

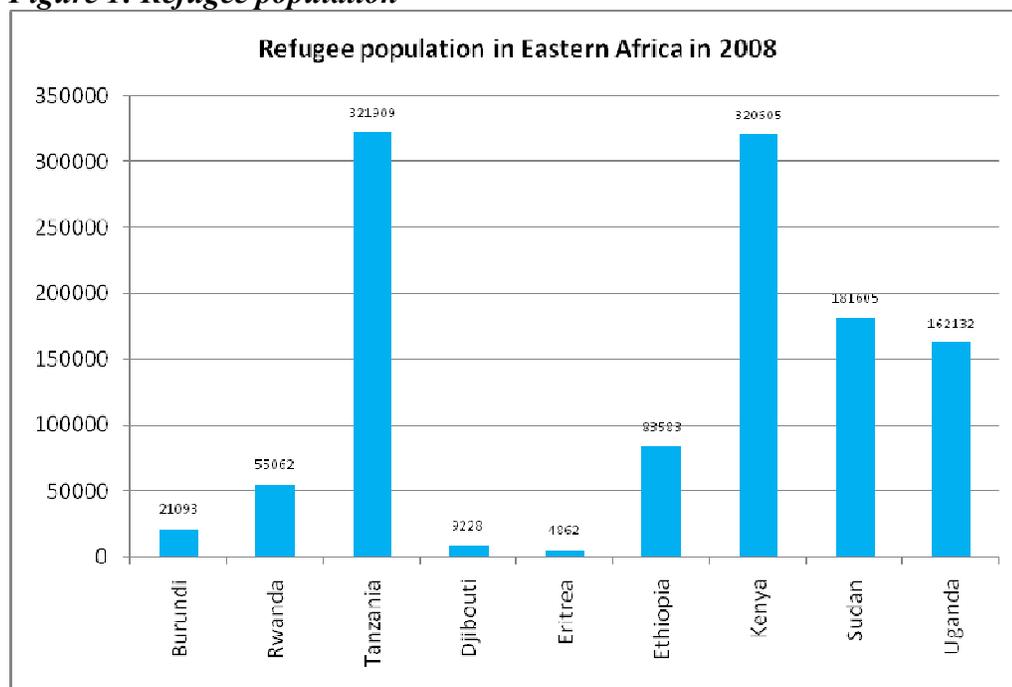
## Measuring progress in humanitarian assistance: An assessment on key basic needs for refugees in Eastern Africa

### Background:

As a result on civil unrest and armed conflicts, a number of people are forced to move from their localities, in the process crossing international borders to neighbouring or even far countries. Through a range of administrative processes, many are usually recognised as refugees by the receiving countries in line with international protocols. The Office of the United Nations High Commissioner for Refugees (UNHCR) is mandated to provide protection and humanitarian assistance to these refugees in order to improve their wellbeing before durable solutions are worked out. In collaboration with national authorities, recognised refugees are usually moved to camps or settlements where such assistance is provided to them. Beginning with shelter, many additional services are offered in collaboration with a number of partners, including health care, water, sanitation, education, food, non-food household items and general protection programs.

During 2008, a total of 1,160,079 refugees were housed in camps and settlements in 9 countries in Eastern Africa (Sudan, Ethiopia, Eritrea, Djibouti, Kenya, Uganda, Rwanda, Burundi and Tanzania). The refugee population and their origins varied from country to country. For instance, while the majority of refugees assisted during 2008 by UNHCR in Sudan (74%) came from Eritrea, the majority (77%) in Uganda originated from Southern Sudan. Additionally, Figure 1 shows that bigger countries are more likely to accommodate bigger refugee caseloads compared to the small countries. However, a similar assistance package is offered to these refugees in all countries through a number of UNHCR field offices and implementing partners.

**Figure 1: Refugee population**



In order to improve on the assistance offered to the refugee population, it has been continuously necessary to measure effectiveness of the programs so that any identified gaps are appropriately addressed. This necessitates putting in place regular assessment mechanisms to measure progress

achieved in protection and assistance programs for the well-being of the populations of concern and to provide a systematic basis for intervention designs.

### **Methods:**

A set of indicators were formulated with regard to access to health care, food, water and shelter on which data was collected from refugee camps and settlements on an annual basis. These data were compared with set global standards<sup>1</sup> to assess progress. The purpose was to capture data related to the situation, well-being and living conditions of refugees in a standardized way.

