

2011 Emory Global Health Case Competition

“Sofi’s World: UNHCR’s East Africa Predicament”

The Emory Global Health Institute Case Writing Team



Emory Global Health Institute

All characters, organizations, and plots described within the case are *fictional* and bear no direct reflection to any existing organizations or individuals. The case represents a complex scenario which does not necessarily have a correct or perfect solution, and thus encourages a judicious balance of creative yet perceptive and knowledgeable approaches. Also, informative facts and figures included within the case and appendices are accurately recounted in most cases, but may have been *adapted* from original sources to suit the case – as such, these are to be considered the data of choice.

Introduction

As Sofi Kannan prepared to leave her office after a busy Monday, she reflected on the events of the day. In addition to the significant discussions at the Kenyan Ministry of Home Affairs, she had also received important news from the Geneva headquarters of the United Nations High Commissioner for Refugees (UNHCR). The Home Affairs officials had been pleasant, but had sternly opposed provision of aid by the Kenyan government for foreign refugees residing within Kenya's borders, and rejected a proposal to integrate these refugees. These were the same sentiments Sofi had received a week ago from ministers in Uganda and Ethiopia. While relieved that all three countries had at least verbally indicated that refugees within their borders were not in danger of forced repatriation, she knew that the lack of aid commitments or opportunities meant that the UNHCR would have to support the needs of the refugees in the region for the next 3-5 years. Sofi's other major news was that the Assistant Commissioner for Operations, Dr. Maggie Tan, had confirmed that the suspected budget cuts for regional offices in the upcoming financial year would be in effect on January 1st, 2012. The directive Sofi received from the commissioner stipulated that 2012 funding would be granted at the level requested for 2011 for basic needs (limited to food, water, shelter, hygiene and sanitation), but all other needs would now be considered "secondary" and funds to support these would be reduced by at least 50%.

As a relatively new director of programming for the East Africa regional office of the UNHCR (covering Kenya, Ethiopia, and Uganda), Sofi felt the weight of these recent revelations, and thought about how this role compared to her previous assignment as emergency relief coordinator in the Philippines. Her new role was primarily focused on challenges faced by long-standing refugees with no options of repatriation or integration. As she contemplated the complexity of issues facing refugees in Ethiopia, Kenya, and Uganda, she started to think about which social, economic, health, and/or developmental areas should be priorities for the region. With only 6 months before the beginning of the new fiscal year, Sofi is faced with generating strategic operational plans for UNHCR's East Africa region for 2012 that will be confined by substantial budgetary and political constraints. Recognizing the need for multiple inputs and perspectives to tackle this daunting task, Sofi directed her senior advisors to enlist multi-disciplinary consultant teams to prepare proposals that address the most pressing needs of the region. The consultants would have to triage between the motivations and needs of relevant stakeholders, recognizing the tradeoffs; but would also have to discern between the relative rights and authorities possessed by those involved.

Amidst the global economic downturn, she knows that the best strategy will be one that is demonstrably feasible and acceptable, shows high return on investment, but also potential for sustainability. However, since she is scheduled to fly to Geneva on Sunday to present her regional strategic plan at UNHCR headquarters, the consultant teams would have only 4 days to compile their data, recommendations, and justifications, and present their proposals to her advisors.

Profile of UNHCR East Africa Region

Country Profiles:[1]

Kenya

- Population: 40,046,566 (2011 estimate)
 - 45% Protestant, 33% Roman Catholic, 10% Muslim, 10% Indigenous faiths
 - Ratio of refugee population to national population is 1:86
- GDP: \$65.95 billion USD (PPP, 2010): services 62%, agriculture 22%, industry 16%
- GDP per capita: \$1,600 (PPP, 2010) or \$938 (nominal)
- Governance structure: Presidential representative democratic republic
- Health system: Referral tree structure from local dispensaries and clinics to health centers, sub-district hospitals, district hospitals, and national hospitals

Ethiopia:

- Population: 88,013,491 (2011 estimate)
 - 43.5% Orthodox Christian, 33.9% Muslim, 18.6% Protestant, 2.6% indigenous faiths
 - Ratio of refugee population to national population is 1:552
- GDP: \$84.02 billion (PPP, 2010): services 43.4%, agriculture 42.9%, industry 13.7%
- GDP per capita: \$1,003 (PPP, 2010) or \$360 (nominal)
- Governance structure: Federal parliamentary republic
- Health system: Referral tree structure from community based health extension workers to health posts, health centers, and hospitals

Uganda:

