promote school inspections, standards assessments, school improvement plans and learning outcome assessment. School feeding programs will continue in the Early Childhood Education and primary schools to partly support the retention of students.

Community engagement and mobilization are among the focus plan in education to ensure safe and equal return to school for all refugee children. This requires, structured follow up to avoid or minimize school drop out with focus on girls and children with disabilities education, while enhancing measures to improve gender equity and girls' enrolment and retention, particularly in secondary education. Additional tutorial sessions will be organized in addition to the provision of dignity kits and empowering girls' clubs. Furthermore, Accelerated Learning program (ALP) targeting over age out of school children will continue in both operations to ensure proper integration of those children in formal education. In addition, school meals will continue in all refugee primary schools in order to stabilize attendance and reduce dropouts.

Ethiopia. South Sudanese refugee student in the first day of school after its reopening, following schools and other public spaces closure in an attempt to slow the spread of COVID-19. © UNHCR/Reath





ENERGY & ENVIRONMENT

Access to sustainable energy and furthering environmental protection will remain a priority. Installation of solar streetlights in the camps as well as in selected areas within the host community is an important project which UNHCR SO Assosa started in 2018 and hopes to continue in 2021 to cover all important locations in the camps. More importantly, supply of the solar lanterns, developing institutional stoves to reduce the burden on firewood collection for mass feeding programs at health centers and schools are solutions the operation is looking at. Stove production by refugees through linkages with the host community to supply specialized clay is a sustainable way to address the challenge of cooking stoves. Gambella and Assosa seek to enhance these kinds of projects for refugees and host communities in 2021. Purchasing stoves outside the camps is associated with higher unit price per stove and the damages during transportation. Besides that, livelihoods opportunities are lost for refugees and host communities when production of stoves is done elsewhere other than within the camps and host communities.

UNHCR SO Assosa is implementing briquettes and ethanol distribution projects as two major alternative sources of energy for refugees. These two energy solutions will be scaled up in 2021 to reach more than 50 percent of the population. Needless to mention, the operation is strengthening the cooperatives to eventually manage the production and supply chain of briquettes and ethanol respectively. Refugees who can afford will purchase the energy type of their choice from the cooperatives, while vulnerable households not able to afford either briquettes or ethanol will be target using the CBI approach (vouchers). Training of refugees in briquettes production and getting them involved in the feedstock collection will be critical for the success of this energy solution.



FOOD SECURITY

In 2021 UNHCR and WFP will augment joint global strategies partnerships in line with country MOU between WFP/UNHCR/ARRA. CBI/CVA and JAM will be prioritised to contribute to food security; Expansion of livelihoods including animal husbandry and crop production/agriculture will continue to be prioritised for refugees and host communities in line with CRR whilst mainstreaming COVID 19 measures; GBV, Gender; Zero tolerance to fraud; CHS in food systems. Continued advocacy for provision of 2,100 kcal per person day. In order to support food distribution advancement of GDT and technology will be explored, standardized scooping materials will be procured, adequate number of food distribution staff will be recruited to avoid interruptions in other basic service provision from where staff are being pulled out during distribution days. Support for additional grinding mills and their functionality will be sought through engagement the livelihood sector. To contribute to the household diet diversity and food consumption score, backyard gardens and small-scale/large scale farming; CBI through electronic fresh food voucher and livestock projects will be promoted. Host community households (HHs) will be supported with backyard gardening in line with CRRF approach. Hot meal/dry ration provision to new arrivals in reception centre and during relocation will be continued. Complementary food assistance to children aged 6-23 months will be prioritised. Pregnant and lactating women and families with under 5-year age children and other categories will be supported to prevent risk of severe anaemia and other micronutrient deficiencies.

The prioritized interventions will entail provision of staff to ensure routine and timely general food distribution; CBI and small-scale interventions that will mainly target high risk groups. Monthly monitoring of food basket will be continued and advocacy with WFP will be prioritised for standard food basket entitlement for refugees. Food distribution activities will be supported. Necessary collaborations will be made for school feeding – including the ECDs and for promoting alternative energy sources. Complementary food through vouchers for fresh food, vegetables and fruits will be provided to families with children aged 6–23 months and other vulnerable groups. Collaboration with livelihood and CBI actors and the host government will be strengthened for implementation of activities to enhance food security for the refugees and host community in line with CRRF approach.



HEALTH

In 2021 partners will undertake a comprehensive: health promotion, disease prevention and curative services from camp health facilities and medical referral to secondary and tertiary hospitals will be continued. With the existing risks for COVID-19, the high HIV prevalence in Gambella, the low intake of MNCAH services in refugee camps and host communities, the consistent high staff turnover, and the continued influx of South Sudanese refugees to Ethiopia via Gambella, the two hospitals (primary hospital and General hospital for secondary and tertiary services) in Gambella town are overwhelmed with serving people. Critical gaps are infrastructures, and the following interventions are suggested:

- Support infrastructures in Gambella primary hospital to reduce the burden of General hospital in NICU, Paediatric and Gynaecology and Obstetrics wards. Support renovation of old Ten (10) host community's health centres in the refugees affected woredas of Gambella Region.
- Support health infrastructures in the camps as the current facilities don't match the needs.
- Scaling up health promotion interventions on communicable diseases prevention, social mobilization on increasing Health services uptakes including COVID-19 preventive measures.
- Support HIV/AIDS interventions including availing services to key population (like sex workers, people living with HIV, prisoners etc)
- Support various capacity building interventions on Health programmes (MNCH and communicable Disease prevention and control), Basic Public health emergency management, logistic and supply management, Health system strengthening concepts to programmatic staff members including data management and uses.
- Sustain provision of non-selective arrival and routine vaccinations at the entry point through UNICEF supporting RHB team.
- Sustain life saving medical services provision at the entry point through UNICEF supporting RHB team.
- Sustain technical support through technical assistants to support the refugees and strength Regional, Zonal and district health systems. To monitor the services, support end user monitoring of the humanitarian supplies
- Procurement of supplies (Drugs, EPI and BEmONC equipment and LLINs for Emergency provision to newly arrived and other emergency affected including flooding that sometimes affect host and refugees' communities as well).

The health intervention will also include mental health and psychosocial support (MHPSS) and other noncommunicable diseases (NCDs) services. Efforts need to be made to strengthen IPC/WASH in health facilities. Maintenance of the existing 17 health facilities will continue, 24/7 services will be ensured with adequate medicine, medical supplies, and staffing. Laboratory services will be upgraded to standard. COVID-19 temporary isolation centres will be maintained while continuously train health care workers (HCWs) and community health workers (CHWs), strengthen awareness and support the government COVID-19 facilities to accommodate refugees and nationals.

Partners will advocate for priority to persons of concern during COVID-19 vaccination. Immunization activities will be enhanced and integrated management of childhood illness (IMCI) will be implemented in full fledge to effectively manage childhood illnesses. Health indicators selected for SDG Goal 3 will be monitored for refugees. Health interventions will continue in entry points, reception centres and during relocation. Coordination, joint planning, and monitoring will be done together with the RHB, WHO, UNICEF, UNFPA and other partners. Health projects will be supported under CRRF approach in terms of technical support, infra-structure, medical equipment, supplies and activities will be aligning as per Health Sector Transformation Plan of the Ministry of Health. Strengthen relevant activities for One Health interventions and vigilance for emergent infectious pathogens.

As regards sexual and reproductive health and HIV integrated services, facility based safe motherhood and HIV services will be strengthened in collaboration with UNFPA and other partners. Health actors will be mobilized to support improved emergency obstetric care (EmOC) in the region, including by providing emergency RH kits and on-the-job training for MISP activities. Activities will be implemented for improvement in family planning, antenatal care, obstetric care, post-natal care, post abortion care and treatment of sexually transmitted diseases (STDs). Adequate numbers of midwives will be employed to ensure that skilled birth attendance exceeds 95 percent.



NUTRITION

Furthermore, all nutrition sensitive and nutrition specific programmes will continue to be implemented following COVID-19 guidelines anchored to contribute to key country and global strategies and priorities including, UNHCR Multi-year, Multi-partner Protection and Solutions Strategy (MYMPPSS), UNHCR Public Health strategy (global and context); SDG 2 and 3; CRRF; Infant and Young Child Feeding in Refugee Situations Framework (IYCF); Community outreach strategy; emergency nutrition response; national strategic guidelines (MIYCN, NNPII) with inclusion of host communities in program design enhanced through technology; research and innovations in curative and preventive nutrition and nutrition sensitive programs with an aim to reduce mortality, morbidity due to malnutrition. Mainstreaming of Gender, GBV, CBI and COVID-19 measures will be prioritised in program design.



In 2021, partners will maintain its contribution to SDG Goal 6 in ensuring access to safe water supply to the refugees and hosting communities given that safe water is essential to life, health and dignity. UNHCR takes lead in WASH sector coordination in collaboration with the regional government through the Regional Water Bureau and sister UN agency, UNICEF. An action plan has been developed by all the stakeholders working in Itang water system to increase the water

sources. In addition, the design for the optimization of Itang water scheme is in progress with funding from KfW through UNICEF. Once finalized, the phased construction plan based on available funds will be drawn by UNICEF. In the interim, a contingency plan is put in place with support of all stakeholders to ensure continuous supply of water until the water scheme is optimized.

As regards sanitation, in 2021 more support will be given targeting the most vulnerable persons and groups in the community to ensure access to adequate sanitation facilities. Within two years, without reduction in population figures, the sanitation coverage is envisaged to improve to 42 percent. More engagement with communities to understand behavioural change barriers to translate the knowledge to actual practice for improved living conditions. UNICEF supports with providing solutions to the safe management of waste generated from refugee camps and hosting communities through the on-going construction works to the sanitary landfill in Gambella close to Itang town.

Prioritization will be given to household latrines, hand washing facilities and soap; where funding permits, support will be given to other components on bathing shelters, solar lanterns and jerry cans and school sanitation facilities. Through coordination mechanisms, UNHCR will continue to lobby for the support of waste management and conversion of waste to briquettes as an alternative option for domestic energy for cooking which is currently a major gap in camps.



LIVELIHOODS

The increased use of cash-based initiatives (CBI) should be instrumental in providing economic stimulus packages towards protecting existing businesses that have not yet collapsed. CBI / cash grants plus Business Development Services (BDS) are provided by OPs to POC to set up micro-businesses. Various vocational skill training courses are offered in camps. However, monitoring and participatory assessments noted challenges such as short duration of courses offered, which are not linked to national Technical and Vocational Education Training (TVET) and the national certification system.

The most potential sources of livelihoods for refugees and their hosts are agriculture and livestock value chains. These can be scaled up through investments in mechanization, capacity building and legal frameworks. There is also a need to enhance skills development through TVET education so that youth of working age can be competitive in local labour markets. The regional governments and local authorities have committed to making accessible arable land for crop production if investments in irrigation infrastructure are forthcoming from the international community through joint programs.



SHELTER & NFIs

In 2021 transitional shelter solutions should be prioritized for refugees who are still living in the nonstandard shelters constructed by themselves, dilapidated transitional shelters, emergency shelters and those residing/ sharing with other family members and large family size households, especially vulnerable female headed households. The national shelter strategy in Gambella will be revised as the current shelter strategy (2018-2020) will be changed. The strategy will be expanded to include provisions on shelter maintenance of the transitional shelters constructed in 2014 through 2018 which are in dire need of maintenance due to wear and tear as a result of extreme weather conditions in Gambella. The revised shelter strategy entails environmentally friendly approach and UNHCR, ARRA and partners will implement the shelter strategies in place. In 2021, UNHCR SO Assosa's comprehensive plan is to construct 700 transitional shelters and 1,500 emergency shelter in the Tsore & Gure Shombolla camps, and the prioritized plan is to construct 122 transitional and 500 emergency shelters. Out of 500 emergency shelters, 50 shelters will be set aside for vulnerable host community support.

