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# Emergency appeal final report

## Kenya: Population movement

 International Federation  
of Red Cross and Red Crescent Societies

### Final report

#### Emergency appeal n° MDRKE014

31 October, 2011

**Period covered by this Final Report:** February to March 2011

**Appeal target (current):** CHF 3,586,266

**Final Appeal coverage:** 8%; [<click here to go directly to the final financial report, or here to view the contact details>](#)

#### Appeal history:

- This Emergency Appeal was initially launched on 9 March 2011 for CHF 3,586,266 to support the Kenya Red Cross Society (KRCS) to assist 20,000 refugees and host communities for 3 months
- CHF 238,453 had been allocated from the Federation's Disaster Relief Emergency Fund (DREF) in November 2010 to support delivery of immediate assistance to 8,302 refugees displaced into Kenya following intense fighting in the town of Bula Hawo in Somalia. The sudden repatriation of the refugees in November 2010 crippled the refugee's assistance. Some DREF funds were used for the assistance of 14,072 persons following a subsequent displacement of the same population in February 2011 prior to the launch of this emergency appeal.



A KRCS team member vaccinating a child. Vaccinations focussed on routine vaccination (including the recently launched pneumococcal vaccine) as well as measles, targeting all children in the camp aged between 9-59 months. PHOTO/KRCS

**Summary:** The Kenya Red Cross Society's role was crucial in delivery of emergency assistance to the refugee population and IDPs displaced by intensified fighting between the Somali Transitional Federal Government (TFG) soldiers and Al Shabaab militants. The refugee registration process was done by KRCS staff and volunteers in collaboration with the Kenya Government. Registration was done in all temporary centres including Moi Stadium (which hosted the largest proportion of refugees), Neboi Road Camp, Hajj Kerrow Farm and Arabia road camps. A total of 14,072 displaced persons were registered. Registration was temporarily halted to facilitate relocation of refugees to the identified Refugees Reception Centre (RRC). The piece of land, which was located in Garba-Qoley Location, Khalalio Division of Madera East District, was identified by the office of the District Commissioner (DC), following the first displacement of Somali populations in October 2010.

For camp set up in the allocated land, 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. Latrines were constructed in each of the settlement clusters, with two blocks of latrines per settlement cluster (one for males and one for females).

A total of 8,669 persons received foodstuffs including cereals, pulses, cooking oil, salt and CSB Unimix. A total of 1,494 households received NFI sets (including households that had received tarpaulins as part of the NFI standards). The tarpaulins were later replaced with United Nations High Commission for the

Refugees (UNHCR) tents although the tarpaulins were not retrieved from the beneficiaries. In addition, 652 households had received tents and were therefore completely settled. The IFRC Regional Office in Nairobi provided a total of 400 tents to the National Society. A total of 13 truckloads of firewood were supplied to refugees at the site. The items in stock that awaited distribution at the time of camp closure included 1,997 kitchen sets, 4,000 blankets, 4,000 jerry cans, 4,000 mosquito nets, 4,000 bar soaps and 632 tents.

The KRCS team treated 3,525 patients. Of these, 778 were children under the age of five years and 2,744 were persons above 5 years of age. MSF Belgium team treated a total of 1,431 patients, 930 being under fives and 501 being those aged above 5 years. Screening of vulnerable groups for malnutrition was done by Islamic Relief Kenya (IRK) and MSF Belgium. A team of four counsellors was engaged to provide counselling services to the refugees. A total of 152 households were visited and counselling was provided based on identified needs. In addition, cases of sexual abuse were presented to the counsellors. However, due to lapse in time required for crucial services, specifically Post Exposure Prophylaxis for HIV, only counselling services were given to these individuals.

Water for use in the camp was supplied through water trucking using private water bowzers. This was done by KRCS and IRK. The total holding capacity at the point of closure of the camp was 42,000 litres. Hygiene promotion activities were carried out by a team of four public health officers and KRCS volunteers trained in Participatory Hygiene and Sanitation Transformation (PHAST). On average, 150 households were visited on a daily basis. Other activities included mobilization of communities to clean latrines and bathrooms, promotion of food hygiene, distribution of aqua tabs for point of use water treatment as well as supervision of latrines and bathrooms construction.

