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Emergency appeal

Kenya: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency appeal n° MDRKE018

Glide No: OT-2011-000160-KEN
11 July, 2013

This Revised Emergency Appeal now seeks CHF 21, 427, 140 in cash, kind or services to support the Kenya Red Cross Society (KRCS) assist about 60,000 direct beneficiaries (with health care reaching up to 140 000 beneficiaries including host communities) for an additional 2 months, and will be completed by the end of December 2013. A Final Report will be made available by 31 March 2014.

Appeal target (current): CHF 21,427,140
[<click here to view the attached Revised Emergency Appeal Budget>](#)

Appeal coverage: 72% (of the now revised budget); [<click here to go directly to the updated donor response report >](#)



A KRCS staff conducts screening for a child under 5 years to determine malnutrition rates in Dadaab refugee camp. Photo/ KRCS.

Appeal history:

- A [preliminary Emergency Appeal](#) was launched on 19 October 2011 for CHF 27 618 017 (plus an estimated CHF 3 050 000 for emergency response units) to assist 60 000 beneficiaries for 12 months.
- **Disaster Relief Emergency Fund (DREF):** CHF 500 000 was initially allocated from the Federation's DREF to support the national society set up the operations in Dadaab.
- An [Emergency Appeal](#) was launched on 29 November 2011 for CHF 26 154 197 to assist 76 000 beneficiaries for 12 months.
- An [operations update n° 1](#) was published on 25 January 2012 to provide an update on the operation progress since the launch.
- An [8 months summary update](#) was published on 30 August 2012.
- An [operations update n° 2](#) was published on 31 December 2012.
- A [12 months summary update](#) was published on 31 December 2012.
- A [revised Emergency Appeal](#) was launched on 31 December 2012 seeking a reduced CHF 10 439 107 and extending the operation for a further 12 months to October 2013.
- An [operations update n° 3](#) was published on 27 May 2013.
- This revision of the appeal highlights activities proposed to be implemented over the coming 2 months of the operation and permits an increase in the number of beneficiaries under the health outcome and adds a lesson learning component to the appeal. The revision also recognises that the previous Emergency appeals only catered for the 2012 proposed budget, while the revised budget now combines both 2012 and 2013 budgets.

Summary: KRCS began an operational partnership with the United Nations High Commissioner for Refugees (UNHCR), for support of key sector activities in IFO 2 West in October 2011. The camp was established in mid 2011, to accommodate refugees who arrived in Kenya in the second half of 2010 and first half of 2011, following intensified fighting in Somalia, and as a result of the drought that affected the Horn of Africa in 2011. The key sector activities included in the agreement are;

- Camp Management
- Health

- Nutrition and Water, Sanitation and Hygiene.

The initial duration of the operation was agreed for a period of one year. The revised appeal then extended this to mid-2013 and this revision now extends the agreement and the support until the end of 2013. This appeal highlights activities proposed to be implemented in this additional year as an extension of the agreement and as a revision to the appeal. It also outlines an increased budget and doubling of the health assistance. A lesson learning element has also been added (see outcome 5 below).

The Key deliverables include:

Outcome 1: The immediate and medium term water and sanitation needs of 60 000 refugees in IFO 2 West are met through the provision of safe water, adequate sanitation and promotion of hygiene practices.

Outcome 2: The immediate and medium term health and nutrition needs are met and health risks for 120 000 refugees, 20 000 members of host communities as well as staff and volunteers are reduced.

Outcome 3: Improved transitional shelter conditions for 150 staff (Interlocking Stabilised Soil Block, ISSB, technology).

Outcome 4: Effective camp management, community based security and well-coordinated systems are in place to facilitate delivery of high quality assistance to up to 60 000 refugees for a period of a further 12 months.

Outcome 5: Operational research will be conducted to document best practices in refugee operations

Project monitoring will be done at two levels; sector specific monitoring will be done by the implementing teams, which are supported by UNHCR and community leaders. UNHCR conducts regular monitoring visits and provides appropriate feedback per sector. The camp leadership, which is often involved during implementation, also provides feedback during sector specific coordination meetings.