As regards NFIs, in 2021 sanitary materials will continue to be distributed on a quarterly basis – with logistics services improved. The decision-making power will be given to refugee women to obtain their preferred sanitary pads through CBI in 2021. In 2021, soap will continue to be distributed alongside monthly GFD however, CBI will be considered where appropriate. Consistency in distribution plans continue to elude all camps except for new arrivals. Vulnerable individuals are always targeted whenever few items are available. Through observation, limited water storage and collection containers have been identified as a challenge to refugees' well-being.



LOGISTICS & TELECOMS

UNHCR will continue to provide logistics support to persons of concern by providing CRIs to only new arrivals. Regular distribution to camp residents will continue with Soap and Dignity kits for women under reproductive ages.

In 2021 the office intends to construct and open its own warehouse by erecting rub halls. In coordination with other stakeholders, UNHCR will also examine the possibility of distributing CRI's through a cash-based intervention.

Partnership and Coordination

More than 36 operational and implementing partners, including UN, NGO and government partners, support the overall response for the South Sudanese refugees.

This updated for 2021 Inter-agency Country Refugee Response Plan (CRRP) brings together 26 appealing partners.

2021 Financial Requirements

By Partner and Sector

Partner	Education	Energy & Environment	Health	Livelihoods & Resilience	Nutrition & Food Security	Partnership & Coordination	Protection	Shelter, Infrastructure & Core Relief Items	WASH	Total Budget Requirements (USD)
Action against Hunger					4,000,000					4,000,000
Action for Social Development and Environmental Protection Organization	100,000	150,000			50,000		225,000	70,000		595,000
Action for the Needy in Ethiopia								476,361	230,830	707,191
African Humanitarian Aid and Development Agency									277,101	277,101
Bethany Christian Service Global, LLC	90,180					265,000				355,180
Concern Worldwide		1,266,867	2,561,526							3,828,393
Danish Refugee Council		600,000				750,000	550,000	150,000	150,000	2,050,000
Doctors with Africa	800,000									800,000
Food and Agriculture Organization of the United Nations		334,000								334,000
GOAL			1,800,000							1,800,000
HelpAge International	65,000	225,000	140,000		340,000	200,000	50,000	1,020,000		
International Medical Corps		1,200,003		888,188		1,200,003				3,288,194
International Organization for Migration						1,500,000				1,500,000
Norwegian Church Aid								200,000	200,000	
Norwegian Refugee Council	3,000,000		3,450,000		300,000	810,225				7,560,225
Oxfam GB		1,000,000	1,500,000		230,056		4,790,005		4,790,005	7,520,061
Plan International Ethiopia	1,200,000		1,250,000		1,750,000		700,000		700,000	4,900,000
Save The Children International	2,800,000		1,400,000	1,050,000	1,750,000					7,000,000
The International Rescue Committee					600,000			849,556	849,556	
The Lutheran World Federation		250,000			150,000				150,000	400,000
United Nations Children's Fund	4,754,665	5,000,000		157,130	2,575,955		1,000,000	1,000,000	13,487,750	
United Nations Entity on Gender Equality and the Empowerment of Women					250,000					250,000

ETHIOPIA COUNTRY REFUGEE RESPONSE PLAN

United Nations High Commissioner for Refugees	13,698,952	7,645,548	12,829,141	4,633,967	9,407,858	8,618,733	18,118,739	18,834,701	14,533,404	108,321,043
United Nations Population Fund			300,000			234,800	229,200			764,000
World Food Program	1,775,198			993,375	69,383,646					72,152,219
ZOA Relief Hope Recovery			1,223,200	480,000			570,400			2,273,600
Total	27,228,815	7,745,548	20,434,324	16,626,409	91,418,348	8,853,533	30,804,351	20,941,287	22,780,896	246,833,513

Ethiopia. South Sudanese elderly refugee woman sewing a basket in Kule camp. Refugee women are using their sewing skills in such a way to take a breath from daily problems and if possible to earn some money in support of their households. © UNHCR/Maria



SUDANESE REFUGEES

2021 PLANNED RESPONSE

63,154

PROJECTED SUDANESE
REFUGEE POPULATION

US\$ 44.4 M

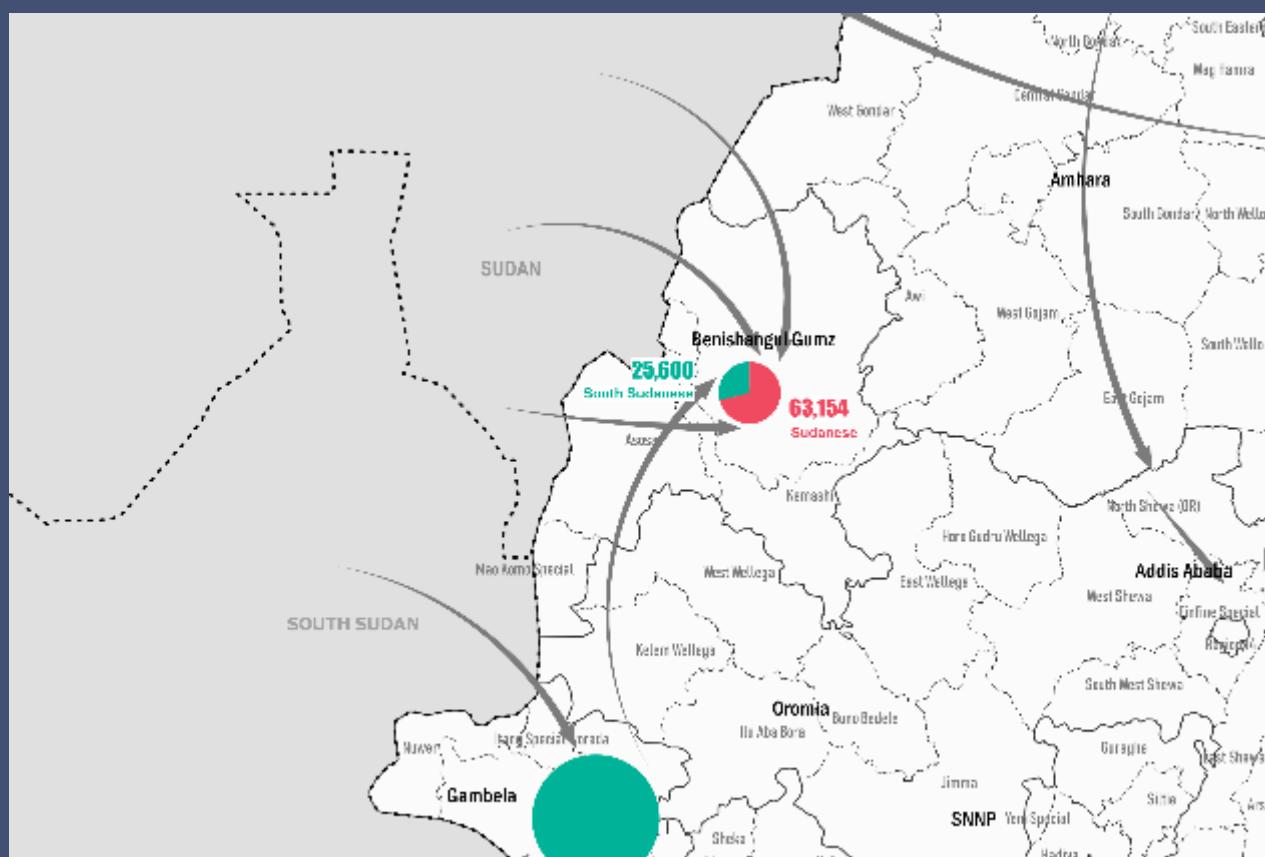
INTER-AGENCY
REQUIREMENTS

19,246

ASSISTED HOST COMMUNITY

12

APPEALING-OPERATIONAL
PARTNERS

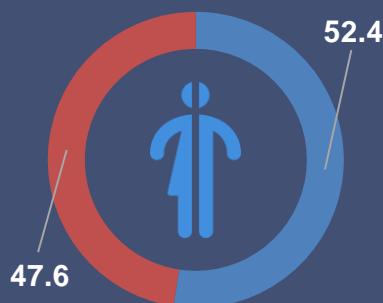


The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Arrows shown on this map are only indicative of displacement movements, and the refugee locations used only indicative of the refugee-hosting areas.

Disaggregated Data

Age group	% of total 63k	Female % of total 63k	Male % of total 63k
00-04 y.	19.5%	9.6%	10.0%
05-11 y.	24.5%	11.8%	12.7%
12-17 y.	17.1%	7.3%	9.8%
18-59 y.	36.9%	17.9%	19.0%
60+ y.	2.0%	0.9%	1.0%
Total	100%	47.6%	52.4%

■ Male ■ Female



Persons with Disabilities
2.3% of total 63k

Overview

The refugee population in Assosa is currently hosted in five refugee camps in Benishangul-Gumuz Regional State (Sherkole, Tsore, Bambasi, Tongo and Gure-Shombolla), with the Sudanese refugee population arrived in Ethiopia in successive waves in 1997, and from 2011 up to the present day. The Sudanese caseload comprised 57,203 individuals at the end 2020, with 1,824 new arrivals reported in the Benishangul-Gumuz Regional State (Sherkole, Tsore, Bambasi, Tongo and Gure-Shombolla camps), in 2020.

Most of the refugees have legal and physical protection needs entirely relying upon the food and non-food assistance from UNHCR and WFP. Some households are female headed without sufficient support and protection of any adult male. Some refugee cases, related to those who had fled during the attacks from Sudanese government from the 1990s to the early 2000s, have been in a protracted displacement situation for more than 20 years now. Although the situation in Sudan remains unstable, feedback from return intention surveys denote that a large majority of the Sudanese refugee population expressed a desire to return home in the near future, while citing risks related to the lack of access to food, employment and education opportunity – particularly for girls – in their country of origin. Further, resettlement quotas/third country solutions are also extremely limited.

As the encampment policy does not allow refugees to move without pass permits and engage in income generating activities, refugees in the region have very limited access to work opportunities. The majority of the youth are unemployed and are not pursuing any education due to limited targeted opportunities and activities, leaving them vulnerable to negative coping mechanisms including substance and drug abuse.

During 2020, in order to address the main health and nutritional challenges, UNHCR and partners have coordinated with the Ministry of Health (MOH) for the inclusion of refugees in the polio and measles vaccination and mass treatment of neglected tropical diseases (NTD) campaigns. The same coordination efforts were applied to COVID-19 prevention and response activities. In partnership with other UN agencies, various nutrition products have been made available to refugees. As a result, all children between 6-23 months have been enrolled in complementary feeding programs.

All pregnant and lactating women have been enrolled in a supplementary feeding program in an effort to break the cycle of malnutrition. Monitoring of community-based defaulter tracing also ensured more than 89 percent recovery rate, with zero death attributable to acute malnutrition. In 2020, 91 percent (60,084) of eligible refugees were provided with an ID card and Proof of Registration. This was accomplished through the Level 3 registration exercise as well as the continuous registration. Documentation also facilitates refugees' access to basic services in both inside and outside the camps.

