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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**

**12 Month Summary**

**31 December 2012**

**Period covered by this Ops Update: 29 November 2011 to 30 November 2012**

**Appeal target (current): CHF 10,439,107**

**Appeal coverage:** 45% against previous budget, [<click here to go directly to the updated donor response 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.
- **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 for 12 months to assist 76,000 beneficiaries for 12 months.
- 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.
- This 12 month summary update satisfies reporting requirements and is based on information provided in the recent emergency appeal revision indicated above
- 12 months from the issuance of the emergency appeal, Partner National Societies (PNS) had provided specific support by their Emergency Response Unit (ERUs) through the provision of human resources, training and equipment totalling to CHF 700,000.

**Summary:** The Kenya Red Cross Society (KRCS) took over the newly established IFO 2 refugee camp at the peak of a humanitarian crisis that followed displacement of populations from Somalia due to escalating violence and the effects of Drought that affected the Horn of Africa during the first half of 2011. The Humanitarian Crisis was evidenced by crude and under five (5) mortality rates that were higher than the emergency thresholds, and a Global Acute Malnutrition (GAM) more than twice the emergency threshold.

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, Sanitation and Hygiene and Food Distribution.

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, water and sanitation and health interventions.

[<click here for the interim financial report; or here to view contact details>](#)

## The situation

### Background

The Dadaab Refugee complex is made up of five camps namely Dagahley, Hagadera, IFO, IFO 2 and Kambi-ooos (Kambi-ooos 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 capacity of 90,000 people. However, the continuous fighting in Somalia has, over the years, caused the displacement of people, the majority of which end

up in the refugee complex. By mid 2011, these camps were holding in excess of 400,000 people and could no longer take the tens of thousands of asylum seekers who were escaping escalating violence in Somalia, and the effects of drought in the Horn of Africa in 2011.

### Population Data

The population currently settled in IFO 2 arrived in Dadaab late 2010 and early 2011 and were forced to settle in the outskirts of the old camps, mainly IFO and Dagahley. The camp has a design capacity of 120,000 refugees (60,000 in IFO 2 East and 60,000 in IFO 2 west), and has had a stable population in 2012. The population as at the end of November 2012 was 75,714 people (42,546 in IFO 2 West and 33,168 in IFO 2 East) the breakdown of which is shown in the table below:

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	3,766	51.2%	3,593	48.8%	7,359	22.2%
5 - 11	5,538	52.4%	5,022	47.6%	10,560	31.8%
12 - 17	2,170	57.1%	1,633	42.9%	3,803	11.5%
18-59	4,407	42.3%	6,012	57.7%	10,419	31.4%
60 and >	489	47.6%	538	52.4%	1,027	3.1%
<b>Total:</b>	<b>16,370</b>	<b>49.4%</b>	<b>16,798</b>	<b>50.6%</b>	<b>33,168</b>	<b>100.0%</b>
<b>Major Sites:</b>			<b>Ifo 2 East</b>			

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%
<b>Total:</b>	<b>21,224</b>	<b>49.9%</b>	<b>21,322</b>	<b>50.1%</b>	<b>42,546</b>	<b>100.0%</b>
<b>Major Sites:</b>			<b>Ifo 2 West</b>			

Table 1: The population breakdown in IFO 2 East and IFO 2 West where KRCS is working

The population is projected to increase to 120,000, by February 2013, following a government directive to relocate all urban refugees of Somali origin to Dadaab to curb acts of terror, linked to infiltration of Al Shabaab sympathisers into major towns in the country.

### Operating Environment

The Kenya Defence Forces (KDF) entered Somalia in October 2011 to pursue and disable the Al Shabaab militants, following a series of abductions of humanitarian workers in North Eastern Province (mainly in the Dadaab camps) and tourists from the Coast Province. This entry was followed by an escalation of security incidents, in Dadaab camps 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 United Nations High Commissioner for the Refugees (UNHCR) in Mid October 2011 halted operations of Non Life Saving Activities by its implementing partners in the camps, in an attempt to safeguard the safety and security of its staff and those working for International Non Governmental Organisations (INGO's). The life saving activities included Health and Nutrition, Water supply, Sanitation and Hygiene (WASH) and Food Distribution. This reduced access to camps by humanitarian agencies and led to a sudden shrinking of humanitarian space in the Dadaab, which in turn increased the expectation on the Red Cross to take up a bigger role in provision of life saving services. This is now evidenced by the requests by UNHCR to KRCS to take up the following areas:-

- Health and Nutrition in IFO 2 East (since January 2012),
- Prevention, Care and Treatment of Sexual and Gender Based Violence (SGBV) survivors in IFO 2 East and IFO 2 West (since April 2012),
- Camp Management in IFO 2 East (since July 2012),
- Health and Nutrition (including HIV care and treatment and the medical referral programme 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).

This brings the total population which accesses services through the KRCS to 190,714 out of the total population of 473,493 (which translates to 40.3% considering that KRCS is implementing all key sectors except education).

KRCS has continued to gain community support, giving it unlimited access to the refugees, as it is widely accepted by the refugee and the host community populations and as a result, has had uninterrupted service delivery in a constrained security environment.

## Coordination and partnerships

KRCS and IFRC signed an Operational Partner sub-agreement with the UNHCR regarding the provision of key sector services in IFO 2 West. The agreement covered a period of 1 year (November 2011 to October 2012), and is being reviewed for a similar period to cover Health and Nutrition, Water, Sanitation and Hygiene and Camp Management. The main partner to KRCS/IFRC under this agreement is UNHCR. In addition, KRCS has been an implementing partner to UNHCR for IFO 2 East, in Health and Nutrition, Camp management and SGBV. The following are partners collaborating with KRCS per sector.

**Health and Nutrition:** The Ministry of Public Health and Sanitation (MoPHS) provide overall coordination and regulatory framework for health services in all the refugee camps in Dadaab. MoPHS co-chairs health and nutrition sector coordination with UNHCR, and provides essential supplies to KRCS including Vaccines (through UNICEF support), for both routine vaccination and vaccination campaigns and 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. The MoMS has also seconded four Medical Officer to support KRCS health Services in IFO 2.

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. In addition, UNICEF has provided on the job training for KRCS nutrition technical staff, and also provided selected medical supplies and equipment to KRCS including Inter-Agency Emergency Health Kits (IEHK) and cold chain equipment. 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, including people on TB treatment. In 2011, the Medecins Sans Frontieres Swiss (MSF Ch), in Dagahley Camp and GIZ (*Deutsche Gesellschaft für Internationale Zusammenarbeit*) in IFO camp had well established hospitals where KRCS referred patients who required admission, and children presenting with SAM and complications as well as requiring stabilization.

The Centre 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 two clinical officers and three 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 refugee incentive staff, and procurement of laboratory equipment.

Action Against Hunger (ACF<sup>1</sup>) with funding from UNICEF (for the five camps in Dadaab) partnered with KRCS in the roll out of the Infant and Young Child Feeding Nutrition (IYCN). Kijabe Hospital through Kijabe Bethany Kids has been supporting through carrying out surgeries related to different ailments in children.

