

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Kenya: Refugee Influx into Mandera 2010

DREF Operation No. MDRKE013

30 May 2011

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 253,952 was allocated from IFRC's Disaster Relief Emergency Fund (DREF) on 5 November 2010 to support the Kenya Red Cross Society (KRCS) in delivering immediate assistance to 8,302 refugees displaced into Kenya following intense fighting in Bula Hawo Town in Somalia. The sudden repatriation of the refugees between October and November 2010 crippled the assistance efforts of the National Society. The DREF funds were also used to support 14,072 persons following a subsequent displacement of the same population in February 2011.



A section of WatSan facilities at the Refugee Reception Centre (RRC). PHOTO/KRCS

During the first phase of the operation, registration of the refugees was conducted by Kenya Red Cross Volunteers (KRCV) and 8,302 persons (1,508 households) were registered, the majority being women and children. The refugees were later repatriated following improvement of the security situation in Bula Hawo. This repatriation was also due to resistance by the host community to provide an alternative site for the camp.

The second displacement occurred in February 2011 following renewed fighting between Al Shabaab Militia and the Transitional Federal Government (TFG) forces in Somalia. Thousands of refugees were displaced into Kenya through the town of Mandera. In response, KRCS launched an Emergency Appeal to assist the displaced population. Registration was done by the KRCV, where a total of 14,072 persons (2,545 households) were registered in a two phased process: the first phase was done prior to the relocation of the refugees to the Refugee Reception Centre (RRC) while the second phase was done at the Centre itself.

KRCS provided humanitarian assistance during the two displacements. The assistance focussed on shelter and relief, health and care, water and sanitation, tracing and restoration of family links, as well as camp set up and management. The government allocated a parcel of land for the establishment of the Refugee Reception Centre, but there was some resistance by the host community, citing a lack of consultation in the allocation of land. The negotiations that followed saw an agreement between KRCS and the host community. The agreement specified opportunities for the local community including environmental management and conservation, specific support to the host community and terms of handover of the site including any permanent structures after the camp closure.

The financial support from IFRC through the DREF was useful in the achievement of the objectives in the DREF operation as well as in the [Emergency Appeal](#) as detailed in this report.

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

The Situation

Somalia has experienced over two decades of political instability, leadership crisis and lawlessness. This has led to a cycle of emergence and overthrow of warlords and militia groups with varied aims, ranging from a desire to establish law and order, to the control of the country's economic resources to strategic lucrative businesses among other self-benefiting interests. Over the years, this situation has resulted in a humanitarian catastrophe, as evidenced by the hundreds of thousands of people of Somali origin living in Kenya as refugees, and others scattered across the world as asylum seekers.

The recurrent efforts by the regional governments and the international community to support establishment of a stable government in Somalia have not been successful, mainly due to the complex nature of inter-clan, tribal and religious interests (with some factions fighting for establishment of strict *sharia* law). Lack of a stable governing system has posed serious security challenges to not only the countries neighbouring Somalia, but to countries in the great lakes region, the entire horn of Africa, the Indian Ocean waters and beyond.

The first recent displacement of refugees into Kenya through the border town of Mandera began in October 2010, when the Al Suna militia group, supported by the TFG forces fought with the Al Shabaab militia group and captured the town of Bula Hawo. The town is located approximately 2 km from the Kenya's 'Border Point 1' where borders of Ethiopia, Kenya and Somalia intersect). This was part of an initiative to strengthen the capacity of the TFG, by weakening the militia groups accused of gross human rights violations, proliferation of arms and harbouring terror groups and pirates active along the East African coastline. This fighting saw 8,302 refugees, stream into Kenya through its porous border.

The second stage of the crisis began during the last week of February 2011, following a series of attacks on the town of Bula Hawo by the TFG forces-backed Al Suna militia. The attacks caused displacement of 14,072 refugees into Kenya through the town of Mandera. As the attacks continued, the Al Suna Militia strayed into the Kenyan territory through the Ethiopian border into Mandera Town shooting haphazardly from their 4-wheel-drive vehicles modified into armed personnel carriers. This caused widespread panic and anxiety among the residents of Mandera, forcing thousands of them to flee the town, subsequently becoming Internally Displaced Persons (IDP) in the suburbs of the town.