- Population: 33,398,682 (2011 estimate)
 - 42% Protestant, 41.9% Roman Catholic, 12.1% Muslim, 4% Other
 - Ratio of refugee population to national population is 1:236
- GDP: \$41.7 billion (PPP, 2010) or \$17.12 billion (official exchange rate): services 51.9%, industry 24.5%, agriculture 23.6%
- GDP per capita: \$1,226 (PPP, 2010) or \$514 (nominal)
- Governance structure: Presidential republic
- Health system: Referral tree structure from community health clinics to district clinics to regional and national hospitals

East Africa Region

There are an estimated three million refugees and asylum seekers [2] in Africa who have been forced to leave their homes due to war, violence, and fear of racial, ethnic, religious or political persecution, and a further 6.3 million uprooted within their own countries. Ongoing violence and fear of continued persecution prevent return to their homelands. A small percentage of these refugees are resettled in developed nations, but the vast majority live for extended periods of time in settlements located in border regions near their home countries.

As a region, East Africa is both vulnerable and potentially explosive – political instability, ethnic and religious discord, environmental degradation, governmental repression, and other

forces combine to create complex conflicts involving multiple players. These conflicts often include shifts in loyalty, undisclosed assistance from outside sources, and important second party players, creating a high degree of distrust within the region. However, despite the numerous pressures in East Africa, Kenya, Uganda, and Ethiopia have all displayed a promising level of stability causing them to become major hosts for the area's refugee populations, collectively protecting almost 800,000 refugees and asylum seekers [2].

Kenya currently hosts 465,500 refugees, Uganda 141,600, and Ethiopia 159,370 [3-5]. The largest populations originate from Somalia, Sudan, Eritrea, and the Democratic Republic of the Congo (DRC). Somali refugees arrived fleeing the civil war that began in 1991. Intense fighting continues between the government and radical Islamic groups, and the UNHCR does not expect this conflict to resolve in the near future. Sudanese refugees fled the longstanding violence between different factions in their country. Currently, large-scale repatriation of Sudanese refugees back to Southern Sudan is ongoing following the January 2005 peace agreement between the Sudan People's Liberation Army (SPLA) and the Khartoum government. This issue remains contentious, however, as negotiations proceed regarding the terms of Southern Sudan's independence. Eritrean refugees fled the 1998-2000 conflict with Ethiopia and, more recently, fled to escape forced military conscription and religious persecution. Congolese refugees fled the war that ravaged the DRC from 1998-2003 and continue to flee violence in the Kivu region.

The Role of the UNHCR

In 1949, the UNHCR was founded to provide non-political humanitarian protection to refugees and to seek permanent solutions to problems faced by refugees. In 1951, the United Nations Convention on the Status of Refugees defined refugee status and rights that should be afforded to refugees in the aftermath of World War II. These definitions were expanded in 1967, and in 1969, responding to the increasing number of refugees in Africa, the Convention Governing the Specific Aspects of Refugee Problems in Africa (OAU Convention) [6] was held in Addis Ababa. It established a cornerstone for refugee policy and state practice regarding *inter alia* the reception of, treatment of, and grants of asylum to refugees in African nations. Kenya, Uganda, and Ethiopia are party to the 1951 Convention and 1967 Protocol, and were attendees at the 1969 Convention. However, each country has lodged reservations¹ to particular articles in the 1969 Convention regarding the legal status of refugees in their countries. These articles pertain to refugee employment, the right to education, health care, entitlements, freedom of movement, and expulsion from the host country.

Refugee camps (see Appendix A) in Kenya, Uganda, and Ethiopia are all primarily funded and operated by the UNHCR. This agency provides basic material assistance in the form of

¹ A reservation is a limiting qualification, condition, or exception that purports to change the legal effect of a treaty. When a country makes a reservation, that country is making other countries aware that it will not be held accountable for that particular provision of the convention or protocol. Kenya has reservations to Articles 8, 9, 17, 24 and 25 of the 1951 Convention. Uganda has reservations to Articles 7, 8, 9, 13, 15, 16, 17, 25 and 32. Ethiopia has reservations to Articles 8, 9, 17 and 22.

emergency relief, food, shelter, and medical care in addition to collaborating with local government and a network of non-governmental organizations (NGO) active in the camps (see Appendix B). The UNHCR is funded almost entirely by voluntary contributions, with 93% derived from governments; another 4% from inter-governmental organizations and pooled funding mechanisms; and the remaining 3% from the private sector. The agency receives a limited subsidy from the UN regular budget for administrative costs and accepts donations from individuals [7].

