## Camp Opened: 5 August 2011

Camp Phase: Set-up

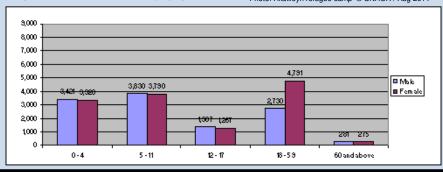
### **Refugee Population**

**24,816** as of 01<sup>st</sup> November 2011

Figure 1: Population breakdown by age-group



Photo: Hilaweyn refugee camp © UNHCR / Aug 2011



ETHIOPIA
_ Addis Ababa Somalia
Sudan
• Hilaweyn
Uganda Kenya

Geographic Snapshot		
GPS Coordinates	E: 41 °51'39.1" N: 4 °22'09.6"	
Size of Camp Area	395.5 hectares	
Number of Sector Divisions	4	
Number of Blocks	60	
Number of Communities	510	
Number of Family Plots	8,160	
Average Plot Size per Household	180m²	
Distance from Border	42	

#### **Contextual Background**

Pattern i	n Po	pulation	Change
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- Organized large-scale relocation from the Transit Centre began 5 August 2011 and will complete early September 2011, during which time Hilaweyn Camp has grown rapidly.
- Areas of Origin
- 46% of residents are from Gedo; 35% are from Bay; 15% are from Bakol, remaining are from various areas

- **Cultural Background**
- 64% May May speakers from Rahanweyn clan, 22% Mahatiri speakers from Maheren clan; remaining are from various other
- **Main Occupations** Pastoralists (livestock herding: goats, camels, cows, sheep and donkeys)

#### **Tips for Humanitarians**

- **UNHCR** provides protection and monitors delivery of services to all refugees in Hilaweyn
- Camp Management is done by ARRA with support from UNHCR.
- Camp Coordination Meetings, co-chaired by ARRA and UNHCR, are held weekly in Hilaweyn Camp with humanitarian actors.
- All refugees in Hilaweyn Camp are *individually* registered in UNHCR's proGres database and hold ration cards. Ration card numbers are useful for referral between partners and for distribution events. Refugees have been given a Proof of Registration document showing familyrelated and individual details, including each person's photo.
- **Biometrics (fingerprinting)** has been used for registering refugees living in Hilaweyn. Biometrics assists in preventing double registration. No refugee household should have more than one ration card
- Treatment of SAM (Severe Acute Malnutrition) and Treatment of MAM (Moderate Acute Malnutrition), for both Under 5's and MOC (Malnourished Other Categories) Programme, a targeted feeding programme for severely malnourished children between 5 years and 18

#### Administrative Structure

#### Role of Ethiopian Government in Hilaweyn

- ARRA is active in the following sectors:
  - ► Camp Management ► Food & CRI Distribution
    - ▶ Registration
- ▶ Protection & Camp Security
- ARRA staff posted inside the camp include: ► Camp Coordinator
  - ► Protection Officer
- ► Site Planner
- ▶ Distribution Staff

#### Role of Camp Residents in Self-Management

- Refugee Central Committee (RCC) a Refugee Chairperson and four other refugees are acting in a coordination role until the RCC can be elected. The RCC will be a resident coordination and leadership body that is consulted on multi-sectoral issues pertaining to camp life. It will be made up of a Chairman, a Deputy, Zone Leaders and women representatives. Zone Leaders gather information on each zone in the camp, provide information to people living in each zone and advocate on behalf of their respective zone residents
- Women's Association the Women's Association, made up of 35 women elected by camp residents, runs a grinding mill (income generation project), mobilizes women's groups and represents women's interests in camp coordination
- Food Distribution Committee provide information about food distribution to the community, monitoring scooping and provide feedback on the quality and quantity of food.
- Plans are underway to establish the following resident self-governance associations:
  - ► Youth Committee ► Disability Committee
- ► Neighbourhood Watch Programme
- ► Refugee / Host Community Committee

#### Local Administration

The Kebele Chairman is responsible for local (non-refugee) administration on behalf of Dollo Ado Woreda, Somali Regional State. Ethiopia. The Kebele Chairman and his administrative committee are consulted about refugee-host community relationship, natural resource use and managing conflicts between the refugee and host communities, with the help of local elders.