A tracing team comprising five volunteers and one staff member were identified to conduct Restoring Family Links (RFL) services in the camp. Seven unaccompanied children were registered and five of them were reunited with their families. At least 29 British Broadcasting Corporation (BBC) forms were filled and sent to Nairobi for announcement via BBC Radio. A total of 10 Red Cross Messages (RCMs) were sent from the camp and 56 tracing requests were recorded during the three days that the service was available.

A joint exercise between the Ministry of Public Health and Sanitation (MoPHS), KRCS and other partners was carried out to rehabilitate, clean and disinfect Moi Stadium. Including removal and burial of human waste. Following the closure of Garba-Qoley, the KRCS engaged persons from the host community to carry out site cleaning which involved collection of solid waste, demolition of platforms for bladder tanks and latrines, backfilling of pit latrines and levelling of grounds created by trucks. The site was cleaned to the satisfaction of the host community and the office of the district public health.

The operation closed earlier than expected once the Government of Kenya decided that it was not willing to host this population and that security conditions permitted a return to Somalia. This decision was unexpected, as indications prior to this were that the camp would be allowed to operate for at least three months while a longer term solution was found. In the end, the displaced population were given no choice, and did move back across the border. KRCS subsequently closed the camp On 18 March 2011.

## The situation

Somalia has experienced over two decades of political instability, leadership crisis and a state of lawlessness. A situation that has led to a cycle of emergence and overthrow of warlords and militia groups with varied interests, ranging from a desire to establish law and order, to the control of the country's economic resources, strategic lucrative businesses among other self-benefiting interests. This situation has resulted into 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 to establish a 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 displacement of refugees into Kenya through the border town of Mandera occurred in October 2010, when the Ahlu Suna militia Group, supported by the Transitional Federal Government (TFG) forces captured the town of Bula Hawo, which is approximately 2Km from Border Point 1-the intersection border point

between Ethiopia, Kenya and Somalia, from the Al Shabaab militia. This fighting saw thousands of refugees stream into Kenya through the porous border. The refugees were however ordered back by the Kenyan Government into Somalia following cessation of gunfire and improvement of the security that followed the withdrawal by the Ahlu Suna militia from the town of Bula Hawo shortly after the take-over. The Kenya Red Cross Society had launched a [DREF operation](#) to offer assistance to over 8,000 Somali refugees who had moved to Mandera Town. However, this operation was closed following their repatriation.

The second phase of the crisis began during the last week of February 2011, and followed a series of attacks on the town of Bula Hawo by the TFG backed Ahlu Suna militia. The attacks caused displacement of thousands of refugees into Kenya through the town of Mandera. As the attacks continued, the Ahlu Suna militia strayed into the Kenyan Territory through the Ethiopian border into Mandera Town using modified armed personnel carriers (Land cruisers) shooting haphazardly. This caused widespread panic and anxiety among the residents of Mandera and forcing thousands of them to flee the town, subsequently becoming Internally Displaced Persons (IDPs) in the suburbs of the town.

Intensified fighting broke out on 5 March 2011 between the Ahlu Suna (TFG) forces and the Al Shabaab militia. The fight, which continued for over 5 hours, involved heavy military ordinances (missiles and artillery) and the use of ground forces. Unconfirmed reports indicated that over 300 people, mainly Al Shabaab fighters and civilians of Somalia were killed in the fighting. The fighting culminated in the take over of Bula Hawo by the TFG forces followed shortly by a cease fire, apart from isolated incidents of gun shots.

Both refugees and the Internally Displaced Persons (IDPs) sought shelter at the outskirts of Mandera Town either in temporary camps (refugees) or were absorbed into host communities, amongst relatives. Following the initial fighting, it was also reported that injured combatants were received at the Mandera District Hospital (MDH) for management of injuries. The admission of the combatants caused the hospital to become a bombing target for the Al Shabaab group which did attempt to bomb the hospital. Fortunately, the bomb did not detonate but did cause a scare in the facility, leading to its temporary closure.

Several schools were also closed temporarily as a result of the attack. Buru Buru Secondary and Buru Buru Primary schools were among the schools that were closed temporarily due to fear of stray bullets and the likelihood of destruction by stray missiles/bombs. There were however no reports of property destruction within the affected schools.

