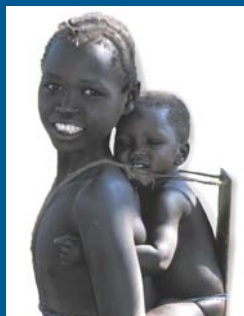


November 2005



Registering  
Refugees ▶

UNITED NATIONS COUNTRY TEAM ETHIOPIA

## Gender in Emergencies



Photo: WFP

*“Ignoring gender equality in emergencies is not a neutral position. It supports discrimination.”<sup>1</sup>*

Gender is defined by societal norms which determine relations between men and women and the differences in their roles and responsibilities, behaviours and attitudes, access to resources and services, and opportunities and entitlements. These differences define social attitudes, economic inequalities, and the division of labour within the family – all of which affect people’s response to emergency situations. Therefore, for humanitarian assistance to effectively respond to the needs of all community members, it must be guided by an understanding of the impact of gender on the vulnerabilities and capacities of men and women, boys and girls. The perspective of gender differences gained by understanding these elements can be applied in all aspects of programmes and policies – including planning, implementation, monitoring and evaluation – as is necessary in gender mainstreaming. By not addressing gender inequalities in their response, humanitarian actors are allowing such inequalities to be reinforced in projects that, not guided by gender analysis, are male-biased and thus discriminatory. So long as women’s, adolescents’, and youth’s needs are not considered priorities in humanitarian situations, their low social status will continue to exacerbate their vulnerability and will result in their being the first and the most effected.

### Significant Areas for Gender-based Rights in Emergencies

Current research and analysis identifies the following major areas in which gender-based rights in crisis situations are significant: nutrition and food security; health and reproductive health; gender-based violence; and participation in programme planning and decision-making. Each area of vulnerability will now be discussed in the context of Ethiopia, noting, where appropriate, the inter-relation between the vulnerabilities and focusing on the different impact of each on women, adolescents, and youth.

## NEWS ▶

**Emergency Needs Assessments & Food Security Update ▶**

### Refugee update

Joint nutrition surveys are currently being carried out by WFP, UNHCR and Administration for Refugee and Returnee Affairs (ARRA) in Fugnido and Bonga refugee camps, in Gambella Region. This assessment is a follow-up of nutrition surveys carried out by the same agencies in May, which showed serious levels of malnutrition. ▶

### MSF-Belgium conducts rapid nutritional assessment

MSF-Belgium conducted rapid nutritional assessments in four communities in Chereti woreda in Afder zone, Somali Region from 17-18 October 2005. ▶

### UNICEF boosts treatment of malnutrition in East Hararghe

UNICEF has supported the establishment of an Outpatient Therapeutic Programme (OTP) in Kako Clinic, Kombolcha woreda, East Hararghe following the establishment of a Therapeutic Feeding Unit (TFU) in the woreda’s health centre in October. ▶

### Upcoming & Ongoing Meetings and Events of Note ▶

### 2005 Food and Non-Food Contribution Update ▶

<sup>1</sup> Inter-Agency Standing Committee (1998). “Mainstreaming Gender in the Humanitarian Response to Emergencies,” pp. 6, <http://www.reliefweb.int/rw/lib.nsf/db900SID/LHON-5VZJCH?OpenDocument>

### Nutrition and Food Security

Good nutrition and household food security require access to appropriate and adequate food, micronutrients, seeds, tools, and markets. During humanitarian situations, strategies for survival are strained as the household's ability to earn an income and grow food is effected. When men are unable to provide for or protect their families, they can experience a loss of self-esteem related to the cultural expectations around masculinity. This can then increase tensions in the household, resulting, for example, in increased incidences of domestic violence. At the same time, "the increased burden on women for finding food, shelter, and so on, is often matched by ever decreasing access to resources, whether credit, relief commodities, seeds, tools or productive land," so that such situations exacerbate discrimination in the allocation of economic and social resources.<sup>2</sup> This often leads to women and girls being the first to suffer from famine. Besides affecting women's well-being, this discrimination also affects the economy, as studies throughout Africa indicate that "gender inequality can constrain growth in national income, exports and productivity," and that, alternatively, "gender equity is linked to increased efficiency and increased prospects for growth and economic development."<sup>3</sup>

Studies in Ethiopia indicate that women make substantial contributions to the achievement of food security, including through crop and livestock production, storing, processing, marketing, and preparing food, and caring for the basic needs of the household, such as by gathering fuel and water, cleaning and cooking, and caring for children and the ill. However, "despite women's central role in agricultural production and food security, the sector is characterized by sharp gender-based asymmetries and biases."<sup>4</sup> Ethiopian women have less access than men to resources such as land, credit, and training; furthermore, cultural norms dictate that they have less decision-making power and fewer opportunities to participate in public discussions. Adolescents are in the same position, which is of especial significance when they are orphans and are deprived of their inheritance, particularly if they are girls. Women's control over household food resources (including food aid) has been found to differ from area to area and culture to culture, including in regards to food utilisation and priority distribution.