Red Cross and Red Crescent action

Refugees Registration and Assistance

First Displacement (October-November 2010)

During the first displacement, registration of the refugees was conducted by the Kenya Red Cross Volunteers (KRCV) and the registration data was shared with the United Nations High Commission for the Refugees (UNHCR) field office in Mandera. A total of 8,302 persons (1,508 households) were registered, with the majority being women and children (the data had not been disaggregated at the time of their repatriation). The registration was however halted following the movement of local communities into the camp, with intentions of registering as part of the refugee community. The halting was also attributed to cases of insecurity, where it had been reported that armed people suspected to be Al Shabaab militia were visiting the camp especially at night.

The security situation in Bula Hawo improved within a span of one week following the withdrawal of the Al Suna group that had taken over the town of Bula Hawo. Due to improved security in Bula Hawo, coupled with resistance by the host community in Border Point 1 to have a temporary camp established in the area, the lack of an alternative location for the establishment of the camp and the security concerns raised by the government over the proximity of the camp to the international borders with Ethiopia and Somalia¹, the refugees were ordered to go back to their place of origin sighting the return of normalcy and peace.

Second Displacement (February 2011)

The process of registering refugees following the second displacement was done by KRCV. It was done in two phases; the first phase was done prior to the relocation of the refugees to the Refugee Reception Centre (RRC) while the second phase was done at the RRC. The registration was done in all temporary centres including Moi Stadium (which hosted the largest number of refugees), Neboi Road camp, Hajj Kerrow farm and Arabia road camps. The first phase of registration took 3 days and produced the following figures.

¹ The camp was located approximately 200 M from both the Ethiopian (northern Border point) and Somalia (Eastern Border Point) border with Kenya. The site was also approximately 1 Km from Mandera Town

Table 1: Refugees registered during the first phase of registration

	Number of households	Number of people
Day 1	578	3,637
Day 2	526	3,071
Day 3	840	4,371
Total	1,946	11,079

Registration was temporarily halted after the third day to facilitate relocation of refugees to the RRC. The piece of land had been identified by the office of the District Commissioner (DC), following the first displacement in October 2010. This parcel of land was located in Garba-Qoley Location, Khalalio Division of Mandera East District, and was approximately 12 km south of Mandera Town, along Mandera-Wajir Road. The land was un-developed at the time of allocation, and had scarce vegetative cover.

The second phase of registration of refugees began after the completion of relocation process. Those registered in the second phase included those not registered in Phase 1 (as local residents began streaming in for registration forcing a temporary suspension of the process) and those displaced following the serious fighting that occurred on 5 March 2011. Registration was done by KRCS, International Committee of the Red Cross (ICRC) and the United Nations High Commission for Refugees (UNHCR) representatives.

Table 2: Refugees registered during the second phase of registration

	Number of households	Number of people
Day 1	316	1,527
Day 2	173	914
Day 3	110	552
Total	599	2,993

Table 3: Total number of registered refugees of registration

	Number of households	Number of people
Number registered in phase 1	1,946	11,079
Number registered in phase 2	599	2,993
Total number registered	2,545	14,072

Camp Lay-out and Set Up

A rapid assessment was conducted following the displacement of populations in October-November 2010. The refugees had settled in a location close to the border and the shelter units appeared to have been put up haphazardly without a proper camp layout plan. The units were congested with many units being less than 1 metre from each other, presenting a major threat in case of a fire accident or arson. The congestion and the overcrowding within the small houses also presented a threat of rapid transmission of infectious diseases, especially airborne and the contagious diseases. The shelter units had been set up using traditional materials, with a polythene paper lining at the top to protect the occupants from rainfall and extreme heat during the day. The camp had not been fenced, and therefore there was a free flow of people and animals in and out of the camp. The camp was also located in a poorly drained area, which appeared to be a depression that drains to River Dawa.