# Hilaweyn Camp: Who Does What Where

He	alth	+
Act	ivities	Actors
•	Primary Health Care offers in-patient, out-patient, basic laboratory services, Immunization (EPI) and reproductive health including basic emergency obstetric and neonatal care services	MSF-Holland
•	Mobile Vaccination Teams conducted a vaccination campaign for measles in the Transit Centre prior to relocation to Hilaweyn	MSF-Holland
•	Community Health workers identify new malnutrition cases, assist in health education, community referrals to the health facilities and following up on patients already in the health programmes among other activities	MSF-Holland
•	Rehabilitation programmes for disabled people	RADO
•	Mobile health team doing outreach	MSF-Holland
•	Acute Watery Diarrhea prevention and response	UNHCR, WHO, MSF- Holland
Infr	astructure	·
•	Acute Watery Treatment Centre (in progress)	MSF-Holland
•	Health Clinic operates 24 hours and has in-patient and out-patient treatment and EPI rooms. For reproductive health,	MSF-Holland
	there is an anti-natal care room, delivery room and post-natal care room. The clinic has a laboratory and a dispensary	
Ga		_
•	No HIV/AIDS program	
•	Comprehensive Emergency obstetric care and emergency surgical services	

Nutrition	Œ.
Activities	Actors
Treatment of SAM (Severe Acute Malnutrition)	MSF-Holland
Treatment of MAM (Moderate Acute Malnutrition)	ACF
<ul> <li>MOC (Malnourished Other Categories) Programme, a targeted feeding programme for severely and moderately malnourished children between 5 years and 18 years.</li> </ul>	MSF-Holland, ACF
Blanket / complimentary feeding for all children under 5	ACF
Infrastructure	•
01 OTP Centre, 02 identified for decentralization.	MSF-Holland
MAM / Blanket Feeding Centre	ACF
<ul> <li>Stabilization Centre (SC) where all severe acute malnourished children with complications are treated in an in-patient department. 01 service established.</li> </ul>	MSF-Holland
Gaps	
Strengthen outreach program and decentralization of services	

Wa	ter, Hygiene & Sanitation	
Act	ivities	Actors
•	Trucking of treated water from the non-permanent water treatment plant	OXFAM-GB
•	Hygiene Promotion	OXFAM-GB
Infr	astructure and the state of the	
•	Non-permanent water system installation, including a water treatment plant has been installed near Hilaweyn and a	OXFAM-GB, UNHCR,
	pipeline project is to be completed end September / mid-October 2011	MSF-Holland
•	Referral SFP Centre	
•	Communal latrines have started to be built	OXFAM-GB, UNHCR
•	Emergency (trench) latrines	OXFAM-GB, UNHCR
Ga	os	
•	Repairs and maintenance of existing infrastructure	
•	Need to scale up the latrines	
•	Access road to camp and the water source	·

Protection & Community Services	<u> </u>
Activities	Actors
On-site ARRA Protection Officer is the first point of contact for security liaison and cases of detention	ARRA
Child protection activities, including establishing child-friendly spaces	UNHCR, SC-US
Grinding mill for women	UNHCR
Child friendly spaces need playgrounds, games and materials for children's activities	SC - US
<ul> <li>Women's Centre</li> </ul>	IRC
Supporting camp self-management committees	UNHCR, ARRA
Refugee/Host community conflict resolution	UNHCR
<ul> <li>Establishing programmes that prevent and respond to Sexual and Gender Based Violence incidents</li> </ul>	UNHCR, IRC
<ul> <li>Protection monitoring, individual case follow-up and provision of community services</li> </ul>	UNHCR
<ul> <li>Facilitation of family reunification, including for Unaccompanied Minors and Separated Children</li> </ul>	UNHCR, ARRA
<ul> <li>Registration updates, lost ration cards and newborn and death registration ("continuous registration")</li> </ul>	UNHCR, ARRA
Infrastructure	
UNHCR and ARRA offices are under construction	UNHCR, ARRA
Women's Association grinding mill	UNHCR
Gaps	
Self reliance	
Refugee Community Centre	
Legal aid counseling	
<ul> <li>Mobility devices (e.g. wheelchairs, crutches) for the disabled</li> </ul>	
<ul> <li>Community outreach / information dissemination to the beneficiaries/to the local authorities</li> </ul>	





















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