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Emergency appeal operation update

Kenya: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRKE018
Glide No: OT-2011-000160-KEN
8 Month Summary
30 August 2012



A health worker vaccinating a child. A total of 19,976 children have been vaccinated through routine vaccination. Photo/KRCS

Period covered by this Ops Update: October 2011 to June 2012

Appeal target (current): CHF 26,154,197;

Appeal coverage: 34%; <[click here to go directly to the updated donor response report](#), or [here to link to contact details](#); [click here to go to the interim financial report](#)>

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.
- An [Emergency Appeal](#) was launched on 29 November 2011 for CHF 26,154,197 for 12 months to assist 76,000 beneficiaries; this is likely to increase to 110,000 over the operational timeframe.
- Partner National Societies (PNS) have provided specific support by their Emergency Response Unit (ERUs) through the provision of human resources, training and equipment totalling to CHF 700,000. This includes Information Technology (IT) and Telecom (CHF 50,000), Health care (CHF 250,000), Base Camp (CHF 325,000) and Logistics (CHF 75,000). Including ERU support, the total value under the appeal amounts to CHF 26,854,197.

- **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.

Summary: The Kenya Red Cross Society (KRCS) took over the IFO 2 refugee camp at a time that there was a complex interplay between heightened insecurity involving abductions and use of Improvised Explosive Devices, as well as a humanitarian crisis that followed displacement of populations from Somalia due to escalating violence and the effects of drought in the Horn of Africa. The Humanitarian Crisis was evidenced by cholera outbreaks, active transmission of measles as well as worrying malnutrition and mortality rates.

The humanitarian space was rapidly shrinking as a result of the increase in security related incidents, which forced UNHCR to halt non life saving activities in the camps. Life saving activities included Health and Nutrition, Water and Sanitation and Food Distribution.

Figure 1: An epi curve showing distribution of cholera cases in Dadaab. Source UNHCR

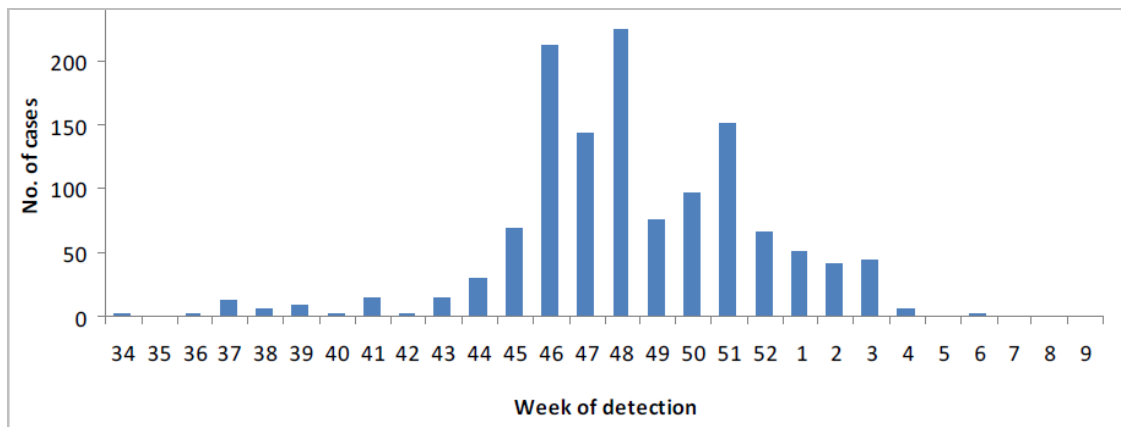
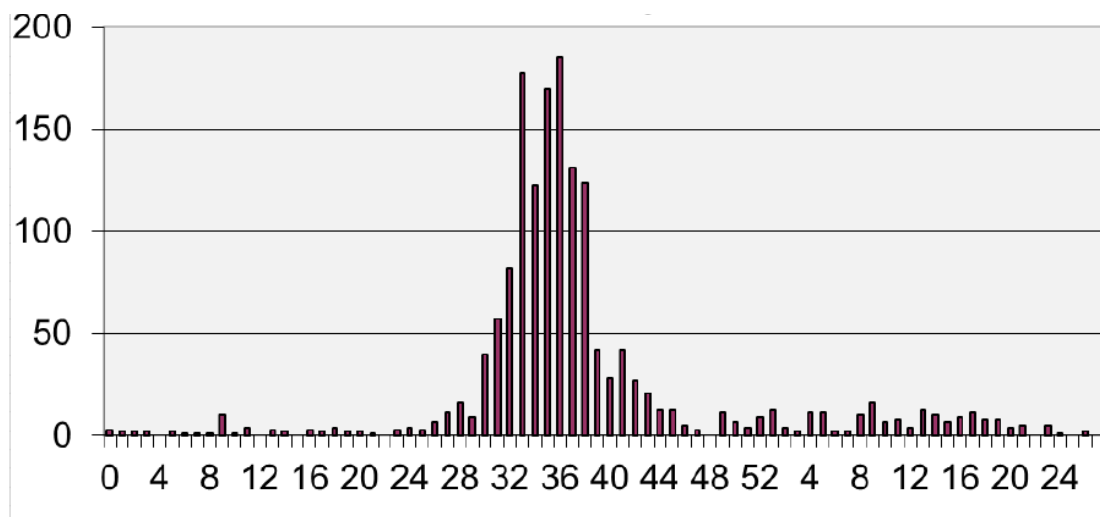


Figure 2: An Epi curve showing cases of measles in Dadaab refugee complex. Source UNHCR



With support from IFRC, PNS and other partners, KRCS has been able to respond to the needs of the refugees and host communities in the areas of emergency response (relief and water), Water and Sanitation as well as health interventions.

Table 1: Brief overview of KRCS Response in Coordination with partners

Sector	Activity	Number of People Reached	
		Planned	Achieved
Relief Distribution	Supplementary feeding(supported by WFP)	2,943 children below 5 years, 2,933 Pregnant and Lactating Women	2,934 Children below 5 (99% coverage) 2,610 Pregnant and Lactating women (89% coverage)
	Non-Food Items Distribution	20,000 families	Supported by other partners bilaterally
Water sanitation and hygiene	Construct 5,500 Family Latrines for 16,000 people	5,500 families	4,200 families, 2,480 more families to benefit by end of August
	Construct 1,100 bathrooms	Latrines used as bath shelters	
	Borehole drilling (1 borehole for Base camp and X for refugees and host communities)	40,582 in IFO 2 plus staff. IFO 2 covered by partner	45 staff
	Set up water storage facilities		
	Water trucking	40,582 for 3 months	Supported by a bilateral partner
	Set up Red Cross and Health clubs in Schools	School going children in 8 schools	Ongoing in 4 schools
Emergency Health and Nutrition	Construct 3 Health facilities		70,682 patients
	Routine Vaccination		19,976 children
	Polio Vaccination	14,985	20,402
Emergency Shelter	Provision of 20,000 family tents	20,000 families	Done through UNHCR
Education	Construction of 8 primary schools	Budget line excluded	
	Construction of secondary school	Budget line excluded	
	Training of teachers	Education sector under local partner	
Sector	Major Achievements		
Relief Distribution	<ul style="list-style-type: none"> Community participation in complimentary feeding thus promoting their engagement and proper feeding of their children Reduced GAM and SAM 		
Water sanitation and hygiene	<ul style="list-style-type: none"> 76% of targeted families have own latrines (family latrines) Reduced outbreaks of cholera Access to clean drinking water from boreholes that has been tested by experts 		
Emergency Health and Nutrition	<ul style="list-style-type: none"> Fully vaccinated children have increased from less than 5% to 29%. Polio immunization coverage ranged between 95% and 136% Number of skilled deliveries have increased from less than 2% to 49% Disease and mortality surveillance has been intensified in the camp Malnutrition rates have been stabilized from an all high Global Acute Malnutrition (GAM) rate of 38.3% to 13.1% Severe Acute Malnutrition (SAM) has improved from 18.8% to 4.5%. Crude Mortality Rate has stabilized from 1.23 deaths/10,000 persons per day to 0.2 per 1,000/month. 		