Camp Life

Status: Refugees in Kenya are primarily confined to refugee camps, and their movement is restricted outside of these areas. Refugees can apply for permission (movement passes) to leave the camps for higher education, specialized medical care, or for security reasons. UNHCR and local officials issue these passes, and processing a request takes about two weeks, though there are complaints that officials ignore requests or that the passes are past expiration when the applicants finally receive them [2]. Ethiopia has recently begun an “out of camp” policy, allowing Eritrean refugees with no criminal record to move out of the camps provided that they can support themselves financially or have sponsors willing to support them [8]. Officially, Ethiopia does not allow refugees to work unless there are no Ethiopian citizens adequately trained to perform the same task. In practice, the government tolerates some refugees with special skills to work illegally [9]. Refugees in Uganda have freedom of movement under The Refugees Act of 2006, but do not receive the UNHCR’s assistance unless they live in the settlements. Refugees who wish to leave the settlements can provide dates and reason for travel and request permits. Many leave without permission. In Uganda, refugees, but not asylum seekers, have the right to work and the government does not require a permit [9].

Shelter: Refugees typically live in small tents or shacks. Materials used to build shelter include mud, bricks, thatched roofs, tarpaulin, and corrugated iron sheeting [10]. As the influx of refugees increases, overcrowding of residential areas has become an issue of concern.

Water and Sanitation: Some potable water systems exist in the camps, but such systems require improvement. Maintaining a continuous, potable water supply for refugees in the region is a constant challenge. Water collection is a daily task that is both physically and socially burdensome – women and children primarily bear the responsibility of this duty. Managing water shortages requires much logistical planning in rural border areas that are not easily connected with major commercial centers. Drop-hole communal latrines are the most commonly available sanitation facilities in camps [10].

Food: The Sphere Project guidelines [11] specify the minimum standards of basic nutritional requirements as 2100 kcal/person/day. The UNHCR and its implementing agencies provide nutritional support to refugees in camps as follows: 1320 kcal/person/day (avg) in Uganda, 2450 kcal/person/day in Ethiopia, and 2165 kcal/person/day in Kenya [12-14]. However, the food received by refugees in the camps does not always satisfy the nutritional needs of the population. For example, in Uganda in 2009, the majority of refugees received only half rations of their daily requirements. Additionally, refugees often sell the food they receive in exchange for items that they cannot easily acquire in the camps.

Employment: Prospects for employment within the camps are scarce. Some refugees are employed on security teams or hold positions within humanitarian organizations. In some cases, the proliferation of small-scale business enterprises is permitted, but with the remote location of the camps and refugees' limited access to the outside world, the market for such endeavors is limited [10]. Thus, the everyday livelihood of refugees is largely dependent on humanitarian assistance.

Education: Most children obtain some form of primary education in the camps at schools largely funded by the UNHCR. Reported rates of attendance by school-aged children in the camps vary from 69% in Kenya to 87% in Uganda, but these numbers may be unreliable [10]. Female attendance is often limited, as girls may be required to perform daily household activities in place of attending school [15]. Formal education beyond primary school is rare. Lack of teachers continues to be a challenge [10].

Culture and Conflict: The situation of multiple ethnic groups living together in refugee camps creates cultural tensions. In some camps, groups who experience extreme conflict with each other in their home countries live together within the same camp [16]. Conflicts also exist between the refugee populations and the communities in which the camps are located: UNHCR and NGOs provide refugees with food, education, and healthcare because of their designation as refugees, but these items are not provided to members of the surrounding communities who are often as equally impoverished, malnourished, and uneducated [12, 17].

Communication: Interpersonal communication is the preferred method of disseminating information among refugees. Avenues for reaching relatives outside refugee camps include mail, telephone, and perhaps the most preferred, taars (high powered VHF radios). Conduits of mass communication are not widespread, with radios as the most common way for refugees to receive news. Other media outlets such as satellite TVs placed in viewing areas and newsprint are relatively uncommon. In general, information received outside of personal networks is subject to mistrust and the effectiveness of written media is limited by literacy rates [18].

Violence and Law Enforcement: Violence and gender-based violence, in particular, are significant problems within the camps [3-5, 19]. Proposed reasons for increased violence in camps include exposure to extreme violence prior to entering the camps, the presence of multiple ethnic groups within camps, loss of community systems and structures due to displacement, and loss of traditional male gender roles as provider and protector [20]. Additionally, camps are often located within close proximity to international borders, leaving residents vulnerable to violent border clashes. Law enforcement strategies vary by camp and surveillance data are universally inaccurate regarding violence as residents, especially women, are reluctant to make formal reports [12-14].

