

ETHIOPIA

2010

**JOINT
ASSESSMENT
MISSION
(JAM)**

WFP/UNHCR/ARRA



**Major Findings
&
Recommendations**



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List of Acronyms and Abbreviations

AHA	Africa Humanitarian Action
ANC	Antenatal Care
APDA	Afar Pastoralist Development Association
ARRA	Administration for Refugee and Returnee Affairs
ART	Anti Retroviral Treatment
BFP	Blanket Supplementary Feeding Programme
CHA	Community Health Agent
COOPI	Cooperazione Internazionale (Italian organization)
CMR	Crude Mortality Rate
CS	Community Service
CSB	Corn Soya Blend
CTC	Community-based Therapeutic Care
DICAC	Development and Inter Church Aid Commission
DRC	Danish Refugee Council
EDP	Extended Delivery Point
EOC/DICAC	Ethiopian Orthodox Church/ Development and Inter-Church Aid Commission
EOS	Enhanced Outreach Service
EPI	Epidemiology
ETB	Ethiopian Birr
FDC	Food Distribution Committee
FDP	Final Delivery Point
FFW	Food-for-Work Programme
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
GAA	German Agro Action
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GI	Galvanized Iron
HH	Household
HIV/AIDS	Human Immuno Virus/Acquired Immuno Deficiency Syndrome
HOF	Head of Family
IDA	Iron Deficiency Anemia
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IGA	Income Generating Activity
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illnesses
IP	Implementing Partner
IPD	Inpatient Department
ITN	Impregnated Treated Net
IRC	International Rescue Committee
IYCFP	Infant and Young Child Feeding Practice
JAM	Joint Assessment Mission
JWSO	Jijiga Water Supply Office
Kcal	Kilocalorie
Kg	Kilogram
Km	Kilometre
LOU	Letter of Understanding
LRI	Lower Respiratory Tract Infection
Lt	Litre
LWF	Lutheran World Federation
MCH	Mother and Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health

MOU	Memorandum of Understanding
MSF	Medecin sans Frontiers
MSG	Multi Storey Gardening
MT	Metric Ton
MUAC	Mid Upper Arm Circumference
NFI	Non-Food Items
NGO	Non Governmental Organization
NRDEP	Natural Resources Development and Environmental Protection
OPD	Outpatient Department
OTP	Out Patient Treatment Programme
PAPDA	Partnership Pastoralist Development Association
PDM	Post-Distribution Monitoring
PIHCT	Provider Initiated HIV Counseling and Testing
PLWHIV	People Living with HIV
PMCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
PRRO	Protracted Relief and Recovery Operation
PSNP	Productive Safety Net Programme
PTA	Parent Teacher Association
RaDO	Rehabilitation and Development Organization
RCC	Refugee Central Committee
RH	Reproductive Health
RSD	Refugee Status Determination
RWA	Refugee Women Association
SAFE	Safe Access to Firewood and Alternative Energy in Humanitarian Settings
SC	Stabilization Centre
SCUS	Save the Children Fund United States
SF	School Feeding Programme
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender Based Violence
SIM	Society of International Missionaries
SRS	Save the Rural Society
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFP	Targeted Feeding Programme
TSFP	Targeted Supplementary Feeding Programme
UAM	Unaccompanied Minor
UNHCR	United Nations High Commission for Refugees
UNWFP	United Nations World Food Programme
URI	Urinary Tract Infection
USA	United States of America
UTI	Upper Respiratory Tract Infection
VCT	Voluntary Counseling and Testing
VOLREP	Voluntary Repatriation Programme
WASH	Water and Sanitation for Health
W/H	Weight for Height Ratio
ZOA	<i>Zuid Ost Azie</i> (South East Asia) Refugee Care, Dutch NG

I. Executive Summary

A Joint Assessment Mission (JAM) 2010 was conducted in Ethiopia between 24 October and 04 November 2010 led by UNHCR, WFP and ARRA with the participation of implementing partners and donor representatives. The mission visited Eritrean refugee camps and settlements in the north, as well as Somali refugee camps in the south and east of the country. The main purpose of the joint mission was to assess the food security situation of refugees in Ethiopia, taking into account a wide range of factors that directly and indirectly affect food security as well as to assess the level of non-food assistance provided to refugees in relation to the actual needs.

Ethiopia hosts over 166,000 refugees from Somalia (55%), Eritrea (28%), and Sudan (15%) as well as from central and eastern Africa (2%). Although the needs and challenges facing refugees in Ethiopia vary considerably according to their nationality, geographical location and the longevity of their respective camps or settlements, some common issues and critical challenges have been identified that need to be addressed by partners involved in refugee assistance and protection. It needs to be stated, however, that UNHCR, WFP and partners are operating in a difficult and extremely challenging environment and context, which compounded by shortfalls in funding, has compromised their ability to provide adequate services.

Interviews and discussions with refugees indicated, for instance, that the current monthly **food assistance ration** lasts for an average of two weeks for smaller households and three weeks for larger households; this is primarily because refugees monetize between 25% and 75% of their food ration at poor terms of trade to purchase more preferred food commodities, condiments as well as to purchase household items, such as clothing and to pay for milling and transportation costs. The mission recommends that the current food ration is maintained, and that increased resources are instead dedicated to supporting refugees in improving their livelihoods through income generation schemes and alternative means of food production to supplement their income and improve their food security.

The shortfalls in funding and lack of implementing capacity have also been a factor in the ability to provide adequate services, in particular to newer camps and settlements, leading to **inadequate service delivery** in very critical sectors such as water and sanitation, health, education and the provision of non-food assistance such as household items and toiletries. Considering the protracted stay of the refugees in Ethiopia, a key priority is improving the quality of both emergency and longer term **shelter**, and ensuring that it is resistant to the weather conditions, secure, durable and environmentally friendly. A major challenge is the use of firewood for **cooking fuel**, which is leading to the severe degradation of the already fragile environment surrounding all refugee camps. Refugee women and children have to walk longer distances to collect firewood and increasingly face harassment from the host community competing for the same fuel resource. It is of utmost urgency that alternative and sustainable sources of energy for cooking be found and that environmental rehabilitation and protection activities are intensified.

The assessment mission also identified the need to improve **coordination, communication and collaboration** between partners involved in the refugee assistance and protection. These partners also need to work more closely and support refugee committees in conducting information campaigns and discharging their responsibilities. Furthermore, assistance programmes need to be better tailored to the specific needs of vulnerable groups and demographic profiles such as unaccompanied minors, the elderly, people living with disabilities, female-headed households, single households and young male adults.

The major findings and recommendations of the JAM 2010 in Ethiopia will be developed into an operational work plan outlining specific activities and the related costs required to implement each recommendation. The findings of this assessment will also inform the development of WFP's new Protracted Relief and Recovery Operation (PRRO) for refugee operations in Ethiopia as of 2012.

II. Scope and Methodology

The Joint Assessment Mission (JAM) in Ethiopia was carried out between 24 October and 04 November 2010 and was led by UNHCR, WFP and ARRA, with the participation of NGO partners (Abraham's Oasis, AHA, APDA, COOPI, DIAKONIE, DICAC, DRC, GAIA, Help Age, IMC, IRC, LWF, IRC, DRC, DICAC, RaDO, GAIA, COOPI, APDA, GAA, AHA, Oasis, Help Age and SCUS) as well as donor representatives from the Netherlands, Japan, Germany, Finland, USA and Ireland. Three separate teams travelled to the North, South and East of the country. A team visited Eritrean refugees in Berhale and Erepti in the Afar regional state and camps in Shimelba, Mai-Aini and Adi Harush in Tigray regional state; a second team visited Somali refugees in Bokolmanyo and Melkadida camps in the Dolo Ado area; and the third team conducted assessments in Kebribeyah, Sheder and Aw-barre camps in the Jijiga area. Due to the voluntary repatriation of the majority of Sudanese refugees and the planned repatriation of Kenyan refugees, the 2010 JAM did not visit Sudanese or Kenyan refugee settlements in Ethiopia. The JAM was not conducted in urban areas as the urban context requires a distinct methodology with separate assessment tools, which are currently being developed and a joint assessment is planned for 2011.

The main purpose of the mission was to assess the food security situation of refugees in Ethiopia, taking into account a wide range of factors that directly and indirectly affect food security. The objective of the mission was to gather qualitative and quantitative information on the provision of assistance to refugees in the areas of food security and nutrition, health, shelter, sanitation and education sectors, amongst others. This would enable agencies and partners to identify trends and gaps in assistance and services and help improve future programmes and operations.

Teams were divided into five thematic areas: 1) Food security and coping mechanisms; 2) Logistics, warehousing, non-food items and roads; 3) Health, nutrition and education; 4) Environment, water and sanitation, livelihoods and shelter; and 5) Refugee registration, numbers, new arrivals and durable solutions. The assessment teams used a variety of methods to collect information and data, including: site visits; focus group discussions with refugees and host populations; semi-structured interviews; key informant interviews; transit walks and observations; discussions with partners and local administration; and secondary data review. Information on certain issues was collected by several teams, providing different perspectives and the opportunity to triangulate data and verify information.

A one-day pre-JAM training was provided to systemise team data collection and give an overview of the purpose and scope of the JAM. While efforts were made to standardize the field data collection, each of the teams operated independently and specific areas of importance and focus were determined by each particular team. Therefore, the type of information provided varies from area to area, but the overall data collection techniques and verification process remain consistent. The amount and quality of data available is reflective of the capacity, presence and longevity of programmes of different agencies on the ground and gaps in information or programming indicate a need for further detailed assessments, follow up and identification of implementing partners.

The following section of this report provides an **overview of common trends and critical issues** related to refugee assistance in Ethiopia; followed by a section that provides an **overview and analysis of demographic data** on the overall refugee population and particular vulnerable groups. The fifth section provides a **summary of the refugee population by nationality and camp**. This is followed by a section on the **summary of the key findings and recommendations by sector**: a) Food Assistance and coping mechanisms; b) Fuel and the Environment; c) Livelihoods; d) Shelter; e) Non food Items; f) Education; g) Water and Sanitation; h) Health and Nutrition; and i) Logistics. Each section provides an overview of the main challenges facing the sector and common recommendations that need to be implemented across the board. The last section outlines the **next steps and follow up action** required and planned in order to implement the recommendations of the JAM 2010.

III. Overview of Critical Issues and Recommendations

Although the needs and challenges facing refugees in Ethiopia vary considerably according to their nationality, geographical location and the longevity of their respective camps or settlements, some common issues and critical challenges can be identified that need to be addressed by partners involved in refugee assistance and protection. Some of these challenges are common to refugee settlements worldwide; others are related to funding shortfalls and/or lack of implementing capacity, while others are simple operational procedures that need to be adhered to or put in place. Furthermore, as new camps and settlements are being established it is important to ensure that experiences and lessons learned from previous camps are taken into consideration from the onset to avoid hitches and unnecessary costs in the long run.

The food rations provided are often sold at poor terms of trade to purchase more preferable food staples, condiments, household items and clothing, as well as to cover milling and transportation costs, amongst others. Therefore, refugees unanimously indicate that the **food assistance** provided is not covering their food requirements for the entire month, and lasts for an average of two weeks for small households and three weeks for larger households. When the food rations provided are sold, the quantity and quality of the calories purchased are less than the calories sold. This is particularly relevant for single households, which account for 50% of the refugee population. The 2,100 kcal per day ration is designed for a family with three children where the ration will be pooled; therefore, smaller household sizes are not able to meet their basic food needs on the current ration and are forced to sell it in order to purchase cheaper or less valued commodities. Furthermore, the issue of dietary diversity is important for all family sizes and many refugees have requested that a less monotonous diet is provided that can offer more cooking and eating options on a monthly basis.

Perhaps the most critical issue facing refugees as well as the host communities is the use of **firewood for cooking** and the inadequate alternative sources of energy. The degradation of the environment surrounding refugee camps is evident and is at a faster rate than the corresponding reforestation and rehabilitation activities being carried out in some of the camps. The walking distance for the collection of firewood, usually done by women, has increased from 3 to 7 hours, for example in Aw-barre camp. Not only is the collection and sale of firewood an important source of income for the refugees and the host community, and an essential source of fuel for cooking, but it is also the source of tension therefore with the host communities. The provision of fuel-efficient stoves and kerosene or ethanol stoves, accounting for a 30% reduction in firewood, has still not fully addressed the fuel issue in an adequate and sustainable manner. The supply of kerosene and or ethanol has been inconsistent and sometimes insufficient, hence only covering a portion of the requirements, and only in some targeted camps. In two camps hosting Eritrean refugees in the north, UNHCR has introduced electricity as an alternative energy source for cooking. This, however, still does not meet the enormous energy needs. Therefore, a concerted effort to address this cooking fuel issue needs to be found, either through the use of bio-fuels, alternative energy and the promotion of stoves and cooking methods that save energy. Experiences from other countries, where waste or solar energy have been utilised need to be researched and piloted in Ethiopia. Ethiopia needs to build on the recent "Safe access to firewood and alternative energy in humanitarian settings" (SAFE) study and develop a cooking fuel strategy for all camps that reduces the environmental burden on the hosting country and the time and protection burden on the refugees.

The lack of support for **income generation activities** and the production of other sources of food, either through the provision of financial support, materials and tools as well as training, greatly affect the food insecurity of refugees. Although the older camps have a plethora of small businesses, shops, cafeterias and services, this is possible only for a few with alternative means of support through remittances outside the formal assistance structure provided by agencies and the government. Some of the formal income generation activities that were implemented in some of the camps have ceased due to lack of funding, lack of implementing partners and in some cases capacity on the part of the refugees. However, there is great interest and enthusiasm from

the refugees to engage in income generating activities and micro credit schemes that could be tapped into that would result in higher income and the means to cover their additional food and non-food needs to some extent. Furthermore, this support should also take into account the different age groups, gender and physical conditions of the refugees so that the assistance is tailored accordingly.

The type of **shelter for refugees** varies between and within camps and settlements, ranging from mud structures, stone walls, and wooden shelter to dome shaped metal structures covered with plastic sheeting. In most cases the structures are not meant to be durable. They also face challenges from the weather conditions and suitability for storage of food rations. In some cases refugees have had to construct their own shelter. Plastic sheeting, which degrades within a few months, and that may be suitable for other weather conditions, is only replenished once every two years due to funding constraints. Shelter constructed for vulnerable groups is in some camps congested and in some cases poorly finished, resulting in the need for constant repairs and maintenance. The temporary dome shaped metal structures covered with plastic sheeting are inadequate for day and night temperatures and in some cases can be insecure. Therefore, it is important that appropriate and adequate shelter materials and tools be provided to refugees, especially materials that withstand the hostile weather conditions. The materials supplied should also take into account environmental suitability, durability and security concerns.

The provision of **non-food items** (NFIs), including household utensils, toiletries and clothing is also often inadequate. Due to funding shortfalls, UNHCR is unable to provide some of these items. As a result, although standards have been set in the composition of the NFI packages they are not always met, and the quality of items provided sometimes is not suitable for the conditions. The need to distribute NFIs, in particular for new arrivals, is always critical as they lack many of the essential items and resort to the sale of food rations to purchase what is needed.

Education for refugee children and adults is particularly important considering the high number of children and young adults in the camps. It is a sector that varies considerably from location to location, and some of the newer camps are yet to provide education facilities and services. Nonetheless, the most common challenges facing schools are the shortage of text books, stationary and learning materials as well as high teacher to student ratios and the lack of qualified teachers. Furthermore, school feeding is yet to be a standard activity, available in all camps or host community schools attended by refugees. In some cases, there is lack of pre-school as well as post-secondary education services, adult literacy classes and vocational training for teenagers and young adults.