On an implementation level, critical areas to increase women's access to relief food include: the location and number of distribution sites; the need for special packaging (women may not be able to collect their relief food if it is too heavy and the distribution site too far, which leaves them with decreased control over it; this is even more of an issue when it is adolescent girls heading households and/or collecting food distribution); and the listing of women as food entitlement holders, whether they are the head of household or, in the areas where polygamy is practiced, need themselves and their children to be listed separately from their husband's other wives and children. Livestock recovery projects can also target women, so as to increase their access to resources and decrease their vulnerability.

Different government, UN, and NGO activities focus on addressing these gaps through the design of food distributions. For example, the Targeted Supplementary Food Initiative in support of the Enhanced Outreach Strategy for Child Survival (TSF/EOS) programme holistically addresses health and nutrition needs of malnourished children and pregnant and lactating women. Furthermore, WFP's Enhanced Commitments to

<sup>2</sup> Inter-Agency Standing Committee (1998). "Mainstreaming Gender in the Humanitarian Response to Emergencies," pp. 6, <http://www.reliefweb.int/rw/lib.nsf/db900SID/LHON-5VZJCH?OpenDocument>

<sup>3</sup> CIDA Ethiopia Program (2005). Food Security, Agriculture and Rural Development. Gender Equality Strategy and Action Plan.

<sup>4</sup> CIDA Ethiopia Program (2005). Food Security, Agriculture and Rural Development. Gender Equality Strategy and Action Plan.

### Myths and Truths

**Myth:** Focusing on gender issues means focusing on women.

**Truth:** Gender issues influence the needs and roles of men, women, boys, and girls in times of crisis. Gender advocacy tends to focus on the needs of women and girls as these are often overlooked by humanitarian assessments and assistance programmes.

Women focus on such issues as nutrition, education, creation of human and physical assets, relief food distribution, participation in decision-making, and advocacy. Advocacy can focus on such issues as increasing the recognition of women's role in ensuring household food security and on encouraging both men and women to participate in efforts to close the gender and age gaps in resource allocation.

### Health and Reproductive Health

Women's and girls' physical, mental, and reproductive well-being is often severely affected during crises. Emergencies impact the whole community and its resources, including its access to basic household supplies, such as water and soap, and to such health care services as family planning, maternal and infant care, safe motherhood services, and services related to sexual violence, STDs and HIV/AIDS. Increased vulnerability during humanitarian situations also facilitates HIV transmission, as, for example, women and girls sometimes turn to commercial sex work as a survival strategy when there is severe food insecurity and hunger. The impact of AIDS on well-being is also aggravated by such factors as decreased nutritional well-being. Children are often deprived of education opportunities in emergency situations, including the opportunity to learn about HIV/AIDS and basic health, which increases their vulnerability to poor health and health behaviours. Furthermore, even when educational facilities are available, adolescent girls are often taken out of school to help in the home. Illness decreases the productivity of households and causes them to sell off vital assets, resulting in "spirals of destructive and diminishing coping systems, which further increases their vulnerability."<sup>5</sup>

In Ethiopia, a combination of Government, UN agencies, and NGOs provide health and reproductive health services to communities in humanitarian situations. Included in the relief package should be gender- and age-specific relief items, such as sanitary pads to provide for women's menstruation needs, childbirth supplies, and PEP (post-exposure prophylaxis) kits to support HIV/AIDS prevention activities. In the refugee camps, ARRA, UNHCR, WFP, and such NGOs as MSF and IRC provide/support a range of health services targeting such needs as nutrition, family planning, pre- and post-natal care, and sexual violence. Besides addressing the health and nutrition needs of target community members, the TSF/EOS programme conducts awareness-raising sessions during food distribution on health, nutrition, caring practices and HIV/AIDS prevention. The health sector targets reproductive health services to communities in drought-prone regions, responding in part to the analysed link between population and food security, in that the demand of large populations on limited food, land, and economic resources leaves communities with fewer livelihood strategies and survival coping mechanisms.<sup>6</sup>

Some identified gaps include the limited access to primary health care services throughout Ethiopia, and the high prevalence of harmful traditional practices as well as of HIV/AIDS. In relation to GBV response, IRC noted the necessity of "instituting health protocols and training medical professionals on appropriate screening, medical response, case documentation and supportive case management to GBV survivors."<sup>7</sup> There is little coordination and collaboration on HIV in and as an emergency, though it is often included, along with gender, child protection, and education, in programmes and policies as a cross-cutting issue. Some argue that the effectiveness of this inclusion is limited when

**Myth:** Empowering women means taking power away from men.

**Truth:** Empowerment means acquiring the power to think and act freely, exercise choices and fulfill one's potential as a full and equal member of society. It does not mean that women take over power from men, but that power is shared to benefit all.

<sup>5</sup> Steering Committee of the Evaluation of the Joint Government and Humanitarian Partners Response to the 2002-03 Emergency in Ethiopia (2004, October). "Evaluation of the Response to the 2002-03 Emergency in Ethiopia."

<sup>6</sup> Explored, for example, in S. Haile's (2004, December), "On Population and Food Security," *Bulletin of the Forum for Social Studies*, v.2, no. 3&4, pp. 3-8.

<sup>7</sup> RHRC Consortium (2004). "Trip Report for IRC Ethiopia Gender-based Violence Field Visit September 24-October 7, 2004."

the cross-cutting issue is not then linked with a specific objective for which the responsible sector/actor is identified.

