

INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

KENYA: SOMALI REFUGEES INFLUX

13 October 2006

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

This Bulletin (no. 1/2006) is being issued for information only, and reflects the situation and the information available at this time. The Federation is not seeking funding or other assistance from donors for this operation at this time.

Activities undertaken are aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- **Reduce the numbers of deaths, injuries and impact from disasters.**
- **Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.**
- **Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.**
- **Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.**

The Situation

The continuing internal conflict in Somalia is presenting major humanitarian challenges which could have a serious impact on the neighbouring countries. Some 25,000 Somali refugees have entered Kenya since early this year and it is estimated that some 300 more cross the border each day, following increased fears of an all-out internal conflict in Somalia. About 4,000 more are still being screened at the border to determine their refugee status.

The fleeing refugees (mostly women, children and the elderly) camp at the Liboi border point before being moved to the Dadaab refugee camp, a complex with three camps – Ifo, Hagadera and Dagahle – inside the Kenya border, already hosting 150,000 refugees. Many refugees have had to go through harsh and risky circumstances with little food and water before arriving at Dadaab; some require immediate medical attention.

Most of the refugees are arriving from Mogadishu, Kismayu and Baidoa – the temporary capital of the Transitional Federal Government of Somalia (TFG). The country has not had an effective national government since 1991. The TFG was formed in 2004 with the hope of restoring order after years of lawlessness.

Red Cross and Red Crescent action

Red Cross/Red Crescent Movement partners – particularly the Kenya Red Cross Society (KRCS), the International Committee of the Red Cross (ICRC) and the Federation's regional delegation in Nairobi – continue to monitor the situation. The KRCS has met United Nations High Commissioner for Refugees (UNHCR) requests for trucks and ambulances and has been represented in high level meetings with UNHCR. A Memorandum of Understanding (MoU) between the partners is being drafted as it becomes more likely that the KRCS will get involved in the operation.

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It is likely that the NS will provide support in the following areas:

- Provision of an ambulance service in Dadaab, to ferry refugees to health facilities in Liboi;
- Medical screening of refugees at Liboi and Amuma entry points;
- Provision of transportation, relief food and non-food items (NFIs) for refugees using the Transport Support Unit (TSU)/Norwegian Red Cross trucks. This may call for leasing out the TSU/Norwegian Red Cross trucks for three months;
- Water trucking and tankering services where necessary.

Currently, KRCS conducts tracing services in the Dadaab and Kakuma refugee camps and is scaling up its tracing capacity in Dadaab. Up to 2% of the new arrivals are unaccompanied minors, aged between 5 and 14 years who are vulnerable and at risk. The national society will be involved in ensuring their safety and guiding them to the relevant authorities. The KRCS has had previous similar experiences during the Somalia refugee crisis in 1991, when a large refugee population was accommodated at Utange and Marafa refugee camps in Mombasa, Kenya's coastal province. At the time, the NS shouldered the responsibility for camp management and tracing services through an understanding with UNHCR.

In September 2006, the KRCS was appointed by the Garissa District Steering Group (DSG) as the lead agency for the provision of relief food in Garissa District, which encompasses Dadaab Camp. This appointment was as a result of the growing capacity of the KRCS's Garissa branch to effectively respond to the needs of the communities and other humanitarian crises. The branch is providing water and sanitation (WatSan), food, health and social services in Garissa as well as tracing services in Dadaab.

Coordination

The Government of Kenya (GoK) is ensuring that refugees entering the country are registered and taken to refugee camps. The Ministry of Health (MoH), the World Health Organization (WHO) and Médecins Sans Frontières (MSF) Belgium have already sent medical staff to Liboi to immunize refugee children against polio and measles. UNHCR is discussing with the GoK over possibilities of extending the Dadaab Camp complex to four camps (from the current three) so as to accommodate the increasing number of refugees. A food assessment mission – by UNHCR – is ongoing to determine the food needs of the population on the ground.

The Dadaab refugee camp hosts various humanitarian agencies.

- UNHCR is in charge of refugees' well-being;
- German Agency for Technical Cooperation (GTZ) is responsible for health, environmental protection, energy conservation and nutrition;
- World Food Programme (WFP) is providing relief food;
- WHO is offering health services;
- CARE Kenya is in charge of camp management and social services, water and sanitation (WatSan), education and logistics;
- The National Council of Churches of Kenya (NCCCK) is in charge of preventive and reproductive health;
- Handicap International is in charge of health referrals from Garissa.

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