

REACH Camp Profile

Doro Camp, Maban County, Upper Nile State

September 4, 2013

(Information collection conducted in June 2013)

Background

Doro camp was the first of the Maban County refugee camps. Established in November 2011 at the beginning of the influx of refugees from Blue Nile state in Sudan, it remains the largest of Maban County's four current camps.

Doro camp is located less than two kilometers from Bunj town, the administrative center of Maban County. It is the furthest east of the five camps and is located approximately 90 kilometers from Jamam camp, 40 km from Kaya camp, 23 km from Yusuf Batil camp, and 20 km from Gendrassa camp. Bunj is the main settlement on the west side of Doro camp, however there is a collection of other villages surrounding the camp. A map of the Maban County refugee camps is attached as Annex 1.

Demographics

The majority of refugees in Doro camp are members of the Uduk tribe. Other tribes represented include the Ingessana, Jumjum, Baldugu, Balila, Buga, Dwala, Fur, Jundi, Magaja, Mayak, and Nuba. Doro is the most diverse camp in Maban County. These tribes have origins in Bau and Kurmuk counties of Blue Nile state in Sudan; Bau county is located west of Kurmuk county. Refugees fleeing from Bau County took a route to Maban County which arrived from the west, while refugees fleeing from Kurmuk County took a route to Maban County which arrived from the east. Because Doro is the camp situated furthest east of the four camps, most of the refugees in Doro come from Kurmuk county.

Unlike the other Maban camps, the Uduk people are the majority in Doro. The Uduk are Christian and many were previously refugees in Ethiopia. This prior experience in a refugee context, in combination with the urban origins of the Uduk, has resulted in higher literacy of their local language, as well as greater knowledge of Arabic and English. The Ingessana is the next largest tribe in the camp and, like the other minorities, is a Muslim tribe coming from rural areas of Blue Nile. The Ingessana are generally less educated than the Uduk and fewer are literate in their local language; even fewer speak Arabic or English. The Uduk, Ingessana, and other tribal minorities are accustomed to living with mixed Christian and Muslim populations and it has not been a major issue in the camp thus far.

Households with identified vulnerabilities face additional challenges. Efforts are underway to ensure that these households are able to access all needed services, including latrines and water points, transportation of their ration during the general food distribution (GFD), and additional medical assistance as needed.

Figure 1 Demographic Information – Doro Camp

Total Population	45,471 individuals	
Total Households	12,143	
Total Villages	46	
Average Family Size	3.7	
Number Ages 0-4	10,829	25%
Number Ages 5-11	11,262	26%
Number Ages 12-17	5,198	12%
Number Ages 18-59	15,160	35%
Number 60 and >	866	2%
During registration, the following vulnerable households were identified:		
Households with disabled persons and persons with serious medical conditions	1,705 (3.75%)	
Households with elderly persons	1,084 (2.38%)	
Households with unaccompanied minors and children at risk	313 (0.69%)	
Households with women at risk	4,720 (10.38%)	

Phase 3 Registration

The UNHCR Level 3 Biometric Registration exercise was completed in Doro in April 2013. The official population of the camp did not change considerably; there were some deregistered individuals which were countered by some newly registered individuals. Deregistrations came from those no longer living in the camp or those identified as armed elements. New registrations were later arrivals who joined their families already living in Doro without having been registered previously. In addition, there were a number of individuals identified as registered both in Maban County and in Tongo, Ethiopia. The majority of these individuals preferred to be registered in Doro and will be deregistered in Tongo. This is done by sending a list of those registered in both camps to UNHCR representatives in Tongo, who deregister those individuals who choose to remain in Doro.

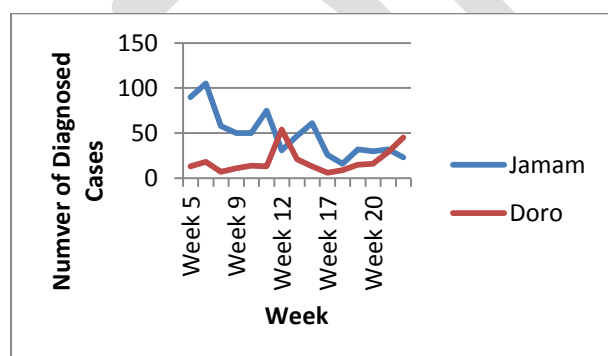
Through an extensive interview process, protection teams identified vulnerable individuals for further assistance. These vulnerable persons included those with medical conditions particularly serious physical and mental disabilities, separated and unaccompanied children, other vulnerable children, women at risk, and the elderly at risk.