	<ul style="list-style-type: none"> • Under 5 mortality has improved from 3.02 deaths per 10,000 persons per day to 0.6 per 1,000/month • Cholera outbreak was declared over by the Ministry of Public Health and UNHCR
Emergency Shelter	<ul style="list-style-type: none"> • Updates to be provided in subsequent reports
Education	<ul style="list-style-type: none"> • Updates to be provided in subsequent reports

The situation

The Dadaab Refugee complex is made up of five camps namely Dagahley, Hagadera, IFO, IFO 2 and Kambi-oos (Kambi-oos is not formally recognized as a refugee camp by the government although it is home to approximately 11,000 people). According to UNHCR, the first three camps were set up in early 1990s to receive refugees mainly from Somalia, and were designed to have a combined carrying capacity of 90,000 people. However, the continuous fighting in Somalia has over the years caused displacement of people majority of which end up in the refugee complex. By mid 2011, these camps were holding in excess of 400,000 people and could not take more of tens of thousands of asylum seekers who were escaping escalating violence in Somalia, and the effects of drought that affected the Horn of Africa in 2011.

The asylum seekers who arrived in Dadaab late 2010 and early 2011 were forced to settle in the outskirts of the old camps, mainly IFO and Dagahley. They were later relocated to IFO 2 which has a design capacity of 120,000 refugees (60,000 in IFO 2 East and 60,000 in IFO 2 west) and Hagadera (now Kambi-oos), as, the Government of Kenya (GoK) was hesitant to provide additional land for camps expansion, citing the risk posed by the refugee camps to the national security, environmental degradation resulting from unsustainable exploitation of resources mainly water and wood fuel and the conflict between the refugee population and the local host community.

The entry of the Kenya Defence Forces in Somalia in October 2011, following a series of abduction of humanitarian workers in North Eastern Province (including Dadaab) and tourists from the Coast Province, led to an escalation of security incidents, mainly appearing to target humanitarian workers with abductions and security forces through use of Pressure Operated or Remote Controlled Improvised Explosive Devices. As a result, the UNHCR in Mid October 2011 halted operations of Non Life Saving Activities by its implementing partners in the refugee camps, in an attempt to safeguard the safety and security of its staff and those working for International NGO's. The life saving activities included Health and Nutrition, Water and Sanitation and Food Distribution. This led to a sudden shrink of humanitarian space in the Dadaab complex due to the changing security situation, which in turn increased the expectation on the Red Cross to take up a bigger role in provision of life saving services. KRCS/IFRC has a competitive advantage of unlimited access to the refugees, as it is widely accepted by the refugee and the host community.

UNHCR and its partners (including KRCS) have developed an Operations Continuity Plan (OCP), as a strategy to maintain service delivery in a constrained security environment. OCP relies heavily on refugee incentive workers, and agencies able to operate (only KRCS at the moment) in a security constrained environment, to maintain continuity in service delivery.

Coordination and partnerships

KRCS and IFRC signed a sub-agreement with the UNHCR regarding provision of key sector services in IFO 2 West. These sectors included Health and Nutrition, Water and Sanitation and Camp Management. Other sectors included in the sub-agreement included Education, Shelter and Relief. The main partner to KRCS/IFRC is UNHCR. In addition, the following are partners collaborating with KRCS per sector.

In Health and Nutrition sector, MoPHS provides overall coordination and regulatory framework for health services in all the refugee camps. MoPHS co-chairs health and nutrition sector with UNHCR, and provides essential supplies including Vaccines (through UNICEF support), for both routine vaccination and vaccination campaigns, anti TB drugs (including drugs for Multi-Drug Resistant TB). MoPHS also provides technical staff for training of KRCS and other partners' staff especially in Reproductive Health, Community Health Strategy, Integrated Disease Surveillance and Response and case management trainings. Garissa Provincial Hospital and Kenyatta National Hospital, both under the Ministry of Medical Services (MoMS) are referral centres for patients requiring specialized care for both emergency and elective cases.

UNICEF has been supporting KRCS operations through supply of Ready to Use Therapeutic Food (RUTF) through UNHCR, a commodity used in management of Severe Acute Malnutrition. In addition, UNICEF has provided On the Job Training for KRCS nutrition technical staff, and also provided selected medical supplies to

KRCS including cold chain equipment. The World Food Programme (WFP) is supporting the Supplementary Feeding Programme by supplying Plumpy Nuts, used in management of Moderate Acute Malnutrition, and Corn Soy Blend (CSB++), and fortified oil, which is provided to pregnant and lactating women as well as to groups with special needs, including people on TB treatment. MSF Swiss, in Dagahley Camp and GIZ (*Deutsche Gesellschaft für Internationale Zusammenarbeit*) in IFO have established hospitals where KRCS has been referring patients who require admission, and children presenting with SAM and complications as well as requiring stabilization.

The Centres for Disease Prevention and Control (CDC), through its reference laboratories in Hagadera, has been providing specialized laboratory services including processing of specimens for suspected measles, culture for *Vibrio cholera*, and *Shigella spp* for isolation and surveillance of *S. dysenteriae* type 1 among other tests. The International Organisation for Migration (IOM), has seconded 2 clinical officers and 3 nursing officers to the health post in section H (these are staff who were conducting screening for new arrivals, and were available following the government's ban on new registration of refugees). IOM has also supported KRCS with training of Incentive staff, and procurement of some laboratory equipment. The organization, Action Against Hunger (ACF¹) with funding from UNICEF (for the five camps in Dadaab) is partnering with KRCS in the roll out of the Infant and Young Child Feeding Nutrition (IYCN). Kijabe Hospital through Kijabe Bethany Kids, is supporting in carrying out surgeries related to different ailments in children.

In WASH Sector, the Norwegian Refugee Council (NRC) has been a partner in the sanitation sub-sector, Oxfam in water supply and CARE international in water trucking. Other partners include Handicap International in identification and support of People with Disabilities, Centre for Victims of Torture (CVT) in identification and support of victims of torture, Save the Children (UK) in child protection, Danish Refugee Council (DRC) in shelter development, RedR (UK), in security trainings, Africa Development and Education Organization (ADEO) in education, Mentor Initiative in Indoor Residual Spraying (malaria prevention) and Relief, Recovery and Development (RRDO) in environmental conservation.

Movement partners include the IFRC and ICRC as well as Australian, British, Danish, Finnish, German, Hong Kong and Spanish Red Cross Societies. 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).

Table 2: PNS Support to KRCS population Movement Operation

PNS	Sector
Australian Red Cross	WatSan and Hygiene Promotion
British Red Cross	WatSan and Hygiene, Shelter, Medical and First Aid, NFI Kits, Logistics, Personnel
Canadian Red Cross	Unearmarked
China Red Cross, Hong Kong Branch	Therapeutic feeding
Danish Red Cross	Integrated Health and support to base camp
Japanese Red Cross	Unearmarked
Netherlands Red Cross	Unearmarked
New Zealand Red Cross	Unearmarked
Norwegian Red Cross	Camp management, administration and other humanitarian activities
Red Cross of Monaco	Unearmarked
Spanish Red Cross	Basic Health Care ERU, Health activities, sanitation
Swedish Red Cross	Unearmarked
Taiwan Red Cross	Health and Nutrition (medical supplies and procurement, personnel, training of volunteers)

National Society Capacity Building:

The KRCS will continue to develop the capacity of its staff and volunteers working in the refugee programme, while at the same time build the capacity of the refugee incentive workers as it prepares them to a life back in Somalia. In addition, part of the infrastructure development, particularly in the base camp will serve the organisation long after the winding up of the refugee programme. These include the conference facilities and staff accommodation facilities planned in one of the base camps.

¹ In French: Action Contre la Faim

Red Cross and Red Crescent action

Overview

KRCS has had a strong presence in Dadaab; with the Danish Red Cross funded Dadaab Integrated Health Project which has seen successful implementation of the project in 3 phases of 2 years each, and the infrastructure development projects funded by UNHCR both of which targets the host community. This has 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 the 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 the strengthening of these relations. Relations between KRCS, 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 towards delivery of quality health services. German Red Cross supported through 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. Take over of camp management function at IFO 2 East
3. The take over of Gender Based Violence and protection issues at IFO 2 West and East

In addition, UNHCR in its OCP, has asked KRCS to prepare to play a greater role in life saving activities in other camps, should the security situation deteriorate to levels that would make it impossible for the UNHCR and INGOs to operate in Dadaab.

