International Public Nutrition Resource Group

An Independent Review of UNHCR's Response to the Somali Refugee Influx in Dollo Ado, Ethiopia, 2011

Conducted October to November 2012 by:

Leah Richardson –NutritionWorks Partner
Anne Bush – NutritionWorks Associate
Guido Ambroso – Evaluation Coordinator, PDES, UNHCR

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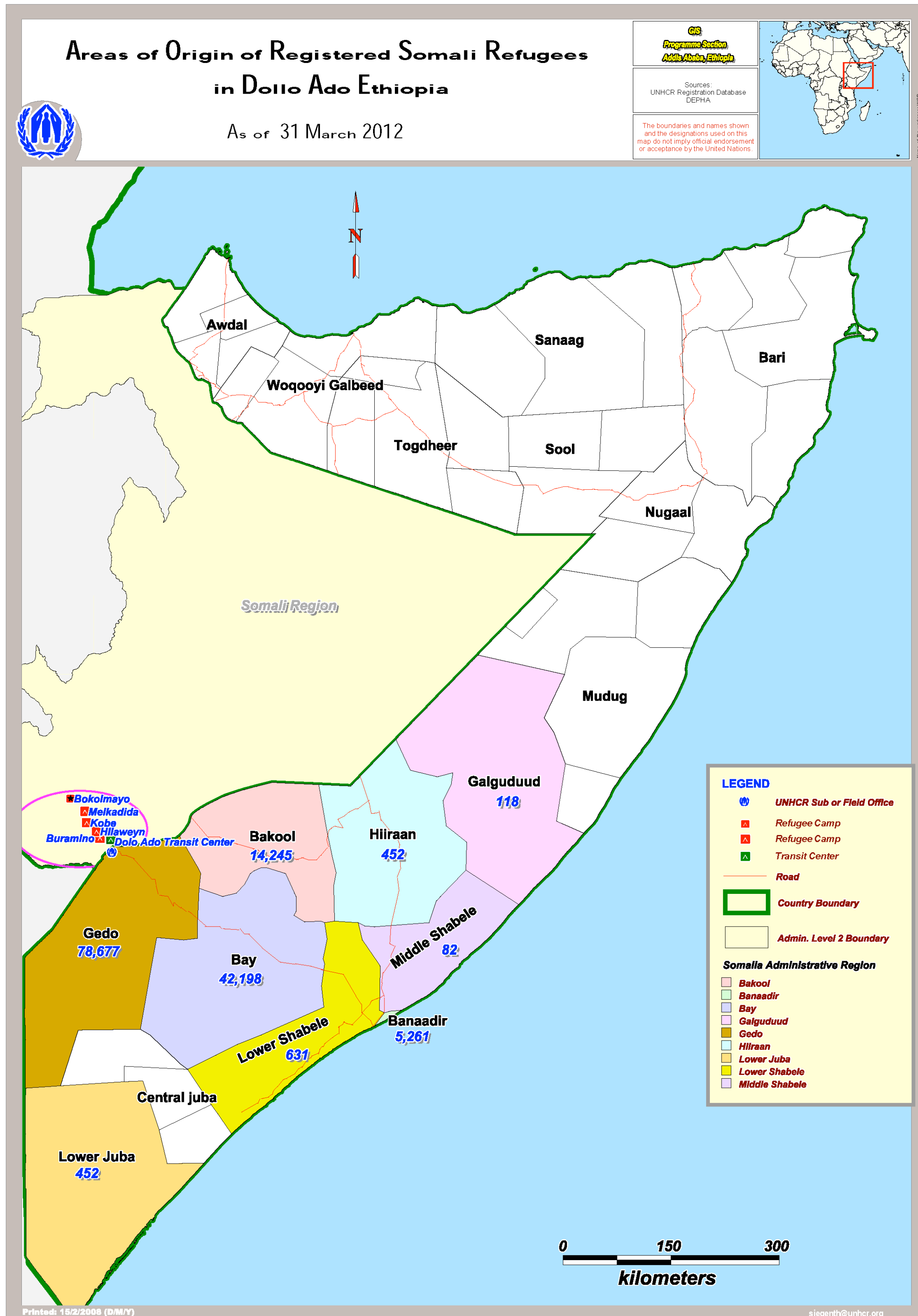
Acronyms

ARRA	Administration for Refugee & Returnee Affairs
BFP	Blanket Feeding Program
CMR	Crude Mortality Rate
CSB	Corn-Soya Blend
CMAM	Community based Management of Acute Malnutrition
DPPC	Disaster Prevention & Preparedness Commission
ERT	Emergency Response Team
FEWSNET	Famine Early Warning Systems Network
FSNAU	Food Security and Nutrition Analysis Unit for Somalia
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HQ	Headquarters
IASC	Inter-agency Standing Committee
IARTE	Inter-agency Real Time Evaluation
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illnesses
IP	Implementing Partner
IRC	International Rescue Committee
JAM	Joint Assessment Mission
MAM	Moderate Acute Malnutrition
MSF	Medecin sans Frontiers
MUAC	Mid Upper Arm Circumference
NFI	Non-Food Items
NGO	Non-Governmental Organization
OTP	Outpatient Therapeutic Feeding program
PDM	Post Distribution Monitoring
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SFP	Supplementary Feeding Program
SOP	Standard Operating Procedures
TA	Temporary Assistance
TFP	Therapeutic Feeding Program
TSFP	Targeted Supplementary Feeding Program
U5 MR	Under 5 Mortality Rate
UNHAS	United Nations Humanitarian Airlines
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water and Sanitation for Health
WHZ	Weight for Height / Length Z-score
WFP	World Food Programme
WHO	World Health Organization

Map



Executive Summary

Prolonged La Nina adverse weather conditions (sparked by the "la Niña" atmospheric phenomenon) over the Horn of Africa brought about severe drought in the region from early 2011 and affected an estimated 13 million people, in particular pastoralists and agro-pastoralists. The crisis, was mainly focused on south central Somalia, Northern Kenya and southern Ethiopia and in Somalia was compounded by prolonged civil unrest, resulting in the massive displacement of populations to refugee camps in Northern Kenya and Southern Ethiopia. When the rains failed in 2010 the delivery of humanitarian assistance in Somalia was severely constrained by the policies of Al Shabaab, which expelled most humanitarian organizations including WFP and major donors. For many, the decision to flee Somalia had been taken very late, only once all assets had been used up. Avoiding the hostile road blocks and in fear of reprisals by Al Shabaab, the refugees travelled by foot, often carrying children and holding few possessions. The consequences of the arduous journey on the health and nutritional status of the refugees were significant.

The two key indicators of the severity of an emergency situation and the effectiveness of the response to the situation are the crude and under five mortality rates and acute malnutrition rates. Early surveys among new arrivals showed rates of global acute malnutrition (GAM) of around 50% with severe acute malnutrition (SAM) rates of around 23%. WHO international standards indicate a critical emergency if the GAM rates are above 15%. The mortality rates for children under 5 were double the emergency thresholds at 4/10,000/day[1]. The high rates of acute malnutrition have been attributed to the depleted condition in which the refugees arrived from Somalia, however evidence suggests there were also delays in stabilising both these indicators during 2011. Furthermore, mortality rates did not fall below emergency thresholds until the beginning of October, three months after humanitarian assistance was scaled up.

NutritionWorks (a UK based public nutrition consulting group) was contracted in August 2012 to carry out an external evaluation of the response. The overall objective of the evaluation was to identify internal UNHCR factors and external barriers that may explain the high levels of mortality and malnutrition among Somali refugees in the Dollo Ado refugee camps in Southern Ethiopia between February 2011 through to November 2011. As the mission progressed, the objective was extended to include the whole of 2011 in order to gain a more comprehensive understanding of the build-up to the crisis and the time taken for the situation to stabilise (see annex 1). The evaluation was undertaken according to standard evaluation of humanitarian action criteria as per OECD/DAC with reference to established international standards in nutrition and mortality. Particular focus was

[1] Health and Nutrition Survey Bolkamayo and Melkadida Camps, Dollo Ado. UNHCR/WFP/ARRA and MSF, April 2011

given to the contextual constraints, systems and policies, operations, and coordination of the response and these headings form the structure of this report.

The evaluation team collected qualitative data including document reviews, in-depth interviews and focus group discussions with beneficiaries and field observations. Quantitative data such as nutrition screening data, mortality data and nutrition performance indicators was also studied. A list of guiding open-ended questions was developed to cover the key issues, (see annex 4) with a sequence of 6 closed end perception questions. This allowed for both a qualitative and quantitative analysis of the response. A total of eighty stakeholders were consulted and 3 refugee focus groups were held (see Annex 3).

From interviews and review of the documents, it became clear to the evaluation team there were two distinct phases to the Dollo Ado refugee response during 2011: from January to June there was no emergency declaration and subsequently there was only a limited response, while from early July a large scale emergency was declared and scale up of response and service delivery began. The visit of the UNHCR High Commissioner for Refugees on July 7th 2011 prompted a fundamental shift in the recognition of the seriousness of the situation in Dollo Ado and the level of attention and actions required to address the crisis.

It should also be acknowledged from the outset that the Ethiopian Government pursued a generous open door policy towards Somali refugees fully respecting the core UNHCR principle of non-refoulement and that all actors in the emergency, from the side of the Government, UNHCR, other UN agencies and NGOs worked tirelessly under difficult conditions to protect and assist the refugees.

FINDINGS

Contextual Constraints

1. ***A complex geo-political environment hindered the response***

Responsible for refugee operations and management in coordination with UNHCR, the Administration for Refugee and Returnee Affairs (ARRA) has multiple roles as an implementing partner of the response and as the governmental body in charge of monitoring and regulating the response efforts and a further role of as security agency, protecting national borders. The competing roles of ARRA presented a complexity to the response that was unique to the context. In particular, during the first half of 2011, ARRA kept tight control over its role as implementing partner, limiting the opening up of humanitarian space to international agencies, despite lacking the resources and experience needed to scale up quickly to the unfolding emergency. Many interviewees credited the UNHCR leadership as having been instrumental to negotiate this wider humanitarian space with ARRA. UNHCR's relationship with ARRA was complex and butted against complications of dual roles as well given that fact that ARRA was an implementing partner of UNHCR yet at the same time a governmental counterpart. UNHCR had to respect the sovereignty of

the national government and yet operationally engaged with ARRA through a direct funding mechanism. The response was further hindered by an apparent disconnect between ARRA Addis Ababa and ARRA Dollo Ado and delayed decision making which affected the timely signing of agreements on implementing partners once humanitarian space had opened up.

2. ***The magnitude of the refugee influx, compounded by the poor condition of arrivals, exacerbated extraordinary challenges.***

By any standards the scale of the refugee influx in a relatively short period of time in Dollo Ado, with 24,000 arriving in one month alone was very challenging. By all accounts the refugees arrived "at death's door" in an extremely harsh environment where scorching heat, arid and rocky grounds, limited fauna and strong winds made surviving challenging in any circumstances. The existing refugee camps were full to capacity by the first months of 2011 and costly operations needed to be undertaken to establish the third, then forth and then fifth camps. These new camps had to be constructed within a short period of time. Further complicating the delivery of services was the fact that prior to the opening up of the humanitarian space in mid-2011 there were only a handful of implementing partners working on the ground with UNHCR and ARRA. Operational constraints such as reliance on cash payments in the absence of banks, complicated logistics, and a harsh environment in a very remote location constrained the response. Finally, telecommunications were limited with implications on communication and coordination functions.

3. ***An inadequate food aid mechanism, compounded by other unmet needs, had a destabilising effect on nutritional status.***

The refugee population was entirely dependent on food aid and by October 2011 the food collected from the general food distribution lasted for an average of just 23.5 days[2]. This weak food aid situation can be linked back to three main factors:

Distribution issues: A centralised food distribution system compounded by limited capacity for most of 2011 resulted in distribution cycles that could take up to 2 to 3 weeks through the course of 2011. This meant that on an individual basis there were often gaps from the end of one cycle to the beginning of another.

Monetisation: With almost no livelihood opportunities or resource reserves, refugee households had a high dependence on food assistance to generate income. In fact, the most common source of cash income was reported to be the sale of food aid.[3]

Composition of the Food Basket: The staple commodity provided through the food aid basket was wheat and across all camps, surveyed households expressed a low preference for wheat grain. Approximately one third of households did not consume their wheat grain ration[4] but instead chose to monetise the least desirable

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[2] Health and Nutrition Survey Report, Kobe and Hilaweyn Refugee Camps, Dollo Ado. UNHCR/ARRA/WFP/UNICEF/Goal, November 2011

[3] Food Security and Post Distribution Rapid Assessment. WFP/UNHCR/ARRA December 2011

[4] Food Security and Post Distribution Rapid Assessment. WFP/UNHCR/ARRA December 2011

commodity in the food basket. The main reason given for low wheat grain consumption was a preference for other grains.

Systems and Policies

4. ***There was a systemic failure to trigger a timely response***

Despite regional and local warning indicators, the Somali influx into the Dollo Ado refugee camps in Southern Ethiopia were only internationally affirmed as a emergency requiring dramatic intervention during the visit of the UNHCR High Commissioner, Antonio Guterres, on 7 July 2011, three to four months after populations had started fleeing to Ethiopia. By March 2011 the annual UNHCR planning figures for new arrivals had been exceeded in just three months. Preliminary findings from a nutrition survey carried out in late March "indicated that the nutritional status of the refugees require urgent intervention"[5].

The evaluation found that the information system which includes but is certainly not limited to, the HIS, Joint Assessment Missions and nutrition/health surveys, did not provide a systematic evidenced based mechanism whereby complex decisions such as the declaration of a major emergency could be supported. There was also a limited communications network hampering information flow. Improved preparedness and coherent contingency planning at all levels, promoted by more inclusive coordination mechanisms, and application of UNHCR new guidelines on "Strengthening UNHCR's Emergency Policy and Procedures" were not in place until mid-2012; yet would have assisted in triggering an earlier response to the emergency.

5. ***Activation of appropriate funding was delayed***

It was recognised that "prior to July UNHCR was operating on a shoe-string budget" and that more resources early on were needed to increase staffing levels, open new camps, and provide services. Requests for additional funding were submitted to UNHCR HQ starting in late May 2011, two months after nutrition survey results depicting a series situation and after the entire current allocations had been exhausted. Very little additional funding for the emergency was received until July 2011. Bilateral funding from donors to NGOs was in place allowing the response to move forward, however it contributed to a perceived lack of coordination on UNHCR's part.

6. ***Preparedness was too limited for an effective and timely response***

Already in 2010 the existing refugee population in Dollo Ado could be classified as in a critical or emergency situation as per GAM rates (16%) aggravated by poor environmental sanitation, shelter problems, dependent on food aid and low measles vaccination coverage.[6] No significant corrective measures were taken during early 2011 leaving the existing population and service provision structure in a vulnerable position to the large population influx in the middle of 2011. Crucially, it is clear

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[5] UNHCR Monthly Situation Report, Dollo Ado Sub-Office, 1-30 April 2011

[6] Joint UNHCR, ARRA and WFP health and nutrition survey report, Boqolmayo Refugee camp, 10-20 March 2010.

that insufficient preparedness and contingency planning for evolving scenarios in 2011 meant that not only was a valuable rapid response tool not available, but also the positive value of the planning process, which can forge a collaborative spirit let alone clarity in the roles of stakeholders, was missed out on.

7. ***Perceptions around the UNHCR mandate were a stumbling block to the response***

The balance between maintaining diplomacy with the host government on the one hand and responding to a major humanitarian crisis on the other proved difficult for UNHCR and partners within the humanitarian community. Greater humanitarian space for more international and technically competent partners and international recognition of the crisis was needed.

Two distinct vantage points emerge. Firstly, from within the agency with the refugee mandate, there was a belief that UNHCR could, and should, handle the situation internally without requesting external support. Secondly, many actors view UNHCR's initial poor interagency preparedness and initial response as a reflection of UNHCR's protective nature towards its mandate. Increasingly the cluster system has become the modus operandi for international humanitarian response and actors are becoming progressively more familiar with working within that framework, creating certain expectations. However, the emergency refugee response lies outside the cluster coordination mechanism, leading to some confusion among implementing and operating partners.

8. ***Staffing constraints negatively affected the response***

The offices at both the Addis and Dollo levels were operating on a minimum of staff with little reserve capacity when the emergency arose. A number of respondents indicated that it appeared that the UNHCR offices were overwhelmed in the face of the emergency. In general, high staff turnover was highlighted creating problems in information management, partnership management and program implementation. Sourcing technical staff, in particular in the areas of nutrition and public health, presented a significant challenge. The UNHCR Country office requested additional staffing but those needs were not always met. It was noted that the Dollo Ado response was the first time a new emergency human resources policy of "2+6+1" was piloted - a scheme that provides human resources for 2 month initially (Emergency Response Teams), then 6 months (on Temporary Assignment), followed by a 'fast tracked" year appointment. Some reservations were expressed about the calibre of those in the 6-month technical assistance role and formal review of this policy has not as of yet been completed. To further complicate matters, the recruitment of local capacity was also a challenge.

<u>*Operations*</u>

9. ***The initial response exhibited poor strategic leadership***

Around a third of the stakeholders interviewed felt that there was a lack of UNHCR leadership in particular in first half of the year when preparedness activities were lacking and the response was slow. Comments ranged from issues around

leadership styles (diplomatic versus operational), a sense of complacency and defensiveness, and there were expressed wishes for more transparency and proactive engagement with the international community. Equally, the focus of the Addis Ababa level refugee Taskforce on information sharing rather than decision making, a lack of an Emergency Response Plan, and limited nationally based fundraising were all raised as issues impacting on the efficiency and effectiveness of the response.

10. Conditions and services at the transit camp were grossly sub-standard for large populations for an extended period of time

The transit centre space was designed for 3,900 individuals for a maximum of 3 days however starting from the end of April 2011, the transit centre population exceeded the intended capacity and it remained over capacity for the next 8 months[7]. Moreover, at the end of June the transit centre held 21,000 individuals, or seven times the caseload it was designed for and at the peak of the influx in July the average length of stay was one month while later on in October it doubled to two months. Given the magnitude of the influx and the limited existing capacities the transit centre was overwhelmed. Water and sanitation services were poor, there was insufficient shelter, and food availability was limited. A hot meal was provided and efforts were made in May and June to improve the frequency and duration however it was only in early July that it became possible to extend the hot meal program for refugees for the duration of their stay in the transit centre. The sub-standard condition and services at the transit centre can be linked back to a) limited preparedness, b) poor management and coordination, c) limited scale up of services and d) poor leadership.

11. Nutrition services were slow to scale-up

While the service delivery context was complex in the Dollo Ado response, nutrition service delivery as a whole was initially inadequate and slow to scale up. The magnitude of the numbers and severity of condition was overwhelming and capacity of agencies to cope was overstretched. Months after the response had fully activated, GAM rates remained above emergency thresholds and nutrition program performance indicators were below standard for all of 2011. In general there was poor coverage of programmes, low recovery rates, extended stays and high readmissions due in part to centralised services, poor community outreach and uncoordinated referral systems between implementing partners. This was compounded by a poor general food distribution system. Unless there is sufficient daily food intake, supplementary rations will not be effective. Additionally delays in food distribution generally led to increased sharing of the young children's protection ration from the blanket-feeding programme by all household members

[7] The 2011 year period of time for investigation according to the TORs for this evaluation; it could well be that the transit centre remained over capacity well into 2012 since by the end of December 2011 there were over 7,000 individuals in the transit center.

