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Emergency appeal

Kenya: Population Movement - Somali Refugees

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRKE018
OT-2011-000160-KEN
29 November 2011

This Emergency Appeal seeks CHF 26,154,197 in cash, kind, or services to support the Kenya Red Cross Society (KRCS) to assist between 76,000-110,000 beneficiaries (the current population in the camps is 76,000 people, however this is likely to reach 110,000 beneficiaries in the coming 12 months). The appeal will be completed by 30 November 2012 and a final report will be made available by 28 February 2013.

Partner national societies have provided emergency response unit (ERU) support through the provision of human resources, training and equipment totalling CHF 700,000. This includes IT and Telecom (CHF 50,000), Health care (CHF 250,000), Base Camp (CHF 325,000) and Logistics (CHF 75,000). Including ERU support, the total value under the appeal amounts to CHF 26,854,197.

CHF 500,000 has been allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Un-earmarked funds to replenish DREF are encouraged.

In addition to the funds sought for this appeal, KRCS has been working with United Nations High Commissioner for Refugees (UNHCR) to secure CHF 11,014,187 bilaterally.

A preliminary emergency appeal was launched on 19 October for CHF 27,618,017 (plus an estimated CHF 3,050,000 for emergency response units) to assist 60,000 beneficiaries for 12 months.

The change in the number of targeted population and budget compared with the preliminary appeal is due to the expansion of the operation to include IFO2 East, and a shift in sector focus to address shelter, health, nutrition, and water & sanitation, while food will be provided mainly by WFP. Despite this expansion, the shift away from large scale feeding operations means the overall amount of the appeal has reduced. IFRC and KRCS will review their engagement in the camp within a year.

Summary: Based on the humanitarian situation in the Dadaab camps which host Somali refugees in Kenya, this Appeal responds to a request from the Kenya Red Cross Society, and focuses on providing support to appropriate and timely assistance and relief to a projected 110,000 Somali refugees in the IFO2 East and IFO2 West camps in the following sectors: camp management, water and sanitation, health and nutrition, shelter, education, warehousing, relief (food and non-food) and support to host community.

The Appeal is based on the needs as ascertained by a KRCS response team currently deployed in Dadaab and on results of ongoing negotiations and agreements with UNHCR.

[<click here to view the appeal budget; here for a map of the affected area; or here for contact details>](#)



Refugees at IFO2 West Camp. Source: Kenya Red Cross Society

The situation

Twenty years after the first Somali refugees fled the crisis that ousted President Siad Barre, more than 900,000 Somalis are now refugees in neighbouring countries and some 1.5 million are internally displaced within different parts of Somalia.

Over the years, thousands of refugees have poured across the border to North-Eastern Kenya into Dadaab, the largest refugee complex in the world. Consequent years of drought (2011 being the worst drought in the last 60 years), shrinking humanitarian space and lack of access to the affected populations in South-Central Somalia — especially in the UN-declared famine areas controlled by the militant Alshabab group — have worsened food security conditions and triggered a population influx towards neighbouring countries, with Kenya being the largest recipient.

Today, the Dadaab complex is composed of Dagahaley, IFO1, IFO Extension (made up of IFO East and IFO West), Hagadera, and Kambios is currently under construction.

Although Dadaab camp was originally to host 90,000, the total population today stands at more than 463,422 people, of which 95.8% are Somali refugees according to UNHCR records (as 20 November 2011), making Dadaab the largest refugee camp in the world. Since January 2011, due to three years of protracted drought conditions aggravated by conflicts and insecurity, 163,525 Somalis have arrived in the Dadaab camps. According to UNHCR records, summarized in the table below, the number of refugees who have crossed to the neighbouring countries including Kenya in 2011 is 286,315, with 917,299 currently registered. Although the Government of Kenya officially closed the borders with Somalia, people are still crossing, and refugee registration has been suspended since the military incursion started. This explains the minimal change in refugee figures since September 2011.

Table 1: Refugee population in neighbouring countries (including Kenya)

Country	Refugees arrivals from 1 Jan – 20 Nov. 2011	Total Somali Refugees Registered as of 20 Nov. 2011
Kenya	163,525	520,184
Ethiopia	98,353	181,414
Djibouti	4,867	18,748
Yemen	19,390	196,917
Total	286,135	917,299

The need for expansion of the camps has been discussed for the past 3 years with the Government of Kenya. Recently, UNHCR and its partners started construction of the Kambios camp, and the expansion of IFO2, where new refugees who settled informally around old camps have moved. IFO2 (East and West) is designed to host 110,000 people. Currently, there are more than 76,000 people in the entire IFO2 (East and West), with approximately 35,000 in IFO2 West and 41,000 in IFO2 East. Women and children under age of 17 years constitute about 50% and 65% respectively of the refugee population.

