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Emergency Plan of Action final report

Kenya: Population Movement

International Federation of Red Cross and Red Crescent Societies

Emergency Appeal MDRKE018	**Glide n°** OT-2011-000160-KEN
Date of Issue: 30 March, 2016	**Date of disaster:** January - June 2011
Operation start date: 6 October 2011	**Operation end date:** 30 June, 2015
Host National Society: Kenya Red Cross Society (KRCS)	**Operation budget:** CHF 22,939,815
Number of people affected: 162,967	**Number of people assisted:** 120,000 beneficiaries, including 100,000 refugees in Ifo 2 camp and 20,000 from the host community.
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross, Norwegian Red Cross, British Red Cross, Japanese Red Cross Society, Iranian Red Crescent and Hong Kong Red Cross	
Other partner organizations involved in the operation: Government of Kenya (Department of Refugee Affairs), United Nations High Commissioner for Refugees, European Commission of Humanitarian Affairs (ECHO), World Food Programme, Peace Winds Japan, Islamic Relief Kenya, Médecins Sans Frontières (MSF), Danish Refugee Council	

Appeal History:

- A preliminary emergency appeal was launched on 19 October 2011 for 27,618,017 Swiss franc (plus an estimated 3,050,000 Swiss franc for emergency response units) to assist 60,000 beneficiaries for 12 months.
- Disaster Relief Emergency Fund (DREF): 500,000 Swiss franc was initially allocated from the Federation's DREF to support the National Society set up the operations in Dadaab refugee camp.
- An Emergency Appeal was launched on 29 November, 2011 for 26,154,197 Swiss franc to assist 76,000 beneficiaries for 12 months.
- Operations update n°1 was posted 25 January, 2012 to inform of progress of the operation.
- An 8-month summary update was issued on 2 September 2012 to update on operational progress 8 months into the operation implementation.
- The emergency appeal was revised on 2 January 2013, seeking to reduce budget to 10,439,107 Swiss franc and extending the operation for a further 12 months to October 2013.
- A 12-month summary update was issued on 14 January 2013 and provided the yearly progress report.
- Operations update n°2 was issued on 15 January, 2013 and operations update n°3 was issued on 27 May 2013, with a progress report against the planned outcomes.
- The emergency appeal was revised again on 11 July 2013. The revision recognised that the previous Emergency Appeals only catered for the 2012 proposed budget, while the revised budget combined both

The KRCS technical team instructing the plant operator during trenching works in both Ifo 2 West and East. Photo / KRCS.

2012 and 2013 budgets totalling 21,427,140 Swiss franc. It also extended the operation to the end of 2013.

- The operation through a revised emergency appeal of 11 February, 2014 was extended by a further 12 months and the budget was slightly increased to CHF 22,939,815 to assist 120,000 beneficiaries, including 100,000 refugees in Ifo 2 camp and 20,000 from the host community.
- Operations update n°4 informed of a further appeal extension for 6 months to end of June 2015.
- This final report consolidates all the achievements of the response operation over a period of 3 1/2 years.

The IFRC, on behalf of the Kenya Red Cross, would like to thank all those who have contributed to this Emergency Appeal.

Background

The Kenya Red Cross Society (KRCS) took over the newly established Ifo 2 refugee camp at the peak of the humanitarian crisis that followed displacement of populations from Somalia due to the effects of the drought that affected the Horn of Africa during the first half of 2011. Ifo 2 camp was therefore established in July 2011 to decongest the overcrowding Ifo and Dagahaley camps.

In October 2011, The Kenya Red Cross Society (KRCS) in partnership with the International Federation of the Red Cross and Red Crescent Societies (IFRC) signed a memorandum of understanding with the United Nations High Commissioner for Refugees (UNHCR) that governs delivery of services in key sectors in Ifo 2 west camp. The sectors included Health and Nutrition, Camp Management, Water, Sanitation and Hygiene Promotion and Sexual and Gender Based Violence prevention and response. KRCS through the International Committee of the Red Cross/Red Crescent Society (ICRC) also implements the Tracing Program in all the 5 camps in Dadaab. This program mainly focuses on restoring family links.

At the peak of the crisis, the population of Ifo 2 camp stood at 77,000 refugees. There has however, been gradual return of the refugees to Somalia over the years and as at 31 May 2015, Ifo 2 camp had a combined population of 51,617 refugees (UNHCR population statistics). Ifo 2 is sub-divided into 2 (Ifo 2 East and West) with the population in camp being roughly equal**.**

The opening of Ifo 2 refugee camp in July 2011 provided an opportunity for the refugees and asylum seekers to live in a better conditions where assistance would be provided under improved conditions compared to the time they had self-settled in the outskirts of older camps. It was therefore possible to meet minimum standards in service delivery, especially in provision of water, sanitation and hygiene as well as shelter and health services. The new camp, designed as a model camp, required huge investments in facilities to make it functional. With support of partners, the KRCS has achieved significant milestones in terms of development of infrastructure and facilities in Ifo 2 camp. These include construction 12,000 household latrines (8,000 latrines in Ifo 2 West and 4,000 latrines in Ifo 2 East), drainage channels to divert flood waters out of the camp, especially from low lying, flood prone areas, improvement of access roads within the camp, operation of the health posts for delivery of primary health care and the ultimate facility; the Level 5 hospital supported by African Union and German RC. This has improved the capacity of the KRCS to deliver services and has contributed to improvement of critical indicators across the sectors.

Partnership and Coordination

The National Society, being the camp management agency for Ifo 2 in 2012-2013 coordinated all partners delivering services in Ifo 2. The coordination occurred at 2 levels; inter-agency coordination (for all partners working in Ifo 2) and sector specific coordination which brings together agencies delivering services per sector. In the 2 tier coordination, the refugees were represented by the community leaders (mainly chairmen and chair persons) for the inter-agency coordination meetings and by sector committees (e.g. WASH committees, Community Health Committees and Health Committees), a platform that provides opportunities for the refugees to participate in decision making, highlight the community priorities and difficulties experienced by the refugees in accessing services, understand the work of each agency in the camp and participate in assessing the accountability of humanitarian agencies in refugee support work. In this matter, the community, through their leaders and representatives, are a key part of the stakeholders/partners to KRCS. Participation of KRCS in these forums enabled the National Society to learn from other stakeholders operating within the camps in order to execute relevant interventions.

KRCS' financial partners during this period included, Australian, British, Danish, Finnish, German, Hong Kong and Spanish Red Cross Societies, Norwegian Red cross, European Union, PRM among other national

partner societies. The partners have provided support in the Camp Management, Health and Nutrition, Sexual and Gender Based Violence, Logistics, Water, Sanitation as well as Tracing.

Table 1: Humanitarian Partners Working within the Ifo 2 east and west camps

Agency	Activity conducted
International Committee of the Red Cross (ICRC)	Community phone service and restoration of family links project
United Nations Children's Fund (UNICEF)	Community nutrition programme as well as the Epidemic Programme on Immunization (EPI) and WASH programmes
United Nations Humanitarian Commission of Refugees (UNHCR)	Protection, Health and Nutrition and overall coordination
OXFAM	Water supply (KRCS took over this mandate)
Centre for Victims of Torture	Identification and support of victims of torture
Centre for Disease Prevention and Control (CDC)	Through its reference laboratories in Hagadera, CDC has been providing specialized laboratory
CARE International	Water trucking
Handicap international	Identification and support of People with Disabilities
International Organization for Migration (IOM)	Seconded 2 clinical officers and 3 nurses to support in health service delivery following border closure and closure of screening services they were conducting in 2012
World Food Programme	Supplementary Feeding Programme
Action Against Hunger(ACF)	Infant and Young Child Feeding (IYCN).
Africa Development Education Organization (ADEO)	Education at the camp
Kijabe Hospital	Surgery on children
Ministry of Public Health and Sanitation (MoPHS) and Ministry of Medical Services (MoMS)	Referral centers for patients requiring specialized care for emergency and elective cases.
Relief, Recovery and Development (RRDO)	Environmental conservation
Norwegian Refugee Council	Camp sanitation (KRCS took over this mandate)
Save the Children(UK)	Child protection

RED CROSS AND RED CRESCENT ACTION

Achievement against outcomes

Health and care

Outcome 1: The Primary and Secondary health care needs are met and health risks decreased for up to 100,000 refugees in Ifo 2 west and East camps, as well as 20,000 beneficiaries from the host community.

Output 1.1: Improved access to quality health services to refugees and host community population as well as staff and volunteers at the Ifo2 East and West Camps.

The society started providing health care services through 2 well-staffed and equipped health posts in Ifo 2 West. The services included Primary Health Care Services, supported by laboratory services to provide evidence based care and complemented with maternity services for improved maternal health. Later, KRCS

took over health and nutrition mandate in Ifo 2 east and with financial support from German Red Cross and African Union constructed level V hospital. KRCS currently operates 3 health posts providing primary health care services and a level V hospital providing secondary health care services.

Table 2: Registered beneficiary population (UNHCR ProGes)

Beneficiaries	2012	2013	2014	2015
Population total	73,487	65,552	53,044	51,476
Children under five	16,319	12,852	10,288	9,252
Women of child bearing age	9,798	13,110	10,609	10,295

The health posts provided largely primary healthcare services which included outpatient consultation services for children under the age of 5 and adults, as well as maternal and child health services. The maternal and child services available at the health posts included: focused antenatal care, postnatal care, family planning services and routine immunization services as per the Unit of Vaccines and Immunization Services (UVIS) schedule. Evidence based care was supported by satellite laboratories that provide basic diagnostic tests including antenatal profile tests.

While the services provided at the newly constructed level V hospital include both in-patient and out-patient departments, with the out-patient department comprising of outpatient consultation clinics, special medical clinics (surgical, paediatric, medical, obstetrics and gynaecology, mental health, etc.) an emergency (casualty) department, laboratory, and pharmacy. The in-patient department comprises of 5 wards: a maternity ward complete with a new born care unit, paediatric ward, stabilization centre for management of children with severe malnutrition with medical complications and adult male and female wards. The facility also has 2 operating theatres where both elective and emergency surgical and obstetric cases are attended to. The facility is operational 24 hours a day, 7 days a week and is run by a team of qualified health care staff comprising 4 medical officers, 4 clinical officers, 34 nursing officers, laboratory technologists, pharmacists and a team of community volunteers (refugee incentive staff and host community) who ensure quality services are provided.