Needs Analysis by sector



Persons with Specific Needs (PSN)

In 2020, PSN expressed the lack of essential health care services for persons in need of cataract surgery, eyeglasses, hearing aids and lack of assistive devices, as well as reported the shortage of drugs for persons with chronic diseases and the overcrowding at the health centres and lack of clear supporting and prioritization system. The lack of NFIs distribution, provision of mobility aids, and eye-care services also impacted people with disabilities and the elderly.

Limited mainstreaming and inclusion activities in different sectors remains a challenge for many, including for children living with disabilities that cannot attend school because of the lack of facilities and specialized education.

Durable solutions

With the peace agreement signed in August 2020 in Sudan, voluntary repatriation became a durable solution available to refugees from Sudan in 2021. Although Ethiopia has adopted a new Refugee Proclamation granting refugees the right to work, its implementation will take time. Resettlement continues to be a durable solution and protection tool for vulnerable Sudanese refugees.

Fair Protection Processes, Registration and Documentation

In 2020, Refugee Status Determination (RSD) case processing has been expedited. Standard Operating Procedures (SOPs) were revised and the RSD Eligibility Committee re-established. UNHCR also provided RSD training to members of the Eligibility Committee. However, the outbreak of the COVID-19 pandemic slowed down RSD case processing. There are 786 individuals registered as asylum-seekers in Assosa SO. The total of the five camps includes: 689 at Sherkole camp, nine at Tsore camp, six at Gure Shambola, 72 at Tongo, nine at Bambasi. The RSD in Assosa requires further attention with regards to several areas, this includes: establishing exclusion trigger criteria for nationality screening for *prima facie* recognition; community expectations at Sherkole require regular and systematic management

as there continues to be a gap between their RSD-related expectations and UNHCR/ ARRA's role in the process; and capacity development for both UNHCR and ARRA staff involved in RSD, Prima Facie screening processes.

Discrepancies in reporting of VERA registrations persist and VERA records are not recorded in ProGres database due to lack of data sharing protocol between UNHCR and ARRA. In addition, refugees do not approach UNHCR offices for registration once they receive documents from ARRA. The COVID-19 crisis has made an impact on the registration and provision of vital events. Refugees are also not fully aware of the benefit of registering the vital events. In 2020, UNHCR has been working to ensure the operationalization of the One-Stop-Shop (OSS), whose construction is underway.

Child protection

Findings from the assessments and the reflection exercise on the CP/SGBV national strategies (2017-2019) revealed that children face family separation, child abuse, neglect, exploitation, and abandonment without proper care, lack of documentation, child labour and early/forced marriage in the four camps of Tongo, Sherko, Bambasi and Tsore. In 2019, efforts were intensified to improve child protection and youth development activities targeting adolescents and youth. The COVID-19 pandemic posed additional challenges to child protection, including an increase in cases of early pregnancy, rape, child labour and a few reported cases of child marriage.

Gender Based Violence (GBV)

In 2020, the Gender Based Violence Information Management System (GVBIMS) indicated a 50-75 percent rise in reported GBV cases. Complications include significant increases in domestic violence by intimate partners during COVID-19 outbreak, rape, teenage pregnancy, early marriage and other harmful traditional practices. Due to COVID-19 all regular Women and Girls safe space activities and various GBV prevention including mass awareness activities were interrupted for some time which also triggered the increase in domestic violence and violence on children. However, case management services were operational at all times and the regular activities were later resumed with limited number of participants following COVID-19 prevention measures. Despite various awareness raising activities, incidents are underreported due to stigma, discrimination and fear of retaliation, as well as limited awareness of GBV and referral pathways. Timely reporting within 72 hrs after incidents still remains low.



EDUCATION

The shortage of classrooms both in preschools and primary schools is affecting the quality of education for refugees. In addition, there is a shortage of qualified teachers impacts the provision of services. A lack of adequate facilities such as sports fields, WASH facilities, playgrounds, laboratory and a pedagogy centre in schools was also reported. Poor school feeding centres, inadequate supply of school uniforms, and inadequate girls' tutorial classes are among the difficulties faced in provision of education. Moreover, access to education for children with disabilities, mainly hearing and visual disabilities, prevent refugees to receive quality education.



ENERGY & ENVIRONMENT

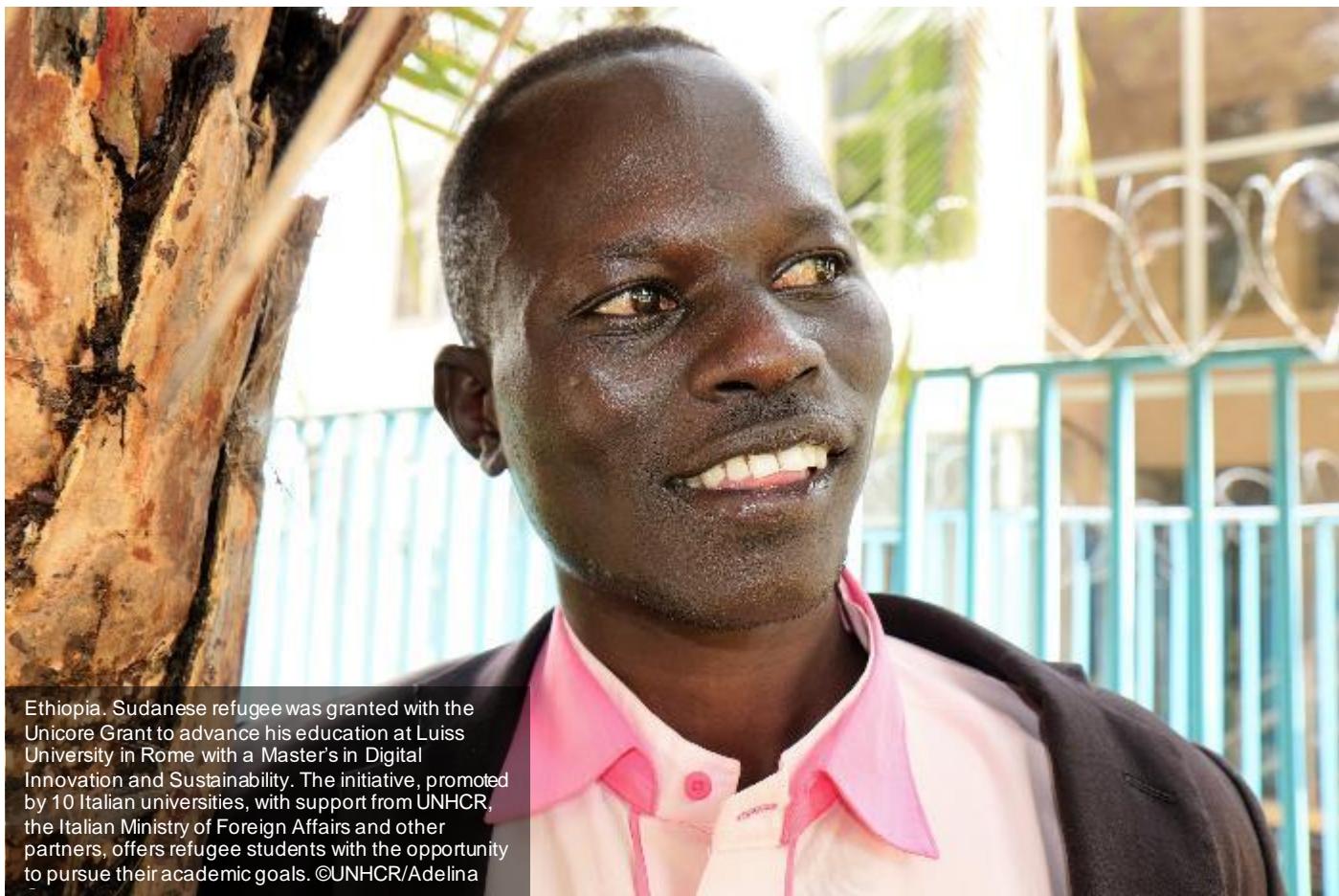
Access to safe and sustainable sources of energy is one major gap in the three camps of the Benishangul-Gumuz region. This issue has remained persistent over the years causing challenges in the relationship between host community and the refugees, as the refugees go to the bush and protected forests to collect wood fuel energy for cooking and lighting. Domestic energy remains an unmet need for the Sudanese situation. Almost all refugees in the all camps are heavily relying on firewood collection from forests and selling part of their ration to purchase firewood from nearby markets.

Land degradation and deforestation due to direct connection with firewood needs of the refugee population are among the major problems for the environment. The refugees also further deforest due to the need for livelihood opportunities to supplement their family incomes to meet other domestic needs. Refugee women and girls are forced to move long distances in search of firewood. This forces school age children out of school, and this seriously impacts their future, and at the same time impacting negatively on natural resources ecological balance. In addition, as the refugees descend on the forests for firewood, the likelihood for tense relationships with the host communities is palpable, thus negatively affecting peaceful co-existence between refugees and host communities.



FOOD SECURITY

Selling of food rations for domestic energy is partly responsible for malnutrition and less productivity of refugees in the camps. Lack of adequate livelihood activities which support food security, no milling allowance as well as reduction in the general ration and pipeline breaks make it challenge to ensure food security. Currently in three camps namely



Bambasi, Tsore and Sherkole hybrid transfer modality by substituting portion of cereals with cash is implemented. Accordingly, 74 percent of cereals in Bambasi and 37 percent in Sherkole, are substituted by cash. In Tongo, poor security situation has hindered cash scale up.

HEALTH

In 2019 and 2020, efforts have been made to strengthen provision of primary health care including clinical consultation, disease prevention and health promotion packages. The periodic maintenance of existing facilities, construction of isolation wards for COVID-19 patients, equipping inpatient wards in all locations are pending. Shortage of adequate laboratory technicians has continued affecting clinical diagnosis internal quality control. There were complaints from beneficiaries about lack of reliable back-up ambulances causing delays in care. Due to inconsistent power supply, clinicians were suffering during night shifts that warrants a sustainable energy source.

NUTRITION

The impact of inadequate deworming to eradicate intestinal parasites has resulted in a high anaemia rate among under-five children. Due to lack of adequate nutrition staff to satisfy nutrition service needs, there were long queues resulting in service dissatisfaction. Lack of funding for infant and young child feeding (IYCF) staffing, facilities and distribution of supplies like baby pot was compromising implementation of IYCF packages that impacts on children feeding practices remains a gap. Systematic nutrition education and follow-up were inconsistent, thus causing increased incidence of diarrhoeal among under-fives contributing to increased demand for paediatric syrups and fluids. Finally, the shortage of midwives and high staff turnover has resulted in low coverage of prenatal care which has continued compromising early risk and identification. Low contraceptive prevalence rate is also resulted due to shortage of manpower.

WASH

More than 41 percent of the refugee households of the Sudanese refugee population in the three camps of Bambasi, Tongo and Sherkole had no access to household latrines in 2020. Refugees in the camps experience shortage of hand

washing facilities required in prevention of COVID-19 and diarrheal diseases. In addition, WASH in institutions requires significant improvements to enable access to safe water and proper sanitation.

The current average per capita water access to refugees was 18.21 l/p/day across the camps. The decrease in the yield of the boreholes and few numbers of water wells contributed to the per capita water quantity decrease at the end of 2020. Additional drilling and connection with the main water lines is required to improve water access in the camps.