Indicator reports compiled from refugee camps and settlements in Eastern Africa for the period 2005-2008 were amalgamated into a database. After a rigorous system of data cleaning, weights were constructed with regard to the indicators' contribution to the technical areas (*Table 1*), followed by scoring the performance of each location.

**Table 1: Indicators, standards and weights**

Technical area/theme	Indicators	Global Standard		Weight (out of 10)
		Standard (score=2)	Sub-standard (score=1)	
Health care	Number of persons per primary health care facility	< 10,000	10,000-12,000	3.0
	Annual number of consultations at primary health care facilities per person	1-4	5-6	2.0
	% of live births attended to by skilled personnel (excluding TBAs)	≥ 50%	40-49%	1.5
	% of newborn children with low birth weight (<250g) weighed within 72 hours	< 15%	15-20%	1.5
	Measles vaccination coverage	≥ 90%	80-89%	2.0
Food	% of food beneficiaries entitled to food who received food during the latest food distribution	100%	90-99%	4.5
	Average number of kilocalories available per person per day	≥ 2,100	2,000-2,099	3.5
	% of female members in food distribution committees	50%	45-49%	2.0
Water	Average quantity of water available per person per day (litres)	≥ 20	18-19	3.0
	% of population living within 200m from water point	100%	90-99%	2.0
	% of positive faecal coli detected at distribution points per 100ml sample during the year	0%	1%	3.0
	% of households with sufficient daily water storage capacity	100%	90-99%	2.0
Shelter	Average camp area per person (M <sup>2</sup> )	> 45	35-45	5.0
	% of households with adequate dwellings	100%	90-99%	3.0
	Average dwelling floor size per person (M <sup>2</sup> )	≥ 3.5	3.0-3.4	2.0

Indicators were scored in different camps and settlements based on the attainment of global standards and sub-standards. An average score for each indicator was computed, based on the number of locations in the country and this was done for each specific year. The guiding principle for this

<sup>1</sup> Standards refer to ultimate aims, which for UNHCR normally have direct reference to its protection mandate, international law, human rights, MDGs or technical standards related to a specific sector of intervention. The setting of standards is aimed at the creation of acceptable conditions for persons of concern and/or acceptable levels of institutional performance.

computation was the need to come up with a specific value or measure of achievement for each thematic area and this would clearly reflect the gaps.

In developing this scoring system, a few assumptions were considered. First, it was deemed necessary that all refugee locations in each country ought to meet the minimum standards and any shortfall was taken to contribute to the overall level of achievement (or gap) for the indicator in the specific country. Secondly, it was noted that, although all indicators were important in assessing the situation and the level of progress in the technical areas, some indicators could contribute (weigh) more than others.

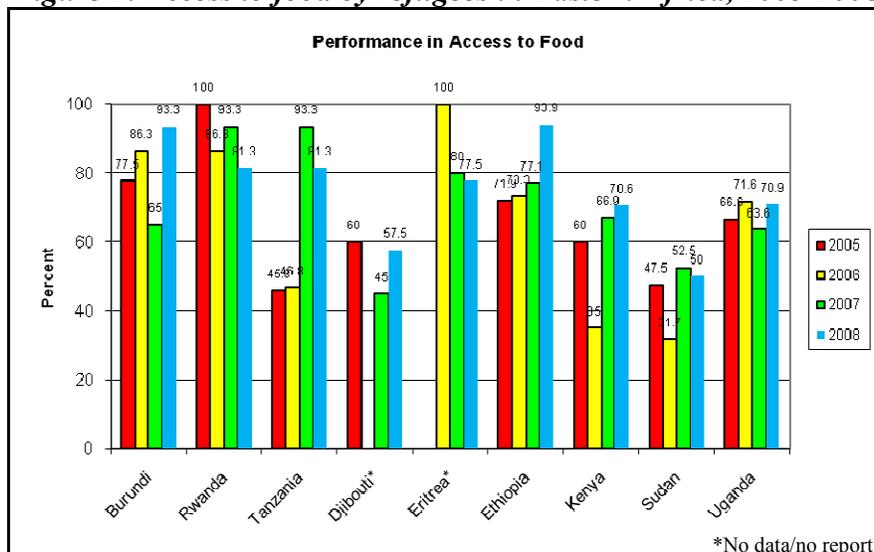
A simple weighting criterion was therefore developed. A total of ten points was assigned to each technical area, distributed across the indicators that contribute to the specific technical area in order of importance and significance, and applied these multiplying factors to the scores to compute a weighted score for each indicator. A total score for each technical area was finally generated by summing the weighted scores for all contributing indicators and the weighted average was expressed as a percentage. This percentage score was therefore used as the level of achievement in the technical area for the country during the year under consideration and a trend was constructed for the 4-year period (2005-2008).