Table 3: Total consultations done

Year	Total Consultations	Consultations/clinician/day
2012	92,408	67
2013	116,868	61
2014	127,312	62
2015	77,929	59

Through British Red Cross support, the construction of the morgue/body cleaning area was done, this is the only facility of its kind in the entire Dadaab region and served all the 5 refugee camps and the surrounding areas. Construction of a radiology unit is ongoing with support from the African Union.

KRCS ensured a steady supply of drugs and medical supplies was maintained such that there was no stock-out in any of the essential drugs throughout the reporting period, as well as ensuring that the medical and surgical equipment were maintained in good working condition. The drugs are as per the WHO essential drug list.

The Crude Mortality and Under 5 Mortality Rates dropped from 1.23/10,000/day and 3.02/10,000/day in 2011 as reported on nutrition survey to 0.3/1000/month and 0.8/1000/month respectively in 2015 (HIS Report). This can be attributed to enhanced quality of care at both the out-patient and in-patient level, with adequate number of qualified health personnel, drugs and equipment in place. The consultation per clinician per day stood at an average of 59 consultations per clinician per day. This can also be attributed to enhanced quality of care at both the out-patient and in-patient facilities, with adequate number of qualified health personnel, drugs and equipment in place with financial support from different donors.

During this operation there were three (3) reported outbreaks. There was a cholera outbreak, a routine diarrheal surveillance by KEMRI-CDC lab in Hagadera reported two (2) laboratory confirmed case of vibrio

cholera in Ifo 2 on 28th April 2013. However the 2 cases remained stable. KRCS undertook emergency measures by setting up of cholera treatment unit in Ifo 2. In the cholera centre 4 tents were erected, 6 latrines were dug and water and electricity connected. The centre had enough cholera beds, cholera kits, ORS, antibiotics and intravenous fluids. The community health team and hygiene promoters conducted mass awareness to the refugee community in Ifo 2. They also took part in household disinfection of the affected blocks.

Following outbreak of polio in Somalia in 2013, a similar outbreak occurred in Dadaab refugee camps. The first cases were detected in KEMRI-CDC lab, Hagadera in May. A total of 31 patients were line listed and 7 patients turned positive (4 were from Hagadera, 1 from Kambioos, 1 from Ifo and 1 from Kulan). WHO, UNHCR, UNICEF organized mass vaccination campaign in the refugee camps. Four (4) rounds of Polio vaccination were conducted successfully. The first round targeted population under 15 yrs. The rest of the campaigns targeted the entire population.

An outbreak of Hepatitis E was detected in Ifo 2 early July 2013, in Ifo 2 East, and was linked to the poor sanitation status in Ifo 2 East. The outbreak affected all age groups and there was no noticeable difference by gender. The median age of cases was 22 years, (range 1 month to 70 years) and the mean age was 22.9 years (SD 14.0). The cases were severe in expectant women and were a cause of death in 5 post-partum mothers in Ifo 2.

Access to tertiary healthcare for the refugee population proved costly. In that regard, KRCS thought of innovative cost effective ways of making as many refugees as possible access the above services. This led to the reverse referral initiative where consultants of various specialities are invited to the Dadaab refugee complex guided by the disease burden in view of the waiting lists from all the camps. Implementation of reverse referral activity is whereby medical specialists come to Dadaab as opposed to referring patients to Garissa/Nairobi. This has enabled more patients to benefit and it has reduced costs on referrals. All the surgeries for the entire 5 camps in the greater Dadaab Refugee Complex are done at the KRCS Ifo 2 level V hospital.

Table 4: Kenya Red Cross reverse referral accomplishments 2013 – August 2015

Period	Specialist	No. of patients seen/screened	no. of surgeries conducted
November 2013	Ear, Nose and Throat Surgeon	241	21
November 2013	Obstetrician-Gynaecologist	52	9
December 2013	General Surgeon	81	20
December 2013	Physician	95	N/A
December 2013	Obstetrician-Gynaecologist	70	5
December 2013	Ear, Nose and Throat (ENT) Surgeon	230	18
December 2013	Paediatrician	81	N/A
March 2014	Psychiatrist	94	N/A
May 2014	Ear, Nose and Throat (ENT) Surgeon	234	18
August 2014	General Surgeon	113	25
September 2014	Paediatrician	120	N/A
September 2014	Dentist (dental extractions)	64	52
October 2014	Psychiatrist	106	N/A
October 2014	Ear, Nose and Throat (ENT) Surgeon	180	34
November 2014	General Surgeon	77	29
November 2014	Obstetrician-Gynaecologist	176	20
June 2015	Obstetrician/Gynaecologist	200	17
July 2015	Cardiologist	103	N/A
August 2015	Paediatrician	192	N/A

August 2015	Ear, Nose and Throat Surgeon	181	36

Through funding from Norwegian Red Cross, computers were procured for use in the paperless Health Management Information System (HMIS). A total of 17 computers were procured and installed in the Ifo 2 hospital. The advantages of the paperless system include increased efficiency in maintaining and retrieving of patients records (the records are required to be stored for seven years). Through this system, the care giver can retrieve patient records and review treatment and procedures given before. The system is integrated with a biometrics system and therefore the retrieval process is accurate. It also increases efficiency in managing supplies; the system records all the supplies available and the caregivers are able to prescribe only drugs in stock. The pharmacy team were also able to manage stocks more efficiently and reduce the risks of drugs and other supplies stock outs. In addition, patients and beneficiaries who access services on false pretence (double registration in nutrition programmes and patients who visit health facilities to access drugs which are later sold) are easily identified by the system. It has also led to increased staff productivity through monitoring of the individual staff working records, including accuracy in prescribing drugs and medicines as well as saving on the cost of printing and procurement of hospital stationery and medical documents, as reports and defaulter lists are generated automatically.

Capacity building: The reporting period saw the training and certification of auxiliary nurses take place. This training was conducted in collaboration with the KRCS training school which helped develop the training curriculum as well as support with a full time facilitator for the training. A total of 75 auxiliary nurses working for KRCS in Ifo 2 camp underwent 4 months training , at the end of which they were examined and certified as Facility Based Health Care Assistants (FBHCA). The training consisted of both theory and practical sessions that took place at the Ifo 2 hospital. The purpose of the training was to equip the participants with the basic health care knowledge and skills needed to care for patients and clients seeking health care services in Ifo 2, and to empower the participants to assume the responsibilities in assisting the licensed health care staff. The training and certification would further empower these refugee staff to acquire jobs and be productive members of society, should they voluntarily return to their countries of origin. This also contributes towards durable solutions for the refugees in regards to strategic continuity plan as they return voluntarily to their countries of origin.

Mental health program was put in place with a fully-fledged mental health clinic. The program consists of diagnosis and treatment, both inpatient and outpatient to include regular psychotherapy sessions both individually/group, community sensitization and community-based mental health services. With support from donors like Population Refugee Movement (PRM) and Norwegian Red Cross, the program marks the world mental health day every year. While marking this calendar day, partners, refugee religious and elected leaders as well as recovered mental health clients and caregivers are invited and sensitized on the need to seek the services and also quell the myths/misconceptions surrounding mental illness. Different themes are set for every year.

The program also conducted awareness campaigns so as to ensure those with mental health problems are aware of services and treatment facilities are available to them, but also set right the misconceptions surrounding intellectual and psychiatric disability and reduce stigma and isolation of people with conditions. Radio spots were done to reach the entire population of Ifo 2 residents as well as the other refugee camps in Dadaab and host communities. The radio spots covered the following topics among others:

- Intellectual ability awareness
- Psychiatric disability awareness
- Mental well-being promotion and awareness

The program has a fulltime psychiatric nurse supported by a team of trained refugee incentive workers (mental health assistants).

The program was also supported by an annual visit by a psychiatric consultant in the reverse referral program. The program currently has 249 patients enrolled mainly from Ifo 2 camp.

Table 5: Patients Registered in the Mental Health Clinic by Cause

Major Psychosis	59 patients
Minor Psychosis	10 Patients
Child Psychiatry	14 Patients
Others including Epilepsy	166 Patients

Output 1.2: Preventative and community based health care services program is provided in the Ifo 2 Camp

In 2011, the community health strategy was introduced into the Dadaab complex. The department commenced its operations in November 2011, during the emergency phase of the operation. A team of 67 Community Health Workers (CHWs) were recruited to address the emergency priorities; this was undertaken in the absence of well-established community units. This included health education, active case finding of sick persons, identifying new arrivals, identifying, reporting on community deaths and active case finding during times of outbreaks.

In 2012, with some stabilization in the operation, the department set out to restructure, to conform to the standards and structures set out in the Community Health Strategy. The community units (CU) capacity was enhanced through various trainings and briefings conducted by the department and other related sectors. The approach is well embraced and accepted. To date Kenya Red Cross remains the only health agency to have successfully rolled out the community health strategy.

Capacity Building: With the support from the British Red Cross (BRC) grant, KRCS was able to organize and undertake an operational level Expanded Program for Immunization (EPI) training for 5 days, targeting 13 frontline National health workers from the Dadaab refugee complex. The content covered during the training included; EPI performance review, EPI vaccines, introduction to cold chain and demonstration of cold chain equipment use & maintenance, injection safety, micro planning for immunization services, monitoring EPI performance and data use, among others. After the training an action plan was designed to chart the way forward on how to improve service delivery in the vaccines and Immunization services in the various camps. A post training supervisory visit was carried out in early 2015, to follow up on the various aspects on the action plan, within the 5 camps.

Strengthening community units: A total of 3 community units were set up within Ifo 2 camp, having a total of 61 Community Health Committee (CHC) members who form the community based health governance structure. A total of 75 incentive workers were recruited, and 3 cadres were established, supervisors, team leaders and the community health workers (CHWs), with each CHW covering approximately 320 households. Team leaders were set up per section to offer supervisory role to the CHWs within the respective blocks.

The main roles of the CHC members was to identify the health priorities within the community and highlight them during dialogue days; they also supervise the community health workers (CHWs) at the block level and advocate for healthy behaviour change. The CHC members have taken up an active role in advocating for the uptake of maternal and child health services. The CHC members are volunteers; hence they do not

receive any form of allowance. The BRC grant provided for the provision of non-cash incentives that included solar flash lights to aid them in movement at night, bicycles, T-shirts and identification jackets.