Coordination

12. Coordination mechanisms were inadequate for an effective response

Coordination of the emergency response occurred at 3 levels. At the field level, effective coordination was hindered by: confusion over the roles and responsibilities of ARRA vis-à-vis UNHCR; questions over the capacity and competencies of those in coordination roles; the disconnect between Addis and field level coordination efforts as well as visible turf struggles between UNHCR and some agencies. At the Addis level, there was frustration over the weak content and inadequate management of the Refugee Taskforce meetings, as well as concerns over whether the necessary skills and competences were in place within key coordination positions. At headquarters, there was poor situational analysis and a better need for systemic response mechanisms.

13. Nutrition service delivery was fragmented and lacked coherence

Unfortunately, the rapid scaling-up of nutrition activities was not necessarily done in a comprehensive and coordinated manner and as of August 2011, there were approximately five different implementing/operational partners, alongside other actors such as UNHCR, ARRA, WFP and UNICEF, all involved in different pieces of the nutrition programme in different camps. This made the coordination and effective implementation of programs very difficult. In addition, the fact that the different implementing partners apply different standards including the enrolment/discharge criteria for treatment programmes, key indicators and finally reporting formats, all of which further confounds the ability to consistently report, coordinate and plan within the nutrition and food sector.[8]

CONCLUSIONS

The conclusions of the evaluation are framed in line with OECD/DAC standard criteria for the evaluation of humanitarian action as outlined in the evaluation TORs.

Relevance/Appropriateness: Overall, the response was appropriate in terms of the package of assistance provided, with the prioritisation of providing the key lifesaving interventions. However, a major finding of the evaluation was failure in the adequacy and appropriateness of assistance provided at transit centres, in particular, food and nutrition, sanitation and shelter.

Coherence including Coordination: There were gaps in the coherence and coordination of the response. Overall, both at Dollo Ado and Addis Ababa level, UNHCR did not fulfil its coordination role adequately. In particular, within the nutrition sector, coordination of the response was weak. The coherence of the response was limited prior to the introduction of 'vertical programming' – one agency per one sector per one camp - at the beginning of 2012, the multitude of different agencies operating different programmes in one camp resulted in gaps in coverage and referral between programmes.

[8] Joint UNHCR/WFP/UNICEF/ARRA/Implementing Partner Guidance Note on Nutrition And Food Response in the Dollo Ado Refugee Program, September 2011

Effectiveness including Timeliness: A key shortcoming of the response was the delay in sufficient scale-up of the services. Once the response began in earnest in July 2011 the correct interventions were employed but not to a sufficient scale and inconsistent in the quality of performance. This is seen when examining Sphere standard performance indicators of key sector interventions throughout 2011 and the extremely high rates of GAM in November 2011 that continued 5 months after the peak influx.

Coverage: Whilst the evaluation found no evidence of particular population groups being excluded from assistance, throughout the assessed period, the initial emergency response failed to meet minimum standards on coverage for most basic services: shelter, nutrition, water and sanitation, food assistance.

RECOMENDATIONS

The evaluation team aims to provide concrete and actionable recommendations that build upon the findings of the evaluation of the 2011 response while acknowledging the current advances in UNHCR emergency response in as much as they were exposed during the course of our examination. Recommendations 1-5 are for application within the Ethiopian context and recommendations 6-11 are system wide. Expanded recommendations can be found in the main text of the report.

Recommendations for the Ethiopian Context

1. Better define the roles and responsibilities of ARRA and UNHCR in acute crisis situations
2. Emergency response partners should be jointly pre-identified by ARRA and UNHCR
3. Emergency response activation guidance for refugee response, including a common set of triggers, should be jointly developed by ARRA and UNHCR
4. Develop interagency contingency plans for refugee response
5. Sectoral preparedness should be further developed and maintained

UNHCR System Wide Recommendations

6. Systemically operationalise UNHCR's Emergency Policy and Procedures Guidance
7. Evaluate the structured transition (2+6+1) emergency staffing policy
8. Develop systemic responses for rapid large-scale refugee influxes
9. Ensure adequate support to senior management in acute emergency responses
10. Emergency preparedness measures, with attached predictable resources, should be institutionalised.
11. Modernise coordination protocols within an enhanced partnership framework

The full evaluation report presents the methodology used for the evaluation and the background to the crisis. The context section briefly touches upon the nature of the response with a particular focus on describing the health and nutrition status of the refugees. The thirteen evaluation findings are presented in line with the focus of the evaluation TORS in terms of contextual constraints, systems and policies, operations and coordination. The conclusions of the evaluation are framed in line with specific OECD/DAC standard criteria for the evaluation of humanitarian action as outlined in the evaluation TORs. The evaluation takes note of some of the internal systemic reviews within UNHCR to date and eleven concrete recommendations are presented for application within the Ethiopian context and with reference to UNHCR systems and policies.

Introduction

Adverse weather conditions (sparked by the "la Niña" atmospheric phenomenon) over the Horn of Africa brought about severe drought in the region from early 2011 and affected an estimated 13million people, in particular pastoralists and agro-pastoralists. The crisis was mainly focused on south central Somalia, Northern Kenya and southern Ethiopia. However, protracted insecurity, fuelled by internal armed conflict between the radical Islamist group Al Shabaab, and the armed forces of the AU contingent and of the fragile Transitional Federal Government of Somalia (TGF) on the other side, further exacerbated the situation for Somalia and resulted in the massive displacement of populations to refugee camps in Northern Kenya and Southern Ethiopia.

An IASC-commissioned Inter Agency Real Time Evaluation (IARTE) of the humanitarian response to the Horn of Africa drought and food security crisis was conducted in Ethiopia, Somalia and Kenya in early 2012. In Ethiopia, the evaluation concluded that internationally recognised standards overall were met, apart from the early refugee response in which malnutrition and mortality rates were found to be alarmingly high at the peak of the influx in mid-2011 until the situation stabilized in the last quarter of 2011. A recommendation was made that UNHCR undertakes an internal inquiry into the reasons for the delay to provide adequate relief. As a result of this recommendation, UNHCR commissioned this review, which was carried out during October and November 2012. The review was undertaken by the nutrition consultancy group NutritionWorks specializing in public health and nutrition and was coordinated by a UNHCR staff member from the Policy Development and Evaluation Service. Details of the evaluation team can be found in Annex 5 and the evaluation TOR can be found in Annex 1.

The overall objective of the evaluation was to identify internal UNHCR factors and external barriers linked to high levels of mortality and malnutrition among Somali refugees in the Dollo Ado refugee camps in Southern Ethiopia during from February 2011 through to November 2011 but as the mission progressed, this was extended to include the whole of 2011 in order to gain a more comprehensive understanding of the build up to the crisis and the time taken for the situation to stabilise. Particular focus areas of the review were: Contextual Constraints, Systems and Policies, Operations, and Coordination. This evaluation aimed to address four primary questions:

1. What happened and how does this compare with international standards for response?
2. Why and how did it happen?
3. What were the main UNHCR internal policy and operational gaps – if any – that affected the emergency response so that lessons can be drawn for future acute emergencies?
4. What were the external constraints – if any – that constrained the emergency response?

Methodology

Data collection followed a mixed method approach, with different techniques used to collect data from different sources and where possible cross-reference and triangulate information. Quantitative and qualitative methods were used including:

a) **document review** of relevant internal and external UNHCR documents, including daily, weekly and monthly situation reports, minutes of coordination meetings, internal emails, reports and assessments, refugee statistics and other documentation gathered through follow-up interviews. Review of related literature in public and partner agency reports (see bibliography annex 8)

b) **in depth interviews** with key informants using a semi-structured interview technique with a combination of open and closed questioning. A guidance list of open questions was developed to cover the key issues, not all of which were applicable to all interviewees, depending on the position/level of the informant (see annex 3). The interviews were conducted either individually or as a small group of agency staff. The interview ended with a sequence of 6 closed questions whereby interviewees were asked to rate the level of their agreement/disagreement with 6 statements on a scale of 1 to 4 (see annex 4). This allowed quantitative analysis of perceptions of the effectiveness of the response.

Key informants included staff from: UNHCR from HQ Geneva, Addis Ababa and Dollo Ado, both current staff and those present at the time of the emergency; staff from the Ethiopian governmental counterpart, ARRA, both at Addis Ababa and Field level; UN agencies; key NGOs/implementing partners as well as the lead evaluator of the IASC- commissioned IARTE. In addition there were focus group discussions with beneficiaries in Dollo Ado.

Where interviews could not be conducted in person, either because the individual no longer was involved in operation or was on mission at the time of the review, phone interviews were conducted using the same semi structured interview technique. A total of 44 interviews were conducted in person and 12 telephone interviews (a total of 80 people) plus three focus group discussions with beneficiaries.

The evaluators spent 4 days at UNHCR headquarters in Geneva meeting with staff, conducting phone interviews and sourcing documents and data. One evaluator from NutritionWorks then travelled to Ethiopia with UNHCR staff from the Policy Development and Evaluation Service, spending 6 days in Addis Ababa and 3 days in Dollo Ado. (see Annex 2 for timetable).

c) **Field observations** provided the opportunity to observe the operational environment and challenges as well as the operation as it is now and develop an

understanding of how it has evolved and in particular, the geographical and logistical challenges.

d**) Quantitative analysis** using data from nutrition survey reports, HIS reports, screening data, UNHCR population statistics were analysed to gain quantitative understanding of the evolution and effectiveness of the intervention.

All findings and support information were crosschecked as much as possible.

Limitations/challenges/constraints

- Limited time in Dollo Ado
- Time lapse between emergency and the review affecting recall of events and issues
- Staff turnover - many of key staff during height of the emergency no longer present
- Availability of documentation such as copies of interagency funding requests, emergency plans, minutes, etc.
- Availability and consistency of nutrition and mortality data - sourcing data prior to introduction of HIS in all camps, some incomplete data reporting to HIS, different entry criteria and cut offs used by different agencies in nutrition programmes

The evaluation was undertaken according to standard evaluation of humanitarian action criteria as per OECD/DAC, with reference to established international standards on nutrition and mortality. Whilst all criteria were considered, key criteria examined included:

- *Relevance/Appropriateness:* The extent to which the response was tailored to local needs and priorities.
- *Coherence including Coordination:* Extent to which all relevant policies (security, trade, military as well as humanitarian) were consistent and took adequate account of humanitarian and human rights considerations; and the extent to which interventions of different actors are harmonised with each other to promote synergy and avoid gaps, duplication and resource conflicts
- *Effectiveness including Timeliness:* The extent to which the response achieved its intended results based on stated objectives
- *Coverage:* Extent to which to major population groups facing life threatening suffering were reached (included/excluded) by the intervention
- *Impact:* Looking at the wider effect of the response

Background

Since the collapse of central government in Somalia in 1991 and the resulting civil war, there have been many efforts to restore a central government in Somalia without sustained success. Between 1992 and 1995 there was an attempt by a UN

peacekeeping mission (UNOSOM) to bring some degree of law and order. But successive Somali "transitional governments" have barely managed to control parts of the capital, Mogadishu, while warlords, clan militias and feuds and the progressive establishment of radical Islamic militias reportedly with links to Al Qaeda ravaged the country. This situation, aggravated by periodic droughts, caused a renewed influx of refugees, first to Kenya (particularly to its largest camp, Dadaab) and then to Ethiopia.

When the rains failed in 2010 (see further below), the delivery of humanitarian assistance in Somalia was severely constrained by the policies of Al Shabaab, which expelled most humanitarian organizations including WFP, and also of a major donor that was afraid that humanitarian assistance would fall into Al Shabaab's hands, which it considered a terrorist organization. Furthermore, as the refugees themselves told the evaluation mission, the radical Islamic militia Al Shabaab which was controlling most of the areas of origin of refugees, was blocking the main roads from Somalia to Ethiopia to prevent negative "publicity", should thousands of persons under their jurisdiction flee to an "infidel country" such as Ethiopia. This meant that the 150 km journey from the Bay & Bakool capital of Baydhowa to Dollo which could have taken one day by vehicle, had to be undertaken on foot circumventing the Al Shabaab road block, required over one week on foot. Refugees arrived with no possessions whatsoever in an extremely weak state of health or "at death's footsteps" and many, particularly children, died on the way.

In 2010/11 the failure in Somalia of two successive rainy seasons (Deyr and Gu) and subsequent loss of income and assets, combined with a 20 year civil war eventually lead to UN declaration of famine in certain regions of southern Somalia in July 2011. The worsening situation led hundreds of thousands to flee with thousands entering southern Ethiopia through the Dollo Ado corridor. In spite of their relative ethnic, linguistic and cultural homogeneity, Somalis are divided in clans and sub-clans. The first differentiation is among clans of pastoral origin and those of non-pastoral origin. The Digil-Rahanwein, which constituted over 60% of the refugee arrivals in Dollo Ado in 2011, are one of the main agro-pastoralists clans with cultivated rain fed crops. The Digil-Rahanwein are held in contempt by other Somalis "… for their lowly origins, for their heterogeneous composition … for their lack of a clear, politically significant genealogical structure and, more important perhaps, because they are predominantly cultivators"[9].

For many the decision to flee Somalia had been taken very late, only once all assets had been used up. Avoiding the aggressive road blocks and in fear of reprisals by Al Shabaab, refugees travelled by foot, carrying children and meagre possessions, often on paths through the bush and sometimes travelling by night. The evaluation team heard numerous desperate stories from the refugees and front line responders, for example of families that had to abandon sick family members or young children by the roadside because no one was strong enough to carry them, or mothers that had

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[9] I.M. Lewis, *Peoples of the Horn of Africa, Somali, Afar, Saho*; first published in 1955, reprinted in 1994by HAAN, London, p. 31.

to leave dead children up in trees because there was not the time nor strength to dig a grave. The consequences of the arduous journey on the health and livelihood status of the refugees on arrival were apparent.

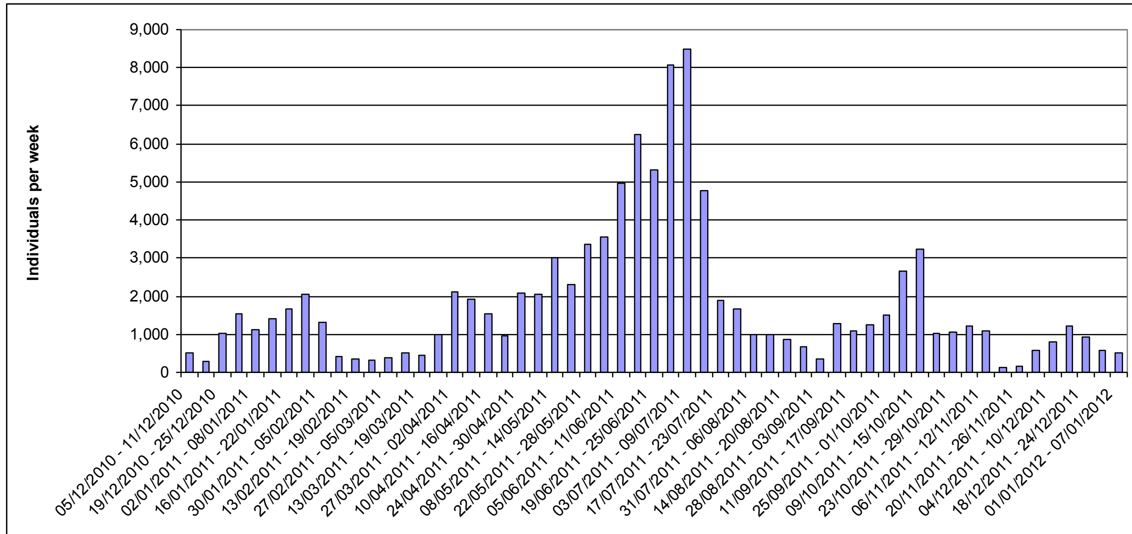
It is important to highlight the context into which this massive influx arrived. The small village of Dollo Ado is extremely remote, located in the south western part of the Somali state of Ethiopia, some 5 days driving by truck from Addis Ababa on very rough roads and 10 days from Djibouti, the main port for all Ethiopian imports, including humanitarian assistance. The climate is mostly excruciatingly hot and land dry and rocky. Until October 2012, there was only a very unreliable airstrip. Rain could block both road and air travel. Services, such as banking, telecommunications and health facilities were non-existent or minimal.

At the start of 2011, there were two refugee camps in Dollo Ado, Bokolmayo and Melkadida, which had been established in 2009 and 2010 respectively. These two camps were host to 40,479 individuals and at the beginning of 2011, prior to any significant increase in influx, basic services in the existing two camps were inadequate and below international standards. The operation was suffering from shortfalls in funding, a lack of technical capacity and poor coordination, communication and collaboration between partners. Many programmes were stalled due to funding cuts and the remoteness of camps means anticipated supplies were delayed and key missions cancelled[10].

Already in January 2011 an increasing influx was recorded with nearly 7,000 arriving that month, 100 times the arrivals for October 2010 and twice the amount than the previous month. By March the planning figures for all of 2011 had already been exceeded. The Somali refugee influx reached a peak in June 2011 with 24,000 arrivals that month alone. During the last week of June, more than 8,000 arrived in one week. (see figure 1)

[10] WFP/UNHCR/ARRA Joint Assessment Mission (JAM) November 2010

Figure 1. New Arrivals per week - December 2010 to January 2011



The existing camps of Bokolmayo and Melkadida were at maximum capacity in the beginning of the year and there was a 5 month delay between identifying a third camp and opening it towards the end of June, partially due to difficulties in decision making with local authorities and ARRA. The refugees became stuck in a logistical bottleneck in the registration and transit centres that were completely overwhelmed. For periods during 2011 there were more than 20,000 refugees waiting in the transit centre (which was designed for around 4,000) and at times they waited there for up to two months (services initially designed for 3 day duration). By the end of 2011, in response to the influx number, 3 new camps had been opened to host the new arrivals, Kobe in late June, Hilaweyn at the beginning of August and Buramino at the end of November. In 2011 around 100,000 new Somali refugees had arrived in Dollo Ado to be placed in the five camps and by the end of the year almost 8,000 remained in the transit centre.

Context

From interviews and review of the documents, it became clear to the evaluation team there were two distinct phases to the Dollo Ado refugee response during 2011 – a) January to June there was no emergency declaration and limited response while b) July to December a large scale emergency was recognized and scale up of service delivery began. With the visit of the UNHCR High Commissioner for Refugees on July 7th 2011 there was a fundamental shift in the recognition of the seriousness of the situation in Dollo Ado and the level of attention and action required to address the crisis. These two phases are distinct from one another in the terms of recognition of need for additional external response support within both UNHCR and ARRA, inclusion of other actors, allocation of funds, speed and magnitude of scale up of the response, and deployment of additional staff both numbers and competencies.

Following declaration of emergency, response efforts were intensified. Space was opened up for more international partners and increased technical capacity on the ground; there was a push for funding and improved coordination; and tremendous individual and collective endeavours to provide appropriate life-saving humanitarian assistance to the new influx. But despite this there were still delays to the new camps becoming fully functioning and international standards on basic services being met. Particular problems included: insufficient and inadequate shelter, inadequate water and latrines (the latter difficult to dig owing to rocky soil), delays and incomplete food and NFI distribution and overstretched nutrition and health services. One specific example demonstrating delays in establishing essential services to meet international standards is in the opening of severe malnutrition stabilisation centre in Kobe which did not happen until the end of September, a full three months after opening of the camp where prevalence of severe acute malnutrition (SAM) 19%[11]. For example, negotiations with ARRA to allow MSF-Spain to take over took longer than a month.