LIVELIHOODS

Despite the efforts made in the past three years, access to self-reliance and livelihoods opportunities remains a big gap for Sudanese refugees. The percentage of persons of concern having access to different types of livelihood activities such as skills training, small business development, and small agricultural activities is believed to be not more than 20 percent. Lack of infrastructure such as farmers training centre, demonstration sites for both on farm and off farm livelihood activities needs to be addressed. Limited economic empowerment opportunities for women also lead to protection risks such as GBV. There is also a gap in terms of data and information on the different skills and capacities of the persons of concern.



SHELTER & NFIs

In 2020, 100 percent of the general population received laundry soap on a monthly basis. 1,1709 new arrivals from Sudan and other nationalities and for all new arrivals Kitchen sets, Blanket, Sleeping Mat and Jerry cans distributed upon arrival to newly arrived Sudanese asylum seekers. In addition, sanitary materials were also distributed on quarterly basis for women and girls of reproductive age.

Nevertheless, refugees' needs are not met, and they are selling the limited NFIs provided to them to meet other needs such as clothing, firewood and to cope the food ration cut as well as to complement the food basket. As result, persons of concerns continued to be confronted by different protection challenges including deteriorated nutritional, health and sanitation conditions.



LOGISTICS & TELECOMS

A warehouse is being opened in Assosa to address the gaps that have been encountered in terms of logistics and storage of NFIs. All facilities require continuous logistical and technical support. Frequent thefts were also reported over the past year.

Response Strategy and Priorities by Sector



PROTECTION

Persons with Specific Needs (PSN)

In 2021, improvement on access to services for PSN, capacity building on protection inclusion and mainstreaming for partners as well the mobilization of the communities for their participation in supporting the most vulnerable will be pursued and prioritized. The approach will involve all stakeholders and will foster mainstreaming and inclusion of PSN including COVID-19 integrated awareness messages. Strengthening of social protection mechanisms for PSN will also be prioritized to enable them to build a community network and enhance community-based support system for PSN.

Access to legal assistance and legal remedies

As community structures are crucial in addressing the immediate protection needs in the camps. Therefore, capacity building programs to the members of various community structures on basic protection principles and domestic laws will be implemented. Strengthening the relation between host communities, law enforcement structures and refugee community structures through common platforms and a joint capacity building exercises will also be prioritized, in order to enhance smooth integration of the refugee communities.

Durable solutions

A quota of 55 cases/220 individuals will be submitted among refugees from Sudan in 2021. In parallel, efforts for voluntary repatriation and local integration will continue.

Registration and Documentation

In 2021, ARRA will continue to issue the birth certificates across the camps. Efforts will be made to establish a system to issue birth and other vital event certificates in a timely manner to those born over the past years in the refugee camps. It is expected that some 10,000 refugee children born in Ethiopia before, during and after 2017 will receive birth certificates. UNHCR and partners also will support in stocking of VERA certificates/booklets and will encourage the refugee parents to register their children at birth. Operationalization and maintenance of the one-stop-shop (OSS) ensuring continuous registration through BIMS, and Operationalization of PRIMES (proGres v4-Migration) to ensure data quality will be prioritized in 2021. Continuous profiling and documentation in all the camps will ensure all detailed information updated on time.

Access to legal assistance and legal remedies

Pro bono legal aid for refugees will be enhanced through a partnership with Assosa University law faculty for free legal counselling and assistance to refugees. Detention and prison visits will be regularized on a monthly basis. Capacity building for the various members of refugee and host community structures will be prioritized in a way to reinforce collaborations. Training and awareness-raising programs will be conducted twice a year for local authorities, individuals and officials involved in formal or informal justice services. Similarly, provision of material support to the legal aid provider institutions will be prioritized.

Child protection

In 2021, UNHCR and partners will focus on implementing the recommendations of the 2018 Assosa child labour survey as well as to mainstream of child protection in all sectors. Culturally sensitive strategies, referral systems and key messages will be developed. An integrated approach will be adopted with GBV, education, community-based protection, nutrition and health for mainstreaming of children, adolescents, youth and inclusion of those living with disabilities.

Gender Based Violence (GBV)

In 2021 quality and integrated case management will be enhanced through improved coordination and continuous capacity building of case managers. Coherent use of GBVIMS will be ensured. Community based protection intervention will be scaled up, diversifying channels to various community leaders and strategizing community mobilisation methodologies towards the goal of communities independently advocating for GBV. This will also contribute to robust meaningful engagement with men and boys aimed at in the National Strategy. Thematic emphasis will be put into the eradication of early/forced marriage and timely reporting through harmonised messaging with Sexual and Reproductive Health (SRH) on HIV prevention and right to contraceptives. Advocacy for economic women empowerment will continue and marketing opportunities for handicrafts produced at Women and Girls Friendly Spaces (WGFS) will be further explored.



EDUCATION

Additional education goals include the improvement in the primary education net enrolment rate from 81.94 percent in 2019 to 83 percent by the close of 2020 through the construction of additional classrooms, investment in teacher training, recruitment of additional staff and the provision of scholastic materials. In 2021 and 2022 the implementation of summer in-service teachers training to enhance the quality of education will be continued.

In early childhood education, priority will be given to design and pilot inclusive education in the operation to benefit children with specific needs to access education. Community engagement in education service provision will be strengthened and will play a key role in addressing the concern of out of school children, dropouts, absenteeism and encouraging female students' education. Capacity building for national and incentive teachers and girls' tutorial class will be strengthened.



ENERGY & ENVIRONMENT

Access to sustainable energy and furthering environmental protection will remain a priority within all refugee camps hosting Sudanese refugees. This will include the provision of energy saving stoves, the expansion of briquettes production as an alternative source of household energy. The installation of solar streetlights in the camps will continue in 2021 to cover all important locations in the camps. Supply of the solar lanterns, construction of communal electric kitchens, developing institutional stoves to reduce the burden on firewood collection for mass feeding programs at health centers and schools are solutions UNHCR and partners will look into.

Natural resources protection projects will continue across the camps, including guarding of protected forests, fencing of planted seedlings, providing fire lines and firebreaks, and conducting awareness raising campaigns and providing

training on natural resources protection. The plantation of trees through afforestation programs includes plantation of multipurpose trees and fruit trees species will also form part of the strategy.



FOOD SECURITY

Working together WFP/UNHCR/ARRA have been providing food assistance through general food distributions in refugee the camps. The agencies conducted pre and post distribution meetings, inter-agency meetings and sector specific consultations that helped in flagging refugee concerns and monitoring the quality and quantity of food items provided. Refugees in the camps are dependent on the General Food Distribution (GFD) as the main source of food due to limited livelihood activities.

The energy provided through food distribution is 1,800 kcals/person/day which is below the standard of 2,100kcal/day/person. The operation will continue advocating for provision of standard food assistance at 2,100 kcal per person including CSB+ and sugar to prevent risk of high malnutrition rate. In order to support food distribution, standardized scooping materials will be procured, adequate number of food distribution staff will be recruited to avoid interruptions in other basic service provision from where staff are being used during distribution days. CBI scale-up will be considered in the remaining camps so as to minimize sales of food assistance in the market and give flexibility to refugees to consume what they prefer. To contribute to the household diet diversity and food consumption score, mainstream backyard gardens and small-scale CBI through electronic fresh food voucher and livestock projects will be promoted. Host community households will be supported with backyard gardening in line with CRRF approach. Hot meal provision to new arrivals in reception centre and during relocation will be continued. Support will be extended to small scale food and agriculture sensitive livelihoods activities.

Complementary food assistance to children aged 6-23 months and pregnant and lactating women will be provided. Eventually, there will be reduction of global malnutrition which in turn will lead to reduction in harmful coping mechanism.

The prioritized interventions will entail provision of staff to ensure routine and timely general food distribution and small-scale interventions that will mainly target high risk groups. Monthly monitoring of food basket will be continued and advocacy with WFP will further be enhanced for standard food basket entitlement for refugees. Food distribution activities will be supported. Necessary collaboration will be made for the school feeding program and promoting alternative energy sources. Collaboration with livelihood actors and the host government will be strengthened for implementation of activities to enhance food security for the refugees and host community in line with CRRF approach.



HEALTH

The 2021 response will focus on sustaining lifesaving services in all locations and ensure continuity of care on 24/7 basis. Enhancing community support and defaulter tracing will be addressed with due focus on community health workers (CHWs). Model family planning trainings to enable refugees to produce their own health will be strengthened. Capacity building in the areas of disease surveillance, COVID-19 managements, and Integrated Management of Newborn and Childhood Illnesses (IMNCI) will be considered to improve quality of care. Implement basic maintenance services in identified health care settings. Lifesaving essential drugs (antibiotics, antimalarial, antiprotozoal and medical supplies and emergency reproductive health kits) will be procured and dispatched to three camps. As part of CRRF implementation, UNHCR and partners will coordinate with nearby health facilities to exchange drugs and medical supplies.

To reduce COVID-19 occurrences in the refugee camps, risk communication and community engagement on prevention measures will continue to be implemented in 2021. In addition, capacity building of health workers and refugee communities, establishment of isolation centers/holding areas for suspected COVID-19 patients, maintenance of COVID-19 temperature screening at health centres, distribution centres, UNHCR and partner offices, equipping health facilities with personal protective equipment (PPE), medical equipment and different disinfectants will also continue. Investments will also be made to strengthen comprehensive preventive and curative primary health care services including immunizations for Vaccine Preventable Diseases (VPDs), mental health care, non-communicable disease prevention and treatment, and referral care.



NUTRITION

The nutrition response in 2021 will mainly focus on implementing wide range of nutrition programs to strengthen prevention and treatment for acute malnutrition management. Efforts will be made to ensure buffer stocks to prevent stock outs. All pregnant and lactating women will be mapped & enrolled in nutrition education for behavioural change models to reduce the risk of cycle of malnutrition. This will be complemented with timely procurement and supply of

nutrition surveillance equipment and Enhanced Outreach Strategy (EOS). Community structures including community leaders, model families, religious leaders and various association groups will be trained on how to detect malnutrition.



The delivery of an adequate average of water (20ltrs/p/day) will keep being provided. The chlorination of the water for drinking purposes will continue ensuring turbidity levels of less than 5NTU and free residual chlorine or active chlorine for the purpose of post fetching contamination prevention needs to be in the ranges of 0.2-0.5 mg/lit.

Collaboration and coordination with governmental authorities and all the other stakeholders, specially the Regional Water Bureau will continue. Procurement of back-up systems is crucial as it will ensure the water safety plans. There will be a focus on the humanitarian/development nexus in the interventions, and thus partners will enhance synergies in provision of safe and adequate water services to refugees and host communities, which is ongoing through UNICEF that has finalized design of intended water system to serve refugees in Gure Shembola camps and their surrounding host communities through KFW funding.

Reinforcing the capacity of established water utility to operate and maintain the water system is one components to offer support and is being coordinated with Regional Water bureau.

Considering the prevalence of cholera in border areas neighbouring the Regional State, WASH interventions will be expanded to promote access to safe drinking water, sanitation services, and good hygiene practices. A principal unmet need remains the provision of transitional shelter solutions, also due to many recent arrivals that joined their family units, resulting in overcrowding in individual household plots, intended to accommodate a single-family unit.