Service delivery at the community level: The CHWs are charged with the responsibility of undertaking service delivery at the household level. This includes, active case finding and referral, holding household health education and counselling sessions, screening and referral of malnourished children, community mortality surveillance (reporting and carrying out verbal autopsies in the event of a community death), community management of diarrheal diseases and provision of basic first aid. The BRC funds also supported the printing of the community health data recording and reporting tools, and basic first aid kits.

Disease Outbreak Preparedness: The program, in collaboration with other departments, was charged with the responsibility of preparing for any disease outbreaks. Through partnership CDC conducted a Continuous Programme Development session in Ifo 2 hospital boardroom to sensitize all health staff on Ebola preparedness as well as SOPs in the event of an outbreak. Within the Ebola epidemic in the West African countries, an Ebola Preparedness Outbreak Committee was formed and charged with the responsibility of ensuring the isolation ward was set up, and ready for any eventualities. The BRC grant enabled the procurement of personal protective equipment to include body bags, hand sanitizers, respirators and protective gowns.

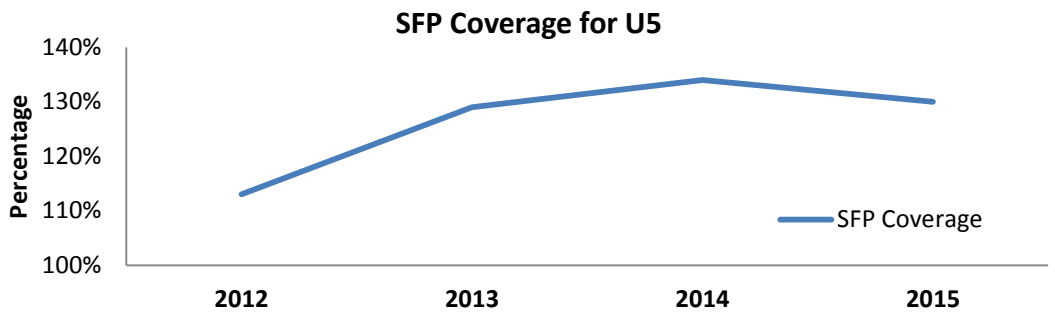
The funding also supported the roll out of the community health strategy through the community strategy trainings targeting the Community Health Workers as well as the Community Health Extension Workers as ToTs. The Community Health Strategy is an approach to empower households and communities in the delivery of Kenya Essential Package for Health at the community level. The overall goal of the community health strategy was to enhance community access to health hence improve health seeking behaviour.

Output 1.3: Improved Nutritional services are provided to children > 5 years, and to pregnant and lactating women in Dadaab, including host community, through scale up of community nutritional interventions.

The KRCS has been implementing nutrition activities in Ifo 2 refugee camp since October 2011. The main objective of the nutrition program has been to promote nutrition wellbeing of the refugees in Ifo 2 refugee camp. With this objective in mind, the department therefore implemented Integrated Management of Acute Malnutrition (IMAM) and Maternal, Infant and Young Children Nutrition (MIYCN) programs targeting pregnant and lactating mothers and children under the age of 5 years as well as nutritional support of special cases like patients with TB and HIV. The department also runs the Hospital Inpatient Feeding program.

Annual nutrition surveys conducted by UNHCR and its health and nutrition partners in the camps in 2011, 2012 and 2013, showed a steady improvement in the malnutrition rates. In Ifo 2, the Global Acute Malnutrition (GAM) rate improved from 38.3% recorded in the 2011 survey, to 15% in 2012, and to 10.6% in 2013; while the Severe Acute Malnutrition (SAM) rate improved from 18.8% in 2011, to 5.1% in 2012 and finally to 0.9% in 2013. However, the trend changed in the 2014 Nutrition survey whereby the GAM rate increased to 12.3% and SAM rate of 1.8%. While the increase in malnutrition rates is not statistically significant (95% CI), it still highlights the fact that the malnutrition situation in Ifo 2 camp was at the emergency level (GAM above 10%), but below the critical level (GAM above 15%). While it is known that many factors contribute to the overall nutritional status of any community such as food security, water and sanitation conditions, social economic status, security; it is thought that some of the reasons that could have contributed to this decline in nutrition levels in 2014 included: lack of culturally accepted foods being provided by WFP in the general food basket (substitution of rice and wheat with sorghum which is generally not preferred by the Somali community). In addition, in the month of November 2014, WFP cut the food ration by 50%, due to funding constraints. With the increase in the GAM rate, it was expected that more children would be admitted to the feeding programs. Poor dietary diversification remains a challenge in the refugee camps, with high anaemia levels reported in the nutrition survey (43.3% in 6-59mo). Exclusive breast feeding rates have however improved in Ifo 2 camp at 75%, though still below the national target of 80%.

Figure 2: ***Coverage of supplementary feeding program***



MIYCN activities continued to be conducted across all the blocks in the camp. To support the uptake of MIYCN activities, KRCS employed 18 MIYCN counsellors. The counsellors were assigned various sections to carry MIYCN activities. Biweekly mother to mother support group sessions were conducted to all the 140 mother to mother support groups. Counselling of mothers with difficulty in infant feeding was conducted at the health post level.

The nutrition department continued to offer well balanced meals to hospital in patients. The foods were from WFP, PRM, British Red Cross, ECHO and UNHCR supported with budget for non-WFP food commodities. There were special considerations that were put in place for patients who needed special diets. This included diabetic clients, severely malnourished adult patients and caretakers of children in the paediatric and SC wards.

Through support from PRM, KRCS constructed a hospital kitchen. Refresher training on IMAM was conducted in the month of December 2013 facilitated by nutritionists from the Ministry of Health. A total of 16 health care workers benefitted from the training comprising of nutritionists, nurses, clinical officers and one medical officer. The training was conducted with support from ECHO.

Refresher training on IMAM, MIYCN and micronutrient deficiency control was conducted to 145 nutrition incentives, CHWs, auxiliary nurses and hygiene promoters. MIYCN training was also conducted to 55 safe motherhood promoters and CHC members. Through support from PRM and ECHO, the nutrition department procured diabetes screening kits. These were to assist the staff in screening for diabetes and therefore early interventions.

Through support from ECHO and PRM, KRCS procured breast milk substitutes for orphaned and vulnerable infants. Digital scales were also procured through support from PRM and ECHO. ECHO further supported the procurement of phototherapy unit. Purchase of early breast feeding initiation booklets was supported through ECHO.

Monthly sensitization meetings continued to be carried out on MIYCN targeting various groups in the community. Key messages supporting optimal infant feeding practices continued to be passed to the groups.

In 2015: Quarterly mass MUAC screening exercises were conducted in the month of February and May, 2015 respectively. The February, 2015 MUAC screening was conducted in conjunction with the sentinel surveillance while the May MUAC screening was conducted in coordination with the biannual national Malezi Bora campaigns and was combined with Semi Quantitative Evaluation of Access and Coverage (SQUEAC) assessment. The objective of the Malezi Bora was to conduct vitamin A supplementation to children 6 to 59 months in Ifo 2 camp, to conduct de-worming for children 2 to 15 years, to ascertain the nutrition situation in Ifo 2 camp through MUAC screening targeting children 6 to 59 months and to ascertain the coverage and effectiveness of feeding programs in Ifo 2.Below is the result during the conducted exercise and campaign.

Table 6 (a): MUAC screening result.

Month	Total Screened	Referred to SFP	Referred to OTP
Feb 2015	1187	16	6
May 2015	6100	69	11

Table 6 (b): Summary of MUAC screening during Malezi Bora first round (May, 2015)

<13.5						MAM			SAM	
Normal	SFP Recovering	OTP recovering	At risk	SFP Recovering	OTP recovering	In program	Not in program	OTP recovering	In program	Not in program
4362	9	10	1017	128	39	258	69	76	121	11
71.5 %	0.15 %	0.16%	16.67 %	2.1%	0.63%	4.23 %	1.13%	1.25%	1.98%	0.18%

A total of 6,100 children aged 6 to 59 months were screened for malnutrition using MUAC tapes. Out of this, 7% were moderately malnourished while 2% were severely malnourished. Out of the 121 SAM cases found in program, 5 had oedema while of the 11 SAM not in program, 2 had oedema. Therefore, there were 7 oedema cases detected during the screening. The cases not in the programs were referred to IMAM program.

Table 7: Vitamin A supplementation and de-worming results during Malezi Bora (May, 2015)

	May 2015	
Vitamin A supplementation	100,000iu	200,000iu
Vitamin A coverage	817(86.6%)	5249(62.2%)
De worming	13,345 (83.3%)	

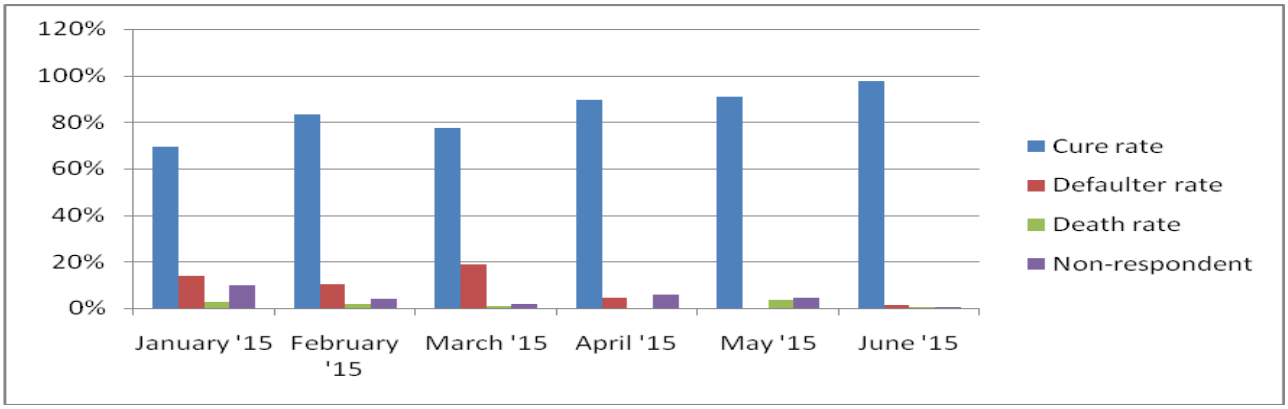
Vitamin A supplementation targeting children aged 6-59 months and de-worming of children 2-15 years was done. During the deworming exercise, 4,288 children aged 2 to 5 years and 9,057 children 6 to 15 years received deworming. Deworming was done both in schools and Duksi.