With the rising number of refugees over the years in Dadaab, there has been increased pressure on the available space and facilities to serve the refugees adequately, which has also led to tension between the refugees and the host communities.

In September 2011, UNHCR mandated KRCS to take up the camp operations and services for the IFO2 West. Since then KRCS has set up a base camp in Dadaab and a 40 bed medical facility and deployed emergency staff to support the facility.

In October 2011, the Kenya Defence Forces mobilized into Somalia to secure the Kenyan border in response to frequent attacks and abductions of tourists and aid workers by the Alshabab militia Group. The Somalia Transitional Federal Government has welcomed the move and encouraged the operations of the Kenya army on the Kenyan Somalia Border. Since the onset of this military operation, fighting led to an increase in refugee influx across the border and this coincided with heightening insecurity around Dadaab prompting INGOs to scale down their operations and in some instances suspending their operations completely. The Kenya Government has since shut down the border restricting cross border movements and has since stopped registration of new refugees.

Women and children are worst affected. Refugees arrive in the camps exhausted, after walking for days, through insecure and drought stricken areas, with a high percentage of them being malnourished, especially children. The high number of refugees continues to increase pressure on the already stressed facilities and humanitarian services provided in Dadaab. Consequently, since the recent insecurity, the amount of aid available has significantly dropped; leading to deteriorating living condition.

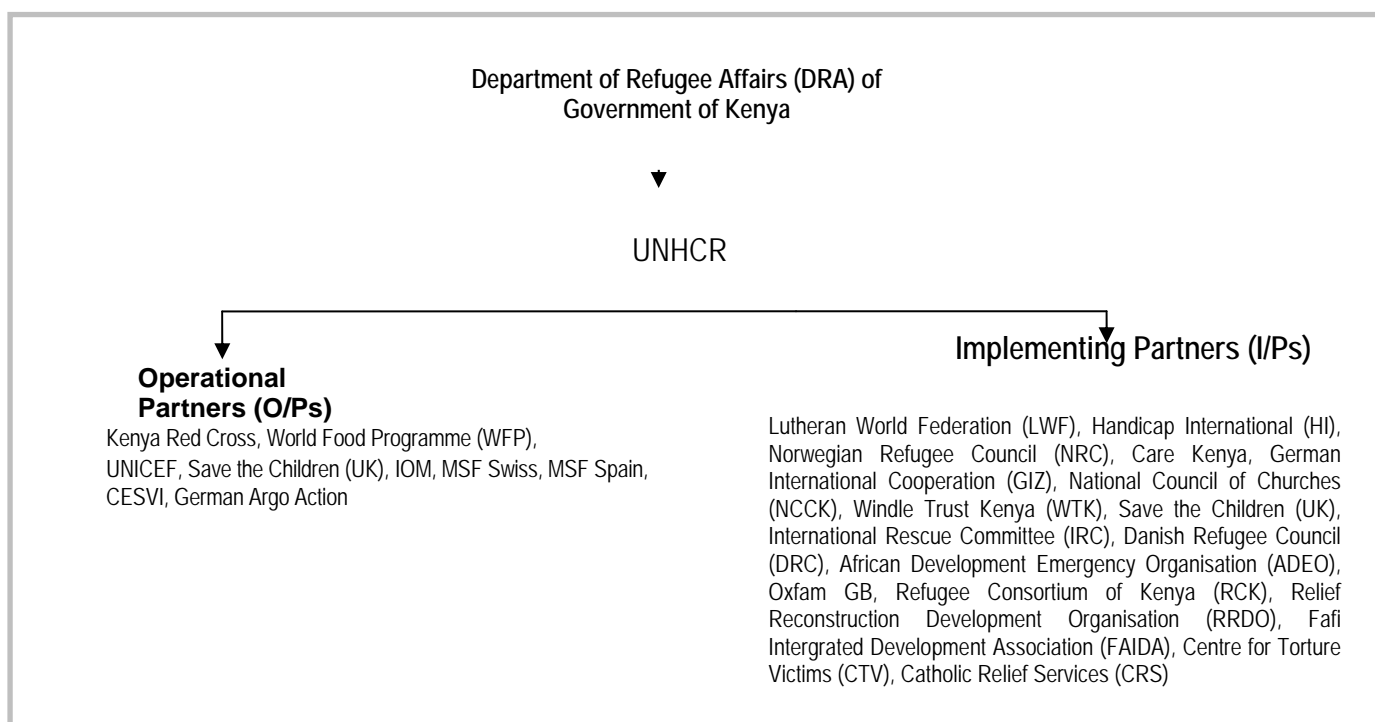
In response, UNHCR has mandated KRCS to take over the additional responsibilities and management of IFO2 East camp. This was facilitated by the well-documented operational capacity and the good will KRCS enjoy at the community level as the largest national humanitarian relief organization in Kenya. KRCS has experience in camp operations since the first waves of Somali refugees arrived in Kenya 1991, as well as with Kenyan IDPs in the wake of 2007/8 post-election crisis. The intervention in IFO2 East, however, will require significant support from the Movement and partners.

