



SOMALI SITUATION

BI-WEEKLY ETHIOPIA SITUATIONAL REPORT

27 March – 13 April 2017

HIGHLIGHTS

- Between 27 March and 13 April, 199 new arrivals were recorded. Since 1 January 2017, 4,768 Somali new arrivals have been recorded in Melkadida, Ethiopia, out of whom 4,758 have been registered as refugees by the Government of Ethiopia and UNHCR and relocated to the Kobe, Hilaweyn, Buramino, Bokolmanyo and Melkadida refugee camps. The remaining 10 refugees await relocation at the Dollo Ado Reception Centre.
- On average, 46 persons arrived daily between 1 January and 13 April 2017.
- 70.4% of the total registered new arrivals are children, whilst 87.3% are women and children.
- The average GAM rate amongst new arrivals below the age of five is 76.5%. The prevalence of malnutrition amongst the pregnant and lactating women is 20.8%, with an average of 33.1% since January 2017.
- The new arrivals, mostly originating from the Bay region (67%), Middle Juba (14%) and Gedo (9%), reported to have fled conflicts, exacerbated by the drought in Somalia.
- To date, Ethiopia hosts some 247,000 registered Somali refugees in the areas of Melkadida and Jijiga.

KEY FIGURES

4,768

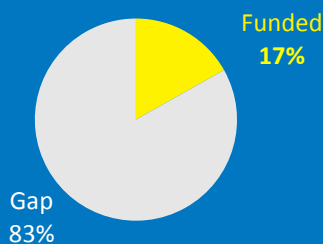
Somali arrivals since 1 January 2017, based on reports from Melkadida (as of 7 April 2017)

FUNDING

(as of 4 April 2017)

USD 74.2 M

Requested by UNHCR for the Somali Refugee Situation in Ethiopia

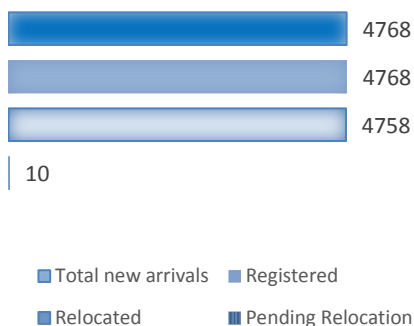


For more detailed information on the Somali Situation response in specific country operations, kindly refer to the latest County Updates available on the portal: data.unhcr.org/horn-of-africa/regional.php

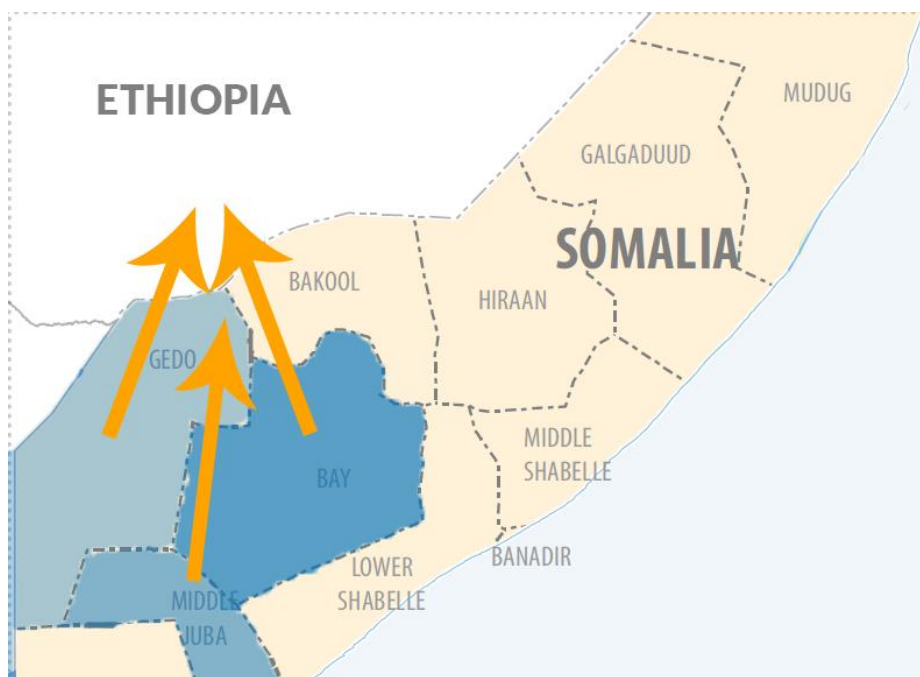
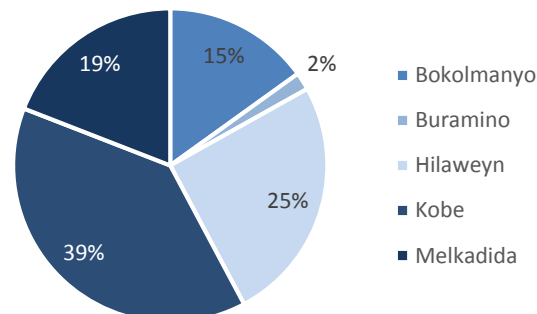
UNHCR is grateful for the contributions in 2016 and so far in 2017 from DFID, IKEA Foundation and PRM.