The sentinel surveillance was conducted during the month of February, 2015, the main objective was to ascertain the prevalence of malnutrition in the children aged 6-59 months in the 32 hotspot blocks, capture the children through weight for height screening who could be missed out using the MUAC screening and to ascertain program coverage in the selected blocks 32 blocks respectively. A total of 1187 children 6 to 59 months were screened during the exercise. 28.3% of the surveyed children were 6 to 17 months while 36.2% were 18 to 29 months. 50.3% of the surveyed children were boys while 49.7% were girls.

Alongside, SQUEAC assessment training was conducted in the month of May. The main objective of the training was to equip the participants with skills necessary for collecting qualitative data. After the data collection, FGDs (Focal Group Discussions) and KIIs (Key Informant Interviews) were conducted to various groups of the community in order to understand the barriers and boosters to the nutrition program. The discussions also gave an insight into community perspective of acute malnutrition and common remedies.

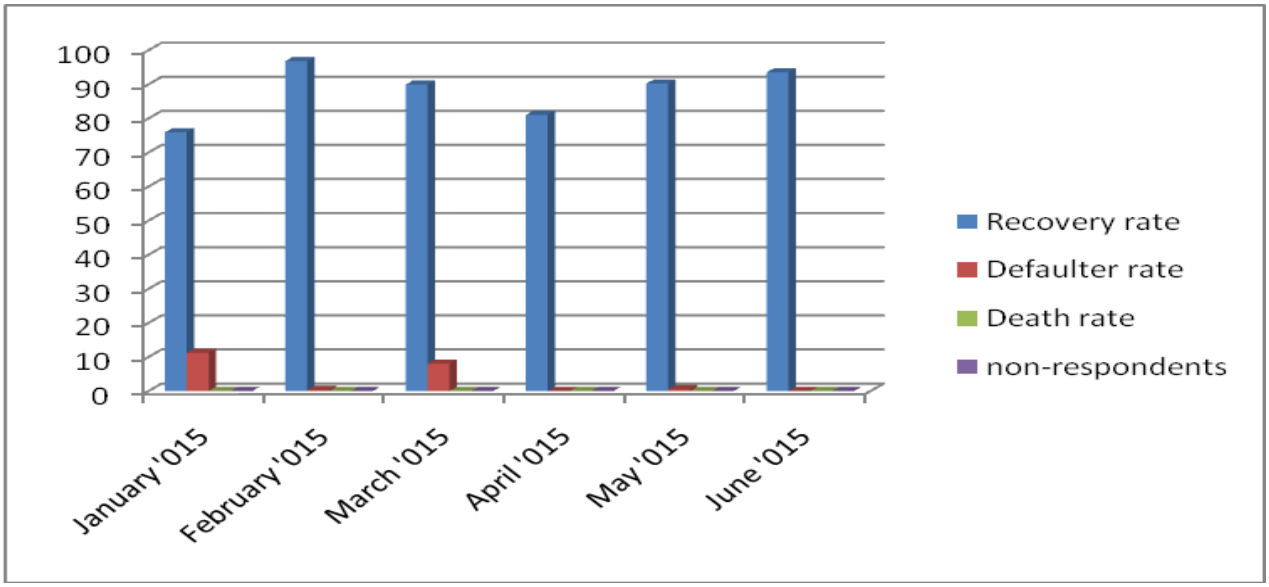
IMAM program: KRCS has been implementing IMAM program since 0ctober 2011. KRCS took over the program from MSF Spain during the peak of malnutrition when the GAM rate was at 38%. With support from different donors, KRCS started SFP and OTP sites in Ifo 2. The GAM rate was at 12.3% during 2014 nutrition survey.

Figure 3: Marasmus treatment



Throughout the reporting period, KRCS' nutrition program continued to meet the minimum SPHERE standards for program performance except the cure rate for the month of January, February and March was slightly low. The defaulter rate was slightly high in March due to the on-going repatriation of the refugees. The death rate was maintained below 10%. Continuous OJT for the incentive staff attributed to the maintenance of the minimum SPHERE standards for most of the months. Health education was done across the health facilities on utilisation of the RUTF (Ready to Use Foods), hygiene and complementary feeding.

Figure 4: SFP Performance Indicators



Throughout the reporting period, KRCS's nutrition program continued to meet the minimum SPHERE standards for program performance except the cure rate for the month of January and April which was slightly low. The defaulter rate, death rate and non-respondent rate were within the minimum SPHERE standard. Health education was done across the health facilities on utilisation of the RUSF (Ready to Use Supplementary Foods), complementary feeding and hygiene.

Capacity Building: Semi Quantitative Evaluation of Access and Coverage (SQUEAC) assessment training was conducted to health workers. Mentor Mothers training on MtMSG methodology was conducted and on job training for incentive staff on IMAM and MIYCN has been ongoing throughout to ensure the updated guidelines are used.

Maternal, Infant and Young Child Nutrition (MIYCN): KRCS took over fully the MIYCN program from ACF. Since then, KRCS has conducted community dialogues, family bazaars and cooking demonstrations. Weekly

MIYCN counsellors and monthly MtMSG meetings were conducted. Routine counselling at the health post level and at the hospital are done. There are currently 140 MtMSG and 18 MIYCN counsellors in Ifo 2. KRCS also promotes early initiation of breastfeeding at the maternity within the first hour of birth. KRCS has trained refugee incentive staff on MIYCN and micronutrient deficiency control. KRCS supports 3 orphaned babies with BMS.

World Breastfeeding Week was marked from 1st to 7th August 2015, as part of promoting breastfeeding emphasizing on the global objective. The activities conducted included community dialogue, MIYCN counselling, health messages in form of drama, skits and songs by an entertainment group were also performed across all the health posts.

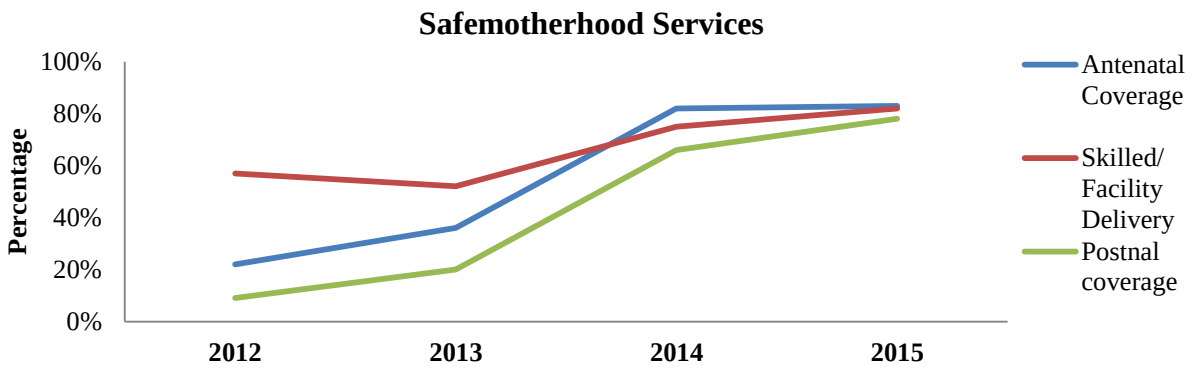
Output 1.4: Access to HIV services improved, including prevention interventions for refugees in Ifo 2

Training on the new HIV testing algorithm was conducted in the month of January 2014, in which 24 health workers consisting of HIV counselling and testing counsellors as well as other health workers were trained. The 1 week training saw the participants learn the new HIV testing algorithm which uses newer shorter acting kits. The training was conducted in collaboration with the County AIDS and STI Coordinator's office, and is in line with the National recommendation on the adoption of the new test kits that was rolled out countrywide in the month of August 2014.

Output 1.5: Increased access to quality maternal and child health service.

KRCS has provided comprehensive range of Reproductive Health services through its 3 health posts (2 in Ifo 2 West, 1 in Ifo 2 East) which are operational 6 days a week. The maternal and child health (MCH) services available in the camp include: focused antenatal care (ANC), targeted postnatal care (PNC), family planning (FP), clinical management of rape survivors, Prevention of Mother to Child Transmission of HIV (PMTCT), and routine immunization services as per the UVIS schedule while essential obstetric and neonatal care (EOC) is provided 24 hours at the fully equipped maternity and new born unit at the main Ifo 2 Hospital. The health posts are supported by satellite laboratories that provide basic diagnostic tests including antenatal profile tests. The objective is to ensure optimal access to comprehensive and quality reproductive health services to reduce maternal and child morbidity and mortality through provision of facility and community based reproductive services.

Figure 5: Safe motherhood services provided in Ifo 2 camps



Continuous and adequate training is essential in providing quality health care. Through the support of IFRC, KRCS in collaboration with the ministry of health (MOH) was able to train its national staff on the newly harmonized EmONC training, FANC, PMTCT and clinical management of rape survivors. The trainings provided participants with basic skills to enable them manage women with various pregnancy-related risks and complications at different levels of service provision in order to improve quality and uptake of maternal new born health services.

The ministry of health was able to make post training supervision and follow up to assess the participant's skills and progress at the clinical areas which not only benefited the society but other partners in Dadaab.

The program works depends entirely on the refugee incentive workers to deliver services optimally, hence the need for capacity building. With support from the funding, 53 auxiliary nurses were trained on basic medical skills while 17 were trained on the Antenatal profiling which has enabled them provide technical

assistance to the national staff while serving the refugee community as well as equip them with knowledge in preparation for repatriation process

Table 8: Trainings conducted

Training	Cadre	Number
EmONC	Qualified staff	25
Safe motherhood pillars	Safe motherhood promoters, Male champions	55
Cycle beads (Child Spacing	Community health workers, SMPs	70
ANC profiling	Auxiliary nurses	17
Clinical management of Rape	National staff	10

The program has been able to maintain 33 safe motherhood promoters (former traditional birth attendants) who have been transformed and empowered to strengthen community linkage and referral system through advocacy and promotion of safe skilled care as opposed to conducting home births. The program was able to build the capacity of the women through short course training on safe motherhood pillars, referral pathways, child spacing (cycle beads) to increase their knowledge in reproductive health .The training has gone a long way in improving health seeking behaviours and reducing the first delay in maternal mortality and morbidity.