The national level monitoring is conducted by the KRCS Monitoring and Evaluation unit, as well as by the IFRC Programme Monitoring Evaluation and Reporting Team. The two teams will conduct separate monitoring visits and develop field mission reports which are often shared with the project implementing teams.

The KRCS has successfully implemented this project for the past 20 months (November 2011 to July 2013) and the revision now seeks to provide key sector services for the remainder of this year. KRCS has implemented similar programmes in the past, including camp management and lifesaving services in Health and Nutrition, Water, Sanitation and Hygiene (WASH) and child protection services during the 2008 Post Election Violence (PEV) in which 691,530 people were displaced in several parts of the country.

[<click here for an overview of the IFO 2 Camp or here to link to contact details >](#)

The situation

Dadaab has been experiencing a lot of insecurity occasioned by the volatile situation in Somalia. Over the last one year (between June 2012 - May 2013), the camp has witnessed kidnappings of humanitarian workers, Improvised Explosive Device (IED), explosives, grenades, random shootings and increased banditry¹. The security tension and uncertainty has also continued to give unpredictable challenges to the implementation of the programme. The routine movement to and from the camps was increasingly controlled following threats of kidnap especially targeting the humanitarian workers in the Dadaab refugee complex².

Located only a few kilometres away from the Kenya/Somalia border, a lot of what occurs in Somalia impacts the situation in and around the camps³. In 2010/2011, the camps had experienced a huge influx in the number of refugees coming in from Somalia. But during 2012 and 2013, the refugee population remained relatively constant⁴. Kenya Red Cross Society has been implementing activities on; camp management, water and sanitation, health and nutrition, shelter, warehousing, relief (non-food) and support to refugee population living in Dadaab.

¹ KRCS Quarter one Dadaab Refugees Operational Updates, 2013.

² Dadaab Refugees Operations KRCS Monthly Reports, 2013.

³ Dadaab Refugees Operation updates KRCS Quarter 1, 2013.

⁴ UNOCHA, 2012_Kenya_EHRP.

In recent years Kenya has repeatedly expressed a desire to repatriate refugees and on 5 June 2013, President Uhuru Kenyatta and his Somali counterpart Hassan Sheikh Mohammed met in Nairobi to move the process forward. They agreed that a conference would be held in August to work out the modalities of repatriation and also to set up a tripartite committee with the UN Refugee Agency (UNHCR). However, since the conditions that forced people to flee in the first instance still prevail (such as bomb blasts, suicide attacks, insecurity and instability), it is unlikely that mass repatriation of refugees can take place within the foreseeable future.

Initial assessment and situation analysis

Nutrition: A nutrition survey conducted by UNHCR and its partners between August and September 2012 in the five camps showed a steady improvement in nutrition indicators from the survey results of October 2011.

Table 1: A summary analysis of the two survey results in IFO 2.

Nutrition Sub Sector	No. Targeted	Indicators in 2011 Survey (%) 95%CI	2012 Current Indicators		KRCS Focus for 2013
			Indicator in Mass MUAC (March 2011) screening	Indicators in Oct 2012 Nutrition Survey (95% CI)	Projected 50% reduction
Global Acute Malnutrition (GAM)	6 025	38.3 (32.1-44.8)	13.1	14.9 (12.3-18.0)	7.5
Severe Acute Malnutrition (SAM)	2 957	18.8 (14.7-23.6)	4.1	5.1 (3.7-7.1)	2
Moderately Acute Malnutrition (MAM)	3 068	19.5 (16.2-23.2)	9	9.8 (7.8-12.2)	4.9
Oedema (as complication to SAM)		0.2		0.8	

Although major improvements have been recorded, the GAM rates still borders on the emergency threshold and the KRCS has a focus to further reduce the GAM rates by about a further 50 per cent of the current GAM of 14.9 per cent in 2013.

