Introduction

A follow-up monitoring assessment was carried out between October 5 and 11, 2011 by the Acting Country Representative in the refugee camps in Dolo Odo woreda of Somali Region where about 127,000 Somali refugees are sheltered as of October 5, 2011. The purpose of this visit was to monitor the food security situation of the refugees and collect first hand information about the humanitarian assistance provided by the government and its partners. The visit was also aimed at establishing relationships with relevant agencies for future monitoring. All four camps, and the reception and transit centers were visited. Discussions with agencies which are operational in the camps were held, including UNHCR, WFP, OXFAM-GB, SC-USA, MSF-Holland, MSF-Spain and the Administration for Refugees and Returnees Administration (ARRA), the government body mandated to lead relief operations for refugees. During the camp visits, discussions were held with refugees. ARRA provided support to facilitate camp visits and discussions with refugees.

Refugee Population

After a sharp drop in arrivals between July and August, the number of daily arrivals began to increase in September but remained below 200/day on average. The number of people crossing the border increased again in October with a total of 3,747 registered during the first ten days of the month, an average of 375 refugees per day (Figure 1).

The condition of the new arrivals observed both in the transit and reception centers was much better than those who arrived during past months. Some people had the resources to travel by donkey cart, making the journey less difficult. Discussions with them indicated that they delayed coming to Dolo because they had some money to stay behind and see if the situation would improve. However, they said that there is limited assistance in their areas of origin as insecurity is increasing due to Al Shabab operations. Gerbare (Gedo) and Dinsor (Bay) were some of the areas where new arrivals had travelled from. Agencies operational in the camps expect that the influx will continue to increase due to the fact that the humanitarian assistance is constrained by the insecurity in Somalia. A new camp (Buromino) will be opened soon as the capacity of the existing camps has already been exhausted. The new camp will be located 23 kms from the Ethiopia-Somalia border and 10 kms away from Hilawyen camp.

Hot meals are provided by ARRA and SC-US provides wet feeding/porridge (CSB plus sugar) to under-5 children, pregnant/lactating women, and elderly people at the reception center. Unlike in the past, health and nutrition screening is carried out at the reception center by MSF-Spain while MSF-Holland gives vaccination, de-warming and vitamin A services. In the past screening was done during relocation of refugees to the camps and the process took a long time due to the high influx...
of refugees. The refugees were served with only hot family meals and high energy biscuits for children at the reception center and remained there for weeks before they were moved to the transit center. This had been, according to comments from the different people during the visit, one of the major causes for significant deterioration of malnutrition among children. ARRA also provides meals at the transit center until the refugees are relocated to the camps. MSF-Spain, ACF and SC-USA are handling therapeutic feeding programs for acute and moderate cases.

**Assistance Provision**

**General Ration:** The food ration resourced by WFP and distributed by ARRA provides about 2,500 Kcal/person/day. This is comprised of cereals, pulses, CSB, oil, sugar and salt. In addition, the refugees receive food like rice, oil and wheat flour from other sources such as United Arab Emirates (UAE), and Somalia Aid Agency for Development (SAAD). Help Age also provides CSB and pulses for elders above the age of 60.

**Health and Nutrition Support:** The Blanket feeding (BF) program provides all children between 6 and 59 months of age with supplementary Plumpy to address moderate malnutrition and prevent severe acute malnutrition. PLW are also beneficiaries of the BF which has been first introduced in the older camps, Bokolomyao and Melkedia following the nutrition survey carried out in March/April. The Therapeutic Supplementary Feeding (TSF) program covers 5 to 10 year old children. In Hilaweyn, MSF-Holland provides OTP, SC, Inpatient Department (IPD), Outpatient Department (ODP), TB treatment and maternity care services. Such services are delivered by MSF-Spain in Bokolomyao, Melkedi and Kobe camps. Other agencies such as ACF and IMC are also involved in nutrition interventions. Agencies are well aware about potential diseases outbreaks (cholera, dengue fever) and surveillances were carried out. Preparedness plans are in place. According to the experts from MSF-Holland, sick children in SCs require 6 to 8 weeks to recover and decentralizing the centers needs more resources. However, the Stabilization Centers (SC) and Outpatient Therapeutic Programs (OTP) are not yet decentralized in a way that could create easy access to all.