Male involvement cannot be ignored in provision of RH as they are key influencers and decision makers in the community. The program was able to train 20 leaders (Religious, elected leaders, community health committee leaders) as champions of reproductive health to advocate and promote RH in the community. Their involvement in the program has contributed greatly to the performance especially on acceptance of surgical procedures and other lifesaving intervention which has seen an increased and early uptake of caesarean sections which currently stands at 4% and reduced number of discharge against medical advice in the hospital.

To ensure adequate access and quality of services, the program maintained an optimum trained health workforce, adequate supply chain system on RH commodities, 24hours Ambulance/mama taxi services, health information system, safe motherhood promoters and continuous partner collaboration for technical support and leadership.

In collaboration with the local radio station, (Star FM), information was disseminated through public service announcement and radio talks to increase uptake of services and access to clinical management of rape. The show enabled the community to get information and interact freely with the presenters; this was evident during the focus group discussions and community dialogue where members reported to have listened to the shows during the campaign to reduce maternal mortality in Dadaab camps.

In the course of 2015 the program has been able to undertake the following activities funded either by UNHCR and PRM:-

- Emergency Obstetric and neonatal training by the MOH and LMST
- Comprehensive Abortion care training for National Staff by Ipas Africa Alliance
- Safe-motherhood Pillars training for community resource persons (Religious leaders, CHC, elected leaders) by MOH and Kenya Red Cross Society
- Sexual and reproductive health and rights training for youth in Ifo 2
- Safe-motherhood campaign to promote child spacing during world breastfeeding week
- Sensitization meetings with religious leader to increase awareness on child spacing with support from NCCK

The above activities have resulted in tremendous improvement on the key reproductive health indicators especially the CPR which stands at 4% (HIS report August 2015), increased uptake of surgical and lifesaving interventions i.e. c/s with reduction in discharges against medical advices (DAMA) as seen previously. There were also enhanced health education sessions through audio visual aids in the hospital as well as significant male involvement and participation in reproductive health issues in the community and increased uptake of health care services and reduction of home births.

Water, Sanitation and Hygiene

Achievement against outcomes:

Outcome: The immediate and medium term water and sanitation needs of 60,000 refugees are met through the provision of safe water, adequate sanitation and promotion of good hygiene practices.

Output 1.1: Provision of adequate safe drinking water for 60,000 refugees in IFO 2 Camp in line with Sphere standards and WHO quality guidelines

Access to water, sanitation and proper hygiene practices is a fundamental right and essential to life, health and dignity. Timely and adequate provision of clean water and sanitation services to the refugee community in Ifo2 is particularly important given the vulnerability of their situation hence the refugees should have the access to adequate safe drinking water.

At the time of KRCS entry into Ifo 2, the water services, especially development of water infrastructure in both Ifo 2 east and west was by Oxfam GB. The development of the water systems in Ifo 2 East had been completed, and a pipeline extended on the southern end to supply water temporarily to the lower sections of IFO 2 West. These included sections S, T and U, and parts of section P. The remaining sections (parts of section P, Q, R, M, N and O) were supplied with water through water trucking by Oxfam GB and CARE International. The sub-sector was retained by the Oxfam GB as it had on-going contracts with private firms on development of water supply system and infrastructure. Oxfam GB finalised the development of 3 boreholes which they named as borehole 1, 3 and 4 in Ifo 2 West, construction of two (2) Pressed Steel Elevated storage tanks of capacity 250 m^3 each and the reticulation system in November 2012, setting in motion the process of final handing over. Ifo 2 west water system of 34 km with pipes of varieties of diameters which ranges from DN 40mm to DN 225mm and supply was handed over to KRCS in December 2012 and took over the same mandate in Ifo 2 east in February 2013.

KRCS continued to provide adequate amounts of safe water to the beneficiaries through operation of 7 boreholes in Ifo 2 camp with on-going regular maintenance of the water pipeline, generating sets, submersible pumps and drop pipes. In addition there are 217 tap stands in Ifo 2 with 1,302 nozzles that are maintained by WASH committee members in terms of cleanliness and safety. The nozzles are replaced when broken and repaired on time when they are defective. The 217 taps stands and 1,302 water nozzles are serving 40 persons per nozzle however UNHCR standard requires that each nozzle serves 80 persons.

Through ECHO support KRCS have completed installation of solar powered generation unit in 6 boreholes, with the aim of fuel reduction and promoting green energy. After installation consumption of fuel reduced from 560 to 300 litres per day resulting 47% fuel saving. As of 31st may 2015, the amount of water provided to the beneficiaries stood at 23L/person/day, which is above the sphere standard of 15-20L/person/day.

Quick response to repair pipe bursts with appropriate pipe fittings and capacity building of water supply incentive staff was done. 47 water supply incentive staff were trained on operation and maintenance whose objective was to identify different components of borehole system, identify the components of air cooled or water cooled diesel generator engines, to understand the basic services of the diesel generator engines, to know the different households water treatment option and to be familiar with using selected house hold water treatment methods. Operation and maintenance activities have been on going to ensure water supply availability in the camp throughout the reporting period.

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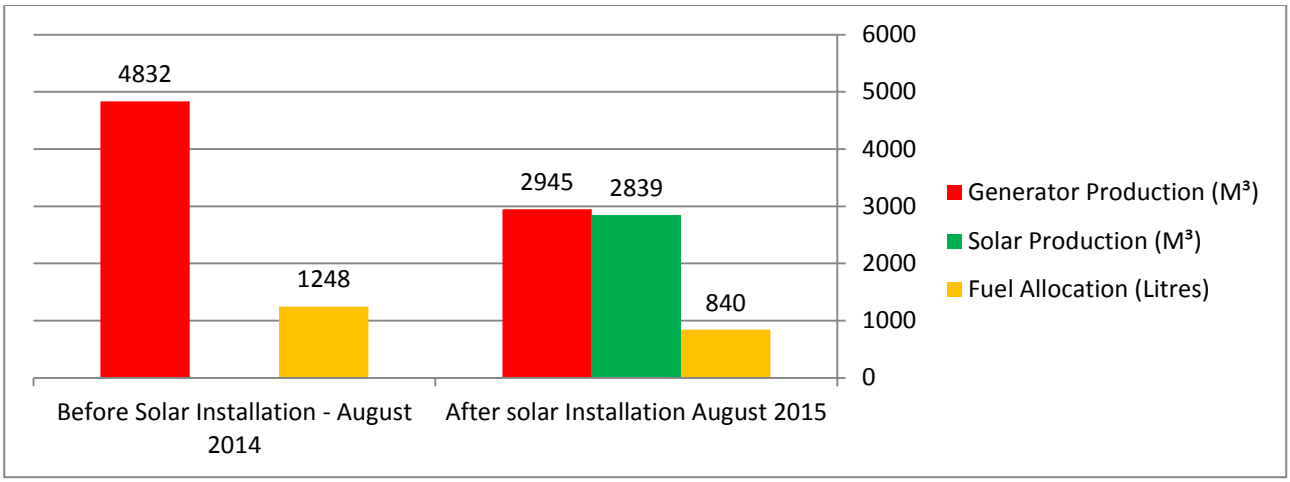
Water quality standards were maintained as during the operation water quality was monitored on a daily basis and reported every end of the week to ensure the water provided to refugee camp met water quality SPHERE standards. Water quality tests were done on daily and weekly basis. Daily water samples tested is 35 samples, weekly water samples tested is 210 samples and monthly water tested is 840.The following parameters were tested on a daily basis which includes Free Residual Chlorine, Conductivity, Turbidity, Colour, PH and Temperature. The water samples were all collected from storage facilities, tap stands and household level. All the samples complied with the WHO permissible standards allowed on portable water.

Figure 6: Graph showing water production before and after fuel reduction/solar installation



Weekly bacteriological tests: Through the operation, 20 water samples from households and tap stands were collected and tested for faecal and total coliforms tests. A total of 80 samples were tested monthly for bacteriological analysis. All water samples tested for physical and bacteriological monthly was 920.

BRC supported various other activities within this component of the project including emergency water trucking intervention in February 2012 that targeted health centres and the main hospital beneficiaries, drilling and equipping of a borehole at Base camp 1 and construction of 10 water tank stands within the camp and in its health posts**.**

Output 1.2 Provision of adequate sanitation facilities to serve 60,000 refugees in Ifo2

The sanitation and hygiene components in Ifo 2 west were handed over by the Norwegian Refugee Council (NRC) between December 2011 and May 2012. The NRC was involved in construction of communal latrines which were needed to facilitate the relocation of the refugees from the outskirts of Ifo and Dagahaley camps to the newly opened Ifo 2 camp. In the initial design, it was intended that the communal latrines would be shared by 5 families, and were to be used during the emergency phase. However, following heavy rains and flooding that was experienced between October and December 2011, a considerable number of these latrines collapsed and were rendered non-usable, while others filled up as a result of the saturation of soil formation by surface runoffs and flood waters. This increased pressure on the remaining latrines increased the households sharing latrine ratio from 5 families per latrine to between 9 and 12 households per latrine. These latrines were also increasingly filling up, becoming unsightly, and increased insects breeding, especially that of houseflies.

Based on this, individual family latrines construction in Ifo 2 West began in mid-April 2012 with identification of a suitable contractor through competitive tendering process. The construction of latrines was scheduled to be done in 2 phases, based on availability of funding. The first phase was to construct 6,680 pit latrines, while the second phase involved constructing of an additional 3,320 latrines. However, a household verification exercise revealed that the camp had approximately 8,000 households as opposed to previous data which indicated 10,000 households. This led to reduction of number of latrines to be constructed in phase 2 to 1,320 units. Phase 1 project was completed in October and the second phase by end of November 2012.

Table 8: Summary of latrines constructed per section

Section	No. Constructed	No of communal latrine demolished
S	490	136
T	1248	208
U	1348	248
M	927	0

N	841	0
P	1130	272
Q	859	145
R	1157	276
	8000	**1285**

4,000 latrines were later constructed in Ifo 2 east. Out of these latrines 3,380 were funded by UNHCR and 620 by ECHO. In 2014 4,000 latrines were repaired and 2,030 filled up household latrines were maintained by dozing with bio-digester to prolong their life span.