A potential for expansion of the livelihoods interventions is foreseen in 2021, in relation to the CRRF and the nine pledges of the GoE. It is believed that the ratification of the refugee law will create more capacity in terms of advocacy, resource mobilization, and creating better access to economic opportunities for PoCs. Efforts made by humanitarian and development actors in other refugee-hosting areas, in particular with the implementation of projects in host communities focusing on the peaceful co-existence, inclusion and better protection of the PoC will also be reinforced.

In 2021, UNHCR and partners aim to establish and train 250 cooperatives and business groups, while conducting market assessments and facilitating market linkages for refugees. Moreover, attention will be put on the awareness raising on the importance of production of quality products, access to financial services such as saving and credit for IGA groups. Increased cash assistance interventions will also be considered to empower communities through cash for livelihood self-employment opportunities.



In 2021, the provision of full package of the basic domestic items for both existing and newly arriving refugees of Bambasi and Tongo refugee camps will be prioritized. As a modality of delivery of assistance, Cash Based Intervention replacing the in-kind assistance for the provision of sanitary materials will be continued.

In 2020, implementation of the new shelter strategy revised at national level will contribute to environment protection and will further contribute towards attainment of the SDGs. Furthermore, the improvement of shelter floors will be included in the design for the prevention of jigger flea infestation. Coordination with different stakeholders including ministries working on shelter and infrastructure will be taken in due consideration. Access roads, in-camp roads and bridges will be constructed and maintained thereby creating easy and safe access for vehicles movement in the camps and persons of concern will get services, such as ambulance services.

Transitional shelters can be improved, as there are no separate rooms for parents and children at present. The poor design has negative impact in the environment, as refugees are forced to go to the bush to collect construction materials to construct their kitchen and fence. The type of transitional shelter across the three camps is not durable and environmentally friendly. By scaling up CBI in the shelter sector, transitional shelters will be improved. The CBI also will address the shelter materials supply problem, by making it possible for the host community the supply materials to the refugees, who will pay using CBI modality. This will create income opportunities for the host community and increase the sustainability of the shelters.



LOGISTICS & TELECOMS

UNHCR and partners will continue to see the transportation services of one truck purchased under Direct Implementation (DI). It has to be ensured that regular servicing and maintenance is done. Additional resources for the continuous services of porters who are engaged in loading and unloading supplies will be sought.

Partnership and Coordination

More than 15 operational and implementing partners, including UN, NGO and government partners, support the overall response for the Sudanese refugees.

This updated for 2021 Inter-agency Country Refugee Response Plan (CRRP) brings together 12 appealing partners.

2021 Financial Requirements

By Partner and Sector

Partner	Education	Energy & Environment	Health	Livelihoods & Resilience	Nutrition & Food Security	Partnership & Coordination	Protection	Shelter, Infrastructure & Core Relief Items	WASH	Total Budget Requirements (USD)	
Action for the Needy in Ethiopia		530,608						197,366		727,974	
HelpAge International			60,000	150,000	125,000		120,000	120,000		575,000	
Jesuit Refugee Service							225,000	350,000		575,000	
Norwegian Refugee Council				2,210,000						2,210,000	
Plan International Ethiopia	1,200,000			500,000			1,450,000			3,150,000	
Right to Play	400,000							250,000	650,000		
The International Rescue Committee	175,000		450,000				150,000		1,000,000	1,775,000	
The Lutheran World Federation		350,000		250,000			150,000			750,000	
United Nations Children's Fund	774,015			2,000,000	1,669,474		424,663		1,000,000	5,868,152	
United Nations High Commissioner for Refugees	1,507,511	2,077,483		1,424,432	382,568	539,197	719,857	2,044,801	2,813,078	2,138,739	13,647,666
United Nations Population Fund			50,000			31,200	34,800			116,000	
World Food Program	453,242				13,902,200					14,355,442	
Total	4,509,768	2,958,091	3,984,432	3,492,568	16,235,871	751,057	4,599,264	3,480,444	4,388,739	44,400,234	

Ethiopia. Sudanese refugees during the food distribution in Bambasi camp. Starting in 2019, the process has now evolved from the manual voucher system to the use of the digital Global Distribution Tool (GDT), using mobile phones. Refugees need to present their identity document or proof of registration, so that their personal barcode is scanned by mobile phone to allow then the distribution. ©UNHCR/Registration Team



URBAN REFUGEES, KENYA BORENA & OTHER REFUGEES

2021 PLANNED RESPONSE

44,440

PROJECTED URBAN, KENYA BORENA & OTHER REFUGEE POPULATION

US\$ 45.3 M

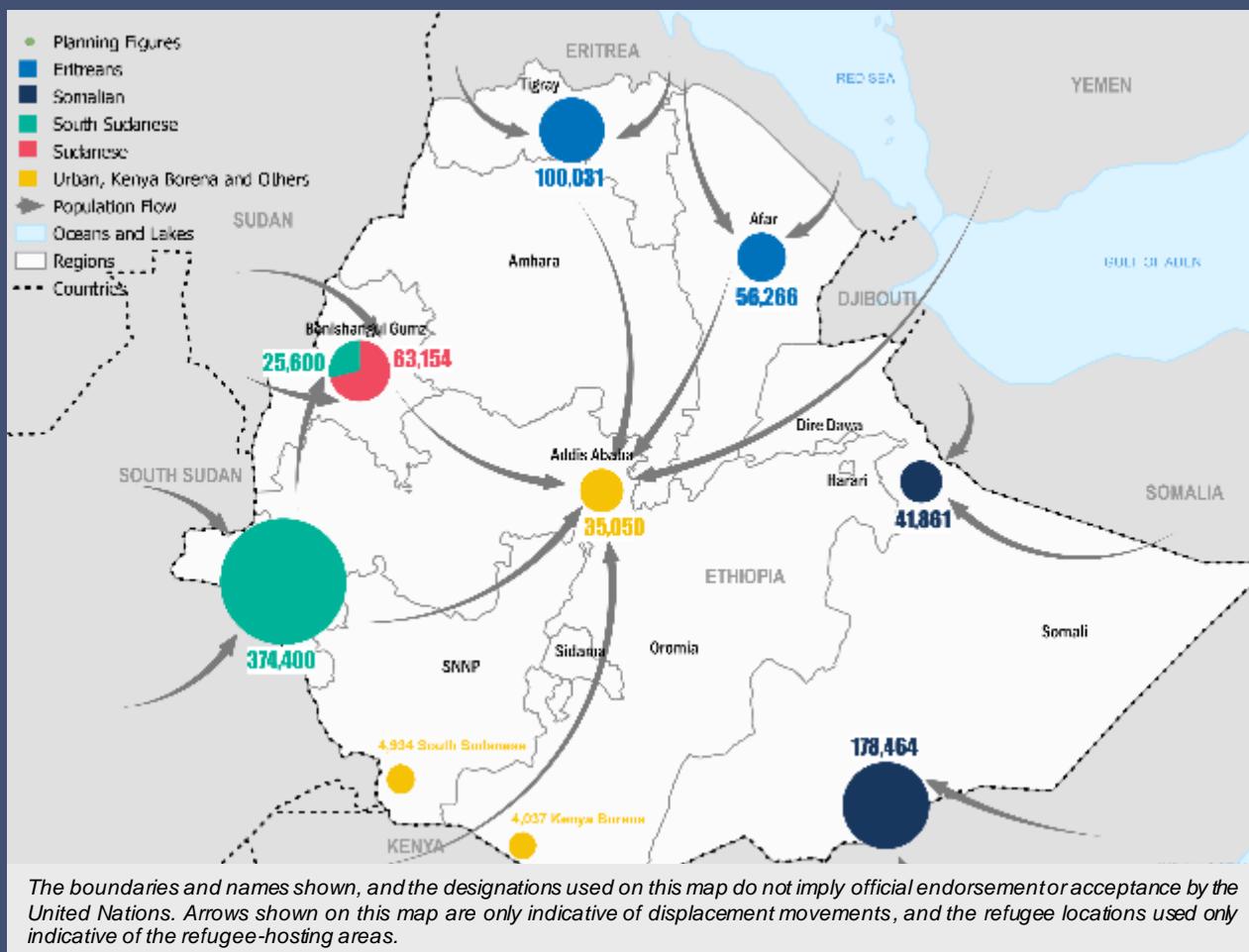
INTER-AGENCY REQUIREMENTS

10

APPEALING-OPERATIONAL PARTNERS

2,000

ASSISTED HOST COMMUNITY



Disaggregated Data

Age group	% of total 44k	Female % of total 44k	Male % of total 44k
00-04 y.	7.3%	3.5%	3.7%
05-11 y.	18.1%	9.1%	9.0%
12-17 y.	14.1%	6.9%	7.2%
18-59 y.	58.3%	35.0%	23.3%
60+ y.	2.2%	1.1%	1.1%
Total	100%	55.7%	44.3%

■ Male ■ Female



Persons with Disabilities
0.1% of total 44k

Overview

Refugees and asylum seekers in urban settings and mainly in Addis Ababa, as well as Kenya Borena and other refugee population counts 44,021 individuals at the end of 2020. Some 4,037 Kenya Borena are located in the Oromia region close to the border between Kenya and Ethiopia, while an additional 4,934 South Sudanese refugees live in South Omo, Nangatom.

The urban registered refugee population in Addis Ababa, and around cities, stands at some 35,050 individuals including those who were transferred from the camps on medical and protection grounds, refugees who have no camps designated for their residence in Ethiopia, university students on sponsorship programmes and target populations (Eritrean refugees) of the Out-of-Camp Policy (OCP). The majority of this population is composed of Eritrean refugees (85%), followed by Yemenis (6%), Somalis (3%), Democratic Republic Congolese (2%), and other nationalities (4%).

While OCP refugees are expected to be self-reliant through the support of partners, sponsors and donors, they nonetheless have the right to access national protection and basic services (such as legal services, health and education) offered by the Government of Ethiopia (GoE) by virtue of their legal status in Addis Ababa.. Moreover, largely due to the high cost of living, most of the registered refugees in Addis Ababa struggle to meet their basic needs with the monthly cash assistance provided by UNHCR, and/or the current income that they receive either from informal work or remittances from their families abroad. Their economic situation was exacerbated during 2020 due to the COVID-19 pandemic which caused the loss of livelihood opportunities and the reduction in remittances.

By the end of 2020, approximately 28,000 Eritrean refugees had the OCP status and ID cards issued by the GoE. They constitute the majority of the Addis Ababa refugee population, and their total number increased in early-mid 2020 when a large number of Eritrean refugees were granted the OCP status. As per the OCP criteria set by the GoE, they are not expected to rely on direct humanitarian assistance from UNHCR and its partners but have access to protection assistance, as needed. On the other hand, there are some 4,296 individuals who receive regular protection, material and cash assistance from UNHCR and its partners due to their specific protection needs, severe medical conditions or nationalities. Since the onset of the conflict in the Tigray region in November 2020, Addis Ababa has witnessed an increase in Eritrean refugees fleeing the refugee camps in search of safety. Despite the GoE's position on relocation to Mai Aini and Adi Harush camps, camp-based Eritrean refugees have continued to move to Addis Ababa in an irregular manner at the beginning of 2021, and the movement trend is expected to remain the same throughout the year even though the situation may be fluid from time to time. Consequently, an increase of some 25,000 Eritrean refugees in the urban refugee population is expected in 2021.