**WASH Sector:** The Norwegian Refugee Council (NRC) was a partner in the sanitation sub-sector in the early months of 2012, and handed over to KRCS the Sanitation and Hygiene Sub-sector by end of March 2012. Oxfam has been the water supply sub-sector lead in both IFO 2 East and IFO 2 West, and was involved in the drilling and equipping of six boreholes, laying of a reticulation supply system and construction of elevated pressed steel water towers. Oxfam handed over the water system in IFO 2 West to KRCS in December 2012, for

<sup>1</sup> In French: Action Contre la Faim

operations and maintenance, and is scheduled to hand over the system in IFO 2 East in between February and March 2013. European Commission Humanitarian Office (ECHO), supported the construction of 2,400 family latrines, training of refugee incentive workers on Community Led Total Sanitation (CLTS) and supported the triggering of communities in creating demand for the newly constructed family latrines, establishment of hygiene and sanitation clubs in schools and floods mitigation in the sanitation sub sector.

Other partners include:- Handicap International in the identification and support of people with disabilities, and in 2012, was the partner handling medical referrals to Garissa Provincial General Hospital; 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, and Participating National Societies such as Australian, British, Danish, Finnish, German, Hong Kong, Norwegian, Spanish and Taiwan 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).

PNS	Sector
Australian Red Cross	Sanitation and Hygiene sub sectors(family latrines construction and hygiene promotion activities).
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	Procurement of Medical Supplies and construction of 1,390 latrines
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)

Table: PNS Support to the KRCS Population Movement Operation

### 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 for 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.

## Red Cross and Red Crescent action

### Overview

KRCS has had a strong presence in Dadaab prior to its engagement in the camps; with the Danish Red Cross funded Dadaab Integrated Health Project which has seen successful implementation of the project in three phases of two 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 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. 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, the UNHCR has requested KRCS to take up Health and Nutrition (Including HIV Care and Treatment, and Medical Referral Programme 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).

## Progress towards outcomes

<b>Relief distributions (food and basic non-food items)</b>	
<b>Outcome:</b> The immediate food (supplementary food) and non food needs are provided for 76,000 to 110,000 refugees	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Essential supplementary food provided through health facilities.</li> <li>• Non food items (NFIs) are provided to up to 110,000 beneficiaries (equivalent 20,000 households)</li> </ul>	<ul style="list-style-type: none"> <li>• Supplementary and therapeutically feedings</li> <li>• 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</li> </ul>
<b>Focus for 2013</b>	
<b>Relief Distributions</b>	
<b>Outcome:</b> The immediate food (Supplementary Food) is provided to children with Moderate Acute Malnutrition (MAM), pregnant and lactating women, hospital in-patients, and TB and HIV patients	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Proportion of Children with MAM is reduced by 50%</li> <li>• Pregnant and Lactating women are enrolled to blanket supplementary feeding</li> <li>• All patients enrolled in Direct Observed Short Course Treatment for Tuberculosis access blanket supplementary feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Supplementary feeding programme is implemented targeting all children with MAM in IFO 2</li> <li>• All pregnant and lactating women are enrolled in the supplementary feeding programme</li> <li>• All patients on TB and HIV treatment as well as all in-patients access supplementary and hospital feeding</li> </ul>

## Progress Towards Result

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.

At the time of KRCS takeover of IFO 2, the refugees had been issued with non-food items, including tents. UNHCR also offered to provide tents for replacement of those that were worn out, as well as to persons with special needs and protection cases. KRCS did not therefore procure tents as planned earlier. KRCS carried out

vulnerability assessment in the camp and presented the findings to UNHCR, who then released NFIs including tents to target those who were identified as needy in the report and the KRCS carried out the distribution.

KRCS received a donation of a nutritional supplement (“nourish powder”) from Korean Red Cross to be used in complementary feeding in IFO 2. A total of 429 MT of the powder was received. Consultations with UNHCR and WFP were done regarding the introduction of the powder in the camp, 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 had been labelled in Korean language although English translation had been provided in leaflets). The UNHCR pointed out that this was not in line with the guidelines for food commodities donation by the UNHCR/WHO. To overcome this it was agreed that sufficient community sensitisation would be done including cooking demonstrations, for the refugees to be aware of how the product should be handled and preparations.
- The product required refrigeration after opening of the original packaging (this was seen as impractical in refugee setting). Following the discussions, it was agreed that the community would be encouraged to prepare the whole pack upon opening to avoid the need for refrigeration.
- The fear that once introduced, the product would be used for weaning children, and would interfere with efforts to promote exclusive breastfeeding. To overcome this it was agreed that the product would be promoted for use by children above the age of two years.
- 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. The UNHCR cleared the product but advised that sufficient consultations should be done prior to sourcing of other food or nutrition commodities.

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 in the tasting of the product. Distribution of this commodity is ongoing after the issues raised by UNHCR were addressed. The product was distributed to all 19,121 households in IFO 2, and the quantities per household were determined by household size, and the distribution process utilised the food distribution manifest produced by the WFP.

### 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) and the Korean Agency for Food Safety (SGS), and the Korean Food and Drugs Administration there were lots of discussions and verifications before the product could be cleared for distribution.

<b>Water, Sanitation and Hygiene Promotion</b>	
<b>Outcome:</b> 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	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Adequate safe drinking water is provided for up to 110,00 refugees in line with SPHERE standards</li> <li>• Water collection distances are reduced to less than 500m</li> <li>• Adequate improved sanitation and bathing facilities are provided to serve up to 110,00 refugees</li> <li>• Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the camps</li> </ul>	<ul style="list-style-type: none"> <li>• Increase immediate water supply capacity through water trucking so as to provide at least 5-7 litres of drinking water in the emergency phase</li> <li>• 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</li> <li>• Monitor chemical and bacteriological quality of water to be used in the camp</li> <li>• Procure and distribute 40,000 jerry cans to enhance safe household storage</li> <li>• Conduct point of use water treatment using appropriate chemicals</li> <li>• Conduct hygiene promotion and community education sessions to the target population</li> <li>• Demolition and backfilling of the existing communal latrines</li> <li>• Construct additional 5,500 latrines and 1,100 bathrooms</li> <li>• Build the</li> </ul>

	<p>refugee's capacity in terms of hygiene promotion and conduct periodic hygiene campaign</p> <ul style="list-style-type: none"> <li>• Develop solid waste collection points and ensure proper, handling, sorting, transportation and final disposal of this waste</li> <li>• Construct an adequate drainage system for ecologically safe disposal of waste water and storm water during rainy seasons</li> <li>• Development of laundry areas within the camps</li> </ul>
<b>Focus for 2013</b>	
<b>Water, Sanitation and Hygiene Promotion</b>	
<b>Outcome:</b> 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	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Adequate safe drinking water is provided for up to 60,000 refugees in line with SPHERE standards and WHO quality guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain supply of portable water to between 20 and 25 litres per person per day</li> <li>• Conduct routine and scheduled system maintenance including submersible pumps, power generation sets and the water distribution network</li> <li>• Carry out regular water quality monitoring for quality assurance (monitor residue chlorine at consumer points, chemical and biological quality among other parameters)</li> <li>• Linkages are established to monitor transmission of water borne and water related diseases in Health Information Systems</li> </ul>
<ul style="list-style-type: none"> <li>• Adequate sanitation facilities are provided to serve up to 60,000 refugees</li> </ul>	<ul style="list-style-type: none"> <li>• Regular maintenance of family latrines in partnership with individual refugee households, including dosing with biochemical faecal matter digesters</li> <li>• Vector breeding control for prevention of transmission of diarrhoeal diseases</li> <li>• Solid waste management is strengthened, including sorting of wastes, waste collection, transportation and safe disposal in environmentally sustainable manner in partnership with communities and the National Environment Management Authority</li> <li>• Construct an adequate drainage system for ecologically safe disposal of waste water and storm water during rainy seasons</li> <li>• Contingency plans are developed for management of water borne disease outbreaks</li> </ul>
<ul style="list-style-type: none"> <li>• Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the camps</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct hygiene promotion and community education sessions to the target population</li> <li>• Continue to create demand for hygiene and sanitation facilities through the use of appropriate hygiene and sanitation methodologies</li> <li>• Involvement of young population in management of hygiene and sanitation in camps through the learning institutions</li> <li>• Support implementation of Community Health Strategy through involvement of refugees, incentive workers and WASH committees.</li> </ul>

