

Comparative study on Access to Basic Needs and Service between
Refugee Community and Hosting communities in and around
Sherkole Refugee Camp in Benishangul Regional State Ethiopia

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Declaration

I hereby declare that the Dissertation entitled “**Comparative study on Access to Basic Needs and Service between Refugee Community and Hosting communities in and around Sherkole Refugee Camp in Benishangul Regional State Ethiopia**” submitted by me for the partial fulfillment of the M.A. in Rural Development to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier either to IGNOU or to any other institution for the fulfillment of the requirement for any course of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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Acronyms

ARRA: Agency for Refugees and Returnees Affair

CSA: Central Statistical Agency

CRC: Covenant on Right of Children

GTP: Growth and Transformation Plan

GBV: Gender based violence

FMOH: Federal Ministry of Health

FS: Food Security

HDI: Human Development Index

HFIAS: Household Food Insecurity Access scale

IRC: International Rescue Committee

MoFED: Ministry of Finance and Economic Development

NRC: Norrewign Refugee Council

PASDEP: Plan for Accelerated and Suitable Development to End Poverty

RBA: Right Based Approach

SCI: Save the Children International

WASH: Water Hygiene and Sanitation

UDHR: Universal Declaration of Human right

UNDP: United Nations Development Program

UNESCO: United Nations, Educational Scientific and Cultural Organization.

WASH: Water hygiene and sanitation

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Chapter 1-Introduction

1.1 Background

The history of Sudanese refugee camps in Western Ethiopia started with the influx of Sudanese refugees from the Bahir el Gazal, Malakal, Equatorial, Blue Nile, and Nuba Mountain regions of Sudan due to civil war and unrest from 1984 up to the late 1980s. According to official reports, three camps accommodating a total refugee population of 400,000 had been established in Itang, Pignudo, and Dimma by 1991. However, in May 1991, the refugees at the original camps fled the unrest in Ethiopia and formed temporary camps in Sudan at Nasir, Gurkuo, and Puchala near the Ethiopian border. With the restoration of relative peace in Western Ethiopia and continued unrest in Sudan, the refugees began to come back to Ethiopia in mid-1992 initiating the reestablishment of closed camps and opening of new ones. The first of the camps to be reestablished was Dimma Refugee Camp which began functioning again in 1992 to accommodate the first 4,500 refugees who returned to Ethiopia. In January 1993 a new camp was established at Bonga to accommodate the predominantly Uduk refugees who were settled for a brief period in Assosa and had to be moved due to security reasons. Through July to October 1993, the Pignudo Refugee Camp was re-established for refugees arriving through Itang (since 1992) and staying at Karami Transit Center. The last camp was the Sherkole Refugee Camp established in 1997 to accommodate refugees fleeing after the re-taking of the town of Kumruk by SPLA. (Developing and Implementing a Refugee Program in the Rights Way-Save the children Sweden's Experience with Sudanese Refugees in Western Ethiopia 1992-2006)

After a preparation plan to close Sherkole refugee camp in 2010, when only around 4,000 refugees were left in the camp, new conflict dynamics resulted in new mass influx of refugees in to the region affecting the closing plan. Months of intermittent fighting between government forces and fighters of the SPLM- N in Sudan have driven 34,500 refugees into Ethiopia since September 2011, in addition to nearly 4,000 refugees who stayed in Benishangul- Gumuz region before the outbreak of the conflict in Blue Nile. The refugees are accommodated in the three camps of Sherkole, Tongo and Bambasi in the Benishangul- Gumuz regional state in western Ethiopia.

Different humanitarian assistance is provided for the refugee population by different international and national agencies working in the camp these include; Food, NFI, Education, Health and protection by ARRA, Shelter and livelihood by NRC, water and GBV by IRC, assistance to person with disability by RaDO, Early Childhood Education and Child protection by SCI.

1.2 Statement of the problem

Most of the refugee camps in the country are located mostly in under developed regions, remote and fragile areas where most of the basic services and infrastructure are undeveloped and far from the country average. In fact according to World Development Report 2011 by Gomez, Christensen, and Yihedgo describing the trends of refugees distribution in asylum countries refugee camps are located in low income fragile border areas; which is also the case of Sherkole and other refugee camps in the country. Despite fast economic growth and high improvement in development parameters and development policies and strategies like PASDEP and GTP and other effort, Ethiopia is still categorized under the poorest country in the world and the country ranks 173th out of 187 countries in the UN human development Index, (UNDP HDI report 2014). Underdevelopment is still the limiting factor for basic service provision for the citizens.

The State is basically duty bearer to provide basic services and other rights for both its citizens and refugees living in its soil, while the international communities, donor countries and agencies have the obligation to support governments who are not able to fulfill these services. In both cases the study will employ sector specific indicators to measure level of access to the basic needs in the refugee and host communities and compare the results against globally minimum standards and also each other.

While a number of national and international NGOs are based in Sherkole refugee camps to provide assistance to the refugee community in different sectors including health, education, WASH, shelter, and livelihood very few NGOs are working in the host community, and though the government is thriving its best to fulfill the needs of the community it has low capacity and resources compared to NGOs. This may result in imbalance access to the basic needs between these two communities.

1.3 Definition of Important Terms

Refugee: The 1951 refugee convention define refugee as a person is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him or herself of the protection of that country, or to return there, for fear of persecution.

Host Community: A host community in this context refers to the country of asylum and the local, regional and national governmental, social and economic structures within which refugees live. In the context of refugee camps, the host community may encompass the camp, or may simply neighbor the camp but have interaction with, or otherwise be impacted by, the refugees residing in the camp (UNHCR, 2007).

Basic Needs: ILO, Employment, Growth and Basic Needs: a One World Problem (Geneva 1976), defines basic needs as the minimum standard of living which a society should set for the poorest groups of its people. The satisfaction of basic needs means meeting the minimum requirements of a family for personal consumption: food, shelter, clothing; it implies access to essential services, such as safe drinking-water, sanitation, transport, health and education; it implies that each person available for and willing to work should have an adequately remunerated job. It should further imply the satisfaction of needs of a more qualitative nature: a healthy, humane and satisfying environment, and popular participation in the making of decisions that affect the lives and livelihood of the people and individual freedoms.

Food Security: defined as Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. (World Food Summit, 1996).

Household Food Insecurity Access Scale (HFIAS): is composed of a set of nine questions that have been used in several countries and appear to distinguish food insecure from food secure households across different be used to assess the prevalence of household food insecurity (access component) (e.g. for geographic targeting) and to detect changes in the food insecurity situation of a population over a period of time.

GROSS INTAKE RATIO (GIR) IN THE FIRST GRADE OF PRIMARY: Total number of new entrants in the first grade of primary education, regardless of age, expressed as a percentage of the population at the official primary school-entrance age. Its purpose is to indicate the general level of access to primary education. It also indicates the capacity of the education system to provide access to grade 1 for the official school-entrance age population.(UNESCO)

NET INTAKE RATE (NIR) IN THE FIRST GRADE OF PRIMARY: New entrants in the first grade of primary education that are of the official primary school-entrance age, expressed as a percentage of the population of the same age. Its purpose is to precisely measure access to primary education by the eligible population of primary school-entrance age.

GROSS ENROLMENT RATIO (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year. Its purpose is to show the general level of participation in a given level of education. It indicates the capacity of the education system to enroll students of a particular age group. It can also be a complementary indicator to net enrolment rate (NER) by indicating the extent of over-aged and under-aged enrolment.

NET ENROLMENT RATIO (NER): Enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population. Its purpose is to show the extent of coverage in a given level of education of children and youths belonging to the official age group corresponding to the given level of education.

PUPIL-TEACHER RATIO (PTR): Average number of pupils (students) per teacher at a specific level of education in a given school year. Its Purpose is to measure the level of human resources input in terms of the number of teachers in relation to the size of the pupil population. The results can be compared with established national norms on the number of pupils per teacher for each level or type of education.

PUPIL-SECTION RATIO (PSR): The average number of pupils/students per classroom in elementary/secondary education in a given school year. PSR it is efficiency indicator.

1.4 Objectives of the Study

1.4.1 General Objective

The general objectives of this study is to show the status of the basic needs and services and the associated infrastructure and livelihood opportunities to fulfill the basic needs in to different communities i.e. refugee and hosting communities who interact on different socio-economic activities on daily basis.

1.4.2 Specific Objectivities

- To study the level of access basic needs/services (food, education, Health, Water, Shelter and livelihood Options) in refugee camps and their immediate hosting/local communities.
- To make comparison on level of access to basic service in refugee camps and host communities and against the globally accepted standards and the current country average
- Indicate the extent and level of cooperation and interaction in accessing basic needs/service and livelihood between refugee and hosting communities
- Investigate if policies or guidelines are developed to ensure the host communities are also considered and targeted when planning and implementing humanitarian assistance to refugee program

1.5 Scope and Significance of the study

The scope of this study is not assessing the impact of refugee influx on host community which is well documented in different study in more general ways, some to mention here include World Development Report 2011, The Impact of Refugees on Neighboring Countries-Development Challenges by (Gomez, Christensen, et al 2010) which state both the positive and negative impact in the following statement: *Countries that host refugees for protracted periods can experience long-term economic, social, environmental, and political and security impacts. While the impacts of a refugee presence on neighboring countries are complex and context-specific, they are not necessarily only negative. The economic impacts of refugee presence on neighboring countries have been both negative (e.g. uncompensated public expenditure and burden on the economic infrastructure) and positive (e.g. stimulated local economies by increasing the size of local markets and reducing commodity prices). The positive contributions that refugees can make to the economy of host countries should be viewed in terms of winners*

and losers among both refugees and host populations. Development assistance targeting areas affected by displacement can play a strategic role in mitigating negative impacts and increasing the positive impacts of a protracted refugee presence on host countries.

Rather the study will merely try to indicate facts on the status of living standards by measuring access to basic services using well defined indicators in the two communities and compare against the globally accepted indicators. The study also tries to investigate if policies or guidelines are in place to ensure logical and acceptable service delivery and assistance to host communities during humanitarian assistance delivery in refugee programs.

To the researcher knowledge no similar study have been conducted in Ethiopia refugee camps, except few to mention some studies include; the Impact of refugee settlement on woodland resource , The case of Sherkole Refugee Camp by Getachew Fetene 2008, and Repatriation of Maban refugee from Sherkole Refugee Camp by Tigist Girma (2007), which are not directly related to the center of this study comparison of access to basic service, but other related studies were conducted in other countries like Kenya, Ghana and Syria focusing on the impact of refugees on host communities in these countries. Other more related study focusing on refugee hosting community done by Kristoffer in Kakuma refugee hosting community indicating the positive and negative impacts and underlining that lack of development and livelihood opportunities in the host community is a great challenge for promoting coexistence between host and refugees.

1.6 Limitation of the study

The study used national and regional annual report and other secondary data on different basic service sectors investigated in this study as well as the primary data collected from the field and secondary data mainly reports published by the different GO and NGO involved in implementing or monitoring these service; the absence of data on some specific indicators to make comparison at national or regional level. The other limitation to mention is the felling of inadequacy in interviewed refugee and expectation of food hand out or assistance during HFIAS interview.

Chapter 2-Review of Literature

2.1 Theoretical Background and Empirical Evidence

2.1.1 Food Security:

Ethiopia is low income where majority of the population depends on rain fall agriculture and frequent rainfall resulting in chronic food insecurity. Since 2007, Ethiopia has achieved strong economic growth, making it one of the highest performing economies in sub-Saharan Africa. Yet it remains one of the world's least developed countries, ranked 174 out of 187 in the 2011 UNDP Human Development Index and 76 out of 70 in the 2012 Global Hunger Index. About 29 per cent of the population lives below the national poverty line (IFAD 2012).

According to FEWS NET Ethiopia (Famine and early warning system network October 2015), food security outlook report in 2015, eastern Ethiopia had a severe drought. The drought contributed to low crop production for the Belg and Meher harvests, poor livestock health, low water availability, and lack of demand for agricultural labor. The Ethiopia Humanitarian Country Team (EHCT) has early estimates that 15 million people will likely need food assistance in 2016, around half covered through the Productive Safety Net Program (PSNP) and the rest through emergency assistance. Needs are likely to be particularly high in July and August 2016 during the peak of the lean season in Meher- producing areas. In many areas of the country, lean season may start early this year. Benishangul region is one of the region which is not include in the PSNP, and the same report categorize the region under none or minimal affected in the current food security scenario of the country.

2.1.1.1 HFIAS

The study used key informants and *Household food insecurity access scale (HFIAS)* to investigate about food security; HFIAS is, *methodology* developed by USAID's Food and Nutrition Technical Assistance (FANTA) project has supported a series of research initiatives to explore and test different options for meeting the need of methodology or tool that is to relatively simple, but methodologically rigorous, indicators of the access component of household food insecurity (hereafter referred to as household food insecurity (access)) that can be used to guide, monitor and evaluate program interventions. But the study also use other source i.e. key informants like concerned government offices and aid agencies (ARRA and WFP) involved in

monitoring food security and nutritional status as well as implementation of food distribution and related secondary data. The findings are explained in detail below.

What is HFIAS: (*HFIAS measurement of Food Access indicator module, version 3, USAID, August, 2007*)

What is the meaning of the indicator/measure? - The HFIAS is a tool to assess whether households have experienced problems in food access in the preceding 30 days. The tool is composed of nine questions that ask about modifications households made in their diet or food consumption patterns due to limited resources to acquire food. It measures the severity of food insecurity in the past 30 days, as reported by the households themselves.

Household Food Insecurity Access Scale (HFIAS) Generic Questions: Each of the questions in the following table is asked with a recall period of four weeks (30 days). The respondent is first asked an occurrence question – that is, whether the condition in the question happened at all in the past four weeks (yes or no). If the respondent answers “yes” to an occurrence question, a frequency-of-occurrence question is asked to determine whether the condition happened rarely (once or twice), sometimes (three to ten times) or often (more than ten times) in the past four weeks. (Annex generic Question)

HFIAS Tabulation Plan and Summary:

The HFIAS module yields information on food insecurity (access) at the household level. Four types of indicators can be calculated to help understand the characteristics of and changes in household food insecurity (access) in the surveyed population. These indicators provide summary information on:

- ✓ Household Food Insecurity Access-related *Conditions*
- ✓ Household Food Insecurity Access-related *Domains*
- ✓ Household Food Insecurity Access *Scale Score*
- ✓ Household Food Insecurity Access *Prevalence*

The responses from the household food insecurity (access) measure should be entered into a database, spreadsheet, or statistical software like *EpiInfo* or SPSS. Computer tabulation is recommended for these indicators, though if necessary the data may also be tabulated by hand.

1. Household Food Insecurity Access-related Conditions

These indicators provide specific, disaggregated information about the behaviors and perceptions of the surveyed households. For example, if a program is providing assistance in growing staple crops and improved storage facilities, it might be useful to understand what percent of households had run out of food. The indicators present the percent of households that responded affirmatively to each question, regardless of the frequency of the experience. Thus they measure the percent of households experiencing the condition at any level of severity. Each indicator can be further disaggregated to examine the frequency of experience of the condition across the surveyed households.

| | |
|--|--|
| <p>Household Food Insecurity Access-related Conditions</p> <p>Households experiencing condition at any time during the recall period.</p> | <p>Percent of households that responded, “yes” to a specific occurrence question. For example: “Percent of households that ran out of food.”</p> <p>Example:</p> $\frac{\text{Number of households with response = 1 to Q7}}{\text{Total number of households responding to Q7}} \times 100$ |
|--|--|

| | |
|---|--|
| <p>Households experiencing condition at a given frequency</p> | <p>Percent of households that responded “often” to a specific frequency-of-occurrence question. For example: “Percent of households that ran out of food often.”</p> <p>Example:</p> $\frac{\text{Number of households with response = 3 to Q7}}{\text{Total number of households responding to Q7}} \times 100$ |
|---|--|

2. Household Food Insecurity Access-related Domains

These indicators provide summary information on the prevalence of households experiencing one or more behaviors in each of the three domains reflected in the HFIAS - - Anxiety and uncertainty, Insufficient Quality, and Insufficient food intake and its physical consequences.

| | |
|--|---|
| <p>Household Food Insecurity Access-related Domains Households experiencing any of the conditions at any level of severity in each domain</p> | <p>Percent of households that responded “yes” to any of the conditions in a specific domain. For example: “Percent of households with insufficient food quality.”</p> <p>Example: $\frac{\text{Number of households with response = 1 to Q2 or 1 to Q3 or 1 Q4}}{\text{Total number of households responding to Q2 Or Q3 or Q4}} \times 100$</p> |
|--|---|

3. Household Food Insecurity Access Scale Score

The HFIAS score is a continuous measure of the degree of food insecurity (access) in the household in the past four weeks (30 days). First, a HFIAS score *variable* is calculated for each household by summing the codes for each frequency-of-occurrence question. Before summing the frequency-of-occurrence codes, the data analyst should code frequency-of-occurrence as 0 for all cases where the answer to the corresponding occurrence question was “no” (i.e., if Q1=0 then Q1a=0, if Q2=0 then Q2a =0, etc.). The maximum score for a household is 27 (the household response to all nine frequency-of-occurrence questions was “often”, coded with response code of 3); the minimum score is 0 (the household responded “no” to all occurrence questions, frequency-of-occurrence questions were skipped by the interviewer, and subsequently coded as 0 by the data analyst.) The higher the score, the more food insecurity (access) the household experienced. The lower the score, the less food insecurity (access) a household experienced.

| | |
|------------------------------------|---|
| <p>HFIAS Score (0 -27)</p> | <p>Sum of the frequency-of-occurrence during the past four weeks for the 9 food insecurity-related conditions Sum frequency-of-occurrence question response code (Q1a + Q2a + Q3a + Q4a + Q5a + Q6a + Q7a + Q8a +Q9a)</p> |
|------------------------------------|---|

Next, the *indicator*, average Household Food Insecurity Access Scale Score, is calculated using the household scores calculated above.

| | |
|----------------------------|---|
| Average HFIAS Score | Calculate the average of the Household Food Insecurity Access Scale Scores |
| | <p>Example:</p> $\frac{\text{Sum of HFIA Score in the sample}}{\text{Number of HFIAS Scores (i.e., households) in the sample}}$ |

4. Household Food Insecurity Access Prevalence

The final indicator is a categorical indicator of Food Insecurity Status. The Household Food Insecurity Access Prevalence (HFIAP) Status indicator can be used to report household food insecurity (access) prevalence and make geographic targeting decisions. The change in HFIAP can also be tabulated. The HFIAP indicator categorizes households into four levels of household food insecurity (access): food secure, and mild, moderately and severely food insecure. Households are categorized as increasingly food insecure as they respond affirmatively to more severe conditions and/or experience those conditions more frequently.

A food secure household experiences none of the food insecurity (access) conditions, or just experiences worry, but rarely. A mildly food insecure (access) household worries about not having enough food sometimes or often, and/or is unable to eat preferred foods, and/or eats a more monotonous diet than desired and/or some foods considered undesirable, but only rarely.