KRCS has enjoyed neutrality and acceptance in the area after many years working with the host community and at the request of UNHCR has already taken over provision of basic humanitarian services in the two camps. KRCS has well-established connections with the host community; this credibility is based on performance in programs such as the ongoing Dadaab Integrated Health Project, tracing services and construction of facilities and infrastructure. Indeed, the local (host) communities have also donated land for the camp construction. To avoid possible tension between the local communities and refugees, KRCS looks to engage and provide some level of support to the host community through the refugee operation.

Coordination and partnerships

The Government of Kenya's Department of Refugee Affairs is the overall body that governs refugee management in the Republic of Kenya. UNHCR, through its global mandate, partners with the GOK in attending to refugees within the borders of the Republic of Kenya. UNHCR has the overall mandate for management in the Dadaab camps and works with a number of implementing and operational partners.

The operational partners include KRCS, MSF, UNICEF; WFP while the implementing partners directly supported by UNHCR to provide services to the refugees, include Save the Children, CARE, Danish Refugee Council and Oxfam; among others. The diagram below illustrates the coordinating mechanism of the refugee operations in Dadaab.



Within the KRCS, there is national oversight team based at the headquarters, providing technical and supervisory support to the operational team based on the ground in Dadaab. The team is also responsible for coordinating resource mobilization and logistics. The Dadaab team is led by a Camp Manager, supported by two assistants and a team of technical personnel.

The deterioration in security condition in Dadaab and along the borders with Somalia has manifested in the kidnapping of aid workers within Dadaab and has led to suspension of humanitarian operations and limiting it to life savings activities. Several INGOs have withdrawn partially or completely from the operation. This has created significant gaps in the provided humanitarian services and decline in humanitarian conditions. Therefore, IFRC and KRCS agreed to expand the original agree operation to include IFO2 West and East. KRCS has been coordinating closely to ensure a smooth entry and engagement in various sectors.

It is worth mentioning that the refugees in Dadaab may stay for a long time. This Appeal is currently only for one year, enabling the KRCS to address immediate humanitarian gaps and to improve the quality of humanitarian services provided to the refugees. KRCS will assess its engagement in the course of the year in order to define options for its engagement in the camp operation beyond the first year.

KRCS will lead this operation with support from the IFRC East Africa Regional office and Red Cross Red Crescent Movement partners. An advisory or a steering committee will be formed from KRCS and IFRC in order to oversee and support the operation at a higher level. The KRCS camp manager will be assisted by an Operations Manager from IFRC East Africa Region. The camp manager will have the overall management role, oversee budget and finance management, coordinate with stakeholders and supervise sector coordinators.

Red Cross and Red Crescent action

Kenya Red Cross has a strong presence on the ground as a result of the Dadaab Integrated Health Project, which provides healthcare services to the host communities. Moreover, it has a tracing team on the ground, which facilitates restoration of family links in Somalia, Kenya and elsewhere by providing free phone call services and exchange of Red Cross messages. The new operation in IFO2 (East and West) will build on and expand this presence to benefit between 76,000 - 110,000 refugees in twelve months. There are also plans to synergize the refugee operation with programmes in host/local communities around the camp in order to maximise the benefits and ensure the host community's acceptance of the refugee operation.

Since the KRCS's engagement with UNHCR, ERU team leaders (Logistics, IT/Communications, Basic Health and Base Camp) were deployed to the field. They have assisted the KRCS in mobilising resources, setting operations and provided training on equipment that has since deployed to the camp.

KRCS's extended mandate to expand its operations beyond IFO2 West to cover IFO2 East camp will require further discussion with other operational and implementing partners, however the necessary steps have commenced for phase in/out without causing any disruptions to services and existing coordination structures.