## Progress

**Water Supply Sub-Sector:** At the time of KRCS entry into IFO 2, the water services, especially the 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. Oxfam GB finalised the development of 3 boreholes in IFO 2 West, construction of two elevated pressed steel storage tanks, each with 250M<sup>3</sup> capacity, and the reticulation system in November 2012, setting in motion the process of final handing over. The handing over began in the first week of December and will continue to 31 December 2012. The following is a summary of water yields in the 3 boreholes. The system is now supplying 42,288 people with water (approximately 21 litres per person per day, independent of the system for IFO 2 East. Oxfam will also hand over the water system in IFO 2 East to KRCS in February 2013. The following tables provide details of the three boreholes with their respective yields. Table three shows that a total of 34.5 km of pipeline network has been completed to supply water within the IFO2 west refugee camp.

Borehole	Coordinates		Completion date	Depth (m)	WRL (m)	PWL (m)	Tested yield (m <sup>3</sup> /hr)
BH1	N0 08 55.5	E40 18 49.30	14/10/2011	158	110.8	112.6	80
BH3	00° 08' 09.4" N	040° 18' 46.1" E	3/4/2012	150	110.9	130.5	81
BH4	N0 08 57.6	E40 17 59.60	17/12/2011	192	110.7	112.4	80

Table 1: Borehole locations and yield per M<sup>3</sup>

Borehole	Pump size	Motor size (KW)	Generator size (KVA)	Dosing pump	Pump house size (m <sup>2</sup> )	Pump house fence (m <sup>2</sup> )
BH1	1no. SP 60-19	37	1no. 100	1no. GRUNDFOS ALLDOS 50000Lts/hr	1no. 45.36	540
BH3	1no. SP 60-19	37	1no. 100	1no. GRUNDFOS ALLDOS 50000Lts/hr	1no. 45.36	540
BH4	1no. SP 60-19	37	1no. 100	1no. GRUNDFOS ALLDOS 50000Lts/hr	1no. 45.36	540

Table.2: Pump and power generation unit details

	HDPE pipe 250mm	HDPE pipe 200 mm	Upvc pipe 200 mm	Upvc pipe 160 mm	Upvc pipe 110 mm	Upvc pipe 90 mm	Upvc pipe 63 mm	Total (m)
Distance in metres	1464	2748	4608	4348	6228	0	15104	<b>34500</b>
Valve chambers	3	7	5	5	6	0	0	<b>26</b>
Marker post	21	40	105	118	136	0	224	<b>644</b>

Table 3: Details of the reticulation system

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 was 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.

**Sanitation Sub-Sector:** 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 and 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 an insect breeding ground, 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. However, a household verification exercise revealed that the camp had approximately 8,000 households as opposed to previous data which indicated 10,000 households. This led to reduction of number of latrines to be constructed in phase 2 to 1,320 units. Phase 1 project was completed in October and the second phase by end of November. A total of 8,000 latrines were constructed as shown in the table below

SECTION	COMPLETED LATRINES	COMMUNAL LATRINES DEMOLISHED
S	490	136
T	1248	208
U	1348	248
M	927	0
N	841	0
P	1130	272
Q	859	145
R	1157	276
<b>TOTAL</b>	<b>8000</b>	<b>1285</b>

Table: Number of constructed and demolished old latrines per section

The refugee community excavated the pits (tools provided by KRCS) while KRCS through a private contractor provided slab, skilled labour and materials for construction of substructure and superstructure. The involvement of refugees was key to 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 to. The communal latrines were infested with green metallic flies and the children did not want to use them and relieved themselves out anywhere 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 dirt 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.

**Hygiene Promotion Sub-Sector:** Water, Sanitation and Hygiene (WASH) committees have been identified and partially trained in all the 8 sections in IFO 2 West (refer to the annexed map for sections lay-out). The members of the committees totalled 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 ongoing, as well as the establishment of health clubs in schools. 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. The following table shows the categories of training

TYPE OF TRAINING CONDUCTED	TRAINED PERSONS	NO OF PEOPLE TRAINED	AIM OF THE TRAINING
PHAST/PRA training	Community leaders	<b>70</b>	To give community leaders knowledge and skills to reduce water and sanitation related diseases and ensure proper use and maintenance of water and sanitation facilities in the camp
Hygiene promotion skills training	Hygiene promoter	<b>25</b>	To introduce hygiene promoters to a variety of methods, skills they are supposed to use to conduct hygiene promotion activities in the refugee camp.
Community led total sanitation. (CLTS)	Hygiene promoters	<b>25</b>	To help eradicate open defecation in IFO 2 West camp emphasizing on latrine usage.
PHAST training	Hygiene promoters	<b>50</b>	To give hygiene promoters knowledge and skills to enable them cascade PHAST methodology to the WASH committee and entire community and also give knowledge to reduce water and sanitation related diseases and ensure proper use and maintenance of water and sanitation facilities in the camp
PHAST training	WASH committee members	<b>240</b>	To give knowledge to reduce water and sanitation related diseases and ensure proper use and maintenance of water and sanitation facilities in the camp
Children Hygiene and Sanitation training (CHAST)	School health club patrons and members	<b>320</b>	To enable health club members to understand the key issues related to hygiene and sanitation both in schools and at home hence contribute positively hygiene behavior change in school and refugee community
Children Hygiene and Sanitation training (CHAST)	School health club patrons	<b>33</b>	To give knowledge and skill that will enable health patrons cascade CHAST in schools.

Table: Categories of trainings and numbers trained

### Sanitation Related Disease Outbreaks

**2012 Host Community Cholera Outbreak:** An outbreak of cholera was reported in Dadaab host community in September 2012, and was linked to an outbreak in Waraq and Hoosingo in Somalia. The KRCS mounted control activities by setting up Cholera Treatment Centres (CTC) in three locations along the Kenya Somalia Border. KRCS and other health and nutrition partners also intensified hygiene and sanitation activities in the camps, as well as stepping up of Acute Watery Diarrhoea surveillance. The outbreak has been fully controlled and no cases were picked up by the surveillance system in IFO 2 camp.