Health and nutrition services also vary considerably from camp to camp. Where **health services** have been provided, there have been great improvements reflected in the decrease of malnutrition and anaemia prevalence rates thanks to the screening and referral of the increased number of outreach workers. However, the most common factors affecting health service delivery are the frequent turnover of health staff, the retention of qualified staff, vacant positions of medical staff for prolonged periods, absence of adequate transportation for emergency cases, constraints in communication equipment in case of emergencies, and the lack of adequate funding for referral of critical cases to more equipped hospitals. The provision of essential drugs, working hours and the lack of continuous power supply are also some of the factors affecting health service delivery. Perhaps the most critical and important need that is not fully met that needs to be addressed is **mental health**, including psychosocial support and medication as many refugees suffer from trauma and depression. This is an area that requires more attention and can be addressed through medical and non medical means. Furthermore, supplementary and complimentary feeding programmes need to be consistent and extended to all camps.

More attention needs to be paid to tailor activities for different demographic profiles and **vulnerable groups**. Even within the same camp, there are significant differences in the living conditions and coping mechanisms of its residents. A vulnerable group of particular concern are the 4,800 unaccompanied minors: in the Somali camps they are integrated into foster homes,

while in Tigray camps the children live in common shelters supported by an NGO; each scenario provides different challenges and needs. Furthermore, disabled people of whom there are 5,300 and elderly people of whom there are 2,800: also have specific needs and the camp infrastructure needs to be better tailored to ensure that they have access to services such as schools, latrines and health centres. Although these vulnerable groups are assisted by implementing agencies, critical funding shortfalls compromise the provision of adequate support and care. Increased efforts have been made to provide priority for female headed households, widows and polygamous wives and pregnant women, in particular in Somali camps through the registration of women as heads of households, but this is not the case in Eritrean camps. Although young single males are considered the most able bodied and capable, their high numbers and concentration in the Eritrean camps in particular poses different challenges to service providers in mobilising them and engaging them in productive activities. Funding is urgently needed to put in place appropriate programs for this particular group. It is believed that such programs would also prevent their secondary movements to third countries in Europe and the Gulf region.

Some very basic operational procedures related to **food delivery and distributions** also need to be put in place and adhered to. In most cases food rations are delivered on time and in sufficient quantities. A common complaint from refugees is a suspicion of scooping malpractices. Although standard scooping materials have been dispatched to most food distribution centres, others are using materials fabricated by the distribution workers, and there are no weighing scales at some of the distribution sites for refugees to verify that they received the correct quantities. Furthermore, this is compounded by the absence, sometimes, of WFP and UNHCR at food distributions to monitor the process and address the complaints of refugees on site. Also, not all sites clearly indicate the ration entitlements, and not all scoopers and refugees are aware of exact entitlements. More efforts need to be made to engage with and support the refugee Food Distribution Committees (FDCs) to dispel suspicions of malpractices and unfairness. The introduction of the photo ID system has greatly reduced ration card fraud and waiting times have also decreased. A common recommendation for almost all sites is that more shaded areas need to be constructed at distribution sites.

Based on the findings and recommendations of the 2008 JAM, the cereal ration was increased from 13.5 kilograms to 16 kilograms per person per month, to compensate for losses or costs incurred for milling services, because whole grain cereal rather than flour is provided. Nonetheless, **milling and transportation costs**, still account for approximately 33% of the cereal ration. The cost for milling varies from 0.2 ETB per kilogram to 2 ETB per kilogram, while the cost of transportation varies between 0.5 ETB and 1.2 ETB per kilogram. This means that milling costs per beneficiary vary between 2.70 ETB and 27 ETB (13.5kgs of cereals). In addition, the reported transportation costs of the same amount of the commodity are between 6.75 ETB and 16.20 ETB. Reselling value of one kilogram of cereals is as low as 2 to 3 ETB. A beneficiary would then get around 5 to 6 ETB for the top-up part of the ration (2.5kgs) to compensate the milling costs. In some camps mills are provided by implementing partners and managed by refugees as an income generation scheme, however, the lack of maintenance and other operational constraints result in the continued use of commercial mills at great disadvantage to the refugees. Therefore, increased efforts need to be made in supporting the maintenance of mills managed by refugees to reduce costs.

Water and sanitation standards also vary significantly. In some instances water provision exceeds minimum standards and water points are well maintained, and within adequate walking distances, while in others provision falls well below minimum standards. The most common complaint is the inadequate supply and replenishment of water storage containers and the replacement of poorly constructed collapsible jerry cans that are designed for emergency situations, with more solid ones. Communal latrines are not always properly sex segregated and well maintained and therefore some refugees resort to open defecation, which is another source of tension with host populations. There is also the question of cultural attitudes about the use of hygiene facilities in this regard that need to be addressed. Some households have been able to build private household latrines, however more support and the provision of materials for their

construction for additional ones need to be provided. In general, the sanitation and waste disposal is good, however, there needs to be more consistent hygiene promotion campaigns and support to refugee committees and volunteers in the maintenance, management and promotion of water and sanitation facilities and activities.

The assessment findings also called for the need for more structured and consistent **communication and coordination** between partners, in particular UNHCR, WFP and ARRA at the field level for joint monitoring, assessment and reporting. Furthermore, communication and information sharing from country offices to field offices with camp level staff on policies, procedures and guidelines, as well as feed back from assessments needs to improve.

A population of particular concern are the **Eritrean refugees in Afar**. Over the past year there has been significant debate on whether or not to construct a formal and full fledged refugee camp or to provide community based assistance to this population group. Several arguments for and against the construction of camps have been made. Considering the pastoralist livelihoods of the Afar and their close kinship with the host population of the same ethnicity, a camp was deemed as unnecessary. However, many Afar refugees no longer engage in pastoralist activities for lack of means, and have placed a huge burden on the already meagre resources and the capacity of the host populations and local administrations. Adequate support to local basic social service facilities and to the local administration has not materialised. Furthermore, food assistance to refugees in this area is below the standard ration, and is sometimes delayed and incomplete. The large distances and inconsistent schedules have also meant that many refugees have not received their entitlements. Although registered by UNHCR, other basic protection services have not been consistently provided. The nomadic life-style of the Afar refugees has also not helped. Funding constraints too, resulting in lack of adequate services in the Berhale settlement have also discouraged refugees from residing in the camp. The discussions with refugees, host communities and local administration all indicated that a centralised and organised service provision system would be necessary to provide proper assistance and protection to refugees and alleviate the resource burden on the host community. Whether this can be done through enhanced support to existing community structures or must be done through a traditional camp structure is outside the scope of this JAM. The JAM was able to attest that there is a food security problem amongst the Eritrean living in Afar, but the modality for assistance (community based or camp) is still open for discussion, and a decision must be taken by a high level working group composed of UNHCR, WFP and the Government of Ethiopia as soon as possible.

Considering the current prevailing security situation in both Eritrea and Somalia, repatriation is currently not an option for the foreseeable future. For Somali refugees, local integration is unlikely given the strict requirements of Ethiopian law. This makes Resettlement the only **durable solution** available to this population group and many are motivated to resettle to a third country due to employment and education opportunities. The recent introduction of the **“out of camp”** scheme for Eritrean refugees, provided that they can economically self-sustain themselves, will greatly improve their situation. The youth are particularly unmotivated to remain in the camps and sometimes undertake dangerous secondary movements. For some of these youth, secondary movement may have been the principal reason for departure from their country of origin. Therefore, it is of utmost importance to scale up **advocacy** in order for refugees not to undertake these dangerous journeys and **with the government**, enable refugees to have access to land and gainful employment during their protracted stay as refugees in Ethiopia. It has to be recognized, however, that Ethiopia is one of the very few countries in the region where access to land by refugees is possible. However, due to the employment needs of its own huge population, unemployment is likely to remain an enduring issue for refugees.

Many of the constraints in the provision of adequate assistance and services to refugees are related to **shortfalls in funding**. In 2010 only 45% of the UNHCR assessed budgetary requirements for refugee operations in Ethiopia were met. This has compromised the ability of UNHCR, WFP and partners to provide adequate services, in particular in newer camps in the Tigray, Afar and Dolo Ado regions, as well as in sectors such as water and sanitation, non food

items and shelter in older camps. The lack of funding has also compromised the ability to identify and mobilise implementing partners for livelihood activities and environmental protection schemes. Furthermore, the lack of funding has also hindered the ability of agencies to deploy adequate staff to monitor distribution activities and adequately engage with refugee food, water, hygiene and other management committees. Therefore, a concerted effort needs to be made by all partners to carry out joint fund raising activities for the refugee programmes in Ethiopia.

IV. Demographic Overview

At the time of the Joint Assessment Mission the *refugee population in Ethiopia stood at 150,177*, and has *since increased to 166,407*, as of the end of February 2011. Of this total: 91,201 or **55% are Somali refugees**; 46,256 or **28% are Eritrean refugees**; 25,535 or **15 % are Sudanese refugees**; and 3,415 or **2 % are of other nationalities** from eastern and central Africa. The Joint Assessment Mission was only conducted in Somali and Eritrean refugee camps and settlements where 135,432 or 81% of the refugee population in Ethiopia resides.

Table 1: Refugee Population in Ethiopia

Country of origin	Camp/Site	Households	Total population
Various	Addis Ababa	1,385	2,595
	Adi Harush	6,793	8,078
Eritrea	Mai-Aini	10,308	12,642
	Shimelba	5,191	8,907
	ERT-Afar	4,984	15,297
	Fugnido	4,721	21,950
Sudan	Sherkole	1,569	3,673
	Borena	631	2,757
Kenya	Aw-barre	2,541	13,095
	Kebribeyah	2,138	16,749
	Sheder	2,627	10,397
	Bokolmanyoo	5,522	21,586
	Melkadida	7,135	28,336
	Dolo Ado	36	345
Total		55,581	166,407

Of the total refugee population: **52% are male and 48% are female**. Children under the age of five represent 18% of the refugee population; while 26% are children between the ages of five and eleven; 15% are children between the ages of 12 and 17; 39% are adults between the ages of 18 and 59; and 2% are elderly over the age of 60.

Table 2: Breakdown of refugee population by age group and sex

Age group	Sex		Total number by age group
	Female	Male	
0-4 years	14,857	15,349	30,206
5-11 years	21,459	22,284	43,743
12-17 years	12,560	12,354	24,914
18-59 years	29,542	35,087	64,629
Over 60 years	1,490	1,425	2,915
Total	79,908	86,499	166,407

The following table outlines the average household size per camp, which ranges from 1.2 to 9.6, with an overall average of 3 people per refugee household. There are a high number of single

and smaller households in Eritrean and Sudanese refugee camps, while larger households are living in the Somali refugee camps in the Jijiga area and the Dolo Ado transit centre.

Table 3: The average household size per camp

Nationality	Camp / Area	Average household size
Eritrean Refugees	Adi Harush	1.9
	Mai-Aini	1.2
	Shimelba	1.2
	Afar	1.7
Sudanese Refugees	Fugnido	3.1
	Sherkole	4.6
Kenyan Refugees	Borena	2.3
Somali Refugees	Aw-barre	4.4
	Kebribeyah	5.2
	Sheder	7.8
	Bokolmanyoy	4.0
	Melkadida	3.9
	Dolo Ado	9.6
Overall average household size		3.0

The following table outlines the number of vulnerable people in each camp, namely: single households; female headed households; people living with disabilities; and unaccompanied minors.

Vulnerable individuals represent approximately 30% of the total refugee population in Ethiopia. The **highest concentration of vulnerable groups** can be found in **Mai-Aini Camp**, where **93%** of the camp population fall into one of these vulnerable categories, followed by Adi Harush camp (77%), Aw-barre camp (75%), Shimelba (56%) and Bokolmanyoy (43%). The lowest concentration of vulnerable groups is found in Kebribeyah camp where 9% of the camp residents are considered vulnerable, followed by Fugnido (11%), Afar (15%), Sheder (17%), Melkadida (27%) and Sherkole (35%).

The number of **single households accounts for 50% of the overall refugee population** and in Eritrean refugee camps in Tigray, single households account for up to 90% of the households in the camp. The majority of single households are male, accounting for 78% of the single population, while females account for 22% of the single population.

Female-headed households account for 26% of refugee households, and this number is particularly high in the Somali refugee camps in the Dolo Ado area, where female headed households account for 40% and 60% of the camp population. This is perhaps because many women who are in polygamous or separated marriages are registered separately as the head of the household.

The number of **people living with disabilities accounts for 3%** of the total refugee population, 55% of whom are male and 45% of whom are female. There are larger numbers of people living with disabilities in the Somali refugee camps in the Jijiga area.

Unaccompanied minors (UAMs) account for 3% of the total refugee population and 65% of the UAMs are male, while 35% of them are female. The number of unaccompanied minors is particularly high in Mai-Aini camp for Eritrean refugees, where over 1,700 UAMs reside and

account for 14% of the camp population, while in Bokolmanyo camp; there are over 1,100 UAMs, the majority of whom are girls and who account for 5% of the camp population.

Table 4: Number of vulnerable individuals by camp

Camp	Single HHs		Female headed Household	People living with disabilities		Unaccompanied Minors	
	Male	Female		Male	Female	Male	Female
Adi Harush	5,598	98	400	98	9	10	14
Mai-Aini	7,164	2,161	286	409	75	1,479	244
Shimelba	3,472	507	306	307	102	201	63
Afar	875	1,055	200	114	86	29	11
Fugnido	467	207	1,232	182	384	22	21
Sherkole	831	76	128	36	24	128	45
Aw-barre	490	310	369	292	295	136	173
Kebribeyah	67	68	51	357	307	180	178
Sheder	429	717	443	403	416	273	225
Bokolmanyo	742	304	1,646	355	284	535	603
Melkadida	933	407	3,570	350	390	98	130
<i>Sub Total</i>	<i>21,068</i>	<i>5,910</i>	<i>8,631</i>	<i>2,903</i>	<i>2,372</i>	<i>3,091</i>	<i>1,707</i>
Total	26,978		8,631	5,275		4,798	

V. Refugee Population and Camp Overview

a. Somali Refugees

Somali refugees have been present in Ethiopia since the late 1980s, with major influxes occurring in 1991 following the collapse of the Said Barre regime and the surge in fighting in 1994, bringing the total number of Somali refugees in Ethiopia to 628,000 during the mid-1990s. Following relative peace in north western Somalia in 1997, over 205,300 Somalis were repatriated in several phases by 2002, while thousands of others either spontaneously repatriated or stayed among the local Somali community in Ethiopia. At the time of the last JAM in 2008, there were only 25,879 Somali refugees in one camp. However, following the escalation of conflict and instability in south-central Somalia, the influx of Somali refugees resumed and continues to flow and four new camps had to be opened over the past four years.

There are 91,201 Somali refugees in Ethiopia, accounting for 55% of the total refugee population in the country and reside in five different camps: Aw-barre, Kebribeyah and Sheder camps in the Jijiga area in Eastern Ethiopia, as well as in Bokolmanyo and Melkadida camps in the Dolo Ado area in south eastern Ethiopia.

There have been fluctuations in new arrivals over the last two years with several spikes of above 1,000 people per month in 2009 and a range of 600 to 9,000 people per month in 2010. The population profile comprises primarily of women and children at 90%, and the majority of them are from Gedo (67.1%), Benadir (15.7%), Bay (8.3%), and Bakool and other surrounding areas (8.9%) of southern Mogadishu. With fighting continuing, more Somali refugees are arriving on an average of 250 each day. In the first two months of 2011 alone, a total of nearly 7,000 new arrivals were registered.