The needs

The operation in IFO2 West and East will benefit 76,000 to 110,000 refugees. Currently, both camps host 76,000 people but more arrivals are expected in the course of the year. The refugee population comprises women, men and children, with a large percentage of children under age 18 years. The KRCS will assist all refugees in this part of the camp to address primary healthcare needs, including provision of paediatric and obstetric services through a 40-bed capacity health facility, which is composed of 20 beds allocated to paediatric wing, 12 for females and 8 beds for males. In addition, KRCS and UNHCR have started engagement towards potential completion of hospital in the IFO2 East, which will be handed over to KRCS in the near future. Construction of this health facility had earlier suspended in October 2010.

Furthermore, there are plans underway to conduct rapid nutritional assessment of all children under 5 years to establish their nutritional status for appropriate nutritional interventions, with a six month re-assessment to determine the level of impact achieved. UNHCR will support the provision of nutritional feeding interventions.

UNHCR has confirmed financing interventions in the IFO2 East camp, while KRCS, IFRC and other partners are responsible for financing the IFO2 West camp, which is the larger of the two camps.

The KRCS will address specific needs of diverse groups such as people living with AIDS, older people, and people with special needs; according to international standards (Sphere), IFRC and IASC guidelines, and based on actual needs. Moreover, the operation will ensure synergy with the ongoing programme interventions in the local community to maximize outcomes and ensure acceptance and engagement of local communities in the refugee operation. The operation will be sensitive to the needs of local/host

communities, who may be critical of aid operations for focusing on refugees and giving little attention to their needs, particularly when they are themselves affected by the current drought.

Upon arrival in the camp, each family will be accommodated in a family size tent, and receive an initial NFI kit, as well as a one month food ration. Other services such as health care, water and sanitation and education will also be required. Currently these services are not being availed due to the scale down of activities by INGOs due to the insecurity. As KRCS is the only agency present in full capacity on the ground, UNHCR has requested KRCS and IFRC to take the responsibility of providing humanitarian assistance in all sectors in the IFO2 East and IFO2 West camps.

Emergency shelter (tents), water, basic healthcare, sanitation, education and protection have been provided so far, however, the level of intervention has been below the Sphere standards. For example, at present between 5 - 7 families (approximately 60 persons) share one latrine, below the Sphere standard of 2 - 3 (20 persons) household per latrine. Consequently, the operation will provide emergency assistance to cover needs in the following sectors:

Water and sanitation

The established water supply through water trucking is estimated to provide 5 - 7 litres of water per person per day. Plans are in place for water trucking activities to continue in the IFO2 West camp for the next 3 months as pipeline extensions and storage options are established in the new camp to deliver higher quantities of water from existing boreholes in the IFO2 East Camp.

Currently, sanitation coverage is inadequate and there is immediate need for 5,500 VIP latrines and 1,100 bathrooms. These latrines will be installed in the two camps, ensuring that the sanitation levels are up to Sphere standards. In addition, there are longer term plans to drill four additional boreholes to secure more water for the IFO2 West camp. The drilled boreholes will be augmented through additional pipelines and the installation of water storage tanks to lessen distances to water collection points. Water quality will be monitored regularly to ascertain the standards of drinking water are being met.

Solid waste management through organized collection and disposal processes will be instituted while drainage of storm and wastewater will be also be enhanced through the establishment of storm water and liquid waste drains, which will dispose of waste in an eco friendly manner.

Finally, hygiene promotion will be extensively carried out in the camps through a continuous education and capacity building approach to encourage the refugee community to adopt good hygiene practices. This intervention should help to prevent an outbreak of waterborne diseases, particularly in light of a recent diarrhoea outbreak reported in Dadaab. The camp residences will be organized in hygiene groups and will assist with clean up campaigns within the camp as well as taking responsibility for maintaining camp sanitation facilities.

Health and Nutrition

KRCS through the recent Health ERU deployment has completed a 40-bed health facility, which will serve refugees in the IFO2 West camp. KRCS is also in negotiation with UNHCR to take over the existing health facility in the IFO2 East camp. KRCS has the capacity to take over these health facilities with an increase in medical staff presence in Dadaab. These interventions will be further strengthened by the addition of more health posts, clinics and medical outreaches.

There is a lack of nutritional interventions with a large number of malnourished refugees being noted, especially amongst children. A nutrition survey conducted by UNHCR and its partners indicated that there was Global Acute Malnutrition (GAM) of 38% and Severe Acute Malnutrition (SAM) of 20% among the refugees settled in the outskirts of the established refugee camps (these refugees are being relocated to the IFO extension, and therefore it is expected that the findings of this survey will represent the nutrition status in the camp). KRCS plans to screen all children under five years in both camps to correctly establish the level of malnutrition and provide adequate interventions.