The spread of the epidemic was majorly due to pastoral nomadism along the Kenya Somalia border. The communities have travelled from Damajale and Hamey to Amuma in search of pasture. Assessments done prior to the response, depicted that due to the drought in the region, water scarcity was on the increase and as such water pans in Fafi district (Amuma and Fafi Plains) among other areas had dried up, the pastoralists had migrated towards border strip in a south-east direction and finally crossed over to Waraq(in Somalia) the epicenter of the epidemic. The exposed pastoralists who were sent back to Kenya for treatment, and KRCS traced and admitted them in CTCs located in Amuma, Hamey and Damajale. Laboratory investigations carried out on 15 specimens gave 13 positive results and isolated *Cholerae 01 – inaba*. A total of 334 acute watery diarrhoea (AWD) cases with 13 deaths (3% Case Fatality Ratio) were reported in the affected areas of Dadaab and Fafi districts. The table below shows the cases reported in the three centres

Area/Location/Centre	Total patients received	Outpatient (AWD)	Inpatient	Mortalities
Damajale	143	125	18	2
Hamey	132	100	32	2
Amuma	34	16	18	4
Fafi	46	12	34	2
Harbole	26	0	26	3
<b>TOTAL</b>	<b>381</b>	<b>253</b>	<b>128</b>	<b>13</b>

Table: Cholera cases treated at the CTCs

**Hepatitis E Outbreak:** An outbreak of Hepatitis E was detected in IFO 2 early July, in IFO 2 East, and was linked to the poor sanitation status in IFO 2 East. The outbreak affected all age groups and there was no noticeable difference by gender. The median age of cases was 22 years, (range 1 month to 70 years) and the mean age was 22.9 years (SD 14.0). The cases were severe in expectant women and was a cause of death in 5 post-partum mothers in IFO 2. The graph below shows the distribution of cases by camp. More cases were reported in IFO 2 East, compared to IFO 2 West. IFO 2 West has better sanitation facilities(family latrines) compared to IFO 2 East. As part of control measures, the KRCS with funding from UNHCR set out to construct 4,000 family latrines in IFO 2 East. The timeline for completion is mid January 2013.

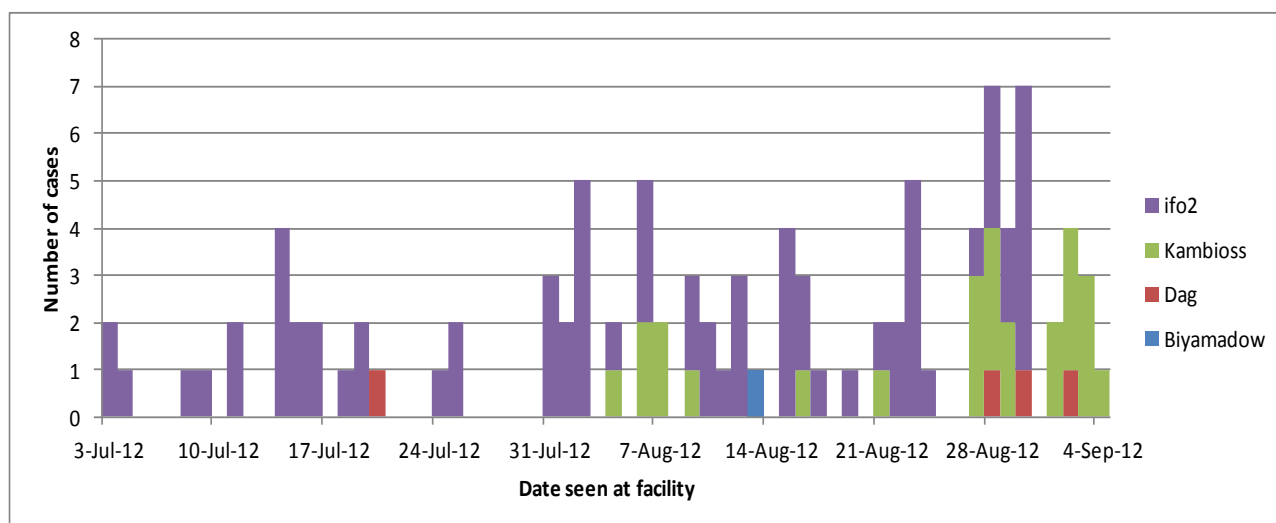


Figure 1 – hepatitis E cases reported by camp health authorities.

<b>Health and Nutrition</b>	
<b>Outcome:</b> 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	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Up to 110,000 refugees, host communities as well as staff and volunteers have access to health services at the camp</li> <li>Increased vaccination coverage for effective prevention of outbreaks of vaccine preventable diseases</li> <li>At least 50 volunteers are trained on hygiene and health promotion, preparedness and response capacity to respond when needed.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Provision of health care services and medical outreaches on primary health care within the camp for enhanced coverage.</li> <li>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)</li> <li>Vaccination of all children eligible for vaccination under the Expanded Programme on Immunisation (EPI)</li> <li>Comprehensive health education/hygiene promotion using Red Cross volunteers in the camp</li> <li>Conduct integrated disease surveillance for early detection of diseases with outbreak potential</li> <li>Development of outbreak preparedness and response capacity (prepositioning of emergency supplies, training of response teams and development of joint contingency plans with MoMS/MoPHS)</li> <li>Management of chronic killer diseases including Tuberculosis, counselling and testing for HIV among others</li> <li>Provide psycho-social support services (individual or group therapy) targeting staff, volunteers and the refugee population.</li> <li>Conduct regular tracing for vaccination defaulters, including patients with TB who drop out</li> </ul>
<b>Focus for 2013</b>	
<b>Outcome:</b> The immediate and medium term health needs are met and health risks for 60,000 refugees , host communities as well as staff and volunteers are reduced	
<ul style="list-style-type: none"> <li>Up to 60,000 refugees and 20,000 host community population as well as staff and volunteers have access to quality health services at the camp</li> </ul>	<ul style="list-style-type: none"> <li>Primary Health Care services are available to the refugees through 3 health posts. Services include Outpatient Care, Reproductive Health, Ante Natal Care, Growth Monitoring, Integrated Management of Acute Malnutrition, Expanded Programme on Immunisation, care and treatment of SGBV survivors and integrated Disease Surveillance.</li> <li>Secondary care services are available through one hospital, serving the refugees in IFO 2, host community populations and staff and volunteers. Services include out-patient care (referred from Health posts), Inpatient services, TB Treatment, HIV treatment and care, laboratory services, emergency and trauma care, advanced diagnostics, surgical services, nutrition and dietetics and management of chronic illnesses</li> <li>Referral services are available for tertiary health care in line with UNHCR referral guidelines. Services to include advanced diagnostics with imagery, surgical procedures, advanced laboratory investigations among others.</li> </ul>
<ul style="list-style-type: none"> <li>Integrated Disease Surveillance is strengthened and measures for outbreak mitigation in place</li> </ul>	<ul style="list-style-type: none"> <li>Development of outbreak preparedness and response capacity (prepositioning of emergency supplies, training of response teams and development of joint contingency plans with MoMS/MoPHS).</li> <li>Capacity development of refugee incentive workers for integration of community based disease surveillance and mortality surveillance</li> <li>Surveillance of vaccine preventable disease outbreaks carried out and suspected cases investigated using the MOH guidelines</li> <li>Disease outbreaks are investigated and control programmes planned, implemented and evaluated</li> </ul>
<ul style="list-style-type: none"> <li>Community health programme</li> </ul>	<ul style="list-style-type: none"> <li>Roll out of Community Health Strategy is completed and Community</li> </ul>