In line with the Global Compact for Refugees (GCR), 2021 interventions will aim at developing new partnerships for solutions and aligning protection and assistance activities with the Sustainable Development Goals (SDGs) directly linked to the CRRF related pledges. In the context of the CRRF, following the adoption of the Directive to Determine the Procedure for Refugees Right to Work, Directive No. 02/2019 by Agency for Refugees and Returnees Affairs (ARRA), there are prospects for refugees to have better access to formal employment opportunities in Addis Ababa.

Needs Analysis by sector



Durable solutions

In the context of the CRRF, following the adoption of the Directive to Determine the Procedure for Refugees Right to Work, Directive No. 02/2019 by Agency for Refugees and Returnees Affairs (ARRA), there are prospects for urban refugees to have better access to formal employment opportunities and enhance their socio-economic integration in Addis Ababa. How the Directive will be implemented in practice, however, remains to be seen, also considering how the COVID-19 pandemic has affected the overall socio-economic situation of Ethiopians in Addis Ababa. In addition, alternative legal pathways including family reunification, humanitarian visas, private sponsorships, scholarships for skilled refugees, as well as labour and study mobility schemes will continue to be explored and remain a key focus.

Urban/Kenya Borena/Other PPGs by Nationality as of December 2020

Nationality	# individuals
Eritrean	29,948
South Sudanese	5,545
Kenyan	4,037
Yemeni	2,167
Somali	816
Congolese	459
Syrian	430
Other	280
Sudanese	206
Burundian	65
Djiboutian	51
Rwandan	17
Total	44,021

Kenya Borena refugees are relatively well integrated in their host communities. In addition, the majority of the Kenya Borena refugee population indicated their intention to return to Kenya during the L-3 verification exercise, although the data will need to be updated to reflect their current intention. Their voluntary repatriation to Kenya is thus considered the best durable solution for the group, when feasible, however, it requires a strong political engagement and commitment by the two governments in order for it to materialize.

Community empowerment and self-reliance

In 2020, the COVID-19 pandemic made community mobilization and strengthening different Age Gender Diversity Group more challenging, however, the refugee community-based structures in Addis Ababa continued to remain functional and facilitate community engagement and communication with communities even under the COVID-19 circumstances. The prevalence of movements of undocumented Eritreans to urban areas, caused notably by the change in the GoE's new asylum policy for Eritreans introduced in January 2020, has also led to heightened protection risks with some persons of concern reportedly resorting to adverse coping mechanisms, including residing in marginal parts of the city away from service providers, and unaccompanied and separated children living without formal care arrangements. The situation is compounded by an ongoing influx of Eritrean refugees from the refugee camps in the Tigray region since the start of the conflict in November 2020.

Fair protection processes and documentation

As per both the 2004 Refugee Proclamation and the revised 2019 Refugee Proclamation, ARRA, the government counterpart, is expected to undertake all refugee status determination (RSD) functions in Ethiopia. Nevertheless, lack of qualified staff and adequate infrastructure on ARRA's side have so far made it difficult for asylum seekers to have access to harmonized and consistent asylum procedures in Addis Ababa, including those arriving by air and seeking asylum at the Bole International Airport. The RSD process in Addis Ababa (interviews, assessment, and reviews) are being conducted by UNHCR RSD unit. ARRA role remains limited to the final endorsement of the decisions and the notification of the POCs. Additional efforts to engage ARRA colleagues in RSD process need to be undertaken by capacity development activities and further discussions with ARRA on their engagement in the RSD process. Various aspects to be considered with regards to the RSD process in Addis and the role of ARRA, this includes developing standard national harmonized operational procedures and guidelines on asylum processes to be rolled out progressively, developing training programs/curriculums on refugee law and the harmonized operational procedures, improving the capacity and infrastructure to address the current gaps in the asylum system and the POCs access to asylum. The COVID-19 pandemic forced both UNHCR and ARRA to suspend refugee reception services on a temporary basis, which affected the processing capacity and speed of registration and protection services including refugee documentation. In order to resume the services, the Helpline and the online Digital Service Request and Complaints System (DRCS) were rolled out on a pilot basis but posed several challenges in terms of smooth running of both systems in parallel, notably the limited staffing and refugee's limited access to internet. While considerable efforts have been made to improve the vital events registration system for refugees over the past years, ARRA's vital events registration service was suspended for six months due to COVID-19 in 2020. This significantly increased the backlog. In addition to this, the increase of many new OCP refugees in Addis Ababa created a growing demand for vital events registration in Addis Ababa.

Access to legal assistance

Access to justice and recognition under Ethiopian law and access to the national justice system is critical to an effective protection environment for refugees and asylum-seekers, particularly within an urban context such as Addis Ababa. The profile and specific situation of refugees is often not sufficiently well understood or known by the national legal service providers. Consequently, refugees face challenges in terms of access to justice. Also, even though the revised Refugee Proclamation No. 1110/2019 provides for access to legal counselling and assistance for refugees, there is yet to be a clearly developed policy on the matter. Language barriers have been raised as one of the challenges facing urban refugees in accessing the national justice system. Meanwhile, there is insufficient awareness raising among the urban refugee population about the national justice system (including court services). Legal representation for refugees who are tried at the court also remains a gap. The lack of national policy makes services in the national system less accessible to the refugee population, who are often seen as being supported by international and humanitarian organisations.

Child protection

The urban environment poses specific protection risks to refugee children, including Gender Based violence (GBV), physical and emotional violence, irregular migration, smuggling and human trafficking, school drop-out, corporal punishment or other abuses happening at public schools, and child labour. Out of nearly 11,000 registered children in the urban refugee population (including those with the OCP status), over 1,200 have been identified as unaccompanied and separated children (UASC), who face multifaceted risks including abuse, neglect, exploitation and violence. Family-based care is prioritized for UASC, but challenges caused by the COVID-19 pandemic, and the ongoing conflict in the Tigray region for Eritrean UASC, have made it difficult to provide such adequate support to UASC. Given that the refugee communities live dispersed across the city, it remains challenging for the urban child protection service providers to

identify children at risk and provide timely protection responses, while refugee incentive workers are utilized to address the situation. Additional cash assistance is also provided to formal caregivers of UASC. Eritrea refugee children with the OCP status fall outside of the scope of the regular child protection support provided by UNHCR and its child protection partner, therefore, the extent of their child protection risks is not comprehensively captured.

Gender-Based Violence (GBV)

Significant information gaps in terms of awareness in GBV prevention and response were found among urban refugees. During the COVID-19 pandemic, an increasing number of GBV cases in children of both sexes and women was observed, probably because of the longer time spent in confined home environments. Moreover, several women report to be engaged in sex work and at risk of being exploited and become victims of trafficking, unwanted pregnancies, exposure to sexually transmitted infections (STIs) and HIV/AIDS. Despite these risks, many refugees still do not report GBV incidents. However, when reported, GBV survivors are referred to the necessary national services at the One Stop Centres (OSCs) operational in Addis Ababa, although language barriers have been identified as a challenge. Inclusion of refugee survivors in the national services including safehouse needs to be enhanced.

During COVID-19, virtual webinars were provided for GBV case worker that promoted survival center approach and remote case management strategies. In this connection, UN WOMEN supported a virtual Training of Trainers (ToT) on tailored counselling on violence against women and girls (VAWG) survivors, for counselors working in shelters, one-stop centers, and hotline services. Advocacy, awareness raising was done through outreach volunteers, refugee community representatives disseminating information on service provision, by means of various languages and voice messaging, social media platforms. The launching of helpline services, Digital Complaint System, GBV referral pathways, all contributed to the increase in the reported cases to seek GBV services. Prevention messaging were shifted to media format, child friendly and translated to different languages and disseminated to the community through social media groups. Despite the challenges of COVID-19, UNHCR IP continued providing psychosocial support, supplementary diet, sanitary materials, one-time assistance, transportation fee to promote survivors regular counseling attendance. Further, during COVID-19 reported case emergency and regular cash assistance were integrated into GBV case management plans.

Ethiopia. Eritrean refugee child in the Jesuit Refugee Service center for urban refugees in Addis Ababa. © UNHCR Adelina Gomez




EDUCATION

Urban, Kenya Borena and South Sudanese refugees living in the Southern Nations Nationalities and People's Regional State are integrated into the national systems. Such an ensures inclusion and local integration, in line with the spirit of the CGR and the CRRF. However, public schools face nationwide challenges related to overcrowding, limited infrastructure and access to education materials. While refugee children accessing national schools have the same access to pre-primary, primary, secondary and tertiary education as Ethiopians, the indirect costs of schooling are often too high for refugee families. Refugee children also face language challenges in the pre-primary and first cycle of primary education. As they are enrolled in over 250 schools across the country and many Eritrean refugee students with the OCP status do not receive direct assistance, partners face difficulties in monitoring their conditions at school. It is reported that the interest in education among OCP refugee children/parents is comparatively lower as many of them plan to move onwards from Addis Ababa through family reunification, irregular migration or other means.


ENERGY & ENVIRONMENT

In the past years, Kenya Borena refugee households were provided with fuel efficient steel made stoves (Gubere-Mitad) and other energy saving equipment to reduce their environmental impact and the depletion of natural resources. Solar lanterns have also been distributed for each household with the objective to reduce protection risks, allow students to do their homework at night and improve house-hold chores. This is due to the fact that refugees are sheltered in a very fragile environment with minimal vegetation coverage and a semi-arid climate. As part of the national efforts to increase access to electricity, the national grid reached their settlement areas, to which service facilities and private households could be connected.

Indigenous trees are being depleted to make firewood and illegal charcoal making activities are ongoing in the areas whether the Kenya Borena refugees are settled. This is also due to the lack of awareness among the refugee and hosting communities on environmental management.

Due to the absence of incentive environmental and forestry guards, protecting the refugees from cutting live trees and prevention of illegal charcoal production is very much limited. Environmental protection awareness and training and woodlot development activities implemented over the past years are expected aimed at better protecting the natural resources. However, challenges remain with respect to community involvement and lack of appropriate plantation management.

In urban, refugees are accessing the government provided electricity that connected to the houses they are renting. Cooking gas is also available in the market, however a bit expensive.


FOOD SECURITY

Urban refugees do not receive food assistance and instead receive multiple-purpose cash assistance. The cost of living has generally increased in Addis Ababa over the last few years due to the inflation, however, the current amount of cash assistance represents only 35 percent of the Minimum Expenditure Basket (MEB) of 2017 due to budget constraints. With COVID-19 lock down, many refugees lost their informal jobs or remittances that they used to receive from relatives and friends abroad. The majority of the urban refugee population are Eritrean refugees with the OCP status who are not receiving any humanitarian assistance as they are considered as self-reliant as per the OCP criteria set by the GoE, however, with COVID-19 impact, many have reported significant livelihood challenges.

Due to lack of livelihood and durable solution for Kenya Borena refugees, food assistance is provided to the group regularly.


HEALTH

All urban refugees have access to health services. However, the COVID-19 pandemic has aggravated the vulnerability of both fully-supported and OCP refugees, notably the ones of persons with disabilities and chronic medical conditions, due to the challenges in accessing UNHCR, partners and public services or due to losses or reductions in their income. For this reason, also OCP refugees have approached UNHCR and partners seeking support, as they were unable to access the health services or facilities available to nationals, in line with the OCP.

The Kenya Borena refugee population can access healthcare services from the closer public health facilities free of charge. However, the presence of UNHCR and partners in the areas they live in is limited. The quality and coverage of services are thus not adequately monitored through the existing UNHCR public health monitoring systems.



