

DREF operations update

Ethiopia: Population movement

DREF Operation	MDRET013
Date of Issue: 28 April 2014	Glide n° OT-2014-000001-ETH
Operations update n° 1	Timeframe covered by this update: February to April 2014
Operation start date: 28 January 2014	Timeframe: 5 months, June 2014 is the end date
Disaster Relief Emergency Fund (DREF) allocated:	CHF 125,220
N° of people being assisted: Up to 30,000	
Host National Society(ies) presence (n° of volunteers, staff, branches): Ethiopia Red Cross Society (ERCS), ERCS has 11 regional offices, 27 zonal branches, 50 woreda (district) branches and over 1500 kebeles (grassroots committees) all over the country including 70,000 volunteers.	
Red Cross Red Crescent Movement partners actively involved in the operation: ERCS, IFRC, ICRC, Swiss Red Cross Society	
Other partner organizations actively involved in the operation: UN Refugee Agency (UNHCR), Ethiopian Government Administration of Refugees and Returnees Affairs (ARRA), UNICEF, World Food Programme (WFP), ACT Alliance, International Organization for Migration (IOM), World Health Organization (WHO), Norwegian Refugee Council (NRC), Danish Refugee Council (DRC), ACF, MSF	

Summary:

On 15 December 2013, violent clashes erupted in neighbouring South Sudan which rapidly deteriorated into a full-out conflict spreading to the eastern states of South Sudan. According to UNHCR¹ figures, up to 90,375 South Sudanese asylum seekers have arrived in Gambella, Ethiopia mainly through the Pagak and Akobo-Tergol border entry points since the influx began. As the crisis continues, the physical condition of arriving refugees is deteriorating and the prevalence of malnutrition is reportedly high.

Through the coordination meetings taking place in Gambela region, with the Administration for Refugee and Returnee Affairs (ARRA) who is coordinating the overall humanitarian assistance, the main shortcomings in the current response related to lack of preparedness. Mechanisms are in place but the extent of services and means are not sufficient to accommodate the large influx. Also, the priority for humanitarian assistance in the coming weeks is to satisfy basic services at entry points and in the refugee camps in terms of food, Water, Sanitation and Hygiene (WASH), health and shelter. However, these are over stretched due to the recent population increases. Rapid registration, relocation, and expanded camp capacity are also key concerns. As services are stabilizing in the camps, the main concern of UNCHR and partners is to accelerate the relocation of refugees.

¹ United Nations High Commissioner for Refugees

According to UNHCR 71.8% of the adult arriving population are women, while 66.9% of all arrivals are children². These two groups have previously been identified as particularly vulnerable, profoundly and disproportionately impacted by problems of security and protection. Further complicating the situation are the needs of the host communities who are already living on a minimum subsistence level, and with the arrival of the additional refugees from South Sudan, this puts additional pressure on already limited resources in the area.

While the Government of Ethiopia, non-governmental NGOs, and the U.N. are providing humanitarian assistance and planning for a possible caseload of approximately 150,000 refugees in the coming months, there is a general shortage in capacity to meet the needs in terms of registration, relocation and provision of services outside of camps. In the meantime, the new influx has led to depletion of stocks in camps unprepared for such large numbers.

According to ARRA more than 40,000 individuals are now living in Leitchour camp. Furthermore, 85 to 90% these families are female headed households. There is also a new site that will be created: Leitchour II (opposite to the existing Leitchour I camp). People living in the old site and newly arrived households will move there.

Overall, in Leitchour as well as in the other camp sites, four main areas of intervention have been identified: WASH, food, health and shelter. In terms of WASH: the immediate priority for the next three months is to increase access to potable water and emergency latrines to asylum seekers. Assessments indicate that a lack of water collection containers is affecting the capacity of households to collect and store clean water. Furthermore, water is being trucked to Leitchour camp, providing about 7 litres per person per day - far below the SPHERE standard of 15 litres per person per day. As of 10 March, the digging of four out of five planned shallow wells was completed.

In relation to food, the current WFP food pipelines cannot cover the needs of the current total numbers of refugees hosted in Ethiopia (430,000). Shortfalls are already being experienced and are anticipated to increase with the expected new arrivals.

For health: due to increasing numbers of suspected measles cases (38 suspected cases reported in Pagak) a mass vaccination campaign was held between 27 February and 3 March and reached a total of 22,678 children in Akobo, Pagak, Leitchour and Kule. A mass middle upper arm circumference (MUAC) screening in Leitchour camp (screening 5,449 children) was held on 8-10 March for children between 6 and 59 months showed global acute malnutrition (GAM) of 18.5% and severe acute malnutrition (SAM) of 5.5%. Relocation of malnourished children and pregnant and lactating women are being prioritised. Poor sanitation conditions pose a major public risk, including communicable disease outbreaks in refugee-hosting sites.