The location had serious security implications, which risked making humanitarian operations within the camp impossible. It was reported that motor vehicles were being taken at gunpoint by militia groups from Somalia, a case in reference being a van belonging to a Kenyan bank.

The land on which the camp was established measured approximately 2.5 acres and therefore the available land for shelter and social amenities was approximately 1.2 M² per person against the recommended surface area of 3.5 M² per person. The distribution of shelter materials and other non-food items (NFIs) was halted as the team engaged the government on allocation of an alternative site for the setting up of the camp. There were efforts to relocate the camp to an alternative site in Garbakole located approximately 12 KM from the initial location, but this was met with stiff resistance by the host community, on the basis of land ownership and inter-clan hostilities. It was reported that there had been recurring conflicts between clans over land ownership, the most recent being in 2008. The same clans occupy both sides of the Kenya-Somalia border, with some families having close relatives across the border.

As relocation efforts continued, the refugees were repatriated overnight from the Kenyan territory into a 'No Man's Land' marking the Kenya and Somalia Border.

Following the second wave of displacement, camp set up (with site demarcation, excavation of pit latrines and the setting up of platforms for the bladder tanks) began on 1 March 2011. However, the process was halted by the host community on claims that they had not been consulted when “their” land was allocated for use as the RRC. This necessitated a series of meetings with community representatives to reach an agreement. The agreements were drafted to become a memorandum of agreement between the community in Garba-Qoley and KRCS, which centred on environmental management, support to the host community and management of any permanent structures erected on the parcel of land after resettlement/repatriation of the refugees. Site development progressed without further interferences after the drafting of the memorandum.

Site planning was done prior to the commencement of site development. Settlement clusters were demarcated, each to hold a total of 20 households. Each cluster was further subdivided into settlement plots to be allocated to each of the 20 households. Each settlement plot measured approximately 30 M² (which translates to 5M² floor space per person-considering an average household size of 6). This conformed to the SPHERE standards, and was suitable for prevention of over-crowding in the dwellings. Each of the dwelling unit was separated from the next by a free space of 24 M². The shelter units were also designed in such a way that provided a central multi-purpose ground, which could be used as children’s playgrounds, central cooking areas, *barazas* (organized community meetings) and for food distribution within each cluster.

Each cluster had a sanitary block on one side, which included pit latrines and bathrooms, separate for women and men. Each of the latrine blocks had 5 latrine compartments, and each compartment was designed to serve 12 persons (SPHERE standards require 100 persons to share 1 latrine during the emergency phase and 20 persons in post emergency phase). Each of the bathroom blocks had 10 shower compartments. The excavation of pits for latrines was done with involvement of the host community as part of the agreement to provide opportunities for unskilled labour to the host community.

Relocation of the refugees from Moi Stadium and other temporary holding grounds to Garba-Qoley began on 4 March 2011, amid logistical challenges (for transportation of the refugees) and challenges in getting a reliable supplier of posts (to be used alongside tarpaulins in construction of shelters). Relocation was done by KRCS with support from the Islamic Relief Kenya (IRK), a local Non Governmental Organization (NGO). Relocation became smoother with arrival of four KRCS trucks delivering supplies for speedy RRC development.

Coordination and Partnerships

Coordination was done through the District Steering Group (DSG) under the chairmanship of the District Commissioner. The government departments (Provincial Administration, Immigration Department, Ministries of Health, Ministry of Water and Arid Lands Resource Management Project), the Kenya Red Cross Society, the Islamic Relief Kenya (IRK) and MSF Belgium, UNHCR, OCHA, ICRC and WFP were the main collaborating partners prior to the camp closure.

KRCS had signed a partnership agreement with UNHCR over the management of the camp and therefore became the lead agency for the operation. The National Society was also leading in camp set up and management, water and sanitation, health and care as well as shelter sectors. The IRK was brought on board to implement nutrition interventions as the organization had been financed by UNICEF to implement nutritional interventions in Khalalio Division (under which Garba Qoley Location falls) prior to the displacement. The organization also supported in the water sector.