The evaluation had a particular focus on the effectiveness of the nutrition and food assistance interventions with respect to the elevated malnutrition and mortality rates and these are considered in detail in the findings section. However, the quality of services in other sectors was also critical to the impact of the response on malnutrition and mortality levels. In particular, inadequate water supply and insufficient latrines and sewage management, inadequate shelter and provision of other non-food items negatively affected health and nutrition status.

The two key indicators of the severity of an emergency situation and the effectiveness of the response to the situation are crude and under five mortality rates and acute malnutrition rates. As has been highlighted elsewhere, measuring the extent of the impact of a humanitarian response on mortality and malnutrition rates is very difficult for a number of reasons[12]. Despite these limitations, evidence does suggest there were delays in stabilising both these indicators during 2011, although questions remain as to what can be considered an acceptable period for recovery of a population fleeing such extreme conditions and the extent to which the sustained severity of the malnutrition situation reflects delays and inadequacies in population receiving appropriate rehabilitation services.

Mortality

According to a mortality survey conducted in the established camps Bokolmayo and Melkadida in conjunction with the nutrition survey in March/April 2011, crude mortality rates (CMR) and under five mortality rates (U5MR) rates were already above emergency thresholds. When Kobe camp opened in June, grave counting was instigated. Figures 2 and 3 shows the progression in mortality rates in Kobe and

[11] MSF-S MUAC screening for enrolment to nutrition programmes 20-26 August 2011

[12] The Impact and effectiveness of emergency nutrition and nutrition-related interventions: a review of published evidence 2004 -2010. Hall A, Blankson B and Shoman J. Emergency Nutrition Network, Oxford, UK June 2011

Hilaweyn camps up to 7th October 2011[13]. Concern was expressed on the 12th August that there was a lack of designated graveyards in Hilaweyn and deaths were going unreported[14].

It wasn't until beginning of October 2011 that CMR, based on grave counts, was reported as finally being below the emergency threshold in both Kobe and Hilaweyn camps. This was three months or more after the opening of Kobe and two months after Hilaweyn opened.

[13] Source: Dollo Ado Weekly Health Update 3rd to 9th October 2011
[14]Dollo Daily 12.08.11

Figure 2. Kobe refugee mortality rates (grave counts) 24 June - 7 October 2011

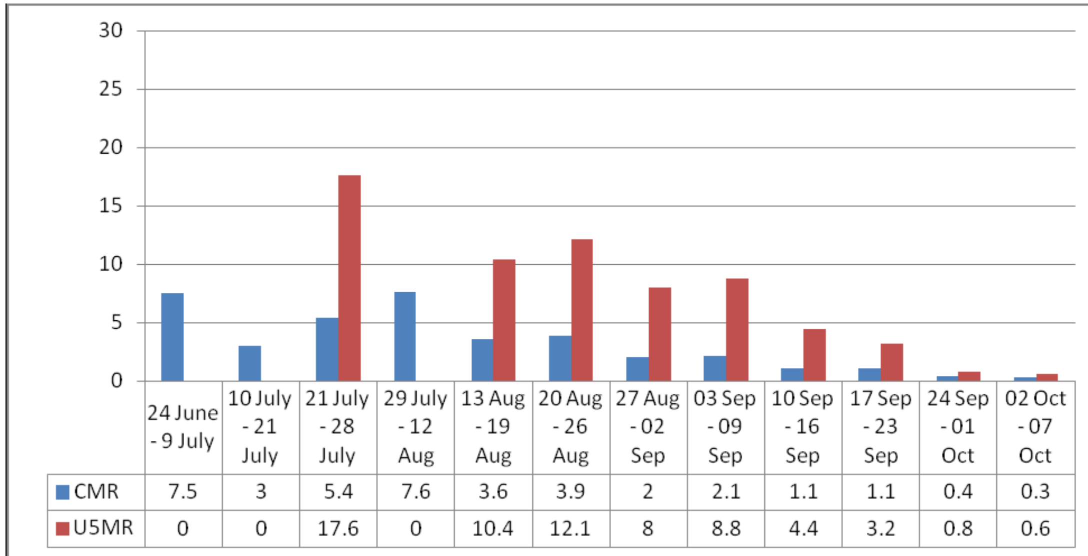
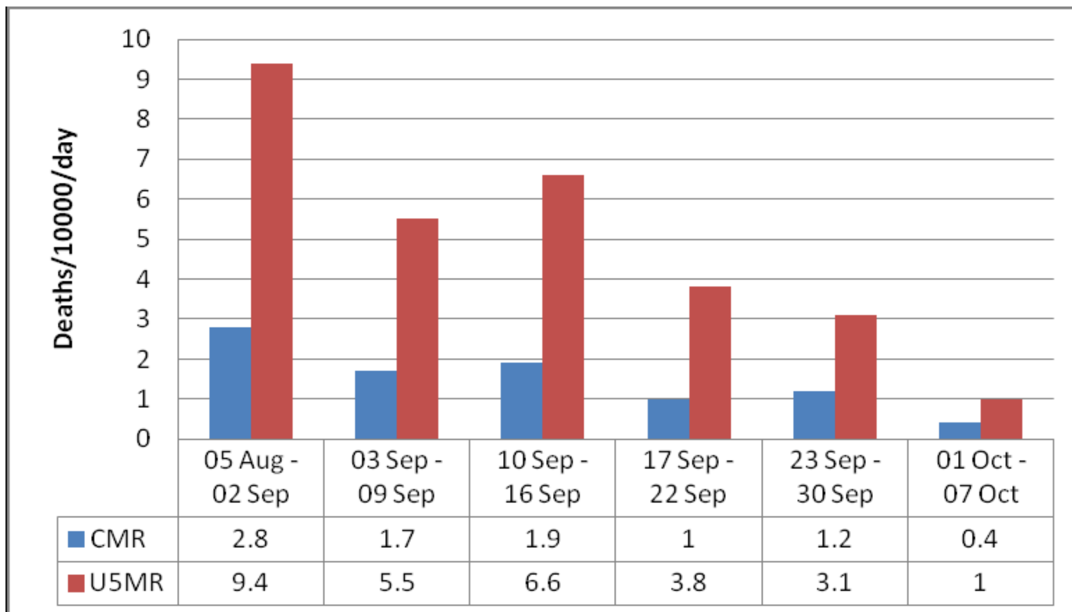


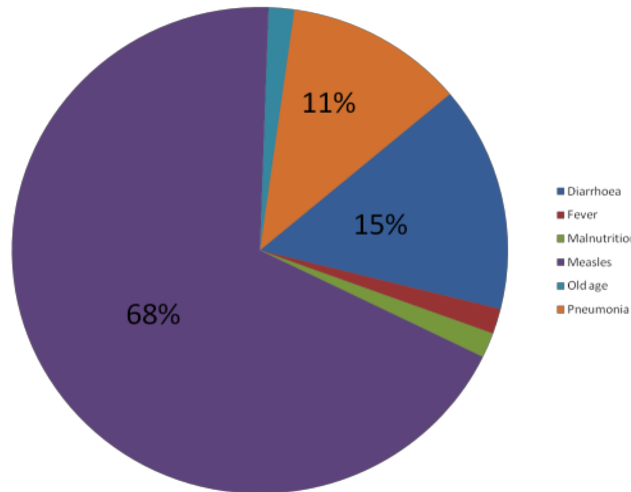
Figure 3. Hilaweyn refugee mortality rates (grave counts) 5 August - 7 October 2011



One of the reasons for the high mortality rates, particularly in Kobe camp, was an outbreak of measles. Figure 4 shows how during August for example, 68% of mortality in Kobe camp was due to measles[15].

[15] UNHCR powerpoint presentation: Dollo Ado Selected health and nutrition indicators 28-8-11

Figure 4 Kobe Refugee Camp Cause Specific Mortality



At the close of the outbreak throughout Dollo Ado, there had been 401 reported measles cases and 31 deaths.[16] The concentration of the refugee population, particularly within the transit centre, combined with their poor nutrition status meant conditions were ripe for an outbreak of a communicable disease such as measles. In addition many of the refugees were not vaccinated against measles in Somalia due to the lack of basic services. There was a lack of preparedness, especially considering the low vaccination coverage in place of origin (25.5%)[17] and slow scale up to respond. Measles vaccination on arrival was stalled by breaks in the supply chain of the vaccine meaning no vaccine was available at all during certain months (e.g. April)[18]. Mass measles vaccination campaigns only commenced in Kobe on 11th August, 7 weeks after the camp had opened and subsequent to the peak of the outbreak. Although it was noted early on that adults as well as children were affected, it was only at beginning of October that authorisation from the Federal MoH was finally given to extend vaccination of all refugees in Dollo Ado, from 6 months to up to 30 years. This authorisation coincided with the first week that reported measles cases and deaths was zero[19].

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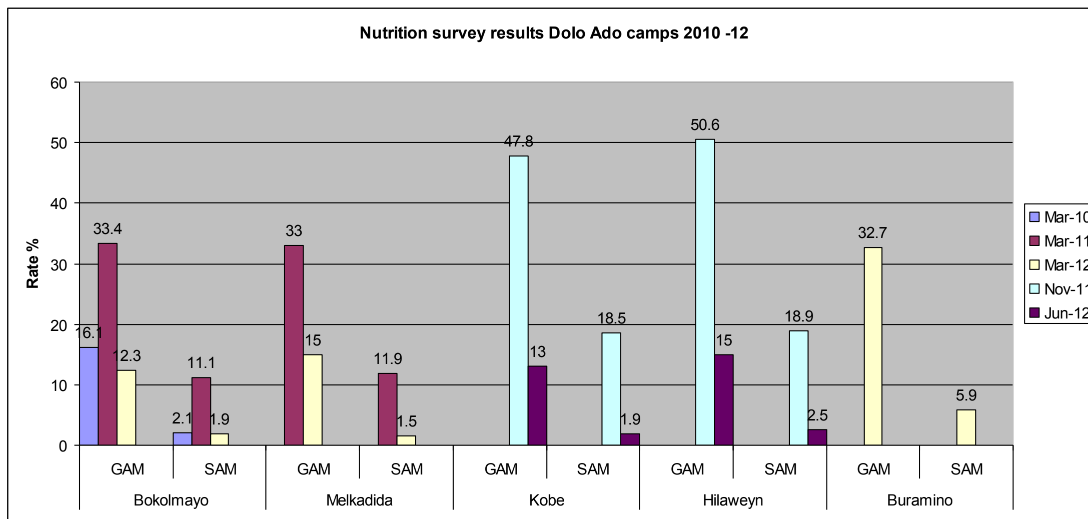
[16] Dollo Ado refugee emergency measles update 3rd October 2011
[17] FSNAU Nutrition technical Series report Post Gu 2011 August 11 assessment in Bay Agro pastoralists
[18] UNHCR monthly report April 11
[19] Twice weekly Dollo Ado Update 9 Oct 11

Malnutrition

The nutrition situation in the camps in Dollo Ado remained very serious throughout 2011, with rates of GAM and SAM only showing significant improvements when surveys were carried out in 2012. Unless otherwise stated, rates of malnutrition refer to the 'under 6 to 59 months age' group. Even with the improvements, in 2012 rates of GAM in all camps still remain above the WHO emergency threshold of 15%. Figure 5 shows trends in all camps.

Figure 5. Nutrition Survey Results in Dollo Ado camps March 2010 to March 2012



The high rates of malnutrition have been attributed to the depleted condition in which the refugees arrived from Somalia. Undoubtedly they were already in poor nutritional status and without assets having fled only 'when the final grain was eaten'. However, nutrition survey results do show that malnutrition rates to be critically high, three months after arrival. For example, Kobe camp opened towards the end of June and was full immediately, yet three months later in November the prevalence of GAM was 47.8% and SAM, 18.5%.

Also in Kobe camp, MUAC screening conducted on 20th to 26th August by MSF Spain[20] found SAM prevalence of 19% and GAM rates of 43%. This compares to result from the November 2011 nutrition survey of SAM 18.9% and GAM 41.8% using MUAC. Thus in the two months there was no improvement in the situation. Furthermore, MUAC screening data at the transit centre[21] shows rates of malnutrition among the new arrivals peaked at SAM 16.2% and 32% GAM in June/July. The rates of malnutrition found among the population of Kobe camp subsequently suggest that not only did malnutrition rates not improve but there may well have been deterioration in nutritional situation in the months following arrival.

[20] Dollo Daily 30.08.11
[21] MSF Spain MUAC screening data at transit camp January to August 2011

Findings

Contextual Constraints

1. A complex geo-political environment hindered the response

The Government of Ethiopia, and specifically the Administration for Refugee and Returnee Affairs (ARRA), an institution created by the Ethiopian Government, is part of the National Intelligence and Security Service, are the bodies responsible for refugee affairs in the country. ARRA is the UNHCR's governmental counterpart and main implementing partner. Responsible for refugee operations and management in coordination with UNHCR, ARRA has a dual role as both an implementing partner for most sectorial activities of the response and as the governmental body in charge of monitoring and regulating (in terms of authorizing UNHCR's partners to operate) the response efforts. Moreover, through its placement in the National Intelligence and Security Service and with its engagement in border areas, ARRA has a further dual role of a security agency verses a service provision agency. It was fully acknowledged to the evaluation team by almost all of the interviewees that the competing roles of ARRA presented a complexity to the response that was unique to the context. ARRA was responsible for setting policies concerning refugee response that needed to be followed by all international agencies, which at time limited UNHCR and other agencies from operating to their full potential. At the same time ARRA was engaged in direct service provision to the refugees as an implementing partner and was seen to be reluctant to give the lead to international organizations that came in for the response.

In the first half of 2011 ARRA was characterized as having very tight control on all aspects of refugee operations with a great degree of reliance on protocols and procedures. Not always entirely open to international NGOs, ARRA preferred to rely on its own capacity and the capacities of a select few operating in the refugee camps. Of those interviewed who were involved in the response in the first part of 2011, with regard to the dual role of ARRA, opening the humanitarian space for more foreign engagement was not seen as its first priority. There was also a reported disconnect between ARRA at the Dollo and Addis level which at times, led to conflicting information circulating at the different levels, causing confusion and delayed response.

In the second half of 2011, once it became apparent that the magnitude and severity of the refugee influx was exceptional and that existing UNHCR, NGO and ARRA capacities were not sufficient, a paradigm shift was seen within ARRA's attitude towards the response. From mid-2011 onwards ARRA did open the humanitarian space to an enormous number of international NGOs eager to provide resources to the refugee populations. Many interviewees credited the UNHCR leadership as having been instrumental to negotiate this wider humanitarian space with ARRA. Some international NGOs noted that there were times when protocols such as work

permits were temporarily neglected and quota systems for expatriate staff were abandoned in an effort to scale up the response and services.

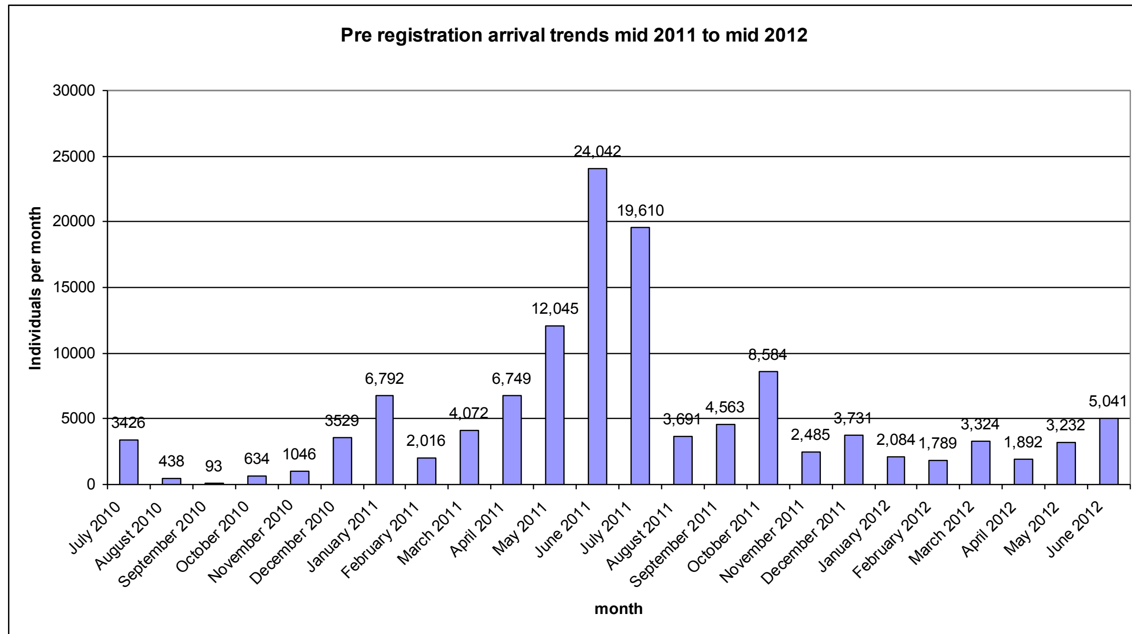
UNHCR's relationship with ARRA was also complex and butted against complications of dual roles as well given that fact that ARRA was an implementing partner of UNHCR yet at the same time a governmental counterpart. UNHCR had to respect the sovereignty of the national government and yet operationally engaged with ARRA through a direct funding mechanism. While UNHCR engaged in several and repeated efforts to ensure that the requisite space was opened up for NGOs to operate, there was also a need to engage in a "diplomatic v. operational" balance in order to ensure that operations moved forward in an appropriate way.

2. ***The magnitude of the refugee influx, compounded by the poor condition of arrivals, exacerbated extraordinary challenges.***

By any standards the scale of the refugee influx in Dollo Ado, in a relatively short period of time, would have been taxing on response efforts even in the best of circumstances. In April 2011 around 6,000 refugees arrived (which was 100 times the number from April 2010) and this was doubled the month following, and the month following that so that June 2011 saw the reception of 24,000 individuals (See Figure 6). In total, around 98,000 arrived during 2011, many in an extremely poor health and nutritional status. Nutrition survey results from March/April 2011 showed rates of Global Acute Malnutrition (GAM) to be around 33% and Severe Acute Malnutrition around 11% in the refugee population as a whole. However, according to a sub-analysis of the nutrition survey results among new arrivals, GAM rates for the new arrivals were almost 50% and SAM rates were around 23%. Whilst the survey was not powered specifically to look at this group, results do indicate the severity of condition of the new arrivals. Furthermore, taking the refugee population as a whole, mortality rates children under 5 were double emergency thresholds, possibly exacerbated by the poor condition of the new arrivals.[22] By all accounts the refugees arrived "at death's door" in an extremely harsh environment where scorching heat, arid and rocky grounds, limited fauna and strong winds made surviving challenging in any circumstances.

[22] Health and Nutrition Survey Bolkamayo and Melkadida Camps, Dollo Ado. UNHCR/WFP/ARRA and MSF, April 2011

Figure 6. Pre-registration arrival trends from mid-2011 to mid-2012



The existing refugee camps were full to capacity by the first months of 2011 and due to the ARRA policy of maintaining several mid-sized camps instead of a few large ones large scale and costly operations needed to be undertaken to establish the third, then forth and then fifth camps. Instead of building on existing services UNHCR and its partners had to establish three new camps within a short period – a feat which brought with it many logistical, resource and time constraints. For example, digging latrines proved to be a complicated, expensive and time consuming task requiring the importation of major heavy machinery to break through the bedrock. Likewise, sinking boreholes to establish a water source was a similarly complex task requiring a long interim period of water tanking from the nearest river. Furthermore, among numerous ongoing activities, new health centres had to be built, stocked, and manned in each new camp, health outreach workers had to be located and trained, and food and non-food item distribution systems needed to be established. Inevitable tensions with host communities were sited as impeding progress in identifying and opening new camps as well as causing discontent over staff recruitment processes.

