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Emergency Plan of Action Preliminary Final Report

Ethiopia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal: MDRET015	Glide number: OT-2014-000001-ETH
Date of Issue: 29 April 2016	Date of disaster: 15 December 2014
Operation start date: 22 December 2014	Operation end date: 31 January 2016
Host National Society: Ethiopian Red Cross Society (ERCS)	Operation budget: 756,349.40
Number of people affected: 269,624	Number of people assisted: 47,100 persons
N° of National Societies involved in the operation: IFRC, ICRC, Swiss Red Cross	
N° of other partner organizations involved in the operation: UN Refugee Agency (UNHCR), Ethiopian Government Administration of Refugees and Returnees Affairs (ARRA), UNICEF, World Food Programme (WFP) International Organization for Migration (IOM), World Health Organization (WHO), Norwegian Refugee Council (NRC), Danish Refugee Council (DRC), ACF, Médecins	

A. Situation analysis

Description of the disaster

The conflict between government and opposition forces in Juba (South Sudan) broke out on 15 December 2013 and quickly spread to other areas. Despite repeated ceasefire agreements and peace negotiations, the conflict still continues, affecting over 4 million people resulting in severe humanitarian crises within the country and neighbouring countries border areas. Since December 2013 up to 1.6 million people have been displaced internally, while 642,199 South Sudanese have moved across borders, including 269,624 to Ethiopia (UNHCR Update, 27 Nov 2015).

The refugees continue to arrive in Ethiopia, mainly in to the Gambella Regional State through 3 border entry points citing fighting, food insecurity, human rights abuses and lack of basic services as the main reasons for their flight. The average monthly arrival rate from the onset of emergency reached thousands per week, however these numbers have fluctuated according to rainy seasons and conflict patterns in South Sudan.



Fig 1: ERCS volunteers demonstrating hand washing during World Refugee Day in Jewii Camp, Oct 2015 (Source: ERCS Gambella Appeal team)

In late May 2015 the relocation of refugees from Leitchor to Jewii camp was agreed and completed by ARRA, UNHCR and IOM. As a result, the planned activities in the Emergency Appeal were moved to the new location which enabled ERCS to focus their operation and continue providing support to the same beneficiary group. The relocation resulted in delays to the entire humanitarian community while the refugee communities were setting up new homes in Jewii and agencies scaled up their presence in Jewii while closing their operations in Leitchor. Throughout the relocation, ERCS supported the transition with the provision of ambulance services to accompany the most vulnerable being transported by helicopter.



Fig 3: Red Cross site in Jewii refugee camp FA training for Volunteers

The IFRC, on behalf of the Ethiopian Red Cross Society would like to extend many thanks to the American Red Cross, Austrian Red Cross, Canadian Red Cross Society / Canadian Government, Red Cross Society of China (Hong Kong branch), Danish Red Cross / Danish Government, Finnish Red Cross, Japanese Red Cross, Netherlands Red Cross / Netherlands Government, Spanish Red Cross and Swedish Red Cross Societies their generous financial and in kind contributions to this operation.

The final report will be included in the final report.

Summary of response

Overview of Host National Society

The ERCS is represented in Gambella by the Regional Branch Office located in Gambella town. Above and beyond the current refugee influx situation, ERCS regular programming activities include branch development and income generation projects, membership and youth development, dissemination, First Aid, RFL, ambulance service for Gambella town, dissemination of Red Cross Fundamental principles and IHL and emergency response throughout the region as and when emergencies occur.

Compared to the size and scope of challenges facing Gambella and the workload, the ERCS Gambella Regional branch had a relatively small structure and limited resources available, including staffing. Currently the branch consists of the Branch Secretary, a Programme Coordinator, 2 tracing officers, 1 DVM Officer, 1 Finance and Administrative head, 1 accountant, in addition to a small number of support staff (drivers, secretaries, storekeeper, guards etc.). A number of staffs are dedicated to the resilience project, supported by the Swiss Red Cross. In addition, the branch has approximately 30 Red Cross volunteers based in Gambella town available to be deployed in emergency response and who have supported the current refugee crisis, in addition to approximately 20 volunteers involved in RLF activities in the camps.

The branch has limited physical infrastructure as well as an incomplete building which house its main office and warehouse. There are no sub-branches at other administrative levels, leaving the entire Gambella region to be covered from Gambella town. As a result, there is a clear gap in capacity to respond effectively and the necessary operational skills to ensure adequate implementation, follow up, monitoring and supervision of an increasingly complex set of activities. Setup for adequate operations support at field level was in place by May, an Emergency Appeal Unit (1 PMER Officer, 1 Refugee Coordinator, 2 Field Officers, 1 Finance Officer and 2 drivers) operated at branch level and was joined by an IFRC Operations Support Delegate in June.

Experiences from implementing the DREF as well as the appeal operation demonstrated that the branch has improved its capacity and project management skill. Since the refugees are still in country, a new project proposal related to sustainable community based health intervention using CBHFA volunteers has been developed by the branch and has secured funding for the next 11 months.