But it does not cut back on quantity nor experience any of three most severe conditions (running out of food, going to bed hungry, or going a whole day and night without eating). A moderately food insecure household sacrifices quality more frequently, by eating a monotonous diet or undesirable foods sometimes or often, and/or has started to cut back on quantity by reducing the size of meals or number of meals, rarely or sometimes. But it does not experience any of the three most severe conditions. A severely food insecure household has graduated to cutting back on meal size or number of meals often, and/or experiences any of the three most severe conditions (running out of food, going to bed hungry, or going a whole day and night without

eating), even as infrequently as rarely. In other words, any household that experiences one of these three conditions even once in the last four weeks (30 days) is considered severely food insecure.

| | |
|------------------------------|---|
| <p>HFIAS Category</p> | <p>Calculate the Household Food Insecurity Access category for each household. 1 = Food Secure, 2=Mildly Food Insecure Access, 3=Moderately Food Insecure Access, 4=Severely Food Insecure Access</p> <p>HFIA category = 1 if [(Q1a=0 or Q1a=1) and Q2=0 and Q3=0 and Q4=0 and Q5=0 and Q6=0 and Q7=0 and Q8=0 and Q9=0]</p> <p>HFIA category = 2 if [(Q1a=2 or Q1a=3 or Q2a=1 or Q2a=2 or Q2a=3 or Q3a=1 or Q4a=1) and Q5=0 and Q6=0 and Q7=0 and Q8=0 and Q9=0]</p> <p>HFIA category = 3 if [(Q3a=2 or Q3a=3 or Q4a=2 or Q4a=3 or Q5a=1 or Q5a=2 or Q6a=1 or Q6a=2) and Q7=0 and Q8=0 and Q9=0]</p> <p>HFIA category = 4 if [Q5a=3 or Q6a=3 or Q7a=1 or Q7a=2 or Q7a=3 or Q8a=1 or Q8a=2 or Q8a=3 or Q9a=1 or Q9a=2 or Q9a=3]</p> |
|------------------------------|---|

2.1.1.2 HFIAS result of the Surveyed Households

1. Food Insecurity Access-related Conditions

Table1. HFIAS Access related condition result by village and refugee and host community

| | | Kebele or village | | | | | | | | | | RC Total | HC Total | |
|---|-----|-------------------------|------------------------|---------------------------|--------------------------|------------------------|----------------|----------------|----------------|----------------|----------------|--------------|--------------|----------------|
| | | HC/ Ashura Kebele | HC / Jima Kebele | HC/ Alfashir Kebele | HC/ K/hamsa Kebele | HC/ Shula Kebele | RC / Zone A | RC / Zone B | RC / Zone C | RC / Zone E | RC / Zone F | | | RC / Zone G |
| was there ever no food to eat of any kind in your household | No | 4 | 1 | 2 | 5 | 5 | 3 | 0 | 7 | 2 | 0 | 3 | 15 | 17 |
| | Yes | 3 | 5 | 2 | 8 | 8 | 8 | 15 | 14 | 17 | 28 | 5 | 87 | 26 |
| Total | | 7 | 6 | 4 | 13 | 13 | 11 | 15 | 21 | 19 | 28 | 8 | 102 | 43 |
| HFIAS- Access Related Condition (%) | | 42.9% | 83.3% | 50.0% | 61.5% | 61.5% | 72.7% | 100.0% | 66.7% | 89.5% | 100.0% | 62.5% | 85.3% | 60.5% |
| HFIAS- Access Related Frequency (% HHs Responded to Q 7a | | 42.9% | 0.0% | 0.0% | 0.0% | 38.5% | 36.4% | 6.7% | 9.5% | 10.5% | 10.7% | 0.0% | 16.7% | 18.6% |

From Host Community Jima kebele is the with highest HFIAS Access related condition i.e. 83.3 %, while from the refugee community Zone B and F are the highest condition score with 100%; and if we compare the two communities refugee have higher HFIA condition i.e. 85.3% compared to 60.5% to the refugee community. But when we come to the occurrence or frequency this indicator we will find that host community have higher percentage 18.6% and that of the refugee is only 16.7%

2 Household Food Insecurity Access-related Domains

Table2. HFIAS Access related Domain result by village and refugee and host community

| Eat some foods that you really did not want to eat? * Kebele or village Cross tabulation | | | | | | | | | | | | | | |
|--|-------------------|-----------------|---------------------|--------------------|------------------|------------|------------|------------|------------|------------|------------|----------|----------|-------|
| HFIAS-Related Domain | Kebele or village | | | | | | | | | | | RC Total | HC Total | |
| | HC / Ashura Kebel | HC /Jima Kebele | HC /Alfashir Kebele | HC /K/hamsa Kebele | HC /Shula Kebele | RC /Zone A | RC /Zone B | RC /Zone C | RC /Zone E | RC /Zone F | RC /Zone G | | | |
| eat some foods that you really did not want to eat? | No | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 2 | 0 | 2 | 3 | 7 | 4 |
| | Yes | 7 | 6 | 3 | 12 | 11 | 11 | 15 | 19 | 19 | 26 | 5 | 95 | 39 |
| Total | | 7 | 6 | 4 | 13 | 13 | 11 | 15 | 21 | 19 | 28 | 8 | 102 | 43 |
| HFIAS-Related Domain % | | 100.0% | 100.0% | 75.0% | 92.3% | 84.6% | 100.0% | 100.0% | 90.5% | 100.0% | 92.9% | 62.5% | 93.1% | 90.7% |

2. HFIAS Score summary

Table3. HFIAS Access Score summary

HFIAS Score Summary

| Kebele/Zone | Sample HHs | HFIAS Score | Average HFIAS Score |
|---------------------------------|------------|-------------|---------------------|
| Ashura | 7 | 128 | 18.3 |
| Jima | 6 | 108 | 18.0 |
| Alfashir | 4 | 52 | 13.0 |
| K/Hamsa | 13 | 202 | 15.5 |
| Shula | 13 | 211 | 16.2 |
| Sub Total HFIAS Score HC | 43 | 701 | |

| | | | |
|--|------------|-------------|-------------|
| Host Community Average HFIAs Score | | | 16.3 |
| Zone A | 11 | 186 | 16.9 |
| Zone B | 15 | 300 | 20.0 |
| Zone C | 21 | 330 | 15.7 |
| Zone E | 19 | 372 | 19.6 |
| Zone F | 28 | 472 | 16.9 |
| Zone G | 8 | 99 | 12.4 |
| Sub Total HFIAs Score RC | 102 | 1759 | |
| Refugee Community Average HFIAs Score | | | 17.2 |
| Total HFIAs Score | 145 | 2460 | 17.0 |

Table4. HFIAs Category of the surveyed HHs

| Kebele / Zone | Food Secure | Mildly Food Insecure Access | Moderately Food Insecure Access | Severely Food Insecure Access | Total |
|------------------------------------|--------------------|------------------------------------|--|--------------------------------------|------------------|
| HC/ Ashura | 0 | 0 | 3 | 4 | 7 |
| HC/Jima | 0 | 0 | 1 | 5 | 6 |
| HC/Alfashir | 0 | 2 | 1 | 1 | 4 |
| HC/Kuberhamsa | 0 | 1 | 5 | 7 | 13 |
| HC/Shula | 0 | 0 | 5 | 8 | 13 |
| Sub Total Host Community | 0(0%) | 3 (7%) | 15(34.9%) | 25(58.1%) | 43(100%) |
| RC/Zone A | 0 | 2 | 1 | 8 | 11 |
| RC/Zone B | 0 | 0 | 0 | 15 | 15 |
| RC/Zone C | 1 | 0 | 6 | 14 | 21 |
| RC/Zone E | 0 | 0 | 2 | 17 | 19 |
| RC/Zone F | 0 | 0 | 0 | 28 | 28 |
| RC/Zone G | 0 | 1 | 2 | 5 | 8 |
| Sub Total Refugee Community | 1(0.01%) | 3(0.03%) | 11(10.8%) | 87(85.3%) | 102(100%) |

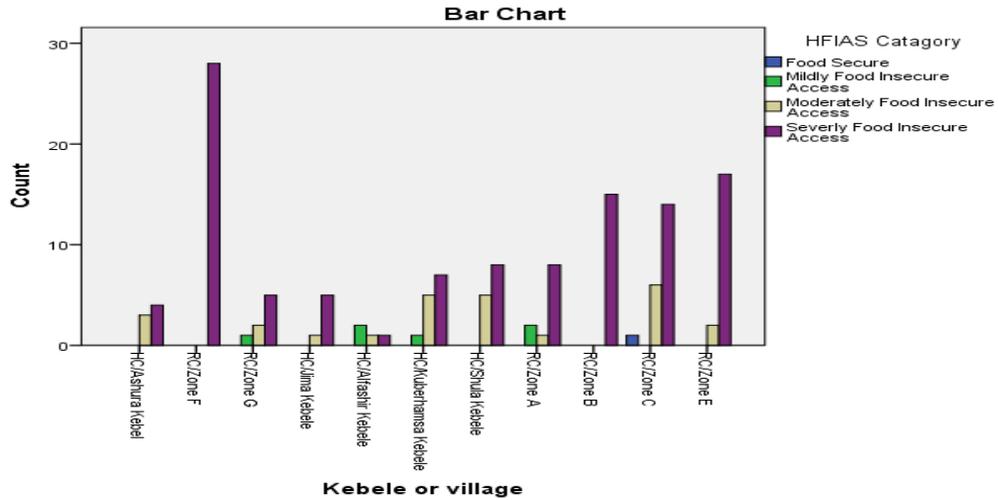


Figure1. HFIAS Category of the survey household by community sub group

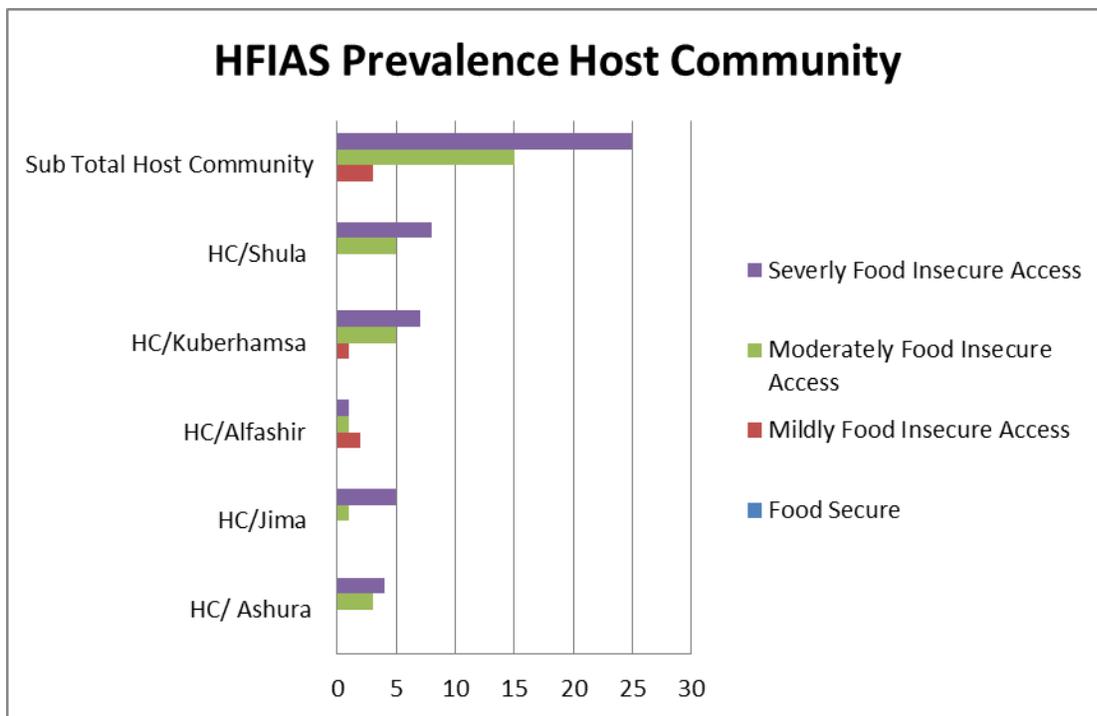


Figure2. HFIS Prevalence in surveyed host community households

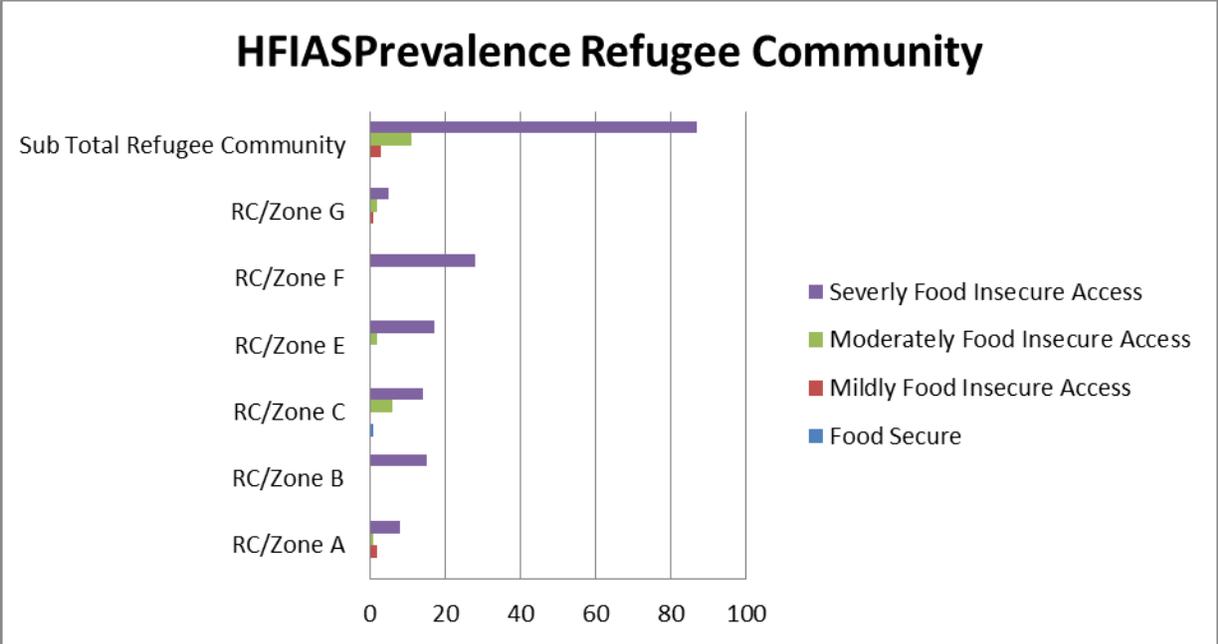


Figure3. HFIAS Prevalence in surveyed host community households

Food Aid and Distribution

Refugees are dependent on monthly ration distribution based on family size; the monthly food basket per individual per month is Cereal 16 kg, sugar 0.45 kg, salt 0.15kg, vegetable oil 0.9 kg, CSB 1.5 kg and pulse. Food is distributed by ARRA and supplied by WFP; though food distribution is done regularly on monthly basis delay in distribution day is not uncommon, and most single family refugees complain the food is not adequate compared to large family size due aggregate effect and the food is finished week before next distribution day and refugees are also forced to sell part of the ration to buy other needs (to buy other type of not included in the food basket and clothing), and refugee representatives from great lakes (Congo, Rwanda, Brundi) also complain that the food basket contains food items which are not culturally accepted this include sorghum and it has low market price compared to wheat in case of selling and buying other food item. Refugees are also expected to cover grinding mill expense.

Host community members complain that due to inadequate food shortage some refugee are involved in theft of small livestock and burglary in the host community as well as eat wild fruit and young bamboo shoot, which create tension between the two communities

According to WFP and ARRA the overall funding shortage at the end of 2015 for refugee operation in the country might result reducing the already inadequate food basket. (Ethiopia warns of 'major crisis' over

refugees food aid (BT) <http://home.bt.com/news/world-news/ethiopia-warns-of-major-crisis-over-refugees-food-aid-11364015677948>).

| Family size | Cereal (Rice/Wheat) | Sugar | Salt | Veg oil | CSB | Pulses |
|-------------|---------------------|-------|------|---------|------|--------|
| 1 | 15.4 | 0.45 | 0.15 | 0.9 | 1.5 | 1.5 |
| 2 | 30.8 | 0.9 | 0.3 | 1.8 | 3 | 3 |
| 3 | 46.2 | 1.35 | 0.45 | 2.7 | 4.5 | 4.5 |
| 4 | 61.6 | 1.8 | 0.6 | 3.6 | 6 | 6 |
| 5 | 77 | 2.25 | 0.75 | 4.5 | 7.5 | 7.5 |
| 6 | 92.4 | 2.7 | 0.9 | 5.4 | 9 | 9 |
| 7 | 107.8 | 3.15 | 1.05 | 6.3 | 10.5 | 10.5 |
| 8 | 123.2 | 3.6 | 1.2 | 7.2 | 12 | 12 |
| 9 | 138.6 | 4.05 | 1.35 | 8.1 | 13.5 | 13.5 |
| 10 | 154 | 4.5 | 1.5 | 9 | 15 | 15 |
| 11 | 169.4 | 4.95 | 1.65 | 9.9 | 16.5 | 16.5 |
| 12 | 184.8 | 5.4 | 1.8 | 10.8 | 18 | 18 |
| 13 | 200.2 | 5.85 | 1.95 | 11.7 | 19.5 | 19.5 |

Figure 7 : Monthly Food Distribution per person per month posted in Sherkole refugee camp

In host community there is no food Aid or safety net program that provide food or cash.

Key Findings from Sherkole Refugee Camp Nutrition Survey Result (Source: UNHCR 2015)

| Average number of days the food ration lasts (Standard deviation or 95% CI) | Average duration (%) in relation to the theoretical duration of the ration |
|---|--|
| 20.5 DAY OUT OF 30 DAYS | 68.3% |

Figure 8: Duration of the monthly ration last

COPING STRATEGIES USED BY THE SURVEYED POPULATION OVER THE PAST MONTH

| | Number/total | % (95% CI) |
|---|--------------|------------|
| Proportion of households reporting using the following coping strategies over the past month*: | | |
| Borrowed cash, food or other items with or without | 126/160 | 78.8% |

| | | |
|--|---------|-------|
| interest | | |
| Sold any assets that would not have normally sold (furniture, seed stocks, tools, other NFI, livestock etc.) | 29/158 | 18.4% |
| Requested increased remittances or gifts as compared to normal | 3/159 | 1.9% |
| Reduced the quantity and/or frequency of meals and snacks | 124/160 | 77.5% |
| Begged | 13/160 | 8.1% |
| Engaged in potentially risky or harmful activities | 5/160 | 3.1% |
| Proportion of households reporting using none of the coping strategies over the past month | 10/157 | 6.4% |

2.1.2 Education

2.1.2.1 General National and Regional Education Scenario

Ethiopia has recently significantly improved access to education in line with the global objective Education For All (EFA), this have been reflected in UNESCO 2013-14 annual report indicated due to the expansion of primary schooling over the past decade, the youth literacy rate increased in Ethiopia from 34% in 2000 to 52% in 2011, the report also put Ethiopia and India as main country who have significantly reduce the number of out of school children; the report also recognize the commitment and effort the government putting in the education system equality by indicating Ethiopia more than doubled the share of the budget allocated to education between 2000 and 2010, to 25%. These resources were used to fund rapid classroom construction and teacher recruitment. At the same time, the government ambitiously devolved power to the regions and districts, while closely monitoring results in the delivery of education and other social services. But the report also indicate there a lot of areas including quality

indicators which the country has to strive to for example the report put the country under the list of country very far from (< 30%) achieving a pre-primary enrolment target of at least 70% by 2015, similarly the report put Ethiopia under the list far from the target (80-94%) achieving the target primary enrolment target of at least 95% by 2015, similarly for secondary education under the list of very far (<80%) from achieving the target lower secondary education net enrolment target of at least 95% by 2015 . (UNESCO EFA Monitoring report 2013-14 report).

2.1.2.2 Homosha Woreda

In Homosha Woreda there are 16 primary schools (155 male and 72 female teachers) i.e. 9 schools grade 1-4 and 7 schools run grade 1-8, and out of 16 primary schools 13 have O class for age 4 children but there is lack of class rooms and trained teachers to manage children; and only two secondary schools (Grade 9-10)in Homosha town and Tsore, Almetema kebele (19 male and 3 female teachers), the homosha town secondary school serve also 56 refugees from Sherkole refugee camp which is about 8 km away, according to the education bureau data refugee students are most of the time high performing and take the award of high school

Table4. Homosha Woreda Education Data 2007 (Source: Woreda Education Office)

| Indicator | Plan | | | Achievement | | |
|---|-------------|--------------|--------------|--------------|-------------|--------------|
| | Male | Female | Total | Male | Female | Total |
| NIR (Net Intake Ratio in the First Grade of primary/grade 1) | 100%(435) | 100%(422) | 100%(857) | 72.6%(316) | 64.7%(273) | 68.7%(590) |
| GIR (Gross Intake Ratio in the First Grade of primary/grade 1) | 132.6%(577) | 134.1%(566) | 133.3%(1143) | 94.3% (410) | 89.8% (379) | 92.1% (789) |
| NER Grade 1-4 | 90.6%(1494) | 86.2%(1365) | 88.5%(2859) | 78.2%(1289) | 71.3%(1129) | 74.8%(2418) |
| GER Grade 1-4 | 121%(1995) | 117.6%(1862) | 119.4%(3858) | 103.8%(1711) | 98.9%(1566) | 101.4%(3277) |
| NER Grade 5-8 | 42%(595) | 43%(571) | 42.4%(1166) | 41.6%(590) | 40.3%(535) | 41% (1125) |
| GER Grade 5-8 | 90.2%(1279) | 88.3%(1173) | 89.3%(2452) | 81.5%(1156) | 78.3%(1040) | 79.9%(2196) |

| | | | | | | |
|----------------|--------------|--------------|--------------|-------------|-------------|-------------|
| NER Grade 1-8 | 80.3%(2462) | 79.2%(2306) | 79.7%(4768) | 61.3%(1879) | 57.1%(1664) | 59.2%(3543) |
| GER Grade 1-8 | 104.8%(3213) | 102.7%(2992) | 103.7%(6205) | 93.5%(2867) | 89.5%(2606) | 91.5%(5473) |
| NER Grade 9-10 | 14%(86) | 11.4%(68) | 12.7%(154) | 11.7%(75) | 8.1%(48) | 9.9%(123) |
| GER Grade 9-10 | 46.1%(291) | 21.8%(131) | 34.2%(422) | 85.4%(546) | 33.1%(197) | 59.3%(743) |
| | | | | | | |

2.1.2.3 The Study Kebeles (Host Communities)

2.1.2.3.1 Pre-primary (Preschool/ECCE) and O classes.

The pre-primary education includes kindergartens, “O” class and child to child programs. This level normally involves children of ages 4-6 enrolled in the pre-primary education. Kindergartens are predominantly operated by communities and non-governmental organizations such as faith-based institutions. The government of Ethiopia introduced “O” class and child to child programs in the primary education system in the past few years. The government is also involved in developing curriculum, training teachers, and providing supervisory support. The enrolment of pre-primary education is increasing every year though underreporting remains a persistent issue in the kindergarten centers. Preprimary enrolment has increased dramatically starting from the year 2004 E.C. (2011/12) and this is because ‘O’ class and child to child enrolments have been counted as part of pre-primary. In 2005 E.C. (2012/13) out of the estimated 7.71 million children of the appropriate age group (age 4-6) about 2.01 million children have been reported to have access to pre-primary education all over the country.

In the country there are 7,714,956 school age children (4-6 years) and only 2,013,214 children access pre-primary school i.e. GER 26.1 for the country and 23.2 for Benishangul Gumuz region ranking 7th among the regions in the country, while Addis Ababa obviously with highest 126 and Somali region with the lowest 1.6 GER.

Though the data collected from the five host community primary schools indicate there are 388 children are attending ‘O’ Class i.e. GER of 75.5, which is very higher than both the regional (23.2) and country (26.1) GER. It is understood that either there is no classroom like the case of Alfashir Kebele or the children are using other rooms like meeting rooms and not furnished with chairs and outdoor and indoor play materials and not suitable for small children and there are no properly train teachers without clear time table. 5

Table 5. 'O' class attendance in the five host kebeles.

| Kebele | Plan (Age 4) | Achivement | GER |
|--------------|---------------|------------|-------------|
| Ashura | 87 | 66 | 75.9 |
| Jima | 51 | 30 | 58.8 |
| Alfashir | 37 | 38 | 102.7 |
| Sherkole | 103 | 61 | 59.2 |
| Shula | 236 | 193 | 81.8 |
| Total | 514 | 388 | 75.5 |

2.1.2.3.2 Primary Education

According to the MoE Education Statics Annual Abstract 2012/2013, the national and Benishangul gross enrollement rate for primary grades 1-8 are 95.3 and 111.9 respectively, and net enrollement rate of 85.9 and 91.6 again respectively; these figure indicate the country is not to far from the global target of EFA of 95% by the end of 2015. And the study area Homosha Woreda has 91.5 and 59.2 GER and NER according to the woreda education office 2013-14 data.