Further complicating the delivery of services was the fact that prior to the opening up of the humanitarian space in mid-2011 there were only a handful of implementing partners working on the ground with UNHCR and ARRA. Existing partners included 6 NGOs - International Medical Corps (IMC), MSF Spain, Save the Children US, Cooperazione Internazionale (COOPI), Rehabilitation and Development Organisation (RaDO) and Partnership Pastoralist Development Association (PAPDA). Services and capacities were initially overwhelmed. When humanitarian response agencies started flooding in during July 2011 onwards, every new agency had to establish services anew. This required identifying/building service sites and

staff accommodations, recruiting international staff, identifying local staff from a very small pool of capacity, recruiting national staff from other regions of Ethiopia to work in a remote and unfamiliar location, familiarizing with operating norms within the Somali region in particular and Ethiopia in general, such as the importation of commodities, and so on. All of these set-up activities were ongoing within an environment of incredible needs both in terms of the sheer scale of numbers as well as the condition of the refugee community.

Additional operational constraints further contributed to the extraordinary challenges faced in service delivery. For example, there was no bank in Dollo Ado in 2011, which required all transactions to occur in cash that had to be flown in bulk from Addis. If there were delays in cash arrival, there were delays in payment, and delays in operations. Additionally the remote and harsh nature of the location of Dollo Ado complicated logistics. By road trucks took at best 5 days from Addis and 10 days from the nearest port in Djibouti; often that lead-time was doubled or even tripled because of weather conditions or the unavailability of trucks. There was a basic landing strip that the United Nations Humanitarian Airlines (UNHAS) could utilize; however it was not an all-weather strip and suffered from flooding during the severe rainy season in the later part of 2011. Market systems were under-developed so much of the basic provisions for operations (food and supplies for staff, office supplies, infrastructure needs, etc) had to be imported.

Telecommunications were also a significant constraint during 2011 and beyond. With no reliable phone provider operating along the Somali-Ethiopia border, phone lines were not possible and there was no Ethiopian mobile phone coverage. This restricted the flow of communication among the various actors working within Dollo Ado posing significant challenges in terms of information sharing and coordination. Lack of phone service, compounded by Government of Ethiopia security concerns, meant there was limited internet provision. Reports are that in early 2011 UNHCR was able to send emails to Addis and beyond however limitations meant that in one day perhaps only a handful of emails from the entire office went out. This did improve as humanitarian space opened, but telecommunications remained a challenge throughout 2011.

3. ***An inadequate food aid mechanism, compounded by other unmet needs, had a destabilizing effect on nutritional status.***

Food alone is not the basis to preserving or improving nutritional status; however, food security, and more importantly, food consumption, is an immediate factor relating to nutritional status[23]. In order to preserve the existing nutritional status of a population the minimum dietary needs must be met. In a situation with as dire of a nutrition profile as the arriving refugee populations in Dollo Ado the response

[23] According to the widely regarded UNICEF Conceptual Framework for Malnutrition inadequate dietary intake is one of the main causes of malnutrition and inadequate access to food is one of the three underlying causes of malnutrition.

needed not only to preserve but also to make efforts to treat and improve the nutritional status of a population. In this regard an effective food assistance mechanism is one of the key underpinning components to an effective response with impact.

Even though they are the food aid arm of the UN and responsible for delivering food assistance to the Dollo Ado refugees, it should be noted that WFP cannot to be held accountable for all food aid related issues. Distribution within the camps was the responsibility of ARRA. However, that said, WFP did not have an established presence in Dollo Ado until the placement of one permanent individual in July 2011. This was in spite of the 2010 JAM report in which "WFP is recommended to have a full time presence in Dollo Ado to support the food delivery, food distribution and post-distribution monitoring processes in the camps and to enhance coordination and collaboration between WFP and UNHCR/ARRA"[24]. WFP had established an operational base only by September 2011 around the same time the nutrition community came together to discuss ways forward on the main challenges facing the nutrition response at the time; one of those being the GFD distribution and management[25]. The weak presence of WFP in the area, which was scaled up only toward the last quarter of 2011, and the unwillingness by the implementing partner (ARRA) to put in place improvements, made improvements to the food distribution system complicated.

At the end of 2010 the current monthly food assistance ration for beneficiaries in Dollo Ado lasted for an average of two weeks for smaller households and three weeks for larger households; this was primarily because refugees monetize between 25% and 75% of their food ration at poor terms of trade to purchase more preferred food commodities as well as to purchase household items, such as clothing and to pay for milling and transportation costs[26]. By October 2011 on average there had not been much change and the food collected from the general food distribution lasted for 23.5 days[27] and in early 2012 the situation had not improved, with a reported average duration of food aid per camp on average of 17 days[28]. This weak food aid situation can be linked back to three main factors: monetization of commodities, lengthy and centralized distribution mechanism and culturally inappropriate food basket.

Distribution issues: A centralized food distribution system compounded by limited capacity for most of 2011 resulted in distribution cycles that could take up to 2 to 3 weeks through the course of 2011. This meant that on an individual basis there

[24] WFP/UNHCR/ARRA: "Ethiopia 2010 Joint Assessment Mission (JAM), Major Findings and Recommendations", p. 17
[25] UNHCR Dollo Ado Emergency Nutrition Workshop Response Harmonization Workshop (ppt), September 2011.
[26] WFP/UNHCR/ARRA Joint Assessment Mission (JAM) November 2010
[27] Health and Nutrition Survey Report, Kobe and Hilaweyn Refugee Camps, Dollo Ado. UNHCR/ARRA/WFP/UNICEF/Goal, November 2011
[28] Food Security and Post Distribution Rapid Assessment. WFP/UNHCR/ARRA December 2011

were often gaps from the end of one cycle to the beginning of another. The food distribution process does not prioritise vulnerable individuals, meaning vulnerable groups often receive rations last or are even excluded[29]. According to WFP statistics there were no pipeline breaks for the general food rations however delays at the port or during transportation were acknowledged, resulting at times in a delayed distribution. Delayed rations have an implication for household food security and for the progress of nutritional rehabilitation. Unless there is sufficient daily food intake, supplementary rations will not be effective. Additionally delays in food distribution generally led to increased sharing of the young children's protection ration from the blanket-feeding programme by all household members[30].

Monetization: Not only did the Somali refugees arrive in a very poor state of health, but they were forced to walk long distances to arrive at the Dollo Ado refuge and as such most of them arrived with no or very limited personal belongings. Non-food items (NFIs) were distributed to new arrivals however as always there were some minor issues with quality (plastic container breaking rapidly, etc) that could leave some in additional need. Moreover, other commodities not covered by NFI (such as clothing, shoes, medicines, furniture, etc) had to be directly purchased by the refugees. With almost no livelihood opportunities and depleted assets, refugee households present a high dependence on food assistance for income. In fact, the most common source of cash income is sale of food aid.[31] This monetization of food aid reduced the ration available for consumption and thus negatively affected the household food security.

Composition of the Food Basket: Somalis are accustomed to eating pasta and rice as their staple commodity; however, the staple commodity provided through the food aid basket was unmilled wheat. Across all camps, surveyed households expressed a low preference for wheat grain. Approximately one third of households did not consume their wheat grain ration[32] but instead chose to monetize the least desirable commodity in the food basket. This problem with the central staple in the food aid basket has been well documented and refugees have requested a different staple that is ready to use, needs no grinding for which they have to pay and is culturally appropriate (i.e. rice or pasta)[33]. The need for milling whole grains was a major factor that could have been considered earlier in the intervention, being done at a central or camp level prior to distribution to the refugees for example. While a direct correlation with decreased food security is not possible (around half of the refugees sell food aid to buy other food commodities) it can nevertheless be agreed that the provision of an inappropriate staple causes complications in dietary intake. In fact, based on survey results in November 2011 it was concluded that low utilisation of the general food ration, mainly wheat grain, at household level due to

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[29] Interagency Participatory Assessment Dolo Ado Refugee Camps, January 2012
[30] Joint Nutrition and Health Survey in Bolkamayo, Melkadida and Buramino camps of Dollo Ado, Ethiopia, 4-26 March 2012.
[31] Food Security and Post Distribution Rapid Assessment. WFP/UNHCR/ARRA December 2011
[32] Food Security and Post Distribution Rapid Assessment. WFP/UNHCR/ARRA December 2011
[33] Interagency Participatory Assessment Dolo Ado Refugee Camps, January 2012

cultural preferences appear to be the major causes of malnutrition[34].

Systems and Policies

4. There was a systemic failure to trigger a timely response

In February 2011 the Family Early Warning System (FEWS NET) predicted that in the Horn of Africa "poor seasonal performance would drive further deterioration in food security…and an increase in the population in need of lifesaving emergency assistance between April and September 2011. In the worst-case scenario…total crop failure and massive livestock mortality would occur and food insecurity would become extreme across much of the region. Pre-famine indicators, including large-scale migration, further increases in levels of acute malnutrition, and elevated child mortality would be expected, especially in southern Somalia"[35]. By the first week of June the situation was being described as the "most severe food security emergency in the word today[36]" In February 2011 the Food Security and Nutrition Analysis Unit for Somalia (FSNAU) assessed that the number of people in need of humanitarian assistance had increased by 20% and crop failure, increasing prices of water and cereals, sustained conflict and rising malnutrition rates were exacerbating the humanitarian crisis within southern and central Somalia[37].

The sense of something out of the ordinary was also felt at the local implementation level in Ethiopia where in January 2011 it was noted "nearly 7,000 asylum seekers arrived in Ethiopia in January, representing the highest arrival figure in a single month over the last five years. This is a new trend noticed in 2011 and is likely to continue"[38]. Data from the transit centre, where new refugee arrivals were processed, indicated in January that the malnutrition has doubled from the previous month[39] and admissions for severe and moderate acute malnutrition programs in the Dollo Ado camps started increasing in February[40]. By March the annual 2011 planning figures for new arrivals had been exceeded in just three months. Preliminary findings from a nutrition survey carried out in late March "indicated that the nutritional status of the refugees require urgent intervention"[41] and reported that global acute malnutrition rates in the established camps hovered around 33% while in the new arrivals it was closer to 50%. Mortality rates were far above emergency thresholds and were particularly grave for children under 5

[34] Health and Nutrition Survey Report, Kobe and Hilaweyn Refugee Camps, Dollo Ado. UNHCR/ARRA/WFP/UNICEF/Goal, November 2011

[35] "Ongoing drought and uncertain forecast raise food security concerns". East Africa Food Security Alert, FEWS NET, February 23, 2011.

[36] "Food security emergency continues in the Horn of Africa; Humanitarian Response Inadequate. FEWS NET, June 7, 2011.

[37] "Special Brief – Post Deyr Analysis 2010/11". FSNAU February 15, 2011.

[38] UNHCR Refugee News January 2011

[39] UNHCR Weekly Highlights 24 - 28th January 2011

[40] HIS reports

[41] UNHCR Monthly Situation Report, Dollo Ado Sub-Office, 1-30 April 2011

(4/10,000/day compared to emergency threshold <2/10,000/day). Measles coverage was only 73%. UNHCR and NGO staff widely confirmed during interviews that by April, May at the latest, it was understood a major crisis was unfolding. In fact in April, MSF was calling for a declaration of emergency.

Despite regional and local warning indicators, the Somali influx into the Dollo Ado refugee camps in Southern Ethiopia were only internationally affirmed as an emergency during the visit of the UNHCR High Commissioner, Antonio Guterres, on 7 July 2011, two months late by most accounts[42]. Prior to the visit of the HC, accompanied by the BBC, there was no formal declaration of an emergency, despite alarms from respected regional early warning systems, soaring refugee influx figures (see Figure 1), and seriously elevated malnutrition and mortality rates. When examined, the failure to trigger a timely response can be tied back to a number of important and inter-related factors at the national and UNHCR headquarters levels.

There was overwhelming consensus among actors interviewed that there was a lack of preparedness in general, and contingency planning in particular, for the Somali refugee response in Dollo Ado. It was reported by numerous interviewees that the situation was addressed as 'business as usual', at least in the beginning of 2011, and that this attitude did not seem to lift until around May. Inter-agency Refugee Taskforce meetings were chaired once a month by UNHCR and ARRA however in early 2011 the focus was overwhelming on contingency planning and preparedness for the anticipated Sudanese influx. Partners participating in those Refugee Taskforce meetings do not have recollection of contingency plans being developed (a very brief sketch of a plan for 2010 – presented in Annex 7 - was uncovered at the last hours of this evaluation but it was not a living document and not used in the response). More on preparedness and contingency planning can be found in section 6 below.

Beyond the Refugee Task Force, which generally included NGO and some UN sister agencies involved in refugee response, wider information sharing systems were not established. Therefore it was noted by many actors interviewed who were not operational in refugee operations prior to the Dollo Ado emergency, that they were in principle unaware of the pertinent current issues in refugee response and likewise unaware of the building magnitude and complexity of the refugee influx. Beyond information sharing systems, the existing Health Information System (HIS) was too weak and unreliable to provide evidence of the unfolding emergency. For example, HIS reported crude and under five mortality rates were all well below emergency thresholds from January to March and therefore gave no indication of a deteriorating situation. It is widely recognised that HIS data is prone to underreporting errors. Although using a different methodology with its own biases, evidence provided from retrospective mortality surveys conducted late March -

[42] During the interviews the evaluation team repeatedly heard that the response was "about two months late"; May 23rd the UNHCR Ethiopia office requested $8.5million for the Emergency Response to the Influx of Somalia Refugees in Dollo Ado.

beginning of April that showed mortality rates in the camp populations as a whole, exceeded emergency thresholds during the same time period. Consequently, there was no systematic evidence based mechanism whereby complex decisions such as declaration of a major emergency could be supported. The Joint Assessment Missions (JAM) conducted routinely by UNHCR and WFP are seen very much as an internal activity and results are not widely communicated. Evidence of other multisectoral needs assessments, prior to the July 2011 intervention, were not identified by the evaluation team and in general information available to the humanitarian community by which to make informed judgment seemed to be hard to come by. Significantly, there was very little evidence that the results of nutrition surveys among the refugee populations were promptly or widely shared – even when as alarming and critical as the April 2011 results. Although the surveys were completed in the beginning of April, results were slow in reaching technical staff in UNHCR HQ with this delay undoubtedly measuring into the timeliness of the emergency response.

In 2011, there were no UNHCR Standard Operating Procedures (SOPs) for Emergency Response[43], including no established nor formalized mechanisms for triggering an emergency response nor any classification system for recognizing a "corporate emergency" which would require a systemic activation of response mechanisms at both national and headquarters level. The lack of SOPs placed the declaration of a major humanitarian emergency by UNHCR within the responsibility of the senior management, ultimately as a judgment call.

While there was a perceived lack of urgency and action at the national level, UNHCR headquarters also had its role to play in the late declaration of a major (corporate) emergency. In early 2011 UNHCR was entering into new era of acute classic refugee emergencies as unseen in the past decade. The crisis in Liberia and Cote D'Ivoire, the Arab Spring, the situation in Dadaab Kenya, all succeeded in stretching UNHCR staff, resources and, ultimately attention, thin. Emergency response mechanisms, (for example: agreement on triggers and actions, resource allocation, rapid recruitment of emergency technical staff) of the type needed for large scale acute emergencies may have been outdated, clear lines of communication were blurred and more systemic responses were only articulated later in the emergency guidance notes disseminated in 2012. For example, for technical health and nutrition issues Dollo Ado sub-office communicated with the UNHCR regional support hub, which as needed communicated with the HQ technical teams, however for matters of protection or budget other lines of communication were operating. At HQ a taskforce for the Somali refugee influx in Dollo Ado was only established in July after the visit of the HC to Ethiopia and consequently there was no forum for consolidated information sharing and decision-making. This lack of consolidated information, along with a crucial staffing gap at the desk responsible for interlocution between Addis and HQ, as well as stretched human resources at the Bureau overseeing the

[43] A booklet of six Guidance Notes on Emergency Response addressing policy, providing tools, and/or outline procedures was released by UNHCR in April 2012.

Ethiopian operation, may have contributed to a delayed situational analysis and a slow activation of resources in response to requests from the field.

5. *Activation of appropriate funding was delayed*

On 23 May 2011 the UNHCR Representation in Ethiopia requested an allocation of $8.5 million from the UNHCR emergency Operational Reserve to open the 3rd camp in Dollo Ado, Kobe, to procure essential relief items and to receive staff reinforcements[44]. The rationale for this request was that while the approved operations plan and budget for 2011 had foreseen an influx of 10,000 Somali refugees, by mid- May already 24,000 had arrived and with a possibility of 35,000 more by the end of 2011. To the evaluation team this was the first documented sign that the UNHCR Addis office realized that the "emergency situation in Ethiopia was unfolding at an accelerated pace in Dollo Ado and required urgent support in human and fiscal resources"[45]. This is almost two months after the results of nutrition survey documented a very serious health and nutrition situation and after the entire current allocations for Dollo Ado had been exhausted.

Almost a month later, on 15 June, HQ approved a budgetary increase of $2.9 million from the $8.5 million requested because below the $3 million threshold the procedure was quicker but also because HQs wanted to get a better picture of the regional funding requirements for the Somali emergency situation which also included Kenya, Somalia and Djibouti in order not to deplete the Operational Reserve. It was foreseen that the $5.6 million balance was going to be part of this regional submission.

In response, on 17 June the UNHCR Representation in Ethiopia further requested a new allocation of $14.4 million highlighting the grave nature of the emergency[46]. Before receiving further funds, on 1 July UNHCR Addis was reiterating its urgent need to get not only the 14.4 million, but also an additional $ 8.9 million for a total of $ 23 million[47], citing *inter alia* the congestion at the Dollo reception and transit centres. HQ approved the transfer of a further $12.9 million to establish a Supplementary Budget for the emergency situation in Ethiopia, bringing a total of $15.8million out of the $31.5million requested, or an approximate 50% of funds needs. By this time there had been approximately 50,000 new arrivals of which around 20,000, or a little less than half, were confined to the transit centre.

Finally, on 8 July a day after visiting the Dollo Ado refugee camps and transit centre, and upon understanding the gravity of the situation, the UNHCR High Commissioner approved the launch of a $62 million Supplementary Appeal that by the end of 2011 received $ 41 million from a variety of donors.

[44] Memorandum AA/OR/MEM/030
[45] Memorandum AA/OR/MEM/030
[46] Memorandum AA/PRG/138
[47] Memorandum AA/PRG/150

The evaluation team heard during interviews that "if the NGOs didn't come to Dollo Ado there would have been a critical gap if waiting for UNHCR budget". Direct funding of NGOs by donors contributed greatly to the response efforts and allowed aid to implemented without direct funding through UNHCR. It was recognized that "prior to July UNHCR was operating on a shoe-string budget" and that more resources early on would have made a difference. Almost all of the NGOs cited that they responded to the crisis with their own funds and those NGOs that were dependent on UNHCR funds often had to operate for months with their own funding reserve because UNHCR "funding didn't trickle down to well-designed programs".