Overview of Red Cross Red Crescent Movement in country

There is a strong presence of the Red Cross Red Crescent Movement in Ethiopia. The IFRC had a Country Representation Office (until 2015 now defunct). In addition, the IFRC has its Humanitarian Diplomacy/African Union (AU) office in Addis Ababa. The ICRC has a delegation with one sub delegation in Tigray and an AU office. Partner National Societies with established partnership arrangements with ERCS and based in Addis include the Austrian, Canadian, Netherlands, Spanish, Swedish and Swiss Red Cross Societies. Partner National Society (PNS), ICRC and IFRC support with financial and technical support in organisational capacity building, disaster management, water and sanitation, health and resilience programming. Movement engagement in Gambella until the influx of refugees, besides the proposed Swiss Red Cross programme, were limited to basic RFL, detention and tracing activities as part of ICRC and ERCS core engagement.

In December 2013, ERCS signed a 3 year resilience (integrated OD components) programme contracts for Gambella with the Swiss Red Cross. Despite delays in actual planned programme due to the influx of refugees and on-going precarious humanitarian situation in the areas, Swiss Red Cross continues to support the branch structure in Gambella and some activities in surrounding kebeles. During the implementation of the DREF operation, Swiss RC supported ERCS with complementary/supplementary assistance (relief items, ambulance services, an Operation Delegate and financial support to branch operations costs). Swedish Red Cross provided support to emergency assessments in addition to funding for health activities under the appeal. Austrian Red Cross seconded a delegate to support the 2nd emergency assessment.

ICRC continues to monitor the situation and developments in Gambella region and supports the ERCS branch capacity developments. In addition to RFL activities outside the camps, ICRC supports ERCS in tracing activities in existing camps. ICRC recently conducted a livelihoods intervention for host communities providing 2,700 vulnerable households in Itang woreda with seeds and tools.

Coordination and partnerships

IFRC, ICRC and PNSs participate in regular coordination meetings convened by ERCS. All issues including potential bilateral and multilateral actions are discussed. IFRC, ICRC and ERCS attend UNHCR refugee taskforce meetings. IFRC attends HINGO meetings. IFRC, ICRC and ERCS are observers to the UN's Ethiopia Humanitarian Country Team (HCT). Additionally, IFRC convenes regular coordination meetings in Nairobi with ICRC and PNS representatives to share updates on the situation in Ethiopia and neighbouring countries and Movement action to date.

There are currently a wide range of INGOs and agencies present in Gambella. UNHCR is coordinating the overall humanitarian response in collaboration with ARRA (Administration for Refugee and Returnee Affairs) and with support from multiple sector lead agencies, under the Refugee Coordination Model. Coordinated responses have been undertaken in all sectors, including: registration, emergency food rations, relief item packages, transportation away from the border areas, water/sanitation, health and nutrition services, protection, education and shelter. Transit centres have been established at the entry points.

During the response, the ERCS worked with MSF, ACF, LWF, ADRA, RaDo, Help Age and UNICEF in the sectors of water, sanitation and health. In August 2014, the National Society engaged in child protection project through an

agreement with UNICEF for 1 year collaboration in the Gambella region. Additionally, ERCS was contracted by UNICEF to carry out hygiene and environmental sanitation activities in Leitchor camp for 6 months.

In general, there was good harmonization of approaches and coordination of operations have existed with the majority of stakeholders.

Overview of Host National Society

Needs analysis and scenario planning

Several rapid needs assessments were conducted by Movement partners from the onset of the emergency until early November 2014. The assessment laid the foundation for the activities included in the Appeal. Based on lessons learned from the 2014 DREF operations, ERCS and IFRC focused on activities within existing technical capacity of the branch and comparative advantage of the Red Cross movement in areas identified through analysis and request from local authorities for ERCS presence.

From the onset of the operation, areas identified as key locations were camps in Leitchor, Tierkidi, Kule, NipNip and Pugindo in addition to the entry points at Akobo, Pagak, Matar and Burbuiy. Detailed accounts of assessments are found in full Appeal document. Below is the summary of the main needs which informed the activities included in the appeal activities and implemented according to available funding.

Water, sanitation and hygiene promotion

- Access to safe water according to SPHERE standards complemented by water trucking. Due to annual flooding cycles, location of the camps and the high number of displaced population, increased rates of diarrhoea are expected during the upcoming rainy season.
- Latrine/people ratio in camps has improved significantly with several partners including NRC, Oxfam, MSF-H and ICRC, construction communal shared latrines. Open defecation has been observed throughout the new camp with a concentration of open defecation around latrines and on latrine slabs. So in addition to insufficient number of latrines, there is indication of lack of knowledge on how to properly use a latrine.