Similarly if we look other quality aspect of education indicators like Pupil Section Ratio (PSR) and Pupil Teacher (PTR) for national and Benishangul Gumuz region are 53.7 and 51.5 PSR and 49.4 and 38.4 PTR respectively.

When it comes to the five host community kebele the average PSR and PTR are 56 and 35 respectively; Kuberhamsa kebel School (grade 1-8 including class'0') has the higher PSR of 70 while Shula Kebele Scool has the higher PTR of 64.

Table6. Pupil Section Ratio (PSR) and Pupil Teacher Ratio (PTR) of the five host community primary schools

| School | Number of Teachers | | | Number of Students | Number of Classrooms | Pupil Section Ratio | Pupil Teacher Ratio |
|----------------------|--------------------|-----------|-----------|--------------------|----------------------|---------------------|---------------------|
| | Male | Female | Total | | | | |
| Sherkole (grade 1-8) | 20 | 7 | 27 | 1191 | 17 | 70 | 44 |
| Jima (grade 1-4) | 11 | 2 | 13 | 183 | 9 | 20 | 14 |
| Alfashir (grade 1-4) | 2 | 4 | 6 | 109 | 5 | 22 | 18 |
| Shula (grade 1-4) | 4 | 1 | 5 | 320 | 5 | 64 | 64 |
| Ashura (grade 1-4) | 3 | 3 | 6 | 217 | 4 | 54 | 36 |
| Total | 40 | 17 | 57 | 2020 | 36 | 56 | 35 |

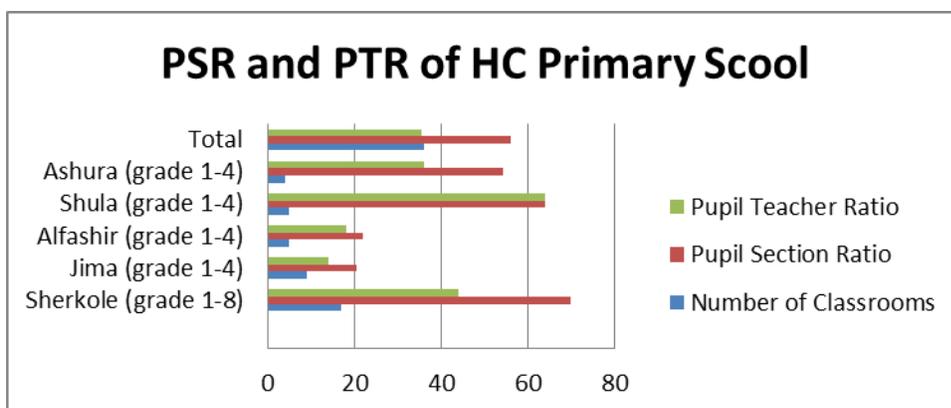


Figure4. PSR and PTR of the five host communities schools

Table7. The study Host Community school data by kebele

| | Grade | Plan | | | Achievement | | | GER | Number of Class Rooms | Pupil Latrine | | Teachers Latrine | |
|--------------------------------|-----------|------|--------|-------|-------------|--------|-------|-------|-----------------------|---------------|----|------------------|----|
| | | Male | Female | Total | Male | Female | Total | | | Yes | No | Yes | No |
| | | | | | | | | | | | | | |
| Ashura Kebele Primary School | 1 | 20 | 21 | 41 | 21 | 25 | 46 | 112.2 | 1 | ✓ | | | ✗ |
| | 2 | 20 | 18 | 38 | 20 | 18 | 38 | 100.0 | 1 | | | | |
| | 3 | 25 | 22 | 47 | 28 | 17 | 45 | 95.7 | 1 | | | | |
| | 4 | 20 | 6 | 26 | 17 | 5 | 22 | 84.6 | 1 | | | | |
| | 1-4 total | 85 | 67 | 152 | 86 | 65 | 151 | 99.3 | 4 | | | | |
| | 'O' class | 42 | 45 | 87 | 38 | 26 | 66 | 75.9 | 1 | | | | |
| | | | | | | | | | | | | | |
| Jima Kebele Primary School | 1 | 18 | 13 | 31 | 19 | 19 | 32 | 103.2 | 1 | ✓ | | | ✓ |
| | 2 | 24 | 17 | 41 | 24 | 17 | 41 | 100.0 | 1 | | | | |
| | 3 | 20 | 19 | 39 | 18 | 19 | 17 | 43.6 | 1 | | | | |
| | 4 | 10 | 25 | 35 | 11 | 26 | 37 | 105.7 | 1 | | | | |
| | 1-4 total | 72 | 74 | 146 | 72 | 81 | 153 | 104.8 | 4 | | | | |
| | 'O' | 29 | 32 | 51 | 18 | 12 | 30 | 58.8 | 1 | | | | |
| | | | | | | | | | | | | | |
| Alfasher Kebele Primary School | 1 | 7 | 12 | 19 | 11 | 17 | 28 | 147.4 | 1 | ✓ | | | ✗ |
| | 2 | 21 | 25 | 46 | 22 | 25 | 47 | 102.2 | 1 | | | | |
| | 3 | 27 | 27 | 54 | 27 | 27 | 54 | 100.0 | 1 | | | | |
| | 4 | 27 | 14 | 41 | 28 | 14 | 42 | 102.4 | 1 | | | | |
| | 1-4 total | 82 | 78 | 160 | 88 | 83 | 171 | 106.9 | 4 | | | | |
| | 'O' | 25 | 12 | 37 | 25 | 13 | 38 | 102.7 | No Class | | | | |
| | | | | | | | | | | | | | |

| | Grade | Plan | | | Achievement | | | GER | Number of Class Rooms | Pupil Latrine | | Teachers Latrine | |
|-----------------------------|-----------------------------------|------|--------|-------|-------------|--------|-------|-------|-----------------------|---------------|----|------------------|----|
| | | Male | Female | Total | Male | Female | Total | | | Yes | No | Yes | No |
| | Sherkole Kebele Elementary School | 1 | 120 | 101 | 221 | 84 | 61 | 145 | 65.6 | 2 | ✓ | | ✓ |
| 2 | | 82 | 71 | 153 | 76 | 61 | 137 | 89.5 | 2 | | | | |
| 3 | | 72 | 60 | 39 | 18 | 19 | 17 | 43.6 | 2 | | | | |
| 4 | | 10 | 25 | 35 | 11 | 26 | 37 | 105.7 | 2 | | | | |
| 1-4 total | | 358 | 301 | 659 | 302 | 259 | 561 | 85.1 | 8 | | | | |
| 5 | | 68 | 71 | 139 | 82 | 85 | 167 | 120.1 | 2 | | | | |
| 6 | | 96 | 71 | 167 | 94 | 78 | 172 | 103.0 | 2 | | | | |
| 7 | | 70 | 42 | 112 | 67 | 43 | 110 | 98.2 | 2 | | | | |
| 8 | | 65 | 32 | 97 | 74 | 46 | 120 | 123.7 | 2 | | | | |
| 5-8 total | | 310 | 238 | 548 | 317 | 252 | 569 | 103.8 | 8 | | | | |
| 1-8 total | | 668 | 539 | 1207 | 619 | 511 | 1130 | 93.6 | 16 | | | | |
| 'O' Class | | 47 | 56 | 103 | 35 | 26 | 61 | 59.2 | 1 | | | | |
| Shula Kebele Primary School | Grade | Plan | | | Achievement | | | GER | Number of Class Rooms | Pupil Latrine | | Teachers Latrine | |
| | | Male | Female | Total | Male | Female | Total | | | Yes | No | Yes | No |
| | 1 | 10 | 12 | 22 | 9 | 11 | 20 | 90.9 | 1 | ✗ | | ✗ | |
| | 2 | 15 | 14 | 29 | 14 | 14 | 28 | 96.6 | 1 | | | | |
| | 3 | 27 | 14 | 41 | 27 | 13 | 40 | 97.6 | 1 | | | | |
| | 4 | 12 | 25 | 37 | 14 | 25 | 39 | 105.4 | 1 | | | | |
| | 1-4 total | 64 | 75 | 139 | 64 | 63 | 127 | 91.4 | 4 | | | | |
| 'O' Class | 107 | 129 | 236 | 78 | 115 | 193 | 81.8 | 2* | | | | | |

Table8. School enrolment, drop out and pass and repeaters data of Homosha woreda

| Grade | Enrolled | | | Drop Out | | | Sit for Exam | | | Pass | | | Fail/Repeat | | |
|-----------------------------------|----------|--------|-------|----------|--------|-------|--------------|--------|-------|------|--------|-------|-------------|--------|-------|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| 'O' | 374 | 412 | 786 | 74 | 68 | 112 | | | | | | | | | |
| Age 7 Children joining grade 1 | 316 | 273 | 589 | 49 | 32 | 81 | 267 | 241 | 508 | 237 | 212 | 449 | 30 | 29 | 59 |
| Age 8-14 Children joining grade 1 | 84 | 93 | 177 | 14 | 17 | 31 | 70 | 76 | 146 | 70 | 76 | | | | |
| Grade 1-4 | 1711 | 1566 | 3277 | 177 | 153 | 330 | 1534 | 1413 | 2947 | 1403 | 1301 | 2704 | 131 | 112 | 243 |
| Grade 5-8 | 1156 | 1040 | 2196 | 94 | 70 | 164 | 1062 | 970 | 2032 | 743 | 700 | 1443 | 68 | 91 | 159 |
| Grade 1-8 | 2867 | 2606 | 5473 | 271 | 223 | 494 | 2596 | 2383 | 4979 | 2146 | 2001 | 4147 | 199 | 203 | 402 |
| Grade 9-10 | 546 | 197 | 743 | 82 | 35 | 117 | 464 | 162 | 626 | 252 | 66 | 317 | 53 | 39 | 92 |

2.1.2.3.3 Secondary Education

According to the MOE 2013 report GER and NER in 2012-13 for first cycle secondary (Grade 9 and 10) for the nation were 38.4% and 19.1 % respectively ,while it were about 50% and 7.2%, these siparity in GER and NER indicate high over aged students in the secondary first cycle; and generally very low compared to enrollment of the secondary first cycle of lower middle income countries (77%) and upper middle income countries (96%) in 2011 (UNESCO, 2013 report)

Homosha Woreda has two Secondary Schools located in Homosha town and Tsore Almeta Kebele, the two schools have two grades i.e. 9 and 10, (Tsore Secondary school was only grade 9, but it started grade 10 in 2014-15)students who successfully pass the national grade 10 are sent to preparatory schools or TVET in Assosa which is about 40 km. The two secondary schools in 2014-15 enrolled a total of 743 students; this study has selected Homosha Secondary Schools because of proximity and interaction with the refugee population and operation to look at secondary education at a glance.

Homosha Secondary School enroll students who complete grade 8, from the nearby kebeles, as well as students from Sherkole refugee camp and others military personnel from the nearby camp. In 2015-16 the school receives only grade 10 students from Sherkole Refugee camp because of grade 9 school started in the refugee camp.

In 2013-14 Homosha Secondary school sat 215 grade 10 students for EGSECE, and 49 students pass for the next preparatory class i.e. scores ≥ 2.00 and out of the 49 students 30 were from Sherkole refugee camp, this mean refugee students performing better than the local sat for exam, the national average for the same indicator i.e. EGSECE grade 10 pass was 42.6% for the national and about 50% for Benishangul Gumuz region, according to the principal of Homosha Secondary school this could be attributed because of different factors including better English language skills and commitment by refugee students.

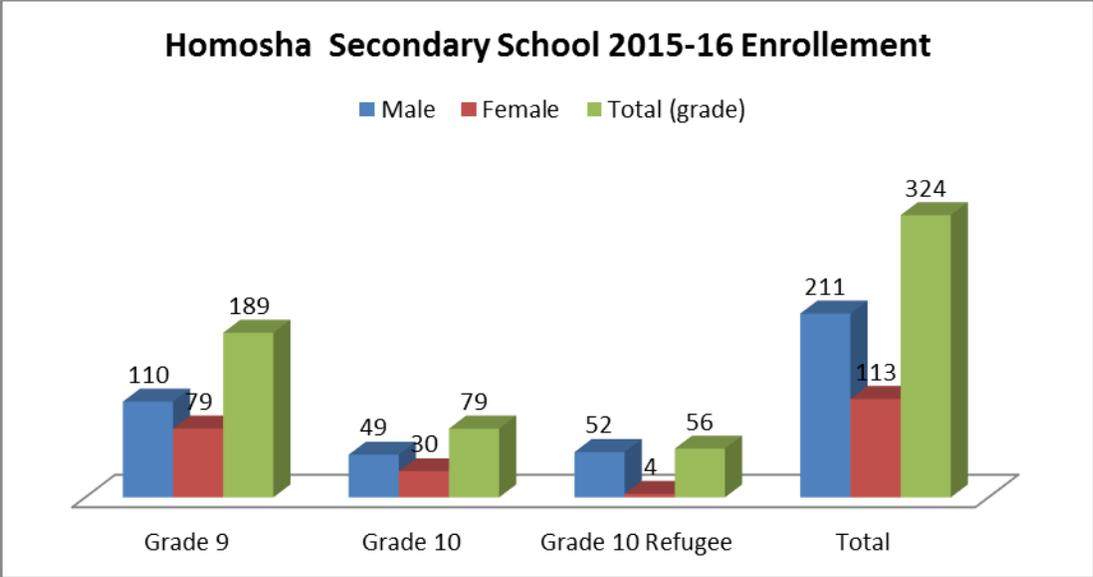


Figure5. Homosha secondary School enrollment data October 2015

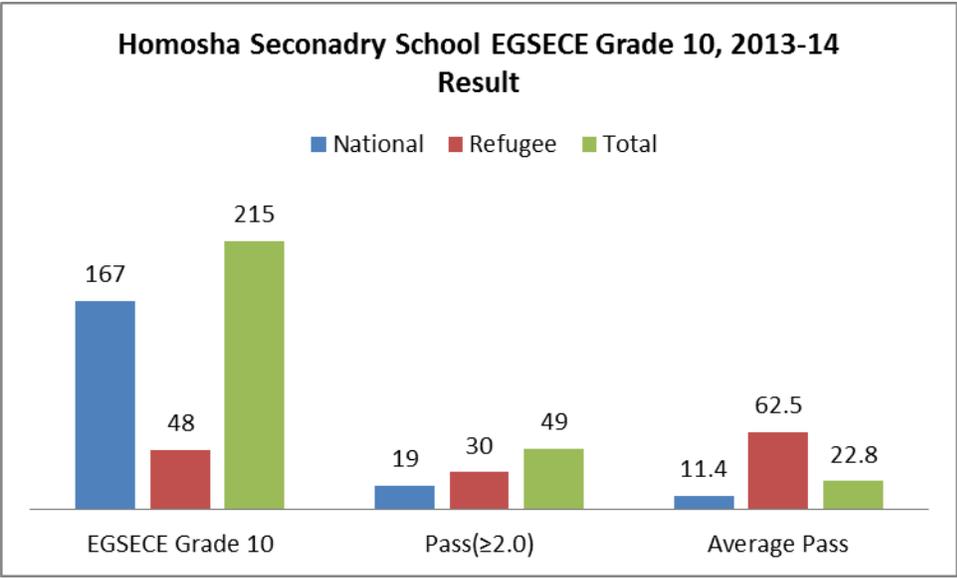


Figure6. Homosha Secondary School 2013-14 EGSECE exam result

Challenges: Shortage of teachers and shortage of power to provide plasma education have been mentioned as main challenges affecting the education service provided by the school

Collaboration with the refugee operation: UNHCR have supported the school in construction 4 semi temporary classrooms and provide occasionally scholastic materials; UNHCR have also constructed 4 permanent classrooms for Jima kebele primary school which is in vicinity of the refugee camp. Other

organization also provide occasional support to students and schools in host communities and construction of temporary classrooms

Others

Alternative Basic Education was implemented in 2013-14 in only seven kebeles of the woreda, but the program have been terminated



currently.

Picture1. Part Kuberhamsa primary school (combination of old mud wall brick classrooms)

2.1.2.4 Refugee Scenario

The refugee operation in Ethiopia is large and complex. At the end of 2014, UNHCR, together with the Government of Ethiopia, provided international protection to over 660,000 refugees from 17 countries. The overwhelming majority (87.4%) of refugees are from three neighboring countries: Somalia (37%), South Sudan (36%), and Eritrea 13.45%. The under-17 population represents 54.9% of the total refugee population, and school-aged children 3-18 years old comprise 46.2% of the total refugee population. The operation is considered complex because refugees originate from over 17 different countries and because of consistent influxes of refugees from all neighboring countries in recent years.

The majority of refugee children in Ethiopia come from countries where access to education has been constrained and quality inconsistent, or, as in the case of the Somalia, where the education system had completely collapsed decades prior to displacement. The Ethiopia Refugee Education Strategy and its programming takes into account specific population group educational profiles across camp and urban settings. While the Ethiopia Refugee Education Strategy will lay the strategic framework, specific action plans will be developed in line with the educational needs and challenges for specific refugee population groups in the country.

In terms of the major legal frameworks, Ethiopia is a signatory to the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, as well as the Organization of African Unity (OAU) Convention on Governing the Specific Aspects of Refugee Problems in Africa of 1969. Ethiopia has national Refugee Proclamation enacted in 2004, which outlines the asylum legal framework within the country wherein key protection principles on asylum are respected. In addition, the country is signatory to a number of international and regional Human Rights Conventions including the 1990 Convention on the Rights of the Child.

The administration and management of the refugee educational programme in Ethiopia has been organized in a consistent manner with federal Government structure. The refugee education programme will follow the Ethiopian MoE's education system. In Ethiopia preschool (ECCE) is for children 4-6 years old; primary education is divided into basic education in grades 1-4 for children 7-10 years old and general primary in grades 5-8, for children 11-14 years old. Completion of primary school is followed by two years of general secondary education in grades 9-10 for youth ages 15-16 years old and then preparatory secondary education in grades 11-12. Grades 9 and 10 of general secondary education are organized so that students can transit to either further academic training in grades 11 and 12, and potentially university training, or professional training.

National examinations are administered at the end of grades 10 and 12; regional examinations are administered at the end of grade 8. There is a national learning achievement assessment in grade 4, although currently this is conducted exclusively on a sampling basis. So far refugee schools are not included in the sampling and national assessment for the learning achievement. Technical and vocational education and training (TVET) are institutionally separate; access to formal TVET is offered after completion of grade 10. Students who plan to pursue higher education are required to sit for the Ethiopian Higher Education Entrance Certificate Examination in grade 12. Those who enroll in TVET after completing grade 10 can either enroll in one- two- or three-year training programmes. Students who complete three years of TVET after grade 10 completion are eligible to re-enter the academic stream of studies at the first year college-level education.

The overwhelming majority of refugees in Ethiopia originated from some of the most educationally disadvantaged countries in the world. They have come from countries that have been affected by decades of recurring conflicts, fragile natural resources, and poor economies; consequently the literacy level is assumed to be very low among the adult population. For instance refugees from Somalia and South Sudan constitute approximately 73.6% of the total refugees in Ethiopia as of December 2014; the majority of the adult population from these two countries had little access to formal schooling prior to displacement. A

preliminary assessment made in 2011 in Dollo Ado Refugee Camps in Ethiopia showed that only 5% of some 200,000 refugee population was literate.

Across the refugee camps in Ethiopia, an average of 14% of children and youth age 15-18 years were enrolled in secondary education in 2014. The GER in general secondary education nationally for Ethiopians was 38.4 in 2013 academic year (MoE, 2013). This low GER even for the nationals shows existence of huge unmet needs at this level but also indicates the great potential for expansion of access to primary education, and other forms of basic education to get more qualified young people to secondary education.

Secondary education is implemented in Ethiopia in two cycles - grades 9-10 and grades 11-12. The Ethiopian General Secondary Education Certificate Examination is administered in grade 10, to certify completion of general secondary education and to select students that qualify for the next higher level of education. The second cycle (grades 11-12) is delivered through the preparatory program or TVET.

Some of the key challenges in the delivery of secondary education in refugee camps and settings in Ethiopia include high illiteracy level among youth, low primary education completion rates that constrain growth of secondary enrollments; inequitable access to secondary education owing to lack of schools in many camp locations. In 2014 there were only three refugee secondary schools across all camps and only three local secondary schools located close to refugee camps; out of the 23 refugee camps in Ethiopia, only six camps have proper access to secondary education at standard and reasonable distance from their residences. In camp locations, where there are no secondary schools, qualified refugee youth are supported to enroll in nearest locations or by offering full boarding outside of the camp. (UNHCR; National Refugee Education Strategy 2015-2018).