Somali Refugees in Dolo Ado

The majority of Somali refugees in this area belong to the Marehan, Rahan-weyn, Hawiye, Dir, Darod, Ogaden, Sherkhal, Asharaf clans followed by the Midgan/Gaboye clan. Homogeneity in clan composition, religion, language and culture among the refugees has made their acceptance and continued refuge in Ethiopia and the local community relatively easy. The majority of the refugee population in this area is of rural origin with a pastoralist economic base.

There are currently no obvious population-wide durable solutions. The possibility of voluntary repatriation is not a viable option at this stage for the Somali caseload given the ongoing insecurity at home. Local integration is not available either. Resettlement to a third country remains the only genuine durable solution but is not a population-wide solution given the small numbers of refugees actually accepted for resettlement each year.

Pre-registration Centre

The pre-registration centre is located 2 kilometres away from the border with Somalia, where all asylum seekers report for registration and pre-registration is conducted by ARRA. From UNHCR's monitoring, there have been no cases of refoulement. After pre-registration, a wristband is issued to each individual and they are sent within 24 hours to the transit centre. Water services are provided by COOPI and health or nutrition interventions are provided by MSF-Spain.

Transit Centre

Asylum seekers undergo further screening and eligibility interviews at this centre, conducted by a joint team of UNHCR Data Verification Clerks and ARRA. Registration forms are filled in and the information is entered into the ProGress database. After the screening and registration process, refugees are issued with ration cards and await transport to the camps, scheduled twice a week. Water and latrine facilities are available at the Transit Centre as well as sleeping areas and a

nutrition/health screening program. However, no food was provided after funding was exhausted for the hot meal program in late July 2010, and has since resumed in December 2010. The provision of hot meals is based on an accurate assumption that many of the asylum seekers travel long distances from point of origin and have to wait for 24 to 48 hours at the pre-registration centre before arriving at the transit camp. Furthermore, it was presumed that many asylum seekers did not arrive with adequate food supplies or cooking materials to prepare a hot meal. It is important that this hot meal program be maintained. The hot meal is provided at the transit centre by UNHCR and ARRA at a cost of 50 ETB per person per meal. Furthermore, a stockpile of high energy biscuits to give refugees on the day of transfer from the transit centre and at the camp should also be considered by WFP.

Recommendations: Transit Centre

- UNHCR to continue funding the “hot meal” program in the transit centre for new arrivals to support the food needs of the asylum seekers during registration.
- WFP to consider providing high energy biscuits to be stockpiled at the transit centre to be given to refugees being transferred from the transit centre to the refugee camps.

Bokolmanyo Camp

Bokolmanyo camp was established on 3 April 2009 and currently hosts 21,586 refugees, 54% of whom are female and 46% of whom are male. New arrivals have consistently arrived in Bokolmanyo, with major influxes during September to December 2009 and an average of 70 people per month in 2010, which were primarily cases of family reunification, since new arrivals are now taken to Melkadida camp. The camp has been in an emergency response mode for the last year, addressing the need for life-saving and essential services. Despite the continuing influx, it is important for the population that has been in the camp for a longer period of time that programming and policy reflect a more comprehensive package of services that move beyond life-saving into life-enhancing and asset building.

There are currently 204 unaccompanied minors (UAMs) and 946 separated children living in the camp with extended family members or foster families. The UAMs are on an individual ration card that is given to the foster family and pooled with the family ration, while the separated children are either included in the extended family ration card or given an individual ration card. No other monetary or physical support is given to the UAM, their foster families or the separated children.

Women sit on most of the key groups and associations with the exception of the traditional leaders, and have their own women’s association. Women headed households account for 62% of households in the camp and are considered inherently vulnerable because of the traditional culture that sees male members of the household as playing both a protective role as well as enhancing clan ties and support. In Bokolmanyo, many of the women have been listed as head of household while their husbands are listed as the second head of the household. Other women are head of households because they are in a polygamous marriage, divorced or widowed. It is important to determine why the female headed demarcation is given because some of these women will be more vulnerable than others due to their marital or living status. Women are able to undertake some limited economic opportunities such as running small home-based businesses and tea stalls, but are less represented in the formal employment structures such as working for NGOs in the camp because of their low rate of literacy and often limited exposure to formal education. Unfortunately, even the agencies have few national or refugee women staff members.

Domestic violence and sexual and gender based violence (SGBV) is thought to occur in the camp, yet is underreported due to a lack of confidence in the formal reporting structure through ARRA and UNHCR. There is a preference for the traditional avenues of addressing these issues

that is fairly male-dominated and sees very scant compensation for the survivor of the SGBV, while additional compensation is given to the male members of the households and the traditional leaders.

Coordination is in general quite good with close communication between ARRA and UNHCR at the Dolo Ado level. WFP does not have a permanent presence in the camp but sends a field staff for 2 to 6 days each month to oversee distributions and receive distribution reports.

Recommendations: Policy and Coordination Bokolmanyo

- If possible, all UAMs should be given both a ration card as well as a monthly allowance to purchase essential NFIs such as clothes, toiletries and diversified food items. An implementing agency would need to be identified to manage this small fund.
- UNHCR and IPs to develop a program for UAMs that ensures that all basic protection concerns are adequately addressed, including psycho-social counselling and support.
- WFP is recommended to have a full time presence in Dolo Ado to support the food delivery, food distribution and post-distribution monitoring processes in the camps and to enhance coordination and collaboration between WFP and UNHCR/ARRA.
- UNHCR needs to urgently construct safe houses where women and children and vulnerable young males who are victims of SGBV can go to report the issues, to be protected when needed and obtain counselling and support.

Melkadida Camp

Melkadida camp was established on 12 February 2010 as a second camp to accommodate the increasing number of Somali refugees entering Ethiopia through the Dolo Ado corridor. It has the capacity to accommodate 30,000 refugees, and currently hosts 28,336 refugees, 56% of whom are female and 44% of whom are male. Female headed households account for 62% of the households in the camp. Overall, Melkadida feels very much like an “emergency” camp. Nevertheless, it is essential that the transition be made to establish more permanent and adequate basic services that are up to Sphere standards. Key protection issues such as support to the UAM, SGBV programs and a safe house also need to be put in place.

There are approximately 228 unaccompanied minors of whom 130 are girls and 98 are boys. There are an additional 1,439 separated children (777 girls and 662 boys). UNHCR has yet to find a partner available to assist in addressing the needs of these children. Most have thus far had to arrange for foster families on their own or with the help of the refugee community on arrival to the camp.

Over 80% of the households in the camp have women registered as head of household. As women make up a majority of the population of the camp, it will be necessary to target programs for them and a qualified NGO, preferably a local one, in addition to the International Medical Corps (IMC), needs to be brought on board to address the issue of SGBV, early marriage, sexual exploitation and FGM in Melkadida.

Upon arrival they are supposed to be integrated into the camp and given a ration card, shelter materials, a shelter site plus essential non-food items. This process needs to be improved upon as it is currently not functioning properly. One of the other problems is that there is not a clear system to request food for new arrivals from WFP on a monthly basis. Currently, UNHCR/ARRA is relying on the 10% buffer that WFP sends automatically to cover these food needs, but that buffer is intended to cover food loss in transport and any food damage, and is often not sufficient

to cover the new arrivals. A system for new arrival food requests needs to be developed and can be based on the previous months new arrival average projected to the next month.

Many programs are currently stalled due to funding cuts, and the remoteness of the locations of the camps often means that anticipated supplies are delayed and key missions are cancelled. The Staff in Dolo Ado are working under intense hardship conditions and the office requires additional support both in human resource and funding for the programme. For example, the absence of technical experts in water, shelter, health, nutrition, and education based in Dolo Ado means that many of the key problems are not identified until an expert mission is launched and the follow-up of key recommendations is often not possible leading to technical glitches and insufficient resolution.

Recommendations: Policy and Coordination: Bokolmanyo

- There is an urgent need to establish a program to identify, protect and support UAMs to ensure that their protection needs are met. (UNHCR and IPs)
- The system of supporting new arrivals in Melkadida needs to be streamlined and improved to ensure that shelter, NFI and food is available to refugees on arrival. (UNHCR and ARRA)
- The food request for new arrivals needs to be formalized so that each month adequate stock is sent to the refugee camps for distribution on arrival to the new refugees. WFP, UNHCR and ARRA to review the food request form in order to ensure that all the necessary information is in there, such as a realistic estimation of the influx rate for the coming month (s).
- Additional funding and technical support needs to be made available so that adequate services (education, health, nutrition, protection, shelter, WASH, livelihood and IGA) meeting minimum requirements are fully functioning in the camp.

Somali Refugees in Jijiga

The majority of Somali refugees in the area belong to the Hawiye, Darod, Asharaf, Dir clans, followed by Bantu and Midgan/Gaboye clans. Homogeneity in clan composition, religion, language and culture among the refugees has made their acceptance and continued refuge in Ethiopia and in the local community relatively easy.

The majority of the refugee population is of rural origin with a pastoralist economic base. The refugees have no direct access to formal employment apart from the few employed as incentive workers by implementing partners. They officially have no access to land other than the small plots they are given for erecting their shelter. The prospects for durable solutions for Somali refugees are very limited. Local integration is not available in Ethiopia. There are limited possibilities for resettlement and voluntary repatriation cannot be considered at present due to the prevailing insecurity in the places of origin in Somalia.

Due to security concerns, registration is not undertaken on a continuous basis in Sheder and Aw-barre and asylum seekers are not pre-registered. Rather, they are registered by UNHCR and ARRA during specific registration periods which take place two or three times a year. Additionally, there is a fear that regular registration will create a pull factor, drawing asylum seekers from Somaliland, Puntland and Somalia. UNHCR and ARRA share the *ProGres* database for the registration of refugees in all camps. This uses fingerprinting and photographs for refugee identification. The current system for identification of refugees at ration distribution point in Sheder and Aw-bare is the cross-checking of ration cards against the name and photograph registered in the *ProGres* database. This system was introduced over the past 3 months and has

succeeded in reducing the sharing of cards by refugee. It has also reduced the movement of refugees without Pass Permits.

The refugee community is well integrated with the host community economically, socially and culturally, but conflicts arise over refugee collection of wood for fuel and shelter construction. In Aw-barre camp, however, there were also reports of occasional gang beatings of young refugees by other youths from the district, especially in the form of planned attacks around the valley crossing point from the district to the camp.

Monthly inter-agency meetings are held at both camp and zonal levels. Normally a pre-and post-distribution meeting should be held between WFP, UNHCR and ARRA, but these have not been regular.

Women are well represented in all committees except at clan leader level. The chairperson of the Refugee Central Committee (RCC) in Kebribeyah is a woman, while the vice-chairpersons in both Aw-barre and Sheder RCCs are women. Women feel that their voices are heard and respected. The RCC reported that interaction with ARRA is very good; however, they would like to have more access to UNHCR staff.

Aw-barre Camp

Aw-barre camp was established on 13 July 2007 and currently hosts a total of 13,039 Somali refugees, 53% of whom are female and 47% of whom are male. There are 309 unaccompanied minors and 369 female headed households and 587 people living with disabilities in the camp.

Kebribeyah Camp

Kebribeyah camp was established in 1991 and currently hosts 16,551 refugees, 51% of whom are female and 49% of whom are male. Only 15% of the households are headed by females and there are currently 309 unaccompanied minors and almost 600 people living with disabilities in the camp. The resettlement program to third countries began in May 2009 and total of 800 people have been resettled to date.

Sheder Camp

The population of Sheder camp in October 2010 comprised of 10,332 Somali refugees, which is an increase of 2,000 since last year. Of the total residents 52% are female and 48% are male. There are 498 unaccompanied minors, 819 people living with disabilities and 443 female headed households residing in the camp. Some 893 refugees were transferred from Aw-barre at the beginning of Oct 2010. Due to security concerns, registration is not undertaken on a continuous basis in Sheder and asylum seekers are not pre-registered.

b. Eritrean Refugees

Eritrean refugees entered Ethiopia following the Ethio-Eritrean border conflict between 1998 and 2000. They were initially just over 4,000 refugees settled in Wala'nhibi and were later moved to Shimelba camp in May 2004. There are currently a total of 46,256 Eritrean refugees in Ethiopia, accounting for 28% of the overall refugee population in the country and they reside in three camps in the Tigray region: Shimelba, Mai-Aini and Adi Harush and in settlements or amongst the host community in the Afar region in Berhale, Asayita and other villages.

The Tigrigna ethnic group constitutes nearly three quarters of the total population while the Kunama ethnic group constitutes around one fifth of the total population. Other minority groups like Saho, Tigre, Bilen, Afar and Nara comprise of less than 3% of the Eritrean refugees. Tigrigna refugees are mainly young single men of urban origin, while Kunama refugees are mainly extended families of rural agro-pastoralists backgrounds.

The current population consists predominantly of young educated men targeted for universal military conscription in Eritrea. Other key factors contributing to the influx of refugees into Ethiopia include economic stagnation and the introduction of food and non-food rationing; restrictions of movement; and religious persecution. Recently there has been an increased influx of unaccompanied minors crossing the border on their own, with a total of 2,051 Eritrean UAMs now registered in the country, 84% of whom are boys.

The government of Ethiopia has recently introduced the 'out-of-camp' scheme, enabling Eritrean refugees to live outside camps and in any part of the country, provided that they can sustain themselves financially or through remittances. Already, hundreds of Eritrean refugees are benefiting from the scheme, including some 200 who joined various institutions of higher learning.

Eritrean Refugees in Tigray

Shimelba Camp

The camp was established in May 2004 and currently hosts 8,907 refugees, 34% of whom are females and 66% of whom are males. The camp comprises of two main ethnic groups, the Tigrinia speaking, who account for 56% of the camp population and are mainly young single males of urban backgrounds wishing to resettle to a third country, and 42% of which are Kunamas who are agrarian families, and the remaining 2% are from Saho, Bilen, Tigre and Nara ethnic groups. About 77% of the camp is comprised of single households.

There has been increasing tension with the host community over the collection of firewood and grazing activities, leading to harassment and theft. The refugees have very diversified educational backgrounds. The most significant ones are students, ex-soldiers, farmers, unaccompanied minors, ex-civil servants and formerly self-employed individuals. Although relatively small in number, there are also teachers, electricians, former merchants, carpenters, drivers, mechanics, masons and priests. About 145 of the refugees were either attending or graduated from institutions of higher education.

Mai-Aini Camp

Mai-Aini camp was established in May 2008 and currently hosts 11,971 refugees, 71% of whom are male and 29% of whom are female. The camp previously hosted over 17,000 refugees until the revalidation exercise in May 2010, when the figure reduced to 11,000 people. Although the resettlement programme has not yet begun in the camp, the significant reduction in the camp population can be attributed to the illegal movement of refugees within Ethiopia, Sudan and other neighbouring countries.

The camp is heavily populated with single households who comprise 90% of households in the camp, and especially single males (7,164), who account for 70% of the camp population; as well as a high number of unaccompanied minors (1,723). Due to the relatively good conditions in the camp, single women, female headed households and the elderly amongst the new arrivals are referred from Adi Harush camp where they are accommodated in houses constructed for them.

Adi Harush

The Camp was established in April 2010 and currently hosts 6,142 Eritrean refugees. The camp is mainly comprised of young single males, who make up 84% of the camp population and families. Single or female headed households and unaccompanied minors are referred to Mai-Aini Camp. The current rate of influx is about 50 people per day. The camp is managed by ARRA and is facing serious funding shortfalls and therefore many basic social services and infrastructure are lacking.