Health and Care

- Gaps in medical personnel and supplies in Gambella regions remains a challenge, to ensure coverage of the needs of the large refugee population as well as host communities. ICRC has been supporting Gambella hospital with hardware and primary health actors (MSF, IMC etc.) continue operations in the area.
- Malaria is endemic in Gambella and is projected to increase in caseloads during the upcoming rainy season. Several distributions of long lasting insecticide nets (LLIN) have been done although poor bed net utilization remains a concern. Due to lack of appeal funding, ERCS has not been able to procure mosquito nets as planned.
- There is a high need for proper mental health services identified which local health facilities are unable to provide. However, IMC has started providing essential mental health, psychosocial and SGBV support and is planning to scale up its operation due to high demand.
- The high need of ambulance/referral services between camps and from camps to clinics and hospitals remains a critical need. Since the influx of refugees continues, transfer from entry points such as Pagak will be a crucial lifesaving activity. ERCS has been operating with 2 ambulances at Leitchor camp which has been transferred to Jewii camp. This service is directly partnered with MSF (in Leitchor) and ARRA (in Jewii) for referrals.

Nutrition and Food Security

- Food security remains a major concern amongst both refugees and host communities. Floods ruined many host community yields in 2014 with the additional burden of hosting refugees (perceived as relatives) contributing to further deterioration of coping mechanisms.
- To date, refugees arriving at entry points are increasingly in critical nutritional condition, seriously lacking adequate food and drinking water. Due to the second year of on-going fighting in South Sudan and rapidly decreasing access to food, it is a likely case scenario that a new influx of refugees will arrive in worse conditions than last year. As the refugee crisis enters a protracted stage, the increased population in Gambella is likely to continue to create competition in the region for firewood, wild food, water, and other resources thus resulting in increasing food insecurity of the local population and stretching resources for services provided to refugees.

- Monthly general food distributions in camps (including the new location of Jewii) have seen inconsistencies due to logistics and supply chain issues. Despite these serious challenges, WFP with ARRA have managed to continue in camps as well as at entry points. Nutrition partners (WFP, GOAL, ACF and Concern Worldwide) provide blankets and targeted supplementary feeding programmes in Tierkidi, Kule and Nipnip camps. However, there may be pipeline breakdowns later in the year due to resources being scarce as a result of the high number of global emergencies.
- An inter-agency nutrition action plan is in place and efforts are underway to increase Infant and Young Child Feeding practices and the use of breast milk.

Shelter and Settlements

- Flooding is a main challenge in all camp settlements, as is the provision of adequate shelter to meet SPHERE standards to all refugee households.
- Due to the intensity of flooding in Leitchor the entire population has been moved to Jewii which is considered a less risky location. The majority of the population of Nipnip, along with some new arrivals, have also been allocated spaces in Jewii camp.
- All entry points (Matar, Pagak, and Burbiey) will remain extremely precarious during the upcoming rainy season with only temporary and communal arrangements in place and insufficient service providers for the increasing populations.

Protection

- Among the new arrivals were women and girls who survived sexual and gender-based violence (SGBV) during the crisis in South Sudan, either at home or during flight. Activities to prevent and respond to SGBV among women and men, boys and girls remain priority.
- Another need identified is safe recreation spaces for children, particularly after recent cases of drowning in the flooded areas. Save the Children is a key partner in this regard.

Restoring of Family Links:

- ERCS/ICRC conducted several RFL Assessments in the Gambella camps from January 2014 onwards. These showed that a high number of children have been separated from their parents were generally accompanied by an extended family member but there are also many unaccompanied children. A number of coping mechanisms exist that the refugees use to re-connect with their family members, the main one being sending messages through travelling persons. These are, however, not sufficient, and thus the ERCS/ICRC RFL Team continues to working across all camps (Pugnido, Kule, Tierkidi and Jewii) to augment their options (phone services, Red Cross Messages, Red Cross snapshot books and cross-border tracing).

Risk Analysis

Since December 2013, 208,079 people have arrived in the Gambella region of Ethiopia and the numbers continue to rise with an average of 200 new arrivals per day. Although it was expected that the number of new arrivals will decrease during the rainy season, it is anticipated that a continuous steady influx will resume once the rains have subsided.

With the outlook for peace and the prospect of returning home bleak, combined with the rainy season and heightened food insecurities in South Sudan itself, the humanitarian situation facing the refugees is significantly under stress. UNHCRs 2015 planning figures amounts to a total number of 350,000 refugees by the end of 2015.

The following constraints for the design and implementation of the refugee response operation were identified:

- Whereas Nipnip and Leitchor has been closed and population moved to Jewii, the implementation of a smoother relocation has seen several major challenges in regards to infrastructure and provision of safe water and sanitation in the new location now hosting 48,101 individuals. Consequently the on-going appeal operations in fact re-engaged in a phase 1 emergency response due to the conditions in the new location; the reality is that operationally it is similar to responding to a new influx.
- Increased concerns of disease outbreaks (Acute Watery Diarrhoea and Hepatitis E) due to the above lack of adequate provision of essential Watsan services in Jewii camp.

- Uncertainty about opening a new camp (Pugnido 2) due to insecurities has meant that entry points (Akobo and Pagak) hosts a rising number of new arrivals of new camps beyond the carrying capacity of the humanitarian response set up in these locations.
- Significant logistical and access constraints during raining season requiring helicopters or boats to move around. As such, the logistical support to any operation will not only be challenging and expensive, but also under the risk of being ineffective if the population are moved into new locations such as Pugnido 2 in the future given its lowland flood prone location.
- Lack of funding for silent disasters which are not quiet to those impacted, but they often fail to capture the public attention or funds needed to provide essential support for the millions of people affected. Significant resources are required in order to meet the immediate needs and reduce the impact of inevitable risks and shocks, such as diminished nutritional status, disease outbreaks, and lack of basic needs including food, water and shelter, and healthcare. The entire humanitarian sector, including RC movement, is struggling to find resources for this refugee crisis.