2.1.2.4.1 Ethiopia Refugee Education Data and Indicators (Source UNHCR, National Refugee Education Strategy 2016-2018)

Table9. Summary of school-age population and enrollment rate

| School-age Population and Gross Enrollment Rate (GER) -All Locations | | | | | | | | |
|--|-----------------------|---------------|---------------|------------------|---------------|----------------|--------------|-------------|
| Age Range | School-age Population | | | Gross Enrollment | | | GER | % of OOSC* |
| | F | M | T | F | M | T | | |
| Ages 3-6 | 44668 | 45114 | 89782 | 17,349 | 17,981 | 35,330 | 38.3 | 61.7 |
| Ages 7-14 | 84215 | 84717 | 168932 | 35,782 | 50,670 | 86,454 | 51.2 | 48.8 |
| Ages 15-18 | 22369 | 24519 | 46888 | 2,182 | 4,782 | 6,964 | 14.0 | 86.0 |
| Age 19-24 | 29658 | 49280 | 78938 | 5,098 | 6,866 | 11,964 | 15.0 | 75.0 |
| Total | 180910 | 203630 | 384540 | 60,411 | 80,299 | 140,712 | 37.00 | |

*OOSC (out of school children)

Table10. Early childhood care and education (ecce) enrollment rate

| AREA | ECCE School-age Pop | | | Pupils Enrollment | | | GER | | |
|---------------------|---------------------|-------|--------|-------------------|-------|--------|------------|----------|-----------|
| | Female | Male | Total | Female | Male | Total | Female (%) | Male (%) | Total (%) |
| Addis Ababa* | 220 | 225 | 445 | 95 | 127 | 222 | 43.18 | 56.44 | 49.89* |
| Assosa | 2,942 | 3,058 | 6,000 | 2649 | 2673 | 5322 | 90.04 | 87.41 | 88.7 |
| Gambella | 20486 | 20565 | 41051 | 6215 | 6472 | 12687 | 30.34 | 31.47 | 30.91 |
| Melkadida | 16211 | 16123 | 32334 | 6,096 | 6,079 | 12,175 | 37.6 | 37.7 | 37.65 |
| Jijiga | 2,088 | 2,158 | 4,246 | 1455 | 1756 | 3211 | 63.31 | 72.01 | 67.73 |
| Samara | 2226 | 2395 | 4621 | 202 | 227 | 429 | 9.07 | 9.48 | 9.28 |
| Shire | 1432 | 1582 | 3014 | 697 | 749 | 1446 | 48.67 | 47.35 | 47.98 |
| Kenya Borena | 192 | 205 | 397 | | | | | | |
| Total | 45,797 | 46311 | 92,108 | 17409 | 18083 | 35492 | 38.2 | 39.4 | 38.8 |

ECCE school-age population and enrollment for Addis Ababa is only for refugees assisted under Urban Assistance Programme, thus does not include children under category of out-of-camp policy

3: PRIMARY SCHOOL ENROLLMENT RATE

Table11. Primary School-age Population and Gross Enrollment Rate by PPG (as of December 2014)

| AREA | Primary School-age Pop | | | Students Enrollment | | | GER (%) | | |
|---------------------|------------------------|---------------|----------------|---------------------|---------------|---------------|-----------|------------|--------------|
| | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Addis Ababa | 419 | 533 | 952 | 192 | 257 | 449 | 46 | 48 | 47 |
| Assosa | 4,861 | 5,344 | 10,205 | 4,046 | 5,952 | 9,998 | 83 | 111 | 97.97 |
| Gambella | 31,049 | 29,296 | 60,345 | 16,355 | 24,058 | 40,413 | 53 | 82 | 66.97 |
| Melkadida | 36,989 | 38,021 | 75,010 | 10,869 | 15,188 | 26,057 | 29 | 40 | 34.74 |
| Jijiga | 5,725 | 5,798 | 11,523 | 3,428 | 4,092 | 7,520 | 60 | 71 | 65.26 |
| Semera | 4,464 | 4,776 | 9,240 | 362 | 703 | 1,065 | 8 | 15 | 11.53 |
| Shire | 2,492 | 2,904 | 5,396 | 1,689 | 2,518 | 4,207 | 68 | 87 | 77.97 |
| Kenya-Borena | 408 | 428 | 836 | | | | | | |
| Total | 86,407 | 87,100 | 173,507 | 36,941 | 52,768 | 89,709 | 43 | 61 | 51.7 |

*Figure for Addis Ababa is for urban assisted refugees and does not include children under out-of-camp policy

4. SECONDARY SCHOOL ENROLLMENT

Table12. Secondary School Enrollment Rate (excluding OCP and Kenya-Borena)

| AREA | Secondary School-age | | | Students Enrollment | | | GER (%) | | |
|---------------------|----------------------|---------------|---------------|---------------------|--------------|--------------|----------|-------------|------------|
| | Female | Male | Total | Female | Male | Total | Female | Male | Total (%) |
| Addis Ababa | 216 | 217 | 433 | 20 | 31 | 51 | 9.3 | 14.3 | 11.77 |
| Assosa | 1,122 | 1,773 | 2,895 | 13 | 129 | 142 | 1.2 | 7.3 | 4.9 |
| Gambella | 8,587 | 7,770 | 16,357 | 165 | 601 | 766 | 1.9 | 7.7 | 4.68 |
| Melkadida | 7,990 | 9,168 | 17,158 | 65 | 432 | 497 | 0.8 | 4.7 | 2.89 |
| Jijiga | 2,049 | 2,197 | 4,246 | 582 | 1,071 | 1,653 | 28.4 | 48.7 | 38.93 |
| Semera | 1,374 | 1,170 | 2,544 | 6 | 25 | 31 | 0.4 | 2.1 | 1.22 |
| Shire | 1,247 | 2,441 | 3,688 | 212 | 264 | 476 | 17.0 | 10.8 | 12.9 |
| Kenya-Borena | 165 | 126 | 291 | - | - | - | - | 0.0 | 0 |
| Total | 22,750 | 24,862 | 47,612 | 1,063 | 2,553 | 3,616 | 5 | 10.3 | 7.6 |

5: NUMBER OF REFUGEE YOUNG PEOPLE ENROLLED IN LOCAL HOST COMMUNITY SCHOOLS

| Locations/camp | F | M | T |
|--|-----|-----|------|
| Kebritayah | 107 | 200 | 307 |
| Aw'barre | 254 | 400 | 654 |
| Assosa (Tongo, Bamnasi, Sherkole areas) | 200 | 107 | 307 |
| Semera (Aysaita, Barahle) | 6 | 25 | 31 |
| Addis Ababa | 20 | 31 | 51 |
| Shire (Adi-Harush and Shiraro) | 22 | 47 | 69 |
| Total | 609 | 810 | 1419 |

6: NATIONALS/LOCAL HOST COMMUNITY YOUTH ENROLLED IN REFUGEE SECONDARY SCHOOL

| Refugee Schools Location | F | M | T |
|--------------------------|-----|-----|-----|
| Mai-Aini | 89 | 110 | 199 |
| Bokolmanyoo | 20 | 87 | 107 |
| Sheder | 38 | 102 | 140 |
| Total | 147 | 299 | 446 |

7: HIGHER EDUCATION BY NATIONALITIES AND GENDER

| | Female | Male | Total | % of girls | % of PPG |
|------------------------|------------|-------------|-------------|-------------|----------|
| Eritrean | 198 | 1001 | 1199 | 16.5 | 68.7 |
| Eritrean (Afar) | 1 | 70 | 71 | 1.4 | 4.0 |
| Sudanese | 0 | 59 | 59 | 0 | 3.4 |
| South Sudanese | 1 | 60 | 61 | 1.6 | 3.5 |
| Somali | 93 | 255 | 348 | 26.7 | 19.9 |
| Great Lake | 2 | 5 | 7 | 28.5 | 0.4 |
| | 295 | 1450 | 1745 | 16.9 | |

8. ASSOSA REFUGEE CAMPS SCHOOL ENROLLMENT RATES BY SUB-OFFICES/FIELD OFFICES

| Age Range | School-age Population | | | Gross Enrollment | | | GER | % of OOSC |
|------------|-----------------------|-------|-------|------------------|-------|-------|------|-----------|
| | F | M | T | F | M | T | | |
| Ages 3-6 | 2,942 | 3,058 | 6,000 | 2649 | 2673 | 5322 | 88.7 | 11.3 |
| Ages 7-14 | 4861 | 5344 | 10205 | 4046 | 5952 | 9998 | 97.9 | 2.1 |
| Ages 15-18 | 1122 | 1773 | 2895 | 13 | 129 | 142 | 5 | 95 |
| Age 19-24 | 1450 | 1875 | 3325 | 1575 | 2626 | 4199 | 126 | *26 |
| Total | 10375 | 12050 | 22425 | 8283 | 11380 | 19661 | 87.6 | |

2.1.2.5 Sherkole Refugee Camp

In Sherkole Refugee Camp ARRA is involved in delivering primary education, DICAC is engaged in secondary education, SCI is involved in ECCE, while NRC is engaged in ALP and YEP

2.1.2.5.1 Early Childhood Care and Education (pre-primary School)

The GER of Sherkole Refugee Camp is 89.8%, while for all the refugee camp average is 37%, and for the country is only 26.1 and for Benishangul Gumuz region it is 23.2, which indicate higher enrollment for refugee camps in the region compared to both other refugee camps and the national averages

Save the children International (SCI) is the humanitarian organization who runs and manages Child Protection and ECCE thematic areas in Sherkole refugee camp and other twelve refugee camps in Ethiopia.

ECCE facilities (Preschools) are established in all the refugee zone (zone is the administrative setup of camp management by ARRA, each refugee camp consist a number of zones, and each zone equivalent to kebele in local setting and it consist block consisting a number of block and each block consist a number of communities and each community consist about 16 refugee households). The preschool consist of four classrooms, a store and a guard's room. Toilet facilities and water taps. The preschool provide basic alphabet and numeric education as well as indoor and outdoor play like toys, shape blocks, swing balance merry-go-rounds, slide etc...based on age groups and interest, children in preschools are also provided

with biscuit to encourage coming to the preschools. All the preschools are also equipped with plastic chairs and tables which are suitable for small children.

The ECCE is managed by one qualified national ECCE officer and 26 refugee teachers and two supervisors, and parent teacher association (PTA) members drawn from the refugee community actively engage in monitoring and supervising the preschools as well as the refugee primary school .The ECCE staff receive regular training on preschool management, working with children and child protection subject to build their capacity.

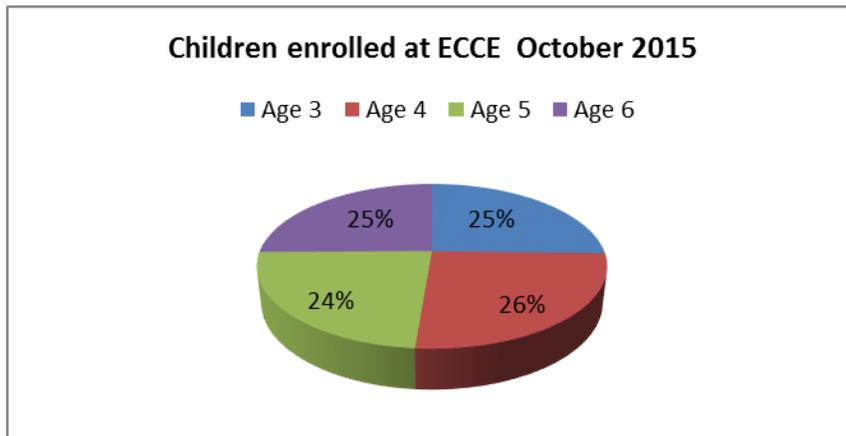
There is a time table to guide children activities in preschools based on age groups this include song, drawing, alphabet and numeric periods as well as time for outdoor and indoor play. When age 6 children complete their 3 year time at preschool and pass the simple alphabet and numeric test they will be transferred to the primary school in the camp, few children who are not ready to join primary school will stay addition year.

In addition to the six preschools SCI also runs three child friendly space and one youth center where the refugee children and youth spent time in playing indoor and outdoor games

Table13. Sherkole Preschool data disaggregated by age, sex and zone (Source SCI October 2015)

| Zone | Age 3 | Age 4 | Age 5 | Age 6 | Total |
|--------------|--------------|--------------|--------------|--------------|--------------|
| A | 28 | 52 | 20 | 34 | 134 |
| B | 49 | 58 | 65 | 80 | 252 |
| C | 138 | 98 | 118 | 82 | 436 |
| E | 93 | 68 | 68 | 84 | 313 |
| F | 80 | 120 | 75 | 104 | 379 |
| G | 11 | 9 | 23 | 11 | 54 |
| Total | 399 | 405 | 369 | 395 | 1568 |

Figure7. Sherkole refugee Preschool data (Source SCI)



2.1.2.6 Other education NRC (ALP and YEP)

NRC runs Accelerated Learning program (ALP), and Youth Education Package (YEP);

ALP:

Targets refugee youth between the age of 13 and 18 years old, and it has two level, Level 1 class is where grade 1 and 2 primary education is provided in one year and Level 2 class is where grade 3 and grade 4 primary education is provided in one year period; ALP students after completing Level 2 will join grade 5 in ARRA primary school.

The total ALP enrollment is in October 2015 is 300 (198 Male and 102 female), under the ALP program there are 8 refugee teachers and 8 class rooms. NRC use MOE curriculum in delivering ALP

YEP

Under the YEP a total of 140 (110 male and 30 female) refugee youth between age 15 and 24 years old are enrolled. The YEP program use curriculum for the national education curriculum and it provide vocational training for ten months; NRC under its YEP provide construction training (carpentry and masonry) and Bamboo furniture making. After successfully completion of the two month training students are provided with certificate and start up tools and materials, they are expected to be self-employee in the camp serving refugee and agencies and generate income.

2.1.2.7 Primary Education

ARRA is the government agency who is responsible for overall camp management and monitoring as well responsible for refugee education and health service in Sherkole and other refugee camp.

Sherkole Refugee camp primary school includes both lower primary (Grade 1-4) and upper primary (Grade 5-8), it provide education service for 3528 refugee (children, youth and adults), and has 19 class rooms, 27 refugee teachers, 13 national teachers and 17 support staff (School feeding supervisor and cooks, secretary, guards, and cleaners).

Table14. Sherkole Primary School Enrollment by grade age and sex 2014-15 (Source ARRA Sherkole)

| Grade | Grade 1 | | Grade 2 | | Grade 3 | | Grade 4 | | Grade 5 | | Grade 6 | | Grade 7 | | Grade 8 | | Sub Total | | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|-------------|-------------|-------------|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 6 | 42 | 46 | | | | | | | | | | | | | | | 42 | 46 | 88 |
| 7 | 131 | 136 | 5 | 4 | | | | | | | | | | | | | 136 | 140 | 276 |
| 8 | 15 | 27 | 67 | 59 | 13 | 15 | | | | | | | | | | | 95 | 101 | 196 |
| 9 | 14 | 20 | 82 | 61 | 27 | 21 | 15 | 6 | | | | | | | | | 138 | 108 | 246 |
| 10 | 5 | 8 | 54 | 48 | 46 | 29 | 34 | 29 | 5 | 2 | | | | | | | 144 | 116 | 260 |
| 11 | 9 | 1 | 46 | 36 | 27 | 30 | 28 | 21 | 9 | 8 | 1 | 3 | | | | | 120 | 99 | 219 |
| 12 | | | 24 | 27 | 37 | 43 | 29 | 19 | 19 | 19 | 8 | 14 | 7 | 2 | 1 | 1 | 125 | 125 | 250 |
| 13 | | | 15 | 20 | 35 | 25 | 22 | 18 | 24 | 29 | 17 | 16 | 7 | 3 | 0 | 1 | 120 | 112 | 232 |
| 14 | | | 12 | 16 | 11 | 16 | 22 | 17 | 34 | 26 | 41 | 12 | 28 | 7 | 1 | 0 | 149 | 94 | 243 |
| 15 | | | 8 | 9 | 9 | 5 | 19 | 18 | 37 | 16 | 26 | 15 | 4 | 16 | 0 | 1 | 103 | 80 | 183 |
| 16 | | | 10 | 4 | 5 | 6 | 21 | 15 | 44 | 4 | 33 | 17 | 29 | 11 | 11 | 7 | 153 | 64 | 217 |
| 17 | | | 6 | 2 | 9 | 0 | 7 | 5 | 40 | 13 | 30 | 16 | 27 | 10 | 9 | 2 | 128 | 48 | 176 |
| 18 | | | 1 | 1 | 5 | 1 | 11 | 5 | 52 | 19 | 33 | 18 | 17 | 6 | 21 | 3 | 140 | 53 | 193 |
| 19 | | | 1 | 1 | 1 | 0 | 10 | 3 | 19 | 13 | 18 | 5 | 27 | 9 | 28 | 3 | 104 | 34 | 138 |
| 20 | | | 0 | 1 | 1 | 1 | 6 | 1 | 37 | 28 | 18 | 10 | 19 | 6 | 21 | 0 | 102 | 47 | 149 |
| >20 | | | | | | | 4 | 1 | 94 | 86 | 10 | 51 | 100 | 38 | 57 | 4 | 265 | 180 | 445 |
| Total | 233 | 238 | 331 | 289 | 226 | 192 | 228 | 158 | 414 | 263 | 235 | 177 | 265 | 108 | 149 | 22 | 2081 | 1447 | 3528 |

Table15. Education indicators NIR,GIR, NER and GER Refugee Primary School

| Indicator | Achievement | | |
|---|-------------|--------|-------|
| | Male | Female | Total |
| NIR (Net Intake Ratio in the First Grade of primary/grade 1) | 96.6 | 111.0 | 103.8 |
| GIR (Gross Intake Ratio in the First Grade of primary/grade 1) | 130.2 | 145.1 | 137.6 |
| NER Grade 1-8 | 75.8 | 71.8 | 73.8 |
| GER Grade 1-8 | 145.3 | 110.5 | 127.9 |
| GER Grade 9-10 | | | 5 |
| | | | |

| | Number of Students | Number of Teachers | Number of Classrooms | Pupil Section Ratio | Pupil Teacher Ratio |
|----------------------------|--------------------|--------------------|----------------------|---------------------|---------------------|
| ARRA Primary School | 3528 | 30 | 19 | 92.8 | 118 |

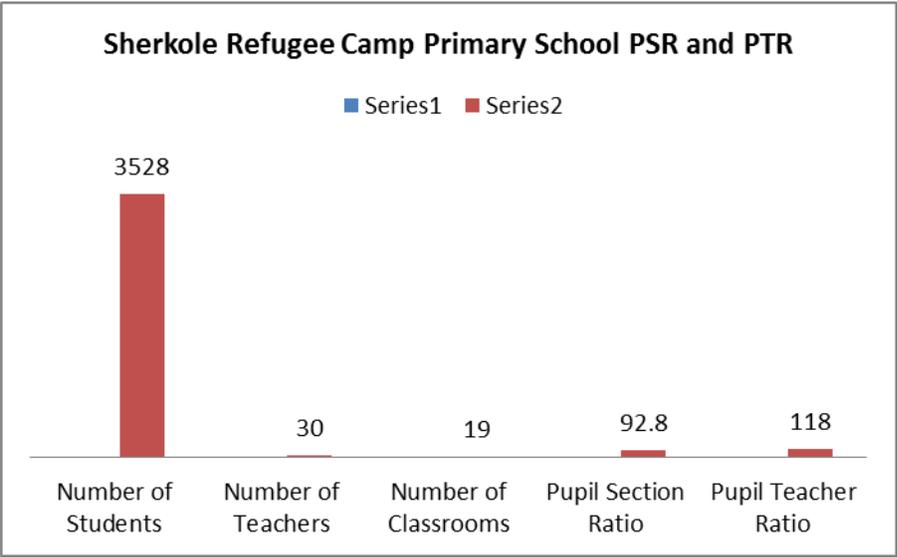


Figure8. Education indicators PSR and PTR Refugee Primary School

2.1.3 Health and Nutrition

2.1.3.1 National, Regional and Woreda Health Status;

Key summary findings from Health Sector Development Program (HSDP) IV Annual Report EFY 2003 (2010-2011)

- The Ethiopia Mini Demographic Health Survey (EMDHS) 2014 was carried out in the fiscal year, showing a steep increase between 2011 and 2014 in Contraceptive Prevalence Rate (CPR) from 28.6% to 41.8%, and a decrease in Total Fertility Rate (TFR) from 4.8 to 4.1. A remarkable progress was also observed in the percentage of skilled birth attendance (reflecting the performance over the five year period before the survey) from 10.0% in 2011 to 14.5% in 2014, ranging from 6.6% in Afar to 86.0% in Addis Ababa Of note is the fact that this 2014 estimate, referring to the five-year period before the survey, is not directly comparable with the 2014 HMIS estimate, but with HMIS estimates of the skilled birth attendance (SBA) over the same period (i.e. ranging between 17% and 23%), showing relatively moderate discrepancies between the two sources.
- Concerning maternal health services, antenatal care (ANC) coverage (at least one visit) increased from 97.4% in EFY 2005 to 98.1% in EFY 2006, postnatal care (PNC) coverage increased from 50.5% to 66.2%, while the percentage of deliveries attended by skilled health personnel increased from 23.1% in EFY 2005 to 40.9% in EFY 2006. Conversely, clean and safe delivery coverage

by Health Extension Workers (HEW) declined from 11.6% in EFY 2005 to 8.8% in EFY 2006; this decline was due to the expansion of Health Centers (HC) and the strengthening of HC-Health Post (HP) networks, with subsequent focus on provision of skilled care at birth in the catchment areas and increase in SBA coverage. Contraceptive acceptance rate (CAR) slightly increased from 59.5% in EFY 2005 to 63.0% in EFY 2006. The proportion of pregnant women counselled and tested for prevention of maternal to child transmission (PMTCT) of HIV increased from 54.9% to 57.0%.