Block latrines with 4 stances in each block totalling to 86 stances were also constructed in 6 schools in Ifo 2 West as follows: Halgan – 14 , Central – 12 , Sunlight – 16 , Rage – 16 , Golden Elite – 16 and Furaha – 16 as indicated in the matrix for toilets in primary schools in Ifo 2 West appended below.

Table 9: Matrix for toilets in primary schools in ifo 2 west showing the reduced latrine gaps as per toilet sphere standards for boys – 1:60, girls – 1:30 after construction of block latrines

Name of school	Enrolment	Girls	Boys	Additional girls stances	Additional boys stances	Total girl's stances	Total boy's stances	Ratio of 1toilet : girls	Ratio of 1 toilet : boys	Gap in stances for girls	Gap in stances for boys
Furaha	2568	829	1739	8	8	20	20	1:41	1:87	7	8
Rage	2304	1048	1256	6	6	18	18	1:58	1:70	16	2
Sunlight	1700	790	910	8	8	20	20	1:40	1:46	6	+ 5
Central	2447	994	1453	8	4	12	12	1:82	1:121	21	12
Halgan	2712	1070	1642	7	7	19	19	1:56	1:86	16	8
Mwangasha	2927	1029	1898	-	-	-		1:85		22	3
Golden Elite	2757	1149	1608	8	8	20	20	1:57	1:80	18	6
TOTAL	17,415			45	41					106	34

The total stances constructed were 86 (girls – 45 and boys – 41) and the latrine gap has been reduced from 226 to 140 (Girls – 151 to 106 and Boys – 75 to 34).

There is one land fill in Ifo 2 camp that enable manage solid waste disposal in the camp. WASH committees in collaboration with the community and the hygiene promoters carry out cleaning campaigns every end of the month. In 2014 proper drainage around the site and proper fencing with a gate was done. Mobilization and sensitization of the community was done to encourage community take ownership of cleaning their own environment. KRCs distributed sanitation kits which included wheelbarrow and rakes to the camp which improved sanitation condition in the camp. Supported also by BRC was the purchase and distribution of 57 wheelbarrows and 57 spades in Ifo 2 West.

To facilitate both cleaning of the camp and in schools, sanitation kits which comprises of 133 wheelbarrows, 550 rakes, gumboots were distributed to the refugees in Ifo2. The environmental cleanliness status of the camp was maintained by carrying out the following activities, cleaning along the roads, sanitary lanes and undertaking proper disposal of carcass. The refugee community is encouraged to take responsibility of their own waste to maintain cleanliness of the camp. The Society also procured and installed 18 branded hand washing facilities in seven schools (Furaha - 1, Mwangaza – 4, Golden Elite – 2, Central - 3, Halgan – 2, Rage – 3 and Sunlight - 3 primary schools) within Ifo 2 West as part of hygiene promotion activities implemented during the period under review. Approximately 17,415 pupils benefitted from the intervention. The intervention aimed at promoting the practice of hand washing at critical times with much emphasis put on hand washing after using latrine facilities in order to reduce hygiene related diseases amongst the target group.

Vector control: During the reporting period a monthly spraying of the camp was conducted to control vectors. Common vectors found in the camp were cockroaches, houseflies, blue metallic flies. An average of

13,000 households were sprayed monthly. Both outdoor and indoor spraying is done using the government recommended chemicals. These activities were done with support of UNHCR and ECHO funding.

Training on Participatory Hygiene and Sanitation Transformation (PHAST) was integrated with Participatory Rural Appraisal (PRA) which was conducted in the camp. The aim was to enlighten the community leaders in importance of participation in water and sanitation interventions in the camp. This training was also used to assess the situation in the camp and mobilize the leaders to prepare the community for the water and sanitation interventions. A total of seventy (70) community leaders in Ifo 2 west were trained.

Output 1.3 Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the camps.

A KAP assessment was conducted in the month of March 2014 in which interviews were conducted in schools and in the refugee community. A total of 11 schools and 506 households were sampled. The results of the assessment indicated that 80% of the people sampled were aware of the main contamination reservoir routes and vectors in faecal-oral transmission of disease and 60% were able to correctly name the 5 critical hand washing times. Capacity building was done to water supply incentive staff and hygiene promoters.

Community involvement in maintenance of hygiene and sanitation facilities: Through ECHO funding cascading PHAST approach was done in the community the operation. One on one communication was used during house-to-house visits. Information passed to the community was on safe water chain, faecal oral route, importance of hand washing, household waste management, and personal hygiene. In addition the following were achieved during this reporting period.

Table 10: Summary of activities and achievements

No.	Activities	Achievements
	Cascading of PHAST to the community	13,644 households visited. 27,876 people reached (9,444 women,4,260 men and 14,172 children).
	Training of hygiene promoters	During the operation, 101 hygiene promoters were trained on CHAST & PHAST and 50 community health workers. The aim of the training was to empower the hygiene promoters to participate in cholera outbreak response and promote hygiene behaviour in refugee community by disseminating the hygiene messages, hygiene practices as per the work plan and monitor progress of the same. The training was conducted as per Global WASH Participatory methodologies. The training was conducted for 3 days with an approach that could help participants feel more confident about themselves and their ability to take action and make improvements in the refugee community as water, sanitation, and hygiene practices is concerned.
	Training of health patrons and hygiene in schools	One hundred and fifty (150) health club members were trained namely in the following schools Equator, Hilac and Haula Tako. The aim of CHAST Training was to promote good hygiene behaviour among the children CHAST however uses variety of exercises and education to target the children ages 5 years to 15 years and to teach them about the direct links between personal hygiene and good health. The child-to-child approach extends the usual definition of the term, ensuring that children's training on hygiene and sanitation will also have an impact on their families, peers and even future generations. So far health clubs has been established in 10 schools each school having 40 health club members which total up to 400 health club member. Each school has 3 health club patrons. Various activities are planned and implemented to enhance hygiene promotion practices in schools which trickle to the community at large. Clean up campaigns in schools, maintaining cleanliness in the school compound and the class room, routine personal hygiene inspection, school hygiene events, community visiting targeting children who do not go to school.
	Health talks in the 4 health facilities	Forty eight (48) sessions with hygiene messages were done. 7,272 people reached (3,120 women, 1,524 men and 2,628 children).

	Clean-up campaign	Monthly clean up campaigns were conducted every month with an estimated turn-up of around 14,400 people attending. Hygiene promoters, sanitation cleaners and WASH committee members took the lead.
	Public days celebrated	3 Global hand washing day were celebrated during this reporting period, 10 schools participated. Thirty (30) school health patrons and 100 school health club members were involved there were drama songs disseminating importance of hand washing and proper hygiene and sanitation practices. banners, caps, hijabs (head scarf) and t-shirts were procured for the event with hygiene messages. World toilet day was marked and celebrated by engaging the new arrivals in section F2 & F8 in active discussion about the importance of toilets as well as proper use of latrine and good hygiene practices like hand washing. The celebrations were attended by an estimated population of around 300 people.
	Hand washing facilities	Eighteen (18) hand washing stances were constructed in 7 schools.

Hygiene promotion campaigns were conducted monthly creating awareness on water-related diseases and prevention of the same, and solid waste management in the camp. The promotion campaigns were conducted through use of public address systems, drama video shows, and songs.

Tap stand sensitization and jerry can washing were done during the reporting period. Community were sensitized on importance of washing jerry cans and maintain safe water chain. Distribution of hygiene kits and sanitary materials in 10 schools within the camp was done during this period. Soap for hand washing: 198 cartons, liquid soap: 495 litres, latrine disinfectant: 495 litres and brooms: 330 were also distributed. 8 talking wall in the camp with hygiene messages both in English and local language were constructed.

Camp management, community services and security sensitization

Achievement against outcomes:

Outcome: High quality assistance is delivered and facilitated to up to 60,000 refugees in Ifo 2 through effective camp management and coordination, and community services

Output 1: Ifo 2 West camp functions well enough to deliver satisfactory services to 60,000 refugees

Coordination meetings: During the operation a total of 24 coordination meetings were conducted, the meetings were intended to coordinate the camp activities to ensure quality and timely service provision. Two (2) inter-camp security forums was conducted to enhance refugee protection and safety.

Trainings: Community leaders and CCPTS (community policing team) from Ifo 2 West were equally trained on different areas as planned through donor support from ECHO as tabulated below.

Table 11: Number of community leaders and CCPT members trained.

S/N	Areas of training	# of male participants	# of female participants	Total # in each training
1	Conflict and conflict management	72	40	112
2	Leadership and good governance	87	54	141
3	Importance of women leadership	12	48	60
4	Training on Camp management	97	53	150
	Totals	**268**	**196**	**463**

Airtime Provision: The implementation of the activity was only done during the last 2 months of the operation. 60 leaders and CPPTS were provided with airtime on monthly basis. This improved information sharing from the community to agencies.

In a bid to ensure information was properly circulated in the Ifo 2 refugee camps, KRCS information department managed to put up 13 notice boards at strategic areas of the camp i.e. in schools, hospitals, mosques, food distribution centre, community centres and agency compounds.

Output 2: Enhanced quality and accountability of humanitarian services delivery in the camps.

Although camp administration responsibilities were handed over to the Kenyan government, camp management activities remained a responsibility of KRCS. The following activities were executed within the camp planning objectives during the operation.

Flood mitigation: Drainage system was developed to minimise the impacts of flooding to the camp residents. It entailed trenching along the slope with the provision of culverts. The trenches were established along the roads for surface run off, providing V-Shaped trenches while constructing the roads to dome shape. Culverts were constructed at the interconnections to facilitate flow of water and accessibility.

A total of 37km of trenching was done with mechanical grading in both Ifo 2 West and East. 37 culverts were also laid for drainage system consisting of 350mm rings done at an average of 10m linear length. The culverts were covered with murram and a gradient achieved with a grader.

Completed works of the drainage system. Photo/ KRCS.

Camp Visibility: To facilitate visibility and ease accessibility, 36 block tags were fabricated and erected in the camp. The boards were fabricated and printed with the tags indicating the block/section and donors funding the same. Nine (9) section tags were erected in Ifo 2 west. An introductory camp board was also erected at the gate of Health post T indicating the services offered by KRCS in Ifo 2 West.