Camp Capacity

Doro faces significant crowding challenges; the total camp area is 985 ha or 153 m²/person. In comparison to other camps in Maban County, Yusuf Batil has 157 m²/person, Gendrassa has 232 m²/person, and Jamam has 308 m²/person. Refugees in Doro camp have the least amount of land per person. As the WASH partner in Doro camp, IOM has struggled to install family latrines in some areas of the camp due to lack of space. In addition, with the onset of the rainy season, communities are likely to relocate out of flooded areas and outside of camp boundaries, which could lead to increased tension with the host community.

Doro's population of over 45,000 exceeds UNHCR's recommended "good practice" of avoiding camps of over 20,000.¹ As of May 2013, a plan to relocate approximately 10,000 refugees from Doro to the newly established Kaya camp is being discussed between UNHCR and health partners. The first phase of relocation to Kaya will be the current population of Jamam camp, just over 15,000 people. Once Jamam relocation is complete, refugees from Doro will be relocated. This second phase of relocation has been delayed on the advice of health partners, due to the Hepatitis E Virus (HEV) epidemic. The infection rate among the Jamam population is much higher than that of the Doro population; mixing the two groups may put those relocated from Doro at unnecessary risk. The below chart shows the HEV infection rates of the two camps.

Figure 2 HEV Incidence in Jamam and Doro camps by week from 21 January 2013 to 2 June 2013



The original delay recommended that relocation from Doro to Kaya not take place until the infection rate among those relocated from Jamam to Kaya decreases. The potential risk for higher rates of HEV infection are being weighed against the public health risks of inadequate latrines and

¹ UN High Commissioner for Refugees, *Handbook for Emergencies*, February 2007, third edition, available at: <http://www.refworld.org/docid/46a9e29a2.html>

overcrowding in Doro. As the infection rate in Jamam has been decreasing for some weeks, relocation is likely to take place in June or July, although as of May 2013, no final decision has been made.

There have been over 2,000 newly arrived refugees from Blue Nile since March 2013. The majority of these new arrivals are from the Jumjum tribe and have come to Maban County to join their community, currently living in Doro. However, with the severe overcrowding in Doro, these refugees were placed in Jamam Transit Center 3. Many of the new arrivals either remained in Doro without a ration card by refusing to be separated from their community and taken to Transit Center 3 or they went to Transit Center 3 to receive their ration card and initial food distribution before returning to Doro. This issue briefly exacerbated the overcrowding in Doro and, because the new arrivals were registered in Jamam, left hundreds of individuals unregistered in Doro and relying on the resources of their families. Over time, the majority returned to Transit Center 3 to receive distributed items and services. This group has now been successfully relocated to the new Kaya camp.

Refugee and Host Community Relations

A significant clash between refugees and the host community in and around Doro camp occurred between 25 and 26 April, 2013. The conflict arose over refugees using a water tap outside of the camp. The SPLA and SSNPS intervened in the conflict and there were four refugees arrested. Ten persons were reported injured. Due to this incident, conflict mitigation activities have been planned for all camps. Doro has an operating peace committee, bringing refugee and host community leaders together. The peace committee has been engaged in the affected communities. In addition, WASH actors are looking at adding water points to ensure that host communities and refugees are not competing for resources.

Shelter

Shelter has been a area of concern for Doro camp since the opening of the camp. As of early May, up to 30% of Doro refugees had no UNHCR-provided tent. In order to compensate for this and to give additional space, many refugees built their own shelters out of poles and grass, which put greater strain on local resources. A recent UNHCR-led Joint Assessment Mission estimated that households in Doro cut down up to one tree per week for both construction and

firewood purposes. Recently, DRC completed a large distribution of plastic sheeting and tents as part of UNHCR's Phase 0 shelter strategy. The Phase 0 shelter strategy is to provide plastic sheeting to refugees to secure over the tents. Many of the tents are damaged due to wind and rain or are simply no longer waterproof after being exposed to the elements for over a year. The provided plastic sheeting will help keep the tents protected from rain during the rainy season. For those families without tents, DRC in Doro distributed tents donated by the Japanese Government.

As part of the Phase 0 Shelter strategy, family sizes one to three received one piece of plastic sheeting as the smaller family sizes share tents with other small family sizes. Family sizes four to seven received two pieces of plastic sheeting and family sizes eight to thirteen received three pieces of plastic sheeting as these families may have more than one tent. In addition, households were given blankets, mats, jerry cans, buckets, kitchen sets, and mosquito nets. A shelter map is included as Appendix 2.