The ICRC received food from WFP for distribution to the refugees, which was done by KRCS (with ICRC support). The ICRC also provided tents for shelter materials for the refugees. The UNHCR joined the KRCS in the second phase of the registration process. In addition, the UNHCR provided tents for allocation to the refugees.

The Ministry of Health chaired the health, nutrition and water and sanitation sectors. The department of immigration was brought on board to support screening of refugees to identify locals and known criminal elements infiltrating the camp. The provincial administration provided security on a 24-hour basis in the camp.

Achievements

Relief distributions (basic non-food items)

Outcome: To distribute non-food items to refugee populations in Mandera and restore family links.	
Outputs: <ul style="list-style-type: none"> 8,302 beneficiaries are supplied with essential non food items KRCS volunteers capacity in relief distribution built 	Planned activities: <ul style="list-style-type: none"> Procure essential non food items (family kits: blankets kitchen sets, tarpaulins mosquito nets jerry cans and soap) Transport emergency items Training and mobilizing 20 KRCS volunteers for relief distribution activities Distribution of non-food items to refugee population

Impact

Following the displacements, a KRCS team conducted an initial rapid assessment to determine the needs of the displaced population. The assessment was done alongside registration of refugees and conversion of the registration data into UNHCR manuscripts, which were to be used in setting up a refugee database.

KRCS procured family kits for 500 households. These included 500 tarpaulins, 500 kitchen sets, 1,000 blankets, 1,000 mosquito nets, 1,000 jerry cans and 1,000 bars of multi purpose soap. In addition, 296 dignity kits packaged by KRCS and the United Nations Population Fund (UNFPA) were supplied for both males and females. The DREF funds were used to replenish these NFI stocks, which were transported to KRCS Mandera Branch for the assistance of the refugees in case of need.

In the second displacement, the pre-positioned NFIs were distributed to the refugees as they were settled in Garba Qoley (the RRC). These included standard NFIs, although the tarpaulins were later replaced with tents. A total of 1,460 tarpaulins were issued to the first group that was settled in Garba Qoley for shelter construction (the number also includes tarpaulins used in the construction of a super structure for the pit latrines and bath shelters, and for construction of shades for the water storage equipment [to shield the bladder tanks from the excessive sun rays]). To support in construction of shelters using the tarpaulins, construction poles were procured locally and distributed to the refugees. The tents and the tarpaulins (issued at the beginning of the resettlement) were not retrieved after the same families were issued with tents from UNHCR.

The refugees were also supplied with firewood, in an effort to prevent environmental degradation. The firewood was harvested from dead wood stumps and supplied by a local contractor. Two truck-fulls of firewood were supplied with support of the DREF.

Food distribution

Following the second displacement (February 2011), and the subsequent heightening of insecurity in Mandera Town, relief agencies including WFP relocated their operations to Wajir Town (approximately 500KM from Mandera). As the relocation of refugees to Garba Qoley began, it became apparent that there was a serious crisis emerging from lack of access to food, and the foods could not be immediately accessed from WFP reserves. In response, KRCS team procured local foodstuffs, which were distributed to the refugees as they were being resettled. The 25.25 MT was purchased with funds from the DREF and KRCS.

Table 4: Foodstuffs procured.

	Expected food tonnage		03/05/2011		03/07/2011		03/08/2011	
	UOM	Mt	Pax	Mt	Pax	Mt	Pax	Mt
Cereals	400 bags	20	224	2.82	486	6.12	974	12.27
Pulses (Beans)	45 bags	2.7	224	0.34	486	0.73	974	1.46
Cooking Oil	75 cartons	1.5	224	0.17	486	0.36	974	0.73
Salt	225 packets	0.225	224	0.03	486	0.07	974	0.15
Totals		24.425		3.36		7.28		14.61

The foodstuffs were distributed to 1,684 persons (approximately 280 households) as food ration for one month. These households did not receive CSB unimix as part of the food basket.