Eritrean Refugees in Afar

There are currently 15,297 Eritrean refugees of Afar origin, residing in the Afar region of Ethiopia who are scattered across several villages. Of the total registered refugees in the area, 54% are male and 46% are female; only 200 of the 5,000 households are female headed and 200 people are living with disabilities while 40 children are unaccompanied.

Although the presence of Afar Eritrean refugees in the area goes back to the eruption of the Ethio-Eritrean war, refugees were first registered and provided with assistance in 2006. Due to the strong clan linkages that the refugees have with the host community of the same ethnicity, they live in harmony. Despite this, refugees are a serious burden to host communities who themselves lead a marginal existence due to chronic food insecurity. Although there has been significant debate on whether to construct a camp or to support the refugees through community based assistance, the lack of a clear strategy has meant that assistance in either form has been compromised and currently the coping mechanisms and capacity of the refugee population and the host community as well as the local administration has been over stretched. While it is outside the scope of this JAM to determine the most appropriate modality of assistance (camp based or community based) it was clear to the mission that this population is quite food insecure and that the lack of livelihood opportunities afforded to some of the host population in these areas are severely lacking for the refugees. There is a need to review the support of the Afar caseload.

Erepti

There are currently a total of 2,169 refugees residing amongst the host population in 13 Kebeles in Erepti Woreda. A UNHCR revalidation and registration exercise was being conducted at the time of the mission. As there is no camp in the area, refugees are scattered in 13 Kebeles in the Woreda, mostly living in villages and not in Erepti town. Some newly registered refugees arrived in the country six months ago and during this period relied entirely on the host community for food, clothing and shelter.

At the time of the mission, new arrivals were being registered and a revalidation exercise was ongoing for the older refugees. Data obtained from the camp coordinator reveals that the total number of refugees as of end of October stood at 3,430. This includes the 1,261 new arrivals that were being registered. The newly registered refugees have already been in the country for over 6 months and entirely depended on the host community for food, clothing and shelter since they came with virtually no household assets and property.

Berhale settlement

The current refugee population in the Woreda stands at 2,469, of which 59 are new arrivals. Initially the refugees were scattered in different Kebeles and lived with the host community. Now, some live in an unofficial "camp" near Berhale where UNHCR constructed a water supply system, while most of them live in the vicinity around the camp with the community. An estimated 35 to 40 people arrive from Eritrea each month into the Woreda.

The host communities are over burdened with supporting the refugees with food, shelter, clothing, shoes and other items. Although the pressure has reduced since the establishment of the camp, the host community continues to support them as the services provided by the Government and the UN is very limited. Woreda officials have highlighted the seriousness of the burden the community have had to carry despite the Woreda being resource poor and chronically food insecure. UNHCR and WFP have agreed to assist the refugees within the community.

c. Sudanese Refugees

The 25,535 Sudanese refugees living in Fugnido and Sherkole camps in western Ethiopia were not included in the scope of this JAM. It was determined that their situation has not changed

significantly from the 2008 JAM findings and therefore the food support and ration basket should remain unchanged from the 2008 recommendations.

d. Kenyan Refugees

The Kenyan refugee population of 2,757 people was also not addressed within this JAM. This group was intended to be repatriated in 2010, but that has not yet been realized. UNHCR has requested that this group continue to be assisted with food as agreed with WFP within the next PRRO cycle until the repatriation can occur.

e. Urban Refugees

The registered urban refugees of some 2,595 people of various nationalities residing in Addis Ababa were also outside the scope of this JAM. It is recommended that some form of urban assessment occur in 2011 to determine the levels of food security and livelihood opportunities within this group to determine if reduced or expanded assistance is required.

VI. Major Findings and Recommendations by Sector

a. Food Assistance and Coping Mechanisms

The food ration provided to refugees in Ethiopia is based on a diet of 2,100 Kcal per day which amounts to a monthly entitlement of: 16 kilograms of cereal (which includes 20% supplement to cover milling costs); 1.5 kilograms of pulses; 1.5 kilograms of fortified blended food; 900 grams of vegetable oil; 450 grams of sugar; and 150 grams of salt. However, Eritrean refugees in the Afar region who are integrated with the host community have been provided with a ration that is similar to food assistance provided for community based programmes and is based on a diet of 1,950 kcal consisting of: 15 kilograms of cereal, 1.5 kilograms of pulses and 450 grams of vegetable oil.

Table 5: General food ration scale and nutritional value

Food commodity	Daily ration	Monthly ration	Energy (Kcal)
Cereals	533 g	16 kg	1,760
Pulses	50 g	1.5 kg	168
CSB/ Famix	50 g	1.5 kg	133
Vegetable Oil	30 g	900 g	200
Salt	05 g	150 g	60
Sugar	15 g	450 g	0

Table 5.1 Micro nutrient value of the General food ration scale

Food Commodity	energy	Protien	fat	calcium	iron	iodine µg	VIT. A µg	Vit C mg
Cereals	1,760	65.6	8.0	192	21.3	0	0	0
Pulses	168	10.0	0.6	72	4.1	0	0	0
CSB/ Famix	133	0.0	15.0	0	0.0	0	135	0
Vegetable Oil	200	9.0	3.0	90	6.4	1	251	25
Salt	60	0	0	0	0	0	0	0
Sugar	0	0	0	0	0	300	0	0

Table 5.2: Supplementary food ration scales

Supplementary Food Ration			
Food commodity	TSFP*	BFP**	TFP***
Cereals	0	0	0
Pulses	0	0	0
CSB/ Famix	200g	150g	125g
Vegetable Oil	30g	10g	35g
Salt	0	0	0
Sugar	15g	20g	30

* TSFP: Targeted Supplementary Feeding Programme
 ** BFP: Blanket Supplementary Feeding Programme
 *** TFP: Therapeutic Feeding Programme

The food ration provided is the main source of food and income for most refugees and interviews with refugees revealed that the ration lasts for an average of two weeks for single and small households and three weeks for larger households. In order to cover the food gap, the main coping mechanisms reported were borrowing food or money from petty traders, only consuming two meals a day and diluting rations. A minority of refugees receive remittances, run small

businesses or are employed as daily labourers or incentive workers with implementing partners. Some households are involved in back yard gardening and rear ruminants or livestock to supplement their diets with vegetables, fruits, meat and milk. Most of the production is for household consumption and only a small portion is sold to neighbours. Other coping mechanisms are the collection and sale of firewood as well as the hiring of donkey carts.

Reports revealed that refugees monetize between 25 and 75 % of their ration to purchase other more preferred cereals such as rice and pasta amongst the Somali refugees and sorghum amongst Eritrean refugees. In addition, refugees purchase other foods, condiments and spices such as *shiro*, vegetables, tea, milk and sugar. This is primarily to enhance dietary diversity and palatability of the ration. Proceeds from the ration are also used to purchase clothing, household items and toiletries. These are the key factors of why the ration does not last for the entire month.

Refugees requested that the cereal ration is replaced with rice, pasta or sorghum because these are the primary food substitutions they make each month in the market at very poor terms of trade. Refugees questioned the possibility of including rice in the general ration given that it is considered a staple for most of the Somali refugees. This request has been made to successive JAM teams and this year it was determined that at minimum a costing and feasibility exercise should be undertaken to determine the actual monetary cost to WFP of providing some rice versus the monetary and kilocalorie losses for the refugees who trade cereal for rice consistently.

In some camp discussions, refugees requested that wheat flour is provided instead of whole grain wheat. However, deeper focus group discussions indicated that this desire for flour over grain is in response to the high costs of milling incurred. Most refugees would prefer the more versatile whole grain wheat if they could be ensured that the milling costs could be reduced. Whole wheat is generally easier to transport and store, has longer shelf life, and the refugees are able to prepare it in three different ways, depending on the level of milling (cracked, coarse or fine). This adds to some extent in the palatability because it reduces the monotony of the diet to some degree. The monotony issue also was raised in terms of a request that the cereal be split into wheat plus maize on a monthly basis, rather than all wheat for half the year and all maize for the other half.

Finally, refugees reported that the pinto beans provided take a long time to cook and require a lot of firewood. It was indicated that while the spilt yellow peas and lentils were acceptable and not difficult to prepare, the pinto or red beans were not well liked and are not time or fuel efficient.

The fortified blended food (FBF) is mainly consumed by children, but most households reported eating it as a staple breakfast food for the days of the month it was available and switching to porridge or pancakes once the FBF was finished.

Immediately following the food distribution, refugees pay for milling and transportation costs in kind or in cash, which can account for up to 33% of the cereal ration. The cost of transportation varies between 0.5 ETB and 1.2 ETB per kilo, while the cost for milling varies between 0.2 ETB and 2 ETB per kilo. This means that milling costs per beneficiary vary between 2.70 ETB and 27 ETB (13.5kgs of cereals). In addition, the reported transportation costs of the same amount of the commodity are between 6.75 ETB and 16.20 ETB. The reselling value of one kilogram of cereals is as low as 2 to 3 ETB. A beneficiary would then get around 5 to 6 ETB for the top-up part of the ration (2.5kgs) to compensate for the milling costs.

In most camps, mills are provided by implementing partners and are managed by refugee women as an income generation scheme. Although this is sufficient to cover the running costs of the mill, it is not sufficient to cover the maintenance of the machines which breakdown and require costly spare parts and transportation. In many camps the mills are often not repaired for months and therefore, many refugees resort to the use of commercial mills at higher costs. The cost of milling is having a major impact on the food security of refugees. The previous JAM recommended an increase in ration to balance the cost of milling a whole grain cereal. Unfortunately, this additional

cereal underestimated the real costs of milling and so despite the additional 20% in cereal, the actual costs are often 30%. In order for refugees not to be disadvantaged by receiving whole grain, either the ration will need to be further increased or additional investment needs to be made to ensure that milling is available at a reasonable price.

The food rations are normally distributed on time, with the full food basket provided. In 2010 WFP distributed 32,195.84 MT of assorted food commodities, which represents 96.3% of the requirements. The full food basket was provided for 10 months of the year, with vegetable oil and sugar omitted from the ration in September and November, respectively. Food was delivered on time for 9 of the 12 distributions in 2010; and delays were due to the transport capacity constraints in the country.

Food distributions normally take place over a three day period and are well organised. Since the introduction of the photo ID system, waiting times in the distribution lines have reduced significantly. On average refugees spend a maximum of 5 hours travelling to and from the distribution site and waiting in line. The exception is for the Eritrean refugees in the Afar region who are scattered across several woredas and sometimes spend up to 3 days travelling to and from the distribution site.

Although standard scooping materials have been developed and dispatched to almost all camps and settlements, there are high levels of suspicion of scooping malpractices amongst refugees. Many refugees feel that they can not voice their concerns and do not trust in the neutrality of the Food Distribution Committees (FDCs). Although the Memoranda of Understanding between WFP, UNHCR and ARRA clearly state that all parties should be present at food distributions, this has not been the case, and WFP and UNHCR are often absent due to shortage of staff whose services are also required elsewhere. The presence of all parties at the distributions would help in managing complaints and dispelling suspicions of malpractices. Furthermore, weighing scales are available in almost all the warehouses but are not put at the disposal of refugees to verify whether they received their correct entitlements. In addition, posters clearly stating the ration entitlements are available, but are not always visibly posted in all camps. More support needs to be given to the Food Distribution Committees (FDCs) by WFP and UNHCR, in supervising, monitoring and addressing issues on a regular basis. In some cases the Refugee Central Committee (RCC) takes on the role of the Food Distribution Committee (FDC), which should not be the case as it politicises the food distribution process.

In addition waiting areas for refugees need to be shaded, in order to provide adequate shelter from the rain or sunshine. A best practice identified was the structure of temporary health centre in Adi Harush camp that enables the food distribution process to flow smoothly while providing proper shade for distributors and refugees alike.

In the Somali refugee camps, women are always registered as the head of household on the ration cards, even though they are living with their husbands in either a polygamous, monogamous or separated marriages. Furthermore, other members of the household are allowed to collect the ration on behalf of the head of the household. In the Eritrean refugee camps, this has not been the case, the registered head of the household is often male and other members of the household are not entitled to collect the ration on their behalf in their absence.

The large number of single headed households, especially in the Eritrean refugee population in the North, indicates that the current ration basket is not calibrated to the needs of the majority of refugees living in these camps. The standard 2,100 kcal basket is intended for a larger family where ration sharing occurs across age groups and caloric needs, allowing for different consumption levels. For the Eritrean refugees, most are single households and many are single men. It is well known that few of these refugees actually cook and prepare the ration alone, but rather trade it for more preferred commodities; share in larger informal groups; or make arrangements with the many small restaurants in the camps to offer the ration plus cash in

exchange for a meal program. Given that much of the food is not consumed as intended, it is possible that a different modality of food assistance might be more appropriate in these camps which could reduce long waiting times at the distribution and reduce the high transport and distribution costs borne by WFP. To that end, it might be worthwhile looking into the possibility of mixed modalities of assistance that could include some cash or food vouchers to better meet the needs of this very specific group.

Recommendations: Food Assistance

- As per the Memoranda of Understanding (MOUs): WFP and UNHCR should be present at all food distributions to support ARRA and the Food Distribution Committees (FDCs) in managing, supervising and monitoring the food distribution process and addressing complaints as they arise.
- UNHCR and ARRA should ensure that standard and quality scooping materials are dispatched to all camps, while WFP should ensure that weighing scales and posters are made available, accessible and visible to all refugees in order to dispel suspicions of scooping malpractices.
- WFP, UNHCR and ARRA should ensure that Food Distribution Committees (FDCs) are established in all camps and settlements, and that they are independent of the Refugee Central Committees (RCCs). WFP, UNHCR and ARRA should also regularly engage with the FDCs and provide them with adequate training, support and guidance. Furthermore, the composition of the FDC should be comprised of at least 60% females.
- ARRA and UNHCR should ensure that mills managed by refugees in the camps are operational and support the maintenance, repair and acquisition of spare parts for the mills, in order to keep milling costs below the 2010 threshold.
- Additional functional mills are needed in all camps to reduce the large burden of milling on the refugees and to improve their food security. WFP and UNHCR should jointly seek possibilities to improve refugees' access to milling.
- WFP should explore the feasibility of diversifying the contents of the cereal and pulses ration for the next PRRO in order to enhance dietary diversity in the food basket.
- Shaded waiting areas should be constructed by UNHCR at all distribution sites to protect refugees from rain or sunshine.
- WFP should ensure that food is delivered on time and that adequate stocks are pre-positioned in camps that hard to access during the rainy season; while ARRA should ensure that the distributions take place on time.
- When items in the food basket are omitted from the distribution for several consecutive months, WFP, in consultation with UNHCR, should look into possibilities of compensating the shortfall with an alternative food item at recognised substitution scales.
- WFP, UNHCR and ARRA should review all services to support the Afar refugees, including the possibility of providing a monthly food basket meeting the minimum 2,100 kcal standard.
- A feasibility study to be carried out to assess the possibility of piloting cash or voucher schemes for selected refugee caseloads.

b. Fuel and the Environment

The state of the physical environment surrounding all camps was already very fragile before the arrival of refugees. There has been further degradation due to the collection of firewood for cooking and mud for the construction of houses. For example in Aw-barre camp the average walking time for the collection of firewood has increased from 3 to 7 kilometers over the past three years. The collection of fire wood is a major source of tension with the host community and has resulted in harassment and theft; therefore women are increasingly traveling in groups. Some women walk for up to 10 km to collect firewood, which requires an entire day and some households spend 3 days a week collecting firewood. Only a small minority or 10% buy bundles of firewood for an average of 70 ETB a month from the local market. The elderly and the disabled have difficulties in the collection of firewood and often borrow from their neighbors.