B. Operational strategy and plan

Overall Objective

Reduce the health risks of the South Sudan refugee population and host communities in Gambella through the provision of first aid, referral service, community-based health, and hygiene and sanitation promotion in Leitchor camp, Ningang and Pagak entry point, followed by Jewii refugee camp (after relocation).

Proposed strategy

The overall strategy was to provide lifesaving services to refugees in Leitchor (before relocation) and Jewii camp (after relocation). Specifically, these activities include health and hygiene promotion, environmental sanitation, First Aid capacity building (all through refugee volunteers) and ambulance referral services.

Given the level of uncertainty of the conflict in South Sudan, including the number of potential new arrivals, this operational strategy was built to be flexible and adaptable but also to ensure sustained lifesaving services to the refugee community we have been serving for over a year now.

ERCS emergency response activities are demonstrating added value and have been requested by other stakeholders such as ARRA and MSF. The specific activities in the appeal reflect this focus: the provision of first aid, hygiene and health promotion and environment sanitation campaigns as well as ambulance referral services.

Population to be assisted and beneficiary selection

ERCS focused its work in Leitchor camp but also followed the beneficiaries to Jewii camp after the relocation were completed. Although it was initially intended to expand activities to entry point and host communities in surrounding areas, logistics and funding constraints has resulted in a more streamlined and narrow operation.

According to the most recent UNHCR data, a total number of 47,101 individuals have been relocated to Jewii from the now-closed Leitchor and Nipnip camps. 58% of them are below 11 years old. Initially it was intended to include host communities of Ningang (surrounding Leitchor camp) in the appeal activities. Due to the relocation this plan has been altered to focus solely on the Jewii camp population whilst engaging with other actors, including ICRC, on plans for support to host communities.

Operational support services

Human resources (HR)

Setup for adequate operations support at field level was in place by May, an Emergency Appeal Unit (1 PMER Officer, 1 Refugee Coordinator, 2 Field Officers, 1 Finance Officer and 2 drivers) operated at branch level and was joined by an IFRC Operations Support Delegate in June.

Whereas the Operations Unit was fully staffed from May to October, resignation of key staff, posed some challenges for the continuation of the achievements reached in operational management at field level. As a solution and as part of

the phase out strategy, the Branch Programme Head was engaged as acting Coordinator to ensure that the activities were well supported.

Logistics and supply chain

With the support of the Swiss Red Cross, the ERCS has finalized installation of a 10x32 metres rub hall in Gambella branch. This is utilised for pre-positioning of essential relief (NFI and WASH) supplies for emergency preparedness and response. The appeal has funded the procurement of 63,000 bars of soap (60,000 laundry and 3,000 body) and 1000 hygiene kits (reduced from 2000 due to funding constraints) for distribution to refugees communities and new arrivals.

63,000 bars of soap (60,000 laundry soap and 3,000 body soaps) procured and an estimated 53,00 bars of soap were distributed in 3 rounds to approximately 7,297 selected vulnerable refugee population groups i.e., the disabled, bedridden and elderly, pregnant and lactating mothers. Among the beneficiaries, the majority (70.4%) were females and the remaining 29.6% were males. The beneficiaries are selected together with other actors such as Help Age International (elderly and bedridden refugees), RAdo (Disabled refugees), and ACF (Pregnant and Lactating mothers). However, some discrepancies have emerged between the reported and actual distribution list. Stock monitoring was done to check the inconsistency of soap distributed and beneficiaries list. Followed by ERCS procedure, the auditor has been sent for further investigation.

Challenges with stock management were identified during a routine stock take in end of October. Gaps between reported distributed soap and hygiene kits was identified and reported as per NS procedures to ERCS Regional Branch, IFRC and ERCS HQ. To ensure accountability procedures were followed, ERCS launched an internal audit which resulted in a report and action taken by ERCS senior management to address the cover of the gap of estimated 10,000 bars of soap.

The planned procurement of 2 ambulances was reduced to 1 which was received by the branch in November 2015. Two (2) motor bikes were procured in June and handed over to the regional branch.

Communications

IFRC region and zone office provided support to the IFRC Country Office and ERCS appeal team with communication and advocacy activities, through highlighting the plight of refugees and host communities in Gambella regionally and globally. Already established partnerships with key communications platforms and media houses were activated and aligned to the Silent Disasters campaign.

The purpose of the communication and advocacy activities were:

- To raise awareness of the South Sudan population displacement in Ethiopia and the region and the need for a coherent and coordinated response.
- To raise awareness on the Red Cross addressing critical gaps in the response and ensure the most vulnerable are receiving the humanitarian support they deserve.
- To highlight the Red Cross comparative advantage gained in mobilizing and strengthening volunteer structures as critical components in meeting humanitarian needs.
- To highlight that the approach of this operation is to empower the refugees to improve their own situation through the mobilisation and training of these as volunteers in the Red Cross response.

