Ethiopia
14 July 2021

811,381 Refugees and asylum seekers as of 30 June 2021
36,451 Handwashing facilities in camps
2,469 Health and community workers trained
3,720 Refugees vaccinated for COVID-19

COVID-19 Operational Context

Since the first confirmed COVID-19 case was found in Ethiopia in March 2020, the Ethiopian Ministry of Health (MoH) reported 277,318 active coronavirus (COVID-19) cases and 4,349 related deaths in the country. A total of 2,075,491 people have been vaccinated against COVID-19, including 3,720 refugees. According to media reports, Ethiopia is one of the top five African countries that have registered a high number of COVID-19 cases.

The Ethiopian Ministry of Health (MoH) has issued a statement requiring travellers exiting, entering or transiting through Ethiopia to present digital negative COVID-19 certificates at all points of entry. According to MoH’s instructions, only African Union Trusted Travel or Global Haven COVID-19 test certificates shall be allowed from July 1.

COVID-19 Prevention and Response

While vaccinations continue to be administered to priority groups including frontline health workers, individuals with severe underlying medical conditions and elderly people, UNHCR, the Agency for Refugees and Returnees Affairs (ARRA) and their partners, including the Regional Health Bureaus, continue to reinforce prevention measures in the refugee camps and sites hosting Internally Displaced Persons (IDPs). They are enhancing communications on personal and environmental hygiene, reducing overcrowding, and promoting handwashing with soap. Supplies of water and soap continue to be provided, together with the installation of handwashing stations, enhancing health services and the provision of available personal protective equipment for health care workers, first responders and others.
A total of 36,451 handwashing stations have been installed in communal centres and households in different refugee camps to promote regular handwashing with soap. However, additional capacity is needed to ensure that all refugee camps have such facilities in place and that every refugee household is equipped with a handwashing facility.

2,469 trained health and community outreach workers are actively engaged in awareness raising, case investigations and management, as well as mitigation and prevention activities to control the virus. In addition, refugee representatives, Refugee Outreach Volunteers (ROVs), women, youth and children’s committees and other community representatives have been trained and are actively engaged to ensure that basic preventive measures are observed in the communities.

The daily average per capita water distribution in the refugee camps stands at 18 litres. While some of the camps have access to more than 20 liters per person/day, in line with UNHCR standards, others are receiving less than the emergency threshold of 15 liters per person/day. UNHCR, ARRA and partners continue to work to ensure that all refugees have access to adequate potable water, upholding minimum international standards.

Isolation facilities, known as Temporary Assessment Units, have been set up in all refugee camps to temporarily quarantine possible suspected COVID-19 cases, pending their transfer to Government isolation and treatment facilities as needed. Each of the 24 refugee camps has at least one such facility. UNHCR has provided hospital beds, mattresses, coverall gowns and other supplies to equip the facilities and the health staff. In addition, UNHCR supports the work of the Government-run treatment centers, which are also accessible to refugees.

In the capital Addis Ababa, which currently hosts over 50,000 urban refugees, UNHCR is communicating with refugees via WhatsApp and Telegram groups. Refugee Outreach Volunteers (ROVs) and refugee leaders are also helping to raise awareness. In addition, telephone helplines and an online portal (Digital Request and Complaints System) are fully functional. Concerned UNHCR staff are processing and responding to requests on daily basis.

To meet additional expenses for soap and other sanitary materials, UNHCR provides an allowance of 300 Ethiopian Birr ($6.84) per person/month to urban-based refugees entitled to monthly living allowances. The intervention is monitored through post-distribution phone interviews by UNHCR staff.

Registration services have resumed (previously interrupted due to the COVID-19 pandemic) at the UNHCR’s office in Addis Ababa, to issue refugees with registration documents and update their data. However, to ensure the safety of refugees and staff, and in line with the current health measures, the Office is receiving only a limited number of beneficiaries.

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

COVID-19 Impact and Challenges

Health Impact: Pivoting of a large part of UNHCR’s limited health budget towards COVID-19 prevention and response efforts has strained the provision of regular essential health services in the refugee camps. This, in turn, will pose challenges for the continuity of maternal and child health services, disease control programmes such as HIV, TB and Malaria, among others. The reallocation of funds to combat COVID-19...
could undermine the gains already made to control non-communicable diseases including diabetes, hypertension and mental health.

**Economic impact:** Despite the challenges posed by the COVID-19 pandemic, economic activities in different refugee hosting areas continue, including livelihoods, resilience, and energy projects in the Somali Region supported by the IKEA Foundation. In the Gambella Region, UNHCR is partnering with an Ethiopian social enterprise ‘Entoto’ to support women groups to manufacture bracelets that will be purchased by an international brand UNIQLO. In Addis Ababa, UNHCR signed a partnership agreement with a local organization known as Women In Self Employment (WISE) to implement a project of economic inclusion of urban refugees, which shall also benefit the host population.

**Operational Response Updates**

**Tigray Emergency:** The humanitarian situation across the Tigray Region remains deeply concerning. Refugees, the internally displaced and host communities have endured eight months of conflict, which has resulted in limited basic services and assistance. According to OCHA, while there are some improvements in humanitarian access, the situation in Tigray remains fluid and unpredictable. In the areas UN agencies and NGOs have been able to access, the situation is dire, including dysfunctional water systems and limited or no health facilities. Preliminary field reports from woredas in the Central Zone indicate visible signs of suffering among IDPs and host communities. In a community in the North-Western Zone of Tigray, aid workers noted a severe need for food. The destruction of a bridge over Tekeze river connecting Western Zone and the rest of Tigray seriously threatens the provision of humanitarian assistance to people in need and access of civilians to essential services, goods and livelihoods. Electricity has been reportedly restored in some cities and towns, but telecommunications remain cut off and banking services are still not available. According to FAO, the conflict in Tigray has displaced an estimated 2.1 million people, over a quarter of them are in Shire.