Finally, in relation to shelter: construction of four out of ten planned temporary communal shelters have been completed, increasing the camp's reception facilities.

Presently, five organizations are implementing activities at Leitchour camp in the fields of WASH Danish Refugee Council (DRC) and Lutheran World Federation (LWF), nutrition Action Against Hunger (ACF), health Medicine Sans Frontieres (MSF) and shelter Norwegian Refugee Council (NRC). ERCS is involved in WASH as well as health and nutrition with both software (in collaboration with IFRC and the Swiss Red Cross) and hardware (in collaboration with ICRC) components. At the field level, these agencies are coordinated through the mechanisms of a "Standards Operating Procedures" document which was prepared by ARRA and UNHCR, and highlights the roles of the different partners involved in the camp, the tasks of the community outreach workers as well as the number of human resources needed in relation to the camp population.

This DREF operation began in February with the health and WASH needs assessment conducted by ERCS. In Mid-March 100 volunteers (50 in WASH and 50 in emergency health) had been trained. However, the commencement of the activities were delayed as a severe fuel shortage experienced in March in the region greatly affected access and the movement of vehicles and staff. In addition, negotiations on the

² <https://data.unhcr.org/SouthSudan/country.php?id=65>

ground have been done with responders to the needs, as well as identifying key messages amongst the actors involved in WASH, health and nutrition (which has now been agreed upon in April). This will give a better and more coherent approach in information to report against though it also contributed to the delay. As a result of the delays, this operation update extends the operation timeframe for two months to allow implementation of the planned activities. In addition, emerging additional needs will require a revision to the planned activities and subsequent budget, and this will be detailed further in a second operation update to be issued in the coming weeks once finalized and approved.

Coordination and partnerships

ERCS is lead agency, amongst the Red Cross partners (IFRC, ICRC and the Swiss Red Cross), for this operation. ERCS participates in regular weekly inter-agency co-ordination meetings with UNHCR, ARRA and other partners in the region (both in Gambella and Leitchour).

Furthermore, ERCS is working closely with partners to provide proper hygiene, sanitation and emergency health interventions. Other actors' actions include the following:

- UNICEF is providing emergency shelter and non-food items ,in addition they provide additional assistance to children, mothers and unaccompanied minors in Gambella region.
- WFP is providing food and will continue to support the needs of asylum seekers in Leitchour camp.
- ACT Alliance, including Lutheran World Federation, have launched an emergency appeal to provide water supply and sanitation, food and non-food items, and health care to Leitchour and neighbouring refugee camps.
- IOM is providing transportation and logistics support for relocation of people from Akobo to Leitchour camp.

The WatSan software component is being implemented jointly with ICRC which focuses on

- Provision of 70,000 liters of water treatment tanks in Leitchour II camp site
- Communal shelters
- Fuel saving stoves and firewood provision for 2,000 households
- Assistance in terms of design and materials (tanks/ pipes/ pumps) to emergency water supply
- Assistance to latrine construction (200 latrines)
- Technical assistance to borehole investigation
- Comprehensive support to Nyangnyeng Health Centre
- Provision of shelter material and NFI for 2,000 vulnerable households
- Distribution of basic hygiene items (body soap and laundry soap) for 2,000 households
- Restoring Family Links (Rapid assessment and possible response to the identified RFL needs) in refugee camps by the ERCS Gambella branch with necessary joint support from ERCS tracing unit in HQ and ICRC.
- Sanitation (cleaning and hygiene promotion) campaign to end in June

The Swiss Red Cross is providing funding to complement IFRC' activities, mainly for operation costs and office running costs.

In order to ensure coordination amongst the Red Cross partners (ERCS, IFRC, SRC and ICRC), a Movement Task Force Meeting is held at Gambella on a regular basis that is chaired by ERCS.

Other key lead actors in Leitchour have been identified for health, nutrition as well as WASH: MSF, ACF and DRC respectively. ERCS is working in collaboration with ARRA and these organizations (along with LWF involved in hygiene promotion) for reporting and disseminating messages. The formats for the reports in WASH, nutrition and health have been harmonized so that they are simple and capture the information needed by these actors. This will also lead to sharing of the data amongst these agencies. Furthermore, all community outreach workers will create awareness using the same messages in these three areas as well as the importance of arriving early to MSF and ACF clinics so as to prevent deaths.