Emergency Health and Care	
Outcome: To increase access to Basic Health Care services and provide disease prevention interventions to the refugee population in Mandera.	
Output: <ul style="list-style-type: none"> 8,203 beneficiaries are provided with preventive and curative primary health care services 8,203 beneficiaries have access to psychosocial support KRCS volunteers capacity in health promotion is built 	Planned activities: <ul style="list-style-type: none"> Design and Production of IEC materials Training of 10 KRCS volunteers to conduct health promotion Conduct IEC sessions (100) on health promotion. Provide minimum initial service package interventions. Provide ongoing primary health care services to the refugee population Provide professional psychosocial support (individual and group therapy). Conduct blood donor mobilization in the host community.

KRCS dispatched a basic health clinic to Mandera equipped with medical supplies and personnel. The following items were dispatched

Table 5: Medical supplies dispatched to Mandera

Commodity	Quantity
Basic IEHK Module	1 kit
Basic IEHK Malaria Module	1 kit
IEHK Supplementary Module	1 kit
Ringers Lactate	120 pcs
IEHK cholera Kit Vol Module	1 kit
IEHK Cholera Kit treatment Module	1 kit
Piriton Syrup	10 cartons each containing 4 units of 5 litres

In addition, the following items were dispatched with support from UNFPA for reproductive health in emergencies

Table 6: Reproductive health items dispatched to Mandera

Commodity	Quantity
Male Condoms	12,900 condoms
Individual Clean Delivery packs	5 cartons
Clean delivery kit for Birth Attendants	2 cartons
Rape Treatment Kit	3 cartons

These items were dispatched alongside one Basic Health Clinic (BHC). In terms of personnel, 1 Medical Officer, 4 Nurses, 1 Nutritionist, 1 Medical Logistician, 1 Team Leader and 1 Public Health Officer were dispatched as part of the technical team to support in the clinic operations. This team was joined by three additional staff from the Ministry of Public Health and Sanitation (MoPHS).

Health services were provided for 3 days, the main service being treatment of common ailments and vaccination. A total number of 1,108 persons (623 females and 485 males) were treated for various ailments including malaria, diarrhoea, respiratory complications, anaemia, dysentery, STIs, typhoid fever, skin diseases, rheumatic fever and peptic ulcers among others. See attached annexe.

The camp was dismantled on the fourth day and the refugees repatriated. Efforts to follow the refugees into the No Man's Land were not successful, as it was made clear by the government that this constituted a serious security risk and the government would not guarantee the security of health workers. On the fifth day, the refugees were pushed further from the No Man's land into the Somalia territory making it impossible to follow them there, as this was outside the area of jurisdiction for KRCS staff and volunteers.

The medical supplies that remained were pre-positioned in the local branch in anticipation of further displacements. Limited quantities were donated to MoPHS to replenish some of the drugs obtained from their supplies intended for the local community. Due to the enormous security risks, a medical and insurance cover was provided to all the persons working under the BHC, as well as those under relief and water and sanitation.

In the second displacement (February 2011), KRCS re-deployed the BHC to Mandera. This was to support in the establishment of a health unit at the RRC. A team of health service providers were recruited locally and constituted the following: 1 Medical Officer, 1 Clinical Officer, 7 Nurses, 1 Pharmaceutical Technologist, 1 Nutritionist, 4 Public Health Officers and 4 Counsellors. This team was supported by 6 volunteers. The activities of the clinic during the first week were supported under the DREF.

The KRCS team began medical outreach on 1 March 2011, targeting primarily temporary camps hosting large numbers of refugees. They included Moi Stadium and Neboi Road camps. The team visited Moi Stadium (for 3 days) and Neboi camp (1 day). Following the relocation of the refugees, a stationary facility was set up to serve the refugee population. The health services were also accessible to the host population at no cost. Initially, the clinic was providing outpatient care backed up by a referral service for serious cases, and was expanded later to include vaccination, psycho-social support services, deworming, health education and distribution of aqua tabs for point of use water treatment. A total of 997 patients were treated in the first week (using DREF funds) as summarized in the annexed data sheet.