The presence of the militia in Mandera and the attack of the district hospital forced a relocation of humanitarian organizations from Mandera to safer towns including Rhamu, Garissa, Wajir and Nairobi. Although the KRCS offices were hit by stray bullets, its workforce including staff and volunteers did not relocate to safer grounds but instead, were among the first line of responders to the crisis.

The displacements also resulted in the immediate humanitarian needs among the refugees to be largely unmet. Planned activities by KRCS were targeted to address shelter, food, health and psychosocial services, restoration of family links as well as water and sanitation.

## Coordination and partnerships

Coordination was done under 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, 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 this 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. UNHCR joined KRCS in the second phase of the registration process. In addition, 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 in 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.

## Red Cross and Red Crescent action

### Achievements against objectives

Camp Set Up/Camp Management, Camp Coordination	
<b>Objective: To set up a refugee camp and establish a management and coordination system for 20,000 refugees.</b>	
<b>Outputs:</b> <ul style="list-style-type: none"> <li>• A refugee camp for 20,000 persons is set up as per SPHERE standards.</li> <li>• Proper management and coordination system of the camp is established.</li> </ul>	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>• Demarcate and set up camp infrastructure for shelter, water and sanitation, recreation, health, security, tracing, food distribution, education, religious and burial facilities.</li> <li>• Register refugees and allocate them space at the camp.</li> <li>• Relocate the refugees from the makeshift camps to the established camp.</li> <li>• Develop and implement a camp management plan for three months.</li> <li>• Coordinate the activities within the camp with all the relevant stakeholders</li> </ul>

### Impact

The refugee registration process was done by KRCS staff and volunteers in collaboration with the Kenya Government. Registration was done in all temporary centres including Moi Stadium (which hosted the largest proportion of refugees), Neboi Road Camp, Hajj Kerrow Farm and Arabia road camps. The first phase of registration took three days.

Registration was temporarily halted after the third day to facilitate relocation of refugees to the identified Refugees Reception Centre (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 Madera East District, and was approximately 12Km south of Mandera Town, along the Mandera-Wajir Road. The land was un-developed at the time of allocation, and had scarce vegetative cover.

The 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 which became a Memorandum of Understanding (MoU) between the community in Garba-Qoley and the KRCS. Site development progressed without further interferences after the drafting of the memorandum.



A KRCS volunteer verifying the refugee register. A total of 14,072 were registered. PHOTO/KRCS

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 30m<sup>2</sup> (which translates to 5m<sup>2</sup> 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 unit was separated from the next by a free space of 24m<sup>2</sup>. The shelter units were also designed in such a way that

provided a central multi-purpose ground which could be used as children's play grounds, 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.

The second phase of refugee registration 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. This registration was done by KRCS, International Committee of the Red Cross (ICRC) and United Nations High Commission for Refugees (UNHCR) representatives.

**Table 1: Total number of registered refugees**

	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

The provincial administration deployed armed personnel to provide security day and night at the site beginning 5 March 2011. This was part of an initiative to preventing infiltration of armed people into the camp, as they followed their families (part of the lesson learned from the first camp set up at border point 1 in October-November 2010, where it was reported that armed members of Al Shabaab were visiting the camps at night). KRCS also recruited two guards from the host community to provide additional security services.

## Relief

**Objective: To distribute food and provide non food items to 20,000 refugees**

### Outputs:

- 20,000 refugees are provided with food and non food items as per SPHERE standards.

### Planned activities:

- Transport, warehouse and distribute monthly relief food rations to the refugees
- Transport, warehouse and distribute non food items to the refugees
- Train 20 staff and 50 volunteers on food and non food distribution
- Maintain proper records of all relief assistance
- Constitute camp relief committees who will work in collaboration with KRCS staff and volunteers

## Impact

**Food distribution:** A total of 469 households (2,814 beneficiaries) received food rations for one month. Foodstuffs were procured locally and distributed prior to the availability of the WFP/ICRC. The households did not receive CSB unimix as part of the food basket. A total of 43MT foodstuffs were procured and distributed as follows: Rice 36.35MT; Beans 4.33MT; Vegetable Oil 2.16MT; Salt 0.43MT

A total of 6,091 persons had been targeted to receive one day food rations on 14 March 2011 (26.417 T of foodstuffs including cereals, pulses, cooking oil, salt and CSB Unimix). However, due to community resistance (because of provision of maize instead of rice), only 3,095 persons were reached. It had also been planned that 6,095 persons would receive food rations on the second day. However, the food was not released from the warehouse due to the ultimatum to close down the camp. A total of 917 households (4,554 beneficiaries) received food ration for 15 days from WFP/ICRC.