Currently KRCS is undertaking an ongoing medical outreach programme that caters for immunization of infants and children, given the low immunization coverage under the Kenya Expanded Programme Immunization. This has been strongly highlighted to the health teams given the three measles outbreaks in the past two years and given the low immunization coverage of refugee children. Health education and promotion will be conducted in all the health posts, health facilities and medical outreaches as cross cutting programme.

The low attendance of antenatal care services will be scaled up in medical outreaches and health facilities

while maternal care services including obstetric care will be conducted within the established health facilities.

The KRCS in collaboration with the Ministry of Public Health and Sanitation (MoPHS) and the Ministry of Medical Services (MoMS) and other partners will work towards improved coverage of health services within the refugee camp. The planned health services will be extended to cover the host community.

Shelter

KRCS plans to procure and distribute tents for all the 110,000 refugees or approximately 20,000 households (5 -6 people per household) in the two camps. In addition to the tents, each family will receive a family kit, which comprises blankets, tarpaulins, a kitchen set and household items such as jerry cans and soap. Currently, the government of Kenya has not approved using semi permanent construction materials for shelter in the camps, and the debate continues between government and UNHCR whether to shift to semi permanent shelter and what type of construction materials (e.g. bricks) to be used. Refugees in IFO2 are all accommodated in tents that may last for 6 - 12 months due to the harsh environment i.e. heat and sand storms. KRCS will need to replenish damaged tents and provide new arrivals with tents as well.

Education Sector

Given the large number of children in the camps at school age, there are huge education needs. There is lack of infrastructure, learning materials (schools, classrooms, desk and books) and teachers within the camp. Therefore, development of education sector infrastructure will be a priority as well as the teacher training. This will include both local and refugee teachers. There are incomplete school structures on the ground, which represents an opportunity for KRCS to complete the construction of these facilities to enhance the education services in the area. Where necessary, KRCS will erect Rub halls to act as classrooms in order to enhance education. These activities will be carried out with sourced funding.

Relief (food and non-food)

An agreement has been reached with UNHCR for WFP to provide KRCS with food for distribution to the refugees. This will include supplementary and therapeutic feeding for affected children in the camp. The mass food distribution will remain with WFP and its partners. KRCS plans to distribute or replenish the NFI kits (content yet to be confirmed in coordination with UNHCR).

Camp Management and Logistics

KRCS has been appointed as the agency responsible for camp management and coordination in IFO2 East and West. However, UNHCR, according to its mandate, will retain high-level overall responsibility of management and coordination of all camps. In order to fully service the camps, rub halls and storage for items will be setup and managed by KRCS logisticians.

In addition, security information and intelligence will be shared with all partners as well as the local security forces as a way of improving camp security and safety of aid personnel. KRCS will look to increase security in the camps as well as in their base camp through the sourcing of security guards to man strategic posts.

Longer-term needs:

It is planned that this appeal will provide assistance to the Somali refugees for one year. However, the refugees are expected to remain in the camp until food security and safety conditions in Somalia improve. Therefore, semi-permanent and more sustainable or durable services will be needed in order to serve the medium-long term. Current emergency structures and services will be phased out in the course of the year. Drilling and equipping of boreholes and installing mass water distribution systems will be carried in the longer term as opposed to the short-term water tankering. Tents and rub halls will be replaced with semi-permanent shelter and warehouses.

The long term needs will be assessed at an early stage and then reviewed and amended later on as the situation evolves. The level of engagement of KRCS in responding to these needs will also be determined by the existing commitments of other agencies currently on the ground, in order to avoid duplication. There will be replacement of temporary school structures with more permanent ones, additional latrines will be established to serve at least one family per latrine, more permanent and government approved shelter structures that could serve for 6 - 8 months. Markets and worship places will be developed with more effective solid and liquid waste management systems.

There will be construction of health facilities to ensure the provision of healthcare services to the refugee and host communities, while relief medical outreach will be replaced by facilitated MoPHS driven medical outreach

as part of sustainability of mid-long term programmes. Training of volunteers from refugee community will be strengthened through sensitization on health and other programmes to ensure continuity as they return to a stable Somalia. Other potential mid-long term projects include creating employment opportunities for refugees and local communities, environmental protection, innovation and introduction of durable solutions in various sectors such as introducing solar powered systems and energy saving stoves.

The host community volunteers will be trained on hygiene promotion, health sanitation, and maternal child health and community strategy skills, which will provide continuing support to host communities in the longer term.