is implemented and strengthened	Health Workers adequately trained and equipped
	<ul style="list-style-type: none"> <li>Community mortality surveillance is carried out and reported in the Health Information system</li> </ul>
	<ul style="list-style-type: none"> <li>Programme defaulters are traced (Nutrition, Routine Vaccination, Patients on TB and HIV treatment) and re-enrolled</li> </ul>
	<ul style="list-style-type: none"> <li>Community education is carried out for behaviour change, and integrated with hygiene promotion activities</li> </ul>
	<ul style="list-style-type: none"> <li>Community registers are developed and maintained</li> </ul>
	<ul style="list-style-type: none"> <li>Health outreaches are carried out to increase routine vaccination coverage and emergency campaigns carried out (vaccination, Outbreaks control)</li> </ul>
	<ul style="list-style-type: none"> <li>Vector control activities are implemented in partnership with communities and agencies</li> </ul>
<ul style="list-style-type: none"> <li>Nutrition Programmes are planned, Implemented and evaluated</li> </ul>	<ul style="list-style-type: none"> <li>Disease outbreaks are investigated and control programmes planned, implemented and evaluated</li> </ul>
	<ul style="list-style-type: none"> <li>Integrated management of acute malnutrition programmes are implemented and evaluated</li> </ul>
	<ul style="list-style-type: none"> <li>Hospital feeding is carried out</li> </ul>
	<ul style="list-style-type: none"> <li>Blanket supplementary feeding programmes targeting patients on TB and HIV care and treatment and pregnant and lactating women are carried out.</li> </ul>
	<ul style="list-style-type: none"> <li>Scheduled Mass MUAC screenings are carried out to monitor programme performance (SFP and OTP)</li> </ul>
	<ul style="list-style-type: none"> <li>Scheduled national and global nutrition events are marked with involvement of communities (Child health and nutrition weeks, world breastfeeding week etc)</li> </ul>
	<ul style="list-style-type: none"> <li>Exclusive breastfeeding is promoted and nutrition counselling carried out with involvement of mother to mother support groups</li> </ul>

### 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.

**Outpatient Care with Referral Service:** The outpatient clinical services in IFO 2 West are provided by a team comprising of 2 medical officers and 8 clinical officers. This team is supported by 34 nursing officers (including midwives), 2 laboratory officers and 2 pharmacy officers and incentive workers (with good level of training over the years in older camps). Currently, the clinical services are provided through 3 well established health posts located in Sections T5 and Q5 of IFO 2 West camp (supported by IFRC), and Section H5 in IFO 2 East camp (supported by UNHCR). 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 decongest 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, while the maternity services operate on a 24 hour basis all week through. The services 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 the maternity 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 October 2012.

Outpatient 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.

**Expanded Programme on Immunization:** The vaccination programme follows the Kenya Expanded Programme on Immunization (KEPI) schedule. 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. The majority of children in the camp have not had contact with EPI before as most of them were new arrivals from Somalia in 2011. Between November 2011 and October 2012, a total of 19,976 children were vaccinated through routine vaccination. Fully vaccinated children have increased from less than 5% to 55.5%. Four polio campaigns have been carried out in the camp between November 2011 and October 2012. The coverage in the campaigns is included in the table below, extracted from MoH Reports.

Table: Vaccination Coverage in Supplemental Immunisation Activities in 2012

Supplemental Immunisation Activities	Dates	Target Antigen	Target Age Group	Target Population	Coverage
Round 1	14-18 July, 2012	OPV	0-5 years	14,892	20,402(137%)
Round 2	25-29 Aug, 2012	OPV	0-5 years	14,892	23,466(157%)
Round 3	6 -10,Oct, 2012	OPV	0-15 years	41,500	53,210(128%)
Integrated Measles and Polio campaign	3 - 7, Nov, 2012	Measles	9months – 15 years.	36,282	37,480(108%)
		OPV	0-15 years	44903	44,912(123%)
		Vitamin A 100000 IU		850	1,266(149%)
		Vitamin A 200000 IU		13200	13,427(102%)
Round 4	1 <sup>st</sup> to 5 <sup>th</sup> Dec, 2012	OPV	0-15 years	44,910	65,045(145%)

**Community Management of Acute Malnutrition:** The programme targets undernourished children in IFO 2 camp. Two principle target groups include those children with Severe Acute Malnutrition (SAM) estimated at 18.8% (October 2011 nutrition survey) of children under the age of five estimated at 15,094 based on mid year population figures. The children with SAM are managed through an Outpatient Therapeutic (OTP) Feeding Programme and follows the guidelines by MOH/WHO.

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 mid year population figures. The two sub groups are supported through the Supplementary Feeding Programme (SFP). 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%.

Nutrition Sub Sector	No. Targeted	Indicators in 2011 Survey (95%CI)	2012 Current Indicators		Focus for 2013
			Indicator in Mass MUAC (March 2011) screening	Indicators in Oct 2012 Nutrition Survey (95% CI)	Projected 50% reduction
Global Acute Malnutrition	6025	38.3 (32.1-44.8)	13.1	14.9 (12.3-18.0)	7.5
Severe Acute Malnutrition	2957	18.8 (14.7-23.6)	4.1	5.1 (3.7-7.1)	2
Moderately Acute Malnutrition	3068	19.5 (16.2-23.2)	9	9.8 (7.8-12.2)	4.9
Oedema(as complication to SAM)		0.2		0.8	

Table: Trends in Nutrition Indicators

**Key indicators that improved in 2012**

1. The Global Acute Malnutrition has improved from 38.3% based on Nutrition Survey conducted in October 2011, to 14.9% based on a nutrition survey conducted in October 2012. Severe Acute Malnutrition has improved from 18.8% to 5.1%<sup>2</sup>. This is further projected to decrease by at least 50% in 2013.
2. The Crude Mortality Rate stabilized from 1.23 deaths/10,000 persons per day as reported in 2011 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 2011 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 Ratio 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.
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 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. 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 mother and 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 Dagahaley 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 Reproductive Health 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 clinic 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

<sup>2</sup> UNHCR Report on Mass MUAC, April 2012.

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.

See below, table showing health and nutritional indicators as extracted from the Health Information System.