Tents being set up at the RRC. A total of 2,146 households were provided with tents. PHOTO/KRCS

**Table 2: Populations reached with food rations**

Population Description	Number of Persons
Total population targeted for distribution	15,000
<b>Population reached with food rations</b>	
Population that received locally-procured food	2,814
Population that received food from WFP/ICRC (including those with special needs)	5,855
<b>Total Population reached</b>	<b>8,669 (58%)</b>

Although it was reported that high energy biscuits were available for distribution, the biscuits were not released before refugee relocation (as WFP personnel had been evacuated) as well as during the first days following relocation citing the need to have plenty of water for the beneficiaries.

**Shelter and non-food items (NFIs) distribution:** A total of 1,494 households received NFI sets, including households that had received tarpaulins as part of the NFI standards. The tarpaulins were later replaced with UNHCR tents although the tarpaulins were not retrieved from the beneficiaries. In addition, 652 households had received tents and were therefore completely settled. The IFRC Regional Office in Nairobi provided a total of 400 tents to the National Society. The items in stock that awaited distribution at the time of camp closure included 1,997 kitchen sets, 4,000 blankets, 4,000 jerry cans, 4,000 mosquito nets, 4,000 bar soaps and 632 tents.

Supply of firewood was done through sub-contracting. A total of 13 truckloads of firewood was supplied to the refugees at the site. The firewood is mainly gathered from dead tree stumps, and this was done to protect the environment, as agreed with the host community.

<b>Emergency Health and Care</b>	
<b>Objective: To increase access to basic health care services to an estimated 20,000 persons</b>	
<b>Output:</b> <ul style="list-style-type: none"> <li>• Availability of basic curative, preventive and promotive and referral health care services</li> <li>• Enhanced community awareness on common communicable disease prevention and control.</li> <li>• Improved nutritional status of vulnerable groups including pregnant and lactating women and children aged below 5 years.</li> <li>• Enhanced coping mechanisms for survivors (as part of psychosocial support)</li> </ul>	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>• Set up a basic health care clinic at the camp</li> <li>• Conduct continuous medical outreach services targeting isolated villages and migrating populations</li> <li>• Deploy an ambulance for emergency referrals</li> <li>• Train 50 KRC volunteers on community disease surveillance, prevention, control</li> </ul>

	<p>and referral of common diseases including malnutrition</p> <ul style="list-style-type: none"> <li>• Identify, adapt and produce IEC materials and key community health messages</li> <li>• Conduct regular community health education and promotion sessions.</li> <li>• Conduct continuous nutritional screening and education during medical outreaches and household visits</li> <li>• Provide supplementary feeds and micro-nutrient supplements to vulnerable groups (pregnant and lactating women and to children) and refer severely malnourished to health facilities</li> <li>• Provision of post trauma counselling for survivors of the drought</li> <li>• Procurement and distribution of 4,000 dignity kits to the affected population.</li> </ul>
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## Impact

The KRCS team began medical outreaches 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 three days and Neboi Camp for one 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.

Vaccinations were conducted between 8 and 17 March 2011, and focussed on routine vaccination (including the recently launched pneumococcal vaccine). The team also focussed on vaccinating against measles, targeting all children in the camp aged between 9-59 months. The nutrition component was left out for the IRK to conduct as it had already been implementing a nutritional component in Garba-Qoley with UNICEF support.



**A woman's blood pressure being taken. By the time the camp was closed, the KRCS team had treated a total of 3,525 patients. Of these, 2,744 were persons above 5 years of age. PHOTO/KRCS**

As the population increased in Garba-Qoley, the MSF Belgium was integrated to provide some of the services in the camp. In an effort to minimize duplication of activities, KRCS drafted a Memorandum of Understanding (MoU) to guide the partnership and operations of MSF Belgium in the camp. It was agreed that KRCS would provide treatment for the population aged above 5 years, while the MSF Belgium would concentrate on under fives. The two organizations would jointly provide vaccination and Ante-Natal Care services. KRCS would also implement health promotion, de-worming and psycho-social support.