Water, sanitation, and hygiene promotion

Outcome: To increase access to clean safe water, improved sanitation facilities and promote hygiene among the refugee population in Mandera.	
Outputs:	Planned activities:
<ul style="list-style-type: none"> At least 4,000 of the most vulnerable beneficiaries have access to 15 l of safe drinking water per day and improved sanitation (1 latrine per 50 persons) 8,203 beneficiaries exposed to hygiene promotion KRCS volunteer capacity in Hygiene Promotion (PHASTER) is built 	<ul style="list-style-type: none"> Provide access to safe water through water trucking Provide water storage facilities for 60,000 litres of water Distribute point of use water treatment solutions (aqua tabs , PUR sachets) Provide improved sanitation facilities (construction of 80 latrines) Conduct a refresher training for 10 KRCS Volunteers on Participatory Hygiene and Transformation in Emergency (PHASTER) Conduct Hygiene promotion activities

Impact

During the first phase of displacement (October-November 2010), the KRCS team supplied poles and polythene sheeting to support in the construction of temporary latrines at the Border Point 1 camp. The team also supported in the back filling of constructed latrines, on site cleaning and the rehabilitation of the environment after the repatriation of the refugees.

In the second displacement (February-March 2011), the installation of water and sanitation facilities began on 1 March 2011 with excavation of pits latrines. The latrines were constructed in each of the settlement clusters, with two blocks of latrines per settlement cluster (one for males and one for females). Each of the latrine blocks had 5 latrine compartments. In addition, each of the settlement blocks had two blocks of bath shelters (one for males and one for females), each with 10 bathrooms.



Distribution of water to refugees at the camp. PHOTO/KRCS

Water for use in the camp was supplied by water trucking using private water bowsers. There were challenges in trucking water as Mandera Town was experiencing serious water shortage and the trucks were spending up to four hours queuing at water drawing points. The shortage is reported to have been caused by an accidental attack on one of the water mains during the fighting that had ensued on the last week of February 2011. The water supplied was also saline and is thought to have been one of the

causes of increasing diarrhoeal cases in the camp. The trucked water was temporarily stored in bladder tanks installed on raised platforms and connected to tap stands with 6 drawing points each.

KRCS installed 3 bladder tanks, one with 10,000 litres capacity and two with 5,000 litres capacity each. As the camp was being ordered to close, three additional platforms had been constructed and the team was in the process of assembling 3 bladder tanks: one with 20,000 litres capacity, another with 12,000 litres and another with 10,000 litres holding capacity.

Restoring family links	
Outcome: To support the restoration of family links and through this enhance protection of the most vulnerable among the refugee population	
Outputs: <ul style="list-style-type: none"> • Missing family members are being reunited with their families • Families or individuals can source information from Red Cross as to where and if their family or individual is located 	Planned activities: <ul style="list-style-type: none"> • Conduct active tracing for missing persons. • Exchange of Red Cross Messages (RCMs) • Provide lists of names of missing persons • Identify and register the most vulnerable

Impact

Registration of refugees coming into the country was mostly carried out by KRCS in collaboration with UNHCR. Tracing activities were handled by the National Society branch. KRCS messages were received in Somalia and abroad by relatives in search of their families. However, camp closure by the Kenyan Government was so abrupt that it did not allow for the closure or follow up of cases after the refugees returned to their country. The notice of closure was issued two days prior to the exercise. KRCS and UNHCR jointly worked in intervening through convening several meetings, prior to and after the closure, with the Government to address the plight of the refugees. UNHCR issued a protest note to the Government to try to address the Human Rights aspect. KRCS also registered its concerns. The closure was spearheaded by the Government using the local chief and administration police; this made it impossible for KRCS or any other Organization to intervene further.