Health: The UNHCR collaborates with host country governments and NGOs in the camps to provide primary health care to refugees. The delivery of health care services varies by camp, but all camps have at least one health center and some have hospitals on site. Most camps fail to meet the UNHCR standard of no more than 10,000 people per primary care facility [10]. There are numerous health issues within the camps that stretch the available healthcare services (see Appendix C). The situation is further complicated by the fact that surveillance data on health

conditions in the camps may not accurately depict the health realities in the camps, and reports may be conflicting. For example, despite low reports of mental health problems in the camps, the World Health Organization estimates that over 50% of refugees experience mental health problems [21]. Refugees fleeing from violence in their countries of origin are at risk for post-traumatic stress disorder, depression, psychosis, suicide, and substance abuse [22-24]. They may have been victims of violence or torture prior to arrival at the camps and once in the camps, they may still face high levels of daily violence. Additionally, lack of employment opportunities and freedom of movement can exacerbate feelings of frustration and hopelessness. As a result, substance abuse in refugee camps is common [25].

In addition to mental health issues, individuals with chronic non-communicable diseases or those that were infected with chronic infections (hepatitis, tuberculosis [TB], and HIV/AIDS) before entering the camp require long-term medications and routine care to manage their conditions. New infectious disease cases have also been emerging in camps. Respiratory diseases, the spread of which is exacerbated by high population densities in camps, are extremely common, though the type and severity of disease varies. Although sanitation systems exist in camps, the difficulty in maintenance, the lack of hygiene supplies, and the close living quarters of refugees put the refugee population at risk for intestinal worm infections and diarrheal diseases – including diarrheal outbreaks such as cholera. Further, malaria is present in the camps and can exacerbate the health conditions of refugees.

Complicating the health profile, pregnant women and women of child-bearing age require additional access to health care. Family planning programs exist in the camps, but usage is sparse. Only 1-3% of women of childbearing age in the camps in 2009 reported using contraceptives [12-14]. High levels of gender-based violence in the camps complicate effective provision of sexual health programming. The UNHCR provides prenatal care for women in East African refugee camps and 62% (Uganda) and 93% (Ethiopia) of encamped pregnant refugee women in 2009 received four or more prenatal care visits. Skilled personnel attended 62% of births in Ugandan and 98% of births in Ethiopian camps the same year [13, 14]. Anemia continues to be a significant problem for mothers and slow processes for consent and limited supplies of blood for transfusion lead to increased mortality from postpartum hemorrhage [12-14]. The type of care provided to pregnant women varies by camp and it is unclear whether these reports of high health care utilization accurately reflect the quality of care provided. Female genital circumcision poses another health risk for females. Among women from Somalia and Sudan, countries from which many refugees originate, as many as 90% of women have undergone this practice [26]. Consequences of such procedures include acute infection, obstructed labor, increased risk of postpartum hemorrhage, and higher neonatal morbidity and mortality [27].

With the number of new births within camps and the high number of children arriving in camps, children under five years old constituted 16-20% of the refugee population in Kenya, Ethiopia, and Uganda in 2009 (see Appendix D). The prevalence of anemia in children under five ranged from 39% in Ethiopia to 76% in Kenya [12, 14], and children under five years of age are the group at highest risk for malnutrition. The under five population is at increased risk of morbidity and mortality due to diarrheal disease and malaria. Children receive routine

immunizations and Vitamin A supplementation, but the lack of gas-powered refrigerators leads to significant waste of vaccines that require refrigeration [12-14]. Additionally, the mental health of children is of concern: higher rates of PTSD, depression, and emotional and behavioral problems are reported in this population as compared to their non-refugee counterparts. In 2010, PTSD was present in 19-54% of refugee children worldwide [28]. Children, most notably unaccompanied children, are vulnerable to many protection risks such as trafficking, forced recruitment, and sexual violence.

Summary

Amidst the plethora of complex issues that exist in the refugee camps of East Africa, Sofi Kannan contemplates the potential consequences of the budget cuts and which socioeconomic, regulatory, preventative, or curative interventions might be feasible and effectively delivered within a regional strategic plan. Excluding the large allotments for administrative and regulatory activities within the budget, which are outside of Sofi's authority, the total UNHCR budget for the region in Sofi's control includes \$132,712,897 for Kenya, \$30,413,111 for Uganda, and \$72,741,023 for Ethiopia, although large portions of these funds were reserved for basic needs as stipulated by the Assistant Commissioner (see Appendix E). Sofi remains unsure whether a single model applied to the region as a whole or a customized, country-based approach would be most appropriate. She also ponders whether strategies could be developed to function in collaboration with ongoing efforts by existing organizations working in the camps or whether they would better function alone, knowing that these partnerships are of importance, but also incur financial liabilities for UNHCR (from their logistics budget). She also recognized that supplies, workforce recruitment, and training are all major considerations.