- The EDHMS 2014 showed a decrease in stunting prevalence from 58% to 40% among under 5 children between 2000 and 2014, while the proportion of children underweight declined from 41% to 25%, and the prevalence of wasting from 12% to 9% in the same period
- Concerning child health services, a general increase in immunization coverage was observed between EFY 2005 and EFY 2006 for pentavalent 3 vaccine (from 87.6% to 91.1%), pneumococcal conjugate vaccine (PCV) 3 (from 80.4% to 85.7%), measles vaccine (from 83.2%, to 86.5%), as well as for the percentage of fully immunized children (from 77.7% to 82.9%). The new rotavirus vaccine has been introduced into the routine immunization schedule in EFY 2006. The cumulative number of HCs providing Integrated Management of Neonatal and Childhood Illnesses (IMNCI) increased from 2,373 in EFY 2005 to 2,967 in EFY 2006. Concerning neonatal care, out of the total 850 HCs with established newborn corners, 313 were implementing the service, while the number of hospitals providing neonatal intensive care unit services has increased from 27 to 30 in EFY 2006.
- The national VAS coverage among children aged 6-59 months in EFY 2006 was 71.7%, below the performance in the previous year (93.1%) as well as the target set for EFY 2006 (96.0%); wide differences were observed across regions, ranging between 2.0% in Gambella to 96.5% in Oromia Region
- In EFY 2006, the de-worming coverage of children aged 2-5 years (82.4%) was lower than in EFY 2005 (91.4%) and the annual target (97.0%) for EFY 2006, ranging between 5.8% in Gambella Region to more than 100% in Afar Region.
- In EFY 2006, the distribution of 19,866,625 Long Lasting Insecticide-treated Nets (LLIN) was planned in malaria-endemic areas; however, 11.7 million LLINs were actually distributed, increasing the cumulative number of distributed LLINs to 58,676,866. With regards to vector control, the revised plan was to implement IRS in 5,111,694 households in EFY 2006; however, a total of 3,930,604 households in malaria endemic areas were sprayed, below EFY 2005 performance (5,032,693 households) and target for the current year (with a target achievement of 76.9%). In EFY 2006, 2,627,182 laboratory confirmed plus clinical malaria cases were reported,

with a decrease with respect to the number of cases (3,862,735) reported in EFY 2005. The percentage of laboratory confirmed cases in EFY 2006 (84.1%) was higher than the percentage (73.8%) estimated in EFY 2005. A total of 213 deaths were recorded in EFY 2006, with a Case Fatality Rate (CFR) of 0.01%

- Between EFY 2005 and EFY 2006, only fluctuations were observed for TB treatment success rate (from 91.4% to 92.1%) and TB cure rate (from 70.3% to 69.1%), while TB case detection rate decreased from 58.9% to 53.7%: all these indicators were below the target set for EFY 2006.

2.1.3.1.1 Maternal and Newborn Health Service

ANC coverage (at least one visit) slightly increased from 97.4% in EFY 2005 to 98.1% in EFY 2006, the percentage of deliveries attended by skilled health personnel increased from 23.1% to 40.9% and PNC coverage increased from 50.5% to 66.2% in the same period. Similarly, CAR increased from 59.5% in EFY 2005 to 63.0% in EFY 2006. Conversely, clean and safe delivery coverage (by HEWs) declined from 11.6% in EFY 2005 to 8.8% in EFY 2006, much less than the planned coverage (35.0%) for the year.

The proportion of pregnant women counseled and tested for the prevention of mother to child transmission (PMTCT) of HIV increased from 54.9% to 57.0%. Out of these maternal health indicators, only ANC (98.1%) surpassed the target set for the year (97.0%) (Table 1). Figure 5 shows the trend in maternal health indicators observed between EFY 2002 and 2006.).

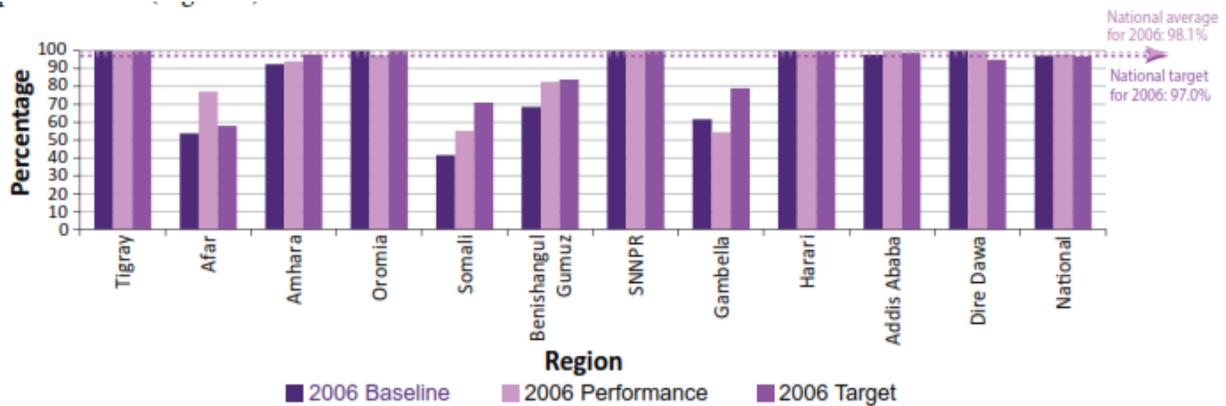
Maternal Health Indicators

Table 16. Maternal Health Indicators (EFY 2003 Baseline, Performance and Target and HSDP IV Target)

| Indicators | EFY 2006 Baseline | EFY 2006 Performance | EFY 2006 Target | HSDP IV Target (EFY 2007) |
|--|----------------------|-------------------------|--------------------|-------------------------------|
| Antenatal care coverage | 97.4% | 98.1% | 97.0% | 90.0% |
| Percentage of deliveries attended by skilled health personnel | 23.1% | 40.9% | 60.0% | 62.0% |
| Clean and safe delivery service coverage (Percentage of deliveries attended by HEWs) | 11.6% | 8.8% | 35.0% | 38.0% |
| Postnatal care coverage | 50.5% | 66.2% | 79.0% | 78.0% |
| Contraceptive acceptance rate | 59.5% | 63.0% | 80.5% | 82.0% |
| Percentage of pregnant women counseled and tested for PMTCT | 54.9% | 57.0% | 84.0% | 83.0% |

Regional ANC Coverage

ANC coverage showed wide variation across regions, ranging from 54.4% in Gambella to 100% in Tigray, SNNP, Harari, Addis Ababa and Dire Dawa that achieved their EFY 2006 target; when compared to their baseline, except Oromia and Gambella, the remaining nine regions improved their performance. The national average for 2006 EFY is 97.0% for Benishangul Gumuz it is about 81%



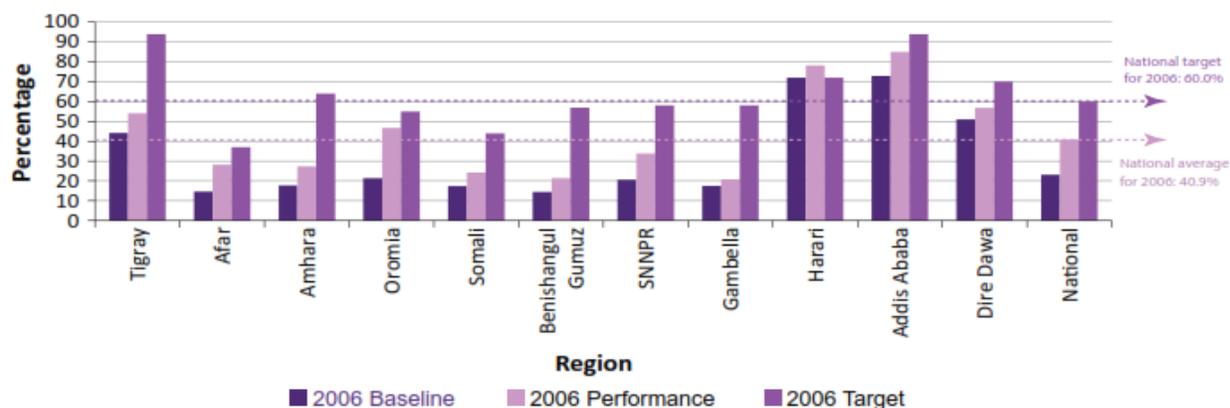
(Source FMOH Annual Performance Report 2006 EFY , 2013-14)

Figure9. Comparison of Baseline, Performance and Target of Antenatal Care Coverage by Region

Percentage of Deliveries Assisted by Skilled Health Personnel

One of the key interventions to reduce maternal mortality is the SBA and its coverage is one of the MDG indicators to track national effort towards safe motherhood. The percentage of deliveries assisted by skilled health personnel showed a steep increase between EFY 2005 and EFY 2006 (from 23.1% to 40.9%); however, it remained below the target of 60% set for the year.

There was wide variation across regions, ranging from 20.8% in Gambella to 85.0% in Addis Ababa. Despite the fact that an increase was observed in all regions, only Harari (78.2%) exceeds its regional target (72%). The national average is 40.9% and Benishangul Gumuz region Average is only about 24%.

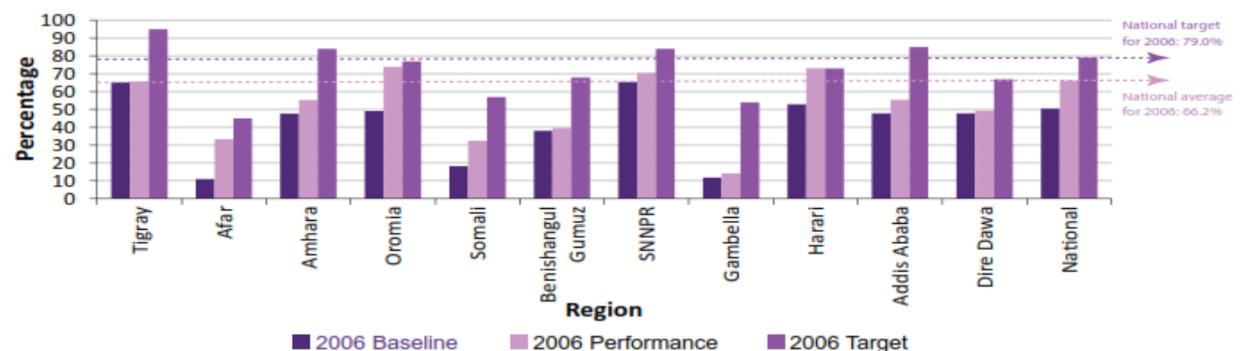


(Source FMOH Annual Performance Report 2006 EFY , 2013-14)

Figure10. Regional distribution of delivery assisted by skilled health Personnel

Post Natal Care (PNC) Coverage

PNC coverage increased from 50.5% in EFY 2005 to 66.2% in EFY 2006, but this increase was below the target set for the year (79.0%). With respect to the regional distribution of PNC services, the highest coverage in EFY 2006 was observed in Oromia (73.9%), followed by Harari (73.1%) and SNNP (70.5%). An increase was observed in all regions; however, only Harari (73.1%) exceeded its regional target (73.0%). The national average is 66.6% while for Benishangul Gumuz region it is only 40% (Figure 9).



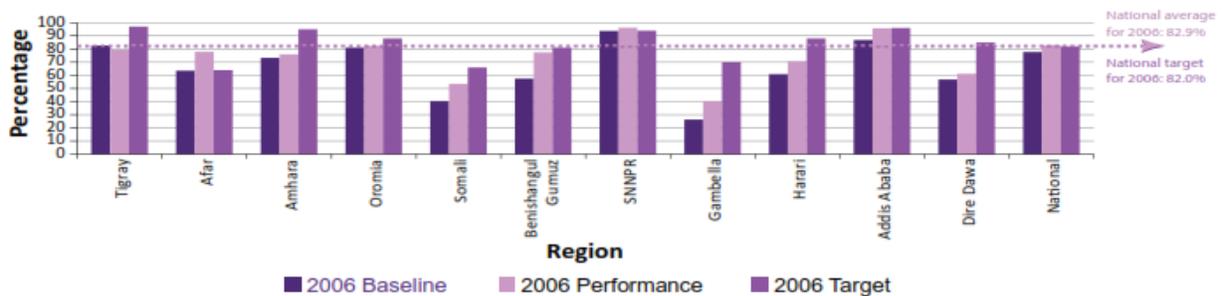
(Source FMOH Annual Performance Report 2006 EFY , 2013-14)

Figure11. National and regional PNC baseline, performance and target 2006 EFY

2.1.3.1.2 Child Health

Full Immunization Coverage

In EFY 2006, the full immunization coverage reached 82.9%, which was above the EFY 2005 performance (77.7%) and the target (82.0%) set for the year. The highest coverage was observed in SNNPR (96.2%) and the lowest one in Gambella Region (40.2%) (Figure 19). Only Afar and SNNP performed above their own regional target set for the year. Ten regions (Afar, Amhara, Oromia, Somali, Benishangul Gumuz, SNNP, Gambella, Harari, Addis Ababa, and Dire Dawa) showed a better performance in EFY 2006 than in EFY 2005. The national average of full immunization coverage was 83% while the regional coverage was about 78%.



(Source FMOH Annual Performance Report 2006 EFY, 2013-14)

Figure12. Full immunization coverage baseline, performance and target

2.1.3.1.3 VITAMIN A SUPPLEMENTATION (VAS) AND DE-WORMING

The national VAS coverage among children aged 6-59 months in EFY 2006 was 71.7%, below the performance in the previous year (93.1%) as well as the target set for EFY 2006 (96.0%); wide differences were observed across regions, ranging between 2.0% in Gambella to 96.5% in Oromia Region. The VAS average for Benishangul Region was about 43%.

In EFY 2006, the de-worming coverage of 2-5 year children (82.4%) was lower than in EFY 2005 (91.4%) and the annual target (97.0%) for EFY 2006, and for Benishangul region it was almost 100%.

Table17. Benishangul region top 10, The 2014 Ethiopia Mini Demographic and Health Survey (EMDHS)

| | Cause | Total | Morbidity % |
|---|---|---------|-------------|
| 1 | Malaria | 193,012 | 45.4 |
| 2 | Diarrhea | 50,666 | 11.9 |
| 3 | Acute Febrill Illness | 25,716 | 6.0 |
| 4 | Helomentiasis | 25,179 | 5.9 |
| 5 | Pneumonia | 16,809 | 3.9 |
| 6 | Acute Upper Respiratory Infection | 12,590 | 3.0 |
| 7 | Typhoid Fever | 11,217 | 2.6 |
| 8 | Diseases of musculoskeletal system | 9,71 | 2.3 |
| 9 | Urinary Tract Infection | 6,33 | 1.5 |
| | Total of Leading Diseases | 351,240 | 82.5 |
| | Total of Other Diseases | 74,354 | 17.5 |
| | Total of All Diseases | 425,594 | 100.0 |

(Source: Regional Health Bureau)

2.1.3.2 Homosha Woreda Health Indicators

Homosha Woreda has one health center located in, Homosha town, and 11 health post (four kebles do not have any kind of health service), and one health clinic managed by Kalhiwot health center.

When it comes to health work force it has 17 clinical nurses (B.SC), 6 midwife (B.SC) and and 36 health extension workers. The health service also provide ambulance service and referral services to Assosa hospital.

Kalhiwot Church Clinic. :The clinic is linked with the government formal health system and serve five kebeles i.e. Kuberhamsa, Alfasjir, Jima, Shula, Bamadon population. The clinic has two midwives and one clinical nurse (B.SC), one laboratorial. The clinic provide *bajaja* (three wheeler) ambulance service which has contributed to 100% attain delivery at health facilities in its catchment area.



Picture: kal hiwot Bajaj (three wheeler) ambulance service is one of the creative ways to provide ambulance service in remote areas

Table18. Homosha Woreda Annual Health Report 2007 EFY, 2013-2014

| Activities | Unit | Annual Plan | Achievement | Coverage |
|---|---------|-------------|-------------|----------|
| Mother and Children Health | | | | |
| Provision Family planning service to women | Number | 4559 | 1895 | 41.6% |
| Long Acting Family Planning User | Number | 2279 | 886 | 38.9% |
| Short Acting Family Planning User | Number | 2280 | 1009 | 44.3% |
| ANC (at least one time before delivery) | Number | 939 | 1156 | 123.1% |
| ANC (Four time before delivery) | Number | 808 | 418 | 51.7% |
| Deliveries Assisted by Skilled Health Personnel | Number | 582 | 492 | 84.5% |
| Deliveries Assisted by Health Extension Worker | Number | 263 | 6 | 2.3% |
| PNC | Number | 959 | 538 | 56.1% |
| Prevention of mother to child transmission of HIV | Number | 939 | 778 | 82.9% |
| Abortion Care | Number | 94 | 25 | 26.6% |
| Tetanus vaccine for Pregnant Mothers | Number | 5699 | 390 | 6.8% |
| Tetanus vaccine for Non Pregnant Mothers | Number | 939 | 242 | 25.8% |
| Hygiene and Environment Health | | | | |
| Group hygiene and Environment Health Education | Number | 17903 | 9641 | 53.9% |
| Kebeles free of open defecation | Number | 5 | 4 | 80.0% |
| Malaria Prevention and Control | | | | |
| Laboratory (blood test) confirmed malaria treatment | Number | 9364 | 7914 | 84.5% |
| Number of households sprayed with anti- mosquito chemical | Number | 9181 | 9929 | 108.1% |
| Patient Treatment services | | | | |
| Out patient Service | Number | 17352 | 5216 | 30.1% |
| Tuberculosis prevention and control | | | | |
| TB Case Detection | Number | 71 | 3 | 4.2% |
| Laboratory Confirmed identification and treatment | Percent | 100 | 100 | 100 |

(Source Homosha Woreda Health Bureau)

2.1.3.3 Refugee Health Service

ARRA is the government agency for provision of health service in Sherkole refugee camp.

2.1.3.3.1ARRA Health Center Work force and facility

Table19. Work force

| Staff Description/Qualification | Number | Staff Description/Qualification | Number |
|--|--------|-----------------------------------|--------|
| Druggist | 2 | Health Manager | 1 |
| B.Sc Nurse | 3 | HIV Coordinator | 1 |
| Psychiatric Nurse | 1 | Nutrition Supervisor | 1 |
| Mid Wife Nurse | 3 | Nutrition Promotion Officer | 1 |
| EPI (Expansion program of Immunization) | 1 | Sanitarian Officer | 1 |
| Medical Director | 1 | RH (Reproductive Health) Officer | 1 |
| Public Health Team Leader | 1 | | |

Facilities/ Services

- ✓ < 5 OPD (Out Patient Department)
- ✓ Adult OPD
- ✓ Triage
- ✓ Psychiatric OPD
- ✓ Dispensary
- ✓ Drug Store
- ✓ EPI clinic
- ✓ ANC/PNC clinic
- ✓ Delivery Room (with IPD)
- ✓ Emergency OPD
- ✓ ART room
- ✓ Nutrition Department
- ✓ Nutrition Center with Supplementary Feeding Program (SFP) and Therapeutic Feeding Program (TFS)
- ✓ IPD (In-patient department)
 - < 5 IPD
 - Adult male
 - Adult female
 - TB
- ✓ School Feeding Program

2.1.3.3.2 Figures from ARRA HIMS September 2015 (Source ARRA health center)

1. Mortality

| Cause | Total Crude Mortality | Crude Mortality % |
|-----------------------------------|-----------------------|-------------------|
| Malaria | 1 | 4% |
| Lower Respiratory tract infection | 1 | 4% |
| Tuberculosis | 1 | 4% |
| Measles | 1 | 4% |
| AIDS | 3 | 12% |
| Neonatal death | 3 | 12% |
| Acute malnutrition | 2 | 8% |
| Unknown | 2 | 8% |
| Other | 11 | 44% |
| Total | 25 | 100% |

2. Morbidity

| Cause | Total Crude Morbidity | Crude Morbidity % |
|------------------------------|-----------------------|-------------------|
| Malaria | 2661 | 6% |
| Respiratory tract infection | 19188 | 31% |
| Skin disease | 2660 | 6% |
| Eye disease | 1528 | 3% |
| Dental conditions | 714 | 2% |
| Diarrhea | 769 | 1% |
| Tuberculosis | 3 | 0% |
| HIV/AIDS | 25 | 0% |
| Sexually transmitted disease | 142 | 0% |
| Anemia | 42 | 0% |
| Chronic disease | 702 | 2% |
| Injuries | 1,183 | 3% |
| Urinary tract Infection | 1112 | 2% |
| Gastritis | 1156 | 3% |
| Ear disease | 616 | 1% |
| Other | 12515 | 28% |
| Total | 45016 | 100% |

Other health indicators from the HMIS

Fully vaccinated coverage 112%

Coverage of postnatal vitamin A distribution 63.2%

Coverage of complete ANC 70%

Proportion of births attended by skilled health workers 95%

Coverage of complete PNC 93%

Average number of TB patients at the end of each month 5%

Contraceptive Prevalence rate 20%

As it can be seen from the following figure and chart from the questionnaire respondent it is children who constitute the majority of the family member who were sick. The main morbidity causes in both cases are Pyrexia 38.6 %, Gastrointestinal 31% followed by respiratory and nutrition disorder (both 8.3%), this figures are in line with the information from the official HMIS report from ARRA and Homosha Woreda Health bureaus.