Health: IFO 2 East camp reported an outbreak of Hepatitis E in the third quarter of 2012. The outbreak was linked to poor hygiene and sanitation situation in the camp. Although IFO 2 East shares similar characteristics with IFO 2 West, the higher incidence of acute jaundice was suggestive of improved sanitation in IFO 2 West, in which KRCS with support of donors including ECHO, Australian Red Cross, British Red Cross, Taiwan Red Cross among others, constructed 8 000 household latrines. The spread of the outbreak in IFO 2 West occurred in sections of the camp where latrine construction was pending. The outbreak affected all age groups and there was no noticeable difference by gender. The cases were severe in expectant women and were a cause of death of 5 post-partum mothers in IFO 2. This is still a concern for 2103.

KRCS completed construction of a 100 bed capacity referral hospital in IFO 2 East. The construction was co-financed by German Red Cross and The African Union. The hospital has a theatre unit with two operating rooms (financed by the Rotary Club of Germany through the German Red Cross). The facility will provide inpatient services for refugees in IFO 2, the surrounding host community and will also serve as the centre for patients on referral from the other four camps under the UNHCR medical referral programme (which is also managed by the KRCS). KRCS is working closely with Ministry of Health and the UNHCR, to have consultant practitioners visiting this hospital on a quarterly basis, to help clear the backlog of patients who require tertiary care but have been on a waiting list for a long time due to limited referral quota in the camps.

Water, Sanitation and Hygiene: Although the water supply system development was completed in IFO 2 Camp in 2012, management of solid wastes and change in hygiene practices remained a key challenge. In IFO 2 West, KRCS began roll out of Community Led Total Sanitation to create demand for the newly constructed latrines. In IFO 2 West, construction of household latrines was completed for the settled community, with each household having its own latrine. KRCS continues to invest in behaviour change communication, aimed at promoting the

use of these latrines, and curb open defecation in the camp and is intensifying its hygiene promotion activities. The development of water supply systems and sanitation facilities has made good progress. KRCS has stopped water trucking and intends to maintain water supply at between 15 and 25 litres per person per day throughout the operation through maintenance of the water supply system. In addition, water quality monitoring will be done on a weekly basis, to monitor certain parameters, including levels of residual chlorine at consumer points and coliform count.

On the Water, Sanitation and Hygiene, the KRCS began the operation and maintenance of the water supply system in IFO 2 West in December 2012 and in IFO 2 East in January 2013. KRCS is supplying on average of 21 litres of water/person/day, and conducts weekly water quality monitoring tests. In addition, maintenance of the water supply system and the power generating units is also routinely done. KRCS also began initiatives to improve collection and disposal of solid wastes in the camps and also working closely with education partner in the camp, Islamic Relief - Kenya, to improve hygiene and sanitation in schools.

Camp Coordination and Camp Management: KRCS has been co-chairing sector specific meetings with UNHCR in IFO 2 (both East and West), with involvement of refugee community leadership and all partners implementing activities in IFO 2. KRCS continues to strengthen refugee leadership structures as well as involvement in development of refugee self-governance system.

IFO 2 camp was hit by a wave of insecurity between January and April 2013, in which a number of individuals in the camp were executed, and human rights violations, including rapes, carried out. KRCS and UNHCR moved to improve lighting in the camp through installation of solar street lights in the most affected sections of the camp. This significantly improved the security in the camp. This corresponded with an incident when a KRCS ambulance was attacked by gunmen causing superficial injury to one of the paramedics aboard the ambulance.

KRCS continued to improve infrastructure in the camp. In IFO 2 West, the tented ERU facilities that were donated by the Spanish Red Cross, German Red Cross and Finnish Red Cross were replaced by a permanent structure, serving as a health post and an emergency unit. The health post also has an adjacent building used as a maternity theatre.

KRCS recorded increased uptake of Sexual and Gender Based Violence (SGBV) services between January and March 2013. On average, 45 cases of SGBV are reported every month (a total of 134 cases between January and March), and whereas this reflected an actual increase in the number of cases reported between this period, it also partially represents a positive approach by the community to reporting and accessing services for prevention and response to acts of gender violence.