She resolves to wait, albeit eagerly, for her advisors to select and convey the best operational models that prioritize and address the refugee issues in the region. Ultimately, she acknowledges that there will be tradeoffs, but given that these proposals will shape the fate and provisions for large vulnerable populations in the region, she has put her faith in her expert advisors, believing that they will decide on the *most favorable* set of recommendations.

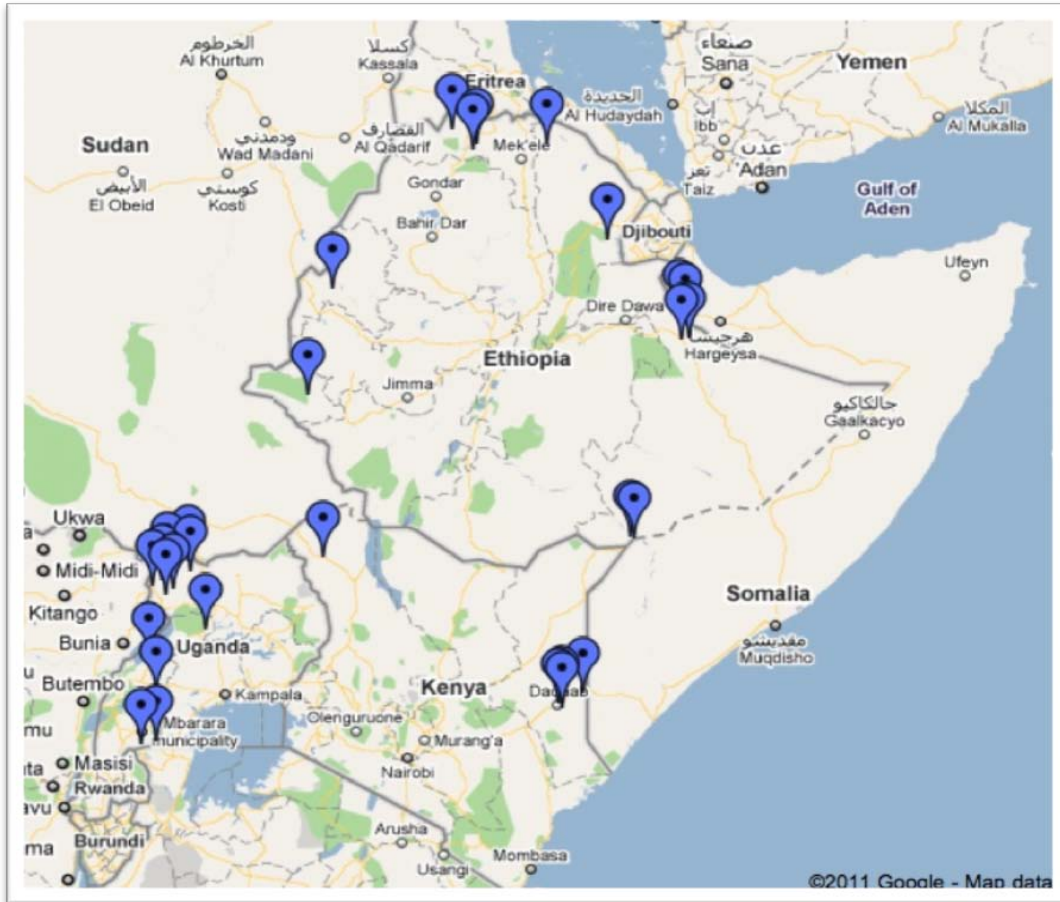
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Appendices

Appendix A: Refugee Camps - Kenya, Ethiopia, Uganda



Kenya:

1. Kakuma
2. Liboi
3. Dagahaley
4. Ifo
5. Hagadera

Ethiopia

1. Fugnido
2. Sherkole
3. Bokolmanyo
4. Melkadida
5. Sheder
6. Awubere
7. Kebri Beyah
8. Hartishek
9. Asaita
10. Berahle

Ethiopia (continued)

11. My-Ayni
12. Adi Harush
13. Shimelba

Uganda

1. Kiryandongo
2. Kyangwali
3. Ikafe
4. Rhino Camp
5. Arua
6. Imvepi
7. Yumbe
8. Adjumani
9. Moyo
10. Oruchinga
11. Nakivale
12. Kayaka 2