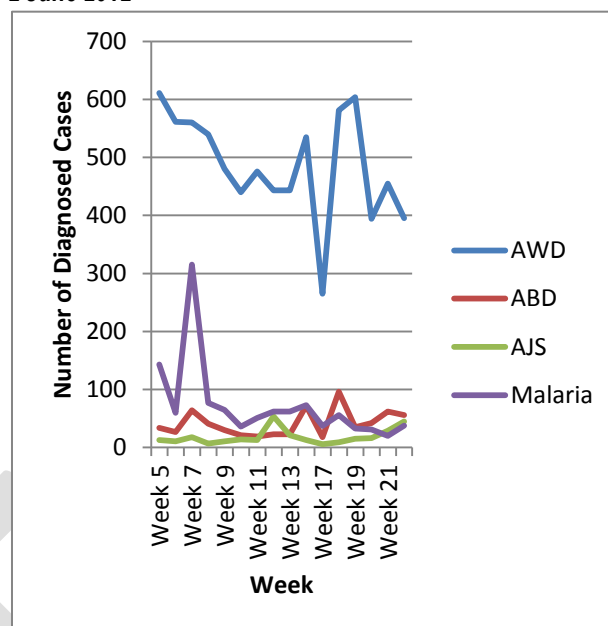
Health

Médecins Sans Frontières (MSF) Belgium provides medical services in Doro camp. There are two clinics within the camp. In addition, for serious illnesses, the Bunj hospital is located near the camp in Bunj town.

Although the Maban County refugee camps experienced a historic Hepatitis E Virus (HEV) outbreak in late 2012 and early 2013, Doro camp maintained a relatively low rate of infection until recently. Although the infection rate is not as high in Doro recently as it was in some of the other camps during the height of the outbreak, it has been increasing weekly. WASH actors continue to work to ensure that the HEV infection continues to decline. With the onset of rainy season, incidence of Acute Watery Diarrhea, Malaria, and Respiratory Tract Infections may increase. There have been isolated cases of meningitis and measles, however these illnesses have not yet been diagnosed in large numbers. The below chart shows infection rates of the most common tracked diagnoses of communicable diseases: acute water diarrhea (AWD), acute bloody diarrhea (ABD), Acute Jaundice Syndrome (AJS or HEV), and malaria.

A map of health point locations is included as Appendix 3.

Figure 3 Incidence of most common communicable diseases in Doro camp by week from 21 January 2012 to 2 June 2012



Water, Sanitation, and Hygiene Promotion (WASH)

As of the first week of May, the average daily water provision per person was 32 liters per day, well over the SPHERE standard of 20 liters/person/day. Of particular concern is the cleanliness of jerry cans used to transport water. Jerry cans can also transmit disease if not cleaned frequently. IOM continues to conduct sensitization campaigns and outreach efforts about regular cleaning of jerry cans. The number of persons per usable water point was 110 at the end of April. This does not meet the SPHERE standard of 80 persons per usable water point.

A map of water coverage radii is attached as Appendix 4. This map shows good coverage in Doro camp in terms of distance from water points. The SPHERE standard for distance from a water point is less than 500 meters. The lightest blue in the map shows those households outside the 500 meter radius from a water point, of which there are few.

As of April, there is one latrine for every 14 individuals, below the SPHERE standard maximum of 20 persons per latrine. Approximately 80% of households in Doro have family latrines (average four families per latrine), in addition to some community latrines. Family latrines tend to be better maintained because the surrounding households take ownership in cleaning and upkeep. Keeping soap supplied to handwashing stations remains a concern. Although the camp has full coverage of soap distribution, it is a high value item

which is frequently sold. Availability of soap is paramount in preventing spreading of HEV and outbreaks of additional illnesses.