**Results:**

**(a) Access to Food**

Over the 4-year period, significant improvements in access to food by refugees were recorded in Tanzania (46% to 81%), Ethiopia (72% to 94%), Burundi (76% to 93%) and Kenya (60% to 71%). Trend analysis showed strong significance in Tanzania ( $\chi^2$  for trend=51.2,  $p<0.001$ ), Ethiopia ( $\chi^2$  for trend=14.7,  $p<0.001$ ) and Kenya ( $\chi^2$  for trend=8.7,  $p=0.003$ ). As shown in Figure 2, Rwanda registered a significant downward performance from 100% to 81% ( $\chi^2$  for trend=13.8,  $p<0.001$ ) while the other countries like Djibouti and Sudan depicted continuous challenging situations over the years. Some of the contributing factors to the levels of performance include increases in food prices that influence on the quantities of food supplied, targeted food distribution policies by partners like the World Food Program, government policies in some of the countries with regard to access to agricultural land by refugees to supplement the food donations and other logistical constraints in the food distribution chain.

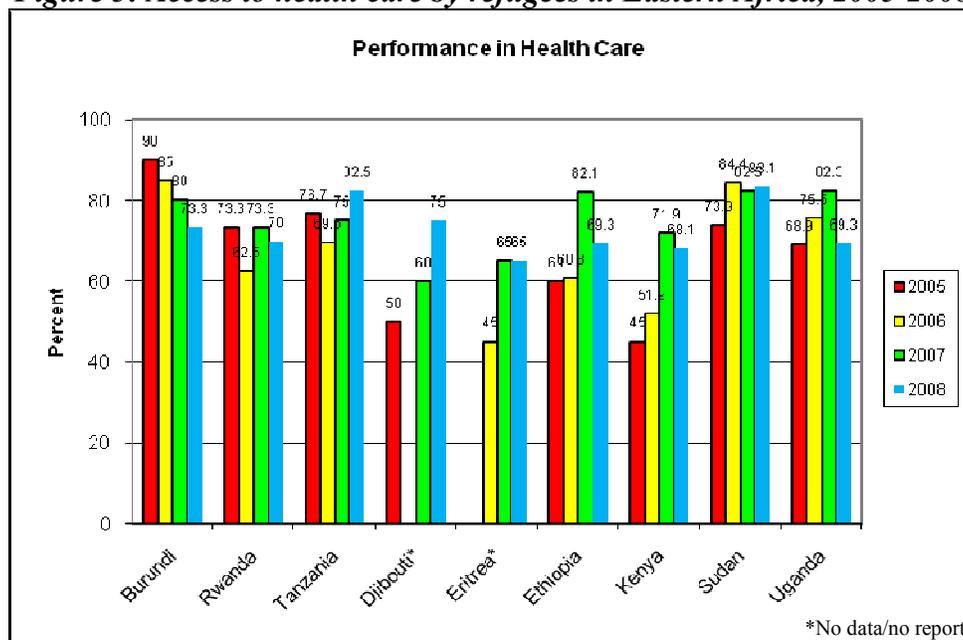
**Figure 2: Access to food by refugees in Eastern Africa, 2005-2008**



### (b) Health Care

Significant improvements in access to health care were observed in Ethiopia (60% to 69%;  $\chi^2$  for trend=5.3,  $p=0.02$ ) and Kenya (45% to 68%;  $\chi^2$  for trend=16.4,  $p<0.001$ ). Uganda recorded significant improvement from 69% in 2005 to 82% in 2007 ( $\chi^2$  for trend=4.6,  $p=0.03$ ), but this slipped back to 69% in 2008. The earlier years saw significant investment in health services by way of constructing health centres, provision of medical supplies and availing adequate trained health workers. However, funding constraints coupled with increases in refugee populations have threatened to dampen the gains achieved. On the other hand, as shown in Figure 3, declining levels in refugee health care were registered in Burundi (90% to 73%;  $\chi^2$  for trend=10.6,  $p=0.001$ ) and almost stagnant performance in Rwanda, Tanzania, Eritrea and Sudan.