	Health Information System Analysis IFO 2 Camp											
	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct
<b>Population Data</b>												
Camp Population	64754	65459	65442	65940	70467	72658	73320	75826	75714	75826	76009	76009
No. of Live Births	0	0	8	52	157	140	181	267	203	230		223
Population<5	17232	17414	17414	14628	14396	14896	15094	15094	15094	15094		17774
Population of Pregnant & Lactating	2590	2618	2618	2638	2819	2906	2933	2933	2934	2934		
<b>Mortality Indicators</b>												
Crude Mortality Rate	1.23	1.23	0.3	0.3	0.2	0.2	0.2	0.3	0.1	0.2		0.1
Under Five Mortality Rate <sup>(1)</sup>	3.02	3.02	1	0.6	0.8	0.6	0.7	1.1	0.3	0.5		0.2
Infant Mortality Rates**				96.2	44.6	42.9	44.2	48.7	23.8	37.6		23
<b>Morbidity Indicators</b>												
Total No. of Consultations	5718	6468	7915	9064	10466	9099	9020	13112	10857	10479		8536
No. of Consultations/clinician per day	43	167	43	42	50	57	59	65	71	69		70
<b>Vaccination Indicators</b>												
Doses Administered	5641	0	1819	2070	2478	2029	2662	3277				
Fully Vaccinated (%)	0	4.8	15.1	18.6	25.9	28.6	35.4	38.6	40.3	45.2		55.5
<b>Nutrition</b>												
<b>Supplementary Feeding Programme indicators</b>												
Coverage for SFP <5(%)	0	0	0	36	61	77	90	80	93.5	76.5		33.5
Coverage for SFP Pregnant & Lact (%)	0	0	0	16	35	47	48	62	92	102		91
Number of new Admissions	0	0	0	0	733	237	482	332	581	403		572
Recovery Rate (%)	0	0	0	0	0	88.5	91.3	92.4	89.15	87.75		
Default Rate (%)	0	0	0	0	0	4.6	7.4	4.5	5.8	3.25		
Referral Rate back to OTP (%)	0	0	0	0	0	8.9	1.2	3.1	4.3	6.35		
<b>Out Patient Therapeutic Feeding Programme Indicators</b>												
Coverage for OTP<5(%)	36	37.3	94	92	70	76	80	77	78.5	84		
Recovery Rate (%)	30.5	25	61.2	94	83	89.1	76.9	85.2	75.85	76.55		
Default Rate (%)	59.3	52.3	23.4	4.6	13.2	6.8	6.4	5.2	4.4	8.7		
Referral Rate (%) to stabilisation	10.2	12.5	2.5	0.4	0.7	1.1	1.1	2.1	5.95	0.7		
Non Cured Rate (%)	0	10.2	12.9	1.1	3.1	3	15.2	7.5	13.8	14.45		
<b>Reproductive Health Indicators</b>												
Proportion of 1st ANC Visit (%)	0		18	14	30	32	31	33	39.5	50		
Coverage for Syphilis Screening (%)	0		25	0	4	9	33	52	43.5	49		
Coverage for Tetanus vaccination (%)	0		38	36	9	10	34	51	42	48.5		
Coverage of complete ANC (%)	0		38	10	10	1	8	42	23	28		
PMTCT Coverage (%)	0		0	0	85	100	100	100	109	87.5		
Proportion of Skilled Deliveries (%)	0		0	11	8	31	40	49	45.5	53		
<b>SGBV Indicators</b>												
Total No. of rape survivors	0		0	0	5	4	2	5	2	4		
Incidence of reported rape	0		0	0	8.5	6.6	3.3	8.2	2.8	8.5		
Prop. of rape survivors who receive PEP < 72 hrs	0		0	0	100	100	100	100	100	100		

**Challenges:** 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°C, the structures are inappropriate and cause extreme discomfort for both the health workers and the patients. The tents supplied as part of BHC ERU are also worn out and require replacement. KRCS intends to replace these facilities with ones constructed using Inter-Locking Soil Stabilised Blocks (ISSB). This is informing changes to the shelter outcome outlined below.

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

Focus for 2013	
Shelter	
<b>Outcome:</b> Improved shelter conditions for 150 staff of transition shelter (ISSB technology).	
<ul style="list-style-type: none"> <li>Adequate and decent shelter is provided to 150 staff supporting IFO 2 West Operations</li> </ul>	<ul style="list-style-type: none"> <li>Procurement of Hydraform machines for ISSB blocks production</li> <li>Training of volunteers on production of ISSB blocks, and construction through blocks interlocking</li> <li>Procurement of construction materials</li> </ul>

### 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	
<b>Outcome:</b> 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"> <li>Access to school for children and adolescents</li> </ul>	<ul style="list-style-type: none"> <li>Construction of 8 primary schools</li> <li>Construction of one secondary school</li> <li>Train teachers from host community and refugee population</li> <li>Procurement of classroom material and equipment, desks, books etc</li> </ul>

### 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 Widle Trust. KRCS is playing a coordination role for the education sector. This mainly involves issues of quality of education and syllabus.

**Table: School Enrollment Rates at IFO Camp**

Measurement category	Pre-primary education <sup>3</sup>	Primary education <sup>4</sup>	Secondary education <sup>5</sup>	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		KCPE <sup>6</sup> 2009: 148 <sup>7</sup>	KCSE 2007 <sup>9</sup> : 35 <sup>10</sup>	

<sup>3</sup> UNICEF/UNHCR Education Information Data, December 2011

<sup>4</sup> UNICEF/UNHCR Education Information Data, December 2011

<sup>5</sup> UNICEF/UNHCR Education Information Data, December 2011

averages		(2316 graduates); <b>KCPE<sup>8</sup> 2010:</b> 171 (1665 graduates)	(344 graduates) <b>KCSE 2009:</b> 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"> <li>• IFO 2 East and West camps functions well enough to deliver satisfactory services to 110,000 refugees for a period of 12 months</li> <li>• Enhanced security in the camp and for operations</li> <li>• Enhanced quality and accountability of humanitarian services delivery in the camps</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee support and programme functions as well as safety and security of the operation</li> <li>• External coordination with stakeholders and partners</li> <li>• Coordination and engagement with camp committees, local communities committees representatives and government entities</li> <li>• Develop, implement and monitor strategic and operational plans for camp operation</li> <li>• Identify fundraising opportunities through the existing funding mechanisms for Somali refugees</li> <li>• Develop and operate humanitarian accountability and community based complaint systems</li> <li>• Put in place financial systems for effective financial reporting</li> <li>• Regular monitoring and evaluation and reporting</li> <li>• Continuous assessment and review of the operation to determine continuity or development of an exit strategy</li> <li>• 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.</li> <li>• 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.</li> <li>• IFRC will support the KRCS to develop and implement M&amp;E systems.</li> <li>• IFRC HoA will support and provide technical support to KRCS to mainstream gender and HIV&amp;AIDS in all sectors activities. This will include training of staff on using relevant guidelines.</li> </ul>

### 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 up to 60,000 refugees for a period of 12 months

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> <li>• IFO 2 West camp functions well enough to deliver satisfactory services to 60,000 refugees for a period of 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Age, Gender, and Diversity sensitive community security system strengthened</li> <li>• 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.</li> <li>• 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.</li> </ul>

<sup>6</sup> UNHCR, Education statistics, 2009, 2010

<sup>7</sup> Maximum score: 500

<sup>9</sup> UNHCR, Education statistics, 2007, 2009

<sup>10</sup> Maximum score: 84

<sup>8</sup> UNHCR, Education statistics, 2009, 2010

	<ul style="list-style-type: none"> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>Enhanced quality and accountability of humanitarian services delivery in the camps</li> </ul>	<ul style="list-style-type: none"> <li>Access roads constructed, repaired and maintained</li> </ul>
	<ul style="list-style-type: none"> <li>Equal and effective representation of the refugee community in decision making encouraged.</li> </ul>
	<ul style="list-style-type: none"> <li>Opportunities for community self-management supported and community self-management structures strengthened</li> </ul>

## Progress

**Camp Coordination:** Handing over camp management services in IFO 2 West by the Lutheran World Federation (LWF) was done in 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.