By the time the camp was closed, the KRCS team had treated a total of 3,525 patients. Of these, 778 were children under the age of five and 2,744 were persons above 5 years of age. The majority of the under-fives were treated prior to the drafting of the MoU between KRCS and MSF. The most common ailments presented included Respiratory Tract Infections (30% both Upper and Lower), Urinary Tract Infections (19%), malaria (9%), diarrhoeal diseases (8%) and Gastro-Enteritis (5%). The MSF Belgium team had treated a total of 1,431 patients, 930 being under fives and 501 being those aged above 5 years. The majority of the population above five was treated at Moi Stadium prior to the drafting of the MoU with KRCS. Most of the cases included RTI (39%) and diarrhoeal diseases (18%).

In terms of morbidity, there was no clearly established pattern of reported cases. The population however remained dynamic, and the increase in consultations in the second week corresponded to the time that the

entire population had been relocated to the new site, and provided an opportunity for the population to seek healthcare in a more relatively stable environment. Three cases of dysentery were presented to the clinic for management and were referred to the district hospital. In addition, 18 cases of chicken pox were reported (8 cases were under five years), and although the district health team did not view this as a cause for alarm, the disease had the potential to spread rapidly within the camp. Two deaths were reported in the camp, one a neonate who died of neonatal sepsis/severe anaemia/jaundice and the second from an elderly woman with severe pneumonia and TB relapse.

*Nutrition Screening:* Screening of vulnerable groups for malnutrition was done by IRK and MSF Belgium. However, by the time the camp was closed, they had not started the supplementary feeding. The following figures were presented

- 416 children under 5 were moderately malnourished
- 394 pregnant women were moderately malnourished
- 197 children below 5 years were severely malnourished
- 27 children were severely malnourished with complications
- Global Acute Malnutrition was reported at 11%

*Psychosocial Support:* A team of 4 counsellors was engaged to provide counselling services to the refugees. Counselling was conducted on an individual basis. A total of 152 households had been visited and counselling provided based on identified needs. Most of the issues presented to the team involved depression, shock and anxiety. Psychiatric cases were also noted. The depressed and psychiatric cases were linked to the clinic where further review and necessary treatment was provided.

In addition, cases of sexual abuse were presented to the counsellors. However, due to lapse in time required for crucial services, specifically Post Exposure Prophylaxis for HIV, only counselling services were given to these individuals.

## Water, sanitation and hygiene promotion

<b>Objective: To increase access to clean safe water, improved sanitation facilities and promote hygiene among the IDP, refugee population and the host community in Mandera.</b>	
<b>Outputs:</b> <ul style="list-style-type: none"> <li>• At least 20,000 of the most vulnerable beneficiaries have access to 15 litres of safe drinking water per day</li> <li>• 20,000 beneficiaries have access to improved sanitation (1 latrine per 50 persons and 1 bathroom per 100 persons)</li> <li>• 20,000 beneficiaries exposed to hygiene promotion</li> <li>• KRCS volunteer capacity in Hygiene Promotion (PHASTER) is built</li> </ul>	<b>Planned activities:</b> <ul style="list-style-type: none"> <li>• Provide access to safe water through water trucking</li> <li>• Provide water storage facilities for 300,000 litres of water</li> <li>• Mass treatment of drinking water for the camp</li> <li>• Distribute point of use water treatment solutions (aqua tabs, PUR sachets)</li> <li>• Provide improved sanitation facilities (construction of 400 latrines and 200 bathrooms)</li> <li>• Disposal of solid waste and mosquito control</li> <li>• Conduct hygiene promotion</li> <li>• Train volunteers on PHASTER and cascade</li> </ul>

## Impact

*Water and sanitation (WatSan) facilities:* The setting up of water and sanitation facilities began on 1 March 2011 with excavation of pits for pit 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. Although the putting up of the latrines was sub-contracted to a local contractor, excavation of the pit latrines and excavation of the soak away pits (for bath-shelters drainage) was done by persons selected from the host



Water trucking for the refugees in Garba-Qoley camp in Mandera. PHOTO/KRCS

community.