The IFRC Operation Support Delegate and ERCS PMER officer are collecting human interest stories as well as case studies with key messages, lesson learned and best practices for sharing.

Security

The appeal was extended with an additional month due to expected delay caused by movement restriction during the annual celebration of Nationals and Nationality day in Gambella.

Planning, monitoring, evaluation, & reporting (PMER)

Regular monitoring of activities, as well of the overall situation, is being conducted jointly by ERCS and IFRC, in close coordination and partnership with ARRA, UNHCR and partners since the launch of the appeal.

Initially the planned operations support unit funding by the appeal was to comprise of 2 PMER staff, 1 from ERCS and 1 from IFRC. Due to funding constraints, it was agreed to recruit a dedicated ERCS PMER Officer for the Gambella team with the objective of being in charge of working with the Refugee Coordinator and field officers the

implementation of the monitoring tools for the appeal activities. From IFRC side, the PMER section has been supported by the Country Representative and regional PMER unit in Nairobi. Monthly PMER monitoring updates to ERCS HQ and IFRC are being provided by the appeal team.

In addition to the weekly collection of information and data, monitoring visits from ERCS Headquarters and/or Glabella branch have been programmed to occur at least every 2 months. This provides the opportunity to assess the situation and redirect our objectives as needed. Finally, an external evaluation has already conducted to assess and learn from the response since its start in early 2014.

The appeal team has 2 field officers who spend the majority of their time working with the refugee volunteers including consultation meetings and trainings. In addition, beneficiary satisfaction survey was conducted. This field presence ensured that beneficiary feedback were channelled into the operational adjustments and considerations.

Administration and Finance

A Memorandum of Understanding was signed between the National Society and the IFRC for the implementation of the operation. Through the operation, an ERCS finance officer will be based in Gambella branch that will be in charge of the accounting and will work alongside the IFRC finance team to monitor the operational expenditure and pledge commitments and inform the operations coordinator on over-spending or low implementation risks.

The IFRC has been providing operational support for the review, validation of budgets, bank transfers, and technical assistance to the National Society and also on procedures for justification of expenditures, review and validation of invoices for operational progress.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Outcome1: Program design and implementation is informed by continuous participatory monitoring and assessments	
Output 1.1: The emergency plan of action is updated and revised as necessary to reflect needs.	
Activities planned	
1.1.1.	Undertake a rapid assessment of the situations in camps and entry points
1.1.2.	Conduct regular monitoring of volunteer activities and situation in camp
1.1.3.	Detailed monitoring and assessment with support of Gambella task force and ERCS HQ
1.1.4.	Attend regular coordination meetings with UNHCR, ARRA and other key partners in Gambella, and at camp level
1.1.5.	Establishment of feedback and information posts, and supporting processes and procedures to record, analyse and respond to feedback and complaints (as part of the first aid posts).
1.1.6.	Conduct a final evaluation of the project (Operational Reviews)
Achievements	
1.1.1	A rapid assessment was done in refugee camps and entry points which laid the basis of the appeal. Then, 2 various assessments at different time were done related to ambulance issue requested by UNHCR and ARRA in Matar and Pugnido 2 refugee camps. As a result the EPoA was revised and the time frame extended 2 times (by 4 months).
1.1.2	Daily follow up of refugee camp hygiene and health promotion activities were done by the refugee camp coordinator and hygiene promotion officers assigned in Leitchor camp for the first 6 months of the operation, and then in Jewii camp after relocation of refugees. In this set up, volunteers submitted a daily activity registration form which was compiled and reported by Gambella Refugee Coordinator and IFRC support delegate to the ERCS Focal point on weekly and monthly basis. In total 262 weekly updates, and monthly reports are received from Gambella refugee operation team.
1.1.3	The Gambella focal person at HQ, the IFRC support delegate, IFRC CR, Head of disaster Preparedness and Response department conducted field monitoring activities to support the field staffs. The report of field monitoring was shared to all operation staffs and senior management in order to use for further improvement of the project implementation. In general about 9 (100% of the plan) monitoring reports were shared. The

Monitoring focuses on both planned activities and stock monitoring reports.

- 1.1.4 A field Coordinator attended the refugee coordination meetings regularly in Leitchor as well as in Jewii refugee camps which is coordinated by ARRA and UNHCR. In addition, the Gambella refugee coordinator and IFRC support delegate actively participated in regional level task force and WASH cluster meetings. Most of the Minutes of meetings were shared with HQ taskforce within a week of the meeting and it was helpful to share new information, and to build Red Cross image by explaining our activities to other partners.
- 1.1.5 A Red Cross post was established in mid-June inside Jewii camp. Complaints by volunteers and the beneficiaries were gathered and responded to by field officers during their daily routine activities and monthly meetings. In addition, interviews with target beneficiaries and volunteers were conducted, analysed and feed in to lessons learned for partnership meeting in Gambella.