Current challenges and analysis of solutions (development and selection of objectives)

The setup of IFO 2 camp has been completed and the necessary infrastructure has been put in place, especially the water supply system, sanitation facilities, flood mitigation measures and establishment of refugee leadership structures. The interventions by the KRCS and partners, particularly in Health and Nutrition and the WASH sectors has over the past 20 months, helped to stabilize the camp as evidenced by improvement of critical indicators across the two sectors. Although maintenance of the infrastructure, and further improvement of critical indicators, remains a primary focus, shelter for the refugees as well as shelter for KRCS staff remains a critical gap in terms of infrastructure improvement. Improvement of structures used for delivery of health care also remains an important point of focus. In particular, the improvement of health posts that are semi permanent and which were constructed using Galvanised Corrugated Iron (GCI) Sheets. The aim is to upgrade these facilities to permanent building constructed with at least Interlocking Stabilised Soil Blocks (ISSB). This should increase the comfort of patients and staff, which are subjected to excessive heat radiating from the GCI sheets.

The KRCS is proposing to continue with humanitarian services for the following year, to consolidate the gains achieved during the first period. This has broadly informed the selection of outcomes. The results are based on the outcomes proposed in the appeal launched in November 2011, and take into consideration the feedback from community dialogue sessions, participatory appraisal and the Joint Assessment Mission⁵ conducted every first quarter of the year, all organized and facilitated by the UNHCR. In addition to this, KRCS took into

⁵ Joint Assessment Mission is a standard UNHCR Assessment tool that is conducted annually to collect beneficiary satisfaction/participation in refugee programmes.

consideration the results of the annual Nutrition Survey conducted by the UNHCR between August and September 2012, and the feedback from the Health and Nutrition Technical review as part of improvements to the Health Information System.

KRCS will continue to deliver services, guided by the Movement's Fundamental Principles, the IFRC's Code of Conduct, with KRCS being a signatory to the United Nations Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse, which binds humanitarian workers against sexual exploitation of beneficiaries. All the staff engaged in the operation have been trained on the provisions of this bulletin and understand the consequences of engaging in such acts with beneficiaries.

In the coming months, women and girls will be one of the most vulnerable categories in the IFO extension. Cultural barriers (including stigmatization) often represent a huge obstacle in reporting incidents. In addition, the IFO extension has just been created with no protection mechanisms in place, contributing to the higher exposure to SGBV incidents often experienced in refugee camps. According to different agencies' assessments, many of these women and girls experienced SGBV during their trip from Somalia. KRCS will therefore pay particular attention to their needs, well-being and security

KRCS has also been looking at sustainability of land use. In order to ensure such sustainability of planned land use, community committees need to be trained on camp planning standards and camp layout. Leadership is an important mechanism for community participation and there is a need to familiarize the community with techniques and standards to support this.

Target population and their participation

The operation targets up to 60 000 refugees living in IFO 2 West. The camp is designed to host a capacity of 60 000 people, but has a current population of 42 546 people. The population, however, is expected to reach 60 000 people following the Government of Kenya directive on strict enforcement of encampment policy, which requires compulsory relocation of all urban settlements to the camps. Following this directive, all refugees of Somali origin will be relocated to Dadaab camps. The table below shows the breakdown of beneficiaries by gender and age.

Table 2: The distribution of beneficiaries in IFO 2 camp (Source: UNHCR, November 2012).

Name of Population Planning Group:		Somali Refugees and Asylum seekers				
Age Group	Male		Female		Total	
	in numbers	in %	in numbers	in %	in numbers	in %
0 - 4	4 846	51.8%	4 507	48.2%	9 353	22.0%
5 - 11	6 762	52.4%	6 133	47.6%	12 895	30.3%
12 - 17	2 593	56.5%	2 000	43.5%	4 593	10.8%
18 - 59	6 339	44.4%	7 936	55.6%	14 275	33.6%
60 and >	684	47.8%	746	52.2%	1 430	3.4%
Total:	21 224	49.9%	21 322	50.1%	42 546	100.0%
Major Sites:		IFO 2 West				

The beneficiaries participate in the programme through representation in the inter-agency coordination mechanisms, the participatory appraisal, the Joint Assessment Mission, community dialogue and through the sector committees (WASH committee, Health Committee).