The Kenya Borena refugee population faces water access challenges. This is a particular concern for the population in Megado, where no functional water system currently exists, including for the host community, and households need to transport water from the spring, which is located approximately seven km away from their settlement. UNHCR has been providing trucking water to the settlements in the last years as no sustainable solution has been identified.



While urban settings are perceived by many refugees as offering better livelihood opportunities than camp-based refugees, urban refugees often seek direct humanitarian support (including UNHCR's cash assistance) or opt for onward movement in search of better opportunities. The main challenges they face include poverty, inadequate infrastructure, limited employment opportunities and over-burdened public services, which have been exacerbated by the COVID-19 pandemic, in addition to language barriers, restrictive labour policies and discrimination. In 2020, many of those refugees who were successfully running their own businesses like restaurants or shops and were more or less economically self-sufficient lost such livelihood means because of the COVID-19 pandemic. With the new Refugee Proclamation subsequently adopted government policies promoting the right to work for refugees in place, it is envisaged that the realisation of the right to work for refugees will support them to achieve not only access to meaningful livelihood and employment opportunities, but also help them to realize a range of other civil, political, economic, social and cultural rights, fulfilling the innate human desire to feel useful, valued and productive. While the policies are fully implemented, urban refugees are expected to be in need of immediate support.



In 2020, some 4,000 individuals received multi-purpose cash assistance on a monthly basis, based on pre-determined criteria of protection or medical needs or nationality, to supplement their access to basic services including housing in Addis Ababa. Since the start of the COVID-19 pandemic, a top-up has been added to the regular amount to further supplement their WASH needs. As a consequence of the ongoing conflict in the Tigray region, some 5,000 Eritrean refugees who have travelled or are expected to travel to Addis Ababa might remain in the capital during the first half of 2021 or beyond. Therefore, if the government grants a formal temporary or permanent legal status to such displaced refugees in Addis Ababa and gives an authorization to assist them either one-off or regularly, the number of urban refugees receiving multi-purpose cash assistance in 2021 is expected to increase to some 9,000 in total.

Response Strategy and Priorities by Sector



Durable solutions

As voluntary repatriation may still not be a viable option for most of the urban refugee population, and resettlement as a solution available to only a small fraction of the population, emphasis will be placed on facilitating local solutions through enhanced socio-economic integration, including access to livelihood opportunities through education and vocational skills training including language courses, scholarships and online learning programmes. Alternative legal pathways including family reunification of unaccompanied and separated children and scholarships will continue to be explored.

For the approximate 4,000 Kenya Borana refugees hosted in the Megado and Dillo settlements in the Borana zone of the Oromia region, voluntary repatriation will be pursued as the best durable solution. UNHCR in Ethiopia and Kenya will engage with both Governments to ensure that return will be conducted in safety and dignity with respect for legal rights. For any residual caseload, local integration will be pursued due to shared clan, language, religion and culture with the host communities. They would also benefit from the social, development and economic initiatives arising from the

"Cross Border Integrated Programme for Sustainable Peace and Socioeconomic Transformation of Marsabit County of Kenya and Borana and Dawa Zone of Ethiopia".

Community mobilization and self-reliance

In 2021, the response will aim at enhancing nationality-specific community engagement at all levels and across sectors by adopting an Age, gender and diversity (AGD) and community-based approach. This will allow a better understanding of the challenges faced by the various nationalities living in urban areas, as well as of how to better respond to the needs of the 26 nationalities represented in the urban population. Protection mainstreaming will be implemented with an AGD perspective to ensure that gender equality and the inclusion of women, men girls and boys of all ages and diverse backgrounds are considered.

Efforts to empower the refugee community on their rights and available reporting mechanisms based on the Community-Based Complaints Mechanisms will continue, as well as to establish an efficient two-way communication system. In line with the CRRF approach, UNHCR and partners will strengthen their engagement with existing refugee and host community self-help structures in order to enhance access to various services and strengthening the links and promoting social cohesion and peaceful coexistence between refugee and the host communities.

Fair protection processes and documentation

In 2021, efforts in capacity building on RSD cases processing for ARRA and development of harmonized and consistent RSD procedures will be enhanced. Contextualized and well-coordinated awareness raising initiatives with strategic and targeted information dissemination will continue by ARRA, UNHCR and partners.

Advocacy for the gradual integration of refugees into the national vital events registration system will also keep being done. Importance should be given to creating a link between birth registration and health services, which increases efficiency and access to birth registration.

Furthermore, the Helpline and the online Digital Service Request and Complaints System (DRCS) were set up for urban refugees in 2020 on a pilot basis in conjunction with the closure of the Refugee Reception Centre in Addis Ababa (in order to comply with the government's COVID-19 measures) was vital in ensuring continued delivery of registration, protection and durable solutions services to refugees in Addis Ababa and addressing their urgent concerns. For this reason, UNHCR will seek to expand this service in 2021, subject to deployment of additional staffing to manage and run the systems in an efficient and effective manner.

Access to legal assistance

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

Child protection

The 2021 response will aim at strengthening the existing child protection programme, community-based child protection mechanisms and mainstreaming of Child Protection into other sectors.

Considering the high number of UASCs in Addis Ababa with ongoing family reunification processes particularly among Eritrean refugees, it will be crucial to provide information on and access to family reunification more systematically. Regular protection monitoring of UASC and other children at risk will be maintained mostly through community-based protection structures. In line with the CRRF, the strengthening of national child protection systems, the promotion of refugee children's inclusion in the national child protection system establishing links with the Ministry of Women, Children and Youth (MoWCY), other relevant governmental bodies as well as with development agencies will be prioritized.

Gender-Based Violence (GBV)

In 2021, UNHCR and partners will work to ensure sustainable GBV services are provided to refugees and to include refugee survivors of violence in the national systems, especially the One Stop Centres in Addis Ababa. In particular, efforts will be made to increase access to a comprehensive and well-coordinated GBV response services including livelihood support for survivors; to increase access to essential services through the one stop centers (provision of clinical management of rape for survivors of GBV), shelters (provision of mental health and psychosocial support to GBV survivors and vulnerable women), provision of vocational skills and livelihood support and free legal aid services to enable survivors rehabilitate; to increase awareness and enhance systems for the prevention of GBV including SEA through mitigating risk factor and strengthening community protection strategies. Engagement with refugee

communities, partners and government counterparts to increase women's and girls' empowerment and meaningful participations through the different community-based structures to enhance awareness on GBV-related issues, establish livelihood programmes to promote self-reliance of women will continue.

Youth, men, women, persons with disability are included in community structures and decision-making. GBV service gap analysis was conducted, barriers faced by refugee women and girls to access GBV services were assessed. Updated communication materials include information on GBV services, GBV prevention and response disseminated in accessible channel to persons with disabilities.



EDUCATION

In 2021, partners will continue to support initiatives and activities that promote the integration of refugees into the national system. Focus will be put in increasing the enrolment rates in pre-primary, primary and secondary education. Support in urban settings will continue in the form of Cash-Based Interventions (CBIs) in order to cater for transportation, uniforms, and school material costs. Support to the host community schools will also be provided in order to enable them include refugee children.



ENERGY & ENVIRONMENT

The energy needs of the Kenya Borena population should be monitored to ensure that the stoves and solar lanterns that have been provided are functioning, and that those unrepairable are replaced. In addition, a new procurement plan for stoves and lanterns will be put in place for those households that did not benefit from the initial distribution. The Community Grid connection option will also be considered as the most appropriate solution for energy for cooking, lighting and productive activities. In 2021, based on the repatriation plans, training will be provided to the remaining households and host communities to manage and expand the woodlots.

In urban, UNHCR provides multi-purpose cash assistance that covers cost of energy.



FOOD SECURITY

Urban assisted refugees are receiving multi-purpose cash assistance to cover for their basic needs, including food. However, they currently receive only around 35 percent of the minimum expenditure basket (MEB) of 2017, which is quite challenging for them to fully meet their basic needs. With the reduced funding, UNHCR will not be able to pay them according to the 2017 MEB, unless additional and sustainable funding ensured.

Refugees in Kenya Borena are receiving food assistance that provided by WFP on monthly basis.



HEALTH

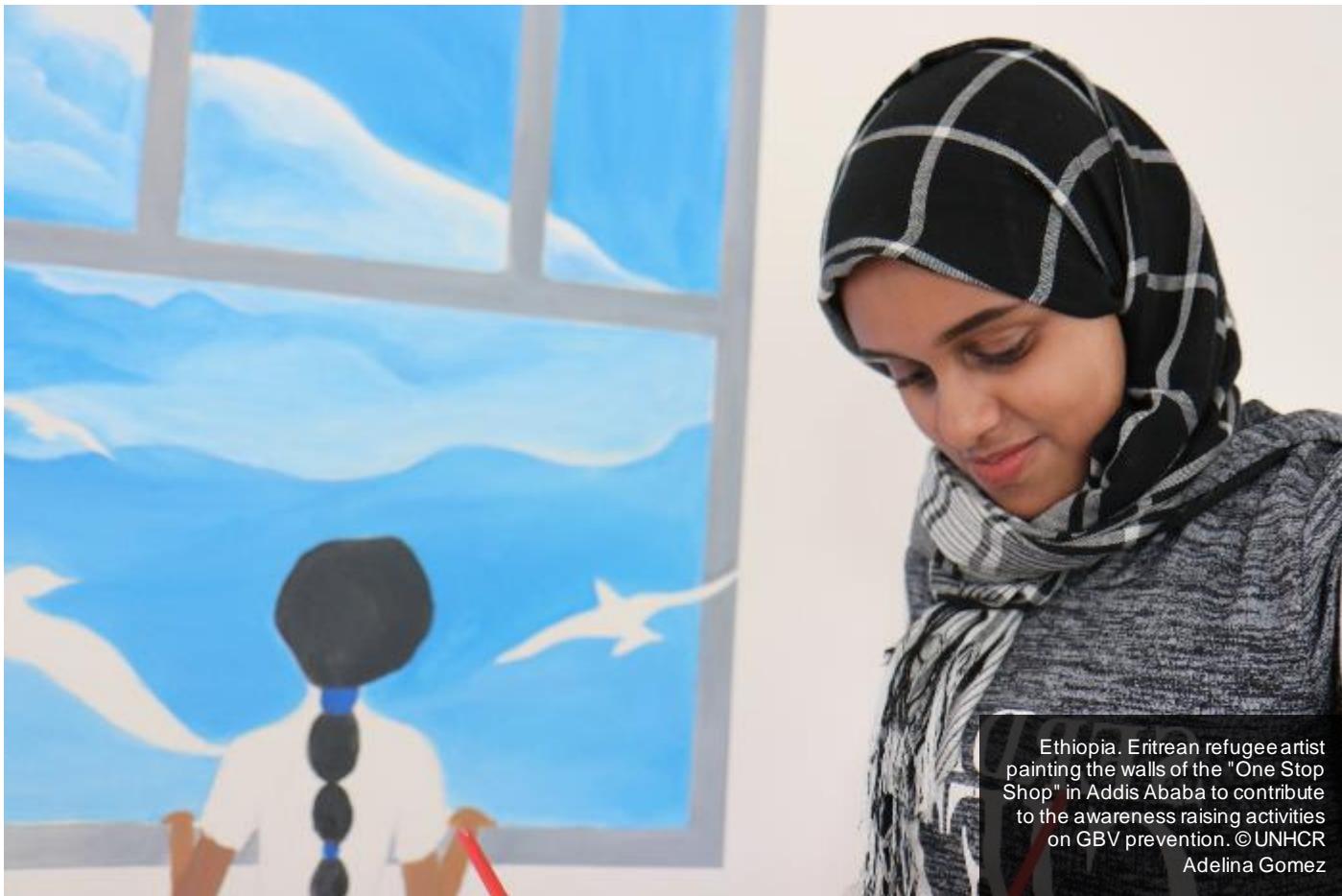
In 2021, interventions for the urban refugee population will include the facilitation in accessing public health facilities and 24/7 ambulatory services will be made available for emergency cases and to chronic bedridden patients. Psychosocial support that includes counselling, as well as hygiene materials for urban refugees living with HIV and GBV survivors will also be provided.