Health and Care

Needs analysis: Disease prevention through hygiene and health promotion in addition to environmental cleaning campaigns and lifesaving ambulance services continues to be an essential part of the basic needs of the refugee population in Gambella.

Population to be assisted: Activities has been focused on the population of Leitchor camp and through a footprint approach, our emergency response team has accompanied the same beneficiaries to the new camp (Jewii) and has provided essential lifesaving assistance to the same families in their new location.

Outcome 2: The immediate risks to the health of affected populations in Leitchor camp, Ningnang and Pagak entry point are reduced.

Output 2.1: The population in Leitchor, Ningnang and Pagak has access to first aid through 1 posts and referral services with 2 vehicles.

Activities planned

- 2.1.1. Establishment of Red Cross post in Jewii camp
- 2.1.2. Conduct first aid training for volunteers
- 2.1.3. Provide ambulance services for transport of patients from primary to secondary care using three ambulances.
- 2.1.4. Provide ambulance service for transportation of injured/ill persons within Leitchor/Ningnang and Jewii camp

Achievements

- 2.1.1 ERCS has established a presence in Jewii camp where the allocated compound has been fenced, an office and ambulance driver accommodation tent erected as well as an emergency latrine constructed. The Red Cross post is used for soap distributions, RFL activities, meetings and trainings with volunteers and ambulance station.
- 2.1.2 A total of 64 volunteers (50 refugee volunteers, 12 ambulance attendants and 2 drivers) were trained on basic First Aid for 5 days in two sessions, which is 114% from planned. Furthermore, the trained volunteers are equipped with First Aid kits and provides a First Aid service for 188 (Male 109, Female 79) emergency cases with in the last 3 months.
- 2.1.3 Two (2) existing ERCS ambulances were assigned in Leitchor camp and continue to operate in Jewii camp. In September the newly procured ambulance arrived and replaced 1 of the existing ERCS ambulance vehicles. These provides 24 hour referral service for the refugee & host community referral patients from MSF clinic to Gambella Hospital or other nearby health facilities. A total of 494 patients (273 Males and 221 Females) with malaria, TB, and other emergency cases including delivery complications were supported with referral services by the ERCS ambulances.
- 2.1.4 Provide ambulance transportation service (within the camp) for 151 (96 Male and 55 Female) patients from their homes to the nearby clinic using the existing 2 Ambulance vehicles. This is low because there is another Ambulance vehicle deployed from ARRA in Jewii camp to provide a service within the camp. In addition, the Ambulance service within the camp interrupted more than two months in previous refugee camp (Leitchor) due to flooding and in Jewii due to the closure of MSF clinic.

Output 2.2: Community-based disease prevention and health promotion is provided to 60% of population in

Leitchor, Ningnang and Pagak followed by 100% in Jewii camp.**Activities**

- 2.2.1. Train ERCS refugee and host community volunteers on integrated health and hygiene promotion.
- 2.2.2. Deployment of RDRT specialized in Health
- 2.2.3. Conduct health sensitization sessions with community members (including nutrition education).
- 2.2.4. Procurement of mobile cinema equipment
- 2.2.5. Production, translation and printing of Information Education Communications (IEC) materials.
- 2.2.6. Conduct house to house health promotion
- 2.2.7. Use of mobile cinema to support distributions and epidemic control campaigns

Achievements

- 2.2.1 The health and hygiene promotion activities are integrated in the new camp (Jewii) due to demarcation of refugee camp for all actors by zone. The existing ERCS volunteers are also distributed in different zones after relocation. Therefore, 20 volunteers (of which 57.5% are Female) selected from the existing health promotion volunteers and new volunteers were trained on integrated health and hygiene promotion in Jewii camp.
- 2.2.2 A Health RDRT was deployed during the month of March and contributed to the revision of the plan of action and coordination mechanism within the camp. The support was not satisfactory due to short period deployment. However, the IFRC support delegate was in place starting from June 2015 and contributes a lot for the good achievement of the operation.
- 2.2.3 Health sensitization sessions were organized 9 times for refugee community members during public gathering such as religious celebrations, annual hand washing day, and food ration distribution days (in total 9 sessions during the operation period). During these days hygiene and health promotion messaging were provided to 18,645 refugee people. In addition, 250 brochures were distributed. The messages in the brochure includes; hand washing practices in four critical times, proper use of latrine and proper disposal of child's faeces.
- 2.2.4 Not done, due to late start of procurement and lack of technical capacity to identify the type and specification of equipment's.
- 2.2.5 Five (5) sets (60 pictures each) of hygiene promotion kits are produced and distributed to ERCS volunteers. These will help volunteers to disseminate hygiene promotion messages to the community.
- 2.2.6 Integrated Health and hygiene promotion activities were done using refugee health and hygiene promotion volunteers, and reached cumulative number of 19,113 households (average 1470 household/month) or 51,007 people (average 3924 people/month) by using house to house visit method. The most prevalent diseases in the refugee camp i.e. malaria, diarrheal diseases and upper respiratory infections have given more focus during health promotion activities. Furthermore, ERCS volunteers have been assisting patients who are simply staying in their home to seek medical attention in the nearby clinics. When needed, these were linked to the ambulance service.
- 2.2.7 Not done, due to unavailability of the equipment on time.