Coordination and partnerships

KRCS and IFRC signed an Operational Partner sub-agreement with the UNHCR regarding provision of key sector services in IFO 2 West. The main partner to KRCS/IFRC under this agreement is UNHCR. The Ministry of Public Health and Sanitation (MoPHS) provides overall coordination and the regulatory framework for health

services in all the refugee camps in Dadaab. MoPHS co-chairs the health and nutrition sector coordination with UNHCR, and provides essential supplies to KRCS. The World Food Programme (WFP) is supporting the Supplementary Feeding Programme by supplying *Plumpy Sup*, a nutrition commodity used in management of Moderate Acute Malnutrition, Corn Soy Blend (CSB++), and fortified oil, which is provided to pregnant and lactating women as well as to groups with special needs.

UNICEF has been supporting KRCS operations through the supply of Ready to Use Therapeutic Food (RUTF) through UNHCR, a nutrition commodity used in management of Severe Acute Malnutrition. The Centre for Disease Prevention and Control (CDC) has been providing specialized laboratory services. Oxfam GB and Norwegian Refugee Council have been partners to KRCS in the Water, Sanitation and Hygiene Sector.

Movement partners include the IFRC and ICRC, and Participating National Societies including Australian, British, Danish, Finnish, German, Hong Kong, Netherlands, Norwegian, Spanish Red Cross Societies and the Taiwan Red Cross Organisation. The partners have provided support to the refugee operation in the sectors of Camp Management, Health and Nutrition, Logistics, Water & Sanitation as well as tracing (community phone service and restoration of family links project).

Red Cross and Red Crescent action

Overview

KRCS had a strong presence in Dadaab prior to its engagement in the camps, with the Danish Red Cross funded Dadaab Integrated Health Project, which was successfully implemented in three phases of two years each, and the infrastructure development projects funded by UNHCR, both of which targeted the host community. This provided an opportunity for the National Society and the host community to develop strong relations, while at the same time giving it a comparative advantage in its humanitarian work in Dadaab due to a high level of acceptance by the host community and its ability to understand and adapt to local contexts.

Over the months of KRCS presence in IFO 2, strong relations have been developed with the refugee population living in IFO 2 camp. The continuity of KRCS interventions in the camp amid heightened insecurity and advisories from UNHCR on restricted access to camps, and the constant engagement of the refugee population in planning and implementation of key sector services, have been central in strengthening of these relations. Relations between KRCS, the host community and the refugees have created an enabling working environment, which has made it possible for KRCS to achieve great results within a short time. These results are evident in improved health and nutrition indicators, as well as development of sanitation facilities in IFO 2 West.

The Finnish and Spanish Red Cross deployed Basic Health Care Emergency Response Units towards the end of 2011 which were very instrumental in the delivery of quality health services. German Red Cross supported KRCS through the procurement of medical equipment locally, which constituted an equivalent of a basic health care ERU. This deployment enabled KRCS to deliver at its entry point, the same level of service that was available to the refugee population prior to the exit of MSF Spain from IFO 2. The success of KRCS interventions in IFO 2 was the reason why UNHCR gave KRCS a bigger role in IFO 2 including:

1. Provision of health and nutrition sector services at IFO 2 East on a longer term basis,
2. Takeover of camp management function at IFO 2 East,
3. The takeover of Gender Based Violence and protection issues at IFO 2 West and East.

In addition, UNHCR requested KRCS to take up Health and Nutrition (including HIV Care and Treatment, and Medical Referral to the Provincial General Hospital in Garissa and to Kenyatta National Hospital in Nairobi for all Emergency and Elective Cases from the five camps in Dadaab), Water, Sanitation and Hygiene and SGBV care and treatment in IFO 1 (effective January 2013) and Water, Sanitation and Hygiene in IFO 2 East (beginning March 2013).