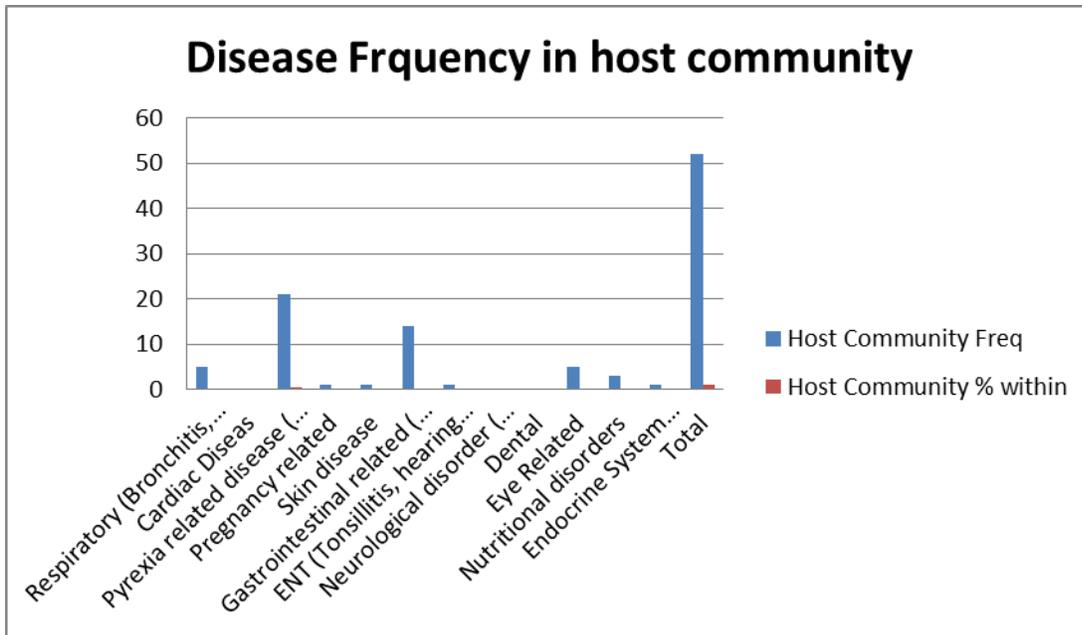


Figure 40: Disease frequency in surveyed host community households

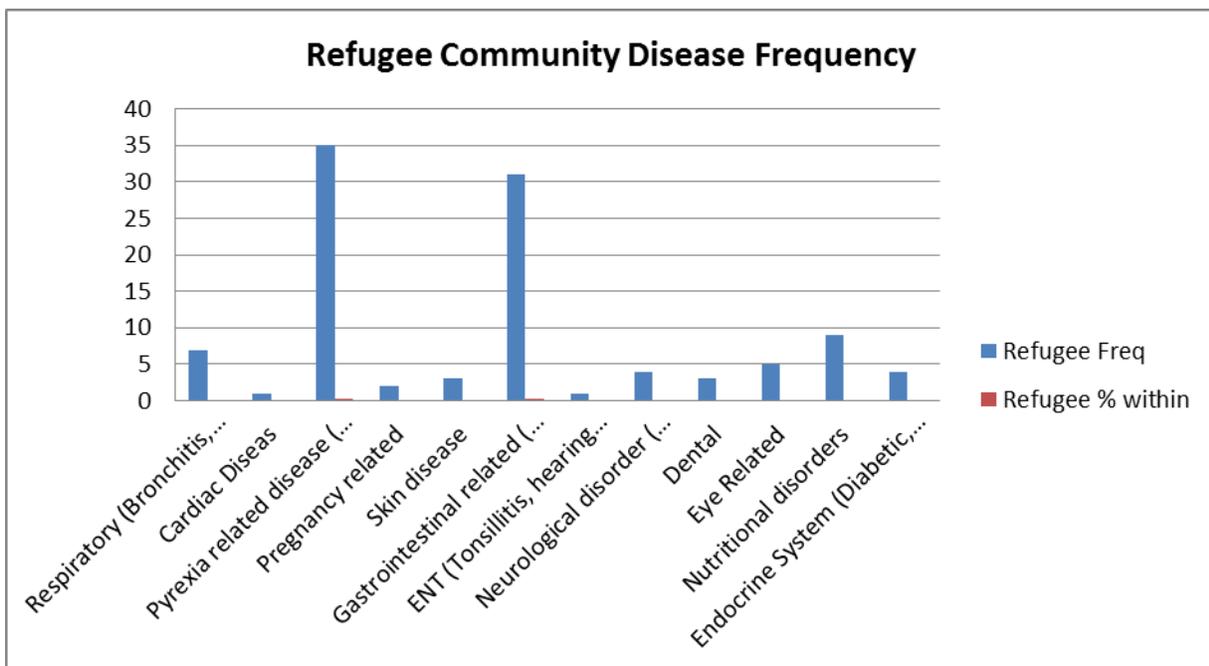


Figure13. Disease frequency in surveyed host community households

Table20. Members of sick family for the surveyed refugee and host community in total

| Any one in your household got illness that require medical assistance? * Which member of your family was sick? Cross tabulation | | | | | | | | | | |
|---|-----|---------------------------------------|------|----------|------------------|----------------------|-------------------|---------------------------------|---|-------|
| Count | | Which member of your family was sick? | | | | | | | | Total |
| | | Husband | Wife | Children | Husband and wife | Husband and Children | Wife and Children | All (Husband,wife and children) | | |
| Any one in your household got illness that require medical assistance? | Yes | 0 | 6 | 33 | 49 | 12 | 11 | 5 | 4 | 120 |
| | No | 23 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 25 |
| Total | | 23 | 6 | 33 | 49 | 12 | 12 | 5 | 5 | 145 |

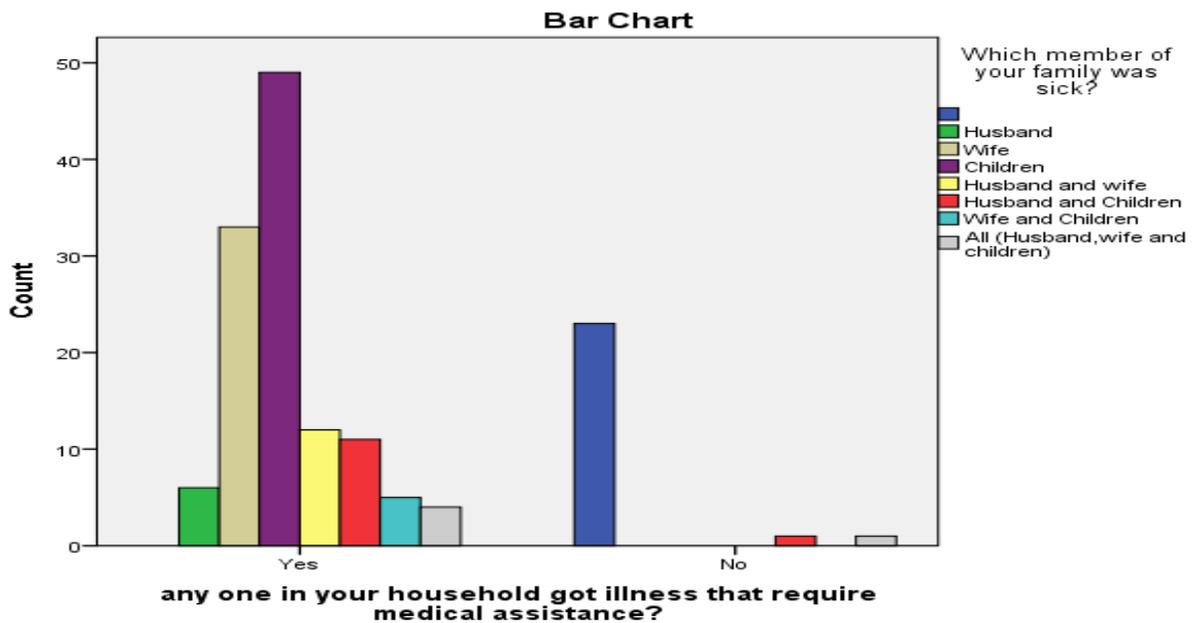


Figure14.Members of sick family for the surveyed refugee and host community in total

Table 21. Members of sick family for the surveyed refugee and host community in total figure

| Type of disease | Host Community | | Refugee | | Total Frequency | |
|--|----------------|----------|---------|----------|-----------------|--------|
| | Freq | % within | Freq | % within | Freq | % |
| Respiratory (Bronchitis, Pneumonia, tuberculosis, Asthma etc...) | 5 | 11.6% | 7 | 6.9% | 12 | 8.3% |
| Cardiac Disease | 0 | 0.0% | 1 | 1.0% | 1 | 0.7% |
| Pyrexia related disease (Malaria, Typhoid, measles, chicken pox | 21 | 48.8% | 35 | 34.3% | 56 | 38.6% |
| Pregnancy related | 1 | 2.3% | 2 | 2.0% | 3 | 2.1% |
| Skin disease | 1 | 2.3% | 3 | 2.9% | 4 | 2.8% |
| Gastrointestinal related (Amoeba, worm infestation, food poisoning etc..) | 14 | 32.6% | 31 | 30.4% | 45 | 31.0% |
| ENT (Tonsillitis, hearing defect, nasal etc..) | 1 | 2.3% | 1 | 1.0% | 2 | 1.4% |
| Neurological disorder (Epilepsy, meningitis, etc) | 0 | 0.0% | 4 | 3.9% | 4 | 2.8% |
| Dental | 0 | 0.0% | 3 | 2.9% | 3 | 2.1% |
| Eye Related | 5 | 11.6% | 5 | 4.9% | 10 | 6.9% |
| Nutritional disorders | 3 | 7.0% | 9 | 8.8% | 12 | 8.3% |
| Endocrine System (Diabetic, Goiter etc..) | 1 | 2.3% | 4 | 3.9% | 5 | 3.4% |
| Total | 52 | 120.9% | 105 | 102.9% | 157 | 108.3% |

2.1.3.3 Household Mosquito net ownership

| | Number/total | % (95% CI) |
|--|--------------|-------------------|
| Proportion of households owning at least one mosquito net of any type | 108/156 | 69.2% (61.4-76.4) |
| Proportion of households owning at least one LLIN | 108/156 | 69.2% (61.4-76.4) |

Number of nets ANALYSIS

| Average number of LLINs per household | Average number of persons per LLIN |
|---------------------------------------|------------------------------------|
| 2.06 | ~3.3 |

2.1.4 Water Sanitation and hygiene (WASH)

2.1.4.1.1 Host Community Scenario

Ethiopia rural water supply and sanitation coverage are improving in the recent years; in 2003 EFY the national rural water supply coverage was 48.85% and Benishangul region average was 59.64%, while the rural household latrine coverage were 60.39% and 57.2% for the national and Benishangul respectively.

According to Homosha Woreda Water Office the woreda water desk 2007 EFY data the water supply coverage for the woreda was 92.94%, while rural and urban coverage were 83.5% and 154.8% respectively.

When it comes to latrine coverage out of the 15 kebeles of the woreda are 13 declared open dedications free.

Table 22. Water Source by type (Homosha Woreda)

| <i>Sr. No</i> | <i>Kebele</i> | <i>Hand dug well</i> | <i>Shallow well</i> | <i>Public Tapstand</i> | <i>Spring</i> | <i>Total</i> |
|---------------|--------------------------|----------------------|---------------------|------------------------|---------------|--------------|
| 1 | Tumet (Homosha town) ** | 5 | 3 | 6 | | 14 |
| 2 | Al-Gelaha | 1 | 4 | 2 | | 7 |
| 3 | Dare-Selam | 2 | 4 | 0 | 1 | 7 |
| 4 | Ashura ** | 3 | 3 | 1 | | 7 |
| 5 | Jimma ** | | 3 | 3 | | 6 |
| 6 | Al-Fashir ** | 1 | 1 | 3 | | 5 |
| 7 | Sherkole (K/hamsa) ** | 3 | 3 | 3 | | 9 |
| 8 | Shula ** | 4 | 4 | 0 | | 8 |
| 9 | Bamadon | 2 | 2 | 0 | | 4 |
| 10 | Dunga | 5 | 1 | 0 | | 6 |
| 11 | Tsore Al-Metema | 1 | 4 | 0 | | 5 |
| 12 | Akendo | 3 | 5 | 0 | | 8 |
| 13 | Dare-Segiya | | 3 | 0 | | 3 |
| 14 | Gumu | 3 | 2 | 0 | | 5 |
| 15 | Mulo | 1 | 2 | 0 | | 3 |
| | <i>Total</i> | <i>34</i> | <i>44</i> | <i>18</i> | <i>1</i> | <i>97</i> |

Table23. Water Source of the surveyed HHs from refugee and host community

| Source of drinking water | Host Community | Refugee Community |
|--------------------------|----------------|-------------------|
| Public tap stand | 40 | 98 |
| Protected well/spring | 3 | 4 |
| Total | 43 | 102 |

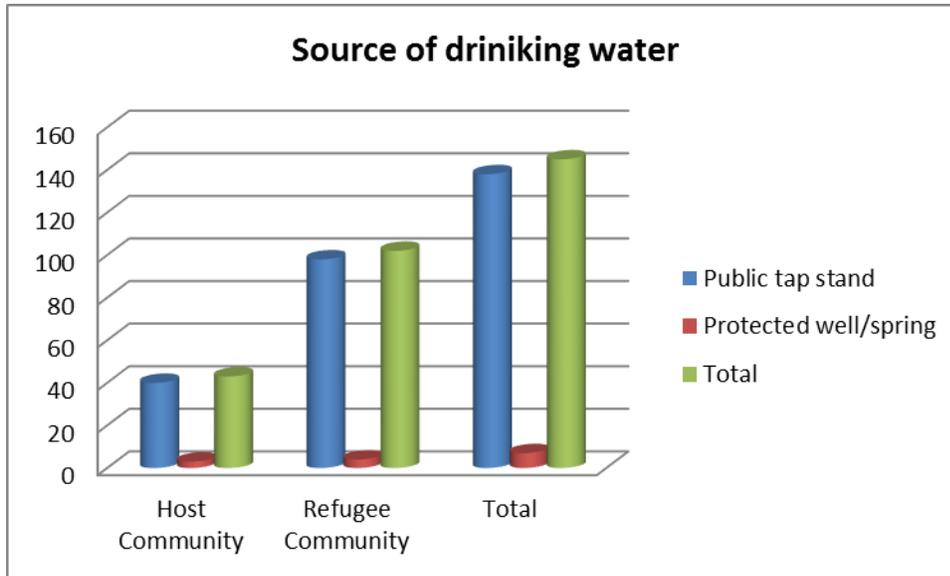


Figure15. Source of drinking water in surveyed Households

2.1.4.1.2Sherkole Refugee Camp

Sherkole refugee camp three shallow well and one slow sand river filtration system to provide clean water through 27 distribution points to the refugee community, though there are 11 hand dug wells only three are functional. IRC is the agency undertaking the WaSH activities in the camp. According to IRC data the water supply coverage for the camp is 100% and water supply per person per day exceeds the standard 20 liter per person per day.



Picture: Public tap stand and washing basin in zone G Sherkole Refugee Camp

When it comes to the latrine coverage it is only about 54% and open defecation is noticed in most part of the camp

Table24. Type of latrine (Source UNHCR Nutrition Survey 2015)

| | Number/total | % (95% CI) |
|--|--------------|--------------------|
| Proportion of households that use: | | |
| An improved excreta disposal facility (improved toilet facility, 1 household)*,** | 49/153 | 32.0% (24.7-40.0) |
| A shared family toilet (improved toilet facility, 2 households)** | 17/153 | 11.1% (6.6-17.2) |
| A communal toilet (improved toilet facility, 3 households or more) | 34/153 | 22.2% (15.9-29.6) |
| An unimproved toilet (unimproved toilet facility or public toilet) | 53/153 | 34.6% (27.1-42.7) |
| Proportion of households with children under three years old that dispose of faeces safely | 63/81 | 77.8% (67.2-86.3%) |

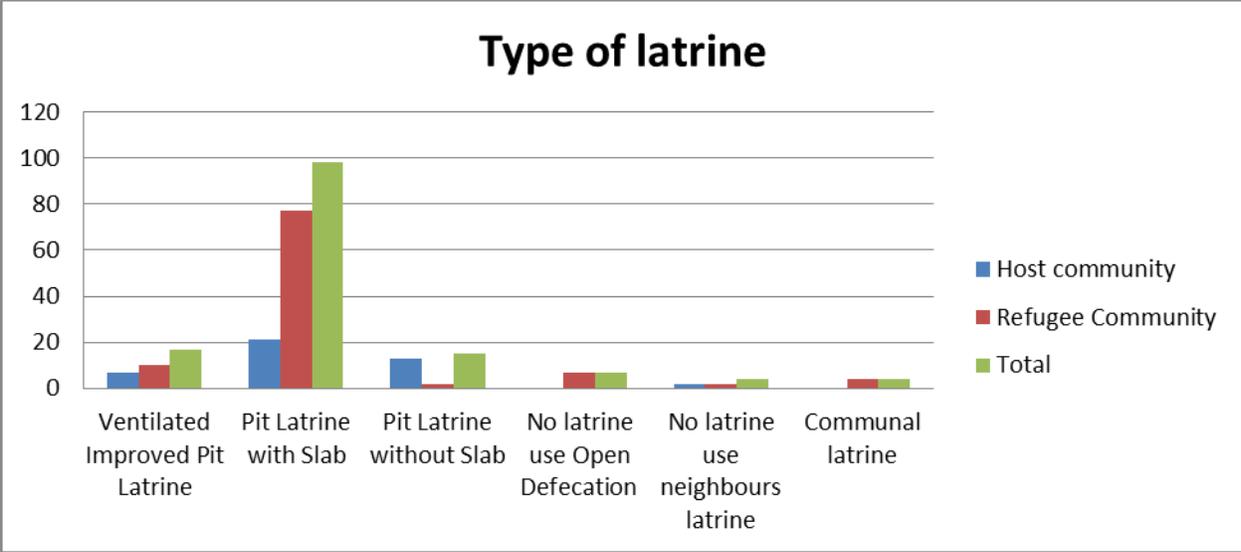


Figure 52: Type of the latrine used by host and refugee community in the study

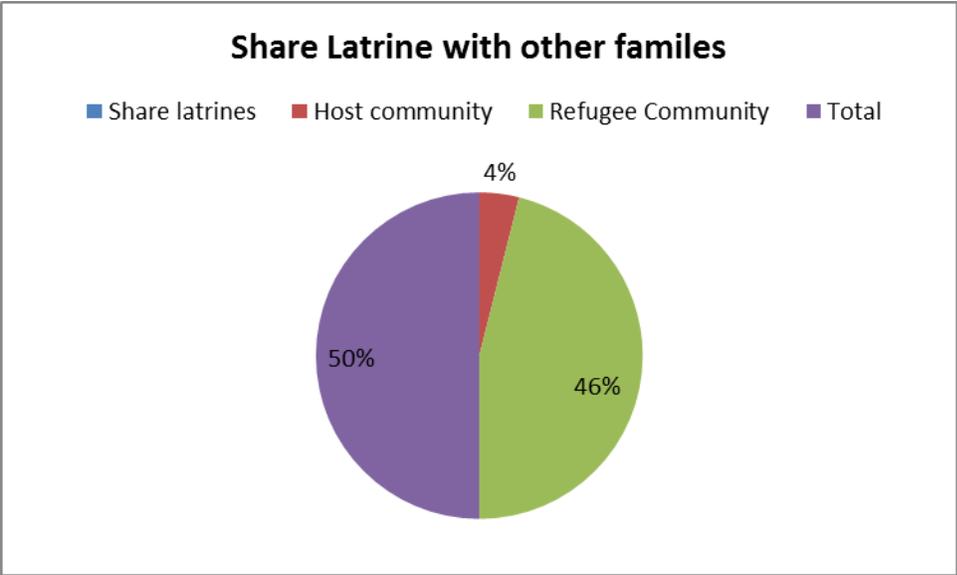


Figure16. Households that share latrine with other families in the two communities

As it can be understood from the above figures in terms of latrine coverage, open defecation figures and latrine sharing the host community are in much better level than the refugee community; infact according to the key informants from the woreda health bureau open defecation by the refugee community in areas of neighbouring host communities is sometimes a source of tension between the two communities.

Chapter 3 Methodology and Research Design

3.1 The Study Area

Benishangul regional state has a total population of 670,847 people and Homosha woreda has a total population of 21,502 (CSA 2007), but the projected population for 2014 CSA the region total is 975,998 while Homosha woreda population as 25,769, and 93.9% of Homosha woreda live in rural areas. (www.csa.gov.et). Homosha Woreda consist 15 administrative kebeles locates in 795 km² area where the attitude range between 800 to 2000 m.a.sl

Sherkole Refugee Camp is located in the Benshangul Gumz Regional State 47 kilometers from Assosa and 50 kilometres from the Sudanese border **Coordinates:** 10°22'20"N 34°36'54"E. The host population around the camp is mainly composed of Berta, predominantly Muslim agriculturalists and traders. Currently Sherkole Refugee camp host 11,080 refugee mainly from South Sudan but also refugees from grate lake countries (Congo, Rwanda, Brundi, and Uganda) and Sudan; and 53.6% are Male and 46.4% are female (UNHCR Statistical Report2015).