Capacity building	
Outcome: To enhance the capacity of KRCS to respond to the needs of the refugee population in Mandera.	
Outputs: <ul style="list-style-type: none"> • KRCS staff and volunteers have increased capacity to report on activities in the field • Accurate and timely reporting is available • KRCS staff and volunteers are able to conduct monitoring and evaluation activities • Timely monitoring reports and a final evaluation are produced 	Planned activities: <ul style="list-style-type: none"> • Communication and documentation • Monitoring and Evaluation • Dissemination of the Red Cross movement and International Humanitarian Law (security)

Impact

KRCS staff and volunteers provided updates on a regular basis using the available monitoring tools including registration tools, distribution lists, and others. Thus, accurate data was recorded from the field and shared with KRCS headquarters. Regular visits were conducted during the operation period by the National Society headquarters staff to monitor activity implementation.

Transportation of relief supplies and personnel was supported by the DREF. In addition, a semi permanent structure was put up to expand the warehousing capacity of Mandera Branch. Pre-positioning of supplies had not been foreseen as it was caused by an unanticipated repatriation of refugees. The local branch in Mandera was partly renovated following an incident where bullets were fired onto one of the buildings. In addition, minor internal renovations were carried out and installation of communication equipment. The renovation works and the construction of additional capacity for storage were done with support of DREF.

Annex 1: Summary of cases treated in displacement (Nov 2010)

DATE 01/11/2010-03/11/2010 REGISTERED 1108	WEEK 1 SUMMARY				Total
	< 5		> 5		
	Female	Male	Female	Male	
Malaria	20	25	133	124	302
Diarrhoeal Diseases	9	11	21	18	59
Pneumonia	3	2	14	2	21
Other Respiratory Disease	46	26	126	84	282
Anaemia	0	0	5	11	16
Dysentery	0	0	1	1	2
Intestinal Worms	1	3	11	9	24
STI	0	0	6	7	13
UTI	0	1	22	15	38
Eye Infections	2	5	16	9	32
Ear Infections	1	2	3	2	8
Meningitis	0	0	0	0	0
Tetanus	1	0	0	0	1
Chicken Pox	1	0	0	1	2
Infectious Hepatitis	0	0	0	0	0
Mumps	0	0	0	0	0
Bilharzia	0	0	0	0	0
Malnutrition	5	3	14	1	23
Dis. Of Circulatory System	0	0	1	0	1
Sexual Assault	1	0	0	0	1
Dis. of Blood & Blood forming Syst	0	0	4	1	5
Mental Disorder	0	0	1	0	1
Dental Disorder	0	0	6	10	16
Skin Diseases	3	4	18	10	35
Rheumatism, Joint Pain	0	0	25	23	48
Congenital Anomalies	0	0	7	2	9
Poisoning	0	0	0	0	0
Burns	1	1	1	0	3
Bites	1	0	0	0	1
Accidents, Fractures	1	1	6	8	16
TB	0	0	1	0	1
Measles	0	3	0	0	3
Typhoid Fever	4	1	9	1	15
Sore throat	0	0	2	3	5
Rheumatic Fever	0	0	2	2	4
Diabetes	0	0	2	3	5
Gastritis/Peptic Ulcer	0	0	20	11	31
MCH Antenatal and Postnatal Care	0	0	1	0	1
All Other Diseases	16	10	26	29	81
First Attendances	0	0	0	0	0
Re Attendances	0	0	0	0	0
Referrals IN	0	0	0	0	0
Referrals Out	0	0	0	0	0
No abnormal findings	1	0	0	0	1
Totals	117	98	506	387	1108

Annex 2: Summary of cases treated during the week 1 of second displacement (March 2011)