### Gender-based Violence

Gender-based violence (GBV) in crisis situations takes many forms, including sexual abuse and exploitation, domestic violence, and harmful traditional practices. Women, adolescents, and youth all experience specific forms of violence, which are carried out by different perpetrators, including husbands, other community members, police, military, and humanitarian workers. These acts of violence are often not reported because of such factors as fear of social marginalisation and a lack of reporting/response mechanisms which the victims of GBV trust.

A multi-sectoral approach to GBV addresses the areas of health, psychosocial, legal/justice, and security. Health addresses the physical and reproductive harm caused by GBV, including the spread of such sexually transmitted diseases as HIV/AIDS. Psychosocial support, such as counselling, addresses the psychological stress and trauma women experience due to physical and sexual violence. It includes forms of support that should also be offered to communities faced with other types of vulnerability, such as displacement. For example, access to gender- and child-friendly facilities (that provide opportunities for playing and/or discussion), educational and training opportunities, and associations through which women and children can become involved in addressing the needs of their community. Legal/justice provides legal counselling and representation to survivors, as well as advocacy on laws that reinforce GBV. Within the security sector, location and layout of humanitarian spaces, such as refugee camps and food distribution sites, must be planned in consultation with women to secure safe access to, for example, fuel and water supplies. When the organisation of such safe spaces is not possible, community support mechanisms should be instituted to aid in the protection of women and girls, such as by assigning men to collect the supplies themselves or to accompany women and girls as they collect the supplies. Special training is needed for the armed forces (police, military, and peacekeeping personnel) on GBV and how to intervene, as well as mechanisms set up to deal with any violations committed by them. For all UN staff, these are addressed in the Secretary General's Bulletin on Sexual Exploitation and Abuse, which sets out the standards of behaviour for UN staff in relation to GBV. Furthermore, services in each of these sectors must be provided in a safe and confidential manner that is organised in coordination and collaboration with other sectors, creating an effective reporting and referral mechanism. This not only supports victims of GBV in their healing but also provides opportunities for information sharing on incidents to increase both awareness and monitoring and evaluation, which then guide programmes and policies.

In Ethiopia, GBV is reported in communities affected by emergency, as well as in and around refugee camps and food distribution sites. Many prevention activities use the participatory approach to improve planning, such as by discussing security concerns, and to build women's, adolescents', and youth's leadership and negotiation skills. An IRC rapid assessment of GBV in refugee camps identified the major forms of GBV as domestic violence, harmful traditional practices, including early marriage and female genital cutting/mutilation, and sexual violence, including sexual assault and rape. All of these occur in non-emergency settings in Ethiopia, but are often exacerbated during emergencies due to a variety of factors. For example, as a coping strategy, the incidence of early marriage can increase during emergencies, with girls married at younger ages; this "contributes to girls' and women's lack of education and training, thereby increasing their economic and social vulnerability."<sup>8</sup>

<sup>8</sup> RHRC Consortium (2004). "Trip Report for IRC Ethiopia Gender-based Violence Field Visit September 24-October 7, 2004."

**Myth:** In the midst of an emergency, gender is not a priority.

**Truth:** It is true that, in some cases of acute rapid onset emergencies, it is difficult to assess gender needs. However, a response that does not take gender into account will not appropriately address the needs of any community.



The IRC assessment identified many gaps in the visited camps, both in the specific sectors and in coordination and collaboration between these sectors. One significant obstacle is the limited number and capacity of staff for GBV activities. However, IRC also noted an existing foundation upon which GBV activities can build. Services available in the refugee camps include women's associations, girl's support groups, peer educators, anti-AIDS clubs, Refugee Central Committees, religious and tribal leaders and tribal police. In addition, the camps have health centres, RH/HIV/AIDS social workers, and, in some cases, an Ethiopian Women's Lawyers Association office in the area. IRC has recently begun a pilot project to build on the existing foundation in creating a GBV response programme, the lessons learned from which can be applied to other humanitarian situations in Ethiopia where GBV occurs. It can also be recommended that refugee and displaced women are assisted in linking with women's associations in nearby/host communities so that they can share resources, build capacities, and, in the case of displacement, aid integration. Furthermore, associations at government, NGO, and community levels working on GBV in humanitarian situations can be organised by the local government into taskforces to build coordination and collaboration in their response to GBV. Local governments can be supported through advocacy and training opportunities in creating such mechanisms to address GBV.

#### **Participation in Programme Planning and Decision-making**

Operations' effectiveness is increased through the involvement of community members in programme assessment and planning, which allows for a deeper understanding of the situation and ensures that the neediest are not marginalised. In the context of gender, because the voices of women, adolescents, and youth are often ignored at household and community levels, it is imperative that organisations' ensure that they are effectively included in such discussions, whether together or separately from men or grouped by age, depending on the situation. The participatory assessment "minimises the risk of exclusion of certain groups, recognises the power dynamics among groups (political, social, economic, gender, etc.) with control over resources and those without, promotes greater respect for the rights of women and children, leads to improved accuracy of baseline data, and allows for a more holistic, comprehensive understanding and response."<sup>9</sup>

In Ethiopia, the participation in decision-making is often limited to adult men at all levels of the household, community, and government, for such reasons as "the low status given to women by the society, the lower levels of education which in turn is caused by discriminatory attitudes to girls and boys, abduction and other harmful practices, and heavier work burdens."<sup>10</sup> This entails that the participation of women, adolescents, and youth in relief-related committees is negligible, an area that needs to be addressed given their knowledge of their own specific needs, as well as women's intimate knowledge of such household and community issues as who needs food, where there are security concerns, what type of supplies are necessary to meet household needs, and gaps in current reporting mechanisms.