The proposed operation

The goal of this Emergency Appeal is to contribute towards improved living standards of refugees in IFO 2 camp for a further six months until the end of the year and to ensure effective lessons are learned for the future of this or other refugee operations.

Water, sanitation, and hygiene promotion	
Outcome 1: The immediate and medium term water and sanitation needs of 60 000 refugees are met through the provision of safe water, adequate sanitation and promotion of hygiene practices.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Output 1.1: Adequate safe drinking water is provided for up to 60,000 refugees (total population) from IFO 2 West and a proportion of refugees in IFO 2 East in line with SPHERE standards and WHO quality guidelines. 	<ul style="list-style-type: none"> Maintain supply of potable water to between 15 and 25 litres per person per day. Conduct routine and scheduled system maintenance including submersible pumps, power generation sets and the water distribution network. Carry out regular water quality monitoring for quality assurance (monitor residue chlorine at consumer points, chemical and biological quality among other parameters).
<ul style="list-style-type: none"> Output 1.2: Adequate sanitation facilities are provided to serve up to 48,546 refugees (42,546 in IFO 2 West and 6,000 in IFO 2 East). 	<ul style="list-style-type: none"> Regular maintenance of 8,000 family latrines in partnership with individual refugee households (total 42,546 people), including dosing latrines with faecal matter digesters (with biochemical agent that reduces the volume of pit content). Construct 4,000 family latrines in IFO 2 East (to benefit approximately 6,000 people). Vector breeding control for prevention of transmission of vector borne diseases. Develop and implement a solid waste management system
<ul style="list-style-type: none"> Output 1.3: Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the camps. 	<ul style="list-style-type: none"> Conduct hygiene promotion and community education sessions to the target population.

The target number of beneficiaries has been reduced under output 1.2, from 60,000 (the total capacity of the camp) to 48,546 (this includes the actual population settled in IFO 2 West 42,546) and an additional 6,000 people in IFO 2 East to be targeted with household latrines. The potable water allocation has been corrected from 20 – 25 litres in the last update to 15 – 25 litres, which is actually the correct target. Young people are involved in management of hygiene and sanitation in camps through learning institutions. KRCS has provided support for the implementation of a Community Health Strategy which involves refugees, incentive workers and WASH committees.

Emergency health and care	
Outcome 2: The immediate and medium term health and nutrition needs are met and health risks for a maximum of 120 000 refugees and 20 000 host communities as well as staff and volunteers are reduced.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Output 2.1: Improved access to quality health services to refugees and host community population as well as staff and volunteers at the camp. 	<ul style="list-style-type: none"> Equipping of 3 health facilities offering Primary Health Care services to the refugees and host communities. Establishment and equipping of one hospital, with the capacity of serving the refugees in IFO 2 East and West (120,000 people), host community populations (20,000) and staff and volunteers. Create and maintain referral linkages for tertiary health care in line with UNHCR referral guidelines.
<ul style="list-style-type: none"> Output 2.2: Strengthen Integrated Disease Surveillance and outbreak mitigation. 	<ul style="list-style-type: none"> Prepositioning of emergency stocks for preparedness and response to outbreaks. Training of response teams on Community Management of diarrhoea.

	<ul style="list-style-type: none"> Capacity development of refugee incentive workers for integration of community based disease surveillance and mortality surveillance. Implement a Disease Outbreaks Control mechanism.
<ul style="list-style-type: none"> Output 2.3: Community health programme is implemented and strengthened 	<ul style="list-style-type: none"> Complete the roll out of Community Health Strategy, train and equip the community health workers. Community mortality surveillance is carried out and reported in the Health Information system. Conduct defaulter tracking and referrals. Conduct Community education on behaviour change integrated with hygiene promotion activities. Community registers are developed and maintained Conduct health outreaches to increase routine vaccination coverage. Roll out of Community Health Strategy is completed and Community Health Workers adequately trained and equipped.
<ul style="list-style-type: none"> Output 2.4: Improved nutritional services are provided to children under 5 years, pregnant and lactating women in Dadaab district (including host community) through scale up of community nutritional intervention. 	<ul style="list-style-type: none"> Conduct IMAM (Integrated Management of Acute Malnutrition) activities. Conduct hospital feeding for target groups. Enrolment of all children with MAM into the Supplementary Feeding Programme, (SFP). Enrolment of pregnant and lactating women into the SFP. Patients enrolled in Direct Observed Short Course Treatment for tuberculosis access blanket supplementary feeding. Scheduled nutritional screenings are carried out using anthropometric measures. Scheduled national and global nutrition events are marked with involvement of communities (Child health and nutrition weeks, world breastfeeding week,). Conduct sessions for exclusive breastfeeding and nutrition counselling with involvement of mother to mother support groups.