In order to minimise the use of firewood for cooking there have been several initiatives over the past years including the introduction of kerosene or ethanol stoves, fuel-saving stoves and solar energy stoves. However, this has still not solved the problem and fuel saving stoves has only contributed to a 30% reduction in the use of the firewood. The distribution of kerosene or ethanol has been inconsistent across all camps and the ration size is also inadequate, which lasts for an average of ten days. Therefore, kerosene and ethanol are mainly used by the refugees for illumination or is sold to purchase other household items. Furthermore, as the kerosene stoves are too small to cook food for the entire household, many Somali refugees resort to the use of traditional three stone stoves to cook their meals.

The rate of deforestation has to be coupled with a corresponding rate of reforestation activities and environmental protection programmes. A good example is the National Resources Development and Environmental Protection (NRDEP) project around Shimelba camp, which produced some 550,000 seedlings that were planted in the local community, refugee camp and local school and mobilized 110 refugees to participate in soil and water conservation and hill side terracing. However, due to lack of funding these activities have ceased and have not been replicated in other camps in the area.

Other environmental hazards include flash floods in near Aw-barre camp that lead to three deaths and many injuries. In Adi Harush camp in Tigray, due to the inadequate supply of water and the inadequate sanitation facilities, refugees collect water from the local spring and defecate in the surrounding fields. There is also a cultural challenge regarding sanitation facilities that needs addressing through sensitization. The tension with the host community and militia is evident due to these practices, and steps must be taken to reduce these tensions, otherwise this could lead to a security or protection risk. Furthermore, the extensive use of mud for the production of mud bricks for the construction of shelter has also lead to soil erosion and land degradation, and increased the tension with the host communities.

Recommendations: Fuel and the environment

- A concerted effort to find a solution to minimise the use of firewood for cooking needs to be made by all partners. In this context, recommendations from the SAFE mission, amongst others, to find alternative sources of energy should be taken into consideration.
- Until a long term solution is found for fuel, kerosene or ethanol stoves as well as the fuel saving stoves should be distributed to all households. Furthermore, UNHCR and ARRA should increase the kerosene or ethanol ration and should provide training on how to safely use the stoves.
- UNHCR should immediately mobilise funding and at least one implementing partner for newly established camps to work on environmental protection issues, including agro-forestry

programmes and soil and water conservation. These programmes should be carried out in collaboration with refugee committees and the host community.

- As the kerosene rations provided for cooking is instead used for lighting, an alternative source of lighting should be provided by UNHCR and ARRA, such as solar lanterns that are beneficial for the environment, safety and security.
- UNHCR and its Implementing partners should consider introducing a “work for fuel” scheme for refugees.

c. Livelihoods

Although some refugees have been able to supplement their income and livelihoods through the establishment of small businesses or engaging in limited agricultural production, this has been largely due to support through remittances or access to loans outside the formal assistance structure. A major gap in the assistance to refugees has been the lack of support for income generation activities, micro credit schemes and vocational training.

Funding constraints and lack of implementing capacity to continue the multi-storey gardening scheme has been a major set-back for many refugees, who would like to see the programme reinstated. Increased funding and capacity to support refugees in developing activities that would enhance their livelihoods is urgently needed. Refugees are interested in moving towards decreased dependency on food aid and increasing self-reliance, but this is not possible if adequate support, start-up capital and coordinated programming are not undertaken. The 2010 review of multi-storey gardens underlined the refugee interest in this program and the clear failure of the implementing partner to provide necessary support and training. The failure of the program due to an implementation issue should not be supported, but rather efforts to enhance backyard gardening with all of the lessons learned should be redoubled so that dietary diversity and self-generated food security becomes a reality for those interested refugees.

In the *Eritrean refugee camps in the Tigray region*, Kunama refugees are involved in agricultural production on land leased under private agreement with members of the host community. The refugees do not pay to use the land but rather share their produce and labor costs. Most of the produce is used for household consumption and not for selling, this is also complemented with backyard gardening. Kunama refugees also rear livestock such as goats, donkeys and cattle; however there is no land officially allocated to them for grazing. The multi-storey gardening (MSG) project has ceased since the departure of an implementing partner and the lack of funding for the continuation of the project. During the focus group discussions, refugees complained about the discontinuation of the MSG activities and requested that this activity is reinstated.

On the other hand, Tigrinya refugees, who are mainly young single males from an urban background, are involved in running small businesses such as shops, cafes, restaurants, hotels or cinemas. Many refugees are self-taught in their respective areas of expertise and accessed loans and credit from remittances and other means. There are no formal income generation activities, micro credit schemes or skills and vocational training for young adults.

The *Afar Eritrean refugees* are of a pastoralist background, however many of them lost their livestock during their journey into Ethiopia and are no longer involved in pastoralist activities. As both the host community and refugees are pastoralists, there are virtually no agricultural activities in the area and the main sources of income in the region are the trade of salt and livestock.

In the *Somali refugee camps* there is a great desire to be involved in income generation activities, micro credit schemes and skills training that is currently not being met. Suggestions included

financial support to grow existing small businesses such as grocery shops, butcheries, cinemas, building water tanks, pottery, managing restaurants and small hotels, importing items to trade, breeding chickens, and running a slaughter-house. Other ideas include sewing, repairing clothes and making incense. Furthermore, there is also strong interest in skill sharing amongst members of the community. The Refugee Central Committee in Sheder Camp requested for stationary and a space where such training could be conducted using refugees as teachers. Those already involved in petty trade stated that their businesses were profitable and the only major challenge was that sometimes their goods were confiscated by customs authorities.

A livelihoods project was being run by ZOA but funding was suspended recently by UNHCR due to an audit issue with ZOA. Those involved in the animal husbandry project stated that they faced problems in securing feed for the goats, and sometimes clashed with the host community over grazing land. As a consequence, participants in the project fed part of their own food ration to their animals. These issues require further investigation and options explored to see what possibilities will circumvent these threats.

Only a few households in the camp engage in vegetable production in their backyards. Some of them learned their skills from neighbors and a few sell their produce at the local market, earning around 15 ETB per week. Some of the main challenges in expanding the programme included: high risks due to livestock eating their produce, insect infestation, rocky soil, and insufficient land. Very few households have livestock and ruminants, those who do have between 2 and 7 chickens, 2 goats and 1 donkey. The poultry is used mainly for eggs, while goats are used for milk and meat, which are also sold.

Many refugees in both Somali and Eritrean refugee camps are well educated and are from an urban background and therefore are less interested in engaging in agricultural activities and backyard gardening. It is therefore essential, that IGA activities are based on the expressed interests of the specific population to ensure that they are appropriate and successful.

Given that milling and transport of the ration are two of the largest expenses for refugees (followed by dietary diversity), IGA activities should be developed that link food security and livelihoods, such as milling cooperatives and donkey carts or wheelbarrows enterprises for ration transport. Linking these could have maximum impact on food security by both reducing the outright costs of milling and transport to the whole community and by allowing for income generation to key targeted groups such as the disabled, women headed households and the youth.

Recommendations: Livelihoods

- In order for refugees to improve their food security and their overall income levels, a priority is the implementation of income generation activities, micro credit schemes and skills and vocational training. UNHCR should seek funding and mobilize implementing partners with the capacity and additional funding if possible to implement IGAs.
- UNHCR should bring on board staff to develop a longer term livelihood strategy to enhance opportunities for self-reliance; and to focus on strategies that directly impact food security such as milling and transport.
- Due to the high interest amongst refugees, funds and implementing partners to reinstate the Multi-storey garden (MSG) schemes in camps should be sought by UNHCR and ARRA. Lessons learned from previous projects should be incorporated into the new ones.
- UNHCR should continue the dialogue with the government for grazing rights of refugees in areas surrounding camps.

- It is recommended that Eritrean refugees in the Afar region should be assisted with livestock restocking programmes to reduce their dependence on the host population and enable them to reinstate their livelihoods. (UNHCR)

d. Shelter

Shelter for refugees varies significantly within and between refugee camps. The main challenges are providing adequate emergency shelter for new arrivals as well as finding appropriate solutions for longer term shelter that it is resistant to the natural elements, secure, environmentally friendly and cost effective. In most cases refugees are required to construct their own shelter, without the necessary knowledge or materials and tools. Shelter is constructed for vulnerable groups such as the elderly, the disabled, unaccompanied minors and female headed households. However, the finishing is sometimes poor and the structures require regular maintenance and repair.

Dome shaped metal rods covered with plastic sheeting, are used as temporary emergency shelter, with a shelf life of approximately 4 months. However, even as a temporary measure, the quality of these tents is poor, as they trap the heat of the sun and temperatures inside are very high during the day. The roofs leak and rain water can flood into the tent from underneath the walls, destroying food which is stored inside the tent. The tents offer no protection from the winds either, with reports of the wind blowing prepared food off plates or causing dust to cover it. Furthermore, the tents do not provide adequate safety and protection and are easily broken into, and single females and female headed households reported that they do not feel safe in these tents. Maintenance is not provided and refugees use two methods to maintain their shelter: they secure extra plastic sheeting to cover the damaged patches or they construct traditional houses made of sticks with a plastic sheet to cover the roof.

New arrivals are also provided with wooden poles and plastic sheeting as a temporary measure until they construct their own shelter. This type of shelter is also inadequate and refugees often end up residing with family or friends in congested conditions or reinforce this structure with additional wooden poles, with detrimental consequences for the environment. In the *Eritrean refugee camps in Tigray*, new arrivals reside in a communal transit hall for up to two weeks until they construct their houses. However, they are not provided with the tools and materials to construct their houses and therefore rent the tools for 30 ETB a day.

In *Somali refugee camps in the Dolo Ado area* some households have constructed their own shelter with wooden poles, covered with plastic sheeting. This method is not recommended as it consumes a lot of wood with detrimental consequences for the environment. Most refugees reside in tukuls ranging from 9m² to 12m², which are not resistant to the natural elements such as rain and wind storms. Construction materials and plastic sheets provided are inadequate and insufficient, and deteriorate within 3 months, but are only distributed once a year, and are incompatible with the climate. Refugees stated that they use used clothes and to reinforce their tukuls, however this is not sufficient and they requested for mud block houses and corrugated iron sheet roofs. In an ideal situation, refugees mentioned they would like permanent housing made of brick with a corrugated iron roof with a door. The influx of new arrivals in the camp over the past few months have been left without shelter, forcing them to share tents with long established refugees, who were provided with tents.

In the *Somali refugee camps in the Jijiga area*, the shelter provided by the Save the Rural Society (SRS) was appreciated; however the size of the shelter (6x4 meters) is inadequate for a family size of six or above. Though it meets the criteria for a cost-effective shelter, and is resistant to the natural elements, it takes a long time to construct and requires technical capacity that many refugees do not have. In an attempt to address the shelter issue, UNHCR Ethiopia has introduced on a trial basis a new locally developed dome shaped shelter. The issue of shelter will, however, remain a serious challenge until an appropriate solution is found. Although most refugees live in

tukuls, the residents living in the mud block houses stated that they were happy with their shelter as it protected them from the natural elements and robberies; however they stated that the finishing is not up to standard.

In *Eritrean refugee camps in Tigray* there are two types of shelter in the camp: stone houses constructed by ARRA for the elderly, disabled, unaccompanied minors and single or female headed households; and mud brick houses constructed by able-bodied refugees. New arrivals are provided with three wooden poles and plastic sheeting, as a temporary measure until they construct their house. Due to the high demand, there is a shortage of land as well soil for mud brick construction, resulting in environmental degradation. The mud brick constructions are easily damaged by rain and therefore are not durable. The stone shelters for vulnerable people accommodate an average of 6 people and those for unaccompanied minors, house up to 13 children, which is too congested.

No shelter materials were provided to *Eritrean refugees in Afar* and most refugees are staying with host families, with up to 19 people sleeping in a single shelter, and some sleeping in the open air under trees, a common habit even among the local communities in the region due to extreme hot weather conditions. Even then, due to the shortage of resources, in particular wood, most refugees are unable to construct traditional shelters known as *deboras*. The lack of shelter is a serious issue for refugees and local communities who are also vulnerable to attacks from animals, diseases and bad weather conditions. Children, women and the elderly are particularly at risk. In the temporary camp, shelter varies from well constructed mud houses to open shelter. No durable shelter items were provided to the refugees, except for plastic sheeting and four wooden poles that were provided three years ago when the refugees first settled in the camp. The average household size is 10, with a range of 5 to 15 sleeping in a shelter unit. Limited or no shelter exposes families to wind and rain, with many health risks for vulnerable people.

Recommendations: Shelter

- Alternative solutions for emergency temporary shelter need to be provided to new arrivals, as the dome shaped metal rods covered with plastic sheeting are inadequate for the weather conditions, security and protection. (UNHCR)
- Refugees need to be provided with tools, materials and technical support to construct their houses, to ensure that they are durable and resistant in the long term and that the materials are appropriate to weather conditions. (UNHCR and ARRA)
- Communal shelters constructed for vulnerable individuals should be more resistant and durable and should be less congested. (ARRA)
- Plastic sheeting should be distributed at least three times a year as it has a shelf life of only four months. (UNHCR, ARRA)

e. Non Food Items

The distribution and replenishment of non food items, such as kitchen sets, blankets, mats and toiletries is often piecemeal and inconsistent across camps. Due to shortages in NFI stocks and the lack of targeting criteria for the limited resources, some of the NFIs available are not distributed regularly to satisfy the need. Although standards have been set for the composition of the NFI rations per household, they are not being met. A major gap in the NFI sector is the distribution of clothing, (for which funding is not available in UNHCR), in particular for new arrivals, especially former military personnel who still wear their military fatigues.

For *Somali refugees* non food items are distributed once a year: the distribution of household items last took place in May 2010 and kitchen utensils in 2008. There are exceptional distributions for emergency cases. Refugees complained of the quality and size of the blankets provided, which sometimes cause skin allergies, in particular for children. They also requested that the collapsible jerry cans are replaced with more sturdy ones. Refugees also stated that the NFI ration is insufficient especially for larger families; most notably quantity, quality and durability of blankets and they requested that jerry cans and sleeping mats are replaced more regularly. On this issue UNHCR in Ethiopia has requested to be allowed to do local purchases for suitable items for the local conditions instead of relying on unsuitable imports purchased by Headquarters.

In *Eritrean refugee settlements*, new arrivals, especially those that arrived since September 2010, have not been provided with NFIs such as blankets, kitchen utensils, mosquito nets due to shortfalls. Refugees expressed the need for the provision of cooking pots, anti-malaria nets and blankets. Furthermore there is a shortage in the supply of jerry cans for water storage. The NFIs distributed to older residents are also insufficient and do not match the number of people per household. As many of the residents are young single males who defected from the army, there are many males still wearing their military fatigues which can cause a security or protection risk. It is therefore important that new arrivals are provided with civilian clothing.