6. Preparedness was too limited for an effective and timely response

In Bolkomayo refugee camp in March 2010 there was a GAM rate above emergency thresholds (16%) with poor environmental sanitation, shelter problems, dependent on food aid and low measles vaccination coverage (38%)[48]. By international standards this relatively stable refugee population is classified as in a critical or emergency situation. By the end of 2010 service delivery was identified as inadequate in very critical sectors such as water and sanitation, health, education and the provision of non-food assistance such as household items with an essential request that UNHCR deploy a nutritionist to Dollo Ado to oversee the basic nutritional services in both camps[49]. No significant corrective measures were taken in early 2011 leaving the existing population and service provision structure in a vulnerable position to sudden shocks such as the extreme population influx in the middle of 2011.

When interviewees were asked by the evaluation team what could have been done to make the intervention more effective, the overwhelming majority rapidly responded, "Preparedness and invested contingency planning". It was a widely held that there was no contingency plan for scenarios of Somali refugee influx in 2011. The evaluation team did uncover, at the very conclusion of the evaluation, a 3 page contingency plan for 2010 but it was limited in detail, and was not revised in 2011 once the influx started escalating. There are some who argue that contingency plans are outdated before they are even developed and that their use is limited; however, contingency planning goes beyond the creation of a document to focus on the positive value of the planning process which can forge a collaborative spirit let alone clarity in the roles of stakeholders[50]. With proactive leadership stakeholders are encourage to sit around a table and collectively engage with the current and future emergency scenarios with a end goal of being able to meet needs above current programming standards. This process is almost as important as the output

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[48] Joint UNHCR, ARRA and WFP health and nutrition survey report, Boqolmayo Refugee camp, 10-20 March 2010.
[49] WFP/UNHCR/ARRA Joint Assessment Mission (JAM) November 2010
[50] Review of Findings and Recommendations from evaluations of recent emergency operations. PDES, UNHCR May 2011

and it did not exist for the Somali influx in 2011[51].

Moreover, while it is clear that in this situation the process of preparedness planning and the output of a contingency plan would have been a valuable building block for the emergency response, it was also made very clear to the evaluation team that in order to really be an effective preparedness and response tool, contingency plans need to be invested in. "Funded preparedness" or "contingency planning with a budget" were highlighted by interviewees within UNHCR, and among NGOs, UN agencies and donors alike as the essential crux for timely and effective response.

7. Perceptions around the UNHCR mandate were a stumbling block to the response

The Humanitarian Reform initiative of the mid-2000's made a push towards strengthen predictability, response capacity, coordination and accountability by strengthening partnerships in key sectors of humanitarian response, and by formalising the lead role of particular agencies/organisations in each of these sectors. UNHCR has a clear mandate for refugee protection, including assistance, grounded in international law, with well-defined accountability and international standards for service delivery and therefore there is no 'gap' to be filled in the area of refugee response. As such, with the UNHCR as the organization mandated to provide overall camp management and coordination services, emergency refugee response lays outside of the cluster coordination mechanism. Increasingly the cluster system has become the *modus operandi* for humanitarian response and actors are becoming progressively more familiar with working within that framework. Consequently leading a major humanitarian response without using the cluster system with a dedicated cluster coordinator and clear lines of accountability may have presented some confusion to implementing and operating partners.

It was noted among individuals who had a more strategic awareness of the response context of Ethiopia, that UNHCR was 'treading a fine line' as responsible for the protection of refugees and needing to maintain a presence in country to provide, protect and assist. The balance between diplomacy with host government and responding to a major humanitarian crisis was difficult and undoubtedly often played out behind closed doors, and therefore some of the essential brokering and negotiations that may have taken place were not of public note. Among partners, this created an impression of non-transparency, inaction and delays and a perception that UNHCR was not doing all it could in terms of leverage. Therefore, within the Ethiopian context, the expectations and misunderstandings of the UNHCR mandate in the context of humanitarian response in an acute emergency proved to be a difficulty for the response, both for UNHCR itself and partners within the

[51] It is interesting to note however that there was extensive detailed contingency planning for the anticipated Sudanese influx in 2011 which indicates that stakeholders were agreed on the value of contingency planning but did not consider a potential Somali influx to be of the same concern.

humanitarian community.

This can be described from two distinct vantage points. Firstly, from within the agency with the refugee mandate, in this particular situation, there was a belief that UNHCR could, and should, handle the situation by requesting additional human and financial resources from headquarters to scale up operations being implemented with the government and existing implementing partners in Dollo Ado. This was seen as possibly contributing additionally to the late trigger to respond at scale since the assumption was that UNHCR was tasked to handle refugee response and as such there was limited building of partnerships with NGO actors or identifying and filling gaps. Many external actors, particularly within the NGO sector, viewed this response as an overall lack of urgency on UNHCR's part and this mandate influenced attitude was described on numerous occasions as "feet dragging" before the July opening of operations.

Secondly, UNHCR's initial lack of interagency preparedness as well as slow response is viewed by many actors at the senior level of operations and donors as a reflection of UNHCR's protective nature towards its mandate. It was pointed out to the evaluation team that valuable opportunities for collaboration and strengthening of the refugee response were lost, for example in terms of strengthened surge responses and improved technical coordination. Within agencies attempting to engage directly with UNHCR on the refugee response, and in particular within sister UN agencies, there was a fairly common perception that UNHCR was protective of its 'turf'[52].

8. Staffing constraints negatively affected the response

Already before the onset of the acute emergency staff in Dollo Ado was working under intense hardship conditions and the field office required additional support both in human resource and funding for the programme. For example, in early 2011 the absence of technical experts in water, shelter, health, nutrition, and education based in Dollo Ado means that many of the key problems are not identified until an expert mission is launched and the follow-up of key recommendations is often not possible leading to technical glitches and insufficient resolution.[53] In early 2011 the Dollo field office did not have permanent nutrition or public health profiles, one associate field/protection officer, and there was only one (assistant) programme officer.[54] During the later part of 2011 there was two qualified national nutrition staff however given the number of international actors and the magnitude of the response this was not sufficient.

[52] This "protective" interpretation of UNHCR's mandate is addressed in a set of "Guidance Notes on Strengthening UNHCR's Emergency Policy and Procedures" issued in April 2012, in which it stated that "UNHCR must strengthen its capacity to implement partnership principles more fully and to improve its leadership and coordination role".

[53] WFP/UNHCR/ARRA Joint Assessment Mission (JAM) November 2010

[54] UNHCR Staffing Table, Ethiopia January 2011

Likewise at the Addis level there was a lack of senior staff functions in administration, human resources, interagency coordination and supplies compounded by an understaffed programme unit[55] dealing with operations on several fronts (including influxes from Sudan and Eritrea). There was one junior public health officer on a temporary assignment[56] with an HIV focus, no nutrition or water and sanitation officer, and there was a change in the Deputy Representative at the peak of the crisis in June, 2011. The Health Unit had national staff members who were senior in terms of expertise and experience but given the magnitude of the response more was needed. The offices at both the Addis and Dollo levels were operating on bare minimum staff structures without much capacity reserve when the acute emergency set in. In May 2011 the UNHCR Ethiopia requested financial assistance from UNHCR headquarters for the emergency response and "at the core of this plan is the need to reconstitute the management structure of the Dollo Ado operation" and the "deployment of an Emergency Response Team (ERT) to address the shortage of staff"[57]. They received about one third of the requested amount. A wide range of respondents indicated that it appeared that the UNHCR offices were overwhelmed in the face of an acute emergency.

Almost unanimously the evaluation team heard that there were issues with staffing the response[58]. High turnover of staff was highlighted as an area for concern from the wide range of stakeholders involved (both UNHCR Headquarters and country level staff, NGO actors, UN agencies and donors). For example, during a September Nutrition Workshop high staff turnover was cited as one of the challenges[59]. There were multiple types of surge response deployed and ultimately it appears to have created a revolving door of response support[60]. For example, there were a large number of support missions from headquarters, the regional hub and short-term deployments from other UNHCR duty stations that lasted from 1 to 3 weeks. This was coupled with an emergency deployment that in general lasted 2 months. Intersecting with these were secondments of various lengths from standby partners as well as individuals arriving on temporary assistance (TA) contracts of a general 6-month duration. These deployments did not happen in a linear arrangement and at times there were overlaps, gaps, and repeated processes (for example a 2 month deployment followed by another 2 month deployment). The first emergency deployment for the Dollo Ado response was a public health officer for six weeks and there were numerous support missions from the regional hub and headquarters in

[55] In September 2011, at the height of the crisis, the senior programme officer in Addis was reassigned after completing a six month extension and the position was left vacant for over four months. This left an already struggling programme unit completely overwhelmed.
[56] This public health officer on a TA was actually deployed to Ghana to support the emergency response there during the first half of 2011 and returned to Ethiopia in June 2011.
[57] Memorandum AA/OR/MEM/030 of 23 May 2011
[58] 21 out of 29 respondents agreed or strongly agreed when given the statement "UNHCR staffing challenges negatively affected the response"
[59] UNHCR Dollo Ado Emergency Nutrition Workshop Response Harmonization Workshop (ppt), September 2011.
[60] UNHCR emergency and regular staffing tables were reviewed for the period of 2011.

June before the formal ERT team was deployed in July[61]. It is also worth to note that there was a similar high turnover of staff in 2011 within the NGOs operating in the response and within ARRA, which further compounded issues. There was a general consensus among the stakeholders interviewed that the high staff turnover created problems in information management, partnership management and program implementation.

The Dollo Ado response was the first time a new emergency human resources policy of "2+6+1" was piloted. This refers to a policy of an initial 2-month emergency deployment followed by a 6-month temporary assistance (TA) concluded with a one year 'fast tracked' staff position. It appears that although the usage of the 2+6+1 was referred to as a pilot attempt, there is no record available of a formal process for evaluation of the policy including identifying any of the challenges it may have presented to the operations. The evaluation team was not tasked with explicitly looking at the effects of this policy, however it was noted numerous times that there was a perceived problem with the 6-month TA part of the equation. Sourcing qualified individuals of a calibre and availability that would be willing to engage in a six month contract without full staff benefits in a hardship station was cited as a constraint; hence, some of the individuals that may be available for a 6 month TA might not be appropriately suitable. Moreover, delay in sourcing the 6-month TA could lead to the need to find an additional 2-month emergency deployment, further adding to the high staff turnover and depleting the emergency response rosters.

Sourcing of emergency staff deployments, at least for the initial emergency response team (ERT) deployments, did not present itself as an overall major obstacle to the response; however, availability of technical staff, in particular in the areas of nutrition and public health, presented a significant challenge. In 2011 the majority of individuals available for rapid deployment or on the general UNHCR roster did not have a technical profile. A nutritionist was not deployed through the emergency response activation until September representing a two month delay from when humanitarian space was more formally opened in July, and a 5 month window from when the nutritional status of arrivals was quantified as extremely critical via the Nutrition Survey in Dollo Ado in April 2011. Furthermore, irrespective of the technical capacity of the staff, many respondents indicated that few if any had the leadership and coordination skills required to lead and coordinate a response of this magnitude with a plethora of strong actors. Undeniably critical response time was lost in the management of nutrition staff recruitment.

To further complicate adequately staffing the response, not only were there numerous concerns with sourcing international staff, but recruitment of local capacity was also a challenge. The area of Dollo Ado is very remote with limited educational or employment opportunities and there is not a large population density. The Digil-Rahanwein dialect, known as *Af Mai*, is also the most significant variation on standard Somali and it is not well understood by the rest of Somalis,

[61] UNHCR Staff update number 28, Horn of Africa –Somali Influx.

meaning that for over half of the refugee influx population were language constraints. This meant in effect that there was a very small pool of qualified individuals to be employed by the massive influx of humanitarian agencies. If recruitment from the locally based population was supplemented by recruitment of national staff from other areas of Ethiopia there were additional constraints of tensions with host communities over different ethnicities and the perceived notion that outsiders were taking their employment opportunities. Additionally, national staff from areas outside of Dollo found the harsh environment to be a challenge; in culmination with it was often difficult to attract or retain national staff.

Operations

9. *The initial response exhibited poor strategic leadership*

Around a third of the stakeholders interviewed felt that there was a lack of leadership in particular in first half of the year when preparedness activities were lacking and the response was slow. In general, those respondents who felt there was a lack of leadership were quite strong in their beliefs. Comments ranged from issues around leadership styles (diplomatic versus operational), a sense of complacency and defensiveness, and wishes for more transparency and proactive engagement with the international community. The need to balance the negotiations with ARRA while ensuring that operations moved forward in the appropriate manner without compromising on protection was noted however stronger leadership of the humanitarian community was called for. This can be linked back to a number of areas already discussed such as poor preparedness, a complex geo-political environment, and the idea of "UNHCR turf"; however, in the minds of many there was the opinion that with more proactive, coherent and transparent leadership the response could have positively benefitted. This can be further highlighted through a few concrete examples.

The Addis Ababa Refugee Taskforce was seen very much as a top line information-sharing mechanism and did not focus on problem solving. This is partially because there were no systems for holistically compiling and reviewing information with which evidence based decisions could be made, but also seen as a particular leadership style whereby information was shared with actors but the resulting actions were decided behind closed doors without engagement or consultation of other actors. The constant presence of ARRA and the perception that any mention of a health-related crisis (e.g. measles) not cleared by the Ethiopian authorities could tarnish the image of the country, was also considered by most interviewees a constraint on open and frank discussions.

Despite intensive efforts the evaluation team was not able to locate an Emergency Response Plan and/or Protection Strategy. A strategic guiding document such as this would be an essential component of strong leadership for the wide gamut of response including implementing, monitoring, reporting and fund raising efforts. This leads back to the feeling that there was an unresponsiveness among senior

management in UNHCR that fed into a lack of understanding around the magnitude of the crisis and delayed action. The introduction of an accountability matrix"(who does what, where) in July 2011 was however considered an important breakthrough facilitated by UNHCR.

Fundraising, including joint appeals with other humanitarian stakeholders, was not initiated at the national level during the first part of the year when the crisis was building. In fact as early as February 2011 senior level representatives from a proactive donor visited Dollo Ado to familiarize themselves with the programmes and investigate areas for further support[62] however no formal requests for funding were forthcoming. The process of joint appeals includes agreeing on common messages and frameworks, presenting accurate and comprehensive information, and ultimately agreeing upon a common goal. This process requires strategic leadership and coordination as well as a willingness to engage.

10. Conditions and services at the transit camp were grossly sub-standard for large populations for an extended period of time

Upon crossing the Somali-Ethiopia border in 2011, Somali refugees were first subjected to a security pre-screening by Ethiopian authorities. After this they arrived at the UNHCR/ARRA reception centre where they were registered and then sent to the UNHCR/ARRA transit centre where they were to remain for up to three days while awaiting transfer to a refugee camp. The registration system was designed to process 3,000 people per month however at the height of the emergency in June there were 24,000 people per month arriving at the reception centre, or eight times the caseload it was designed for (see Figure 6).

The transit centre space was designed for 3,900 individuals however starting from the end of April the transit centre population exceeded the intended capacity and it remained over capacity for the next 8 months until the end of 2011[63]. Moreover, at the end of June the transit centre held 21,000 individuals, or seven times the caseload it was designed for (see Figure 7). Furthermore the transit centre was intended to hold a small population for up to three days maximum before they were able to be transferred to a plot in a refugee camp. However at the peak of the influx in July the average length of stay was one month while in October it doubled to two months (see Figure 7). A reason for the waves of congestion at the transit centre has partially to do with the crowded existing camps and the need to wait for new camps to open in June (Kobe), August (Hilaweyn) and November (Buramino). For example, the Hilaweyn population stayed at the transit centre for about seven to eight weeks until the camp facilities were organized for relocation in August[64].

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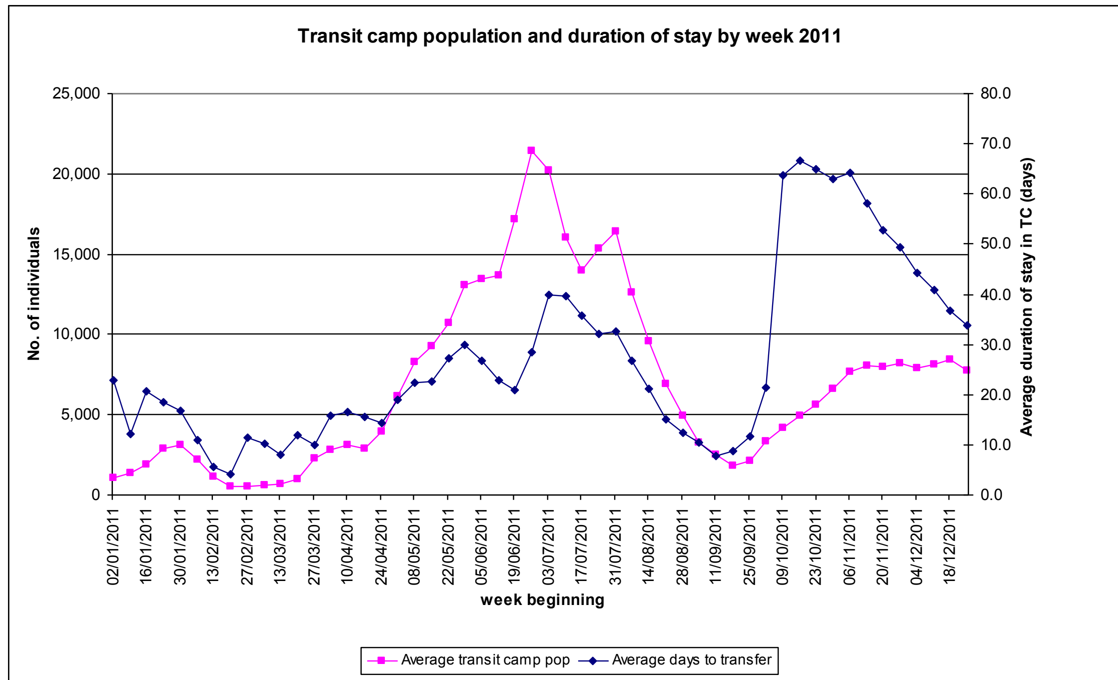
[62] Refugee News February 2011

[63] The 2011 year period of time for investigation according to the TORs for this evaluation; it could well be that the transit centre remained over capacity well into 2012 since by the end of December 2011 there were over 7,000 individuals in the transit center.

[64] Dollo October Nutrition Survey

Figure 7. Transit camp population and duration of stay for 2011



It was apparent by May that the reception and transit centres were becoming inundated[65]. UNHCR and ARRA were locked in an argument over land for a new camp and the peak in numbers in the transit camp prior to July reflect the problems in opening a third camp. The original site approved as a site for the camp was changed due to a change in the local *Woreda.* This decision was reversed and instead the site for Kobe camp was given only in May 2011. UNHCR opened Kobe camp in June 2011. Given the magnitude of the influx and the limited existing capacities the transit centre was overwhelmed. Water and sanitation services were poor, insufficient shelter, and food availability was limited. Between 9th June and 7th July, refugees in transit centre received 2 hot meals per day for 6 days yet length of stay in the centre during this period was 20 to 30 days[66]. As of mid-July, 10-15 people shared one tent, while 30 or more live together in larger iron shelters.[67] In August the transit centre had on average 11L of water/person[68] and 150 people/latrine (standard = 50/latrine)[69]. During the first half of the year, there were significant gaps in measles vaccination of new arrivals due to supply chain issues. No vaccines were available during April. The measles outbreak in the transit camp

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[65] In the last two weeks of April the population in the transit center doubled from around 3,000 to 6,000 and the trend remained for the months to come,

[66] UNHCR Addis email communication 12/11/12

[67] IMC Gender Based Violence Rapid Assessment Kobe Refugee Camp and Dollo Ado Reception and Transit centres 20-25 July 2011

[68] UNHCR standard = 7L/person minimum survival allocation to be increased to 20 L as soon as possible; Sphere standard is 15L/person

[69] Refugee Task force presentation 16th Aug

peaked in mid August when 53 new cases and 3 deaths were reported. By the beginning of October a total of 159 cases and 6 deaths had been reported[70].