Progress towards outcomes

Relief distributions (food and basic non-food items)

Outcome: The immediate food (supplementary food) and non food needs are provided for 76,000 to 110,000 refugees	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Essential supplementary food provided through health facilities. • Non food items (NFI) are provided to up to 110,000 beneficiaries (equivalent 20,000 households) 	<ul style="list-style-type: none"> • Supplementary and therapeutically feedings • Procurement and distribution of 20,000 Non Food Item (NFI) Kits as per needs (NFI kits comprising blankets, tarpaulins, mosquito nets, kitchen sets, charcoal stoves, jerry cans and soap) in line with SPHERE standards

Progress:

During discussions regarding handing over sectors to KRCS, it emerged that WFP had signed a Field Level Agreement (FLA) with NRC on food distribution in IFO 2. This sector was therefore not handed over to KRCS, but it was agreed in future FLAs, KRCS could participate and if successful, could handle the food distribution.

The KRCS received a donation of nourish powder from Korean Red Cross to be used in complementary feeding in IFO 2. A total of 429MT of the nourish powder was received. The



Children in a tent after a mosquito net hang up. Photo/KRCS

consultations with UNHCR and WFP was done regarding the introduction of the nourish powder to IFO 2, the beneficiary targeting, and the distribution modalities. The consultations were necessary as this was a new product being introduced in the refugee setting. During this process, UNHCR raised a number of issues regarding the product, including:

- Labelling (product labelled in Korean language although English translation had been provided).
- The requirement for refrigeration after the opening of the original packaging (this was seen as impractical in refugee setting).
- The fear that once introduced, the product would be used for weaning children, and would interfere with efforts to promote exclusive breastfeeding.
- As a new product, the product did not have sufficient information on whether it has been approved by the World Health Organization (WHO) as a nutritional product.

In addition, community dialogue was carried out as part of community engagement. During the meeting, the product was introduced to the community and cooking was done to demonstrate the preparation process and the community opinion leaders and women representatives took part tasting the product. Distribution of this commodity is ongoing after the issues raised by UNHCR were addressed. A separate report will be compiled to when the distribution is completed.

KRCS did not procure NFIs. However, KRCS only carried out the distribution, alongside other partners.

Challenges:

Introduction of new products into the camp, especially food commodities need to involve all stakeholders prior to the introduction. Although the nourish powder was certified safe by the Kenya Bureau of Standards (KBS), there were lots of discussions and verifications before the product could be cleared for distribution.

Water, Sanitation and Hygiene Promotion

Outcome: The immediate and medium term water and sanitation needs of 76,000 to 110,000 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"> • Adequate safe drinking water is provided for up to 110,00 refugees in line with SPHERE standards • Water collection distances are reduced to less than 500m • Adequate improved sanitation and bathing facilities are provided to serve up to 110,00 refugees • Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the camps 	<ul style="list-style-type: none"> • Increase immediate water supply capacity through water trucking so as to provide at least 5-7 litres of drinking water in the emergency phase • Develop sustainable water supply systems through sinking boreholes and developing water distribution pipelines and storage facilities. Host communities will have access and will benefit from the new systems • Monitor chemical and bacteriological quality of water to be used in the camp • Procure and distribute 40,000 jerry cans to enhance safe household storage • Conduct point of use water treatment using appropriate chemicals • Conduct hygiene promotion and community education sessions to the target population • Demolition and backfilling of the existing communal latrines • Construct additional 5,500 latrines and 1,100 bathrooms • Build the refugee's capacity in terms of hygiene promotion and conduct periodic hygiene campaign • Develop solid waste collection points and ensure proper, handling, sorting, transportation and final disposal of this waste • Construct an adequate drainage system for ecologically safe disposal of waste water and storm water during rainy seasons • Development of laundry areas within the camps

Progress

Water Supply Sub-Sector: At the time of KRCS entry into IFO 2, the water services, especially development of water infrastructure in both IFO 2 East and West were covered by Oxfam GB. The development of the water systems in IFO 2 East had been completed, and a pipeline extended on the southern end to supply water temporarily to the lower sections of IFO 2 West. These included sections S, T and U, and parts of section P. The

remaining sections (parts of section P, Q, R, M, N and O) were supplied with water through water trucking by Oxfam GB and CARE International. The sub-sector was retained by the Oxfam GB as it had on-going contracts with private firms on development of water supply system and infrastructure. The final handing over was to be done at the end of June 2012. Oxfam has developed 3 boreholes in IFO 2 West, which will supply the camp with water, independent of the IFO 2 East water supply system. Water trucking was stopped after a temporary reticulation system was laid, and this will be finalized and connected to the 3 boreholes. Construction of elevated pressed steel tanks is almost complete.

A borehole at the base camp has been drilled and a pump has been installed. The bacteriological, chemical and physical analysis of the borehole water samples was done and the water found to be suitable for human consumption. The borehole has been installed with submersible pump, control panel and its accessories and coupled with generating set. 0.8 kilometre PVC and GI pipeline of 90mm and 40mm has been laid and the connection of the pipeline, the construction of 1 meter raised platform. In addition, 1.3 kilometre PVC pipeline of 63mm diameter has been laid to supply water to the base camp at IFO 2 (agencies compound which hosts 45 staff). The reticulation system has been laid and connected to temporary plastic storage tanks.

Training on Participatory Hygiene and Sanitation Transformation (PHAST) was integrated with Participatory Rural Appraisal (PRA) which was conducted in the camp. The aim was to enlighten the community leaders in importance of participation in water and sanitation interventions in the camp. This training was also used to assess the situation in the camp and mobilize the leaders to prepare the community for the water and sanitation interventions. A total of seventy (70) community leaders in IFO 2 West were trained.

Latrine Construction: The Sanitation and Hygiene Subsectors at IFO 2 West were handed over by the Norwegian Refugee Council (NRC) between December 2011 and May 2012. The NRC was involved in construction of communal latrines which were needed to facilitate the relocation of the refugees from the outskirts of IFO and Dagahley camps to the newly opened IFO 2 camp. In the initial design, it was intended that the communal latrines would be shared by 5 families, and were to be used during the emergency phase. However, following heavy rains and flooding that was experienced between October and December 2011, a considerable number of these latrines collapsed and were rendered non-usable, while others filled up as a result of the saturation of soil formation by surface runoffs and flood waters. This increased pressure on the remaining latrines increased the households sharing latrine ratio from 5 families per latrine to between 9 and 12 households per latrines. These latrines were also increasingly filling up, becoming unsightly, and increased insects breeding, especially that of houseflies.

A considerable number of cases of rape, have been recorded in the camp, and have attributed to women opting for open field disposal of human waste due to indecency related to 12 families sharing latrines which were doubling up as bathrooms. Increasing latrine coverage (which targets one latrine per household) was identified as critical in disease prevention especially diarrhoeal diseases among children under the age of 5 and the elderly. It was also an important factor in the restoration of dignity for the refugees as well as an intervention that would improve protection issues for female beneficiaries.

Based on this, individual family latrines construction in IFO 2 West began in mid April 2012 with identification of a suitable contractor through competitive tendering process. The construction of latrines was scheduled to be done in two phases, based on availability of funding. The first phase was to involve construction of 6,680 pit latrines, while the second phase would involve construction of an additional 3,320 latrines. So far, 4,200 latrines (one latrine per family) have been completed and in use in sections S, T and U and parts of section P (see annexed map). Out of these, Australian Red Cross supported construction of 3,500 latrines. About 1,200 more latrines are at various stages of construction and should be completed by end of July 2012: Citing of latrines has been completed in all sections and pit excavations are ongoing. Over 6,800 reinforced concrete slabs have been produced for use in latrine construction in IFO 2 West camp. The refugee community is carrying out pit excavation (tools provided by KRCS) while KRCS through a private contractor is providing slab, skilled labour and materials for construction of substructure and superstructure. The involvement of refugees was a key in enhancing participation, latrine ownership and sustainability.