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 had installed 3 bladder tanks, one with a 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.

Trucking was done during daytime and at night, and it was a continuous process to compensate for the limited storage capacity vis-a-vis the water requirement in the camp. The water supplied was accessible to the settled group as well as those awaiting registration, allocation of settlement plots and issuance of Non Food Items. The Islamic Relief of Kenya (IRK) had also installed 3 bladder tanks (2 with 5,000 litres and 1 with 12,000 litres capacity) and supplying water by trucking to its installed bladders. The total holding capacity at the point of closure of the camp was 42,000 litres.

*Hygiene Promotion:* House to house approach was used for hygiene promotion activities. This was done by a team of 4 public health officers and KRCS volunteers trained in Participatory Hygiene and Sanitation Transformation (PHAST). On average, 150 households were visited on a daily basis. Issues addressed included

- Personal hygiene: hand washing with a focus on critical times when hands must be washed including after visiting latrine, before preparing foods, before eating and after cleaning babies and clothes
- Disposal of faecal matter including that of children, proper use of latrines and dangers resulting from open field defecation. The community was also mobilized to collect children's faecal matter around their tents.
- Proper management of solid wastes
- The importance of vaccination in prevention of diseases (vaccine preventable).

Other activities included mobilization of communities to clean latrines and bathrooms, promotion of food hygiene, distribution of aqua tabs for point of use water treatment, supervision of latrine and bathrooms construction. Water samples were collected and subjected to various tests including bacteriological tests. The sample tested confirmed high levels of contamination with faecal coliforms (growth of *Escheria coli*) hence the need for point of use water treatment.

### Restoring family links

**Objective: To support the restoration of family links and to enhance protection of the most vulnerable among the refugee population**

**Outputs:**

- Separated families are in contact with their families or loved ones
- Families or individuals can source information from RC as to where and if their family or individual is located
- Missing family members are reunited with their families

**Planned activities:**

- Continue assessments to identify RFL needs.
- Registration of unaccompanied minors and vulnerable persons
- Conduct active tracing for missing persons.
- Exchange of RC messages
- Publish lists of names of missing persons
- Family reunification of successful cases
- Train 20 volunteers on RFL in disasters
- Disseminate the Red Cross humanitarian principles and values

## Impact

The Tracing team comprising 5 volunteers and 1 staff were identified to conduct Restoring Family Links (RFL) services in the camp. A tracing tent was pitched and the team stationed to respond to enquiries, offer tracing via British Broadcasting Corporation (BBC) forms, collect Red Cross Messages (RCMs) and tracing requests where necessary.

A mobile announcement team was established to visit water points as well as food distribution points to inform the refugees on the availability of tracing services in the camp via a megaphone. The team was also able to visit the Mandera Prison and the District Hospital with a view to establishing tracing needs on the ground. The prison and hospital authorities were happy to collaborate with KRCS and gave their consent for the services to commence.

Seven unaccompanied children were registered and five of them were reunited to their families. At least 29 BBC forms were filled and sent to Nairobi for announcement via BBC radio. A total of 10 RCMs were sent from the camp and tracing requests recorded. A total of 56 visitors were recorded three days that the service was available. One of the challenges was that the Police withdrew their presence on the evening of 15 March 2011 and the tracing services had to be closed by 4:00pm on the 16 and 17 March 2011. Tracing services were eventually halted when the refugees were ordered to go back home and the camp closed on 18 March 2011.

## Monitoring and Evaluation

**Objective: To measure the impact of the Mandera Refugee operation in line with SPHERE standards**

### Outputs:

- Accurate data and value addition of the operation to target population is available.
- SPHERE standards are followed during the operation

### Planned activities:

- Develop an M&E plan to capture the progress of indicators of the above objectives at output and activity level.
- Conduct field support supervision missions
- Conduct a comprehensive evaluation at the end of the operation to establish whether the SPHERE standards were met.
- Conduct a best practice learning workshop

## Impact

KRCS staff and volunteers provided updates on a regular basis using the available monitoring tools including registers, distribution lists, among other tools. Thus, accurate data was recorded from the field and shared with KRCS headquarters. The head of Federation Regional Office visited Mandera, together with KRCS and ICRC to assess the magnitude of the situation as well as what activities were being implemented. Regular visits were also conducted during the operation period by the National Society headquarters staff to monitor activity implementation. The National Society also provided regular updates on implementation progress to its partners. However, due to the untimely closure of the camp measuring the impact of the operation was a challenge.