The evaluation team was unable to triangulate the exact details of food provisions at the transit centre since documentation was hard to obtain but it is clear the original centre was set up to serve one cooked meal per day for a 3-day duration. From the beginning of May efforts were made within budgetary constrictions to increase first the frequency up to two meals/day and then to extend the duration for up to six days. It was only in early July that it became possible to extend the hot meal program for refugees for the duration of their stay in the transit centre. For example, at the end of June there was a report that more than 7,800 individuals staying at TC who did not receive any food at all during the last eight days.[71]

By mid July there was the report that 'the transit remained overcrowded with poor sanitary conditions which have resulted in a worsening of refugees' health and refugees continue to have little or no knowledge of services offered or how to access them'[72]. At the end of July it was reported that 'SAM cases have risen substantially this week compared to last week (almost double) in population that has been in the transit centre for some time.'[73] There is overwhelming documented evidence, as well as innumerable first hand accounts, detailing the appalling situation that the transit centre had become. Some particularly remarkable statements made to the evaluation team deserve noting here: "UNHCR reduced the nutrition status of refugees" by following protocols and keeping people in the transit centre so long; and "We saw that if people were not malnourished when they came in they were when they left the transit centre".

The high rate of crude mortality (3.1 per 10,000/day) for the first 28 days of Hilaweyn's opening were directly correlated with reports of severely malnourished and otherwise unwell children being transferred from the transit centre, as well as the number of measles cases in adults and the lack of outreach in the camp'[74]. Figure 8 below shows the trend in SAM and GAM rates among new arrivals at the transit centre and indicates malnutrition rates peaked in June when SAM reached 16.2% and GAM 32%.

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[70] Dollo Ado refugee emergency measles update 3rd October 2011
[71] UNHCR weekly update 27th June - 1st July
[72] Dollo Weekly 25-31 July UNHCR
[73] UNHCR Sit rep 25th - 31st July
[74] Dollo Ado Weekly Health and Nutrition Update 29th Aug to 4th September 2011

Figure 8. GAM and SAM rates among new arrivals derived from MSF MUAC screening data at transit camp

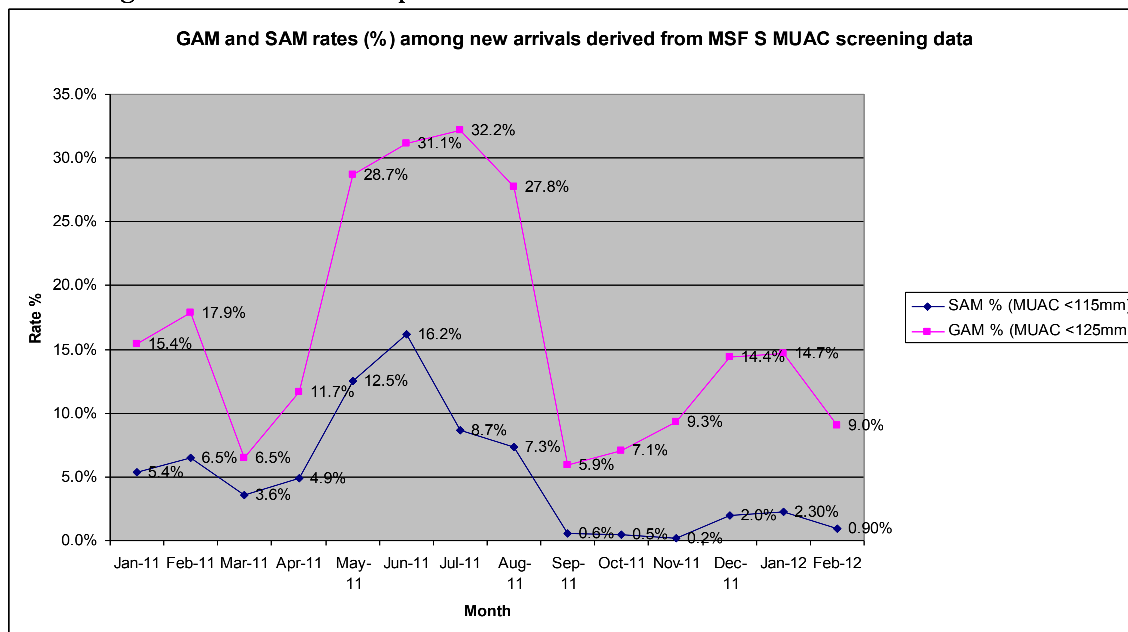

Table 1 below compares the peak figure for malnutrition in the transit centre with subsequent rates in the two camps to which refugees were relocated. The trend shows a definite increase in the number of under fives with global acute malnutrition between screening on arrival and screening at camp level, 2 months later. This increase was which was sustained 5 months later in November.

Table 1 Comparison of malnutrition rates between transit centre and Kobe and Hilaweyn camps

	SAM (MUAC <115mm)	GAM (MUAC <125mm)
Transit centre June 11	16.2%	32%
Kobe August 11	19%	43%
Kobe November 11	18.9%	41.8%
Hilaweyn August 11	19.0%	46.8%
Hilaweyn November 11	11.8%	48.4%

While a whole evaluation could be conducted as to what exactly were the reasons behind the transit centre bottleneck and those consequences. It is clear that efforts to open a third (and forth and fifth) camp were delayed by negotiations and logistics however for the purpose of this comprehensive overview a number of top line findings can be noted:

i. *Preparedness*: As early as January 2011 it was noted that 'there have been delays in processing the applicants and they are without food for up to four days prior to relocation'[75]. Numbers of arrivals steadily swelled and new

[75] Dollo Weekly highlights 24-28 Jan UNHCR

camps were slow in opening however there is no indication that any significant preparedness activities were engaged in order to expand the capacities of the transit centre.

ii. *Management and Coordination:* Perhaps since it was not a camp and had been designed for a small number of individuals for a very short period of time, for much of 2011 there was only a very limited management structure in place. There were a number of NGOS alongside ARRA and UNHCR who were attempting to provide services within the transit centre however there is a general feeling that there was limited oversight and no mention of accountability. Coordination of services appeared to be limited. There are indications that there were gaps in programming, for example in systemic referrals to the blanket-feeding program for vulnerable groups and in general many stakeholders described the transit centre as "chaos".

iii. *Limited of scale-up of services:* By the end of 2011 it is clear services provided at the transit centre had improved considerably with an extended hot meal program, expanded primary health care, comprehensive package of nutrition interventions for the management of acute malnutrition, plus blanket feeding for vulnerable groups. Shelter and water provision were adequate, although sanitation remained below standard[76]. But as described above, the extent and timeliness of the scale up fell far short of meeting the needs and level of assistance provided was below minimum standards for much of 2011. When probed for reasoning behind this apparent lack of attention paid to scaling up services in the transit centre, the evaluation team received two primary explanations: 1) implementing agencies were simply overwhelmed and 2) a judgment call had to be made whether to invest in opening new camps or improving services in the temporary transit centre.

iv. *Poor leadership:* The evaluation team heard first hand accounts of how harrowing it was to work in environment where there were such high mortality rates, where the population as a whole was in a critical health state, while at the same time pressed beyond limits to try to accommodate needs. We have no doubt that the individuals involved in the response at the front line of the transit centre did their utmost to care for the refugees. In spite of this, some reflection needs to be undertaken by the senior management in charge of the overall operation to better understand what the main failings were and the lessons learned to ensure that a similar situation does not occur with future influxes.

11. Nutrition services were slow to scale-up

As already mentioned malnutrition rates among new arrivals were significantly above emergency threshold levels and mortality rates were drastically elevated. Even before the large influx of new arrivals, basic services established in the Dollo Ado camps were insufficient to meet minimum standards and the massive influx

[76] UNHCR Transit Centre Camp profile v1December 2011

only worsened the situation. Given the increased demand in the first half of 2011, existing services and facilities were not adequate, even for the most basic life saving activities[77]. New arrivals were in a "horrific state", and coupled with the sheer numbers, the limited basic services were not sufficient to meet the needs of the population and this can be generalized across the board to include nutritional care, the provision of shelter, water and sanitation, and health care. Given the fact that malnutrition is dependent on a multitude of underlying causes such as an inadequate diet, disease, insufficient health services and unhealthy environment[78] it should be recognized that nutritional services can not operate in isolation and some of the success of nutritional rehabilitation rests on a firm grounding in adequate complementary services. However, this being said, while the service delivery context was complex in the Dollo Ado response, nutrition service delivery as a whole was initially inadequate and slow to scale up. The magnitude of the numbers and severity of condition was overwhelming and capacity of agencies to cope was overstretched. The results of the shortfalls in service can be evidenced in a number of ways.

Firstly, according to nutrition survey results in November 2011, rates of malnutrition in Kobe and Hilaweyn camps were significantly above emergency thresholds a full three months and two months respectively after the camps had opened, suggesting an inadequacy in minimum service provision. Nutrition surveys conducted in 2012 revealed malnutrition rates had by that time reduced significantly, although GAM rates in all camps still remained above emergency thresholds.

Secondly, data available from the second half of 2011 reveal that nutrition programme performance indicators were all below standard for (see table 2 of performance indicators below) and revealed critical shortcomings in the nutrition interventions being implemented. In general there was poor coverage of programs, low recovery rates, long stays and readmissions due in part to centralized services, poor community outreach and uncoordinated referral systems in between implementing partners. As an example, only 61% of severely malnourished under five children and 67% of the moderately malnourished under five children were enrolled in the nutrition programs as of November 2011[79].This compares to the Sphere standard for coverage for both SAM and MAM of >90% in camp situations. In Kobe for the period end July to mid August, in OTP only 18% cure rate and a massive 63% default rate compared to Sphere minimum standards of >75% and <15% respectively. 19% were transferred to the stabilisation centre indicating a deterioration in condition[80]. In the stabilization centre for severe acute malnutrition in Melkadida camp in early August the death rate (21% versus <10%) and defaulting rates (18% versus 15%) were below Sphere minimum standards.

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[77] UNHCR funding appeal July 2011
[78] UNICEF Conceptual Framework for Malnutrition
[79] Federal Government of Ethiopia Nutrition Implementation Guide for Dolo-Odo Refugee Operation. ARRA, 2011.
[80] MSF Weekly Nutrition Reports 23rd July to 12 August

Table 2 summarises the change in key performance indictors versus international standards by camp between July/August and November/December 2011. Whilst this does not give the full picture of services and interventions, the table does not present a very optimistic view of the impact of emergency interventions towards achieving international minimum emergency standards over several months. The figures in red are where international standards were not met. In three of the four camps presented services remained below standard between July and December 2011. Of note, by the end of 2011, in the nutrition sector, OTP performance indicators (crucial service for nutrition rehabilitation and reduction of nutrition related deaths) remained below emergency standards in three out of the four camps.

Table 2 Performance indicators in key sectors relative to Sphere minimum standards by camp - July to December 11[81]

Indicator	Emergency Standard (Sphere 2011)	Bokolmayo camp		Melkadida camp		Kobe camp		Hilaweyn camp	
		Aug 11	Dec 11	Aug 11	Dec 11	Jul 11	Dec 11	Sept 11	Nov 11
Nutrition									
OTP discharge rate (recovery rate)	>75%	60%	62%	59%	55%	9%	73%	89%	100%
OTP defaulter rate	<5%	38%	27%	37%	29%	86%	10%	3%	0%
OTP death rate	<10%	2%	0%	1%	0%	5%	2%	8%	0%
Health									
Measles coverage	>95%	73%	115%	73%	16%	85%	85%	>95%	>95%
No of health facilities	1:<10,000	1: 37,423	1: 37,815	1: 25,268	1: 40,185	1: 25,568	1: 25,831	1: 19,082	1: 25,092
WASH									
Litres water/ person/ day	>15	10	10	14	12	12	15	14	16
No. persons per communal drop hole Latrines	<=50	48	83	221	561	189	49	84	127
Supervision									
Do regular camp coordination meetings take place?	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes

[81] compiled from HIS reports and UNHCR produced camp profiles July to December 2011 accessed at http://data.unhcr.org/horn-of-africa/region.php?id=7&country=65

These delays in achieving international standards undoubtedly impacted on the health and nutrition status of the refugees.

Due to prior limited international engagement, nutrition service providers arrived in Dollo Ado July at the earliest and had to physically set up (which often included the lengthy and expensive fact of building structures), recruit and train international and national staff, import supplies while at the same time rapidly responding to an overwhelming influx of very sick people. Negotiations with ARRA and their reluctance to handover leadership of some of these sectors also had a role to play in the delay. It could easily take a couple of months for nutrition service providers to be fully functional hence it is not entirely surprising that the service provided in the initial response was weak. When starting from ground zero with a huge beneficiary base in a poor condition, scale up of nutrition services to acceptable levels took a long time. One particularly significant example of delays in providing minimum standards of care is that of the delay of the stabilisation centre (SC) for the treatment of complicated cases of severe acute malnutrition in Kobe camp. It was not operational until the end of September, a full three months after the camp had opened, meaning at best that mothers had to chose between caring for other family members or leaving for a few weeks to take care of a sick child.

Furthermore, across the camps, most of the health and nutrition partners initially focused on clinical facility based care, taking some time to scale up community outreach work and the provision of decentralised services. This delay, limiting access to and understanding of services available, was highlighted by a large majority of key informants as a key factor contributing to poor coverage and performance of health and nutrition programmes.

It should be noted that in an effort to improve the poor service delivery UNHCR, with the support of partners, held a Nutrition Response Harmonization Workshop in September 2011 to develop nutrition response plans in each camp and to actively problem solve around the central areas of improving the GFD distributions, nutrition interventions, community outreach/decentralization of services and the use of nutrition information[82]. Central to these discussions was the need to standardize program admission and discharge criteria, standards, classifications, performance indicators and programmatic details of program implementation. To that end, UNCHR along with its key food and nutrition partners WFP, UNICEF and ARRA have developed a nutrition and food strategy which seeks to characterize the program needs/gaps and the agreed upon treatment protocols and products so that regardless of implementing partner today or tomorrow, the nuts and bolts of the program design are in place. This guidance document[83] was intended to bring the following desired benefits:

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[82] Dollo Ado Emergency Response Harmonization Workshop. UNHCR/WFP/UNICEF September 2011
[83] Joint UNHCR/WFP/UNICEF/ARRA/Implementing Partner Guidance Note on Nutrition And Food Response in the Dollo Ado Refugee Program, September 2011

- Increase program coverage and improve utilization of services
- Resolve the current coordination challenges being faced by the health and nutrition partners
- Decentralize services
- Define partners' accountability and responsibilities
- Prevent duplication of efforts and resources

Coordination

12. Coordination mechanisms were initially inadequate for an effective response

Coordination of a large-scale emergency such as the Dollo Ado refugee response happens at many levels and with multiple actors. For clarity of presentation of the findings, it is useful to separate the coordination of the response into three distinct levels of field (Dollo Ado), national (Addis Ababa) and headquarters (Geneva).

Dollo Ado: At the end of 2010, an assessment mission identified the need to improve coordination, communication and collaboration between partners involved in the refugee assistance and protection[84] and this recommendation came at a time when there were only a handful of actors on the ground. By the middle of 2011 there were dozens of humanitarian response agencies setting up services for the wide spectrum of sectors required in a completely assistance dependent population. There were clear issues presented to the evaluation team regarding coordination capacities of individuals in coordination roles, confusion over the roles and responsibilities of ARRA vis-à-vis UNHCR, a disconnect between Addis and field level coordination efforts, and visible turf struggles between UNHCR and some agencies. However when posed with the statement "Emergency response coordination between UNHCR and its partners was adequate for an effective response" there is an almost 50/50 split between those who agree and those who disagree[85]. One key success in coordination, which was referred to over and over by stakeholders, came with the development and agreement of the first accountability matrix on 13th July. This 'matrix' provided greater clarity on agency roles and responsibilities within the different camps and facilitated the opening up of services to a greater number of international agencies.

Addis Ababa: The evaluation team heard that the "UNHCR coordination role was not fulfilled at all levels, in particular at Addis level". This sentiment was echoed multiple times throughout the information gathering process with particular reference to UNHCR's coordination of the response with external partners and well as to coordination with the UNHCR operations in Dollo Ado. The main coordination forum, the Refugee Taskforce, was often noted as lacking a problem solving and

[84] WFP/UNHCR/ARRA Joint Assessment Mission (JAM) November 2010
[85] 15/28 interviewees approached agreed or strongly agreed that emergency response coordination between UNHCR and its partners was adequate for an effective response.

decision-making function instead focusing on basic information sharing and diplomatic negotiations. It was not a decision-making platform with meeting encompassing very large numbers with different objectives and accountabilities. Given the complex geo-political environment the evaluation team understood that many the taskforce participants were not entirely open with information or problem or with opinions and therefore discussions could skirt around certain more sensitive areas. A respondent who was involved with interagency coordination at a point during the response indicated that there was a 'need to establish an information sharing culture and an openness with information with UNHCR partners'.

Beyond the weak content of the Refugee Taskforce meetings there were many frustrations with a perceived poor coordination skills, lack of strong leadership, and poor meeting management in general. It has been recognized within UNHCR at a corporate level that there is a need for staff with good interpersonal and coordination skills and necessary seniority in an increasingly interagency context, not only in a cluster situation, but also in a classical refugee emergency where the pressure to follow an "enhanced collaborative approach", if not an outright cluster approach, is mounting[86]. Complementing these raised concerns about the poor coordination was an absence of coordination tools and products such as joint contingency and/or response plans, information management tools, strategic operating framework, etc. There was one main coordination tool, which was highlighted by almost all to be a clear success, was the accountability 'Matrix' officially designating responsibility of certain sectors and camps to specific agencies but while important it was not enough in the context of overall emergency management.

Dovetailing with the finding (6) above, regarding engaging partners in a collaborate manner, the evaluation team heard a repeated request for more transparency and better communication with partners. It is not simply enough to inform implementing partners of activities or decisions, but in this stage of the humanitarian reform agenda, working in partnership with strengthened relationship with key sister agencies is required. Expectations around coordination have changed.

Geneva:
The first headquarters Task Force concerning the refugee influx in Dollo Ado occurred on 14 July 2011, although there were several ad hoc meetings. At this point in time there were around 16,000 refugees in the transit centre with an average of one month wait time before transfer. Only the week before had the hot meal program been extended from a handful of days to cover the extended duration of their transit. UNHCR Addis had been requesting for additional resources since mid-May and only received a small fraction of what was requested. The mortality

[86] Review of Findings and Recommendations from evaluations of recent emergency operations. PDES, UNHCR May 2011

rate was double emergency thresholds and there was a health and nutrition crisis of the like as has not been seen since the 1991 crisis in Somali. The evaluation team heard numerous sources reflect that UNHCR headquarters was late to the response, with a lack of situational analysis and a better need for systemic response mechanisms.