To increase the participation of adolescents, their needs must be specifically addressed from the beginning of humanitarian situations, which is done to a very limited degree in different programmes in Ethiopia. Although traditional attitudes often limit the participation of adolescents and youth, if given access to information and specific training, they can play a key role in humanitarian activities, such as through peer education and by conducting nutrition surveys. In cases of

**Myth:** Gender-related activities are too expensive and are not funded.

**Truth:** While there are some gender-sensitive programmes that require funds, using a gender lens to analyse and respond to a humanitarian situation requires capacity not funds. In addition, gender-related activities engage all community members – whether male or female, young or old – and thus increase the efficiency of humanitarian efforts.

<sup>9</sup> UNHCR, (2005). "The Tool for Participatory Assessment with Refugees."

<sup>10</sup> WFP (2004). "WFP Gender Policy 2003-2007: Enhanced Commitments to Women to Ensure Food Security – 2004 Baseline Survey in Ethiopia," pp. 8.

displacement, adolescent tents can be constructed to register adolescents with their names and skills (some may have already had training in such areas as peer education) and then provide them the opportunity to form committees with their own elected leaders. Humanitarian programmes must acknowledge the potential of adolescents' and youth and support their involvement.

To increase the participation of women, number requirements can be set for female committee members and executive-level members. The quality of their participation in these positions can be strengthened through: "leadership training for women; continued discussion with men and partners on the importance of women's [and adolescents'] ideas; and follow-up of the implementation, addressing the workload of women so that they have time to sit in committees." These activities are implemented in Ethiopia, along with vocational training, income-generation activities, and programmes that enhance educational opportunities. An additional possibility to improve the quality of participation, both by adults and adolescents, is to initiate separate group dialogues and then explore how to integrate their decisions and priorities more in the projects.

Participation can be further strengthened by ensuring that communities have access to programme information. Women's, adolescents', and youth's relative lack of access to information in Ethiopian society requires specific mechanisms of information delivery to them, which are in place in some areas and are improving the situation. In relation to food distribution, there are observed gaps in women's access to such information as timing of distributions, ration size and composition, criteria for selecting beneficiaries, and the process for registering complaints. Access to such information helps "reduce/remove possibilities of diverting relief resources, reduce waiting hours to receive food aid as people can plan their travel to distribution points . . . , and enhance transparency and accountability which minimizes/removes suspicion."<sup>11</sup> For GBV, access to such information as reporting mechanisms insures that victims know how their needs can be addressed following violence. Another major constraint in Ethiopia for gender sensitive vulnerability analysis and for effectively targeting programmes to the most vulnerable is the lack of sex and age disaggregated data, which programmes are working to increase.

Working through women, adolescents and youth in all aspects of programme planning and decision-making is increasingly accepted as key to changing practises that discriminate against them. Over time, it is expected that those who are involved will become community resources on the specific issues of their involvement, such as nutrition in relation to food distribution, and that "they will feel more confident to play a more active role in the management of other . . . related activities in their area."<sup>12</sup> This is because participation in programme planning and decision-making has been found to mobilise community members, build their sense of ownership in the programme, and engage them in supporting activities geared to a solution. It also allows for the consideration of the specific needs of children and women during "the promotion and reestablishment of sustainable, self-reliant means of livelihood and household food security," while noting their differences in interests and priorities (according to social, ethnic, economic, rural/urban, age, and education patterns).<sup>13</sup> Furthermore, people have the right to participate in decisions on matters that affect their lives, as is

<sup>11</sup> WFP (2005). "DPPC/WFP Recommendations: Providing Information to Beneficiaries," pp. 2.

<sup>12</sup> WFP (2005). "Working with Women to Improve Nutrition for Women and Under 5 Children."

<sup>13</sup> Inter-Agency Standing Committee (1998). "Mainstreaming Gender in the Humanitarian Response to Emergencies," pp. 6. <http://www.reliefweb.int/rw/lib.nsf/db900SID/LHON-5VZJCH?OpenDocument>

**Myth:** All women's needs are the same.

**Truth:** Women's needs differ according to social, ethnic, economic, rural/urban, age, and education patterns.

acknowledged in human rights instruments and in organisations' policies and guidelines, including in the Convention for the Elimination of all Forms of Discrimination Against Women.<sup>14</sup>

### Policy and Policy Implementation in Ethiopia

Gender mainstreaming requires that all actors have both the political will and technical capacity to conduct gender analysis and to then implement and follow-up on gender-sensitive programmes. In Ethiopia, there has been a legal and policy framework since the early 1990's for gender equality, as well as a women's affairs office and women's affairs departments in line ministries from the federal to the kebele level. In addition, donors, UN agencies, NGOs, and the Red Cross Movement have gender mainstreaming policies and programmes through which they support the efforts of the Government.