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## Contact information

### For further information specifically related to this operation please contact:

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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.

[www.ifrc.org](http://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.



# 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

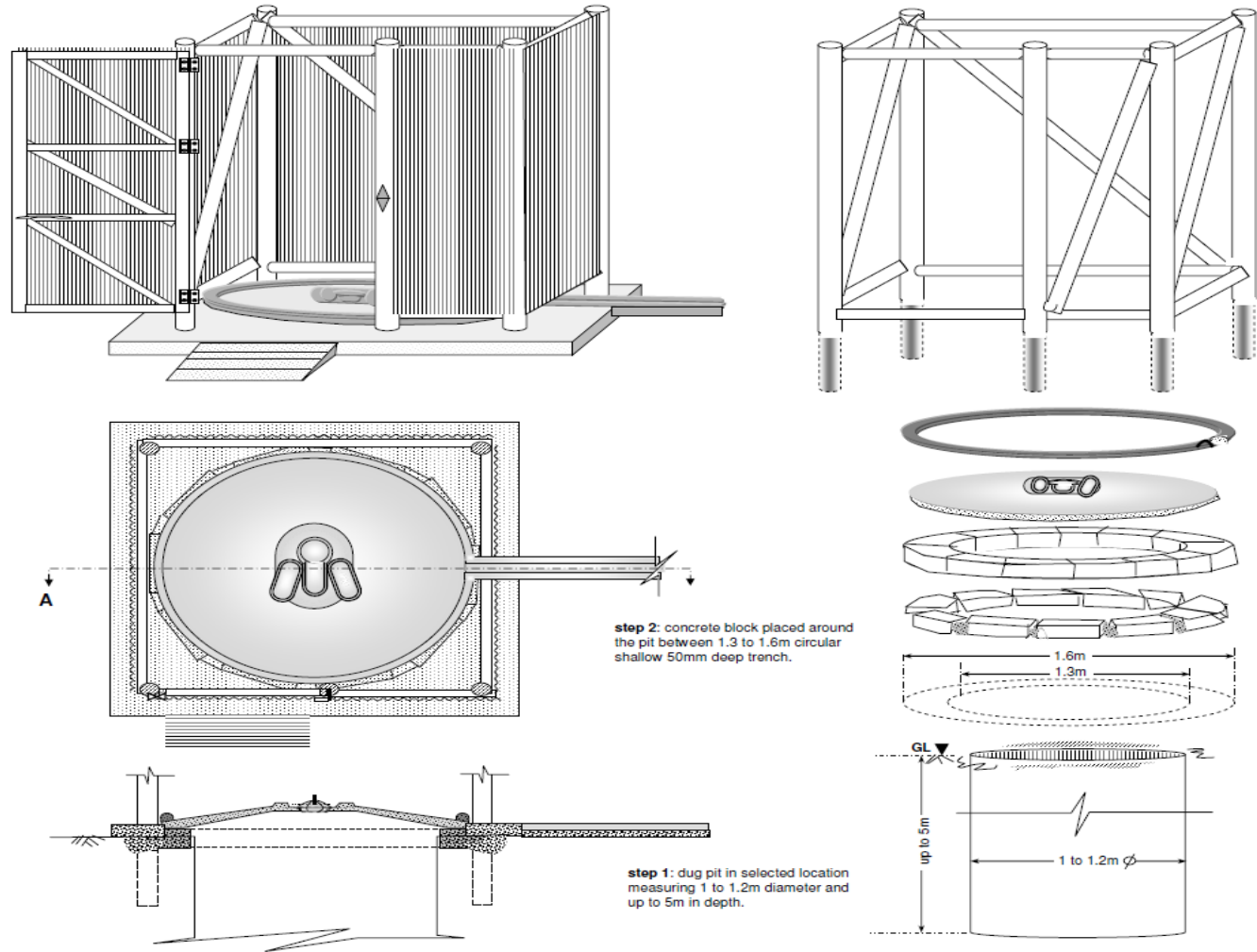
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations



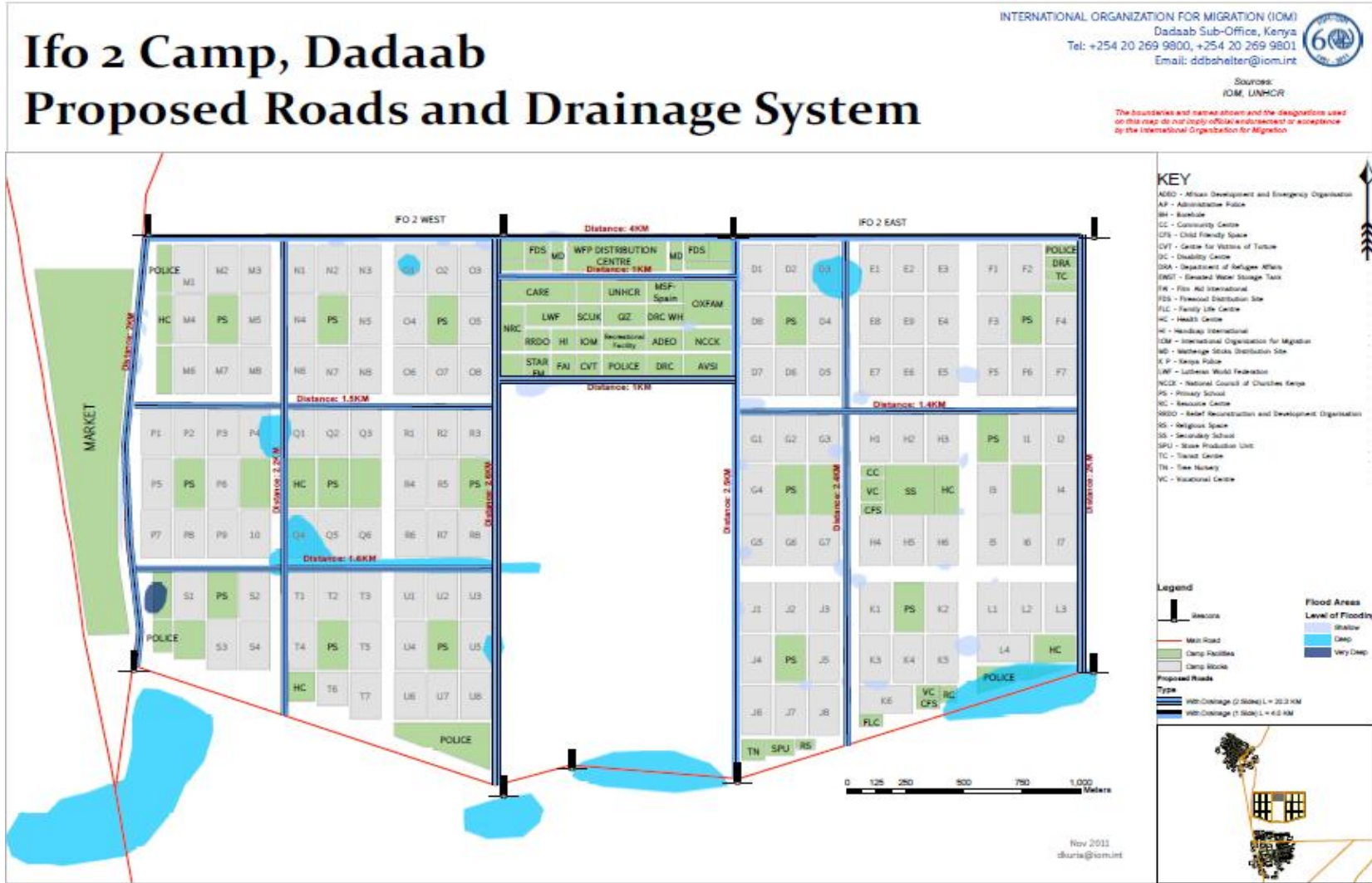
- Legend**
- Main road
  - Utility road
  - Trails
  - Blocks
  - Food
  - Health
  - Security
  - Market
  - Boreholes
  - Education
  - Sanitation
  - Environment
  - Camp Facilities