A Story to Tell

Abdulahi Hassan, his wife Suray Lyow and their children are but some of the many refugees in IFO 2 West in Dadaab who have benefitted from the construction of household pit latrines. They say that they are overjoyed to have their own latrine, because the communal latrines which they used before were shared among 6 families. Therefore, it was never cleaned unless someone volunteered. The communal latrines were infested with green metallic flies and the children did not want to use them and instead went anywhere they wanted within the camp. Suray hopes that everybody in the camp will use their own family latrine so that defecation in the camp will reduce and that related illnesses also will be reduced.

For Hassan Mohammed, an old and partially blind man, and his equally old wife, the construction of a family latrine presents a major improvement in their lives. They live with their grandchildren and daughter who has lost her husband. But the daughter is often away looking for work in other refugee camps, leaving her two children behind with Hassan and his wife. Hassan says he is sincerely grateful to the KRCS for building the latrine for him and his family. Previously he was using the communal latrines, but it was very hard for him to walk alone since it was far from his house. Now he is happy because even at night he easily can find his way to the latrine.



KRCS volunteer engaged in Hygiene promotion in IFO 2 West in Dadaab

Hygiene Promotion Sub-Sector: Water, Sanitation and Hygiene (WASH) committees have been identified and partially trained in section M, N, O, P, Q, R, S, T and U (refer to the annexed map for sections lay-out). The members of the committees added up to 519 in IFO 2 West, and have gender representation across the blocks and sections. The involvement of the WASH committees in the WASH sector activities is aimed at enabling community participation and ownership which will guarantee sustainability of the provided infrastructure in the camp. Identification and training of hygiene promoters has been done on Community Led Total Sanitation (CLTS) in IFO 2 West Camp. The aim of this training is to help eradicate open defecation in the camp, and to create demand for latrine usage as the KRCS continues with family latrine construction. The roll out of Child to Child Hygiene and Sanitation Training, and formation of Red Cross Clubs in schools is going on, as well as the establishment of health clubs in schools. So far, 4 out of 8 targeted schools have formed clubs. Training of volunteers and incentive workers on Participatory Hygiene and Sanitation Transformation in Emergencies (PHAST(ER)) was also done as an entry point to sanitation sub-sector.

Key Gaps

1. There is no drainage system in the camp, and with the heavy rains that were experienced in October, November and December 2011, the poorly drained sections of the camp became flooded. This led to

displacement of refugees, overflow and collapse of pit latrines and increased vector breeding, and diarrhoea cases were reported. There is need to develop the drainage system to prevent collapse of latrines currently being developed.

2. With the KRCS taking over camp management in IFO 2 East, the refugee community in IFO 2 East is in need of family latrines as they are still using communal ones. IFO 2 East faces similar hygiene and sanitation challenges as IFO 2 West. Although, KRCS is not in charge of Hygiene and Sanitation in the camp, it is important that this issue is brought into perspective.

Health and Nutrition

Outcome: The immediate and medium term health needs are met and health risks for 76,000 - 110,000 refugees, host communities as well as staff and volunteers are reduced

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Up to 110,000 refugees, host communities as well as staff and volunteers have access to health services at the camp • Increased vaccination coverage for effective prevention of outbreaks of vaccine preventable diseases • At least 50 volunteers are trained on hygiene and health promotion, preparedness and response capacity to respond when needed. 	<ul style="list-style-type: none"> • Establishment of health facilities in strategic points of the camp to cater for refugees, host communities as well as staff and volunteers including hospital/specialist referral services to other health facilities. • Provision of health care services and medical outreaches on primary health care within the camp for enhanced coverage. • Screening of children for nutrition status below the age of 5 and pregnant/lactating women and provision of supplements – approximately 15% of the total population (for the under fives) and approximately 4% of the population (for expectant and lactating women) • Vaccination of all children eligible for vaccination under the Expanded Programme on Immunisation (EPI) • Comprehensive health education/hygiene promotion using Red Cross volunteers in the camp • Conduct integrated disease surveillance for early detection of diseases with outbreak potential • Development of outbreak preparedness and response capacity (prepositioning of emergency supplies, training of response teams and development of joint contingency plans with MoMS/MoPHS) • Management of chronic killer diseases including Tuberculosis, counselling and testing for HIV among others • Provide psycho-social support services (individual or group therapy) targeting staff, volunteers and the refugee population. • Conduct regular tracing for vaccination defaulters, including patients with TB who drop out

Progress

KRCS began implementing activities in the health and nutrition sector in IFO 2 West in the last week of October 2011, and was requested by UNHCR to cover the same sector activities in IFO 2 East after a gap was created by an unanticipated withdrawal by the Medecins Sans Frontieres (MSF-Spain), resulting from a kidnapping incident which involved 2 of its expatriate staff at IFO 2 West.

Out Patient Care with Referral Service: The out-patient clinical services are provided by a team comprising of 3 medical officers and 12 clinical officers. This team is supported by 34 nursing officers, 2 laboratory officers and 4 pharmacy officers and incentive workers (with good level of training over the years in older camps). There are provisions for 4 health posts and 2 hospitals in the camp design (2 health posts and 1 hospital in each camp).

Currently, the clinical services are provided through 3 well established health posts located in Sections T5 and Q5 of IFO 2 West camp, and Section H5 in IFO 2 East camp. In addition, the health post in Section L5 was opened, but was mostly used as a service delivery point for nutrition services, and this service was prioritized to help de-congest the health post in section H. Efforts are underway to roll out clinical services in this health post. The clinics are open from Monday to Saturday, and are backed up by an ambulance service, which collects critically ill patients from the blocks to the health posts, and patients who require admission to GIZ hospital in IFO 1, to MSF Swiss Hospital in Dagahley camp, and the emergency cases to the Provincial General Hospital in Garissa and the Kenyatta National Hospital in Nairobi, based on the nature and complexity of the ailments. A night ambulance service is provided through hiring of local taxis, which transport women in labour to hospitals in

an effort to reduce maternal and infant mortalities related to birth complications. A total of 70,682 patients have been treated in the 3 health posts between November 2011 and end of June 2012.

Out-patient services are supported by laboratory services located in IFO 2 West and serves patients from both IFO 2 East and West. The laboratory services have improved diagnostic services, as the UNHCR advocates for evidence based care. The table below shows the series of tests carried out.

Expanded Programme on Immunization: The vaccines are given under the Kenya Expanded Programme on Immunization (KEPI). The antigens available include the BCG (against Tuberculosis), Oral Polio Vaccine (against Polio), Penta-valent (a combination of five antigens given against Diphtheria, Pertusis, Tetanus, Haemophilus Influenza and Hepatitis B) for children under the age of one, Diphtheria, Pertusis and Tetanus, (DPT) for children above the age of One, Pneumococcal Conjugate Vaccine [PCV] (against Pneumococcal Pneumonia), and Measles. Majority of children in the camp have not had contact with EPI before as most of them were new arrivals from Somalia last year.

A total of 19,976 children have been vaccinated through routine vaccination. Fully vaccinated children have increased from less than 5% to 29%. In addition, 3 polio campaigns have been carried out in the camp between November 2011 and June 2012. The coverage in the campaigns has ranged between 95% and 136% (the most recent campaign, in which 20,402 children were vaccinated against a targeted 14,985 children [MoPHS SIA report]).

Community Management of Acute Malnutrition: The programme is targeting undernourished children in IFO 2 camp. Two principle target groups include those children with Severe Acute Malnutrition (SAM) estimated at 18.8% of children under the age of five estimated at 15,094 as per the population figures for June 2012. The number of children with SAM was assessed through a nutrition survey conducted prior to relocation from the outskirts of Dagahley and IFO. The children with SAM are managed through an Out-Patient Therapeutic (OTP) Feeding Programme which began in the fourth week of October 2011. The criteria for enrolment include:

- Weight for Height (WFH) <-3 z-score and or
- A Mid Upper Arm Circumference (MUAC) <115mm and or
- Presence of bilateral oedema for children between 65 and 109.5cm

The second nutrition programme targets those children with Moderate Acute Malnutrition (MAM) estimated at 19.5% (of all children under the age of five). It also targets all pregnant and lactating women in the camp, estimated at 2,933 as per the June 2012 population figures. The two sub groups are supported through the Supplementary Feeding Programme (SFP) which was rolled out in the third week of February 2012. The nutrition programme is supported by 11 nutrition officers and 49 refugee incentive workers/volunteers (who include volunteers of Somali Red Crescent Society). The Global Acute Malnutrition was estimated by the nutrition survey at 38.3%.