Appendix B: NGOs Working in Refugee Camps in East Africa

Kenya

CARE: Has both short- and long-term projects specifically in the Dadaab Kenyan camps. Assist with development of the water and sanitation systems and health education campaigns for hygiene and water use. Works to distribute food rations and distributes water and essential items in emergency situations. Provide basic education needs to children, offer counseling programs, sports and recreation programs, conflict resolution and support for vulnerable populations, and training in vocational skills and microcredit programs.
<http://www.care.org/careswork/emergencies/dadaab/>

FilmAid International: Educate refugees about the prevention and resolution of conflict, HIV/AIDS and other infectious diseases, domestic violence, and gender equity. The films provide the refugees with knowledge and examples of how to take action in these areas.
<http://www.filmaid.org/>

GOAL Ireland: Supports organizations on hygiene promotion, education programs to increase literacy, and construction of health centers. <http://www.goal.ie/>

Handicap International: Educate Sudanese refugees about land mines in preparation for repatriation of Sudanese refugees to Sudan. <http://www.handicap-international.us/>

International Rescue Committee: Provide medical services in Kakuma, including curative and preventative health, nutrition, community outreach, HIV/AIDS, and environmental health programs. Implement HIV/AIDS education and testing programs. Also provide education for refugees in language, literacy, numeracy, and business management. They hold female-only classes to enhance education for female refugees. <http://www.theirc.org/>

Jesuit Refugee Services: Assist refugees with re-patriation education, and support women and individuals in the camps with disabilities. <http://www.jrsusa.org/research>

Kenya Red Cross Society: Partners with the organizations in the camps to provide services to the refugee populations as needed. <http://www.kenyaredcross.org/>

Lutheran World Federation: Provide basic services including food distribution, water supply maintenance, education, community services, and camp security. Involved with peace-building and conflict resolution programs, and have certain camp management responsibilities, such as reception and assistance to new arrivals. <http://www.lutheranworld.org/lwf/>

National Council of Churches of Kenya: <http://www.ncck.org/>

Norwegian Refugee Council: Implement five main projects in the camp: camp management, education, shelter, emergency food security and distribution, and information, counseling and legal assistance. Also involved with conflict management education programs and work specifically to promote gender equality. <http://www.nrc.no/>

Refugee Consortium of Kenya: Provide training in refugee rights and create dialogue forums between refugees and government actors involved in refugee protection. Also provide human rights and gender training in the camps and work to promote awareness of HIV/AIDS issues. http://www.rckkenya.org/www.rckkenya.org/c_r.html

Save the Children (UK): Protect children in the camps. They find shelter for children in the camps, especially those that have been separated from their parents, provide counseling to vulnerable children, and refer cases of sexual abuse to authorities. <http://www.savethechildren.org.uk/>

Windle Trust Kenya: Provide education to refugees by coordinating English classes for refugee teachers, and by supporting libraries, a writer's club, and a refugee-run magazine. Enable vulnerable women access to education and employment at camp facilities. <http://www.windle.org.uk/Home/tabid/209/Default.aspx>

Ethiopia

Africa Humanitarian Action: Provide education on family planning, HIV/AIDS, and general health issues. Also work to promote awareness of HIV/AIDS and provide support to those affected. <http://www.africahumanitarian.org/home.aspx>

African Humanitarian Aid and Development Agency: Implement HIV/AIDS prevention program, to reduce transmission of HIV/AIDS and to increase awareness about prevention.

Gaia Association: Work to provide access to locally produced ethanol and ethanol fuelled cooking stoves in the Kebribeyah camp to decrease dependence on traditional fuels and kerosene. <http://www.pciaonline.org/node/148>

Hugh Pilkington Charitable Trust: (also known as Windle Trust): Work to provide education, vocational training, and employment of refugees. <http://www.windle.org.uk/Home/tabid/209/Default.aspx>

International Rescue Committee: Work with vulnerable populations in the camps to provide vocational training and increase access to camp services. Promote awareness of HIV/AIDS with prevention messaging and training programs. Increase water and sanitation infrastructure in camps and provide hygiene education. Also distribute mosquito nets. <http://www.theirc.org/>

Jesuit Refugee Service: Assist refugees with re-patriation education and to support women and individuals in the camps with disabilities. <http://www.jrsusa.org/research>

Lutheran World Federation: Assist with providing safe water to refugees by creation of boreholes and other water distribution mechanisms. Also work to protect the environment in the camps. <http://www.lutheranworld.org/lwf/>

Mother and Child Development Organization: Provide food and shelter, as well as treatment for persons infected with tuberculosis. Work to promote awareness of HIV/AIDS.

Refugee and Returnee Affairs Department of the Development and Inter-Church Aid Commission of The Ethiopian Orthodox Church

Rehabilitation and Development Organization: Implement multiple programs including water and food security, promoting HIV/AIDS awareness and prevention, and women's empowerment. <http://www.ordainternational.org/>

Save the Rural Society: Construct hand dug wells to enhance the water supply and build communal latrines in the camps.