- 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 Frontiers                              | SC UK - Save the Children UK                          |
| BS & PT - Bus Station & Public Toilets                | FDS - Firewood Distribution Space              | NCKK - National Council of Churches in Kenya               | SPU - Stove Production Unit                           |
| CC - Community Centre                                 | FLC - Family Life Centre                       | NRC - Norwegian Refugee Council                            | SS - Secondary School                                 |
| CFS - Child Friendly Space                            | GCS - Garbage Collection Site                  | PGM - Prayer Grounds & Mosque                              | TBA - To Be Allocated                                 |
| CS - Community Space                                  | GiZ - Deutsche Gesellschaft Internationale     | PS - Primary school  | TC - Transit Centre                                   |
| CVT - Centre for Victims of Torture                   | HC - Health Centre                             | RA - Recreation Area                                       | TN - Tree Nursery                                     |
| DC - Disability Centre                                | HI - Handicap International                    | RC - Resource Centre                                       | UNHCR - United Nations High Commissioner for Refugees |
| DRA - Department of Refugee Affairs                   | IFRC - International Federation of Red Cross   | RRDO - Rellief Reconstruction and Development Organisation | VC - Vocational Centre                                |
|   | IOM - International Organisation for Migration |  |   |

Annex 2: Design of family latrines in use in IFO 2



Annex 3: Drainage and access roads for IFO 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	2011/10-2012/11
Budget Timeframe	2011/10-2012/11
Appeal	MDRKE018
Budget	APPROVED

All figures are in Swiss Francs (CHF)

**I. Funding**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	<b>26,154,197</b>					<b>26,154,197</b>	
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>Income</b>							
<u><b>Cash contributions</b></u>							
<i>Australian Red Cross</i>	1,206,981					1,206,981	
<i>British Red Cross</i>	1,568,939					1,568,939	
<i>China Red Cross, Hong Kong branch</i>	854,155					854,155	
<i>European Commission - DG ECHO</i>	1,201,722					1,201,722	
<i>Japanese Red Cross Society</i>	240,079					240,079	
<i>New Zealand Red Cross</i>	48,003					48,003	
<i>Norwegian Red Cross</i>	743,072					743,072	
<i>Red Cross of Monaco</i>	30,840					30,840	
<i>Swedish Red Cross</i>	2,674,522					2,674,522	
<i>Taiwan Red Cross Organisation</i>	473,844					473,844	
<i>The Canadian Red Cross Society</i>	1,617,407					1,617,407	
<i>The Netherlands Red Cross</i>	1,226,366					1,226,366	
<b>C1. Cash contributions</b>	<b>11,885,929</b>					<b>11,885,929</b>	
<u><b>Other Income</b></u>							
<i>Balance Reallocation</i>	142					142	
<i>IFRC at the UN Inc allocations</i>	8,013					8,013	
<b>C4. Other Income</b>	<b>8,154</b>					<b>8,154</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>11,894,083</b>					<b>11,894,083</b>	
<b>D. Total Funding = B + C</b>	<b>11,894,083</b>					<b>11,894,083</b>	
<b>Coverage = D/A</b>	<b>45%</b>					<b>45%</b>	

**II. Movement of Funds**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>C. Income</b>	<b>11,894,083</b>					<b>11,894,083</b>	
<b>E. Expenditure</b>	<b>-8,039,236</b>					<b>-8,039,236</b>	
<b>F. Closing Balance = (B + C + E)</b>	<b>3,854,847</b>					<b>3,854,847</b>	

Selected Parameters	
Reporting Timeframe	2011/10-2012/11
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
<b>BUDGET (C)</b>		<b>26,154,197</b>					<b>26,154,197</b>	
<b>Relief items, Construction, Supplies</b>								
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	
<b>Total Relief items, Construction, Supl</b>	<b>13,570,370</b>	<b>4,540</b>				<b>4,540</b>	<b>13,565,829</b>	
<b>Land, vehicles &amp; equipment</b>								
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	
<b>Total Land, vehicles &amp; equipment</b>	<b>3,194,568</b>	<b>113,078</b>				<b>113,078</b>	<b>3,081,490</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	98,947						98,947	
Distribution & Monitoring	110,526						110,526	
Transport & Vehicles Costs	2,071,242	222				222	2,071,020	
<b>Total Logistics, Transport &amp; Storage</b>	<b>2,280,715</b>	<b>222</b>				<b>222</b>	<b>2,280,493</b>	
<b>Personnel</b>								
International Staff		10,100				10,100	-10,100	
National Staff		8,292				8,292	-8,292	
National Society Staff	2,776,505						2,776,505	
Volunteers	37,895						37,895	
<b>Total Personnel</b>	<b>2,814,400</b>	<b>18,392</b>				<b>18,392</b>	<b>2,796,008</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	199,659						199,659	
<b>Total Workshops &amp; Training</b>	<b>199,659</b>						<b>199,659</b>	
<b>General Expenditure</b>								
Travel		288				288	-288	
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	
Shared Office and Services Costs		64				64	-64	
<b>Total General Expenditure</b>	<b>2,498,220</b>	<b>381</b>				<b>381</b>	<b>2,497,839</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		7,363,903				7,363,903	-7,363,903	
<b>Total Contributions &amp; Transfers</b>		<b>7,363,903</b>				<b>7,363,903</b>	<b>-7,363,903</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	1,596,266	487,533				487,533	1,108,732	
<b>Total Indirect Costs</b>	<b>1,596,266</b>	<b>487,533</b>				<b>487,533</b>	<b>1,108,732</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		44,188				44,188	-44,188	
Pledge Reporting Fees		7,000				7,000	-7,000	

**MDRKE018 - Kenya - Population Movement**

Appeal Launch Date: 19 oct 11

Appeal Timeframe: 06 oct 11 to 30 nov 12

**Interim Report**

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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
<b>BUDGET (C)</b>		<b>26,154,197</b>					<b>26,154,197</b>	
<b>Total Pledge Specific Costs</b>		<b>51,188</b>					<b>51,188</b>	<b>-51,188</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>26,154,197</b>	<b>8,039,236</b>					<b>8,039,236</b>	<b>18,114,961</b>
<b>VARIANCE (C - D)</b>		<b>18,114,961</b>					<b>18,114,961</b>	