Water, Sanitation and Hygiene Promotion

Outcome 3: The risk of water, sanitation- and vector-borne diseases is reduced among affected communities in Leitchour camp, Ningnang and Pagak, followed by Jewi camp, Gambella region.

Output 3.1: Sanitation and hygiene promotion campaigns are provided to 60% of the population in Leitchor/Ningnang and Pagak and followed by 100% of Jewii camp.

Activities

- 3.1.1 Volunteers in the target population are trained on integrated health and Hygiene promotion which meet Sphere standards in terms of safe drinking water management, environmental sanitation, epidemic control and health education.
- 3.1.2. Mobilize targeted communities to carry out environmental sanitation activities such as latrine cleaning, drainage, vector control, and solid waste removal.

3.1.3. Based on the assessment, design and print appropriate Information Education Communications (IEC) materials for hygiene promotion

3.1.4. Carrying out a campaign on priority hygiene and sanitation issues using appropriate channels of communication and methods, including house to house visits.

3.1.5. Delivery of mobile cinema in support of hygiene and sanitation activities

3.1.6. Procurement of protective gear for volunteers and cleaning materials

3.1.7. Procurement and distribution of soap to households settled in Leitchor or relocated in Jewii camp.

Achievements

3.1.1 Refresher training on hygiene promotion was given for one day for 300 refugee community volunteers in Leitchor camp before relocation. Moreover, 20 volunteers are selected and trained on integrated health and hygiene promotion in the new camp – Jewii (after relocation). In addition, training on WASH has been given for 73 school hygiene club members (53 students and 20 teachers)

3.1.2 Bimonthly sanitation campaigns were implemented in Leitchour camp as well as in five zones of Jewii camp (after relocation) by mobilizing and involving the community. In general, about 29,115 individuals (11280 Males and 17653 Females) participated in environment sanitation activities including cleaning of community latrines using chlorine solution and water, maintenance of community latrines, covering open defecation with lime, collection of solid wastes and its disposal. Furthermore, two waste disposal pits, which benefits 600 households, were constructed in Jewii refugee camp for safe disposal of solid wastes.

3.1.3 Five sets (60 pictures each) of hygiene promotion kits are produced and distributed to ERCS volunteers. These will help volunteers to disseminate hygiene promotion messages to the community.

3.1.4 Hygiene promotion activities were carried out by Health and Hygiene promotion volunteers using house to house visit method and reaches a cumulative number of 20,475 households (Average 1,575 households/month) or 57,817 people (average 4,447 people/month). The main messages were proper use of latrine, general environmental sanitation, importance of hand washing at critical times and personal hygiene. A 1 day training was conducted for school hygiene club members about hygiene and sanitation in collaboration with LWF. Total participants were 73 (53 students and 20 teachers). Follow up visits by ERCS staff showed that the knowledge of hygiene club members improved and they had begun to maintain a clean school environment, alongside enhanced personal hygiene practices and sharing information with their peers. In addition, ERCS volunteers participated in World Refugees day celebration by hand washing demonstrations between 18th and 20th July in Jewii camp.

3.1.5 Not done due to lack of technical skill, since the method is new for ERCs and other actors as well in Ethiopia.

3.1.6 Personal protective items such as apron, heavy duty gloves, gloves, and boots as well as 300 visibility vests were procured and availed to the environmental cleaners. However, they are not always using full personal protective devices during their sanitation activities due to different reasons, i.e. forgetfulness, perception of less important, and uncomfortable to wear in hot temperature of the area.

3.1.7 63,000 bars of soap (60,000 laundry soap and 3,000 body soaps) procured, and an estimated 53,000 bars of soap were distributed in 3 rounds to approximately 7,297 selected vulnerable refugee population groups i.e., the disabled, bedridden and elderly, pregnant and lactating mothers. Among the beneficiaries, the majority (70.4%) were females and the remaining 29.6% were males. The beneficiaries are selected together with other actors such as Help Age International (elderly and bedridden refugees), RAdo (Disabled refugees) and ACF (Pregnant and Lactating mothers). However, some discrepancies have emerged between the reported and actual distribution list. Stock monitoring was done to check the inconsistency of soap distributed and beneficiaries list.

National Society capacity building

Outcome 4: The capacity of Ethiopian Red Cross Society to manage the population movement crisis has been strengthened.

Output 4.1: Volunteer and staff capacity to deliver assistance in Gambella region is increased

Activities

4.1.1. Review of current NS HQ and Gambella branch capacity for operational implementation.

4.1.2. Create a Gambella capacity building plan in coordination with all Movement partners.

4.1.3. Partnership agreements are established or updated.

- 4.1.4. Revision of SOPs and roles & responsibilities and development of a regional contingency plan for expected surge of asylum seekers.
- 4.1.5. Procurement of one Ambulance vehicle for Gambella branch.
- 4.1.6. Prepositioning of 1,000 hygiene kits.
- 4.1.7. Establish a National Society task force at Gambella to coordinate with internal and external partners (operations coordinator, finance, logistics, PMER and field coordinators).
- 4.1.8. Appointment of dedicated IFRC staff, including operations support delegate and finance officer.