Base camp II improvement: Compound works improvement for flood mitigation was completed during the last quarter of the operation. The main aim of the activity was to control the level of flooding since the surface area is sunken with the positioning of the compound along a water way. As a result during rains there was a lot of surface run off. The design therefore entailed raising the surface with a fill of murram to 300mm with compaction done in two layers. Dummy trenches were dug in strips to isolate water and minimise the speed of runoff. A subsequent top layer of red sand was spread through to mitigate dust. Side trenches were also done to facilitate drainage. In addition Base camp support was provided during the operation through maintenances of security lights, construction of base camp gates, servicing of air conditioners, construction of 8 staff houses, training of staff and guards on basic safety and security measures. In addition 1 senior security officer, 3 security officer, 10 security guards and 20 cleaners were supported. 8 staff houses worn-out staff tents were replaced and safety supplies procured (jacket, whistle) and distributed to security guards.

Output 3: Improved life situation of individuals with special needs in the camp, with particular focus on orphaned children and the elderly, through nutrition, material, educational, and psychosocial support.

KRCS was able to procure and distribute 575 cartons of milk, 110 small tins of fish and 1,777 mats to support persons with specific needs and other vulnerable categories through the operation, which also contributed to their psychosocial well-being.

Training on care for elderly persons was done to the caretakers of the elderly as well as to the social workers working for the Kenya Red Cross. This has improved their capacity on handling different social issues affecting this group.

KRCS distributed 1,200 Panasonic solar-lantern lamps to elderly persons with children, single headed families and SGBV survivors in Ifo 2 refugee camp in July, 2014. This enabled the society to achieve its objective of alleviating refugee suffering in the camp since most of the beneficiaries have confirmed with the society that they feel secure during the night when their houses are lit using the solar lantern lamps.

Beneficiaries of solar lanterns using it for studying at night. Photo/KRCS.

Output 4: Reduced incidents of sexual and gender-based violence (SGBV) in the camp through capacity building, prevention and response involving both male and female refugees.

Since the KRCS began operating in Ifo 2, there have been notable increases in the average number of survivors accessing SGBV services: from 2 per month as from January to April to 24 cases per month from 2012 to 2015. Despite the significant increases in reporting and help-seeking among SGBV survivors, SGBV cases remain under-reported. Widespread practices remain, such as blaming the survivor, shame, stigma, fear of reprisals, especially from women fearing to be divorced and threats of rejection by families. In an effort KRCS have been implementing activities to create awareness on the services available and effect and consequences of SGBV.

Table 12: breakdown of SGBV cases reported between 2012 and August 2015

GBV TYPE	2012	2013	2014	2015(JAN-AGST)
Denial of Resources, Opportunities or Services	M-0 F-26	M-3 F-79	M-1 F-25	M-0 F-3
Physical Assault	M-6 F-100	M-4 F-223	M-4 F-264	M-2 F-95
Psychological / Emotional Abuse	M-9 F-53	M-12 F-90	M-10 F-70	M-1 F-28
Rape	M-1 F-32	M-0 F-48	M-0 F-28	M-0 F-13
Sexual Assault	M-0 F-22	M-2 F-109	M-2 F-105	M-0 F-44
TOTAL	249	570	509	186

Through BPRM support, 4 trainings were conducted to enhance community participation in GBV prevention and response. The groups targeted and reached under this activity included: 192 camp leaders (93 males, 99 females), men-only 195 reached, 49 SGBV steering committee (32 males, 17 females) and 39 safe home volunteers (community members who volunteer to provide temporary shelter for survivors with non-life threatening cases as they await solution to their concerns, 22 males, 17 females). The objectives of the various trainings were explaining the dynamics of gender-based violence, its causes and consequences, exploring reasons preventing survivors from seeking help, understanding concerns of survivors and how to address such concerns, discussing why a community approach is necessary to address the issue of SGBV and encouraging participants to spread awareness about SGBV to the rest of community and spear head change of attitude.

Focus group discussions (FGDs) on Prevention of Sexual Exploitation and Abuse (PSEA) were held and 797 people took part. Participants expressed concerns of people lacking knowledge on how to report allegations of sexual exploitation for fear of stigmatization. Some also expressed the feeling of powerlessness to report an abuse perpetrated by someone in authority. Community dialogues were also held which reached out to 1,319 people where various issues touching on SGBV were tackled.

Four (4) mass campaigns were held involving community members who held a precession within the community advocating for an end to SGBV and respect for human rights. The procession ended at an open field where speeches were made by staff from agencies as well as the refugee leadership.

Fifteen (15) community workers have been trained on Gender Based Violence (GBV) and PSEA. Equipped with this information, community workers have been able to build awareness in the camp on GBV issues, the 72 hour clinical management of rape and the referral pathway. This has led to an increase in reporting as reflected in the statistics on cases attended to. They have also been able to escort survivors to health facilities and psychosocial services. 20 staff from GBV and other sectors working with GBV have also been trained and this has enhanced their efficiency and professionalism in handling survivors.

100 women and girls were mobilised and attended English classes in both East at Equator Primary School and Mwangaza Primary School in West. Significant progress has been observed as most

participants/students can read and write the alphabet, simple words and can even construct simple sentences.

Training for Inter-Agency Standing Committee (IASC) guidelines on SGBV was undertaken in July 2015. Other capacity building activities are scheduled to take place as soon as procured items were delivered, such as tailoring classes targeting 100 survivors and for which 14 sewing machines have been procured, training on greenhouse management for 40 women and for which 4 green houses have been procured.

Referral pathway has been established, updated and disseminated to the community. Referral cards have been produced and in use. 18 protection meetings were held and attended by UNHCR, Save the Children International (SCI),Refugee Consortium of Kenya (RCK) and KRCS to discuss issues and draw action points. 16 monthly camp SGBV coordination meetings for SGBV partners and community leaders were organized and led by the KRCS. 35 case conferences have been held to discuss cases that needed further interventions.

Training of 12 National staff on EMAP and SASA was conducted where the EMAP training was a joint initiative with the UNHCR, IRC CARE and DRC where 32 agency staff underwent an intensive training for a period of 2 weeks and 6 of KRCS staff benefited from this training who now are the lead TOTs on EMAP and are in charge of the community trainings and sessions. Staffs were able to attend a very well facilitated SASA training and received certification as TOTs on SASA.

The TOTs conducted a training of 30 community workers and refugee staff on EMAP and SASA implementation and methodology where it has contributed to changing the perception of the community members on SGBV especially the men, who have become more aware and sensitized on the consequences and impacts of SGBV on the women and society at large. It has also improved the male participation in SGBV activities and awareness creation since they are now getting more involved and advocating for behaviour change amongst themselves.

Training of 25 law enforcers and medical personnel was also conducted with the participation of the protection partner agencies (UNHCR, IRC, and CARE & DRC) and the outcome of this initiative was a more sensitized group of professionals who became more sober on the issues regarding SGBV thus improvement of service provision in regards to SGBV cases.

Training of 30 religious leaders on SGBV has enabled the programme garner more substantial support from the leaders in passing across information to the community. Their involvement and participation is a great addition in community sensitization, acceptance and has had a good impact on the community.

Purchase of In-her-Shoes toolkit was very beneficial in eliciting the emotions of all the community workers trained and the community in the sessions that the survivors go through thus proved to be an effective way of community outreach and information dissemination. Meetings and community forums were conducted on EMAP, SASA, In-her-shoes and coordination sessions in order to impart the important messages and information of all the approaches, this in turn has enabled creation of a more sensitized, aware and participatory community to be used in fostering growth of the SGBV movement to end violence.

Output 5: Enable environmental recovery through sensitisation, maintenance, and rehabilitation initiatives

Afforestation was done in Ifo 2 camp with the rehabilitation of areas previously under indigenous forest cover. Five (5) green zones, one measuring 800m by 800m, 2 measuring 11 ha each, 2 measuring 2 ha each were identified and fenced off in Ifo 2 camp. Seedlings totalling 10,000 were procured and planted. This exercise was done to reintroduce and maintain the indigenous trees that were cut down by the camp population. Water extension pipeline was done to supply water to the identified green zone areas. Casual labours, gardeners and security guards were hired for fencing, watering and maintenance of the zones. Tree nursery sheds was constructed, nursery equipment and material procured and nursery caretaker recruited.

Output 6: Satisfactory services are delivered to 60,000 refugees in Ifo 2 west camp for a period of 12 months, with particular focus on community security, safety and accountability

Improvement of camp layout: To maintain the camp layout and the design of the camp that consisted of spaces for residential use, communal facilities, offices, roads and other facilities, the following were executed to maintain the camp layout.

Graveyard fencing: Three (3) graveyards funded by UNHCR were sited and fenced. This is aimed to control aimless burying of the dead that has seen sprouting of graveyards at undesignated areas. Two (2) were identified for Ifo 2 East while one for Ifo West under the same budget.

Youth facility: The UNFPA program supports youth activities in the camp. As a result the need for designated sites for the same in the camps was inevitable. Two spaces were allocated in Ifo II East and West respectively. The layout consisted of a football pitch, volleyball pitch, an arena and a space for office use.

Water infrastructure: In collaboration with the water partner Oxfam, suitable sites for water tap stands were identified during the reporting period in collaboration with the community.

Solid waste disposal sites: To control waste management, sites for waste disposal were identified during this reporting period. Four (4) sites in each camp for waste disposal (dumpsites) for both Ifo 2 West and East were identified. A site for a major land fill was also identified and sited at the main greenbelt. This was done in collaboration with Oxfam, KRCS WASH, UNHCR and the planning office.

Community centre in Ifo 2 West: A site for the development of a community centre was identified and sited in section P.

Child friendly space-SCUK: Space for the development of a child friendly space that was requested by save the children was cited and allocated in section S.

Training of site planning committee members: Site planning committee members were selected and trained. These are an important community unit within the structure that assists in implementation of the camp planning objective. They also play a major role in setting of community facilities, maintaining the camp planning layout and solving of disputes within the camp. A total of 85 members were trained in Ifo 2 West on camp planning standards, camp design, the do's and don'ts of the camp and the role of committee members in the camp.

Capacity development was carried for both the community peace and protection teams and the religious leaders and this has greatly contributed to a peaceful co-existence among the camp residents. The provision of the safety supplies also enhanced the motivation of the CPPTs and this has enabled the society to carry out its operations as planned.

Shelter

Achievement against outcomes.

Outcome: Improved transitional shelter conditions for 150 staff (ISSB technology).