Support to Host Communities

KRCS plan to conduct further assessments and, in discussion with local host communities, identify the specific type of activities that would support them. Support to host communities constitutes an integral part of this operation. Further needs assessments will be conducted and more detailed plans will be developed and put forward in the next appeal revision. Tentatively, livelihood and food security activities in support of host communities could include the provision of agricultural inputs, access to new water points and health facilities; fill gaps in education infrastructure and services, development of markets, and shelter support. The KRCS plans to create economic and employment opportunities for members of the host community in this appeal.

The proposed operation

IFRC and KRCS will ensure the integration/mainstreaming of cross cutting issues in the implementation of planned activities in all sectors. This will include addressing gender, malaria, HIV & AIDS, sexual and gender based violence (SGBV) and special needs of vulnerable groups, and environment protection. KRCS will coordinate with present partners to ensure that the mainstreaming process is in accordance with existing protocols and international guidelines. As protection remains with UNHCR, KRCS will need to engage with UNHCR team to ensure that the protection needs of refugees in IFO2 West are addressed adequately. IFRC will also support KRCS to put in place community based accountability systems including basic complaints mechanisms.

To further detail the activities outlined here, IFRC Horn of Africa (HoA) and KRCS are developing a Plan of Action, which will be made available soon following this appeal.

Relief distributions (food and basic non-food items)

<p>Outcome: The immediate food (supplementary food) and non food needs are provided for 76,000 to 110,000 refugees</p> <p>KRCS has recently finalized an arrangement with UNHCR and WFP to distribute through health facilities supplementary food which 50% of required amount is provided by the two agencies. However, this appeal will need to cover the rest.</p>	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Essential supplementary food provided through health facilities. Non food items (NFIs) are provided to up to 110,000 beneficiaries (equivalent 20,000 households) 	<ul style="list-style-type: none"> Supplementary and therapeutic feeding 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

Water, Sanitation and Hygiene Promotion

<p>Outcome: The immediate and medium term water and sanitation needs of 76,000 to 110,000 refugees are met through the provision of safe water, adequate sanitation and promotion of hygiene practices</p>	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Adequate safe drinking water is provided for up to 110,000 refugees in line with Sphere standards Water collection distances 	<ul style="list-style-type: none"> Increase immediate water supply capacity through water trucking so as to provide at least 5-7 litres of drinking water in the emergency phase Develop sustainable water supply systems through sinking

<p>are reduced to less than 500m</p> <ul style="list-style-type: none"> • Adequate improved sanitation and bathing facilities are provided to serve up to 110,00 refugees • Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the camps 	<p>Boreholes and developing water distribution pipelines and storage facilities. Host communities will have access and will benefit from the new systems</p> <ul style="list-style-type: none"> • Monitor chemical and bacteriological quality of water to be used in the camp • Procure and distribute 40,000 jerry cans to enhance safe household storage • Conduct point of use water treatment using appropriate chemicals • Conduct hygiene promotion and community education sessions to the target population • Demolition and backfilling of the existing communal latrines • Construct additional 5,500 latrines and 1,100 bathrooms • Build the refugee's capacity in terms of hygiene promotion and conduct periodic hygiene campaign • Develop solid waste collection points and ensure proper, handling, sorting, transportation and final disposal of this waste • Construct an adequate drainage system for ecologically safe disposal of waste water and storm water during rainy seasons • Development of laundry areas within the camps
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Health and Nutrition

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

KRCS with support from the ERUs has been establishing health facilities and started providing basic health services since the withdrawal of MSF from the camps following their staff kidnapping.

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

Shelter

Outcome: Improved shelter conditions for 76,000 to 110,000 refugees through provision of emergency shelter (tents) or durable shelters as per required standards

UNHCR and KRCS will continue discussing with the government the issue of providing semi permanent

shelter, which the government is opposing so far.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Provision of adequate emergency shelter for 20,000 households (equivalent 110,000 people) 	<ul style="list-style-type: none"> • Procurement and distribution of 20,000 family tents

Education

Outcome: School age children and adolescents have an opportunity to receive education at the camps	
Negotiations are on going with INGOs involved in this sector to ensure a smooth engagement and entry of KRCS to the education sector	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Access to school for children and adolescents 	<ul style="list-style-type: none"> • Construction of 8 primary schools • Construction of one secondary school • Train teachers from host community and refugee population • Procurement of classroom material and equipment, desks, books etc

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

Warehousing/Logistics/Transportation

In order to efficiently and effectively carry out the operations in these sectors, KRCS has established a strong logistical presence on the ground. It will be involved in procuring, warehousing and delivery of NFIs and medical supplies to the 110,000 beneficiaries in addition to transportation of staff.