Achievements

- 4.1.1 The capacity of NS HQ and Gambella branch for operation implementation was assessed at the beginning of the operation. Based on the assessment, the required human and material resources and appropriate operation management structure was proposed for effective and efficient implementation of operation. Currently, most of the required human resources are in place (i.e. Gambella refugee coordinator, Refugee camp coordinator, Field officer, and Accountant). In addition, CBHFA resource person is deployed at Head Quarter level to strengthen the capacity of national society to implement health interventions in different regions of the country.
- 4.1.2 A population movement Community health intervention plan was developed; partnership meeting were conducted in Gambella (ERCS, IFRC, ICRC, Swiss Red Cross and NLRC), and budget is secured for additional 11 months from Swiss Red Cross and NLRC. The intervention area will include the refugee camp and 2 additional host community areas (Pagak and Jewii host community). In addition, a preliminary assessment was done by ERCS, NLRC and ICRC for longer term health intervention.
- 4.1.3 The existing partnership agreements in Gambella between ERCS and movement partners (ICRC, Swiss Red Cross and NLRC) and non-movement partners (ARRA, referral service) are continued.
- 4.1.4 The Standard Operation system for both narrative and financial reporting was developed and agreed by Gambella operation team and head quarter appeal task force and implemented accordingly. In addition, a contingency plan was developed together with movement partners to build the capacity of the branch able to respond population movement related crisis.
- 4.1.5 One (1) Ambulance vehicle was procured and started its mission in Gambella in Jewii refugee camp. This also improved the capacity of the branch able to provide ambulance service out of Gambella town.
- 4.1.6 Adjusted to 1000 kits due to funding constraints. 1000 hygiene kits have been procured and 800 (80%) kits are distributed to newly arrived refugees in Pugnido II refugee camp, in consultation with ARRA and UNHCR.
- 4.1.7 A National Society task force was established at Gambella and HQ level. The task force meeting is conducted weekly.
- 4.1.8 Due to delays in recruitment, IFRC was able to temporarily deploy an Operation support delegate during the month of April. From beginning of June onwards, a replacement delegate was deployed by IFRC

Key operational challenges included:

- Significant delays in the relocation of Leichor refugees to the new camp (Jewii) created substantial operational uncertainties and confusion for the humanitarian community as a whole.
- Due to the above challenge, ARRA and UNHCR delayed in confirming the accountability matrix for partners working in Jewiii camp making it difficult for the appeal team to reconfigure activities and conform to commitments (i.e. mobile cinema and UNICEF).
- Due to the above uncertainty, establishing a more robust base camp in Leitchor was put on hold. ERCS is now working hard to establish a base at Jewiii camp for volunteers and staff to use.
- Human resource: Delays and challenges in recruiting the right people for the positions in Gambella delaying implementation (ERCS Refugee Coordinator, Finance and PMER officers, and IFRC Operation Support delegate). In addition, resignation of operation staffs (Gambella operation manager and camp coordinator) before the end of operation time influenced the performance of the planned activities.
- Finance: Funding coverage of 69% entailed a revision and reprioritisation of activities. Delay in submission of financial documents to IFRC and also late feedback given by IFRC to the NS. In

addition, some of the financial documents were not complete and created unnecessary communications between the finance persons to settle the issues. Late transfer of cash from IFRC as well as late transfer to the implementing branch resulted in delay in implementation of activities

- Involvement of other ERCS units in the appeal activities i.e finance, logistics, PMER and human resource units was inadequate.
- Logistics: Delay in procurement of supplies i.e hygiene kits and soap.
- Health and WASH intervention: Duplication of activities in WASH sector by many actors lead to allocation of zones by coordination office (ARRA/UNHCR) that limited the intervention area. Lack of technical skill to implement Mobile cinema for health and hygiene promotion activities with in the NS as well as by other actors.
- Ongoing influx of refugees into Ethiopia with increasingly complex needs and lack of funding for the South Sudan refugee response as a whole.
- Security: there were some internal ethnic conflicts which happened in the region, this limited implementation of activities in refugee camps due to restricted movement in the area.

Lessons learned included:

- In emergency appeal operation, Logistics officer should be in place at the beginning of the operation to prevent the challenges happened related to procurement delay and discrepancies in distribution of WASH NFIs i.e hygiene kits.
- The required country and expatriate staffs should be recruited or deployed at the beginning of the project is crucial in the future for any similar operations.
- Partnership meeting conducted in Gambela before the completion of appeal operation enables the national society to secure fund for the consistent community based population movement interventions for refugees as well as for host communities.
- National Society capacity building: Red Cross Red Crescent messages were disseminated during volunteers training, world hand washing days, and community sensitization sessions, which improved the image of Red Cross among the community.
- Involvement of key units at early stage in the appeal e.g. PMER, Logistics and Finance is crucial.
- Preparation of M&E Plan at the initial stage is also critical to monitor the progress of the planned activities

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.

Promote social inclusion and a culture of non-violence and peace.