However, progress towards achieving gender equality has been slow, due in part to limited gender expertise and technical capacity. The DPPC Women's Affairs Department released a Gender Mainstreaming Guideline and Checklist for Disaster Prevention and Preparedness Activities in July 2004, responding to the results of an evaluation of gender policy implementation in disaster management. Identified gaps at federal, regional, and beneficiary level included: limited awareness of gender issues; absence or limited capacity of gender focal points; lack of commitment and accountability at the regional level; minimum participation of women at the decision-making level; cultural barriers; poor monitoring and evaluation with limited use of sex and age disaggregated data; and shortage of resources. Organisations involved in building institutional and human capacity, such as the African Development Bank and SAVE the Children UK/Canada, are or have been involved in conducting trainings for officials at regional and federal level on such topics as gender mainstreaming in the planning process and designing and implementing gender sensitive policy. Because culture also plays a significant role in guiding and prioritising the implementation of policies and laws, traditional attitudes regarding the status of women need to be addressed to support the application of increased technical capacity.

### Recommendations

Many recommendations that could be proposed here have been proposed by the "Evaluation of the Response to 2002-2003 Emergency in Ethiopia," the DPPC's "Gender Mainstreaming Guidelines," and other organisations' and agencies' reports. Organisations with gender mainstreaming guidelines are aware of what needs to be done in the field. Advocacy should be directed toward implementation of these recommendations. CIDA is engaging now on gender and agriculture and rural development in a manner that can be applied to humanitarian assistance. For example, there is an informal sub-group on gender and agriculture and rural development forming within the Donor Group on Gender Equality. With the links between humanitarian and food security activities and some common actors, it could be an opportunity for advocates of gender and humanitarian assistance to engage with this sub-group.

In the following series of *Focus on Ethiopia*, case studies will be included highlighting gender in sector-specific aspects of humanitarian assistance, to further explore the strengths and obstacles to policies and programmes addressing gender and humanitarian assistance in Ethiopia. OCHA welcomes suggestions and contributions for these case studies.

<sup>14</sup> Article 7 of CEDAW: "States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right to participate in the formulation of government policy and the implementation thereof and to . . . participate in non-governmental organizations and associations concerned with the public and political life of the country."

**Myth:** Humanitarian assistance responds to the needs of community members of all ages.

**Truth:** Evidence shows that specific needs of different age-groups are often neglected, including those of adolescents, who constitute a significant proportion of the population.

## Registering Refugees

In September 2003 UNHCR adopted a new registration methodology called Project Profile, which is now being implemented globally. Over the last year UNHCR has been rolling out Project Profile in all the refugee camps along Ethiopia's border. The process, which took place last month in Fugnido (Gambella) has been challenging, but extremely worthwhile as records have not been made of exactly who lives in the camp since 2000. By gathering detailed bio-data of and digital photographs of its refugees, the agency is gradually building up a detailed database containing information about its beneficiaries. In Sudan, the Comprehensive Peace Agreement signed in 2005 has made repatriation possible. Besides providing the refugees with valuable identity documents, this exercise will help UNHCR prepare for repatriation, and generally create a better overall understanding of who the beneficiaries are.

Fugnido camp is the largest refugee camp in Gambella region and was created after a major influx of southern Sudanese refugees in 1993. It consists of three communities, (Dinka, the Nuer and the Anuak) who, due to ethnic tensions, have been allocated separate villages within the camp perimeter. Following serious inter-ethnic conflict in Fugnido in late 2002, all Anuak refugees (estimated 8,000 at the time) left Fugnido camp in December 2002. They went to live with the local Anuak population in and around Fugnido town. In December 2003, UNHCR (and other agencies) were evacuated from Fugnido for security reasons, only to resume activities in the camp in November 2004. An attempt was then made to have the Anuak refugees return from the surrounding areas to Fugnido camp. As a result, Anuaks started returning to a newly established Anuak village in January 2005. It is thought that together with refugees, a certain number of local Anuak - severely affected by the violence which had affected Gambella Region during much of 2004 - joined the camp. To this end, it was very difficult to estimate how many real refugees UNHCR, their government counterpart ARRA and WFP are providing for.

Besides issues of security and ethnic tension, Fugnido has also faced problems of health and nutrition. A nutritional assessment carried out in the Anuak part of the camp in May revealed some worrying statistics, (26.7 percent GAM, 7.6 percent SAM<sup>15</sup>) indicating the highest rates of malnutrition recorded in refugee camps in Ethiopia this year, and therefore some serious problems which needed immediate attention. To a large extent these can be explained by a complex political and poor security situation outlined above, which was compounded by a lack of water, sanitation and medical resources.

A further problem facing Fugnido for the first six months of 2005 was a break in WFP's food aid pipeline for refugees due to insufficient funding. Moreover, with new arrivals, as well as the various comings and goings of refugees to assess the situation in their areas of origin in southern Sudan, there was a lack of clarity on the size of the refugee population; the number of beneficiaries officially entitled to assistance had inevitably changed. The outdated records UNHCR had about their beneficiaries only complicated the problem of a food shortage. Ration cards had been sold on by those who had left for Sudan to remaining refugees or locals, and even the cards of those still in the hands of rightful owners were so tired and broken that it was hard to differentiate them from the old bits of torn card presented by less *bona fide* claimants. Finally, on the basis of physical appearance alone, there was no way of distinguishing an Anuak

<sup>15</sup> A situation classified as 'critical' by the Emergency Nutrition Intervention Guidelines (DPPC, August 2004) since Global Acute Malnutrition is  $\geq 15\%$  and Severe Acute Malnutrition is  $\geq 5\%$ .