Finally, in order to harmonize outreach implementation approaches among the partners, two Memorandums of Understanding (one in health and nutrition as well as one in WASH) have been developed between ERCS and the implementing agencies in Leitchour which specifies the working modalities and the

incentives that will be offered to the community outreach workers together with the hygiene community outreach workers and take into account “Standards Operation Procedures” document.

Operational implementation

Overview

The DREF operation is supporting ERCS to provide hygiene, sanitation and emergency health interventions for up to 30,000 asylum seekers in Leitchour refugee camp. The DREF complements the provision of water supply and health services provided by UNHCR, ARRA and other partners. The DREF funds has gone along to support the National Society with a platform for future partnership with other agencies in support of populations displaced by the South Sudan conflict.

ERCS has allocated HQ staff to support the operation in both Gambela and in Lietchor camp. Their tasks and roles have been identified in relation to the activities that need to be implemented and the needs of the ERCS Gambella branch.

The health and WASH needs assessment has been conducted and based on the results, needs were identified that formed of the discussion during the WASH and Epidemic control for volunteers training where 100 volunteers were trained in four sessions with a group comprising of 25 participants. The training agenda was planned for 8 days.

A clear criteria was agreed upon to ensure a good gender balance and selection of participants.

An MoU was developed to support the health interventions among of ERCS', MSF's and ACF's. This was to harmonize on the community outreach roles and responsibilities. A common position was agreed upon known as community outreach workers whose principal roles was to disseminate the same messages in nutrition, health and WASH they also ensured that a standard reporting format was used to record and make referrals on patients identified. Each Community Health worker is responsible for visiting 10 households a day or 50 per week throughout the duration of the operation and one supervisor monitors the activities of 15 community Health worker.

Another MOU in WASH agreed by LWF, DRC and ERCS guides the hygiene community workers whose main role would be disseminating key hygiene messages to the wider communities through meetings, drama, information campaigns and using educational materials (IEC materials) that have been developed with similar key messages. Each Hygiene Community worker is responsible for 570 people.

It is expected that the needs in human resources would change according to the camp realities. Trainings for both Community Health workers and Hygiene Community workers will be continuous and offered according to the changing needs. On 14 April Community Health workers were trained in WASH, health and nutrition and the Hygiene Community Workers were trained in WASH. The supervisors of both groups were trained on report writing and data collection.

Because of these new decisions, ERCS' community outreach workers are expected to reach 15,000 refugees (50% of the targeted community) and the rest (more than 15,000 people or 50%) will be reached by the other partners. Additionally, ERCS' hygiene community outreach workers will reach more than 20,000 people at the community level.

In relation to the emergency health component, an agreement between ERCS, ARRA and MSF has been reached concerning the two ambulances deployed at Leitchour camp.

Nonetheless, challenges still remain, such as:

- The disappearance of five trained volunteers among the refugee population.
- Some community outreach workers are working for more than one organization (7).
- Limited number of trained community health workers amongst the partners working in Leitchour and the great demand to work with our trained community outreach workers as well as the anticipated work load on them.
- Refugees leaving the camp because of the commencing rains and wind.

Planned interventions	Implementation (%) <i>note: consider presenting this visually as pie or bar charts</i>
Health and care	
Outcome 1 Meet the basic health needs among refugee communities in Leitchour refugee camp, Gambella Region	25%
Output 1.1 Emergency health needs assessment	100%
Output 1.2 Community-based Disease Surveillance	On going
Output 1.3 Community based health and first aid (CBHFA)	On going
Output 1.4 Secondary care referral services	On going
Output 1.5 Provide ambulance to lietchor camp for patients transport	ongoing
Output 1.6 50 volunteers are trained in communicable disease control and epidemic preparedness.	100%
Water, sanitation, & hygiene promotion	
Outcome 1: To reduce the risk of water- and vector-borne diseases among affected communities in Leitchour camp, Gambella Region.	25%
Output 1.1 Rapid assessment of water, sanitation, and hygiene needs is conducted	100%
Output 1.2 50 volunteers are trained in Hygiene promotion	100%
Output 1.3 IEC materials on Hygiene promotion are produced.	On going
Output 1.4 Implement a rapid hygiene promotion campaign	On going
Output 1.5 Improved access to and use of adequate sanitation by the target population.	ongoing
Output 1.6 Environmental cleaning and waste disposal and cleaning for 250 latrines,	

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

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