Provision of food assistance has significantly improved availability and access to food among the refugees in all camps/sites. In combination with nutrition interventions, this has also driven down the prevalence of acute malnutrition, especially in the newer camps (Table 2). However, the prevalence of global acute malnutrition remains significantly above the emergency threshold despite the inflows of resources and the number of agencies actively engaged in nutrition activities.

As shown on the table above, the malnutrition situation is stable in Bokolomyao and Melkadida while improvements are visible in the new camps, Kobe and Hilaweyn, which were opened in June and August 2011 respectively. Nonetheless, the prevalence of acute malnutrition remains high despite existing response and improvement in the condition of new arrivals. The major factors attributed to persistently high prevalence are: poor access to OTPs and SCs as these programs are not yet decentralized, defaulting and dilution of resources for malnourished due to sharing of special food commodities for children.

### Table 2. Acute Malnutrition Rates among under five children

<table>
<thead>
<tr>
<th>Camp</th>
<th>GAM</th>
<th>SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sept</td>
<td>Oct</td>
</tr>
<tr>
<td>Bokolomyayo</td>
<td>23.9</td>
<td>24</td>
</tr>
<tr>
<td>Melkadida</td>
<td>32.5</td>
<td>20</td>
</tr>
<tr>
<td>Kobe</td>
<td>43.0</td>
<td>36</td>
</tr>
<tr>
<td>Hilaweyn</td>
<td>60.5</td>
<td>49</td>
</tr>
</tbody>
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MAM<12.5cm, SAM<11.5 cm

**Figure 2.** Plumpy Nut in market in Bokolomyao Camp

**Figure 3.** A Refugee woman in Bokolomyao washing her blanket using plastic sheet
with other household members. Other driving factors also included the lack of a consistent treatment protocol across agencies, the sale of relief foods (including Plumy Nut) by recipient families, and poor reporting. Double registration and switching children between two families were cited as examples of issues which may affect data quality. Preparations for standard nutrition surveys in all the camps are complete with results expected before the end of the year.

During the camp visits, Plumpy Nut was observed in markets. According to one of the traders, the refugees regularly sell Plumpy Nut, mainly to buy sugar, tea leaves, powder milk and meat from the market. Children were also reported to come to the market to exchange plumy nuts for sugar. While the most costly and essential item for women is firewood (a small bunch of wood costs 15 Birr), men were observed buying chat and cigarettes. A child may receive up to 20 sachets of Plumpy Nut per week based on his/her status. Small retailers in markets in the camps buy one sachet of Plumpy Nut for 2 Birr and they sell back each sachet for 3 Birr. Both the sellers and the buyers are refugees and this makes the situation complicated to understand. Refugees also sell tents (one costs about 1000 Birr) and construct wooden huts instead. Collecting wood is further creating tension between the refugees and the host communities.

WASH: The sanitation situation, which has been an issue around the transit center, has improved significantly, though this may be due to a decline in new arrivals rather than an improvement in facilities. Latrine facilities are limited in Bokolomayo. No washing facilities are available in the camp and women use plastic sheeting to wash clothes. There is one toilet for 8 families in Kobe and no facilities in Hilaweyn. OXFAM-GB will be shortly operational in Hilaweyn and focusing on health and sanitation activities including semi-permanent latrine construction, water storage, solid waste disposal and organizing refugee WASH committee groups.

Water: Water is trucked to the camps and the refugees have access to chlorinated tap water. But in Kobe, supply is inadequate in some sections of the camp and people queue for a long time.

Mortality: According to medical staff from UNHCR, grave counts in Kobe and Hilaweyn indicated a decline in Crude Death Rates (CDR). Though grave counts are considered a less reliable method of assessing mortality, they do provide information on the magnitude of the recent mortality context. In Kobe grave-counting derived CDR has declined to 0.4/10,000/day as of the 30th of September which has been 4-5/10,000/day on average in July/August 2011. The CDR in Hilaweyn has also reported to decline from 4.9/10,000/day in August to 1.5/10,000/day. The information on CDR in the older camps is based on community report as agencies lack resources to do grave counts. But, low rates are being reported in the latter camps. A refugee group in Kobe reported that about 10 children were dying every day two months back but that few deaths are now occurring. The refugees complained about shortages of drug and medicine for adults.