Society of International Missionaries: Multiple projects including providing increased access to water and shelter, promote HIV/AIDS awareness, and enhance education programs. <http://www.sim.org/>

ZOA Refugee Care (Netherlands): Assist refugees to plant small gardens to grow their own food. Also provide vocational support, training and help refugees set up their own businesses. <http://www.zoa.nl/worldwide>

Uganda

Action Africa Help International: Support an integrated program of health care, food security, education, water and sanitation, environment and microenterprise development. <http://www.actionafricahelp.org/>

Africa Humanitarian Action: Provide health services, including HIV/AIDS support and treatment and promote awareness of HIV/AIDS in schools with health education campaigns. Also educate and communicate the importance of appropriate hygiene and sanitation practices. <http://www.africahumanitarian.org/home.aspx>

Africa Initiative for Relief and Development

Arbeiter Samariter Bund: Implement food security projects and provide camp coordination and management, as well as child protection and emergency response. <http://www.asb.de/>

BRAC Uganda: Implement multiple programs including health services and health education, vocational training, and microfinance. <http://www.brac.net/>

CARITAS Uganda: Work to improve access to food and food security. Implement programs in HIV/AIDS education and prevention, peace- and democracy-building, access to water and sanitation services, and environmental stewardship. <http://www.caritas.org>

Danish Refugee Council: Distribute drinking water, blankets and clothes in camps. Assist with the reconstruction of schools, and grant micro-loans and supply tools and seeds. Implement

programs to rehabilitate child soldiers and provide education on human rights.
<http://www.drc.dk/>

German Development Service (Uganda): Provide protection, shelter and basic services such as health services, education, and community services, to the refugee population. Also assist refugees with re-patriation.
[http://tanzania.dimedis.de/cipp/ded/custom/pub/content,lang,2/oid,1120/ticket,g_u_e_s_t/~Home.html](http://tanzania.dimedis.de/cipp/ded/custom/pub/content,lang,2/oid,1120/ticket,g_u_e_s_t/~/Home.html)

German Technical Cooperation: Provide basic supplies to meet basic needs (blankets, water, and food) as well as education and community services. Work with refugees to assist with re-patriation and provide vocational training. <http://www.gtz.de/en/praxis/601.htm>

InterAid Uganda: Implement HIV/AIDS awareness, prevention, and intervention programs. Implement an environment protection program designed to train refugees on energy conservation and planting tree nurseries. Also work with refugees on empowerment and human rights programs. <http://www.interaiduganda.org/>

International Service Volunteer Association: Provide training for health workers and assist with construction of clinics and acquisition of supplies. Implement projects in water and sanitation, camp management, protection, and livelihood. Provide education opportunities for youth.
<http://www.avsi-usa.org/>

Norwegian Refugee Council: Provide education to vulnerable populations on literacy/numeracy, life skills, and basic vocational skills. Priority for programs is given to young single mothers, young heads of household, and those with the poorest educational background. <http://www.nrc.no/>

Uganda Human Rights Commission: The permanent body, established in 1995, to monitor the human rights situation in the country including that of refugees. <http://www.uhrc.ug/>

Windle Trust Uganda: Support professional and vocational training programs for refugees and work with young girls to ensure access to secondary education.
<http://www.windle.org.uk/Home/tabid/209/Default.aspx>

Appendix C: Data for Selected Health Problems in East Africa Refugee Camps²

Kenya, 2009: Numbers in table represent cases that sought and received care

Cause	Total number	Total Incidence (per 1000 / month)	Total number of cases (< 5's)	Incidence (<5's) (per 1000 / month)	Total mortality
Malaria (suspected)	24,079	6.2	12,951	20.3	
Malaria (confirmed)	2,654	0.7	345	0.5	35
URTI	121,989	31.5	62,057	97.4	
LRTI	43,951	11.5	19,307	30.3	113
Intestinal Worms	27,257	7	13,582	21.3	
Watery Diarrhea	32,339	8.3	27,434	43.1	73
Bloody Diarrhea	821	0.2	421	0.7	5
TB (suspected)	170	<0.1	20	<0.1	10
HIV/AIDS	105	<0.1	5	<0.1	9
STI (non-HIV/AIDS)	5,826	1.5	39	0.1	
Acute malnutrition	2,211	0.6	2,056	3.2	65
Anemia	6,138	1.6	917	1.4	
Mental illness	3,329	0.9	125	0.2	
Schistosomiasis	3,986	1	597	0.9	