**Besides providing the refugees with valuable identity documents, this exercise will help UNHCR prepare for repatriation, and generally create a better overall understanding of who the beneficiaries are.**



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refugee from his ethnically identical tribal brothers and sisters born in Ethiopia who were queuing up at the food distribution site. Applying the well-established refugee law of giving benefit of the doubt, UNHCR accepts that non-refugees were in some cases receiving assistance allocated to refugee populations. With this principle, it is hoped all those in genuine need will always be helped. At the same time however, it became evident that population figures had to be updated so that assistance could be better targeted, therefore limiting food sharing and other commodities to the greatest extent possible.

In response to the poor nutrition situation found in the camp, therapeutic and supplementary feeding were stepped up by MSF in May, extending these programmes to the Anuak part of Fugnido camp. Blanket supplementary feeding was also introduced for all children under the age of five. General food rations were re-established as of June. Water and sanitation problems in the Anuak camp were rectified by August, and new contributions to restore the food aid pipeline for refugees were secured at the same time. The combination of these measures proved essential for saving lives. Nutrition data collected at the end of August indicated that malnutrition rates had significantly dropped.

UNHCR successfully completed the majority of the registration process for all their refugees in Yarenja, Sherkole (Beneshangul Gumuz), Dimma and Bonga camps (Gambella) in May. Learning from those experiences, UNHCR refined a multi-staged process which records full names of every family member turning up at revalidation, takes their ages, ration card and tukul numbers, and cross references these with data recorded earlier in the year during 'pre-registration.' In October, UNHCR recorded information about place of origin, land and/or property ownership at home and intention to return, and also took a digital photograph of every refugee in Fugnido camp. By requesting all this data, and then providing each family with a new ration card, the UN and ARRA should have a comprehensive understanding of who the refugees are and how many they number in total. These more accurate figures should help WFP and UNHCR with their requests for funding, and the new ration cards should ensure food distributions and other forms of assistance are better targeted.

Registration has not been an entirely smooth process. There is a concern that a number of local residents have also registered as refugees. In a situation where funding for this programme is limited, it is important that numbers are accurate as possible so that the affected population can be guaranteed their ration. Destitute local residents will however try everything possible in order that they may benefit from the food, water, health and educational resources provided to their Sudanese neighbours in the camps. It is suspected that a number of local Anuaks that were severely affected by the violence in 2003/2004 have gone to the extreme of taking on a complete refugee identity by moving into the camp. In such cases, the family probably possess a genuine tukul number plate and perhaps even an old ration card which they were allocated some five years ago. In these instances, it is extremely difficult to identify refugees from local residents, who may themselves have been displaced by conflict but do not happen to have crossed an international border. It is thus accepted by UNHCR that a quite a large number of Ethiopians will make it through revalidation and receive a much coveted ration card. It will take time, but UNHCR's plan to verify the population data gathered for accuracy through house-to-house checks of suspect cases should mean that anomalies, double registrations and the files of those deceased or who have departed from the camp will be de-activated in due course.

It is also recognised that in many cases the local population is just as vulnerable as the refugees, if not even more so because recent violence in the region has resulted in a climate of fear amongst the resident Anuak population. There are other methods and programmes to identify, target and assist vulnerable locals, but it seems that the ongoing lack of security

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has both inhibited the planting of crops and also restricted the distribution of relief supplied in response to the humanitarian situation, further exacerbating needs.

In sum, registration in Fugnido camp, which for the most part was finished by the last week of October, is an invaluable initiative. Firstly it provides core information which can initiate preparations for repatriation, which for the Dinkas could happen as soon as 2006. Secondly it provides UNHCR, ARRA and WFP with fundamental data on who their beneficiaries are, meaning food and other services can be better targeted to real refugees. From a previous estimate of 32,000, the new official total of *prima facie* refugees in Fugnido will stand at 26,000.

Ultimately, it may be concluded that revalidation has actually served a purpose even more useful than discerning real refugees from those who are not. Although some locals feigning refugee status may be opportunists, the extent and determination with which local people seem to be seeking refugee assistance indicates that there is a need for further humanitarian assessments to determine the situation of genuine and legitimate humanitarian need in the region. There have been signs of extreme poverty in the region for a long time, but the reality is that the humanitarian community in Addis does not have sufficient information about current realities on the ground. WFP, UNICEF, ICRC and MSF and a number of other NGOs are already working hard to address humanitarian needs both within the camps and in the host communities. However, an issue of utmost importance raised by this revalidation is that there are probably important needs amongst the local population which are currently unmet. Hopefully the ongoing pre-harvest '*Meher*' (main season) multi-agency emergency needs assessment, as well as preliminary EOS screening planned for January 2006, should help determine the population in need of external assistance in the local communities in Fugnido and elsewhere in Gambella. For it is only with better and more detailed information that further steps can be taken to improve the situation of the host community, as well as the refugees.