Market and trade activities in the camps

Refugees are actively engaged in small businesses in the old camps. They get the supply from Dolo town and Negele Borena woredas in Oromia region (250 kms from the camps) as well as from Mandera of Kenya for chat. Food and non-food
commodities such as wheat, pasta, rice, sugar, clothes and household utensils are available in the markets. There are also refugees who sell shoats as some of them have stocks. The refugees in the camps are the main users of the markets but traders from outside including Dolo also buy wheat and pulses. The economic activities are also very active in Hilaweyn despite its recent establishment and settlement of new arrivals. Women buy milk from the local communities who live along the Genale River and sell in the camps for refugees. During the interview, the refugees who were involved in small businesses said that they had some seed money when arrived in Dolo as they sold what they had before they fled their country.

**Protection Issues:** Agencies such as UNHCR and SC-US are engaged in protection activities. The focus of SC-US is on children, unaccompanied minors, and other vulnerable groups in Kobe and Hilaweyn while ARRA does the same in Bokolomayo and Melkedida camps. According to the Protection Specialist from UNHCR, repeated incidents of insults and physical attacks on women who went to the bushes to fetch firewood were reported by IMC and IRC during the last two months. Refugee women in all the camps spend 6 hours a day, on average, travelling and collecting firewood. As the need for wood has expanded for the construction of shelter, schools and firewood in the camps, energy saving stove provision and activities to improve the relationship between refugees and host communities are priorities for UNHCR. The older camps have already received some stoves. Livelihood programs which targeted environmental management – tree planting, cultivating seedlings, expanding water points, and the construction of schools are also parts of the initiative to ensure the benefit of the host communities.

**Current Food Security Situation and Prospect in the Camps**

The food security situation in the camps is stable due to adequate inflows and distribution of relief resources. Enhancing coordination of agencies, decentralizing OTPs and SC, improving health and WASH services will further improve food security among the refugees in general and the nutrition situation among the vulnerable groups most importantly under five children in particular. According to WFP, although temporary pipeline breaks are possible, resources are secured for the coming five to six months even considering potential new clashes in Somalia and increased flows of refugees as those who have been staying around the border could come into Dolo. Despite the fact that the refugees are well provided with the required humanitarian support (food, water, shelter, etc) which enable them survive, Emergency level food insecurity persists due to the irreversible livelihood disruption, high prevalence of malnutrition and elevated death rates. As a result of the ongoing efforts by the government and its humanitarian partners to improve the quality of assistance, the food security situation is likely to improve to Crisis level by December 2011, though disease outbreaks during the rainy season are a major risk factor. Significant new flows of refugees, though not currently anticipated, could also drive deterioration in food security.

**Transshipment to Somalia**

WFP Ethiopia has started trans-shipment of relief resource (wheat) into Somalia in collaboration with Somalia Country Office. The food is transported by Ethiopia trucks from Djibouti to Dolo Odo and switched to Somalia trucks into Somalia.
The specific destinations of the food are parts of northern Gedo and western Bakool. The transshipment started in August/September with 700 MT of wheat and transportation for additional 1,000 MT is ongoing.

**Update on the host community**

The distribution of the Productive Safety Net (PSNP) resources for about 38,000 chronically food insecure people was completed in July as per the program timetable. The PSNP is expected to be extended through the Risk Financing Mechanisms (RFM) to address the need of the 38,000 beneficiaries who have not received assistance since August. Meanwhile, the 6th round of emergency food distribution through JEOP is ongoing for nearly 47,000 people identified as facing acute food deficits. The emergency coordinator in SC-US/JEOP reported that there is sharing between the PSNP and emergency beneficiary households and thus dilution of rations at household level. Signs of acute malnutrition among under 5 children and PLW were also reported amongst the host community, though SC-US’s CTC program (which covers the 24/25 kebeles of Dolo Odo woreda) is phasing out this month. The prevalence of malaria is aggravated by the drought situation and although, cases are not yet reported, the outbreak of Dengue Fever in Mandera/Kenya is an emerging concern.

Staple prices are still high in Dolo, although the inflows of resources for refugees have improved the availability of food items such as rice. Livestock to cereal purchasing ToT remain low compared to normal. One shoat could buy 43kg of maize in October 2011 compared to 98kg and 46kg in May 2010 and May 2011, respectively. Livestock migrated earlier in the year to Filtu areas and have yet to return as water and pasture availability is still critical. The Deyr rains started two days after the completion of this visit. The rains were reported to be normal in terms of amount and distribution. Close monitoring is crucial as the season progresses.