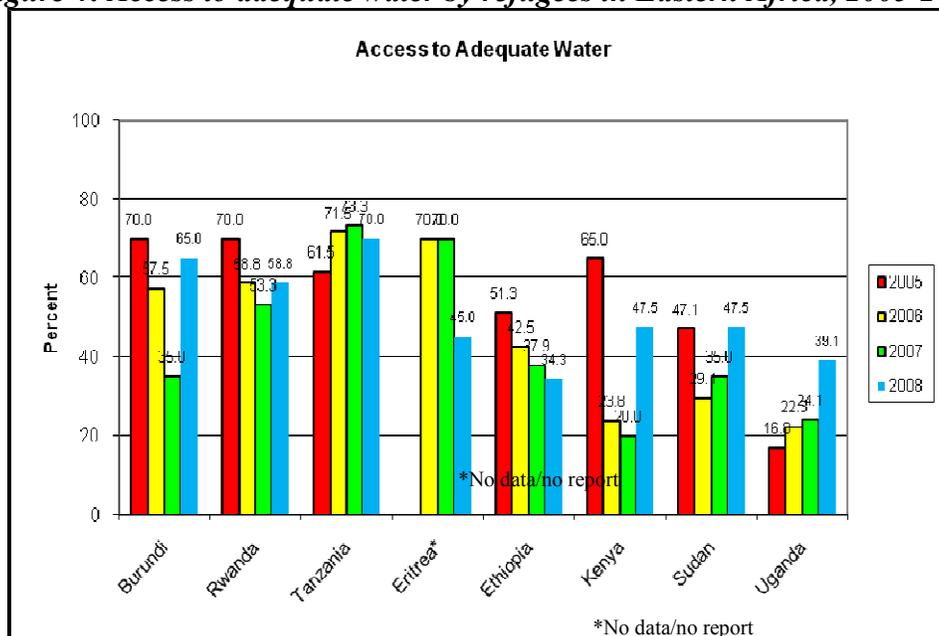
**Figure 3: Access to health care by refugees in Eastern Africa, 2005-2008**



### (c) Water

Improvements in access to adequate water were very minimal (see Figure 4). Among the refugee programs in Eastern Africa, Tanzania recorded a good improvement (though not statistically significant) in the water sector from 62% to 70% during the 4-year period ( $\chi^2$  for trend=1.5,  $p=0.226$ ). On the other hand, although Uganda continuously registered significant improvements from 17% in 2005 to 39% in 2008 ( $\chi^2$  for trend=12.1,  $p<0.001$ ), the majority of the population had little access to desirable levels of water in terms of volume, quality and distance to water sources. Almost all the other countries registered stagnant or deteriorating performances. Significant deteriorating performances were recorded in Ethiopia from 51% in 2005 to 34% in 2008 ( $\chi^2$  for trend=6.4,  $p=0.01$ ) and Kenya from 65% in 2005 to 48% in 2008 ( $\chi^2$  for trend=6.3,  $p=0.01$ ). The biggest problem in these countries was the continuing refugee influx, especially from their neighbouring unstable Somalia that could not match with the existing old water systems. More investments in new water systems were necessary to cope with the increases in refugee caseloads, but funding constraints remained a big challenge through out the period.