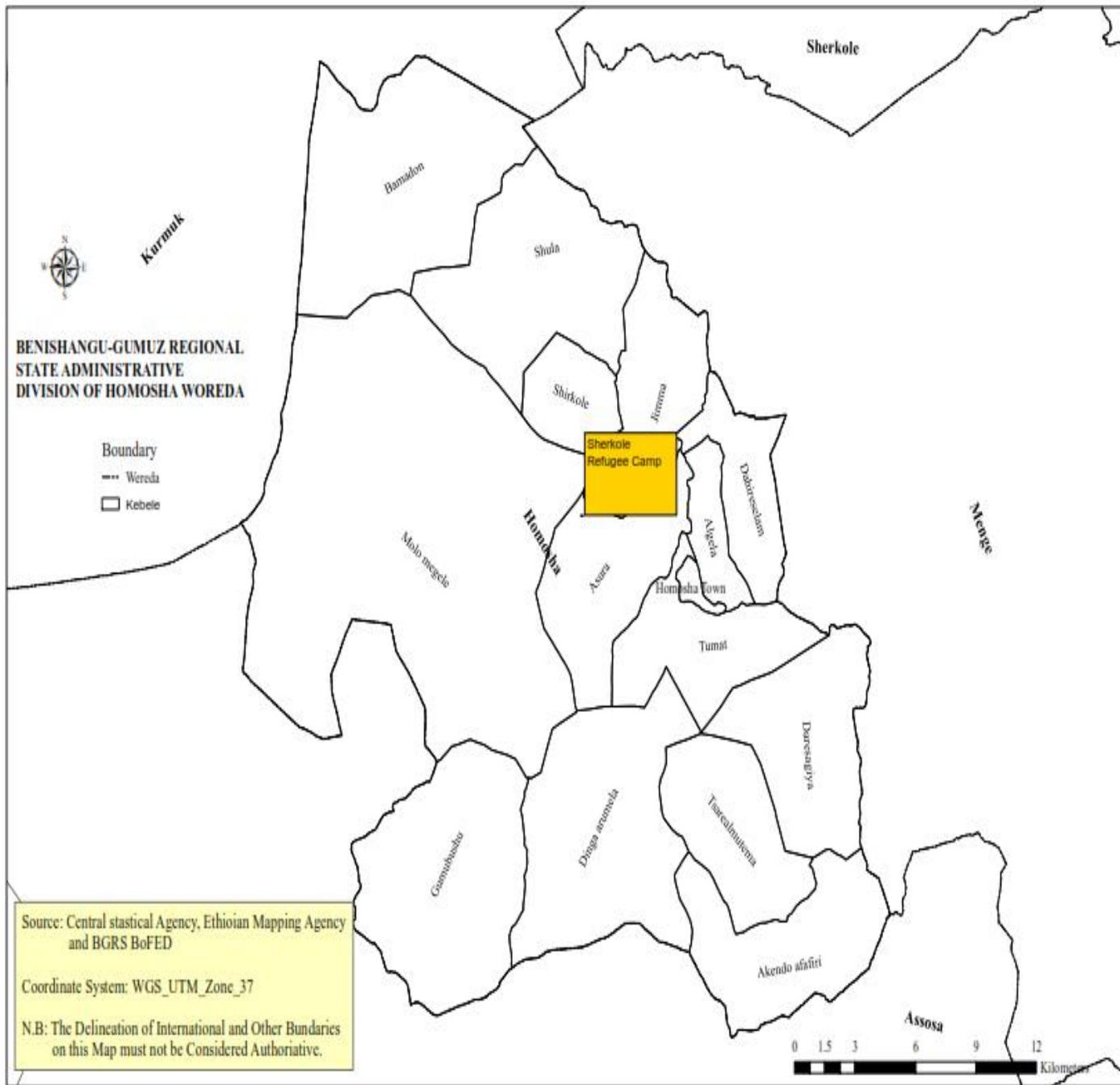


Figure17. The study Area

3.2 Methods of Data Collection

3.2.1 Primary data collection tools

Primary data collection was done using a questionnaire (Appendix 1) which includes the four basic service i.e. food access, health, education and WASH question; the food security is based on the standard HFIAS nine question. Four data collectors from Sherkole refugee camp have been selected and trained on the questionnaire and a pretest had been done in the refugee camp before actually conducting the interview and necessary clarification and amendment was done. Approval also from the refugee authority and the host community administration secured timely.

3.2.2 Key informant discussion and Secondary data collection

A number of discussion was conducted with concerned key informant this include head of schools, health post and center head, kebele chairman (for host community) and zonal leaders for the refugee as well as the head of different office in the refugee camp and in the host communities these include head of woreda health, education, water, and agriculture offices from the local community, and staff from agencies operating in the refugee camp (UNHCR, ARRA, IRC, NRC and SCI).

The key informant discussion sessions were also to collect secondary data including annual report and service coverage on the respective sectors. The other source of secondary data are annual reports published or released on the web by the government of Ethiopia prepared by respective Ministry.

3.2.3 Sampling Frame and sampling Techniques.

The sample frame employed to select from the two communities and their respective Kebeles (for host communities) and Zone for refugee community was Probability and non-probability sampling techniques, using multi stage cluster sampling; Hence based on accessibility and close relationship between the host community and refuge campus five Kebles from the host community and six zones from the refuge campus purposely were be selected. At the same time using the same criteria one village from each Keble and one block from each zone purposely were be selected. In the third stage using the formula presented below a researcher will determine a respondent sample size of each category. As a result the total sample size will be 145 and then following the probability to proportional sampling method each Keble and block sample size was determined. This method guarantees the representation of the sample size in the population and improves inference accuracy made to the whole population. Finally, from each

Keble and block the respondents were selected using a systematic random sampling technique. The proportional share of each town is depicted in the following way and summarized in table.

$$n = \frac{(X^2 * N * p * q)}{(ME^2 * (N - 1)) + (X^2 * p * q)}$$

Where:

n = Sample Size; N = Number of HH in refugee camp zones and host community Kebles;

X^2 = Chi-square for the specified confidence level at 1 degree of freedom (for 95% $X^2=1.96$)

p = the probability for an event to occur (0.5); q = the probability for an event not to occur (0.5)

ME = desired margin of error (0.08)

Source: Kerjan and Morgan, 1970

Table25. Distribution of respondent HH

| Sr. No. | Study Keble/Block | Total HH | Proportion | Sample size |
|---------|-----------------------------|-------------|-------------|-------------|
| I | Refugee Camp Zone | | | |
| 1 | Zone A | 403 | 11% | 11 |
| 2 | Zone B | 543 | 15% | 15 |
| 3 | Zone C | 761 | 21% | 21 |
| 4 | Zone E | 696 | 19% | 19 |
| 5 | Zone F | 1001 | 27% | 28 |
| 6 | Zone G | 297 | 8% | 8 |
| | Refugee total | 3701 | 70% | 102 |
| II | Host Community | | | |
| 1 | Ashura | 266 | 17% | 7 |
| 2 | Jimma | 215 | 14% | 6 |
| 3 | Sherkole | 481 | 30% | 13 |
| 4 | Alfashir | 147 | 9% | 4 |
| 5 | Shula | 475 | 30% | 13 |
| | Host Community Total | 1584 | 30% | 43 |
| | Grand Total | 5285 | 100% | 145 |

Chapter 4 Result and discussion

4.1 Demography of the interviewed Households

72% of the HHs included in the study are female, while it comes to age the minimum and maximum age were 15 and 65 years old. The family size of the respondent household greatly vary from the minimum family size two and maximum 25 (figure)

Table25. Age and sex of HHs participated in the survey

| | | Sex of Respondent | | Total |
|-------------------|-------|-------------------|--------|-------|
| | | Male | Female | |
| Age of Respondent | 15-25 | 11 | 28 | 39 |
| | 26-35 | 15 | 52 | 67 |
| | 36-45 | 2 | 19 | 21 |
| | 46-60 | 9 | 3 | 12 |
| | >60 | 3 | 3 | 6 |
| Total | | 40 | 105 | 145 |

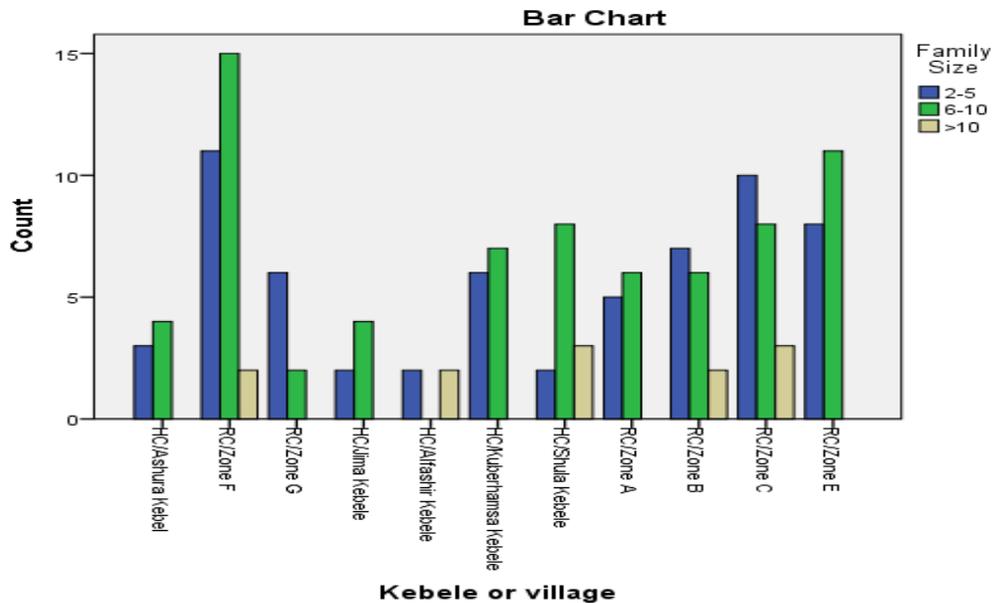


Figure18. Family size of the respondent household

4.2 Comparison of Level of Access for Respondent Refugee and Host community

4.2.1 Food Security HFIA result

Based on the four HFIA results summary presented from the study in the earlier sections despite month food distribution the refugee community is more food access insecure when compare to the host community surveyed in the study

- HFIA access related condition result(table 1) 85.5% and 60.5 for refugee and host community respectively
- HFIA access related domain result (Table 2) 93.1% and 90.7% for refugee and host community respectively
- HFIA Access related average score result (Table 3) 16.3% and 17.0% for refugee and host community respectively
- HFIA category result of severely food access insecure (figure 2) 85.3% and 58% for refugee and host community respectively

4.2.2 Education

Education indicators from the study (detail figures under section 2.1.2), show also the refugee community is better in most parameters if we just compare NER grade 1-8 it is only 59.2 % for the host community while for the refugee community it about 73.8%, but it worth to notice that all the indicator are higher for the refugee for example higher pupil per teacher (PTR, 118) and pupil per section (PSR,92.8) for the refugee community while in the study host community it is only average PTR of 56 and PSR of 35, nevertheless in access to preprimary and primary education the refugee community is much more better off than the host communities.

4.2.3 Health

When it comes Access to health service which have been in detailed presented earlier the refugee community have better access, for example if we compare some of the coverage

- ANC (at least 4 times visit) 51.2% for host community and 70% for refugee community; national average is 90% (ANC at least one time visit)
- Delivery assisted by skill personnel 84.5% for the host community while 93% for the refugee. National figure is only 40.9%
- PNC 56.1% for host community and 93 % for refugee community. National average is 66.2%

Not only in terms of different health indicators but also in terms of health work force and infrastructure access to health service is better in the refugee scenario

4.2.4 WASH

In drinking water supply the level of access is comparable and almost similar, but in latrine coverage the host community are in better state.

| Source of drinking water | Host Community | Refugee Community |
|--------------------------|----------------|-------------------|
| Public tap stand | 40 | 98 |
| Protected well/spring | 3 | 4 |
| Total | 43 | 102 |

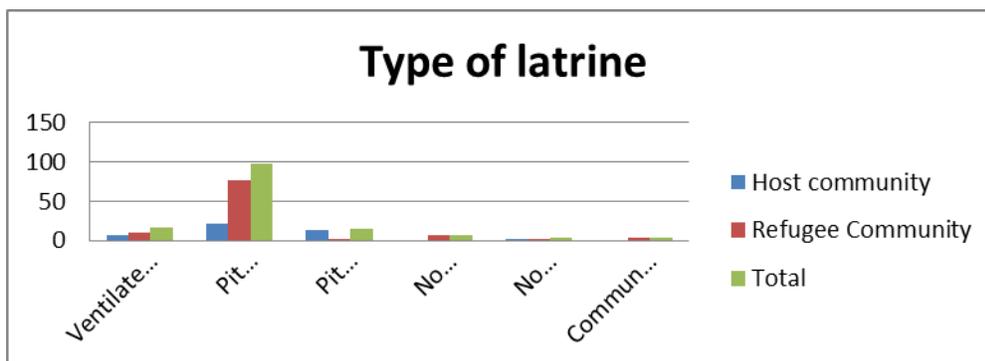


Figure19. Type of latrine by the two communities.

Conclusion and Recommendation

The overall access to basic service in the two communities who live side by side have difference in some service like food security and WASH the host communities are equivalent or better compared to the refugee community in sherkole. While the other two sectors i.e. education and health refugee community have better access. Some of the difference could be due the level of funding and international concerns.

Though refugees are person with special protection the host communities have similar right for access to the basic services. Refugees and host community interact in different social and economic activities this includes refugee attending in local school or host communities accessing service in refugee health center, or refugee's getting access to referral health service in the local hospital.

But it will be important to ensure that access to basic services is at acceptable and comparable level. It will be also important to put written guideline to indicate the level of cooperation to access this basic services among the two communities

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Appendix

1. Household Questionnaire

Interviewer Introduction.

My name is _____ and I would like to have some questions regarding overall basic service and the purpose of the study is to understand the level of access to different services in your area and the interview will take ____minutes and your information is confidential, Shall we proceed?

Questionnaire Code Household Number
Age of the respondent _____ sex of the respondent _____
Family Size _____ Kebele/ Zone _____
Name of the interviewer _____ Date _____

Section I: Household Food Insecurity Access Scale (HFIAS) Generic Questions

Each of the questions in the following table is asked with a recall period of four weeks (30 days). The respondent is first asked an occurrence question – that is, whether the condition in the question happened at all in the past four weeks (yes or no). If the respondent answers “yes” to an occurrence question, a frequency-of-occurrence question is asked to determine whether the condition happened rarely (once or twice), sometimes (three to ten times) or often (more than ten times) in the past four weeks.

Example:

1. In the past four weeks, did you worry that your household would not have enough food?

0 = No (skip to Q2)

1 = Yes

1.a. How often did this happen?

1 = Rarely (once or twice in the past four weeks)

2 = Sometimes (three to ten times in the past four weeks)

3 = Often (more than ten times in the past four weeks)

| No | QUESTION | RESPONSE OPTIONS | CODE |
|-----|---|--|---------|
| 1. | In the past four weeks, did you worry that your household would not have enough food? | 0 = No (skip to Q2) 1=Yes | __ |
| 1.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 2. | In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? | 0 = No (skip to Q3) 1=Yes | __ |
| 2.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 3. | In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources? | 0 = No (skip to Q4) 1 = Yes | __ |
| 3.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |

| | | | |
|-----|--|--|---------|
| 4. | In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? | 0 = No (skip to Q5) 1 = Yes | __ |
| 4.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 5. | In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? | 0 = No (skip to Q6) 1 = Yes | __ |
| 5.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 6. | In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food? | 0 = No (skip to Q7) 1 = Yes | __ |
| 6.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 7. | In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? | 0 = No (skip to Q8) 1 = Yes | __ |

| | | | |
|-----|---|--|---------|
| 7.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 8. | In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? | 0 = No (skip to Q9) 1 = Yes | __ |
| 8.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |
| 9. | In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? | 0 = No (questionnaire is finished) 1 = Yes | __ |
| 9.a | How often did this happen? | 1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) | __ |

| SECTION II- Health | | | |
|--------------------|---|---|---------|
| No | QUESTION | RESPONSE OPTIONS | CODE |
| 1 | In the past two months, did you or any one in your household got illness that require medical | 1= Yes 2= No | __ |
| 2 | Which member of your family was sick? | 1 = Husband 2 = Wife 3 = Children 4= Other | __ |

| | | | |
|----|--|---|--------|
| 3 | What type of disease was the reason of the illness? | 1= Respiratory (Bronchitis, Pneumonia, tuberculosis, Asthma etc...) 2=Heart /cardiac related 3= Pyrexia related disease (Malaria, Typhoid, measles, chicken pox) 4= Pregnancy related 5= Skin/ Dermal related 6= Gastrointestinal related (Amoeba, worm infestation, food poisoning etc..) 7= ENT (Tonsillitis, hearing defect, nasal etc..) 8= Neurological disorder (Epilepsy, meningitis, etc) 9=Dental | _ |
| | Have you taken the sick person to medical center? | 1= Yes 2= No | _ |
| 4 | If yes which medical center you take the sick person? | 1= health post 2= health center 3= ARRA health Center 4= Assosa Hospital 5= Private health centers/ clinics | _ |
| 5 | How much money you have paid for the treatment and to buy medicine and transportation? | _____ ETB | |
| .6 | Did the sick person get well after receiving the treatment? | 1= Yes 2= No | _ |

| | | | |
|--------------------------|---|---|---------|
| 7 | If you have not taken the sick person to health facilities, what is the reason? | 1 = Because the illness is not serious 2 = Because you prefer traditional treatment and medicine 3 = Because the health facility is too far 4 = Because you have no money to pay | __ |
| 8 | Have you participate in health education or awareness program recently? | 1= Yes 2= No | __ |
| SECTION III- WASH | | | |
| 1 | What is the main source of drinking water for your Household? | 1= Public tap stand 2=Protected well/spring 3= Unprotected well/spring 4= Surface water (river, dam, pond etc..) | __ |
| 2 | How long does it take to collect water and come back? | 1= about 10 minutes 2= about 30 minutes 3= about an hour 4=More than an hour | __ |
| 3 | What Kind of toilet facilities does your family use? | 1= Ventilated Improved Pit Latrine 2= Pit Latrine with Slab 3= Pit Latrine without slab 4= No Facility use Open Defecation | __ |
| 4 | Does your family share this latrine facilities with other family | 1= Yes 2= No | |
| 5 | If yes, with how many families you share this facility? | 1= about 5 families 2= between 5-10 families 3= more than families | __ |
| 6 | Do you practice hand washing with soap each time after visiting latrines? | 1= Yes 2= No 3= Sometimes | |

| | | | |
|---|--|--|---------|
| | | | |
| 1 | How many children above the age of 4 you have? | _____ | |
| 2 | Do your children attend school? | 1= Yes 2= No | __ |
| | | If no go to question 4 | |
| 3 | If yes, to which type of school do they go? | 1= Kindergarten or preschool (Age 4-6) 2= Primary (Grade 1-8) 3= Secondary(Grade 9-10) 4= Preparatory (Grade 11-12) 5= Tertiary (College and University) | __ |
| 4 | If some of the children in your family are not attending school what are the reasons | 1= Because I cannot afford to pay for 2= Because the school is far from home 3= Because the children do other job to support family 4= Because the school are full 5= Other reason (Specify | __ |

| |
|--|
| <p>Food security</p> <p>Possible Key Informant: - ARRA/WFP, Woreda Disaster Prevention and Preparedness Bureau, refugee and host community representatives</p> |
| <p>Required Information</p> |
| <ul style="list-style-type: none"> • Number of people receives food aid/ distribution, |
| <ul style="list-style-type: none"> • presence of safety net programs -food/cash distribution, |
| <ul style="list-style-type: none"> • type of food aid assistance, |
| <ul style="list-style-type: none"> • community support and coping mechanism in time of destitution, |
| <ul style="list-style-type: none"> • School Feeding Programs, Supplementary Feeding Program, |
| <ul style="list-style-type: none"> • Malnutrition Rate (MUAC and Health and Weight) |

2. Key Informant Checklist

| |
|---|
| <p>HEALTH</p> |
| <p>Possible Key Informant: - Head of health posts, health centers and hospitals, Woreda Health Office and Regional Health Bureau</p> |
| <p>Required Information: -</p> |
| <ul style="list-style-type: none"> • General health data i.e. cause of mortality morbidity / selected infectious diseases/ top ten diseases; and risk factors |
| <ul style="list-style-type: none"> • Health service coverage, |
| <ul style="list-style-type: none"> • Knowledge and use of family planning, |
| <ul style="list-style-type: none"> • Maternal Health Care Services, Child Health Care Services (infant mortality?), |
| <ul style="list-style-type: none"> • Health workforce (number and types of trained health staff), infrastructures and essential medicines, and health expenditures as well as availability of referral systems, |
| <ul style="list-style-type: none"> • Malnutrition Rate (MUAC and Health and Weight), School Feeding Programs, Supplementary and Therapeutic Feeding Program, |
| <ul style="list-style-type: none"> • Water Born Disease |

- Number of Malaria Treated Persons and Trained Malaria Control Workers, Number of Malaria Affected Kebeles and Malaria Control Measures Taken.

WASH

Possible Key Informant: - Woreda water bureau representatives, NGOs involved in WASH activities, FINN WASH- Benishangul

Required Information:

Number and type of drinking water resource

Water Supply (Liter/ Person/Day)

Number and type of available family and communal latrines

Hygiene and sanitation awareness activities

EDUCATION

Possible Key Informant: - Woreda Education bureau representatives, Head teachers of school facilities

Required Information:

Number and Type of School Facilities (Class rooms, library, laboratory, offices etc...)

School age population data at different levels

Number and qualification of teachers

Gross Enrollment Ratio (GER), Net Intake Rate (NER), Pupil Teacher Ratio, number of student per class, Student per desk etc..

Availability of School WASH facilities including sex Segregated latrines and hand washing stands

3. Project Work Proposal- MARD/ MRDP 001

SMU IGNOU- Indira Gandhi National Open University –School Of Continuing Education

MA Thesis Research Proposal

Comparative study on Access to Basic Needs and Service between Refugee Community and Hosting communities in and around Sherkole Refugee Camp in Benishangul Regional State Ethiopia

August 2015

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Date of Submission:

Name of Study Centre:

St's University College

Title of the Project:

Comparative study on Access to Basic Needs and Service between Refugee Community and Hosting communities in and around Sherkole Refugee Camp in Benishangul Regional State Ethiopia

Signature of the Student: _____

Approved Date:

| | |
|--|----|
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Acronyms

ARRA: Agency for Refugees and Returnees Affair

CSA: Central Statistical Agency

CRC: Covenant on Right of Children

GTP: Growth and Transformation Plan

FS: Food Security

HDI: Human Development Index

HFIAS: Household Food Insecurity Access scale

MoFED: ministry of Finance and Economic Development

PASDEP: Plan for Accelerated and Suitable Development to End Poverty

RBA: Right Based Approach

WASH: Water Hygiene and Sanitation

UDHR: Universal Declaration of Human right

UNDP: United Nations Development Program

UNESCO: United Nations, Educational Scientific and Cultural Organization.