13. Nutrition service delivery was fragmented and lacked coherence

Unfortunately, the rapid scaling-up of nutrition activities was not necessarily done in a comprehensive and coordinated manner and as of Aug 2011 there were approximately five different implementing/operational partners, alongside other actors such as UNHCR, ARRA, WFP and UNICEF, all involved in different pieces of the nutrition program in different camps making the coordination and effective implementation of programs very difficult. This was coupled with the fact that the different implementing partners have different ideas on the standards, the enrolment/discharge criteria, the key indicators and finally the reporting formats that should be used- which further confounds the ability to plan for products, ensure timely and comparable reporting and coordinate the overall nutrition and food sector.[87] Since there was no agreement on criteria and standards, information systems were next to impossible to implement or manage since it was not possible to gather common indicators across different agencies. The lack of a functional information system made collective concrete problem solving discussions based on presented evidence very difficult.

Essentially all major emergencies are challenged by coordination constraints however almost unanimously all those associated with nutrition service delivery in Dollo Ado agreed that the nutrition sector coordination presented a particular challenge. There was a lack of leadership and strong coordination skills from early within the refugee influx and as the magnitude and severity of the crisis increased the capacity to coordination the nutrition response diminished. In a large scale acute nutritional crisis such as was present in Dollo Ado, there was a need for a very strong relatively senior coordinator with a solid background in nutrition programming in order to facilitate discussions around conflicting program details and well as to provide leadership to a large nutrition response with a number of newly establishing actors. This capacity was not put in to place until the later part of 2011.

Coordination products, besides the "Matrix" were late in coming. Investigation by the evaluation team was unable to locate any sectorial response plan, structural terms of reference or guidelines for coordination management (i.e.: coordination objectives, use of technical working groups, strategic working groups, etc), jointly developed funding needs or plans. In September there was a workshop (mentioned in detail in section 11) to address recognized technical challenges that the nutrition

[87] Joint UNHCR/WFP/UNICEF/ARRA/Implementing Partner Guidance Note on Nutrition And Food Response in the Dollo Ado Refugee Program, September 2011

sector was facing, and the resolution of some of the technical issues helped facilitate coordination of the sector. In August 2011, information management was improved with the introduction of the web-based information management system. Furthermore, at this time, UNHCR instigated the development of HIS fact sheets despite challenges getting accurate data from health and nutrition partners.

Perhaps the most important shift in the nutrition sector coordination structure came at the bequest of the Government of Ethiopia. In a federal Nutrition Implementation guide for Dollo Ado, it was recognized that 'Key issues that must be addressed by all the partners and the Government are institution of effective coordination, monitoring and evaluation system, transparency among partners and use of a common health information system, and documentation practice, outreach community based health and nutrition activities that reach out to targeted beneficiaries.'[88] It laid out some very precise operational guidelines including around the coordination of the nutrition response. Most notable was the directive to shift from 'horizontal programming' to 'vertical programming', or from 'fragmented programming' to 'comprehensive programming'. Basically this was an effort to establish accountability with one agency for the nutrition sector within each camp. It was a shift from the organic implementation that has sprung up as NGOs arrived and began operating in areas of nutrition intervention that they felt that had particular skills or funding for to a consolidated service delivery mechanism whereby one agency was responsible for all nutrition services in one camp. This 'vertical programming' was attempted in order to improve performance indicators, increase coverage, and reduce gaps and duplications.

Conclusions

The conclusions of the evaluation are framed with respect to the OECD/DAC standard criteria for the evaluation of humanitarian action as outlined in the evaluation TORs.

Relevance/Appropriateness:

Overall, the response was appropriate in terms of the package of assistance provided, with the prioritisation of providing the key life saving interventions. However, a major finding of the evaluation was failure in the adequacy and appropriateness of assistance provided at transit centre, in particular, food and nutrition, sanitation and shelter. The limited scale up of services in a centre designed for a few thousand, yet at the peak of the crisis holding more than 20,000 for an extended period, no doubt negatively impacted on the health and survival of refugees whose physical and mental condition was already compromised.

[88] Federal Government of Ethiopia Nutrition Implementation Guide for Dolo-Odo Refugee Operation. ARRA, 2011.

Furthermore, the response did suffer from shortfalls in the appropriateness of staffing levels and technical competencies relative to the scale of the crisis both with UNHCR and partners.

Coherence including Coordination:
There were gaps in the coherence and coordination of the response. Overall, both at Dollo Ado and Addis Ababa level, UNHCR did not fulfil its coordination role adequately through most of 2011. There were weaknesses in coordination and leadership capacities and a need for better communication and transparency.

In particular, within the nutrition sector, coordination of the response was weak. For the first half of the response, efforts were not harmonised and there was discord between different agencies using different criteria and operating standards. Furthermore the nutrition response suffered from 'infighting' between agencies for control of particular sections of the programme. The coherence of the response was limited prior to the introduction of 'vertical programming' at the beginning of 2012, the multitude of different agencies operating different programmes in one camp resulted in gaps in coverage and referral between programmes.

Effectiveness including Timeliness:
Effectiveness can be addressed through the simple question 'were the right things done?' In answer to this, yes, all indications are that once the response began in earnest in July 2011 the right interventions were done but not to sufficient scale and quality fast enough. This is evidenced in the below Sphere standard performance indicators of key sector interventions throughout 2011 and the extremely high rates of malnutrition measured in November 2011, 5 months after the peak influx.

A key shortcoming of the response was a lack of timeliness. Nutrition survey results from April indicated an alarming situation way above emergency thresholds both in terms of malnutrition and mortality, yet there was no declaration of emergency and significant scale up of response until early July by which time more than 55,000 refugees had arrived and under five mortality rates reached eight times the emergency threshold.

Coverage:
Whilst the evaluation found no evidence of particular population groups being excluded from assistance, throughout most of 2011 the response failed to meet minimum standards on coverage for most basic services: shelter, nutrition, water and sanitation, food assistance. This was particularly true at the level of the transit centre. As the findings section highlights, coverage at scale was affected by a combination of factors within and external to UNHCR, and specifically the poor coordination and late decentralisation of services.

Although there was no evidence of the exclusion of particular population groups from assistance, it is important to note that around 30% the refugee population in Dollo Ado was between the ages of 5 to 11 years and among these older children there were large numbers of malnourished. Nutrition programmes are normally

targeted towards under fives and there were challenges in achieving coverage among this older age group, not least the requirement for partners to extend their usual programme entry criteria.

Impact:
The response undoubtedly saved lives and provided safe refuge and protection for population fleeing famine and civil insecurity in Somalia. But indicators of mortality suggest the response failed to have a timely impact on the survival, health and nutritional status of the refugees. It was not until the beginning of October that crude mortality rates finally fell below the emergency threshold. This was a full 6 months following the first evidenced reports of elevated mortality in Bokolmayo and Melkadida camps. The lack of preparedness and failure to trigger a timely response resulted in initial delays in scale up of assistance proportionate to the level of need. Once efforts were intensified, inadequacies around leadership, coordination, partnerships, staffing and funding meant the impact of the response fell short of what was required. Interviewees were agreed in their conclusion that more could have been done to reduce mortality and malnutrition rates[89].

Recommendations

It is recognized that UNHCR and its partners have made strides forward since the response in 2011 and that significant lesson learning has already been incorporated in current practices. For example there is currently a well developed and costed (but unfunded) contingency plan for Dollo Ado response scenarios and in mid 2012 UNHCR released six guidance notes on Strengthening UNHCR's Emergency Response Policies and Procedures. This being said, it is beyond the scope of this evaluation to examine what the current state of affairs is in emergency response within Ethiopia or within UNHCR as a whole consequently the evaluation team has not done an investigation of current adjustments to emergency operating procedures. Therefore, the evaluation team aims to provide concrete and actionable recommendations that build upon the findings of the evaluation of the 2011 response while acknowledging the current advances in UNHCR emergency response in as much as they were exposed during the course of our examination of the 2011 Dollo Ado response.

Recommendations for the Ethiopian Context

1. **Define the roles and responsibilities of ARRA and UNHCR in acute crisis situations**

   In order to ensure a more predictable and accountable response it is advised that roles and responsibilities of ARRA and UNHCR individually and vis-à-vis each other are clearly defined, particularly regarding the range of sectorial

[89] 26 out of 29 respondents agreed or strongly agreed with the presented statement, "More could have been done to reduce malnutrition and mortality rates".

activities to be implemented by ARRA vs. other partners. These should be communicated within the rank and file of ARRA and UNHCR, as well as within the humanitarian community, in order to pre-empt potential confusion in the advent of application in an emergency.

2. **Emergency response partners should be jointly pre-identified by ARRA and UNHCR**

The evaluation findings reviewed the poor nutrition sector service delivery and coordination and described the implementation of the Government of Ethiopia led 'vertical programming' initiative whereby one implementing partner is designated as responsible for one sector in one camp. Building upon the recognized need to get the right capacities in place at the right time, ARRA and UNHCR should jointly pre-identify qualified emergency response partners per sector in order to put into place rapid clearance of business procedures.

3. **Emergency response activation guidance for refugee response, including a common set of triggers, should be jointly developed by ARRA and UNHCR**

Thresholds should be identified for the declaration of an emergency that exceeds the existing capacities of operational and implementing partners. A common set of triggers should be outlined and agreed upon. These could, for example, include a combination of maximum limits for life-threatening indicators such as mortality against an analysis of the scale of the emergency. There are a number of well-developed analytical tools[90] that can be looked to for guidance.

4. **Develop interagency contingency plans for refugee response**

Effective emergency response requires collective action and contingency planning is a management tool that provides a common overarching framework to guide this action. The process of contingency planning establishes working relationships that can be critical during a crisis. Pre-defining strategies and management and coordination mechanisms can save valuable time to pave the way for a coherent and timely response.

5. **Sectoral preparedness should be further developed and maintained**

Building on the Interagency Guidance Notes on Nutrition and Food Response[91], as well as a federally produced Nutrition Implementation Guide[92], efforts should be made to collectively agree on harmonized standards, criteria, program

[90] For example, the Integrated Food Security Phase Classification System (IPC) is currently being introduced within Ethiopia. The IPC is a standardized scale that integrates food security, nutrition and livelihood information into a clear statement about the nature and severity of food insecurity and implications for strategic response.

[91] Joint UNHCR/WFP/UNICEF/ARRA/Implementing Partner Guidance Note on Nutrition And Food Response in the Dollo Ado Refugee Program, September 2011

[92] Federal Government of Ethiopia Nutrition Implementation Guide for Dolo-Odo Refugee Operation. ARRA, 2011.

implementation details, and information systems for general application in possible future acute refugee responses in order to minimize confusion and enhance performance.

System wide Recommendations

6. **Systemically operationalise UNHCR's Emergency Policy and Procedures Guidance**

Implement an action plan with measurable indicators to ensure that UNHCR staff, especially senior management, are sensitize to the new emergency policies and procedures directives concerning emergency response activation, coordination procedures, inter-agency partnership, information management, staffing, emergency appeals processes, and resource allocation. This could be a combination of awareness raising efforts, varying workshops from senior management level to relevant sectoral engagement, development of training packages (for example around emergency finances) or integration of guidance into ongoing training efforts, with planned evaluations of future emergency response efforts within the new guidance framework.

7. **Evaluate the structured transition (2+6+1) emergency staffing policy**

Capacity to adequately respond is linked with the availability, skills and experience of staff. To this regard, the UNHCR emergency staffing policy, and in particular the 2+6+1 model, should be formally evaluated to determine if it is sufficiently appropriate to deliver a coherent response.

8. **Develop systemic responses for rapid large-scale refugee influxes**

In order to prevent operational malfunction, such as the bottleneck at the transit centre in Dollo Ado, systemic responses should be developed and institutionalized for a predictable scenarios in rapid large-scale refugee influxes. When activated, these systemic responses should set into a train of motion responses that would mitigate extreme circumstances in a timely manner.

9. **Ensure adequate support to senior management in acute emergency responses**

The UNHCR senior management and the Representative in country leads response including, among other things, the assessment of needs, ensures appropriate sectoral leadership, establishes appropriate coordination mechanisms, exercises UNHCR's international protection functions, and advocating and fundraising on behalf of refugees. At times the senior management may need additional support to fulfil all of the required functions to best capacity. As a starting point, provisions for support to senior management are laid out in UNHCR's Emergency Response Policies and Procedures and should be systemically applied as needed.

10. Emergency preparedness measures, with attached predictable resources, should be institutionalized.

Emergency preparedness, with contingency planning, should be encouraged and safeguarded by the availability of predictable resources. For example, an allocated percentage of an emergency reserve fund could be made available for high-risk preparedness measures in order to ensure a basic minimum of supplies are positioned and staffing levels as sufficient.

11. Modernize coordination protocols within an enhanced partnership framework

Effective service delivery in humanitarian response is increasingly the result of inter-agency efforts. As UNHCR leads the response in refugee emergencies it is increasingly important that UNHCR improves its inclusiveness of stakeholders through transparent information sharing and strategic leadership of operational and implementing partners. Successful coordination is paramount in this interagency environment and UNHCR could benefit from some of the coordination advancements made in the last years with the cluster approach and other humanitarian coordination mechanisms, as recognized in the new UNHCR Emergency Guidance Notes.

Annexes

Annex 1 Terms Of Reference

Terms of Reference (TORs) for the
Review of the Emergency Response to the Refugee Crisis in Ethiopia in 2011

Background

Severe drought in the Horn of Africa in early 2011 affected an estimated 13million people with pastoralists and agro-pastoralists most affected. The crisis was mainly focused on south central Somalia, Northern Kenya and southern Ethiopia. However, protracted insecurity, fuelled by internal armed conflict between the radical Islamist group Al Shabaab, and the armed forces of the AU contingent and of the fragile Transitional Federal Government of Somalia (TGF) on the other side, further exacerbated the situation for Somalia with large displacement of populations to refugee camps in Northern Kenya and Southern Ethiopia.

The influx of Somali refugees in Ethiopia in 2011 amounted to 76,000 new arrivals by August and 97,000 by year-end for a cumulative total of 142,0000 refugees in the five camps and one transit centre located in the Dollo Ado area in southern Ethiopia. Refugees arrived in a serious condition fleeing the protracted crisis in Somalia. However, mortality and malnutrition rates did not stabilise below emergency thresholds for several months. In Kobe camp, crude mortality rates peaked at 7.6/10,000/day for adults and 17.6/10,000/day for children under the age of five in July 2011 and remained above emergency thresholds for three months. A comprehensive nutrition survey of children under five, carried out in November 2011, four months after the new camps opened, found a Global Acute Malnutrition rate of 50%, with 18% suffering Severe Acute Malnutrition.

Purpose

An IASC-commissioned Inter Agency Real Time Evaluation (IARTE) was conducted on the emergency response in Ethiopia, Somalia and Kenya in early 2012. In Ethiopia the evaluation concluded that internationally recognised standards overall were met apart from the early refugee response in which malnutrition and mortality rates were found to be alarmingly high at the peak of the influx in mid-2011 until the situation stabilized in the last quarter of 2011. A recommendation was made that UNHCR undertakes an internal review of its response to the 2011 emergency in Dollo Ado. As a result of this, the High Commissioner has agreed that UNHCR should examine the reasons for the high levels of mortality and malnutrition in the refugee camps in Southern Ethiopia in mid 2011.

Objectives

To identify internal UNHCR factors and external barriers linked to high levels of mortality and malnutrition among Somali refugees in the Dollo Ado refugee camps in Southern Ethiopia during from February 2011 through to November 2011. This evaluation will address three primary questions:

1. What happened and how does this compare with international standards for response?
2. Why and how did it happen?
3. What were the main UNHCR internal policy and operational gaps – if any – that affected the emergency response so that lessons can be drawn for future acute emergencies?
4. What were the external constraints – if any – that constrained the emergency response?

The findings from this review will contribute to *improving* design and/or implementation of policies and programmes. The evaluation process may also improve performance by improving communication between all parties, and highlighting obstacles. Ultimately the evaluation will be a *lesson learning* exercise to learn what fosters replication or sustainability for future application – or the converse.

Focus

The focus of the evaluation, while taking into account the condition of the refugees when they arrived in Ethiopia, will be in particular on the UNHCR response in terms of:

(a) Staff deployment, both in terms of numbers and competencies,
(b) The mobilization of financial resources,
(c) Operations management,
(d) The delivery and distribution of food and non-food items,
(e) The provision of appropriate vaccination and other health care arrangements,
(f) Any protection issues that might have affected access to essential services
(g) Coordination with UN agencies and NGOs, and
(h) Coordination with ARRA and the Ethiopian authorities.

Methodology

The review process will involve a document review and data analysis as appropriate, in depth interviews with key actors in HQs Geneva and the field (including UNHCR, the Ethiopian governmental counterpart, ARRA, UN agencies, key NGOs/implementing partners as well as the lead evaluator of the IASC-commissioned IARTE) and a field mission to Addis Ababa and Dollo Ado with participatory discussion with beneficiaries. The review will be undertaken by a the nutrition consultancy group NutritionWorks specializing in public health and

nutrition supported by a UNHCR staff member from the Policy Development and Evaluation Service.

The evaluation will be undertaken according to standard evaluation of humanitarian action criteria as per OECD/DAC with reference to established international standards in nutrition and mortality. Whilst all criteria will be considered, key criteria to be examined including:

- *Relevance/Appropriateness:* The extent to which the response was tailored to local needs and priorities.
- *Coherence including Coordination:* Extent to which all relevant policies (security, trade, military as well as humanitarian) were consistent and took adequate account of humanitarian and human rights considerations; and the extent to which interventions of different actors are harmonised with each other to promote synergy and avoid gaps, duplication and resource conflicts
- *Effectiveness including Timeliness:* The extent to which the response achieved its intended results based on stated objectives
- *Coverage:* Extent to which to major population groups facing life threatening suffering were reached (included/excluded) by the intervention
- *Impact:* Looks at the wider effect of the response

Rationale for timing

This review was conceived shortly after the IARTE report was released in early 2012 recommending that UNHCR undertake a more in depth analysis into the adequacy of the emergency response in Dollo Ado in 2011. Time was spent identifying an evaluation team and determining availability and the review was scheduled to commence at the earliest possible date, October 2012.

Intended Use and User

The main use will be to examine the 2011 emergency response by UNHCR and its partners and on that basis to improve the future response to acute emergencies in Ethiopia and secondly, what lesson can be applied to emergencies elsewhere. The information and recommendations generated by this review will be shared with the UNHCR Ethiopia country office and UNHCR senior management for relevant action. For follow-up information please contact Jeff Crisp (crisp@unhcr.org) or Guido Ambroso (ambroso@unhcr.org) at the UNHCR Policy Development and Evaluation Service.