#### **Food Security Update**

Currently a multi-agency *Meher* and Pastoral Area Assessment and FAO/WFP Crop and Food Supply Assessment missions are underway to determine requirements for the 2006 Humanitarian Appeal, which is likely to be launched in January 2006. In the meantime we have summarized FEWS NETS latest food Security Update.

The overall food security situation is improving in Ethiopia. Good crop production is anticipated this year. World coffee prices have increased significantly positively affecting at least 700,000 households. There has also been an improvement in humanitarian response including food distributions and financial transfers from the Productive Safety Nets Program (PSNP) with a positive impact on food security and nutrition in recent months. In 2005, the PSNP transferred both food and cash to 4.8 million chronically food insecure people.

The 2005/06 *meher* season crop production for 2006 is expected to show a marked increase over the previous year and be even higher than the average of the previous five years. Main reasons for the increase include: overall good performance of rains during the belg (March – May) and the kiremt (June – September) seasons; increase in planted area in recent years; above average cereal prices and other cash crop prices; as well as late rains during September – October have improved crop production prospects in some areas. In addition, the National Meteorological Service Agency's (NMSA) forecast further indicates that frost is less likely to occur over the frost-prone areas of the country. There are also no reports of serious incidents of pests.

**From a previous estimate of 32,000, the new official total of prima facie refugees in Fugnido will stand at 26,000.**

Thus, the number of people in need of assistance in 2006 could be the lowest in recent years and less than the 3.8 million beneficiaries who received emergency food assistance in 2005. Humanitarian needs are expected to be much lower in crop dependent areas which will benefit most from this year's good production and where it is assumed that the PSNP will address the needs of chronically food insecure households.

Despite good production prospects and expected modest decreases in grain prices, a large segment of the rural population, especially in pastoral areas, continues to be unable to access adequate food. Many people will face chronic food insecurity in 2006 as well as high levels of malnutrition, disease outbreaks, water shortages, sanitation problems, and seed deficits due to the lingering effects of the multiple shocks they have sustained in recent years. These areas include Afar and Somali regions, eastern zones of Oromiya, southern and south western parts of SNNPR and lowland areas both in central Oromiya and eastern, central and southern Tigray. Poor rainfall distribution during October and early November threatens food security in Somali. Areas of major food security concern in the region include Segeg and Duhun in Fik; West Imey in Afder; and East Imey, and Denan in Gode.

Unless rainfall improves, access to pasture and water may be insufficient to sustain livestock herds and human needs through the dry season until the long-rains begin in March-April 2006. Regional contingency planning to prepare to mitigate and response to a potential food crisis in these fragile pastoral areas is needed. Food and non-food interventions must also continue in these areas where close to half a million people currently receive food aid as a result of poor rainfall performances during previous seasons. In addition, if the PSNP is not operational in Afar and Somali regions during 2006, the chronically food insecure caseload would either have to be covered through emergency food programs or through 'transitional' resource transfer programs. For further information contact: [ethiopia@fews.net](mailto:ethiopia@fews.net)

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## News

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### Emergency Needs Assessments & Food Security Update

Currently two annual national assessments, the DPPC-led multi-agency *Meher* and Pastoral Areas Assessment and FAO/WFP's Crop and Food Supply Assessment are underway to determine emergency needs and food aid requirements for the 2006 Humanitarian Appeal. The Appeal is expected to be launched in late January 2006. The Agriculture Task Force will provide a debriefing of the FAO/WFP Assessment mission on 9 December. FEWS NET's latest Food Security Update reports that the overall food security situation is improving in Ethiopia. Good crop production is anticipated this year. World coffee prices have increased significantly, positively affecting at least 700,000 households. There has also been an improvement in humanitarian response including food distributions and financial transfers from the Productive Safety Nets Program (PSNP) with a positive impact on food security and nutrition in recent months. In 2005, the PSNP transferred both food and cash to 4.8 million chronically food insecure people.

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#### **Refugee update**

Joint nutrition surveys are currently being carried out by WFP, UNHCR and Administration for Refugee and Returnee Affairs (ARRA) in Fugnido and Bonga refugee camps, in Gambella Region. This assessment is a follow-up of nutrition surveys carried out by the same agencies in May, which showed serious levels of malnutrition. Preliminary results from Bonga refugee camp now show a decreased Global Acute Malnutrition rate from 19.3% in May to 8.3% in November. The assessment team has highlighted that the improved situation is a result of the combined actions by WFP, UNHCR and ARRA, including the introduction of blanket supplementary feeding, timely arrival and distribution of the general food ration, and improved access to health services and clean drinking water in the camp. In order to maintain or improve further these levels of malnutrition, the assessment team is recommending a strengthening of nutrition activities like growth monitoring, home visits and regular recording of nutrition data, as well as relaxation of the criteria of admission and discharges from targeted supplementary feeding programmes currently run in the camp. Results from the assessment in Fugnido refugee camp will be available shortly. To further strengthen the nutrition interventions in the refugee camps in Ethiopia, a joint mission from UNHCR and WFP headquarters will visit refugee camps in Gambella and Tigray regions from 3-14 December. The main purpose of the mission is to review the situation in these refugee camps and jointly develop short and long-term strategies that address malnutrition among the refugee population. The pipeline for WFP's refugee operation is sufficient to cover requirements for the next six months. Following this