Special thanks to our partners at the Reception Centre: ARRA, IOM, IMC, MSF, NRC, SCI, UNFPA, WFP

New Arrivals since January 2017



Relocation per camp



UPDATE ON THE SITUATION

Melkadida

- **Protection:** Weekly Protection meetings are being held to discuss priority issues as well as to improve coordination amongst partners in the Reception Centre. Upon registration, new arrivals are provided with high energy biscuits, BP5, dignity kits and soap. Persons with Specific Needs (PSN) are identified at the reception centre and an updated list is shared along with the manifest for relocation, targeted assistance and referrals. Information and awareness-raising sessions are held on the reporting of protection issues, services in the reception centre and in the camps, SGBV 'Key Messages', as well as on health and hygiene promotion for women. Mosquito nets, baby clothes, basins, laundry and toilet soap, shampoo, body lotion and headscarves were provided to newly arrived vulnerable women.

Moreover, a Save the Children-run protection help desk has been established in order to identify Unaccompanied and Separated Children (UASC), as well as other vulnerable refugees under the age of 18, who have received targeted distributions of NFIs. To date, 51 UASC have been identified amongst the new arrivals. Tea talks are held with children to discuss their rights, and child friendly spaces are operational.

- **Food & nutrition:** Nutritional screening was carried out for the newly arriving refugees. Between 27 March and 7 April, a total of 49 children under the age of five and 24 pregnant and lactating women (PLW) were screened to measure their nutritional status. Accordingly, the prevalence of Severe Acute Malnutrition (SAM) and Global Acute Malnutrition (GAM) amongst the children under the age of five was found to be 14.3% and 85.7% respectively against the emergency threshold of 15%. The average GAM rate amongst new arrivals below the age of five is 76.5% since the beginning of the year. During the reporting period, the prevalence of GAM amongst the pregnant and lactating women stands at 20.8%, with an average of 33.1% since January 2017.

Food is provided through a mix of wet and dry feeding. Children up to the age of 10 and PLW receive, twice a day, a fortified porridge (CSB), as well as High Energy Biscuits. Upon arrival in the camps, all refugees are provided with monthly food rations and CRIs. All children and PLW with SAM are provided with Plumpy Nuts and admitted to therapeutic and supplementary feeding programmes when relocated to camps.

- **Health:** 24/7 emergency healthcare service is being provided, including emergency OPD and emergency admission at the health post located in the Reception Centre. Between 27 March and 7 April, 24 refugees received health care, including five children. The majority of consultations were for respiratory tract infections and anaemia. Intensive surveillance is heightened in light of recent reports of suspected Acute Watery Diarrhea (AWD) cases in the host community, surveillance is conducted in collaboration with the Woreda Health Bureau, ARRA and MSF. Deaths as well as diseases with epidemic potentials such as measles, acute watery diarrhoea (AWD) were not reported. In addition, routine vaccination was provided to newly arrived children under the age of five and women of reproductive age group. Altogether 44 children were vaccinated against polio, 41 against measles and 31 women received tetanus vaccination.
- **WASH:** At least 20 litres per person per day (lit/p/d) are being provided to new arrivals at the Reception Centre. Latrine coverage stands at a ratio of 15 persons per latrine drop hole against the UNHCR minimum standard of 20. Disinfection and regular water quality monitoring is being carried out by trained personnel. Solid wastes management and hygiene messaging is being carried out on daily basis. WASH services at the camps are available for new arrivals.
- **Challenges:** In spite of the efforts to address the nutritional needs of new arrivals, malnutrition continues to pose a challenge, especially considering the already high rates at the receiving refugee camps. Recent reports of suspected cases of AWD in the host community and in the refugees' areas of origin increase the risk of communicable disease outbreaks in the refugee camps. The current drought spreading across the Somali region poses constraints in terms of available resources in the area.

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