The IFO 2 camp is out of the Emergency Phase as evidenced by the following.

1. The Global Acute Malnutrition **has improved from 38.3%** based on Nutrition Survey conducted in October 2011, to **13.1%** based on a mass Mid Upper Arm Circumference screening exercise organized by UNHCR and implemented by agencies in the health sector at the end of March 2012. Severe Acute Malnutrition has improved from 18.8% to 4.5%². A full nutrition survey is planned for August 2012 to validate these results. (This could not be done in March as earlier planned because of security threat in the camps).
2. The Crude Mortality Rate has stabilized from 1.23 deaths/10,000 persons per day as reported in the nutrition survey, to 0.2 per 1,000/month based on Health Information System and UNHCR Weekly Reports.
3. Under 5 mortality has improved from 3.02 deaths per 10,000 persons per day as reported in the nutrition survey, to 0.6 per 1,000 per month based on Health Information System and UNHCR Weekly Reports.
4. The outbreak of cholera was declared over in April 2012 by UNHCR and the Ministry of Public Health and Sanitation (MoPHS). 1,265 cases were line-listed as cholera, and the Case Fatality Rate was 0.2% (3 deaths).
5. Although KRCS presence in health and nutrition sector in IFO 2 East has been on a temporary basis, UNHCR has requested the National Society to continue with Health and Nutrition Services in IFO 2 East on a "long term basis", KRCS being an Implementing partner of UNHCR.

² UNHCR Report on Mass MUAC, April 2012.

6. Although the measles outbreak has not been fully controlled, active surveillance has been stepped up including laboratory investigation of all suspect cases.

Community Health Services: The community health programme initially addressed the priorities at IFO 2 community which included reporting on community deaths, active case finding of all sick persons, identification of new arrivals and reporting on diseases of outbreak potential. The department is currently in the process of re-aligning its activities with the community health strategy. Under the proposed strategy, the community is recognized as level 1, where health service delivery takes place. The overall goal of the community health strategy is to enhance community access to health care in order to improve individual productivity and thus reduce poverty, hunger and child and maternal deaths as well improve education performance. The community's role in health is enhanced by strengthening their knowledge, skills and participation.

Surveillance has been intensified in the camp at two levels.

- Disease surveillance specifically for Measles, Acute Flaccid Paralysis and Neonatal tetanus, surveillance for Acute Watery Diarrhoea (due to the frequency of occurrence of cholera) and bloody diarrhoea (for shigella type 1).
- Mortality surveillance at community level done through verbal autopsy by the Community Health Workers which are further verified by trained health workers. These are combined with hospital deaths (at GIZ hospital in IFO 1 and MSF Swiss Hospital in Dagahley) of patients from IFO 2. This way, KRCS is able to monitor crude death rates, under five mortality and neonatal death rates in the camps.

Reproductive Health Services: The reproductive health programme offers the following routine services in line with safe motherhood promotion:

- Ante-Natal Care (ANC): These are services offered to all expectant mothers routinely. The essential interventions in ANC include identification and management of obstetric complications such as pre-eclampsia, identification and management of infections including syphilis and HIV, and routine services including tetanus toxoid immunization, De-worming and iron supplementation. Other essential services include Prevention of Mother to Child Transmission (PMTCT) of HIV, birth planning and emergency preparedness.
- Post Natal Care (PNC): This care given to women after delivery. The interventions include physical examination of both the mother and the baby, screening for any post delivery complications such as anaemia, HIV re-testing, immunization of the baby, offering child spacing counselling services, health education on self care, baby care and breastfeeding
- Emergency Obstetric Care (EMOC): These are services offered to women at the time of delivery by skilled birth attendant to promote clean and safe delivery. Currently, comprehensive EMOC services are not available in IFO 2, but will be rolled out after the opening of the Maternity unit currently under construction. However, women in labour are referred for this service to IFO and Dagahley using KRCS ambulances during day time and a contracted community ambulance at night so as to promote clean and safe deliveries by a skilled birth attendant.

As a result of the above RH services, the number of skilled deliveries has increased from less than 2% to 49%. This is expected to increase to at least 80% after the commissioning of maternity unit in August 2012.

Tuberculosis screening and Treatment and Management of HIV: The TB and HIV was opened to provide services to Tuberculosis and patients, and well as to intensify Provider Initiated HIV Counselling and Testing (PITC), and care for people living with HIV. Activities carried out in the clinic include: Direct Observed Short Course Treatment (DOTS) of patients with Tuberculosis (TB), sputum request and collection for laboratory examination, follow up of sputum negative patients, TB clinic day for patients of anti TB drugs and Initiating treatment for patients who are newly diagnosed with TB. There are 29 Multi Drug Resistant TB (MDR-TB) patients in Dadaab, 2 being in IFO 2.

Key Gaps

1. In spite of these achievements, the health infrastructure at IFO 2 has created a number of limitations. The health posts are constructed with Galvanized Corrugated Iron (GCI) Sheets, as walling and roofing materials and in a normal day where temperatures in Dadaab can reach a high of 42^oC, the structures are inappropriate and cause extreme discomfort for both the health workers and the patients. The same case applies to the tented facility in IFO 2 West, and it becomes impossible to work in the tents mid-morning and early afternoon due to the excess heat.
2. IFO 2 camp lacks a central referral facility to provide secondary health care services. KRCS and MSF Spain have agreed that KRCS will complete the Hospital in IFO 2 East. Construction started in 2010 but

stopped by government as approval for IFO 2 as a camp had not been granted. The completion of this facility is a key priority for the KRCS to significantly improve the level of health care, including provision of round the clock health care for the refugees, as well as improvement of working conditions for the health workers, and a friendly health care environment for the refugees.

3. The continuity of health and nutrition services in terms of medical supplies and personnel needs is also a key issue that needs to be addressed

Table 3: A table showing health and nutrition indicators as extracted from the Health Information System.

	Health Information System Analysis Ifo 2 Camp							
	Nov	Dec	Jan	Feb	Mar	April	May	June
Population Data								
Camp Population	64754	65459	65442	65940	70467	72658	73320	73320
No. of Live Births	0	0	8	52	157	140	181	267
Population<5	17232	17414	17414	14628	14396	14896	15094	15094
Population of Pregnant & Lactating	2590	2618	2618	2638	2819	2906	2933	2933
Mortality Indicators								
Crude Mortality Rate	1.23	1.23	0.3	0.3	0.2	0.2	0.2	0.3
Under Five Mortality Rate*	3.02	3.02	1	0.6	0.8	0.6	0.7	1.1
Infant Mortality Rates**				96.2	44.6	42.9	44.2	48.7
Morbidity Indicators								
Total No. of Consultations	5718	6468	7915	9064	10466	9099	9020	13112
No. of Consultations/clinician per day	43	167	43	42	50	57	59	65
Vaccination Indicators								
Doses Administered	5641	0	1819	2070	2478	2029	2662	3277
Fully Vaccinated (%)	0	4.8	15.1	18.6	25.9	19.8	20.9	28.65
Nutrition								
Supplementary Feeding Programme indicators								
Coverage for SFP <5(%)	0	0	0	36	61	77	90	80
Coverage for SFP Pregnant & Lact (%)	0	0	0	16	35	47	48	62
Number of new Admissions	0	0	0	0	733	237	482	332
Recovery Rate (%)	0	0	0	0	0	88.5	91.3	92.4
Default Rate (%)	0	0	0	0	0	4.6	7.4	4.5
Referral Rate back to OTP (%)	0	0	0	0	0	8.9	1.2	3.1
Nutrition								
Out Patient Therapeutic Feeding Programme Indicators								
Coverage for OTP<5(%)	36	37.3	94	92	70	76	80	77
Recovery Rate (%)	30.5	25	61.2	94	83	89.1	76.9	85.2
Default Rate (%)	59.3	52.3	23.4	4.6	13.2	6.8	6.4	5.2
Referral Rate (%) to stabilisation	10.2	12.5	2.5	0.4	0.7	1.1	1.1	2.1
Non Cured Rate (%)	0	10.2	12.9	1.1	3.1	3	15.2	7.5
Reproductive Health Indicators								
Proportion of 1st ANC Visit (%)	0		18	14	30	32	31	33
Coverage for Syphilis Screening (%)	0		25	0	4	9	33	52
Coverage for Tetanus vaccination (%)	0		38	36	9	10	34	51
Coverage of complete ANC (%)	0		38	10	10	1	8	42
PMTCT Coverage %)	0		0	0	85	100	100	100
Proportion of Skilled Deliveries (%)	0		0	11	8	31	40	49
SGBV Indicators								
Total No. of rape survivors	0		0	0	5	4	2	5
Incidence of reported rape	0		0	0	8.5	6.6	3.3	8.2
Prop. of rape survivors who receive PEP < 72 hrs	0		0	0	100	100	100	100