Uganda, 2009: Numbers in table represent cases that sought and received care

Cause	Total number	Total Incidence (per 1000 / month)	Total number of cases (<5's)	Incidence (<5's) (per 1000 / month)	Total mortality
Malaria (suspected)	53,554	35.8	19,288	66.4	
Malaria (confirmed)	12,628	8.4	5,312	18.3	153
URTI	37,930	25.3	16,200	55.8	
LRTI	7,184	4.8	3,354	11.6	21
Intestinal Worms	12,579	8.4	3,966	13.7	
Watery Diarrhea	7,791	5.2	4,329	14.9	11
Bloody Diarrhea	1,503	1.0	559	1.9	2
TB (suspected)	85	0.1	19	0.1	6
HIV/AIDS	232	0.2	5	<0.1	14
STI (non-HIV/AIDS)	3,411	2.3	121	0.4	
Acute malnutrition	431	0.3	340	1.2	11
Anemia	835	0.6	657	2.3	
Mental illness	1,376	0.9	157	0.5	

² Data derived from UNHCR's Health Information System database. Figures are available by country from <http://his.unhcr.org/>.

Ethiopia, 2009: Numbers in table represent cases that sought and received care

Cause	Total number	Total Incidence (per 1000 / month)	Total number of cases (<5's)	Incidence (<5's) (per 1000 / month)	Total mortality
Malaria (suspected)	7,164	9.2	2,103	13.6	
Malaria (confirmed)	3,484	4.5	661	4.3	2
URTI	22,428	28.9	12,112	78.4	
LRTI	19,199	24.7	10,669	69.1	14
Intestinal Worms	9,118	11.7	4,335	28.1	
Watery Diarrhea	7,501	9.7	6,195	40.1	5
Bloody Diarrhea	1,718	2.2	1,261	8.2	1
TB (suspected)	100	0.1	7	<0.1	1
HIV/AIDS	171	0.2	5	<0.1	7
STI (non-HIV/AIDS)	1,185	1.5	0		
Acute malnutrition	225	0.3	225	1.5	11
Anemia	1,674	2.2	192	1.2	
Mental illness	829	1.1	7	<0.1	
Leprosy	394	0.5	4	<0.1	

Abbreviations: <5's = under 5 years of age; URTI = upper respiratory tract infection; LRTI = lower respiratory tract infection; TB = tuberculosis; STI = sexually transmitted infection; HIV/AIDS = human immunodeficiency virus / acquired immunodeficiency syndrome

Appendix D: Selected Camp Demographics, 2009 ³

Demographic	Kenya	Uganda	Ethiopia
Total camp population	329,825	111,917	98,460
Male	168,516	54,805	55,398
Female	161,309	57,112	43,062
Live births in YEAR	8,484	3,526	2,202
Infants <1 year	8,530	5,273	4,621
Children <5 years	52,382	21,460	18,361
Females 15-49 years	66,034	22,383	19,692

Appendix E: UNHCR East Africa Region Budget ⁴

2012 Original Budget Request (USD)

Country	Total	Basic Needs ⁵	Administrative & Regulatory ⁶	Logistics ⁷	All Other Needs ⁸
Kenya	222,738,997	76,955,342	34,268,547	44,730,435	66,784,673
Uganda	66,075,845	10,248,844	15,498,469	19,401,581	20,926,951
Ethiopia	119,595,176	43,511,735	17,624,865	17,726,474	40,732,102
Region	408,410,018	130,715,921	67,391,881	81,858,490	128,443,726

2012 Available Funds Following Budget Cuts (USD)

Country	Total	Basic Needs	Administrative & Regulatory	Logistics	All Other Needs
Kenya	149,847,171	76,955,342	17,134,274	22,365,218	33,392,337
Uganda	38,162,346	10,248,844	7,749,235	9,700,791	10,463,476
Ethiopia	81,553,456	43,511,735	8,812,433	8,863,237	20,366,051
Region	269,562,973	130,715,921	33,695,942	40,929,246	64,221,864

³ Data derived from UNHCR's Health Information System database. Figures are available by country from <http://his.unhcr.org/>.

⁴ All values reflect data publicly available from UNHCR's 2011 country specific global appeals (case references 3-5).

⁵ Includes food security, nutrition, water, shelter and other infrastructure, basic domestic and hygiene items, and sanitation services.

⁶ Includes favorable protection environment, fair protection processes and documentation, durable solutions, external relations, and headquarters and regional support.

⁷ Includes logistics and operations support

⁸ Includes security from violence and exploitation, primary health care, HIV and AIDS, education services for groups with specific needs, and community participation and self management

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