Recommendations: Non-food items

- Refugees, in particular new arrivals, should be provided with the complete NFI package and clothing and NFI packages for older refugees need to be replenished on a more regular basis. (ARRA, UNHCR).
- It is essential that the quality of key non-food items (such as jerry cans and blankets) be up to standard and acceptable to refugees. Emergency collapsible jerry cans are not appropriate for protracted situations and should not be distributed except if an actual emergency occurs. The procurement of better quality items for the NFI package is a responsibility of UNHCR and should be addressed without delay by UNHCR Headquarters authorizing local purchases.
- Funding for clothing should be made available by UNHCR Headquarters in order to provide clothing more frequently and consistently. (UNHCR, ARRA)
- The composition of NFI packages for larger households needs to be revised (UNHCR, ARRA)
- The management of the NFI pipeline needs to be improved, including the assessment of NFI needs and the determination of requirements, planning of distributions and targeting mechanisms, distributions, post-distribution monitoring and regular replenishment of older stocks. Furthermore, reporting on the available stocks and distributions needs to be carried out periodically. (ARRA and UNHCR)

f. Education

Access to education for refugee children is available in almost all camps and settlements or is planned for the newer camps; in the absence of schools in the refugee camps, children attend host community schools. In 2010 the school feeding programme was provided to 10,050 refugee children in six of the ten refugee camps and was introduced in three new refugee schools in Awbarre, Sheder and Bokolmanyo. The major constraints to providing adequate education are the lack of teaching and learning materials as well as stationary and school uniforms. In addition the lack of qualified teachers and high student to teacher ratios are a challenge. A major gap in the education sector is the access to secondary and higher education or vocational training for young adults as well as adult literacy classes.

For *Somali refugees in the Dolo Ado area* the students reported that there is an inadequate provision of school materials such as text books, exercise books and stationary materials. The current textbook to student ratio is 1:4. There is also an absence of emergency education for children in grades five and above. There are currently 29 teachers in the school, 6 of whom are from the host population and 23 are refugees, and only 7 teachers have completed secondary school and are actually certified teachers. During the 2009-2010 academic year, a total of 352 children dropped out of school. The major reason cited was that many families moved from the camp to the nearby town. The only gap observed in the school feeding programme, is the lack of a well structured and ventilated school kitchen. There have been no education services in the Melkadida camp as yet. However, Save the Children is currently in the process of establishing an emergency education programme. School aged children have been attending an informal education space provided by UNHCR with voluntary teachers. This initiative has 5 classes which are very small to accommodate students, 22 voluntary teachers from the refugee and 1,265 students. Since there is a huge gap in education at Melkadida intervention is urgently required.

In the *Somali refugee camps in the Jijiga area*, school enrolment rates as well as female to male student ratios are low in the camp, but gradually increasing every year. There are different initiatives to increase girls' enrolment, including efforts by Parent Teacher Associations. Although drop out rates are declining, the long distance of the school from Kebribeyah camp for example, contributes to continued dropouts, especially of younger children enrolled in the school. Some of the main challenges affecting the education services to refugee children in the area are the shortage of text books and learning materials. The school feeding programme is yet to start in the Kebribeyah refugee school. The inadequate sanitation services in Aw-barre School are also negatively affecting attendance as children go home when they need to use the latrines.

For *Eritrean refugees in Tigray* there are education services in Shimelba camp only, where there are pre-school and junior secondary school facilities for refugee children. Due to the outreach programme, 90% of school aged children in Shimelba camp are enrolled in school. Although only 1,500 students were expected to be enrolled in school this year, there are currently 2,118 students, as a result there is a shortage of classrooms. There are no school or educational facilities constructed in Mai-Aini and Adi Harush camps due to funding shortfalls and children are therefore referred to the host community school near Mai-Aini. Secondary and post-secondary education is urgently needed as there are a high number of teenagers and young adults in the camp.

From the focus group discussions with *Eritrean refugees in Afar* and Woreda officials, it is evident that most school-aged refugee children are not going to school. Some of the specific reasons cited as hindering factors to enrolment in school are that education is a low priority. The lack of provision of teaching and learning materials, stationery materials, and school uniforms also does not provide any incentives for families to enrol their children in school. They also cited the long distances to schools with refugees living in dispersed locations; lack of potable water for children in the schools; frequent mobility of refugee communities in search of water and pastures for their animals; lack of school feeding program; lack of stationery materials and uniforms for the boys and girls as other factors.

Recommendations: Education

- UNHCR should urgently work on the provision of education services in camps where there are no education services (Melkadida, Asayta, Adi Harush and Berhale)
- ARRA to ensure the adequate provision of school materials for students, including text books, exercise books, reference materials, stationary and school uniforms.
- ARRA and WFP should address key constraints and start the school feeding program in schools where the programme is not implemented. In addition, ARRA and WFP should work

with Parent Teacher Associations (PTAs) to raise awareness on the objectives of the school feeding programme.

- ARRA and UNHCR should closely work with the Woreda Education Bureau to mitigate negative factors contributing to lack of enrolment of Afar refugee children in primary and secondary education. This includes, supporting students with adequate learning materials including stationery materials, books, school-uniforms, shoes and other basic scholastic materials.
- ARRA and UNHCR should address the high teacher to student ration, that is as high as 1:76 in some camps and ensure that the 1:40 minimum standard is met.
- ARRA and UNHCR should provide refugees with access to post-secondary and vocational training to avoid social detachment and secondary movement amongst the teenage and young-adult population.

g. Water and Sanitation

The water and sanitation standards vary significantly between camps. In 6 of the 8 camps, water supply falls short of the minimum standard of 20 litres per person per day, and the conditions are most critical in the newer camps that are facing funding shortfalls. The major complaints are the insufficient quantities and inadequate quality of water storage containers for household use as well as the need to provide refugees with tools and materials to construct additional private household latrines. In addition, more support needs to be provided to the water management committees at the camp level as well to intensify hygiene promotion activities.

In *Kebribeyah Camp* the water, sanitation and hygiene situation and activities have greatly improved since the previous JAM. However, the coverage of household family latrines requires scaling up and additional water distribution points need to be constructed, to meet UNHCR standards. Hygiene promotion activities are on-going but require the necessary water availability to be effective. Water storage containers at the household level still remains very problematic and urgent remedies are required to address these issues. There are frequent water shortages due to electro-mechanical failures. In addition the low coverage of water points per inhabitants, sometimes leads to conflicts and disagreements at the water taps.

The current water supply rate in the *Sheder Camp* is 18.24 liters per person per day, which is below the minimum standard of 20 liters. The number of water points and walking distances are within the standards; however, carrying the water home is problematic due to lack of adequate quantities of jerry cans. Whilst efforts have been made to involve refugees in management of water points, further support and capacity building should be undertaken for effectiveness of the water management committees.

The overall water situation in *Aw-barre camp* is reasonable however the water supply rate is 17.86 liters per person per day and needs to be brought up to the minimum standard of 20 liters. This is a priority which can only be achieved by utilizing the electric power of the national grid line. The school in the camp does not have access to water. A water system that will also be accessible to the host community is currently under development as many of the public service centers have no access to water. Hygiene activities in the camp are conducted by hygiene promoters and Corps (Community own response persons) at community level, health center and house hold levels. The IP needs to develop standard operating procedures for the management and operation of expanded water facilities, in terms of revenue collection from host community for it to be cost effective in the long term. Water resource management issues should also be addressed at the water source.

In *Shimelba Camp* there are three boreholes and seven hand dug wells providing water to the camp. The water supply is sufficient providing refugees with between 30 and 44 liters per person per day. There are 17 water distribution points and each tap stand serves an average of 120 people, at a maximum distance of 200 meters from each residence. All water points are functional and the water is potable as it is regularly treated by IRC. Private household latrines are the most commonly used in the camps as the communal latrines are not functional and are not properly maintained. There are communal latrines in the health centre and schools but they are not sex-segregated. Some households do not have private latrines and require tools and materials to build their private latrines. Various hygiene promotion activities are undertaken by IRC with the support of refugee sanitary clubs. Waste management in the camp is good, with waste collection pits available in all areas of the camp, which are regularly emptied and disposed of.

In *Mai-Aini Camp* there are three bore holes, located 9 km away from the camp which is the primary water source, discharging between 1 and 3.5 liters per second and providing a maximum of 15 liters per person per day. Only two of the three boreholes are used as one does not provide sufficient water. There are 12 water distribution points in the camp, within a maximum walking distance of 200m. All the water distribution points are functional and operational during operational hours. There is one reservoir with a capacity of 10,000 liters for emergency purposes. The water is tested and treated regularly by IRC. However, due to shortages in the supply of water, the water distribution points are overcrowded at times and no priority is given to the disabled, elderly or women in the waiting line. Private household dry latrines are limited and the communal ones are not fully functional and maintenance and hygiene are poor. Furthermore, the insufficient water supply is not conducive to the proper cleaning of the latrines. Although there are around 400 latrine pits, there are households with out latrines and disabled refugees are unable to use communal latrines, which are inaccessible. There are shower facilities for every 12 blocks with a total of 48 rooms, however they are not sex segregated and are inadequately supplied with water. There are waste collection points and a weekly sanitation campaigns and other hygiene promotion activities conducted by IRC with the support of the refugee sanitary clubs.

In *Adi Harush Camp* the water supply is irregular and insufficient to meet the needs of the refugees residing in this camp. Water is delivered via trucks to fill two water reservoirs in the camp; however no water was delivered for three days prior to the visit of the mission. The current water provision rate is less than 10 liters per person per day. As no alternative water sources have been explored, refugees collect water from the two local springs and become exposed to water-borne diseases including diarrhea. Both women and men bath in these springs, causing privacy and protection risks. Both springs are found near the camp but belong to the host community and collecting water becomes a cause for conflict, particularly during the season where supply of water is limited. Refugees are charged 2 ETB for 10 liters of water purchased from the host community. Furthermore, there is a severe shortage of water storage containers such as jerry cans. Many refugees suffer from diarrhea as a result of using unsafe water sources.

There are three communal latrines and only one is operational, as two of the latrines are unusable due to lack of maintenance and water. The latrines are also not sex-segregated properly and some of them do not have door locks. As a result, many refugees defecate in nearby fields which affect the environment. There are no hygiene promotion activities in the camp and no refugee committees promoting sanitation. There is also a need to combat cultural attitudes and bad habits regarding the use of sanitation facilities. There are also no shower facilities in the camp and no waste disposal pits or collection points in the camp.

In *Bokolmanyo camp*, water trucking should be stopped after establishing a permanent water supply system for the camp as well as for the host community, and in the meantime, spare parts for water trucks need to be made available as well as maintenance arrangements. Furthermore there is a shortage of 10 to 20 liter water collecting containers. Support and materials need to be provided to the refugee committees for solid waste management, hygiene promotion and the maintenance of water distribution points. Additional private household latrines need to be

constructed and communal latrines should be sex segregated and accessible to people with disabilities.

In *Melkadida camp* there is a need to complete the permanent water supply system and deploy extra water storage tanks to ensure that there is sufficient supply of water in case of emergencies. In addition there are insufficient private household latrines and there is need to intensify hygiene promotion activities and additional solid waste disposal pits needs to be dug within walking distance of refugee houses.

Recommendations: Water and Sanitation

- UNHCR, ARRA and the responsible IPs should ensure that additional water distribution points are constructed in camps that do not meet the minimum Sphere and UNHCR standards of 20 liters per person per day. (Kebribayah, Sheder, Aw-barre, Melkadida, Mai-Aini and Adi Harush)
- UNHCR, ARRA and the responsible IPs should ensure that additional and better quality water storage containers are distributed to refugees to improve water availability for domestic purposes.
- UNHCR, ARRA and the responsible IPs need to ensure that communal latrines and showers are sex segregated properly and that they are accessible to disabled individuals and that they are maintained properly; furthermore, cleaning materials need to be provided in camps where this is managed by refugee hygiene committees. There is also a need to combat cultural attitudes and bad habits regarding the use of sanitation facilities.
- UNHCR, ARRA and the responsible IPs need to provide materials and tools to refugees for the construction of private household latrines.
- UNHCR, ARRA and the responsible IPs need to improve the water supply for health centers and schools in relevant camps.
- UNHCR, ARRA and the responsible IPs should ensure that the waste water management is linked with livelihood activities.
- UNHCR, ARRA and the responsible IPs should reinforce the membership of the water management committees and provide further training and support to the committees to carry out their responsibilities.

h. Health and Nutrition

Due to the varying differences in the quality of health service delivery in each camp this section highlights the key issues raised by the assessment teams by camp.

However, some of the common gaps in the provision of health services to refugees are the availability of ambulance services, communication equipment and a medical referral budget for critical cases and emergencies. Furthermore, the continuous supply of electricity to health centers is an issue raised in many camps. The working conditions for health personnel needs to be improved to ensure the retention of qualified staff. Another major gap identified is the lack of psychotherapeutic drugs and mental health programme for refugees.

Table 6: Health and nutrition assessment results (2010)

Nationality	Camp	GAM (<-2 Z-score + Oedema)	SAM (<-3Z-score + Oedema)	Anaemia children (6-59 months) (<11g/dl)	Non pregnant women (15-49 yrs) <12g/dl
Somali	Bokolmayo	16.1%	2.1 %	34.3%	25.6%
	Kebribeyah	6.4%	0.6 %	24.8%	16.2%
	Awbarre	8.8%	0.6%	30.1%	12.7%
	Sheder	5.8%	1.2%	26.6%	13.8%
Eritrean	Shimelba	8.6 %	0.7 %	22.3%	7.2%,
	Mai-Aini	4.4%	0.7 %	27.8%	5.2%
	Aysayta	29.5%	3.2%	NA	NA
Sudanese	Pugnido	10.3%	0.9 %	34.4%	25.5%
	Shekole	NA		NA	NA

Anthropometric results (based on WHO standards 2006):- Definitions of acute malnutrition should be given (Global Acute Malnutrition (GAM) is defined as <-2 z scores weight-for-height and/or oedema, Severe Acute Malnutrition (SAM) is defined as <-3z scores weight-for-height and/or oedema)

Kebribeyah Camp

Crude mortality and under-five mortality rates declined over the last two years. The leading causes of mortality and morbidity include: lower respiratory tract infection (LRI); upper respiratory tract infections (URI); intestinal parasites; urinary tract infection (UTI) due to FGM; and gastritis. All essential Drugs, vaccines and nutritional supplements are available at health center; however, there is shortage of psychotherapy drugs.

The health center in Kebribeyah has adequate staffing; health facility utilization and medical equipment are up to standard, with the exception of the non-functional autoclave and oxygen machine. Power supply is scarce at the Kebribeyah health center affecting health service delivery. Despite an adequate water source for the camp, the health center mostly relies on water tanking for its every day activities.

Family planning coverage is poor (<5%) among the refugee populations in Kebribeyah. Although there are initiatives to start the Integrated Management of Childhood Illnesses (IMCI) programme, it has not been fully implemented due to inadequate training to field health staff. Although malaria is not a health problem, 14 malaria cases were identified in June 2010. A total of 1600 bed-nets were distributed as a control measure at the time.

There are a total of 33 People Living with HIV (PLWHIV) in Kebribeyah. All HIV and tuberculosis (TB) patients are provided with standard treatments and also get additional complementary foods (CSB and formula milk) from the health centers.

It is very likely that the blanket complementary feeding for children 6 to 24 months of age and pregnant and lactating women has contributed to the decline in malnutrition rates. All performance indicators of the selective feeding program in the camp show very good results. Screening of moderately malnourished children is conducted and the Mid Upper Arm Circumference (MUAC) is used as the criteria for admission.

Recommendations: Health and Nutrition: Kebribeyah Camp

- UNHCR should continue the complementary feeding for children 6 to 24 months of age and for pregnant and lactating women.

- Annual nutrition surveys should incorporate information on infant and child feeding practices and stunting rates.
- UNHCR should ensure the availability of adequate psychotherapy drugs and consider the deployment of mental health specialists.

Sheder Camp

There is shortage of health staff, particularly of clinical nurses at Sheder health center. Generally the health center has most of the necessary medical equipment except for the lack of abortion equipment. Power supply is scarce at Sheder health centers affecting health service delivery to the refugee population. The recently introduced solar electric system at Sheder failed after 72 hours of service.