Shelter

Outcome: Improved shelter conditions for 76,000 to 110,000 refugees through provision of emergency shelter (tents) or durable shelters as per required standards	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Provision of adequate emergency shelter for 20,000 households (equivalent 110,000 people) 	<ul style="list-style-type: none"> Procurement and distribution of 20,000 family tents

Progress

In 2010, UNHCR carried out a shelter pilot project for IFO 2 in which it constructed 58 semi permanent housing units made of Inter-Locking Stabilized Soil Blocks (ISSB) and 58 housing units made using ordinary baked soil blocks. The GoK stopped the roll out of the ISSB housing units citing their permanent nature, which would trigger flow of host community into the camps, and also discourage refugees from going back to their country.

In April 2012, UNHCR together with its shelter partners (IOM, Danish Red Cross, NRC and Peace Winds Japan), began construction of housing units in section U of IFO 2 West. UNHCR has cited serious shortfall in funding and has cast doubt on continuity of the shelter project

Challenges:

- Funding for shelter sector remains a key obstacle in shelter provision in IFO 2, yet shelter remains a key priority for the refugees. The high number of cases of violence and issues of protection are linked to poor shelter in the camp

Education

Outcome: School age children and adolescents have an opportunity to receive education at the camps	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Access to school for children and adolescents 	<ul style="list-style-type: none"> Construction of 8 primary schools Construction of one secondary school Train teachers from host community and refugee population Procurement of classroom material and equipment, desks, books etc

Progress

Although provision had been made for education facilities in each section of the camp, the infrastructure had not been developed at the time the population was moved to IFO 2. School enrolment is still low as shown in the table below. Vocational training and post secondary education remains the biggest challenge to the education sector in the refugee population. Currently, the primary education sector in IFO 2 is run by the African Development and Education Organization (ADEO) while the secondary education is under Windle Trust. KRCS is playing a coordination role for the education sector. This mainly involves issues of quality of education and syllabus.

Table 4: School Enrolment Rates at IFO Camp

Measurement category	Pre-primary education ³	Primary education ⁴	Secondary education ⁵	Alternative Education (Youth 15-24)
Gross Enrolment Rate (GER)	19.8%	34.4%	7.4%	1%
GER for boys	22.1%	40.4%	11.1%	
GER for girls	17.6%	26.5%	3.7%	
Gender Parity Index	0.79	0.70	0.33	
National test averages		KCPE ⁶ 2009: 148 ⁷ (2316 graduates);	KCSE 2007 ⁹ : 35 ¹⁰ (344 graduates)	

³ UNICEF/UNHCR Education Information Data, December 2011

⁴ UNICEF/UNHCR Education Information Data, December 2011

⁵ UNICEF/UNHCR Education Information Data, December 2011

		KCPE⁸ 2010: 171 (1665 graduates)	KCSE 2009: 26 (392 graduates)	
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Camp Management and security sensitization

Outcome: Effective camp management community based security and well coordinated systems are in place to facilitate delivery of high quality assistance to 76,000 - 110,000 refugees for a period of 12 months	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • IFO2 East and West camps functions well enough to deliver satisfactory services to 110,000 refugees for a period of 12 months • Enhanced security in the camp and for operations • Enhanced quality and accountability of humanitarian services delivery in the camps 	<ul style="list-style-type: none"> • Oversee support and programme functions as well as safety and security of the operation • External coordination with stakeholders and partners • Coordination and engagement with camp committees, local communities committees representatives and government entities • Develop, implement and monitor strategic and operational plans for camp operation • Identify fundraising opportunities through the existing funding mechanisms for Somali refugees • Develop and operate humanitarian accountability and community based complaint systems • Put in place financial systems for effective financial reporting • Regular monitoring and evaluation and reporting • Continuous assessment and review of the operation to determine continuity or development of an exit strategy • 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. • IFRC HoA will provide training on SPHERE standards, camp management, and support the KRCS to develop and implement community-based accountability systems according to international standards. • IFRC will support the KRCS to develop and implement M&E systems. • IFRC HoA will support and provide technical support to KRCS to mainstream gender and HIV&AIDS in all sectors activities. This will include training of staff on using relevant guidelines.

Progress

Camp Coordination: Handing over camp management services in IFO 2 West by the Lutheran World Federation (LWF) was done on 22 November 2011, and the LWF was very supportive in the entire process. A transition period was made in which the two agencies carried out joint activities in the camp to ensure the change did not bring about a breakdown in service delivery. Since the takeover, KRCS has been playing a key role in ensuring that all camp issues are coordinated to ensure effective and timely provision of services to the refugee community.

KRCS has been co-chairing partners' meeting with UNHCR (refer to coordination and partnerships sections) in IFO 2. UNHCR later requested KRCS to take camp management function for IFO 2 East effective 1 July 2012. The handing over process for IFO 2 East was done by LWF between 15 and 30 June 2012. KRCS is an implementing partner to UNHCR on camp management in IFO 2 East.

⁶ UNHCR, Education statistics, 2009, 2010

⁷ Maximum score: 500

⁹ UNHCR, Education statistics, 2007, 2009

¹⁰ Maximum score: 84

⁸ UNHCR, Education statistics, 2009, 2010

Vulnerability Assessment: In February KRCS conducted a general vulnerability assessment of the community in IFO 2 West camp. The assessment is an important tool to support in identification of people and groups with special needs for ease of targeting in service provision. The table below provides a summary of vulnerable groups identified in the camp.

Table 5: Categories of Vulnerable Persons in IFO 2 West As of February 2012

Section	Female Headed Households	Unaccompanied Minors	Elderly	Expectant	Foster parents	Chronic Diseases	Disabled
U	209	26	104	67	13	4	65
P	227	4	65	15	4	5	25
Q	190	2	82	13	19	9	64
R	148	5	67	28	35	35	69
S	130	3	49	111	49	35	48
T	166	23	79	19	66	28	62
M	165	27	107	27	7	49	28
N	79	63	88	71	74	66	83
O	44	19	38	46	44	41	30
Total	1,358	172	679	397	311	312	474

Shelter Assessment: This was conducted in IFO 2 West in March 2012 to ascertain the number of households that required shelter replacement. This was necessitated by outcry of tents deterioration (wear and tear, as these tents were supplied by UNHCR in July 2011 and have a lifespan of six months). The assessment identified 4,015 tents across the camp that needed replacement.