DATE: 01.03.2011	WEEK 1 SUMMARY				
Week: 01					
REGISTERED 997	< 5		> 5		
	Female	Male	Female	Male	Total
Malaria	15	15	31	22	83
Diarrhoeal Diseases	14	13	8	9	44
Pneumonia	8	7	17	9	41
Other Respiratory Disease	35	54	115	79	283
Anaemia	0	0	22	2	24
Dysentery	0	0	1	0	1
Intestinal Worms	0	4	4	4	12
STI	0	0	0	0	0
UTI	27	6	163	70	266
Eye Infections	6	3	8	8	25
Ear Infections	10	7	18	6	41
Meningitis	0	0	0	0	0
Tetanus	0	0	0	0	0
Chicken Pox	1	2	1	0	4
Infectious Hepatitis	0	0	0	0	0
Mumps	0	0	0	0	0
Bilharzia	0	0	0	0	0
Malnutrition	0	1	0	0	1
Dis. Of Circulatory System	0	0	0	0	0
Sexual Assault	0	0	0	0	0
Dis. Of Blood and Blood forming	0	0	0	0	0
Mental Disorder	0	0	0	0	0
Dental Disorder	2	0	8	5	15
Skin Diseases	3	1	6	10	20
Rheumatism, Joint Pain	0	0	8	8	16
Congenital Anomalies	0	1	0	0	1
Poisoning	0	0	0	0	0
Burns	6	3	1	2	12
Bites	0	0	0	0	0
Accidents, Fractures	0	0	3	4	7
TB	0	0	2	4	6
Measles	0	0	0	0	0
Typhoid Fever	0	0	6	1	7
Sore throat	0	0	0	0	0
Rheumatic Fever	0	0	0	0	0
Diabetes	0	0	2	5	7
Gastritis/Peptic Ulcer	0	0	17	19	36
MCH Antenatal and Postnatal Care	0	0	0	0	0
All Other Diseases	4	3	17	19	43
First Attendances	0	0	0	0	0
Re Attendances	0	0	0	0	0
Referrals IN	0	0	2	0	2
Referrals Out	0	0	0	0	0
No abnormal findings	0	0	0	0	0
Totals	131	120	460	286	997

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.

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.

Contact information

For further information specifically related to this operation please contact:

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- **In Kenya:** East Africa Regional Office; Alexander Matheou, Regional Representative, East Africa, Nairobi, phone: +254.20.283.5124; fax: 254.20.271.27.77; email: alexander.matheou@ifrc.org
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For Resource Mobilization and Pledges enquiries

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

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[<final financial report below; click here to return to the title page>](#)

MDRKE013 - kenya - Population Movement

Appeal Launch Date: 04 nov 10

Appeal Timeframe: 04 nov 10 to 04 feb 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/4
Budget Timeframe	2010/11-2011/2
Appeal	MDRKE013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	253,952					253,952
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	253,952					253,952
C4. Other Income	253,952					253,952
C. Total Income = SUM(C1..C4)	253,952					253,952
D. Total Funding = B + C	253,952					253,952
Appeal Coverage	100%					100%

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	253,952					253,952
E. Expenditure	-253,952					-253,952
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies

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Budget Timeframe	2010/11-2011/2
Appeal	MDRKE013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

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)		253,952					253,952	
Relief items, Construction, Supplies								
Shelter - Relief	6,000						6,000	
Clothing & textiles	14,400						14,400	
Water, Sanitation & Hygiene	73,543						73,543	
Medical & First Aid	36,666						36,666	
Utensils & Tools	23,280						23,280	
Other Supplies & Services	9,600						9,600	
Total Relief items, Construction, Supplies	163,489						163,489	
Logistics, Transport & Storage								
Storage	6,000						6,000	
Transport & Vehicle Costs	10,400						10,400	
Total Logistics, Transport & Storage	16,400						16,400	
Personnel								
National Staff	7,920						7,920	
National Society Staff	25,000						25,000	
Total Personnel	32,920						32,920	
Workshops & Training								
Workshops & Training	5,989						5,989	
Total Workshops & Training	5,989						5,989	
General Expenditure								
Travel	6,995						6,995	
Information & Public Relation	6,660						6,660	
Office Costs	600						600	
Communications	400						400	
Other General Expenses	5,000						5,000	
Total General Expenditure	19,655						19,655	
Contributions & Transfers								
Cash Transfers National Societies		238,453				238,453	-238,453	
Total Contributions & Transfers		238,453				238,453	-238,453	
Indirect Costs								
Programme & Service Support	15,499	15,499				15,499	-0	
Total Indirect Costs	15,499	15,499				15,499	-0	
TOTAL EXPENDITURE (D)	253,952	253,952				253,952	-0	
VARIANCE (C - D)		-0					-0	