Family planning coverage is relatively better (10.2%) in Sheder, than in other camps in the area. Although there are initiatives to start IMCI, it has not been fully implemented due to inadequate training of field health staff. Health facility utilization rates of the refugee population in the camp are within standards.

Currently there are 8 PLWHIV in Sheder, and HIV and TB patients are provided with standard treatments and also get additional complementary foods (CSB and formula milk) from the health center. All performance indicators of the selective feeding program in Sheder camp show very good results.

Recommendations: Health and Nutrition: Sheder camp

- ARRA and UNHCR should ensure that there is adequate staffing in the health centre.
- ARRA should improve the power supply to the health centre in the camp.

Aw-barre Camp

In general the health and nutrition status of the refugee population is relatively poor in Aw-barre camp compared to other camps in the Jijiga area. In Aw-barre camp, Crude Mortality Rates (CMR) and Under 5 mortality rates have slightly increased. The leading causes of mortality and morbidity is similar to other camps in the area, namely: lower respiratory tract infection (LRI); upper respiratory tract infections (URI); intestinal parasites; urinary tract infection (UTI), caused by FGM; and gastritis.

The health center in Aw-barre has adequate staffing and most of the necessary medical equipment. However, the generator is not functioning affecting power supply.

Family planning coverage is generally poor (<5%) among the refugee populations in the camp. Although there are initiatives to start IMCI in all the health centers, it has not been fully implemented due to inadequate training to field health staff.

Currently there are 9 PLWHIV and they are provided with standard treatments and complementary foods (CSB and formula milk) from the health centers. It is very likely that the blanket complementary feeding for children 6 to 24 months of age and pregnant and lactating women has contributed to the decline in malnutrition rates. Performance indicators of the selective feeding program in Aw-barre are below the standard.

Recommendations: Health and Nutrition: Aw-barre Camp

- ARRA should improve the power supply to the health centre in the camp.

Bokolmanyo Camp

The staffing level is adequate to run the regular Out Patient Department (OPD) and emergency service. According to discussions with the health staff, the most critical issue affecting the service delivery include the absence of transportation for emergency medical conditions like labour, absence of power during the night time, absence of communication for calling ambulance to the health centre. Health staff do not have sufficient light to undertake major medical procedures like deliveries. The generator is not functional has not been repaired for a long time.

Currently, there are two ambulances serving Bokolmanyo and Melkadida. This has been raised as a critical concern by the health staff as it is causing the second level of delay which is further aggravated by a long distance to a referral hospital. Other concerns like harsh environmental conditions, minimal transfer to camps with better facilities and absence of self-initiated educational opportunities are also raised by the health staff. These factors result in less motivation and high attrition. Medical records are important, however are poorly handled. Despite issues like confidentiality and legal issues which may arise at some point, this activity is handled by non-trained refugee staff. More over, a system for proper numbering and retrieval of previous records is not available.

Other issues which should be given due consideration is ensuring the health centre has water system, facilities for hand washing, septic tank, incinerator, a placenta pit and a pit for solid waste disposal which should be completed before the clinic is opened. In addition, the centre should be accessible to people with disabilities.

The nutritional rates in Bokolmanyo camp indicate a nutritional emergency in the South. There is a need for urgent standard services including supplementary feeding programs and a full-scale community-management of acute malnutrition system that includes out-patient therapeutic care as well as a stabilisation centre. The blanket feeding program for children from 6 to 24 months of age should perhaps be altered to include the use of a lipid-based nutrient supplement to ensure adequate calories, adequate micronutrients (given the high anaemia) and adequate animal protein (to improve linear growth and prevent stunting in this age group).

Critical concerns raised by the refugee are disability and mental illness. The refugees felt that there are inadequate services for such cases making the health service incomplete. The fact that there is no formal forum for discussion with the refugee on the gaps created during the service delivery may result in complaints and ambiguity among the refugee on some quality issues.

Currently, there are 30 (8 women and 22 men) community based health workers which are supervised by one outreach coordinator. There is obvious gender disparity between the men and women considering the fact that the majority of health related problems should be addressed to women and children.

Discussions with community based staff indicated that they are assigned to a specific block to provide healthcare messages and detect those refugees lost to follow up. The majority have understanding on the type of messages they convey during home visits. However, it is observed that they are not assigned to specific households and do not have an idea on the number of target population (under five, pregnant, malnourished and lactating) they are supposed to follow. Further more, there is no robust mechanism like family or household card on which the community based staff has to take note and sign after delivering the messages and undertaking community based work. Availability of such mechanism would allow the outreach coordinator to monitor the effectiveness of the outreach activity.

An inter-agency coordination meeting exists among the agencies operating in the area. Currently, six agencies (ARRA, MSF-Spain, IMC, PAPDA, IRC and RaDO) operate on health and related issues. Therefore, the need for coordination should be underpinned.

Recommendations: Health and Nutrition: Bokolmanyo camp

- ARRA should provide power supply, communication services and a 24 hour stand-by ambulance for the health centre.
- ARRA should develop a regular forum for discussing health and related issue between the refugee and health staff to tack complaints which undermine thrust and acceptability of service delivery.
- UNHCR and ARRA should ensure the availability of a strong mental health and rehabilitation service for chronic disability.
- ARRA should re-organize the community based outreach activities in such a way that each community based staff is accountable for specific target households and in such a way that it is being able to be monitored through a registration system like household cards.
- UNHCR and ARRA should ensure that the related activities run by different agencies are coordinated, efforts and resources are not duplicated and conflicts are avoided.
- ARRA should improve staff working conditions.
- UNHCR, WFP and ARRA to improve the nutritional programs in the camp including the purchase of a nutritional supplement for the 6 to 24 month age group.

Melkadida Camp

The level of staffing in Melkadida refugee camp is reported to be substandard. Currently, there is one medical doctor, one outreach coordinator, three clinical nurses and one midwife. Moreover, the camp has got the highest rate of staff turnover, due to poor working conditions and facilities. Patients complained of long waiting hours to get the service and frequent turn back because of the limited service available at OPD.

According to discussions held with health staff the most concerning issue affecting the service delivery are the absence of transportation for emergency medical conditions like labour, the absence of power during night time, and the absence of communication for calling an ambulance to the health centre. Medical records are the most important aspect of the health system, however, is a poorly handled section. A system for proper numbering and retrieval of previous records is also not available.

The health centre lacks even the basic infection prevention items like sharp containers and waste disposal bins. The cleaners are not trained in infection prevention measures. Moreover, there is no focal person to monitor proper disposal of medical wastes and to ensure that infection prevention methods are well implemented. One of the main gaps observed was the integration between the under fives clinic which is run by ARRA and the nutrition unit run by MSF.

The proportion of deliveries at the health facility by trained staff has increased from 0% in February 2010 to over 70% in September 2010, despite limitations in the availability of transportation. The level of understanding about HIV is generally observed to be low. There is also a potential need to improve family planning services.

Despite the training of community based health staff, the level of knowledge and skill to provide appropriate work in the community is very low. The community based workers are not assigned a specific block which would help in monitoring and follow up.

The preventative nutritional services in the camp are very weak without many of the standard programs for Infant and Young Child Feeding (IYCF), growth monitoring, supplemental feeding, nutritional screening or nutritional surveillance being undertaken. There has not yet been a nutritional survey and the fear is that the levels will be as high as, or higher than in Bokolmanyo. Like in Bokolmanyo, there is a need for urgent standard services including supplementary feeding programs and a full-scale community-management of acute malnutrition system that includes out-patient therapeutic care as well as a stabilisation centre. The blanket feeding program for children of 6 to 24 months of age should perhaps be altered to include the use of a lipid-based nutrition supplement to ensure adequate calories, adequate micronutrients, given the high anaemia, and adequate animal protein to improve linear growth and prevent stunting in this age group.

It is essential that UNHCR deploy a nutritionist to Dolo Ado to oversee the basic nutritional services and to potentially pilot the use of a lipid-nutrient supplement in the area.

Recommendations: Health and Nutrition: Melkadida camp

- UNHCR and ARRA should ensure adequate training of community based health staff.
- ARRA should deploy adequate number of qualified health staff.
- ARRA should provide power supply, communication services and a 24-hour stand-by ambulance for the health centre and ensure that there are appropriate and non-paid means of transportation for labouring mothers from home to health centre and back to home.
- ARRA to develop a regular forum for discussing health and related issue between the refugee and health staff to tack complaints which undermine thrust and acceptability of service delivery.
- UNHCR and ARRA should ensure the availability of a strong mental health and rehabilitation service for chronic disability.
- ARRA should re-organize the community based outreach activities in such a way that each community based staff is accountable for specific target households in order to be able to monitor each household through a registration system like household cards.
- ARRA should improve staff working conditions to reduce turnover of qualified health staff.
- UNHCR, WFP and ARRA to improve the nutritional programs in the camp including the purchase of a nutritional supplement for the 6 to 24 month age group.
- UNHCR to deploy a nutritionist to Dolo Ado to oversee the nutrition program in both camps.

Shimelba Camp

The health centre in Shimelba Camp provides nutritional screening, out patient services, laboratory analysis, pharmaceutical services, Mother and Child Health (MCH) clinic, family planning services and support to HIV/AIDs patients. The centre receives between 130 and 250 patients a day. The most common cases are malaria during the rainy season, respiratory infections, and skin diseases. There is a high prevalence of diarrhea during the rainy season; however, this is not caused by water borne diseases, but by other unknown factors.

The main challenges affecting health service delivery in Shimelba camp is the shortage of the medical referral budget; a 38% shortage of mosquito net supply; and shortages of water supply in the health center due to lack of maintenance. Furthermore, power supply is limited to 15 hours a

day and refugees complained of inadequate opening hours during the weekends. Furthermore, the latrines in the health centers require cleaning and maintenance.

Recommendations: Health and Nutrition: Shimelba Camp

- As the referral budget is inadequate for referral cases UNHCR and ARRA should be revise the medical referral budget for 2011.
- ARRA and UNHCR should provide impregnated mosquito nets for all households in 2011 as the area is malaria-prone, especially during the rainy season.
- ARRA should improve water delivery, power supply and sanitation facilities in the health centre
- ARRA should extend daily and weekend working hours of the health centre.

Mai-Aini Camp

The major challenges in health service delivery to the camp are: the lack of Anti-Retroviral Treatment (ART) service; the shortage of a referral budget for critical cases to Addis Ababa; and the lack of support for people living with disabilities in the camp. Furthermore, there is a shortage of water supply to the health center, and inadequate power supply. The pharmacy is inadequately ventilated and there have been frequent delays in the delivery of essential drugs, especially during the last quarter. There is no bench for visitors to sit on in the clinic waiting area. Refugees complained that the health centre staff are ethically un-professional at times and had difficulties in communicating properly with visitors to the health centre.

Recommendations: Health and Nutrition: Mai-Aini Camp

- The provision of ART services as per the national HIV/AIDS policy by ARRA, UNHCR and the local authorities in 2011.
- Improve services for people with disabilities, in particular access to health and sanitation facilities.
- Improve water and power supply for the health centre immediately (ARRA and UNHCR).
- Timely delivery of essential drugs. (ARRA)
- ARRA and UNHCR should conduct standard training for health and nutrition staff on ethics and professionalism and communication with patients in 2011.

Adi Harush Camp

The current health facility is housed in a temporary corrugated iron structure, awaiting the completion of the permanent health facility. The current facility has no latrines, water or electricity supply. The health delivery service is very basic and only provides OPD, Feeding Programme (FP) and pharmacy services. There is no nutritional screening of the feeding programme. As there is no referral budget, ambulance services or communication equipment, it is important that pregnant women and other people with serious medical conditions are referred to Mai-Aini camp in case of an emergency.

Recommendations: Health and Nutrition: Adi Harush Camp

- Establish a comprehensive health program in the camp, including: MCH; EPI; OPD; a pharmacy; and out reach program. (UNHCR and ARRA)

- Provide basic services such as water, latrines and electricity for the health facility.(ARRA)
- Revise the medical referral budget and facilitate the periodic visits of specialists. (ARRA and UNHCR)
- Increase the distribution of mosquito nets. (ARRA)

Erepti Settlement

There is no designated health facility for refugees; however, refugees have full access to the local health facilities. During focus group discussions with refugees, it was revealed that the health facility is poorly equipped and staffed. There are no pediatric or maternal health services, and most deliveries are conducted at home, without the assistance of qualified and skilled midwives, resulting in frequent maternal deaths. Immunization campaigns have not been conducted in the area and there is no supplementary feeding programme for children. The most common illnesses are malaria, tuberculosis, and eye diseases. Refugees do not have access to referral services for emergency cases such as labor complications. Water provision is inadequate and there are no latrines, so most refugees defecate in the open field. The refugees expressed the need for a camp with proper health facilities.

There is one health centre and three health posts in the Woreda. The health facility can not adequately serve the host community and has been further burdened with the refugee population. Furthermore, referral services are not provided as there is lack of transportation and the road to Mekele is in bad condition.

A new health centre has been recently constructed, however was not operational at the time of the mission. In the current health facility there are eleven medical personnel providing both preventive and curative services. There is a laboratory, OPD, dispensary, EPI unit, FP, Voluntary Counseling and Testing (VCT), and outreach activities. There is a shortage of medical supplies, and an inadequate number of staff. Outreach activities are limited in the Woreda due to the bad road conditions and budget constraints. There are no delivery services, but it is expected to commence soon.

Recommendations: Health and Nutrition Erepti settlement

- Strengthen the local health center with the provision of drugs and medical supplies, training and supervision and monitoring. (UNHCR and ARRA).
- Establish referral linkages with Mekele hospital and provide an ambulance. (ARRA)
- Provisions for and efficient implementation of supplementary feeding programme for all vulnerable groups, including: children between 6-12 months of age, pregnant and lactating women, people living with HIV/AIDS and other medical cases. (WFP, UNHCR, ARRA)

Berhale Settlement

During focus group discussions refugees indicated that health service delivery is inadequate as the facility is poorly equipped and staffed. Refugees cited malaria and eye infections as the most common illnesses as well as tuberculosis. There is no supplementary feeding programme or immunization and maternal health services.

There is a one room temporary health facility run by ARRA, staffed with one clinical nurse, who has been there since January 2009. There are no basic health services such as delivery service, family planning, and antenatal care (ANC), postnatal care (PNC) nutrition, HIV/AIDS and Epidemiology program, except for the outpatient service. There is a referral service with the local

health centre; however there is no ambulance and no means of referral to Mekele. There have been no disease outbreaks in the camp and the nurse confirmed that conjunctivitis, malaria and acute respiratory infections were the most common illnesses. Although essential drugs are available, refugees have to pay for treatment and drugs at the health centre.

The woreda Health Bureau stated that the refugees have become a burden on an already compromised health system in the woreda and called for the need to further develop the health facility in the camp.

Recommendations: Health and Nutrition: Berhale settlement

- Strengthen the temporary health centre managed by ARRA through staffing, provision of essential drugs and medical supplies, and supervision and monitoring. (UNHCR and ARRA)
- Establish referral linkages with Mekele hospital and provided an ambulance. (ARRA)
- Provisions for and efficient implementation of supplementary feeding programme for all vulnerable groups, including: children between 6-12 months of age, pregnant and lactating women, people living with HIV/AIDS and other medical cases. (WFP, UNHCR, ARRA)
- Improve the temporary health centre structure and increase the number of health staff.
- Expand the EPI program in to refugee camp (ARRA)

j. Logistics and Warehousing

Due to the varying differences in the logistics sector in each camp, this section highlights the key issues raised by the assessment teams by camp. However, some of the common problems are the need to improve warehouse capacity, management and maintenance, in particular for the storage of non-food items. Furthermore, some of the roads and bridges leading to the camps require rehabilitation and repair, hindering access especially during the rainy season. Until the roads are repaired it is important to ensure that food stocks are pre-positioned in time.