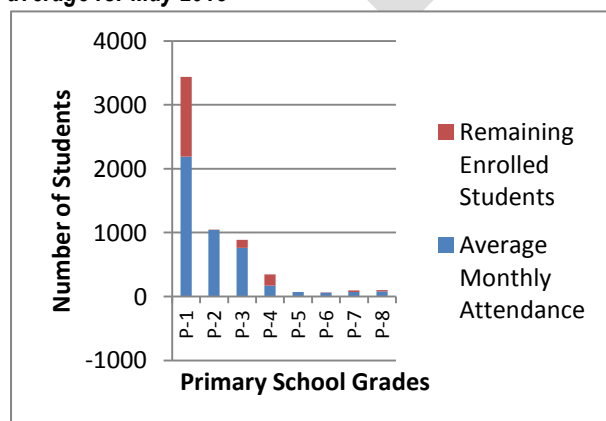
Education and Child Protection

In Doro camp, there are currently 14 Child Friendly Spaces (CFS) maintained by Save the Children International (SCI). Two were damaged by heavy rains in May and June. As of May 2013, 4,493 children accessed CFS services. SCI reported a caseload of 768 unaccompanied and separated children and an additional 99 vulnerable children. 74 children were reunited with their families in the first quarter of 2013 and 398 vulnerable children were assisted with child focused non-food item distributions (namely clothing and hygiene kits). During the first quarter of the year, SCI has been working with fourteen community based Child Protection Networks (CBCPN) in Doro camp to ensure protection concerns are brought to humanitarian actors. Additionally, as of June 2013, a total of 6,232 people, comprising of children, community groups, community leaders, humanitarian workers and SCI staff have been reached through Child Protection training and awareness-raising activities.

As of May 2013, there were 6,057 children registered in Doro primary grades 1-8 (and 3,044 children registered in the Accelerate Learning Program level 1-4). This represents approximately 50% of total school-age children living in Doro camp and 45.97% of girls are enrolled. There are 144 teachers working in Doro with a classroom ratio of on average 62 students per teacher. The overall average attendance is 74.2% of the enrolled children. The below chart shows the average monthly attendance of grades 1-8 as a portion of total enrollment.

A map of school locations is attached as Appendix 5.

Figure 4 School enrollment and attendance by grade average for May 2013



Food Distribution and Nutrition

Refugees in Maban County camps rely almost entirely on food from monthly General Food Distributions. Refugees report that the distributed food ration lasts up to three weeks, because a portion of the distributed ration is used as payment for various services. Some families use a portion of the ration to purchase other food, often meat or vegetables. While this practice may improve the dietary diversity of the household, the portion size of the purchased food is usually small enough that it does not improve the nutritional status of the household.

A recent UNHCR/WFP nutrition survey conducted in all four camps in Maban County found that Global Acute Malnutrition (GAM) rates among children under five in Doro are concerning but not at critical levels. GAM rates over 15% are considered critical; the study found that the GAM rate in Doro is 10%. The crude mortality rate (CMR) or deaths per 10,000 people per day is considered non-critical, in Doro it is .04. Child anemia in Doro is 47.9%, which is considered high. The stunting rate is 35.4%, critical is considered to be over 40%. Similarly, anemia among non-pregnant women between the ages of 15-59 is considered critical if above 40%. The study found that in Doro it is currently 27.4%.

The per person ration of food for a month is 16.67 kg of sorghum, 1.5 kg of lentils, .17 kg salt, and 1.17 liters of oil. For an average family size of 4 persons, this means transporting 66.68 kg sorghum, 6 kg lentils, .68 kg salt, and 4.68 liters oil. Although it is likely that a larger family size will have more family members to assist in transporting the food ration, if there are small children or a spouse unable or unwilling to help, transporting over 70 kg of food for a family of four up to 3 km can be quite difficult. Due to this, some households spend a portion of their food ration on transportation of the food to their home.

Food rations in Doro camp are distributed monthly from a central distribution point. The food distribution point is located close to the main rub halls, which is on the south side of the camp. With one centralized distribution point, tents located at the boundaries of the camp are still some distance away. Currently, DRC provides a donkey cart and tractor service to vulnerable families to assist them in transporting food to their homes. If a household cannot carry the food ration to their tent, they pay a private donkey cart service 1-2 meluas (approximately 3.5 kg) of sorghum per 50 kg bag to assist them in transporting their food. This is approximately 7% of the food ration. A map of the distribution distances is attached as Annex 6.

REACH

REACH was formed in 2010 as a joint initiative of two INGOs (ACTED and IMPACT Initiatives) and a UN program (UNOSAT). The purpose of REACH is to promote and facilitate the development of information products that enhance the humanitarian community's capacity to make decisions and plan in emergency, reconstruction, and development contexts.

At country level, REACH teams are deployed to countries experiencing emergencies or at-risk-of-crisis in order to facilitate interagency collection, organization, and dissemination of key humanitarian related information. Country-level deployments are conducted within the framework of partnerships with individual actors as well as aid coordination bodies, including UN agencies, clusters, inter-cluster initiatives, and other interagency initiatives.

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