COVID-19 prevention and response measures will continue in 2021 through strengthened outreach services and through the provision of personal protective equipment (PPE) to Refugee Outreach Volunteers (ROVs) and through ambulance services and strengthening of referral linkages to designated capacitated facilities for continued care and health emergencies.. Web-based complaint mechanisms, hotline services and WhatsApp platforms will continue to be made available for urban refugees, and outreach services will be strengthened through health and refugee outreach volunteers (ROVs). UNHCR will continue covering the costs of life saving and emergency medical procedures of the OCP refugees.



NUTRITION

In terms of nutrition interventions, partners will make efforts to assist those in need, including pregnant and lactating mothers, improving the nutrition diagnosis by provision of advice, education, or delivery of supplementary diet.



Ethiopia. Eritrean refugee artist painting the walls of the "One Stop Shop" in Addis Ababa to contribute to the awareness raising activities on GBV prevention. © UNHCR Adelina Gomez

WASH

With the most critical sanitation and hygiene infrastructure in place in urban areas, sanitation and hygiene interventions will be adapted to prevent and mitigate risk of COVID-19, including adapted hygiene promotion and support through soap distribution.

Access to water for the Kenya Borena population needs to be ensured. To this end, work with the local Woredas to support them to upgrade and expand the water systems in Megado and Dillo to reach the refugee settlements will be made. Other interventions will include the rehabilitation and expansion infrastructure through community engagement.

LIVELIHOODS

In 2021, the livelihoods response for urban refugees will focus on enhancing promoting skills development, TVET, as well as on developing links with national job placement programs. Efforts will also be made to enhance coordination of the interventions by the all stakeholders and partners in the urban context to respond to the main self-reliance and livelihoods gaps. Furthermore, refugee communities should be meaningfully and substantially engaged in all aspects of programmes that affect them. Humanitarian actors will strive to strengthen and enable the refugee community to take the leading role in effecting the changes that they need to become self-reliant.

SHELTER & NFIs

Refugees included in the urban assistance program will continue to receive targeted CBIs. Monitoring and review will seek to ensure that the cash assistance is directed to those with the most critical specific needs as per the set criteria. Particular attention will also be given to those that do not follow under any predetermined specific needs criteria, but find themselves in need due to the lack of a designated refugee camp.

Refugees in Kenya Borena are receiving Core Relief Items (CRIs) on annual basis. Also shelter rehabilitation is undertaken on regular basis.

Partnership and Coordination

More than 10 operational and implementing partners, including UN, NGO and government partners, support the overall response for refugees in Addis Ababa. Partnership especially with government institutions is expected to be strengthened through further inclusion of refugees in the national system in the urban context.

This updated for 2021 Inter-agency Country Refugee Response Plan (CRRP) brings together 10 appealing partners.

2021 Financial Requirements

By Partner and Sector

Partner	Education	Energy & Environment	Health	Livelihoods & Resilience	Nutrition & Food Security	Partnership & Coordination	Protection	Shelter, Infrastructure & Core Relief Items	WASH	Total Budget Requirements (USD)
Action for Social Development and Environmental Protection Organization							200,000			200,000
Action for the Needy in Ethiopia							221,636			221,636
African Humanitarian Aid and Development Agency								223,341		223,341
Ethiopian Orthodox Church Development and Interchurch Aid Commission Refugee and Returnee Affairs Department		145,500					52,004			197,504
International Organization for Migration							875,000			875,000
Jesuit Refugee Service	172,000		285,000	76,923		525,530				1,059,453
Plan International Ethiopia	500,000		750,000			850,000				2,100,000
United Nations Children's Fund		2,000,000		91,500						2,091,500
United Nations High Commissioner for Refugees	2,237,425	449,210	11,653,408	1,724,605	195,130	5,443,851	8,998,028	4,600,031	2,265,811	37,567,499
World Food Program				764,541						764,541
Total	2,909,425	449,210	13,798,908	2,759,605	1,128,094	5,443,851	11,500,561	4,821,667	2,489,152	45,300,474

ANNEX

2021 Financial Requirements

By Partner and Sector for the Overall Response

Partner	Education	Energy & Environment	Health	Livelihoods & Resilience	Nutrition & Food Security	Partnership & Coordination	Protection	Shelter, Infrastructure & Core Relief Items	WASH	Total Budget Requirements (USD)
Action against Hunger					4,000,000					4,000,000
Action for Social Development and Environmental Protection Organization	100,000	150,000			50,000		425,000	70,000		795,000
Action for the Needy in Ethiopia	806,715							1,662,997	230,830	2,700,542
African Humanitarian Aid and Development Agency									772,158	772,158
Bethany Christian Service Global, LLC	90,180					265,000				355,180
Concern Worldwide			1,266,867	2,561,526						3,828,393
Danish Refugee Council			750,000		250,000	2,700,000	850,000	550,000		5,100,000
Doctors with Africa	800,000									800,000
Ethiopian Orthodox Church Development and Interchurch Aid Commission Refugee and Returnee Affairs Department	145,500					52,004				197,504
Food and Agriculture Organization of the United Nations			1,000,000							1,000,000
GOAL			2,800,000							2,800,000
HelpAge International	125,000	375,000	265,000		460,000	320,000	50,000			1,595,000
International Medical Corps		305,909	2,439,469		1,638,335			1,320,796		7,922,696
International Organization for Migration	2,218,187				4,375,000					4,375,000
Jesuit Refugee Service	592,000		433,838	274,923	1,863,530	350,000				3,514,291
Norwegian Church Aid								200,000		200,000
Norwegian Refugee Council	4,000,000		7,660,000		2,300,000	2,810,225	1,000,000	17,770,225		
Oxfam GB			1,000,000	1,500,000	230,056		4,790,005	7,520,061		
Plan International Ethiopia	2,900,000		2,500,000		4,050,000		700,000	10,150,000		
Right to Play	1,200,000							650,000		1,850,000
Save The Children International	5,600,000		2,800,000	2,100,000	3,500,000					14,000,000
The International Rescue Committee	600,000	2,150,000			2,600,000		4,630,942	9,980,942		
The Lutheran World Federation		350,000	800,000	400,000	450,000	350,000	500,000	2,850,000		
United Nations Children's Fund	11,366,291	13,500,000		3,255,960	6,752,623		6,500,000	41,374,874		
United Nations Entity on Gender Equality and the Empowerment of Women					550,000					550,000
United Nations High	30,914,867	18,958,087	34,021,654	14,066,362	13,345,347	31,903,125	43,206,751	36,407,556	27,282,249	250,105,998

ETHIOPIA COUNTRY REFUGEE RESPONSE PLAN

Commissioner for Refugees										
United Nations Population Fund	850,000			550,000	600,000		2,000,000			
World Food Program	4,138,982			1,655,625	145,141,512		150,936,119			
ZOA Relief Hope Recovery	296,000			2,266,400	480,000	570,400		3,612,800		
Total	61,312,140	20,510,802	54,050,521	36,880,001	178,613,737	32,703,125	76,588,698	42,820,778	49,176,980	552,656,783

Monitoring Framework

To support the periodic review of the inter-agency Country Refugee Response Plan and its impact, an indicator framework has been developed that will strengthen the availability of data structured around the objectives outlined above. However, this list does not strive to be exhaustive and cover all aspects, but it should be considered illustrative and indicative, as reflected by the number of indicators identified. Areas in need of support which are not explicitly addressed by these indicators will be monitored through other agreed frameworks or guiding principles.

Protection

Gender-based Violence

Extent known SGBV survivors receive appropriate support

Extent community is active in SGBV prevention and survivor centered protection

Country has a Refugee Response Plan or similar interagency refugee/returnee strategy that includes GBViE risk mitigation interventions

of reported SGBV incidents for which survivors receive legal assistance

Child Protection

% of children under 12 months old who have been issued birth certificates by the authorities

% of UASC for whom a best interest's process has been initiated or completed

% of registered UASC in appropriate interim or long-term alternative care

of children, adolescent and caregivers who received community-based mental health and psychosocial services as part of child protection programme

Community mobilization and Peaceful co-existence

% of active female participants in leadership/management structures

of programme priorities identified by the community during participatory assessments that are implemented

of projects benefiting local and displaced communities implemented

Registration

% of persons of concern registered on an individual basis

% children under 12 months old who have been issued birth certificates by the authorities

of asylum seekers and refugees biometrically registered in BIMS

Durable Solutions

% of persons of concern identified in need of resettlement submitted for resettlement

of Resettlement Registration Forms (RRFs) submitted

Legal Assistance

Extent persons of concern have access to legal assistance

of PoC receiving legal assistance

Shelter and Infrastructure

% of households living in adequate dwellings

of transitional shelters provided

of emergency shelters provided

of transitional shelters maintained

% of PoC households whose shelter was upgraded/repaired

% of refugee households living in emergency shelter

Livelihoods

% of persons of concern (18-59 yrs) with own business / self-employed for more than 12 months

% PoC who received productive assets, training and /or business support in cash or kind

% of vocational training students who graduate (successful completion and receipt of certification)

Energy

Proportion of PoC with primary reliance on clean (cooking) fuels and technology

Proportion of PoC that have energy to ensure lighting (close to sphere)

% of community facilities (schools, health centers, markets,) with access to sustainable energy

Environment

of tree seedlings planted

Survival rate after planting (%)

of hectares of land reforested

Non-Food Items

% of households who received adequate core relief items

% of persons of concern receiving >=250 grams of soap/person/month

of persons receiving hygienic supplies

Education

% of children enrolled in early childhood education

% of children enrolled in primary education

% of young people enrolled in secondary education

of PoC who receive tertiary education scholarships

Health

Crude mortality rate (per 1000 population/month)

Under-5 mortality rate (per 1000 population/month)

% of livebirths attended by skilled personnel

of health facilities equipped/constructed/rehabilitated

of refugees tested for COVID-19

of confirmed COVID-19 deaths among refugees

Nutrition

Prevalence of chronic malnutrition (stunting) (6-59 months)

Prevalence of global acute malnutrition (6-59 months)

Prevalence of severe acute malnutrition (6-59 months)

Prevalence of anaemia in women of reproductive age (15-49 yrs)

Prevalence of anaemia in children (6-59 months)

Food Security

% of refugees benefitting from full food ration assistance (in kind/CBI at recommended 2,100 kcal/person/day)

WASH

Average # of litres of potable water available per person per day

% of households with drop-hole latrine or drop-hole toilet

of PoC reached by environmental health and hygiene campaigns

CBI Multipurpose / Sectoral

% of country operations budget implemented through cash

% of assistance provided through CBI

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