Kebribeyah Camp

The warehouse has not been fumigated for the last two years and the two old rub halls require repair as there are water leakages on the roof and floor. The wooden palates need to be replaced with plastic ones and a new fire extinguisher is needed. The office at the food distribution centre is inadequate and needs repairing. The food distribution site needs a shaded waiting area as beneficiaries wait for long hours in the rain or heat.

Recommendations: Logistics and Warehousing: Kebribeyah Camp

- The two older rub halls need the floors polished and plastered to avoid leakages. (ARRA)
- New fire extinguisher should be provided to each store. (ARRA)
- Fumigation of the rub halls should be conducted as needed and requested. (ARRA, WFP)
- The Distribution Office needs to be rebuilt and a shaded waiting area needs to be constructed at the distribution site. (ARRA and UNHCR)

Sheder Camp

The camp is isolated from the camp administration and IP offices. At present some parts of the camp are more than 1 kilometer away from the only distribution chute, and refugees need to pay to transport their rations home.

The two rub halls are currently overloaded and an additional one is required. The rubhalls require cemented floors and proper drainage channels, furthermore they are exposed to the public and there is no protective fence. There are no reserves or propositioned food stocks in warehouses in case of an emergency.

Although there are no major problems in delivering the commodities, sometimes delays in delivery result in delayed distributions. The food distribution office does not have a proper structure and a shaded area needs to be provided for beneficiaries especially, during the rainy season.

People with disabilities are scattered across the camp, however they are given priority at distributions, water points, and the health centre and also for income generation activities. RaDO is providing assistance to people with disabilities and also service wheelchairs, however are facing challenges as some of the spare parts are not available.

Recommendations: Logistics and Warehousing: Sheder Camp

- Fire extinguishers should be provided to camp stores. (ARRA)
- An additional rub hall is needed for the storage of NFIs and the rubhall floors needs to be cemented and adequate drainage system and fence should be built as soon as possible. (ARRA, UNHCR)
- Wooden palates need to be replaced with plastic palates.(WFP)
- A distribution office needs to be rebuilt and a shed for the beneficiaries need to be constructed at the distribution site. (ARRA, UNHCR)
- RaDO should look for spare parts for the imported wheelchairs.

Aw-barre camp

The camp is accessible by gravel road from Jijiga up to Aw-barre town; however, the road leading to the camp is in bad condition, making access for cargo trucks difficult. In addition the ford/bridge is impassable, especially during the rainy season, isolating the camp from the camp administration, IP offices and the town. Some parts of the camp are more than 2 kilometers away from the only distribution chute, and some refugees pay up to 30 ETB to transport their rations. A second chute is currently under construction, and should resolve this problem.

The two rubhalls are currently overloaded with stock: however an additional warehouse is under construction which will improve the camp's warehousing capacity. There is no proper structure for the distribution office and no shed for the beneficiaries at the distribution site, which is a serious problem during the rainy season.

Food distributions are supervised by the food committee who also assist refugees in weighing their ration, should they suspect scooping malpractices. Beneficiaries claim that unless monitored by UNHCR and WFP, under scooping takes place.

Recommendations: Logistics and Warehousing: Aw-barre Camp

- Action should be taken to construct a foot bridge as well as rehabilitate the road leading to the camp. (ARRA and roads authority)
- Fire extinguishers should be provided to camp stores. (ARRA)

Bokolmanyo Camp

Bokolmanyo is mainly supplied from Nazareth. A major portion (60%) of this road is not all-weather gravel. While there are signs of on-going road projects, it is unlikely that they will be completed in the near future. New arrivals are taken from the reception center to the transit center, after which they are transferred to the Bokolmanyo Camp. This stretch of road is also not all-weather gravel and periodically affected by flash floods that endanger refugees in transit. There are no security threats on the road to the refugee camp. The location of the Extended Delivery Point (EDP) and Final Delivery Point (FDP) are suitable because a safe distance is maintained. All roads can be accessed by trucks of up to 40MT capacity. Mini-buses with an average carrying capacity of 25 people are available for shuttling refugees to respective sites. Water access is also limited due to muddy conditions and rough roads leading to the water access point. Stockpiling during rainy season is recommended as the roads are often muddy and create delays in delivery.

There are two rub halls available to store food and non-food items. The drainage system for the rub halls used for storage of food items requires immediate attention. The capacity of the rubhall is adequate for the current caseload which requires approximately 303 MT of food commodities. The warehouse is properly maintained, however, stack cards, stock cards and brooms, are not available and should be provided. Weighing scales have been provided by WFP. There isn't a proper warehouse at the food distribution site, just a shaded area used as a distribution site. Fencing and doors are not secure and need major rehabilitation work.

There is no commercial pumping station in and around Bokolmanyo. Fuel is available in Dolo Ado and sold in barrels of 210 liters. Suppliers can buy up to 150 barrels of fuel from Kibre Mengist and Negelle which takes around 3 days to reach Dolo Ado. Fuel is then sold for 16 ETB per liter. ARRA has a 30,000 liter capacity tanker for fuel which is supplied from Addis Ababa.

All containers are given to refugees for utilization. The containers are often discarded after one use by refugees. Some refugees use containers to patch their shelters, as flooring, as doors and as cooking pots. Others use containers to construct shelters for their animals.

Recommendations: Logistics and Warehousing: Bokolmanyo camp

- UNHCR and ARRA to be trained on commodity management by WFP
- Warehouse equipment including stock cards, stack cards, brooms and a fire extinguisher should be made available by ARRA.
- A small storage facility to be constructed by UNHCR for temporary storage at distribution site.
- Shades for refugees at distribution sites to be constructed by UNHCR
- In order to cut unnecessary transport costs and maintain a fuel reserve, UNHCR and other NGOs should install a fuel tanker at the camp.
- Alternately, UNHCR and other NGOs should negotiate with current fuel suppliers to have the fuel delivered at the Bokolmanyo Camp.

- In coordination with ARRA, UNHCR and the Ethiopian Road Authority, roads from Transit Center leading to camps need to be rehabilitated in order to ensure safe the transport of refugees to camps.
- Extra provision for a rub hall for storage of food items should be planned by WFP for stockpiling purposes.

Melkadida Camp

Melkadida is mainly supplied from Nazareth. A major portion (60%) of this road is not all-weather gravel. The road is currently under construction, but it is unlikely to be completed in the near future. New arrivals are taken from the reception center to the transit center and then transferred to Melkadida Camp. There are no security threats on the road to the refugee camp. However, the location of the EDP and FDP are not suitable because a safe distance is not maintained. The Food and Non Food storage facility is adjacent to the distribution center. In addition the location of the camp is close to the main road allowing traders and brokers easy access to sell and exchange their rations. All roads can be accessed by trucks of up to 40MT capacity. Mini-buses with an average carrying capacity of 25 people are available for shuttling refugees to respective sites. Water access is also limited due to muddy conditions and rough roads leading to the water access point. Stockpiling during Rainy season is recommended as the roads may be muddy and create delays in delivery.

There is one 32 by 10 meter rubhall for the storage of food items and one storage facility for NFIs. The NFI storage facility is insecure and in bad condition. There are no weighing scales and an inadequate supply of warehouse equipment. The handling of the food at the warehouse is inadequate.

A proper warehouse is not available at the FDP, which consists of shaded area for distributions. There are no weighing scales available. The facility is adjacent to the EDP which poses a security risk. There is also no secure fencing around the facility and no shade available for refugees.

There are no commercial pumping stations in and around Melkadida. Fuel is available in Dolo Ado and sold in barrels of 210 liters. Suppliers can buy up to 150 barrels of fuel from Kibre Mengist and Negelle which takes around 3 days to reach Dolo Ado. Fuel is then sold for 16 ETB per liter. Transportation of fuel to run offices generators in the camp are a challenge. ARRA has a 30,000 liter capacity tanker for fuel which is supplied from Addis Ababa.

Recommendation: Logistics and Warehousing: Melkadida Camp

- The storage facility for NFIs is in bad condition and poses a major security threat. UNHCR has to provide a storage facility
- In order to cut unnecessary transport costs and maintain a fuel reserve, UNHCR and other NGOs should install a fuel tanker at the camps. Alternately, UNHCR and other NGOs should negotiate with current fuel suppliers to have the fuel delivered to Melkadida Camp.
- WFP to conduct training for ARRA warehouse staff on food handling and warehouse management.
- Two weighing scales should be provided by WFP.
- Other warehouse equipment including stock cards, stack cards, brooms and fire extinguisher are not available and must be provided by ARRA.
- ARRA and UNHCR should move the distribution site from the current location while maintaining a safe distance from EDP. The distribution site must also have a shade for refugees.

- Standardized scooping materials and posters illustrating beneficiary entitlements should be provided by WFP and posted by UNHCR and ARRA.

Shimelba Camp

The stretch from Shire to Shimelba via Sheraro covers a total of 122 km. The first 95 km stretch from Shire to Sheraro is mostly asphalt, with a few detours due to construction but is passable under all weather conditions. The remaining 27 km stretch from Sheraro to Shimelba is also accessible gravel road for all weather conditions. All types of vehicles and trucks can access Shimelba camp with no problems.

There are three erected rub halls with a capacity of 500 MT each; two are used for the storage of food and one for the storage of NFIs. The rubhalls are flood protected, however the roofs leak during the rainy season and require repair. The warehouse is staffed with one head store keeper, one assistant, one cleaner and three guards. The warehouses are well managed with no infestation problems. There is no shade for the refugees waiting to collect their rations.

The empty oil jerry cans are given to the refugees on the basis of their family size and for those who did not have their own. The remaining ones (both jerry cans and sacks) are sold through auction by ARRA.

Recommendations: Logistics and Warehousing: Shimelba Camp

- Repair of the rubhalls before the next rainy season. (UNHCR)
- Construction of shelter for the distributors and waiting shade for refugees. (UNHCR)

Mai-Aini Camp

The road from Shire to Mai-Aini covers a total of 72 km, and the first 60 km is under heavy construction. The road is very narrow with a very big cliff on one side and a very deep gorge on the other. Despite the heavy construction, all types of vehicles can pass through the road on a schedule; nonetheless vehicles can wait up to 3 hours. The remaining 12 km stretch is in good condition and is an all weather gravel road.

There is one rubhall for the storage of food and one hollow block store for the storage of non food items, each with a 500 MT capacity. Both stores are flood protected and are regularly fumigated. The warehouses are adequately staffed with a head store keeper, an assistant, a cleaner and six guards. Warehouses are managed adequately with a “first in first out” (FIFO) system and there are no reported losses. UNHCR monitors while WFP provides fumigation and quality control inspections, when required.

There are two distribution sites next to the warehouse and the process takes three days. Some 30 scoopers and 2 security guards are employed for the distributions and are paid 15 and 30 ETB per day, respectively. The distribution site is accessible for people with disabilities, who are adequately assisted.

Adi Harush Camp

The stretch from Sheraro to Adi Harush covers a total of 84.5 km and the first 60 km stretch is under heavy construction. The last part of the road leading to the camp is in very bad condition and will be difficult to access during the rainy season, including a 223 meter stretch that is impassable in all weather conditions.

There is one rubhall and one store made of corrugated iron sheet with a capacity of 300 MT each. The rubhall is used for the storage of food, while the corrugated iron structure is used for the storage on non-food items. The NFI store is flood protected while the rubhall is not. The warehouse is staffed with one head store keeper, one cleaner and four guards. The warehouse is managed through a “first in first out” system has no losses or infestation problems. The erected rubhall needs to be cemented and provided with wooden pallets for the protection of flood and proper handling of the food.

Recommendations: Logistics and Warehousing: Mai-Aini and Adi Harush

- The 12.5 km stretch from Maytsemri to Adi-harush camp needs to be repaired and reconstructed before the next rainy season. (ARRA and roads authority)
- The rubhalls need to be flood protected and the floors should be cemented and wooden pallets should also be provided by WFP.
- Although the distribution hall in Adi Harush made from corrugated iron sheet is temporary, the team recommends that it is used in the long run and that similar facilities are used in other camps as it is conducive to orderly distributions, for both scoopers and beneficiaries. (UNHCR)

Erepti and Berhale

The stretch from Mekele to Erepti covers a total of 115 km: the first 13 km is asphalt, the next 60 km to Abala is gravel, all weather road, paved and in good condition. The last part of the road which covers 38 km is very rough, stony and difficult to access. The regional government is trying to improve this part of the road, while the Federal Government is constructing the road from Mekele to Afdera. Transport to Erepti is a problem, with only a few vehicles accessing the area, however public transport is available from Mekele to Abala.

There is no warehouse or rubhall for the storage of food items. However, ARRA has rented a small house with two rooms with a capacity of 70 MT. The house is flood protected. The warehouse is staffed with one store keeper, one receptionist, one cleaner and three guards. The warehouse uses a FIFO system and has problems of infestation or losses. Since there is no a warehouse for food and NFIs, building of a warehouse or erecting a rub hall is required, including the construction of a shaded facility for beneficiaries while waiting in line.

The stretch from Mekele to Berehale is 117 km, the first 37 km is asphalt, the remaining 80km stretch is all weather well compacted very good gravel road except some spots and at the river crossing, that require rehabilitation. Access to Berhale by road is not problematic for trucks and there has been regular public transportation.

There is one erected rub hall which has a capacity of 500 MT to store the food items. There is also a store for NFIs constructed with corrugated iron sheet with a capacity of about 300 MT. The rubhall is not flood protected.

Recommendations: Logistics and Warehousing: Erepti and Berhale

- Construction of shelter for the distribution site, including shaded waiting area for refugees. (UNHCR)
- The erection of a rubhall or the construction of a warehouse. (UNHCR)

VII. Follow up and next steps

Over 70% of the findings and recommendations from the Joint Assessment Mission conducted in Ethiopia in 2008 are similar to those highlighted and suggested by the JAM in 2010. Therefore in order to ensure that the issues and recommendations highlighted in this report are addressed and that appropriate action is taken to implement the recommendations, the following steps will be taken during the course of 2011:

Planned action	Description
Operational work plan	UNHCR and WFP, in partnership with ARRA will develop a joint operational work plan that outlines specific actions, a timeline and related costs that are required to implement the findings and recommendations from the JAM in order to fill the gaps in assistance in each refugee camp and settlement.
Work plan review	A review will be conducted three, six and nine months after the development of the operational work plan to monitor progress made in the implementation of the planned actions.
Joint fund raising	<p>Although Donor representatives actively participated in the Joint Assessment Mission in 2010, a Donor Briefing will be held after the JAM report is published to inform donors of the main findings and recommendations.</p> <p>Following the Donor Brief, agencies will jointly intensify their efforts to mobilize funds for refugee operations in Ethiopia at the local, regional and international levels, in particular for newer camps and key sectors with major funding shortfalls.</p>
Advocacy	Agencies will continue to advocate with the Government of Ethiopia on key issues related to refugee protection and assistance.
Technical working groups	Technical working groups will be established in each relevant sector to review the implementation of the operational work plan and provide technical guidance and support.
Identifying implementing partners	Implementing partners will be mobilized to address gaps in key sectors such as livelihood schemes, environmental protection and vocational training and secondary education programmes. This is also contingent on the ability to mobilize funds and resources for these programmes.