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period, new contributions are sought in order to maintain assistance to these vulnerable populations. Contact: [wfp.addisababa@wfp.org](mailto:wfp.addisababa@wfp.org)

**MSF-Belgium conducts rapid nutritional assessment in Chereti woreda, Somali Region**

MSF-Belgium conducted rapid nutritional assessments in four communities in Chereti woreda in Afder zone, Somali Region from 17-18 October 2005. The team reported that the population is facing a transition period from food insecurity to food crisis. Even though no cases of marasmus or kwashorkior were observed, the situation requires systematic surveillance. MSF reported that food availability has decreased, most seriously affecting the disadvantaged families and neglected groups. The team recommends food distribution to families at risk and that a standard nutritional survey be conducted in the woreda. The assessment indicated the sample taken from the localities does not represent the most vulnerable population; the pastoralists. Contact: [msfb-addis-ababa@brussels.msf.org](mailto:msfb-addis-ababa@brussels.msf.org)

**UNICEF boosts treatment of malnutrition in East Hararghe**

UNICEF has supported the establishment of an Outpatient Therapeutic Programme (OTP) in Kako Clinic, Kombolcha woreda, East Hararghe following the establishment of a Therapeutic Feeding Unit (TFU) in the woreda's health centre in October. UNICEF has assisted the Regional Health Bureau in establishing the TFU in response to the EOS nutritional screening conducted in the first week of October that recorded a high number and percentage of Severe Acute Malnutrition cases (624 cases, 2.6% SAM). It has also supported the establishment of a TFU in Gursum health center in response to the EOS nutritional screening that showed high levels of SAM. UNICEF has provided the necessary drugs, equipment, technical assistance and therapeutic products for the two centers. Five out of the ten woredas with the highest number of SAM in East Hararghe have adequate capacity to treat up to 1,500 children found with SAM during the last EOS screening. From the remaining five woredas, four are in the process of starting therapeutic feeding programmes. Once these programmes are fully operational, nearly 90 percent of the children found with SAM will have access to therapeutic feeding facilities. Contact: [mapped@unicef.org](mailto:mapped@unicef.org)

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**Upcoming & Ongoing Meetings and Events of Note**

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- 2 December: Launch of the Education for All Global Monitoring Report 2006 "Literacy for Life", UNCC, 1500hrs
- 5 December: Discussion on Nutrition Surveillance in the Framework of EOS, DPPA, 1400hrs
- 6 December: Strategic Disaster Management Team (SDMT), UNICEF Conference Room, 0900hrs
- 7 & 9 December: Integrated Disease Surveillance Response Strategic Planning meeting, Sheraton Hotel, 0830hrs
- 8 December: Debriefing on the FAO/WFP Crop and Food Supply Assessment Mission, UNDP Conference Room, 1000hrs  
  
SEA Sexual Exploitation and Abuse, OCHA Conference Room, 1500hrs
- 9 December: UN Security meeting, Department of Safety and Security (DSS) office Security Meeting, 0930hrs

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Agriculture Task Force Meeting/Debriefing on  
FAO/WFP Crop and Food Supply Assessment  
Mission, FAO, 1400hrs

IDP Reintegration Technical Working Group  
meeting, UNDP Conference Room, 1100hrs

Avian Flu Meeting, Nigeria Lounge, 1400hrs

13 December: Early Warning Working Group/Debriefing on *Meher*  
and Pastoral Areas Assessment, DPPA, 10:00hrs

Somali Regional Coordination Meeting, Jijiga,  
President's Conference Hall, 9000hrs

14 December: Multi Agency Nutrition Task Force  
(MANTF)/ENCU meeting, DPPA, 1400hrs

29 December: Technical Information Management Exchange,  
DPPA, 10:00hrs

### OCHA Field Missions

#### Present

20 Nov - 09 December	Meher Crop Assessment, Oromiya
20 Nov - 11 December	Meher Crop Assessment, Amhara
19 Nov - 10 December	Meher Crop Assessment, Tigray
18 Nov - 10 December	Meher Crop Assessment, SNNPR

#### Upcoming

12-14 December	Somali Regional Coordination Meeting, Jijiga
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### 2005 Food and Non-Food Contributions

<b>Total non-food Requirements</b>	<b>US\$ 103,646,634</b>
<b>2005 contributions:</b>	
Agriculture	4,364,406
Health and Nutrition	24,913,634
Supplementary food for EOS	39,429,037
Water and Sanitation	7,815,957
Disaster Response / Capacity Strengthening	-
Overall Coordination	1,589,932
<b>Grand Total</b>	<b>78,112,966</b>
<b>Funded</b>	<b>75%*</b>

\*Note: The total non-food contribution is 47% without contribution to  
the supplementary food for EOS.

<b>Total food Requirements</b>	<b>600,042 tonnes</b>
<b>2004 carryover stocks and 2005 contributions:</b>	
<b>Grand Total (US\$284,504,057)</b>	<b>666,108 tonnes</b>
<b>Surplus</b>	<b>66,066 tonnes</b>