WASH: Water hygiene and sanitation

1.1 Background

The history of Sudanese refugee camps in Western Ethiopia started with the influx of Sudanese refugees from the Bahir el Gazal, Malakal, Equatorial, Blue Nile, and Nuba Mountain regions of Sudan due to civil war and unrest from 1984 up to the late 1980s. According to official reports, three camps accommodating a total refugee population of 400,000 had been established in Itang, Pignudo, and Dimma by 1991. However, in May 1991, the refugees at the original camps fled the unrest in Ethiopia and formed temporary camps in Sudan at Nasir, Gurkuo, and Puchala near the Ethiopian border. With the restoration of relative peace in Western Ethiopia and continued unrest in Sudan, the refugees began to come back to Ethiopia in mid-1992 initiating the reestablishment of closed camps and opening of new ones. The first of the camps to be reestablished was Dimma Refugee Camp which began functioning again in 1992 to accommodate the first 4,500 refugees who returned to Ethiopia. In January 1993 a new camp was established at Bonga to accommodate the predominantly Uduk refugees who were settled for a brief period in Assosa and had to be moved due to security reasons. Through July to October 1993, the Pignudo Refugee Camp was re-established for refugees arriving through Itang (since 1992) and staying at Karami Transit Center. The last camp was the Sherkole Refugee Camp established in 1997 to accommodate refugees fleeing after the re-taking of the town of Kumruk by SPLA. (Developing and Implementing a Refugee Program in the Rights Way-Save the children Sweden's Experience with Sudanese Refugees in Western Ethiopia 1992-2006)

After a preparation plan to close Sherkole refugee camp in 2010, when only around 4,000 refugees were left in the camp, new conflict dynamics resulted in new mass influx of refugees into the region affecting the closing plan. Months of intermittent fighting between government forces and fighters of the SPLM- N in Sudan have driven 34,500 refugees into Ethiopia since September 2011, in addition to nearly 4,000 refugees who stayed in Benishangul- Gumuz region before the outbreak of the conflict in Blue Nile. The refugees are accommodated in the three

camps of Sherkole, Tongo and Bambasi in the Benishangul- Gumuz regional state in western Ethiopia.

Different humanitarian assistance is provided for the refugee population by different international and national agencies working in the camp these include; Food, NFI, Education, Health and protection by ARRA, Shelter and livelihood by NRC, water and GBV by IRC, assistance to person with disability by RaDO, Early Childhood Education and Child protection by SCI.

1.2 The Study Area

Benishangul regional state has a total population of 670,847 people and Homosha woreda has a total population of 21,502 (CSA 2007), but the projected population for 2014 CSA the region total is 975,998 while Homosha woreda population as 25,769, and 93.9% of Homosha woreda live in rural areas. (www.csa.gov.et). Homosha Woreda consist 15 administrative kebeles locates in 795 km² area where the attitude range between 800 to 2000 m.a.sl

Sherkole Refugee Camp is located in the Benshangul Gumz Regional State 47 kilometers from Assosa and 50 kilometres from the Sudanese border Coordinates: 10°22'20"N 34°36'54"E. The host population around the camp is mainly composed of Berta, predominantly Muslim agriculturalists and traders. Currently Sherkole Refugee camp host 11,080 refugee mainly from South Sudan but also refugees from grate lake countries (Congo, Rwanda, Brundi, and Uganda) and Sudan; and 53.6% are Male and 46.4% are female (UNHCR Statistical Report2015).

1.3 Meaning of Basic needs and services

The traditional definitions of basic needs as food, cloth and shelter have developed in to more comprehensive and complex development approach, which consider the overall wellbeing and improvement of living standards measured in terms of access and utilization of services and incomes expenditure to satisfy those needs and other rights.

ILO, Employment, Growth and Basic Needs: a One World Problem (Geneva 1976), defines basic needs as the minimum standard of living which a society should set for the poorest groups of its people. The satisfaction of basic needs means meeting the minimum requirements of a family for personal consumption: food, shelter, clothing; it implies access to essential services,

such as safe drinking-water, sanitation, transport, health and education; it implies that each person available for and willing to work should have an adequately remunerated job. It should further imply the satisfaction of needs of a more qualitative nature: a healthy, humane and satisfying environment, and popular participation in the making of decisions that affect the lives and livelihood of the people and individual freedoms.

The concept of basic human needs together with other rights are also well articulated in different articles of Universal Declaration of Human Rights 1948; article 25 and 26 state that everyone has the right to standard of life adequate for the health and wellbeing of his family including food, clothing, and housing and medical care; and right of access to Education (UN UDHR 1948). The basic needs approach is one of the major approaches to the measurement of absolute poverty in developing countries. It attempts to define the absolute minimum resources necessary for long-term physical well-being. Despite all this and other declaration and conventions it is fact that millions of people still live under poverty and they and their state struggle to fulfill their basic needs, Ethiopia ranks low in Human Development Report (UNDP 2014)

In both refugee and host community case the state is duty bearer and the international community also to assist where the capacity of the state is limited. Assumed in the rights-based approach, every human being is inherently a right holder who should enjoy universal human rights that must be guaranteed. By ratifying the different United Nations human rights treaties, states automatically assume the principal roles of guaranteeing these rights, or, according to the RBA language, the “principal duty bearers” (Ljungman, 2004)

The 1951 refugee convention define refugee as a person is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him or herself of the protection of that country, or to return there, for fear of persecution.

A host community in this context refers to the country of asylum and the local, regional and national governmental, social and economic structures within which refugees live. In the context of refugee camps, the host community may encompass the camp, or may simply neighbor the

camp but have interaction with, or otherwise be impacted by, the refugees residing in the camp. (UNHCR 2007).

Currently Ethiopia host 729,460 refugees and asylum seekers (UNHCR), 47,273 refugees are in camps located in Benishangul region. (UNHCR 2015)

2. STATEMENT OF THE PROBLEM

Most of the refugee camps in the country are located mostly in under developed regions, remote and fragile areas where most of the basic services and infrastructure are undeveloped and far from the country average. In fact according to World Development Report 2011 by Gomez, Christensen, and Yihedgo describing the trends of refugees distribution in asylum countries refugee camps are located in low income fragile border areas; which is also the case of Sherkole and other refugee camps in the country.

Despite fast economic growth and high improvement in development parameters and development policies and strategies like PASDEP and GTP and other effort, Ethiopia is still categorized under the poorest country in the world and the country ranks 173th out of 187 countries in the UN human development Index, (UNDP HDI report 2014). Underdevelopment is still the limiting factor for basic service provision for the citizens.

The State is basically duty bearer to provide basic services and other rights for both its citizens and refugees living in its soil, while the international communities, donor countries and agencies have the obligation to support governments who are not able to fulfill these services. In both cases the study will employ sector specific indicators to measure level of access to the basic needs in the refugee and host communities and compare the results against globally minimum standards and also each other.

While a number of national and international NGOs are based in Sherkole refugee camps to provide assistance to the refugee community in different sectors including health, education, WASH, shelter, and livelihood very few NGOs are working in the host community, and though the government is thriving its best to fulfill the needs of the community it has low capacity and resources compared to NGOs. This may result in imbalance access to the basic needs between this two communities.

3. SCOPE AND SIGNIFICANCE OF THE STUDY

The scope of this study is not assessing the impact of refugee influx on host community which is well documented in different study in more general ways, some to mention here include World Development Report 2011, The Impact of Refugees on Neighboring Countries-Development Challenges by (Gomez, Christensen, et al 2010) which state both the positive and negative impact in the following statement: Countries that host refugees for protracted periods can experience long-term economic, social, environmental, and political and security impacts. While the impacts of a refugee presence on neighboring countries are complex and context-specific, they are not necessarily only negative. The economic impacts of refugee presence on neighboring countries have been both negative (e.g. uncompensated public expenditure and burden on the economic infrastructure) and positive (e.g. stimulated local economies by increasing the size of local markets and reducing commodity prices). The positive contributions that refugees can make to the economy of host countries should be viewed in terms of winners and losers among both refugees and host populations. Development assistance targeting areas affected by displacement can play a strategic role in mitigating negative impacts and increasing the positive impacts of a protracted refugee presence on host countries.

Rather the study will merely try to indicate facts on the status of living standards by measuring access to basic services using well defined indicators in the two communities and compare against the globally accepted indicators. The study also tries to investigate if policies or guidelines are in place to ensure logical and acceptable service delivery and assistance to host communities during humanitarian assistance delivery in refugee programs.

To the researcher knowledge no similar study have been conducted in Ethiopia refugee camps, except few to mention some studies include; the Impact of refugee settlement on woodland resource , The case of Sherkole Refugee Camp by Getachew Fetene 2008, and Repatriation of

Maban refugee from Sherkole Refugee Camp by Tigist Girma (2007), which are not directly related to the center of this study comparison of access to basic service, but other related studies were conducted in other countries like Kenya, Ghana and Syria focusing on the impact of refugees on host communities in these countries. Other more related study focusing on refugee hosting community done by Kristoffer in Kakuma refugee hosting community indicating the positive and negative impacts and underlining that lack of development and livelihood opportunities in the host community is a great challenge for promoting coexistence between host and refugees.

4. OBJECTIVES OF THE STUDY

4.1 General Objective

The general objectives of this study is to show the status of the basic needs and services and the associated infrastructure and livelihood opportunities to fulfill the basic needs in to different communities i.e. refugee and hosting communities who interact on different socio-economic activities on daily basis

4.2 Specific Objectivities

- To study the level of access basic needs/services (food, education, Health, Water, Shelter and livelihood Options) in refugee camps and their immediate hosting/local communities
- To make comparison on level of access to basic service in refugee camps and host communities and against the globally accepted standards and the current country average
- Indicate the extent and level of cooperation and interaction in accessing basic needs/service and livelihood between refugee and hosting communities
- Investigate if policies or guidelines are developed to ensure the host communities are also considered and targeted when planning and implementing humanitarian assistance to refugee program

5. METHODOLOGY- SAMPLING TECHNIQUES, DATA COLLECTION TOOLS

5.1 Indicators

An indicator is a variable or measurement conveying information that may be qualitative or quantitative, but which is consistently measurable. By assessing compliance with international human rights, they support the process of verifying positive or negative impacts. Indicators are a means to identify changes and measure short and long-term impacts. They assist in the identification of risks and warn of potential violations

This study will consider the globally accepted or recommended standards and indicators associated with basic need when comparing the status of these needs between refugee community and host communities living in and around Sherkole refugee camp. Though different countries and agencies use different list of basic need this study will consider different parameters on the following needs;

1. Food Security : (Availability, access, and utilization)
2. Education : (Gross Enrollment Ratio in primary and secondary education; Teachers, Schools, Student-Section ratio, Pupil- teacher ratio, Percentage of female student)
3. Health : (Life expectancy, cause of mortality morbidity, selected infectious diseases, health service coverage, risk factors, health workforce infrastructures and essential medicines, and health expenditures)
4. Safe drinking water and sanitation facilities (water supply, sanitation and hygiene promotion, excreta disposal, vector control, and waste disposal)

5.1.1 Food Security

Food security is defined as Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. (World Food Summit 1996)

In 1996, the formal adoption of the Right to Adequate Food marked a milestone achievement by World Food Summit delegates. It pointed the way towards the possibility of a rights based approach to food security. Currently over 40 countries have the right to food enshrined in their

constitution and FAO estimates that the right to food could be judicial in some 54 countries (FAO 2007),

FS Indicators includes:

- Food security (food acquisition , dietary diversity, Household Food Insecurity Access Scale HFIAS);
- Income and consumption/expenditure patterns;
- Coping mechanisms.

The food security indicator survey will mainly use the HFIAS tool because it allows the extent and severity of food insecurity at household level to be assessed and is a useful measure for comparing food access across different population groups suiting with this specific study and it is also the only tool that measures a household's direct experience of food insecurity; but is has a limitation In populations where food assistance is frequent, there can be a respondent bias (i.e. the household may report food insecurity in the expectation of hand-outs), to complement this Income and consumption/expenditure patterns and Coping mechanisms will be used together with the key informants like NGO's and government authorities in the study area.

5.1.2 Education

Education is one of the fundamental rights mentioned in UDHR 1948, and one of Millennium Development Goal (MDG) was to achieve universal primary education which envisioned that that all boys and girls complete a full course of primary schooling; Further, education – specifically free primary school for all children – is a fundamental right to which governments committed themselves under the 1989 Convention of the Rights of the Child (CRC).

Though there is through and detailed indicators list looking from age, gender, teachers education infrastructure, and government expenditure I will only some of the indicators which I believe will be enough to address the objective of my study. The following are indicators and their definition which will be employed in the study based on UNESCO, Education Indicators Technical Guideline 2007;

ADULT LITERACY OR ILLITERACY RATE :

Definition: The percentage of population aged 15 years and over who can both read and write with understanding a short simple statement on his/her everyday life. Generally, 'literacy' also encompasses 'numeracy', the ability to make simple arithmetic calculations. Adult illiteracy is defined as the percentage of the population aged 15 years and over who cannot both read and write with understanding a short simple statement on his/her everyday life.

GROSS INTAKE RATIO (GIR) IN THE FIRST GRADE OF PRIMARY:

Definition: Total number of new entrants in the first grade of primary education, regardless of age, expressed as a percentage of the population at the official primary school-entrance age.

Purpose: To indicate the general level of access to primary education. It also indicates the capacity of the education system to provide access to grade 1 for the official school-entrance age population.

NET INTAKE RATE (NIR) IN THE FIRST GRADE OF PRIMARY:

Definition: New entrants in the first grade of primary education that are of the official primary school-entrance age, expressed as a percentage of the population of the same age.

Purpose: To precisely measure access to primary education by the eligible population of primary school-entrance age.

GROSS ENROLMENT RATIO (GER):

Definition: Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year.

Purpose: To show the general level of participation in a given level of education. It indicates the capacity of the education system to enroll students of a particular age group. It can also be a complementary indicator to net enrolment rate (NER) by indicating the extent of over-aged and under-aged enrolment.

NET ENROLMENT RATIO (NER):

Definition: Enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population.

Purpose: To show the extent of coverage in a given level of education of children and youths belonging to the official age group corresponding to the given level of education.

PUPIL-TEACHER RATIO (PTR)

Definition: Average number of pupils (students) per teacher at a specific level of education in a given school year.

Purpose: To measure the level of human resources input in terms of the number of teachers in relation to the size of the pupil population. The results can be compared with established national norms on the number of pupils per teacher for each level or type of education.

PUPIL-SECTION RATIO (PSR): The average number of pupils/students per classroom in elementary/secondary education in a given school year. PSR it is efficiency indicator

DROUP OUT RATE (DR)

Definition: Proportion of pupils from a cohort enrolled in a given grade at a given school year who are no longer enrolled in the following school year.

Purpose: To measure the phenomenon of pupils from a cohort leaving school without completion, and its effect on the internal efficiency of educational systems. In addition, it is one of the key indicators for analyzing and projecting pupil flows from grade to grade within the educational cycle.

5.1.3 Health

Similar to the education indicators the indicators list for health is long but again for the purpose, relevance and context as well as feasibility of this study only some will be employed. The following secondary data will be sought from secondary data;

- The number and type of health infrastructure and health personnel information for specific study groups, (number of physicians, nurses, community health workers; health posts, clinics, and referral mechanisms)

- Prevalence and occurrence of infectious, epidemic and other diseases including nutritional disorders in the study area.
- Maternal, infant and child health service delivery data (Antenatal, and postnatal care, assistance during delivery)

5.1.4 Water, Hygiene and Sanitation (WaSH)

- Percentage of population using ‘basic’ drinking-water
- Percentage of population using ‘basic’ sanitation
- Percentage of population with ‘basic’ hand washing facilities with soap and water at home
- Percentage of pupils enrolled in primary and secondary schools providing basic drinking water, basic sanitation, hand washing facilities with soap and water, and menstrual hygiene management facilities
- Percentage of beneficiaries using health facilities providing basic drinking- water, basic sanitation, hand washing facilities with soap and water, and menstrual hygiene management facilities

5.2 Sampling Techniques and Sample Size

The sampling frame for this study will include both the host community and refugee camp households. Probability and non-probability sampling techniques will be employed to draw sample from the host community and refugee camp households. To conduct formal survey the researcher will draw respondents using multi-stage stratified cluster sampling techniques. In the first stage, the researcher will select study Kebles. Hence based on accessibility and close relationship between the host community and refuge campus five Kebles from the host community and six zones from the refuge campus purposely will be selected. At the same time using the same criteria one village from each Keble and one block from each zone purposely will be selected. In the third stage using the formula presented below a researcher will determine a respondent sample size of each category. As a result the total sample size will be 145 and then following the probability to proportional sampling method each Keble and block sample size will be determined. This method guarantees the representation of the sample size in the population

and improves inference accuracy made to the whole population. Finally, from each Keble and block the respondents will be selected using a systematic random sampling technique. The proportional share of each town is depicted in table 4 and 5.

$$n = \frac{(X^2 * N * p * q)}{(ME^2 * (N - 1)) + (X^2 * p * q)}$$

Where:

n = Sample Size; N = Number of HH in refugee camp zones and host community Kebles;

X^2 = Chi-square for the specified confidence level at 1 degree of freedom (for 95% $X^2=1.96$)

p = the probability for an event to occur (0.5); q = the probability for an event not to occur (0.5)

ME = desired margin of error (0.08)

Source: Kerjan and Morgan, 1970

Distribution of respondents' HH sample size

| Sr. No. | Study Keble/Block | Total HH | Proportion | Sample size |
|-----------|--------------------------|-------------|------------|-------------|
| I | Refugee Camp Zone | | | |
| 1 | Zone A | 403 | 11% | 11 |
| 2 | Zone B | 543 | 15% | 15 |
| 3 | Zone C | 761 | 21% | 21 |
| 4 | Zone E | 696 | 19% | 19 |
| 5 | Zone F | 1001 | 27% | 28 |
| 6 | Zone G | 297 | 8% | 8 |
| | Refugee total | 3701 | 70% | 102 |
| II | Host Community | | | |

| | | | | |
|-----------------------------|-----------------|-------------|-------------|------------|
| 1 | Ashura | 266 | 17% | 7 |
| 2 | Jimma | 215 | 14% | 6 |
| 3 | Sherkole | 481 | 30% | 13 |
| 4 | Alfashir | 147 | 9% | 4 |
| 5 | Shula | 475 | 30% | 13 |
| Host Community Total | | 1584 | 30% | 43 |
| Grand Total | | 5285 | 100% | 145 |

5.2 Data collection

The study conducted in Sherkole refugee camp hosting communities living around the camp. Refugee population living in six zones of Sherkole refugee camp, and local hosting communities living in five hosting Kebele neighboring the camp will be interviewed using structured questionnaire tailored to probe on the six basic needs mentioned i.e FS, Education, Health, WASH, Shelter, while secondary data from NGOs providing service in the camp as well as regional government office and NGOs undertaking provision of services for the local communities are interviewed using key informant tools and also reports from UN, regional government office as well as NGOs used. In addition to this visit to main available basic infrastructures services like health centers, schools market in both communities will be done systematically.

Approval and cooperation from the concerned government refugee agency ARRA and local administration agency will be requested before starting the study. For the primary data collection data enumerators from refugee and host communities will be selected and trained on the data collection.

6. Data Processing and Analysis

The completed questionnaires will be carefully verified and categorized based on status and data entry procedure for analysis using SPSS/ Excel will be done carefully and the out coming finding are presented separately, and compared against each other and compared with the minimum standards set globally under different settings for the two study population. Data collected from

secondary source will be presented as fact and also as indicator for comparison of the two communities.

7. Outline of the final dissertation

The first chapter will be introduction on what basic services is for refugee and hosting communities and brief explanation on convention basic rights as well as the contextual facts of the socio economic background of the study area and the general trends in terms of development or change. It will give background highlight on the socio economic of the study groups mainly based on secondary data.

The second chapter will present literature review and briefly explain what are minimum standards and indicators on basic needs/services i.e. Food Security, Education, Health, safe drinking water and Sanitation and Hygiene, Shelter.

The third chapter will clarify about the data collection, sample design and analysis of the primary and secondary data.

The fourth chapter will present the findings from secondary data and comparison against some globally set standards on basic services

The fifth chapter will summarize the major findings and conclusion to indicate the areas which have to be considered for policies and approaches by concerned government office and humanitarian agencies involved in planning, implementing and supporting both humanitarian and development activities in and around refugee camps in the country.

8 Work plan and Budget

8.1 Work Plan

Table 2 Research Activities and duration

| No | Activities | Duration |
|----|--|-------------------------------|
| 1 | Questionnaire Development | August 25-September 19 , 2015 |
| 2 | Conduct Training to Enumerators | September 21-25/2015 |
| 3 | Literature Review | August 25- October 15, 2015 |
| 4 | Primary Data Collection | September 29- October 10,2015 |
| 5 | Secondary Data Collection | August 25-September 19 , 2015 |
| 6 | Coding and Data Entering | October 10- 25/2015 |
| 7 | Data Processing and Analysis | October 26- November 10,2015 |
| 8 | Thesis Writing and Submission of first Draft | November 12-24/ 2015 |
| 9 | Thesis Refinement | December 1- 5/2015 |
| 10 | Final Submission and Presentation | December 14- 15/2015 |

8.2 Budget Requirement

Table 3 Cost Summary

| Cost Title | Total Expense (ETB) |
|-------------------------|----------------------|
| Stationary | 3000 |
| Personnel | 5000 |
| Perdiem | 8500 |
| Travel expense | 2500 |
| Miscellaneous expenses | 1000 |
| Sub-Total | 20,000 |
| Contingency (5%) | 1000 |
| Grand Total | 21,000 |