The target of this objective has been revised from 60,000 up to a maximum of 120,000 (the potential total population of IFO 2) and an additional 20,000 people from the host community (this population is derived from the 2009 population census data from around a 5 km radius of IFO 2). This is because the referral hospital is meant to cover the entire IFO 2 population and not IFO 2 West alone. It is also expected to support host community. The relief distribution objective has been integrated into the emergency health objective, as it is now mainly focused on preparedness for emergency health interventions.

Shelter	
Outcome 3: Improved transitional shelter conditions for 150 staff (ISSB technology).	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Output 3.1: Adequate and decent shelter is provided to 150 staff supporting IFO 2 West Operations 	<ul style="list-style-type: none"> Procurement of Hydraform machines for ISSB blocks production. Training of volunteers on production of ISSB blocks, and construction through blocks interlocking. Procurement of construction materials.

No changes to the outcome or output.

Camp management and security sensitization	
Outcome 4: Effective camp management community-based security and well-coordinated systems are in place to facilitate delivery of high quality assistance to up to 60,000 refugees.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Output 4.1: IFO 2 West camp functions well enough to deliver satisfactory services to 60,000 refugees. 	<ul style="list-style-type: none"> Age, Gender, and Diversity sensitive community security system strengthened. Establishment of enhanced security services in the camp and in the KRCS base through hiring of security guards and enhanced communication with local security forces. Training of staff on using relevant guidelines. With support from IFRC. IFRC EARO will provide training on SPHERE standards, camp management, and support the KRCS to develop and implement community-based accountability systems according to international standards.
<ul style="list-style-type: none"> Output 4.2: Enhanced quality and accountability of humanitarian services delivery in the camps. 	<ul style="list-style-type: none"> Access roads constructed, repaired and maintained within the camp. Construct an adequate drainage system for ecologically safe disposal of waste water and storm water during rainy seasons. Contingency plans are developed for management epidemics in the camp.

No changes to the outcome or output.

Monitoring and learning	
Outcome 5: To conduct an operation research to document best practices in refugee operations	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Output 5.1: Best practices are reviewed and documented on refugee operations. 	<ul style="list-style-type: none"> Research protocols developed and reviewed by Research Ethics Committee. Proposals reviewed with involvement of stakeholders. Findings documented, presented, published and disseminated. Conduct internal review planning meetings. Conduct evaluations for the program. Submission of donor reports.

Kenya Red Cross has established a new unit, the International Centre for Humanitarian Affairs, specialising in operational research and learning. This objective has been added to capture learning from this operation, to inform future operations and the learning of the wider International Federation.

Monitoring and Evaluation

Project monitoring will be done at two levels; sector specific monitoring will be done by the implementing teams, which are supported by UNHCR and community leaders. The UNHCR conducts regular monitoring visits and provides appropriate feedback per sector. The camp leadership, which is often involved during implementation, also provides feedback during sector specific coordination meetings.

The national level monitoring is conducted by the KRCS Monitoring and Evaluation Unit, as well as by the IFRC, Project Monitoring Evaluation and Reporting Team. The two teams conduct separate monitoring visits and develop field mission reports which are often shared with the project implementing teams.

National Society Capacity

The capacity building of the KRCS staff will continue to be implemented in order to enable the NS to run the operation. This will be done through short course technical training in liaison with the MoPHS, UNHCR and relevant sector specific partners. Mentorship and skill transfer will also be done to the KRCS and Somali Red Crescent volunteers (now living in the IFO 2 camps) as well as the refugee incentive workers supporting implementation of the programme.