KRCS/IFRC will be responsible for transportation of supplementary food and non-food items required for the operation. There will be need for a warehouse/workshop complex to support the large fleet of vehicles. Warehouses will be required for storage of relief items. Warehouse handling equipments including forklifts, pallets trucks, hand trolleys, pallets and shelf kits will be required to facilitate smooth operations at the warehouses.

Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of operations. This will be maintained between those working in the field and other stakeholders, including the media and donors, to promote greater quality, accountability, and transparency.

Communications will support the objectives of this Appeal, to increase the profile, funding and other support for KRCS and IFRC, and provide a platform on which to advocate in the interests of vulnerable people.

Partners will receive information and materials they can use to promote the operation. Relevant information and publicity materials, including audio-visual products, will be channelled through IFRC's public website - www.ifrc.org.

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

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

Capacity of the National Society

Capacity building of the KRCS staff will be necessary in order to enable the NS to run the operation now the ERUs have departed. The deployed ERU team leaders have identified areas of capacity building and training required to enhance local capacities in various sectors and functions. Training in operating equipment for basic health care was provided by ERUs teams in the past weeks. IFRC HOA will provide technical assistance and training to KRCS staff to enhance program quality and accountability. This includes training on the new Sphere Handbook, HIV&AIDS guidelines, gender mainstreaming, monitoring and evaluation and humanitarian accountability. IFRC will also support monitoring security conditions and provide support as needed. Due to the deterioration of security conditions in Dadaab and the border areas with Somalia, capacity building activities will be prioritised at all stages of the operation. Part of the funds budgeted for KRCS volunteers will be used to provide emergency medical insurance for each volunteer.

Capacity of the IFRC

The IFRC HoA has been building up its capacity in areas of health, disaster management, and program quality. IFRC will be able to support the operation with the existing capacities and through the Horn of Africa Framework, details of which can be found on the IFRC website or by following the link <http://www.ifrc.org/docs/appeals/11/Rev-Reg-Framework-31October.pdf>

Budget summary

See attached budget for details.

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How we work

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

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

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Saving lives, changing minds.



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

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

Budget Summary

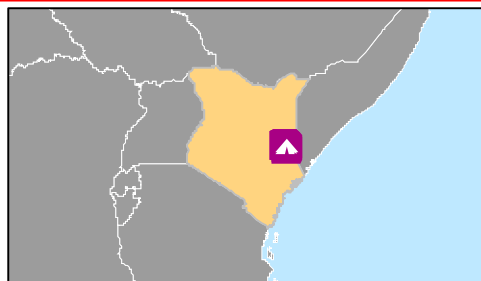
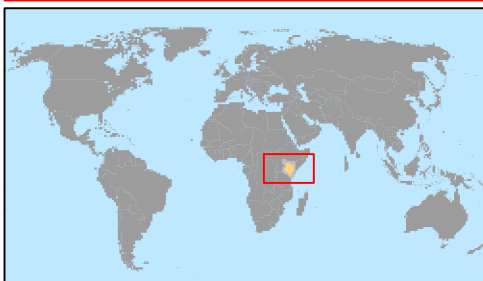
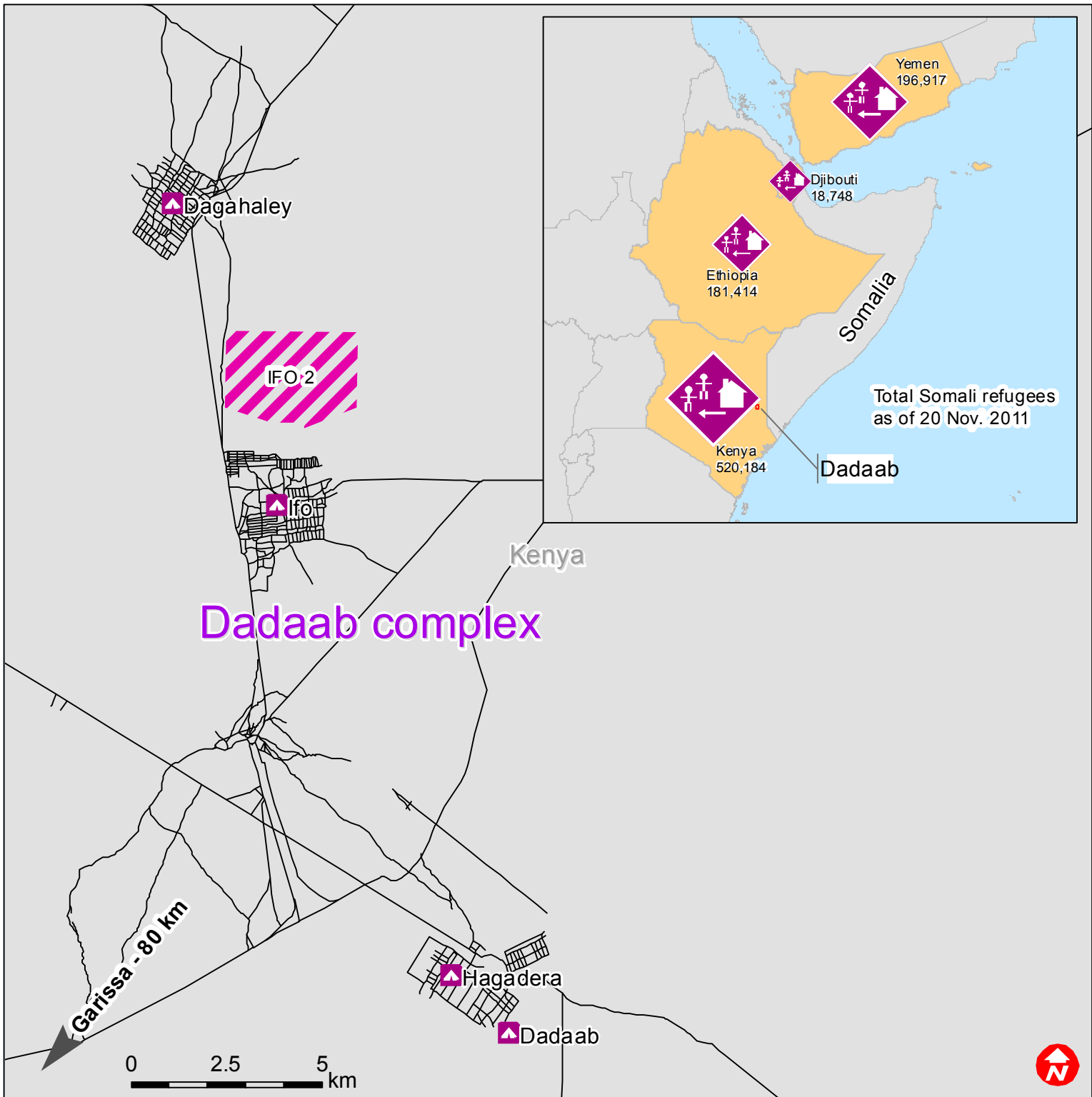
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MDRKE018 Kenya: Population Movement - Somali Refugees