Output 1: Adequate and decent shelter is provided to 150 staff supporting Ifo 2 west operations

With support from Norwegian Red Cross construction of 8 housing units was done in base camp 1. No tents were procured during this reporting period. The following new activities that were proposed in the appeal revision were not implemented due to lack of funding:

- Procurement of Hydra-form machines for ISSB blocks production.
- Training of volunteers on production of ISSB blocks and construction through blocks interlocking.
- Procurement of construction materials

Livelihood support

Achievements against outcome

Outcome: Livelihood alternatives are established to support 60,000 most vulnerable individuals in the Ifo 2 refugee camp, with special focus on youth at risk and vulnerable women, including survivors of SGBV.

Output 1: Increased life skills and opportunities for livelihood for youth at risk through establishing of a centre for facilitation networking, skills enhancement and training, ensuring equal participation of male and female youth.

This activity was not funded through the appeal.

Output 2: Increased self-reliance of women groups and SGBV survivors, through livelihood support, vocational training and skills enhancement.

A borehole for the demonstration farm was drilled in the base 1 and equipped. The equipment for this borehole was procured and installed. The equipment includes : generating set of 70 KVA , submersible pump SP 46 -15 coped with 22 KWT motor, submersible cables, electrodes and its accessories, and 23 GI drop pipes class B of DN 100 mm.

Various livelihood activities have been initiated to contribute towards improved living standards of refugee women and girls through socio economic empowerment. Six (6) groups of 10 women each were identified and established. The groups were trained on green-house farming and management. On completion of the training each of the groups was provided with a greenhouse to manage and enhance their self-reliance through vegetable and fruit farming. Agro-chemicals and farm equipment were as well procured. A tailoring training centre has been set up in Ifo 2 with 100 women benefitting. 40 women have been trained on green-house management and they have started working in the 4 greenhouses which have been procured.

Hundred (100) vulnerable refugee women in the camp were trained on tailoring as an income generating activity option. The tailoring training is geared towards helping the community members gain skills to help them sustain themselves in terms of starting business from sewing/making clothes. Community services and livelihood manager, social services officer and social service incentive staffs (refugee) were supported.

With the support from Norwegian Red Cross, 2 trainings of 30 staffs each were conducted 1 on environment conservation while the other was a TOT on livelihood. The environment training had the following objectives: to educate the staff on environment, encourage environment conservation practices and practice environment rehabilitation and conservation in the work place. The livelihood TOT training had the following objectives: to educate the staff on livelihood, the different approaches to livelihood programmes and to capacity build staff who would train the community.

MONITORING, RESEARCH AND EVALUATION

Achievements against outcome

Outcome: To conduct operation research to document best practices and learning in refugee operations including health and nutrition research in emergencies and programme evaluation conducted.

Output 1: Best practices are reviewed and documented on refugee operations.

To promote learning, research protocols were developed and reviewed by Research Ethics Committee. Documentation and dissemination of research findings was also done through publications and conference abstracts. There is an ongoing operations research under support of British Red Cross; this activity will be updated once the research is finalized and completed. The documents will then be disseminated through publications and conference abstracts. Support for Operational Research Investigators and field staff support was done with support from British RC bilaterally. Monitoring visits were conducted jointly with KRCS and IFRC staff.

Evaluation plans are underway to determine project impact. Moving the appeal to longer term program, the evaluation will conducted in 2016 and will inform the best practices and lesson learnt that will further contribute to implementation and transition from emergency to longer program.

The new activities that had been proposed mentioned below were not implemented due to lack of funding:

- Development of research data collection tools and training of research assistants, supervisors and quality assurance assistants to conduct operational research.
- Support procurement of entry and data analysis software, computers, smartphone with inbuilt GIS systems for household/camp mapping and data collection.
- Design and set up of database and linkage to GIS mapping system.

BUDGET

Refer to the budget below:

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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
Saving lives, changing minds.

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

Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

Enable healthy and safe living

Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRKE018 - Kenya - Population Movement

Timeframe: 06 Oct 11 to 30 Jun 15

Appeal Launch Date: 19 Oct 11

Final Report

Selected Parameters			
Reporting Timeframe	2011/10-2016/2	Programme	MDRKE018
Budget Timeframe	2011/10-2015/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		**22,939,815**				**22,939,815**	
B. Opening Balance							
Income							
Cash contributions							
Australian Red Cross		*603,491*				*603,491*	
Australian Red Cross (from Australian Government)*		*603,491*				*603,491*	
British Red Cross		*443,309*				*443,309*	
British Red Cross (from DEC (Disasters Emergency Committee))*		*1,125,630*				*1,125,630*	
Canadian Red Cross		*1,751,406*				*1,751,406*	
China Red Cross, Hong Kong branch		*854,155*				*854,155*	
European Commission - DG ECHO		*4,687,816*				*4,687,816*	
Japanese Red Cross Society		*240,079*				*240,079*	
Mellon Bank		*7,705*				*7,705*	
New Zealand Red Cross		*48,003*				*48,003*	
Norwegian Red Cross		*743,072*				*743,072*	
Norwegian Red Cross (from Norwegian Government)*		*1,411,529*				*1,411,529*	
Other		*142*				*142*	
Red Crescent Society of Islamic Republic of Iran		*250,000*				*250,000*	
Red Cross of Monaco		*30,840*				*30,840*	
Swedish Red Cross		*1,366,063*				*1,366,063*	
Swedish Red Cross (from Swedish Government)*		*1,308,458*				*1,308,458*	
Taiwan Red Cross Organisation		*473,844*				*473,844*	
The Netherlands Red Cross		*1,226,366*				*1,226,366*	
The Netherlands Red Cross (from Netherlands Government)*		*612,520*				*612,520*	
United States Government - PRM		*1,445,154*				*1,445,154*	*11,521*
United States - Private Donors		*307*				*307*	
C1. Cash contributions		***19,233,380***				***19,233,380***	***11,521***
C. Total Income = SUM(C1..C4)		**19,233,380**				**19,233,380**	**11,521**
D. Total Funding = B +C		**19,233,380**				**19,233,380**	**11,521**

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		19,233,380				**19,233,380**	**11,521**
E. Expenditure		-19,231,352				**-19,231,352**	
F. Closing Balance = (B + C + E)		2,027				**2,027**	**11,521**

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure: Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	Variance
	A						B	A - B
BUDGET (C)			**22,939,815**				**22,939,815**	
Relief items, Construction, Supplies								
Shelter - Relief	220,046		4,540				**4,540**	**215,506**
Construction - Housing	1,290,323							**1,290,323**
Construction - Facilities	2,126,960							**2,126,960**
Clothing & Textiles	46,531							**46,531**
Food	76,735							**76,735**
Seeds & Plants	127,551							**127,551**
Water, Sanitation & Hygiene	3,463,783							**3,463,783**
Medical & First Aid	1,431,947							**1,431,947**
Utensils & Tools	18,367							**18,367**
Other Supplies & Services	88,348							**88,348**
Total Relief items, Construction, Sup	8,890,591		4,540				**4,540**	**8,886,051**
Land, vehicles & equipment								
Vehicles	979,819		98,346				**98,346**	**881,473**
Computers & Telecom	106,243		6,491				**6,491**	**99,752**
Office & Household Equipment	59,026		9,512				**9,512**	**49,514**
Medical Equipment	222,150							**222,150**
Others Machinery & Equipment	142,105							**142,105**
Total Land, vehicles & equipment	1,509,343		114,349				**114,349**	**1,394,994**
Logistics, Transport & Storage								
Storage	164,171							**164,171**
Distribution & Monitoring	136,451		19				**19**	**136,432**
Transport & Vehicles Costs	831,244		222				**222**	**831,022**
Total Logistics, Transport & Storage	1,131,866		241				**241**	**1,131,625**
Personnel								
International Staff	72,306		126,228				**126,228**	**-53,922**
National Staff	32,885		76,202				**76,202**	**-43,317**
National Society Staff	5,955,906							**5,955,906**
Total Personnel	6,061,097		202,430				**202,430**	**5,858,667**
Consultants & Professional Fees								
Consultants	117,347							**117,347**
Professional Fees	63,506		68,540				**68,540**	**-5,034**
Total Consultants & Professional Fee	180,853		68,540				**68,540**	**112,313**
Workshops & Training								
Workshops & Training	310,892		120				**120**	**310,772**
Total Workshops & Training	310,892		120				**120**	**310,772**
General Expenditure								
Travel	238,174		956				**956**	**237,218**
Information & Public Relations	350,222		247				**247**	**349,975**
Office Costs	495,048		33				**33**	**495,015**
Communications	153,111		2,339				**2,339**	**150,772**
Financial Charges	2,041		-1				**-1**	**2,042**
Other General Expenses	2,215,865		0				**0**	**2,215,865**
Shared Office and Services Costs	630		42,813				**42,813**	**-42,183**
Total General Expenditure	3,455,091		46,386				**46,386**	**3,408,705**
Contributions & Transfers								
Cash Transfers National Societies			17,379,324				**17,379,324**	**-17,379,324**

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Budget Timeframe	2011/10-2015/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)			**22,939,815**				**22,939,815**	
Cash Transfers to 3rd Parties			150,063				**150,063**	**-150,063**
Total Contributions & Transfers			17,529,387				**17,529,387**	**-17,529,387**
Indirect Costs								
Programme & Services Support Recove	1,400,083		1,167,790				**1,167,790**	**232,293**
Total Indirect Costs	1,400,083		1,167,790				**1,167,790**	**232,293**
Pledge Specific Costs								
Pledge Earmarking Fee			82,971				**82,971**	**-82,971**
Pledge Reporting Fees			14,600				**14,600**	**-14,600**
Total Pledge Specific Costs			97,571				**97,571**	**-97,571**
TOTAL EXPENDITURE (D)	**22,939,815**		**19,231,352**				**19,231,352**	**3,708,463**
VARIANCE (C - D)			**3,708,463**				**3,708,463**	

Disaster Response Financial Report

MDRKE018 - Kenya - Population Movement

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Selected Parameters			
Reporting Timeframe	2011/10-2016/2	Programme	MDRKE018
Budget Timeframe	2011/10-2015/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	22,939,815		19,233,380	19,233,380	19,231,352	2,027	11,521
Subtotal BL2	22,939,815		19,233,380	19,233,380	19,231,352	2,027	11,521
GRAND TOTAL	**22,939,815**		**19,233,380**	**19,233,380**	**19,231,352**	**2,027**	**11,521**