Key Gaps

1. Shelter remains one of the key gaps in IFO 2 Camp (both East and West). The tents currently in use have out-lived their lifespan and are worn out. Tent replacement offers a temporary solution, but has not been done on a large scale.
2. Social infrastructure development, including social halls and recreational facilities in the camp (both IFO 2 East and West) is a major gap in the sector. Development of access roads and drainage systems (highlighted in WASH sector) also presents a major need in the camp.
3. KRCS staff are accommodated in tents in 2 locations; at Base camp in Dadaab and at the Agencies compound in IFO 2. Development of housing units for staff is a key priority, and will enhance their safety and security as well as increase staff motivation

Warehousing/Logistics/Transportation

In order to efficiently and effectively carry out the operations in these sectors, KRCS has established a strong logistical presence on the ground. A fleet of 12 land cruisers and one truck support field operations. The land cruisers were procured with support of PNSes while some were supplied as part of the Emergency Response Units. One rub hall was set-up at the base camp to meet the warehousing needs

Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of operations. This will be maintained between those working in the field and other stakeholders, including the media and donors, to promote greater quality, accountability, and transparency. Communications will support the objectives of this Appeal, to increase the profile, funding and other support for KRCS and IFRC, and provide a platform on which to advocate in the interests of vulnerable people. Partners will receive information and materials they can use to promote the operation. Relevant information and publicity materials, including audio-visual products, will be channelled through IFRC's public website - www.ifrc.org.

Activities will include, but are not limited to, the following:

- Producing press releases, news stories and beneficiary case studies.

- Proactive engagement with media (national, international based in Kenya and international based around the world) to highlight the needs of the refugees and to profile the response of the Kenya Red Cross. This will include the use of established IFRC social media tools.
- Developing media packages, including facts and figures, questions and answers, key messages and audiovisual products for distribution to partner national societies and media.
- Developing and producing communications products that highlight achievements of the operation.
- Supporting field visits by communications colleagues, media, partner National Societies and donor agencies.
- Supporting programme teams to ensure consistent and two-way engagement with beneficiaries as part of the IFRC's commitment to greater accountability to affected communities.

Contact information

For further information specifically related to this operation please contact:

- **In Kenya:** Mr. Abbas Gullet, Secretary General, Kenya Red Cross Society, email: gullet.abbas@kenyaredcross.org. Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax: 254.20.60.35.89
- **In Kenya:** East Africa Regional Office; Finnjarle Rode, Regional Representative, East Africa, Nairobi, phone: +254.20.283.5124; fax: 254.20.271.27.77; email: finnjarle.rode@ifrc.org
- **IFRC Zone:** Daniel Bolaños, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Regional Representation:** Douglas Masika, Senior Resource Mobilization Officer; phone: +254 20 283 5000; email: douglas.masika@ifrc.org.

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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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 (NGO's) 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.

www.ifrc.org

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.
-

Annex 1:



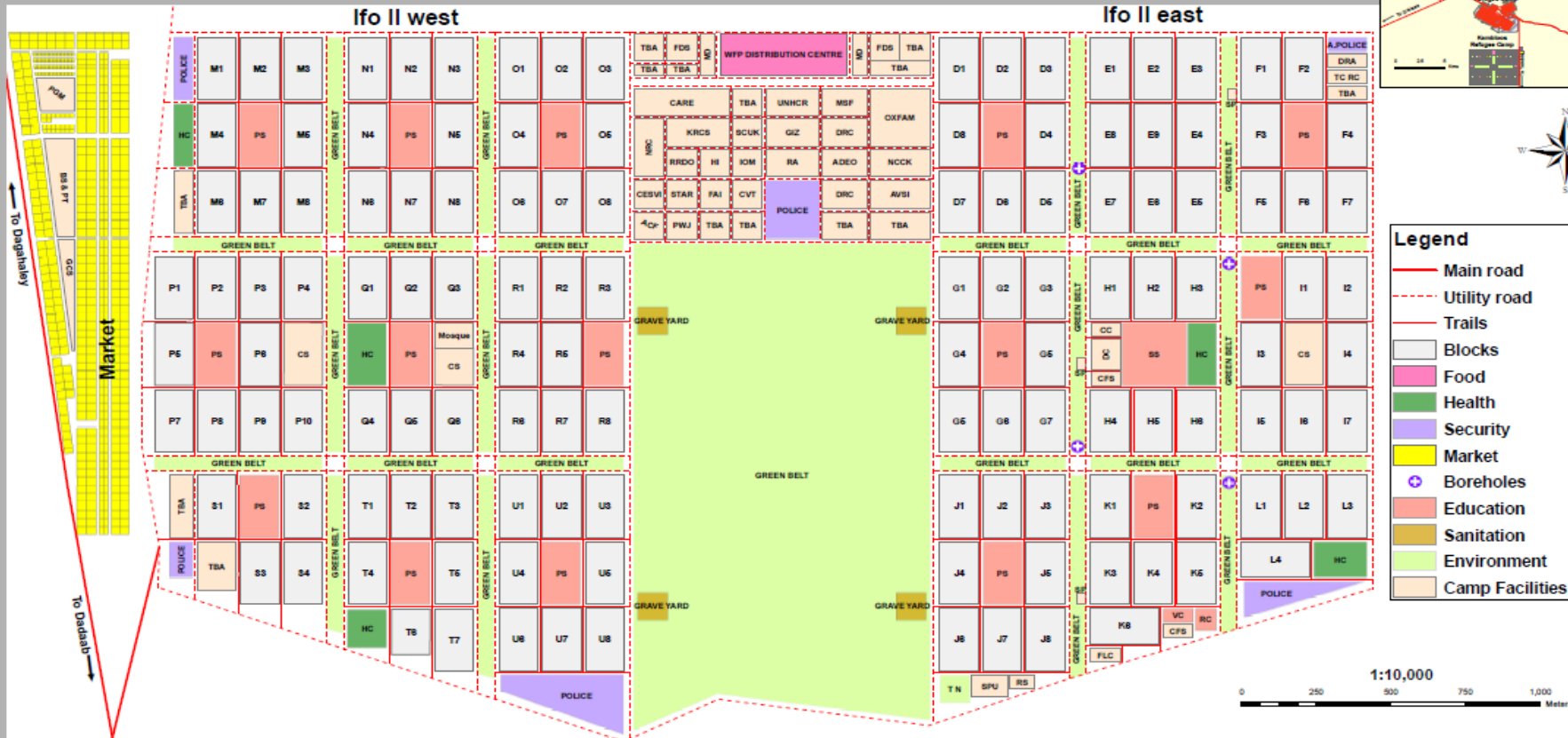
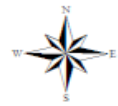
Kenya- Dadaab District Ifo 2 Refugee Camp Overview

As of June 2012

Sources; UNHCR, LWF/DWS-Dadaab
©2012

Datum: WGS 1984
Projection: UTM Zone 37N

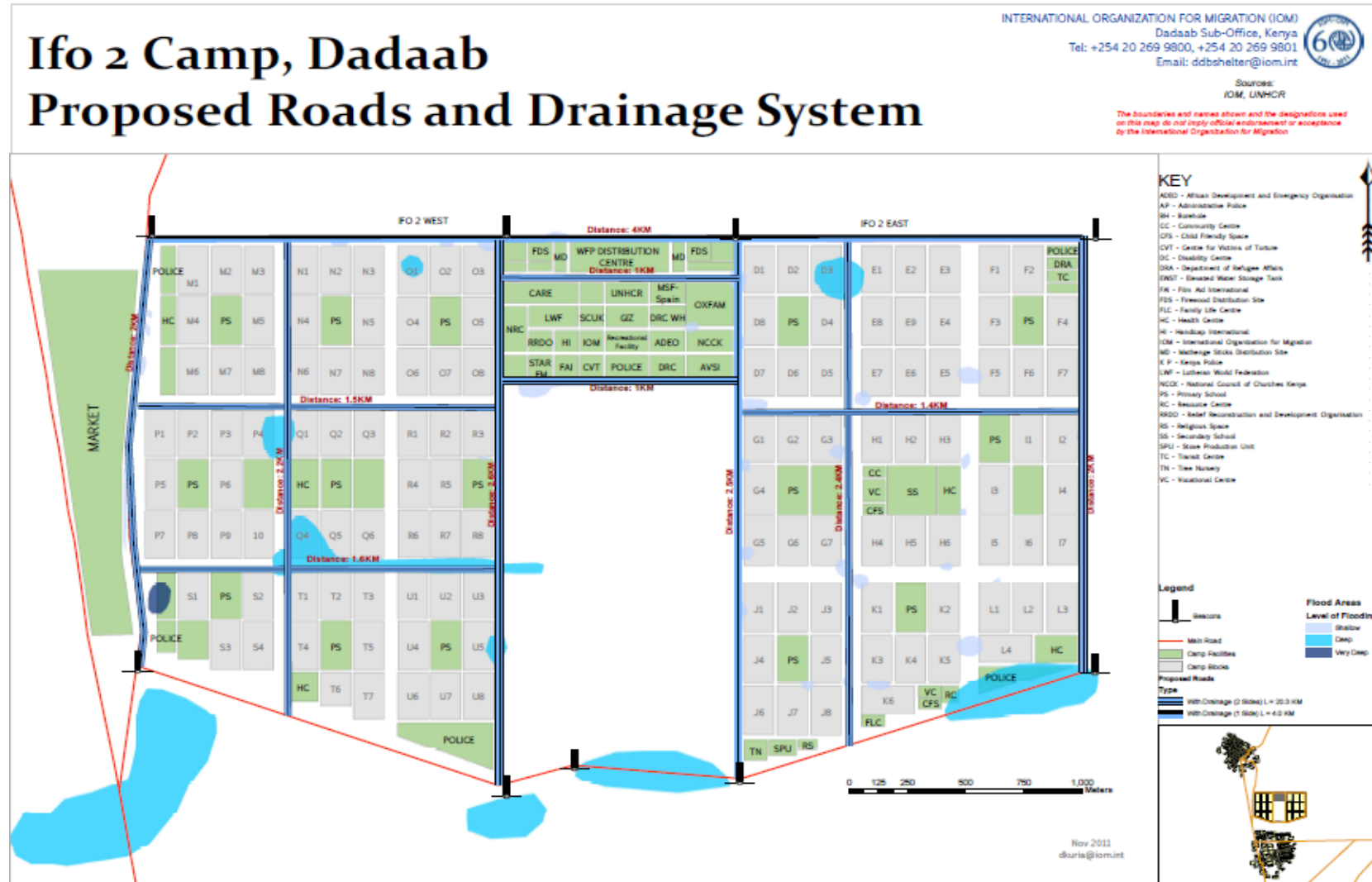
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations