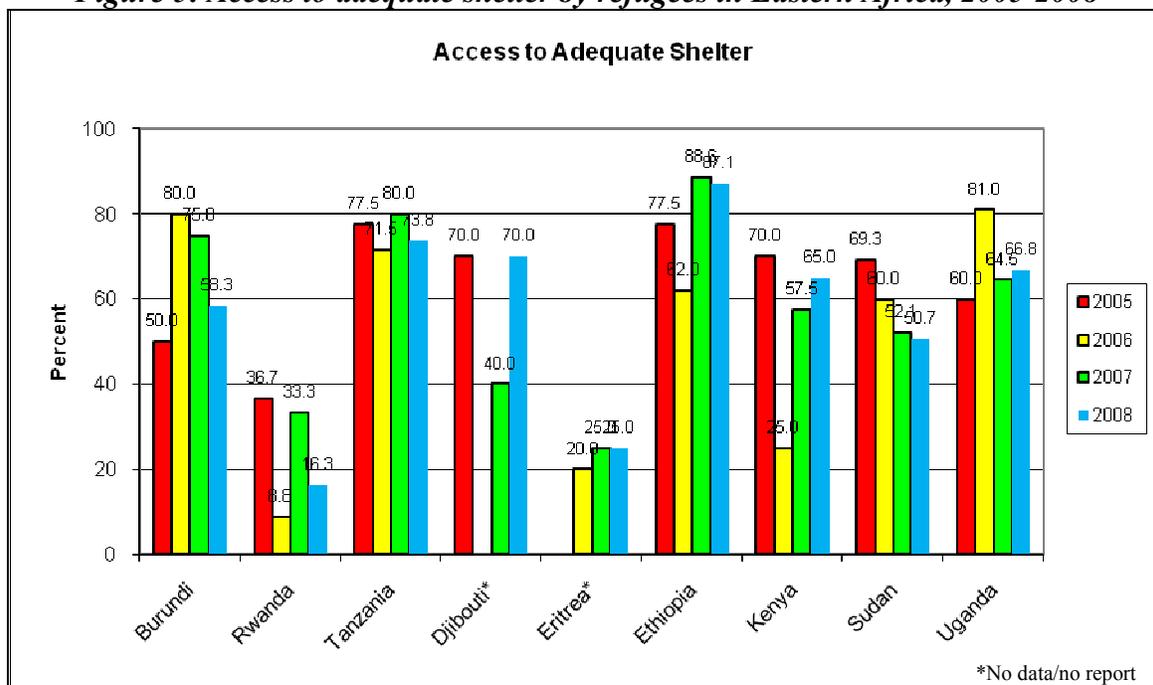
**Figure 4: Access to adequate water by refugees in Eastern Africa, 2005-2008**



**(d) Shelter**

Provision of adequate shelter to refugee communities is also still a big challenge as no single operation in Eastern Africa achieved 100% (Figure 5). Improvements were recorded in Ethiopia (from 77% to 87%;  $\chi^2$  for trend=8.8,  $p=0.003$ ) during the 4-year period. Most of the remaining countries registered either the same or declining levels in availing adequate shelter to refugees. Notable among these were Rwanda which registered a poor and declining trend from 37% in 2005 to 16% in 2008 ( $\chi^2$  for trend=4.2,  $p=0.04$ ) and Sudan from 69% in 2005 to 51% in 2008 ( $\chi^2$  for trend=7.9,  $p=0.005$ ).

**Figure 5: Access to adequate shelter by refugees in Eastern Africa, 2005-2008**



## ***Discussion:***

It should be noted that the ongoing conflicts in the region, to mention but a few, Somalia, Eastern Democratic Republic of Congo and the Darfur region of Sudan, continuously lead to movements of men, women and children to neighbouring countries where it is felt relatively safe. UNHCR, its partners and the receiving country governments have done a commendable job of protecting and assisting these uprooted people. However, because of the enormity of the problem, bigger resources are required to provide adequate accommodation, food, water, health care and other social services to the refugee communities. Prioritising these resources across the many needs of this rather helpless population usually becomes a big challenge as some sectors might be left behind in the process.

On the other hand, the policies of the different host governments usually vary. For instance, while Uganda allows refugees to access land and grow food to supplement that which is provided by the World Food Programme, other countries in the region like Kenya or Rwanda do not have such a policy in place. In addition, some countries may allow refugees to benefit from the public health services while others may not. In so doing, it becomes incumbent upon UNHCR, its partners and the donor community to foot most of the bills in ensuring that the refugees enjoy an adequate life in their new environment up to such a time when they can voluntarily return to their home countries or other durable solutions are found.

The foregone results clearly show areas that UNHCR operations in Eastern Africa have struggled to strengthen thereby uplifting the lives of the uprooted populations. They further point out the crucial sectors where more effort and resources are needed to avoid unacceptable conditions of living for the refugee population. As more resources are mobilised, including the support from the host governments, opportunities for better livelihoods for refugee communities will be ensured.

## ***Conclusion:***

Weighting and compound scores enable UNHCR to visualise weak areas and take sound decisions for improved humanitarian assistance in a comprehensive manner, thereby facilitating design of appropriate interventions and prioritisation of resources. It is clear from the analysis that in most of the technical areas across the countries in Eastern Africa, there are still big challenges in meeting the basic needs for the refugees. However, improvements in some countries provide lessons that could be explored by other operations to uplift the standards of living of this population of concern. The gaps identified could also enable humanitarian actors to design interventions and focus them in those areas with bigger needs. This assessment could also be considered by humanitarian partners to base decisions for strengthening refugee protection and meeting their basic needs.

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