In view of recent developments, the security situation in the two camps in the Tigray Region continues to be an ongoing cause for concern.

Regular Ethiopia country and regional UNHCR updates on the crisis can be found at: https://data2.unhcr.org/en/situations/rbehagl

**Protection**

**Voluntary repatriation:** UNHCR, together with the Governments of Kenya and Ethiopia, continues to facilitate the voluntary repatriation of Ethiopian refugee in Kenya with an additional 174 individuals having returned in June. Since the start of the operation in February 2020, 400 individuals have been repatriated from Kenya, with additional 1,288 others expected to return home before the end of the year. UNHCR has provided the returnees with transport money and a reintegration package to help them restart their lives.

**Free legal aid to vulnerable IDP returnees:** The departments of Law at the Bule Hora and Dilla Universities provided free legal consultancy services to 48 vulnerable IDP returnees in different districts of the Gedeo and West Guji zones in the southern part of Ethiopia. A total of 31 female and 17 male returnees were assisted with preparation of various legal documents and representation in court litigations.

**Protecting IDPs in Tigray Region:** UNHCR staff are providing relevant information and counselling to IDPs in the Tigray Region in 37 protection desks (22 in Mekelle and 15 in Shire), and referring them to appropriate services such as health and nutrition.

**Verification of Eritrean refugees:** As of 30 June, 664 Eritrean refugees in 317 households were verified and registered in Mekelle and Adigrat, including 22 new-born babies. Before fleeing to Adigrat and Mekelle,
these people were registered in the closed Hitsats and Shimelba camps. Similarly, UNHCR identified and recorded 1,445 Eritrean asylum-seekers in the two locations.

**Education**

A total of 164,631 refugee students are attending classes, including 48,841 in pre-primary, 105,101 in primary and 10,689 in secondary schools. 58 percent of them are females. However, meeting the minimum guidelines set by the Ministry of Education to curb the spread of COVID-19 in schools remains a challenge for most educational institutions. Shift systems and alternate learning are being used as a temporary measure to maximize the use of available resources. Still, over 60% of all schools in refugee camps do not meet the standards of safe learning environment.

**Shelter & CRIs**

**Construction of emergency shelters for IDPs:** Through the Emergency Shelter and Non-Food Items (ES/NFI) cluster, UNHCR continues to respond to the shelter needs of the internally displaced persons in the Tigray Region. Some 750 such emergency shelters have already been constructed in Mekelle and Shire, ready to house 3,750 persons. In the Gedeo and West Guji zones in the southern part of Ethiopia, construction of 200 shelters for IDP returnees is at advanced stage.

In four out of five camps in the Melkadida area, 35 stand-alone emergency shelters have been constructed, ready to accommodate 175 new arrivals from the Dollo Ado reception centre.

**Health**

**General Health Services:** UNHCR, in collaboration with the Government of Ethiopia (GoE) and its partners, facilitates access to primary, emergency secondary and tertiary healthcare services for refugees and asylum-seekers. While primary health services are often provided within the refugee camps, patients are referred to regional or federal hospitals for secondary and tertiary health care services. In urban settings such as Addis Ababa, UNHCR covers the costs of medicines and medical check-ups for the affected refugees.

**Malarial outbreak in Gambella:** Six of the seven refugee camps in Gambella Region (except Jewi), have experienced a seasonal malarial outbreak. Ongoing UNHCR response activities include case management and awareness raising on utilization of mosquito nets. In parallel, UNHCR seeks to mobilize concerned communities on environmental hygiene and back-filling of mosquito-breeding sites. In spite of all the efforts, more support is needed to effectively bridge the gap in the areas of supply of medicines, malaria kits and indoor residual sprays.

**Cervical cancer prevention:** UNHCR has ensured screening tests for cervical cancer in Gambella’s Okugo camp for refugee women of reproductive age. 16 have already been screened and found to be free of the virus.

**Renovation of health post in West Wollega zone:** Renovation of the Amuma Gelo health post in Boji Dermenji woreda of west Wollega zone has progressed well, with 90% of the work completed to date. UNHCR and its partner Action for the Needy in Ethiopia (NE) are working to finalize the renovation as soon as possible so the health post can start catering to the community’s healthcare needs.
**WASH**

**General WASH Services:** UNHCR works with partners to provide access to clean water and sanitation for the refugees and to improve hygiene practices through hygiene awareness campaigns, reaching refugees and asylum-seekers. As a result, an average supply of 18 litres of water per person/day was secured in all refugee camps in June. In some camps, water supply was quite low, averaging around 6-14 litres per person/day (vs. the desired standard of 20 liters). This is due to fuel shortage, as well as system breakdowns, reducing the capacity of some boreholes to pump water. UNHCR and its partners are working to address the challenges to ensure that refugees receive adequate supply of water.

**Installation of water tap-stand at Dollo Ado Reception Centre:** An additional water tap-stand with six taps has been installed at the Dollo Ado Reception Centre, bringing the total taps to 12—enough to cater to the needs of 2,400 individuals. Construction of communal latrines with 10 stances is also being implemented.

**Livelihoods**

**UNHCR supports training for 50 refugees and host community farmers in Melkadida camps:** Fifty refugees and members of the host community received a four-day training with the objective of enhancing knowledge and skills transfer to farmers. The training also promotes peer to peer learning and adoption of agricultural technologies and improved agronomic practices.

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