Annex 2 Timetable

SCEHDULE DOLLO ADDO REVIEW NUTRITIONWORKS - UNHCR

Mon. 15 – Fri. 19 October	Document review / TORs development
Monday 22nd Oct	Flight Dakar- Geneva
Tuesday 23rd to Friday 26th	Geneva interviews and further preparation of methodology and review documentation
Saturday 27th	Flight Geneva - Addis
Sunday 28	Addis: Free
Monday 29 and Tues30th	Addis interviews: UNHCR, WFP , UNICEF, Ethiopia emergency response section, other main implementing partners such as ADRA, SC US, MSF IMC, IRC, GOAL
Wednesday 31 October to Friday 2nd November	Flight to Dolo and field visit and interviews, flight back to Addis on Friday
Saturday 3 November	Meet with any partners if possible, analysis interview information
Sunday 4 November	Addis- work on statistics, reports compile data
Monday and Tues 5-6th November	Addis interviews and compiling data, put together presentation
Wed. 7 November	Debrief in Addis. Travel back to Geneva
Thurs. 8 November	Consolidate findings - UNHCR Geneva
Friday 16th November	Submission of draft report for feedback
Friday 23rd November	Deadline for feedback
Friday 30 November	Deadline for submission of final report

Annex 3 List of Interviewees

Ethiopia Addis Ababa

Name	Title	Organization / Agency
J.O. Moses Okello	Representative	UNHCR
Bornwell Kantande	Deputy Representative	UNHCR
Allen Gidraf Kahindo Maina	Public Health Officer	UNHCR
Magda Medina	Assistant Representative (Protection)	UNHCR
Dejene Kebede	Public Health Officer	UNHCR
Samuel Tadesse	Nutrition Consultant	UNHCR
David Njoroge	WASH	UNHCR
Joseph Mbithi	Senior Programme Officier	UNHCR
Samuel Tesfaye	Program Associate	UNHCR
Judit Prigge	Associate Programme Officer	UNHCR
Mulugeta W Tsadik	Nutritionist	UNHCR
Stephen Kajirawa	Protection Officer	UNHCR
Ayalew Aweke	Deputy Director	ARRA (Government of Ethiopia)
Yehaulashet Gebremedhin	Former Programme Coordinator	ARRA (Government of Ethiopia)
Eugene Owusu	Resident Coordinator / Humanitarian Coordinator	UNDP
Millicent Mutuli	PI/Spokesperson	UNHCR
Silvyie Chamois	Nutrition Specialist	UNICEF
Joan Matji	Chief Nutrition & Food Security	UNICEF
Shadrack Omolo	Emergency Officer	UNICEF
Tewoldeberhan Daniel	Nutrition Specialist	UNICEF
John Graham	Snr. Policy and Strategic Analysis Advisor	USAID
Des Diallo	Regional Refugee Assistant	US BPRM
Shaun Hughes	Humanitarian Adviser	DFID
Felix Gomez	Snr. Deputy Director in Ethiopia	WFP
Stephen Cahill	Head of Logistics	WFP
Giorgia Testolin	Head of Refugee Operations	WFP
Mike McDonagh	Head of Office	OCHA
Ulrika Hedberg	Medical Coordinator	MSF / Spain
Narineh Aslanyan	(former) Country Director	MSF / Spain
Willemieke van den Broek	Medical Coordinator	MSF / Holland
Shewangezaw Lulie	Humanitarian Director	SCF
Likad Dioguardi	Deputy Head of Mission	ACF
Lemma Degefa	Resident Representative	Lutheran World Federation
Mabonga Kennedy Wafula	Country Director	Norwegian Refugee Council

Samuel Hailu	Programme Officer	ECHO
Hiroyuki Kishino	Ambassador	Embassy of Japan

Ethiopia Dollo Addo

• Kimenyi Buzoya, • Abraham W/Giorgis • Aden Yerrow, • Hamdi Omar, • Gulie Dore, • Asha Abdikadir Maalim, • Abbass Adan,	Senior Protection Officer Community Services Associate Field Associate, Kobe Field Associate, Buramino Field Associate, Melkadida Community Services Assoc. Melkadida Protection Associate, Reception Centre	UNHCR
• Chris Eweillar, • Daniel Takea, • Godfrey Oryema,	Programme Coordinator Nutrition Programme Manager Hygiene and sanitation programme manager	IMC
Baptist Ast Girma Mandefro Fitsum Tesfaye	Focus Group interview	ACF
Focus Group Interview	Focus Group Interview	Save the Children USA
Juan Carlos Aby Fateh	Focus Group interview	MSF Spain
Focus group interview with Refugee Committee	Kobe camp	Refugees
Focus group interview with Women's Committee	Kobe camp	Refugees
Focus Group Interview with Refugee Committee	Helaween camp	Refugees
Joseph Nyangaga	Emergency Coordinator & Head of IOM Dollo Addo Sub-Office	IOM
Mr. Tadele Geneti	Dollo Ado Zonal Head	ARRA (Government of Ethiopia)
Michael Charley	Child Protection Officer	UNICEF
Kumud Bhowmik	Programme Officer	WFP

Geneva

Betsy Greve	Deputy Director, Department for Emergency, Supply and Security	UNHCR
Raouf Mazou	Deputy Director, Regional Bureau for Africa	UNHCR
Paul Spiegel	Deputy Director, Department of Programme Support Management	UNHCR
Marian Schilperood	Snr Officer Public Health and HIV	UNHCR
Caroline Wilkinson	Snr. Nutritionist	UNHCR
Kemlin Furley	Acting Head Inter Agency Unit, on mission to Addis during the emergency	UNHCR
Johanna Haener	Snr. Emergency Management Officer	UNHCR
Sabine Wahning	Former Snr. Programme Officer in Addis Ababa	UNHCR
Bewatrice Ngendandumwe	Snr. Desk Officer Geneva RBA	UNHCR

By phone

Lewis Sida	Lead evaluator for the IARTE	Valid
Jo Hegenauer	Former Snr. Emergency Coordinator/Head of of Dollo Addo	UNHCR
Ted Chaiban	Former UNICEF Representative in Ethiopia	UNICEF
Cosmas Chanda	Former Deputy Representative in Ethiopia	UNHCR
Allison Oman	Regional nutritionist	UNHCR Regional Hub
Dorothy Gazarwa	Former UNHCR Dollo Nutritionist	UNHCR
Dominique Porteaud	Snr. Water & sanitation Officer	UNHCR HQ
Amy Martin	Former Deputy Head OCHA	OCHA
Tom Rogers	Acting Senior Adviser	OFDA
Jérôme Souquet	Head of Emergency	MSF Spain
Gloria Puertas	Former Public health officer Dollo Ado	UNHCR
Mary T Murphy	Programme Manager Dollo Ado	GOAL

Annex 4 Evaluation Material

Evaluation Questions For the Review of Refugee Response Ethiopia 2011

Open ended Questions

1. Why was there not a better state of preparedness?
2. Were appropriate needs assessments carried out and how were findings distributed?
3. The refugee crisis was only declared an emergency by the HC in early July 2011. Why was there not an earlier declaration?
4. What were the constraints that affected UNHCR's ability to scale up and respond to the crisis in a timely manner?
5. Were there challenges with staff deployment in terms of numbers, turnover, competencies, specialized skills, or management capacities?
6. Were there any funding constraints which affected the response?
7. Were there any obstacles in establishing refugee operations in Dollo Ado?
8. Were there any protection issues which affected access to essential services?
9. What were the particular factors – political or otherwise- that impacted the effectiveness of the response?
10. Were nutrition, food security, health, watsan interventions appropriate/relevant and based on local needs and priorities and context?
11. GAM and mortality rates remained well above international quality standards (such as Sphere) for the period Feb-Nov 2011, What internal factors and external constraints affected achieving those standards?
12. Were the supplementary and therapeutic feeing programs effective in terms of meeting needs, coverage and adequacy of interventions? What improvements could have been made?
13. How effective were control of communicable and non-communicable diseases and how could things have been improved?
14. Were there pipeline (rations, drugs) delays or breaks that affected the response? What services suffered the most and what were the constraints?
15. What was the timeliness and appropriateness of communication platforms?
16. Was there a lack of leadership? At what level?
17. What coordination mechanisms were in place within UNHCR (HQ, Central, field level-task force?)? What were the constraints?
18. How did UNHCR participate in the national cluster system and did this have an effect on the response?
19. Were there any unforeseen negative/harmful impacts of the response?
20. What could have been done to make the intervention more effective? What were the significant challenges to the effectiveness of the response?

Closed Ended Questions

On a scale of 1 –4 (strongly agree, agree, disagree, strongly disagree)

1. Based on need and context, life saving operations were prioritized during the response.
2. Correct and timely adaptations were made by UNHCR in response to changes in context.
3. The scale up of the UNHCR response was proportionate to the level of needs.
4. UNHCR staffing challenges negatively affected the response.
5. Emergency response coordination between UNHCR and its partners was adequate for an effective response.
6. More could have been done to reduce malnutrition and mortality rates.

Annex 5 Evaluation Team Profiles

Anne Bush: *Public Health Nutrition Consultant - NutritionWorks*	• Masters in Public Health (LSHTM) • Degree in Dietetics
	• Have worked in nutrition and public health sector for more than 15 years, in both humanitarian and development contexts • Worked with NGOs, UN agencies, governments & donors • Specific experience working with UNHCR and ARRA in Ethiopia (2000-2002), including Joint Assessment Mission team leader • Lead author of revised HTP Monitoring and Evaluation module
Leah Richardson: *Humanitarian Nutritionist - NutritionWorks*	• Masters in International Public Health focus on Complex Emergencies
	• Have worked with humanitarian nutrition and food security for a decade • Experience with WFP and UHNCR (including authoring a UNHCR review on refugee nutrition and the Elsevier encyclopaedia entry on refugee nutrition) • Relevant expertise on Selective Feeding Programs, Humanitarian Coordination and Emergency Response
Guido Ambroso: *UNHCR*	• Senior Policy and Evaluation Officer; Policy Development and Evaluation Service; UNHCR Geneva

Annex 6 Refugee Profiles

The origins and ethnicities of the Somali refugees in Dollo Ado

Table 3. Origins of refugees in Dollo Ado, as of August 2011

Place of origin	Malkadida		Bokolmanyo		Kobe		Hilaweyen		Total	%
	No.	%	No.	%	No.	%	No.	%		
Gedo	26,213	65.8	21,375	56.9	6,004	23.7	3,975	29.1	57,713	49.45
Badadir	1,410	3.5	2,993	8.0	68	0.3	65	0.5	4,548	3.90
Bay	7,359	18.5	8,609	22.9	15,064	59.4	6,890	50.4	38,023	32.58
Lower Shabelle	161	0.4	214	0.6	7	0.0	9	0.1	392	0.34
Hiran	146	0.4	147	0.4	9	0.0	6	0.0	309	0.26
Lower Juba	99	0.2	243	0.6	34	0.1	9	0.1	386	0.33
Galgadud	28	0.1	62	0.2	7	0.0	5	0.0	102	0.09
Middle Shabelle	40	0.1	30	0.1	8	0.0	0	0.0	78	0.07
Mudug	21	0.1	22	0.1	0	0.0	2	0.0	45	0.04
Others Place	4,349	10.9	3,851	10.3	4,158	16.4	2,716	19.9	15,112	12.95
Total	39,826	100.0	37,546	100.0	25,359	100.0	13,677	100.0	116,708	100.00

Table 4. Ethnicity of refugees in Dollo Ado as of August 2011

Rank	Ethnic group	Bokolmanyo		Malkadida		Kobe		Hilaweyen		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1	Rahan-weyn	18,537	49.4	21,723	54.5	20,293	80.0	10,332	75.5	71,069	60.89%
2	Marehan	8,901	23.7	11,931	30.0	2,971	11.7	2,033	14.9	25,901	22.19%
3	Hawiye	2,728	7.3	1,353	3.4	763	3.0	589	4.3	5,447	4.67%
4	Dir	954	2.5	1,098	2.8	22	0.1	71	0.5	2,150	1.84%
5	Bantu	524	1.4	551	1.4	138	0.5	141	1.0	1,357	1.16%
6	Ashraf	805	2.1	576	1.4	91	0.4	89	0.7	1,565	1.34%
7	Shekal	546	1.5	194	0.5	40	0.2	58	0.4	840	0.72%
8	Darod	889	2.4	359	0.9	731	2.9	170	1.2	2,155	1.85%
9	Minorities/Others	3,662	9.8	2,041	5.1	310	1.2	194	1.4	6,223	5.33%
	Total	37,546		39,826		25,359		13,677		116,708	

Annex 7 2010 Contingency Plan for the Influx of Somali Refugees into Ethiopia

Introduction and rationale

1. Since the withdrawal of the Ethiopian National Defence Forces (ENDF) from Somalia in January 2009, the internal political squabbles in that country have worsened and so have the intensity of altercations between belligerents. Elements of Al-Shabaab are forcefully occupying the military space vacated by ENDF and also conscripting youth into their ranks. The theatre of conflict has widened and become violent than ever before crippling an already fragile humanitarian relief programme. Those Somalis who resided in the environs of ENDF bases are being accused of having sympathised and supported them as well as of having converted to Christianity. At the beginning of 2009, an average of 40 refugees were crossing through a gazetted point daily but this number increased to over 150 persons towards the close of 2009 bringing the cumulative total to 23,000 refugees in January 2010. The initial projections were that because of the geographical proximity of Dolo Ado to the epicentre of conflicts in Somalia, the number of refugees will increase to 25,000 by June 2010. However, the recent suspension of food distribution by WFP in some parts of Somalia and compounded by an endemic drought will compel at lo more refugees to seek asylum in Ethiopia.

2. Until recently, Somalis have been hosted in three camps under SO Jijija that is some 600km north of Dolo Ado. It would be a challenge for refugees to trek this distance in order to enjoy protection and receive material assistance. In addition two of the three camps are already saturated and the third will reach full capacity in the near future and the staffing level at SO Jijiga is designed to manage only the three camps. In order to adequately respond to the emergency and manage the camps in Dolo Ado, UNHCR established presence in that area in March 2009. Dolo Ado is the seat of the local authorities with a driving distance to the camp (Bolqomayo) of 82km. A second camp (Melka-dida) is some 60km from Dolo Ado. It is therefore centrally located for the ease of monitoring of the three entry points including the transit centre setup on the outskirts of the town.

3. Under **Scenario 1**, the assumption is that the steady daily inflow of 150 refugees will be sustained in 2010. At the close of 2010 therefore about **50,000** refugees would have arrived in the country. This takes into consideration the preference of asylum seekers of Kenya to Ethiopia in view of latter having occupied their country ; among other considerations.

   Scenraio 2 assumes that the famine brought about by the discontinuation of WFP relief and drought will leave asylum seekers with

no luxury of choosing between Ethiopia and Kenya and as such **100,000** refugees will seek asylum in Ethiopia. The local authorities have thus far been very receptive and compassionate with the plight of refugees and this gesture is most likely to be sustained in view of the strong cultural ties between the two communities.

Entry Points
Refugees are expected to utilise the three main and gazetted entry points. These are Suftu, Dolo Ado bridge and Koriley that are spread over a 40km stretch. The border authorities have since 2009 been managing Somali refugees and have sufficient knowledge and insight regarding procedures to employ in the management of asylum seekers. In the event of worsening insecurity, the possibility of crossing into Ethiopia through ungazetted points does exist. Because of its own security interests, Ethiopia has adequate border monitoring services that will assist in the early detection of asylum seekers along the vast common frontier.

Emergency Registration
Upon entry into Ethiopia, refugees will be screened by security personnel and once this frontline activity is satisfied, they will be transferred to the reception centre. At the reception centre the family or individual will be issued with a token pending detailed registration that will take place at the transit centre. At this stage (transit centre), a limited distribution of NFI will also take place to enable them resume some domestic chores.

Reception and site management
There are four main stages involved in the processing of asylum seekers. The first stage involves security screening at the point of entry but for those coming through the Dolo Ado bridge and Koriley , this will be done at the reception centre due to proximity ; about 2km. Detailed registration will take place at the transit centre and refugees will have access to ready-to–eat- meals, health services and shelter. The centre has also a police detail to ensure the physical security of refugees.

Refugees will be transferred to the camp (melkadida) as soon as registration formalities are completed and in family units. They are expected not to spend more that three nights in the camp reception facility during which time they would have received pre-fabricated shelter and the balance of NFI’s.

Bolqomayo refugee camp already hosts 22,000 refugees and a similar number is planned for in Melkadida that is under construction. Local authorities have showed willingness to provide additional land as the need arise. Environmentalists are party to the camp development plan and the impacts the camps may have on the local population have been carefully taken into consideration. All the land that will be made available

is fragile virgin land and will have to be developed so as to host refugees with full environmental considerations.

Early warning / triggers

A sudden up surge in the number of refugees crossing the border will be a key indicator of the worsening situation inside Somalia. The observation will be collaborated by oral information from asylum seekers as well as local authorities who have cultural links with refugees. A drop in the nutritional and health conditions of refugees will also be used as an indicator of the intensifying hardship that would be compelling refugees to flee from Somalia. Other factors will be the emaciated status of their livestock as well as the alteration in the profile of refugees to include even those who did not rely on relief but were in gainful employment.

Coordination Mechanisms

UNHCR in partnership with ARRA established in December 2008 a task force which meets every month at Addis level. Meetings will be held more frequently if the situation in the area deteriorates further. At field level, a weekly inter-agency coordination meeting has been established. During the coordination meeting, information is exchanged between members of the taskforce on the existing situation. The information will help in initiating adequate response to unexpected high influx of Somali refugees. A workshop was convened in February 2009 during which the distribution of responsibilities between partners was agreed. The matrix on these undertakings remains a guiding principle for purposes of response procedures and mechanisms.

Implementation Capacity

UNHCR Representation Office in Addis Ababa will continue to play the overall coordination role in provision of protection assistance to the new influx of refugees. UNHCR will provide implementing partners with technical support regarding standards for the protection of refugees including basic material services. UNHCR will also strengthen the sub-office in Dollo Addo in terms of staffing, logistic supplies and communication. Currently, the sub office in Dollo Ado consists of two international and 12 national staff. UNHCR will also have a presence in Bokolmayo refugee camp through a Field Office to closely monitor and coordinate the assistance provided to the refugee. With support obtained from Norwegians' Church AID, UNHCR has also temporarily assigned a Health and Nutrition Coordinator to provide technical support to agencies implementing health, nutrition, HIV and WASH.

The main implementing agency (and government counterpart), ARRA, which is responsible for overall camp management, security, development of camp infrastructure and health and nutrition in other refugee camps in Ethiopia will be similarly be responsible for camp management, the transit and the reception sites. IRC will be responsible

for WASH activities. UNHCR has also identified local NGO for implementing community service activities. UNHCR and ARRA have the overall responsibility for food distributions to refugee populations. However, a sudden large-scale influx of this magnitude will stretch the capacity of the partners to organize and carry out these distributions. It is therefore foreseen that WFP will also deploy staff to assist in food distributions, and that other humanitarian partners. Those NGOs working in Bolqomayo have the capacity to extend their services to Melkadida in the same sectors of specialization and this arrangement will be utilized therefore.

Security Management

The overall responsibility of securing the safety of both humanitarian workers and refugees including assets will remain to be that of ARRA. UNHCR will work in close cooperation with the government to ensure safety and security of staff, implementing partners and beneficiaries. UNHCR will ensure MOSS compliant to the staff and provide adequate communication materials to IPs. UNHCR will also deploy a safety and security assistant to monitor the situation, provide advice in close collaboration with UNDSS.

Country Emergency Preparedness – Summary of Rights Group Plans

UNHCR and ARRA would ensure that traditional protection activities for refugees are carried out. It is expected that there would be much opportunity to carry out protection monitoring activities and training and awareness raising activities. ARRA will be given all facilities to strengthen their presence in affected areas to ensure protection to refugees. Reception and registration shall be carried out by the Government of Ethiopia i.e., ARRA in coordination with UNHCR.

UNHCR in collaboration with ARRA will carry out a thorough pre-registration at the reception center. Special needs will also flagged at this stage for prioritization for registration into the database. The pre-registered asylum seekers will be sent (as the practice already is) to the registration site where they will be accommodated temporarily and provided with food before transfer to the camp. Temporary shades for pre-registration and registration will be constructed by ARRA. At least 6 Data Verification Clerks and translators will be deployed. Registration materials and equipment will be procured. UNHCR will establish protection referral system for vulnerable refugees together with implementing partners. UNHCR will also provide emergency assistance to protection cases.

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Annex 9 Timeline