## Contact information

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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.

Selected Parameters	
Reporting Timeframe	2011/03-2011/10
Budget Timeframe	2011/03-2011/05
Appeal	MDRKE014
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
<b>A. Budget</b>	<b>3,586,228</b>					<b>3,586,228</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>Danish Red Cross (from Danish Government)</i>	81,708					81,708
<i>Japanese Red Cross Society</i>	118,300					118,300
<i>Red Cross of Monaco</i>	12,422					12,422
<i>Swedish Red Cross</i>	37,341					37,341
<i>The Canadian Red Cross Society</i>	21,646					21,646
<b>C1. Cash contributions</b>	<b>271,417</b>					<b>271,417</b>
<u>Other Income</u>						
<i>Balance Reallocation</i>	-342					-342
<b>C4. Other Income</b>	<b>-342</b>					<b>-342</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>271,075</b>					<b>271,075</b>
<b>D. Total Funding = B + C</b>	<b>271,075</b>					<b>271,075</b>
<b>Appeal Coverage</b>	<b>8%</b>					<b>8%</b>

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>C. Income</b>	<b>271,075</b>					<b>271,075</b>
<b>E. Expenditure</b>	<b>-271,075</b>					<b>-271,075</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>0</b>					<b>0</b>

International Federation of Red Cross and Red Crescent Societies  
MDRKE014 - Kenya - Population Movement

Appeal Launch Date: 09 mar 11

Appeal Timeframe: 09 mar 11 to 31 may 11

FINAL REPORT

Selected Parameters	
Reporting Timeframe	2011/03-2011/10
Budget Timeframe	2011/03-2011/05
Appeal	MDRKE014
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
<b>BUDGET (C)</b>		<b>3,586,228</b>					<b>3,586,228</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	1,136,145						1,136,145	
Construction Materials	60,241						60,241	
Clothing & Textiles	38,554						38,554	
Food	379,518						379,518	
Water, Sanitation & Hygiene	650,899						650,899	
Medical & First Aid	173,265						173,265	
Utensils & Tools	126,325						126,325	
Other Supplies & Services	32,410						32,410	
<b>Total Relief items, Construction, Supplies</b>	<b>2,597,357</b>						<b>2,597,357</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	1,446						1,446	
Office & Household Equipment	10,410						10,410	
Others Machinery & Equipment	9,036						9,036	
<b>Total Land, vehicles &amp; equipment</b>	<b>20,892</b>						<b>20,892</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	3,012						3,012	
Distribution & Monitoring	187,175						187,175	
Transport & Vehicles Costs	105,361						105,361	
<b>Total Logistics, Transport &amp; Storage</b>	<b>295,548</b>						<b>295,548</b>	
<b>Personnel</b>								
National Society Staff	49,639						49,639	
<b>Total Personnel</b>	<b>49,639</b>						<b>49,639</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	36,145						36,145	
<b>Total Workshops &amp; Training</b>	<b>36,145</b>						<b>36,145</b>	
<b>General Expenditure</b>								
Travel	20,000						20,000	
Information & Public Relations	12,687						12,687	
Communications	1,446						1,446	
Other General Expenses	356,623						356,623	
<b>Total General Expenditure</b>	<b>390,756</b>						<b>390,756</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		254,531				254,531	-254,531	
<b>Total Contributions &amp; Transfers</b>		<b>254,531</b>				<b>254,531</b>	<b>-254,531</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	195,891	16,545				16,545	179,346	
<b>Total Indirect Costs</b>	<b>195,891</b>	<b>16,545</b>				<b>16,545</b>	<b>179,346</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>3,586,228</b>	<b>271,075</b>				<b>271,075</b>	<b>3,315,153</b>	
<b>VARIANCE (C - D)</b>		<b>3,315,153</b>				<b>3,315,153</b>		