International Federation Capacity

The IFRC East Africa Regional Office will continue to provide technical assistance and appropriate training to KRCS staff and volunteers to enhance programme quality and accountability. This includes issues on gender mainstreaming, monitoring and evaluation and humanitarian accountability. IFRC will also support the monitoring of security conditions and provide support as needed.

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.



Kenya- Dadaab District

Ifo 2 Refugee Camp Overview

As of June 2012

Sources; UNHCR, LWF/DWS-Dadaab ©2012

Datum: WGS 1984
Projection: UTM Zone 37N

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations



Key			
ADEO - African Development and Emergency Organisation	DRC - Danish Refugee Council	MD - Mathenge Sticks Distribution Site	RS - Religious Space
A. POLICE - Administration Police	FAI - Film Aid International	MSF - Medecins Sans Frontiers	SC UK - Save the Children UK
BS & PT - Bus Station & Public Toilets	FDS - Firewood Distribution Space	NCCK - National Council of Churches in Kenya	SP - Section Post
CC - Community Centre	FLC - Family Life Centre	NRC - Norwegian Refugee Council	SPU - Stove Production Unit
CFS - Child Friendly Space	GCS - Garbage Collection Site	PGM - Prayer Grounds & Mosque	SS - Secondary School
CS - Community Space	GiZ - Deutsche Gesellschaft Internationale	PS - Primary school	TBA - To Be Allocated
CVT - Centre for Victims of Torture	HC - Health Centre	RA - Recreation Area	TC - Transit Centre
DC - Disability Centre	HI - Handicap International	RC - Resource Centre	TN - Tree Nursery
DRA - Department of Refugee Affairs	IFRC - International Federation of Red Cross	RRDO - Rellief Reconstruction and Development Organisation	UNHCR - United Nations High Commissioner for Refugees
	IOM - International Organisation for Migration		VC - Vocational Centre

EMERGENCY APPEAL

11/07/2013

APPEAL: MDRKE018

APPEAL NAME: POPULATION MOVEMENT

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	171,613			171,613
Construction - Housing	1,837,929			1,837,929
Construction - Facilities	3,433,334			3,433,334
Water, Sanitation & Hygiene	3,041,900			3,041,900
Medical & First Aid	1,713,014			1,713,014
Ustensils & Tools	10,753			10,753
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	10,208,542	0	0	10,208,542
Vehicles Purchase	451,765			451,765
Computer & Telecom Equipment	58,080			58,080
Office/Household Furniture & Equipment	207,130			207,130
Medical Equipment	209,247			209,247
Other Machiney & Equipment	186,607			186,607
Total LAND, VEHICLES AND EQUIPMENT	1,112,828	0	0	1,112,828
Storage, Warehousing	185,717			185,717
Dsitribution & Monitoring	120,815			120,815
Transport & Vehicle Costs	667,723			667,723
Total LOGISTICS, TRANSPORT AND STORAGE	974,256	0	0	974,256
National Society Staff	4,203,175			4,203,175
Volunteers	542,197			542,197
Total PERSONNEL	4,745,372	0	0	4,745,372
Professional Fees	24,179			24,179
Total CONSULTANTS & PROFESSIONAL FEES	24,179	0	0	24,179
Workshops & Training	166,524			166,524
Total WORKSHOP & TRAINING	166,524	0	0	166,524
Travel	40,046			40,046
Information & Public Relations	161,769			161,769
Office Costs	659,809			659,809
Communications	197,021			197,021
Other General Expenses	1,829,035			1,829,035
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Supplementary Services Recovery	1,307,760			1,307,760
Total INDIRECT COSTS	1,307,760	0	0	1,307,760
TOTAL BUDGET	21,427,140	0	0	21,427,140
Available Resources				
Multilateral Contributions	0			0
Bilateral Contributions	0			0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	21,427,140	0	0	21,427,140