- Legend**
- Main road
 - - - Utility road
 - · - · - Trails
 - Blocks
 - Food
 - Health
 - Security
 - Market
 - + Boreholes
 - Education
 - Sanitation
 - Environment
 - Camp Facilities

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 Frontieres	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	HI - Handicap International	RA - Recreation Area	TC - Transit Centre
DC - Disability Centre	IFRC - International Federation of Red Cross	RC - Resource Centre	TN - Tree Nursery
DRA - Department of Refugee Affairs	IRDO - Rellief Reconstruction and Development Organisation	RRDO - Rellief Reconstruction and Development Organisation	UNHCR - United Nations High Commissioner for Refugees
	IOM - International Organisation for Migration		VC - Vocational Centre

Annex 2:



MDRKE018 - Kenya - Population Movement

Appeal Launch Date: 19 oct 11

Appeal Timeframe: 06 oct 11 to 30 nov 12

Interim Report

Selected Parameters	
Reporting Timeframe	2011/10-2012/6
Budget Timeframe	2011/10-2012/11
Appeal	MDRKE018
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Pledge	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget		26,154,197					26,154,197
B. Opening Balance		0					0
Income							
Cash contributions							
<i>Australian Red Cross</i>	M1201046	1,206,981					1,206,981
<i>British Red Cross</i>	M1111038	830,827					830,827
<i>China Red Cross, Hong Kong branch</i>	M1112118	281,676					281,676
<i>European Commission - DG ECHO</i>	M1206005	1,201,201					1,201,201
<i>Japanese Red Cross Society</i>	M1112058	240,079					240,079
<i>New Zealand Red Cross</i>	M1203080	48,003					48,003
<i>Norwegian Red Cross</i>	M1112053	743,072					743,072
<i>Red Cross of Monaco</i>	M1111147	24,749					24,749
<i>Red Cross of Monaco</i>	M1112124	6,090					6,090
<i>Swedish Red Cross</i>	M1112109	1,308,458					1,308,458
<i>Taiwan Red Cross Organisation</i>	M1112051	473,844					473,844
<i>The Canadian Red Cross Society</i>	M1111172	1,383,350					1,383,350
<i>The Netherlands Red Cross</i>	M1112115	1,226,366					1,226,366
C1. Cash contributions		8,974,697					8,974,697
Other Income							
<i>Balance Reallocation</i>		142					142
<i>IFRC at the UN Inc allocations</i>		8,013					8,013
C4. Other Income		8,154					8,154
C. Total Income = SUM(C1..C4)		8,982,851					8,982,851
D. Total Funding = B + C		8,982,851					8,982,851
Coverage = D/A		34%					34%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	8,982,851					8,982,851
E. Expenditure	-7,134,873					-7,134,873
F. Closing Balance = (B + C + E)	1,847,979					1,847,979

International Federation of Red Cross and Red Crescent Societies
MDRKE018 - Kenya - Population Movement

Appeal Launch Date: 19 oct 11

Appeal Timeframe: 06 oct 11 to 30 nov 12

Interim Report

Selected Parameters	
Reporting Timeframe	2011/10-2012/6
Budget Timeframe	2011/10-2012/11
Appeal	MDRKE018
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		26,154,197					26,154,197	
Relief items, Construction, Supplies								
Shelter - Relief	6,189,474	4,540				4,540	6,184,934	
Construction - Facilities	2,021,053						2,021,053	
Clothing & Textiles	290,526						290,526	
Food	1,250,526						1,250,526	
Seeds & Plants	31,579						31,579	
Water, Sanitation & Hygiene	2,351,843						2,351,843	
Medical & First Aid	950,316						950,316	
Utensils & Tools	485,053						485,053	
Other Supplies & Services	0						0	
Total Relief items, Construction, Supl	13,570,370	4,540				4,540	13,565,829	
Land, vehicles & equipment								
Vehicles	2,783,963	98,346				98,346	2,685,617	
Computers & Telecom	76,947	5,220				5,220	71,727	
Office & Household Equipment	170,632	9,512				9,512	161,120	
Others Machinery & Equipment	163,026						163,026	
Total Land, vehicles & equipment	3,194,568	113,078				113,078	3,081,490	
Logistics, Transport & Storage								
Storage	98,947						98,947	
Distribution & Monitoring	110,526						110,526	
Transport & Vehicles Costs	2,071,242	222				222	2,071,020	
Total Logistics, Transport & Storage	2,280,715	222				222	2,280,493	
Personnel								
National Society Staff	2,776,505						2,776,505	
Volunteers	37,895						37,895	
Total Personnel	2,814,400						2,814,400	
Workshops & Training								
Workshops & Training	199,659						199,659	
Total Workshops & Training	199,659						199,659	
General Expenditure								
Travel		61				61	-61	
Information & Public Relations	212,316						212,316	
Office Costs	13,053						13,053	
Communications	30,168	11				11	30,157	
Financial Charges		18				18	-18	
Other General Expenses	2,242,683						2,242,683	
Total General Expenditure	2,498,220	90				90	2,498,130	
Contributions & Transfers								
Cash Transfers National Societies		6,541,826				6,541,826	-6,541,826	
Total Contributions & Transfers		6,541,826				6,541,826	-6,541,826	
Indirect Costs								
Programme & Services Support Recov	1,596,266	432,884				432,884	1,163,381	
Total Indirect Costs	1,596,266	432,884				432,884	1,163,381	
Pledge Specific Costs								
Pledge Earmarking Fee		38,532				38,532	-38,532	
Pledge Reporting Fees		3,700				3,700	-3,700	
Total Pledge Specific Costs		42,232				42,232	-42,232	
TOTAL EXPENDITURE (D)	26,154,197	7,134,873				7,134,873	19,019,325	

International Federation of Red Cross and Red Crescent Societies

MDRKE018 - Kenya - Population Movement

Appeal Launch Date: 19 oct 11

Appeal Timeframe: 06 oct 11 to 30 nov 12

Interim Report

Selected Parameters	
Reporting Timeframe	2011/10-2012/6
Budget Timeframe	2011/10-2012/11
Appeal	MDRKE018
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
	A						B	A - B	
BUDGET (C)		26,154,197					26,154,197		
VARIANCE (C - D)		19,019,325					19,019,325		