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	6,189,474			6,189,474
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	2,021,053			2,021,053
Construction - Materials	0			0
Clothing & Textiles	290,526			290,526
Food	1,250,526			1,250,526
Seeds & Plants	31,579			31,579
Water, Sanitation & Hygiene	2,351,842			2,351,842
Medical & First Aid	950,316			950,316
Teaching Materials	0			0
Utensils & Tools	485,053			485,053
Other Supplies & Services	0			0
Emergency Response Units	0		700,000	700,000
Cash Disbursements				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	13,570,368	0	700,000	14,270,368
Land & Buildings	0			0
Vehicles Purchase	2,783,963			2,783,963
Computer & Telecom Equipment	76,947			76,947
Office/Household Furniture & Equipment	170,632			170,632
Medical Equipment	0			0
Other Machinery & Equipment	163,026			163,026
Total LAND, VEHICLES AND EQUIPMENT	3,194,568	0	0	3,194,568
Storage, Warehousing	98,947			98,947
Distribution & Monitoring	110,526			110,526
Transport & Vehicle Costs	2,071,242			2,071,242
Logistics Services				0
Total LOGISTICS, TRANSPORT AND STORAGE	2,280,716	0	0	2,280,716
International Staff	0			0
National Staff	0			0
National Society Staff	2,776,505			2,776,505
Volunteers	37,895			37,895
Total PERSONNEL	2,814,400	0	0	2,814,400
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	199,659			199,659
Total WORKSHOP & TRAINING	199,659	0	0	199,659
Travel	0			0
Information & Public Relations	212,316			212,316
Office Costs	13,053			13,053
Communications	30,168			30,168
Financial Charges	0			0
Other General Expenses	2,242,683			2,242,683
Shared Support Services	0			0
Total GENERAL EXPENDITURES	2,498,220	0	0	2,498,220
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Supplementary Services Recovery	1,596,266			1,596,266
Total INDIRECT COSTS	1,596,266	0	0	1,596,266
TOTAL BUDGET	26,154,197	0	700,000	26,854,197
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	26,154,197	0	700,000	26,854,197



Kenya: Population movement



Camps

Roads

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, International Federation, OSM, Google MapMaker - MDRKE018.mxd