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Emergency Plan of Action (EPoA) Kenya: Moyale Population Movements

 International Federation
of Red Cross and Red Crescent Societies

DREF: n° MDRKE042	Glide n°: OT-2018-000031-KEN
Date of issue: 26 March 2018	Operation start date: 23 March 2018
	Expected timeframe: 3 months
	Expected end date: 23 June 2018
Category allocated to the disaster or crisis: Yellow	
DREF allocated: CHF 310,664	
Total number of people affected: 10,000 (2,000 HHs) ¹	Number of people to be assisted: 10,000 (2,000 HHs)
IFRC Focal point: Andreas Sandin, EAIOI Operations Coordinator is the project manager and budget holder for this operation	National Society focal point: James Mwangi, Disaster Management Operations Manager (Kenya RC)
Host National Society(ies) presence (n° of volunteers, staff, branches): 20 Staffs, 30 Volunteers, 1 Branch Office (Marsabit Town) and 1 Sub-Branch Office (Moyale Town)	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: County Government of Marsabit, NDMA, Concern Worldwide and World Vision	

A. Situation Analysis

Description of the disaster

In February 2018, the Prime Minister of Ethiopia stepped down, causing the declaration of a state of emergency and widespread rebellion by the civilians (against the state of emergency), that resulted into an ambush of a military truck heading to Oromia by a suspected from Oromia. Infuriated by this development, the military is reported to have retaliated on the 10th March 2018 leading to 13 deaths, 20 injuries and 16 reported missing. At the time of assessment, a total of 69 injuries had been reported.

The immediate aftermath of this armed encounter resulted into the displacement of about 1,650 households (8,200 people) in the first three days. This population is hosted in Somare, Kukub, Mayie, Sololo, Sessi, Dambala Fachana, and Butiye and has increased to 10,557 over the past week. KRCS, UNHCR and The Refugee Affairs Secretariat (RAS) are carrying out registration of the population hosted in these centres. Based on the current situation in Oromia region, it is anticipated that more people will move across the border and if the current trend of about 100 households coming daily is maintained, it is projected that the population will reach 15,000 by end of the month of March 2018.

¹ Estimated men vs female ratio is 46.83 % vs 53.17 % (Source: KIRA Situational Report, 19 March 2018)

Table 1: A summary of populations at host centres

Name of Camp	Population
Sololo (Maeyi, Kukub, Gada Korma,Dambala Fachana)	4,757
Somare	4910
Cifa/Butiye	890
New arrivals on 19/03/2018	0
Total	10,557

Registration is ongoing and disaggregation to date is as follows; pregnant women (615), lactating mothers (940), Under 5 males (723), under 5 females (753), PLWD males (30), PLWD females (20), unaccompanied male children (61), unaccompanied female children (64), elderly males (71) and elderly females (105). Another 1,200 people (240 HHs) are expected to join the camps from Olla Waqo Dogo, Telle Dambi, Guchi, Argane, Madho, Chana Mudha and Mor Mora, Mudiambo, Tatesa, Chamuk, Tille Madho and Qetal. More displaced persons are also expected to come in through various border villages of Gada Korma, Bori, Kukub, Mado Adhi, Wayegodha and Uran.

Some households managed to move with their livestock including Camels (600), Cattle (2,852), Small Stock (700) and Donkeys (55). More displacements are expected as population movement into Moyale border in Kenya continues to be reported.

The incursion by the civilian population into Moyale, Kenya, is triggered by the ongoing tension and fears following reports of 210 persons being separated from their ancestral homes. Some of the displaced have integrated with their relatives, friends and kins from the Kenyan side, while some have camped in schools, churches, mosques and open spaces within individual compounds. The host community are currently providing part of the required humanitarian support.



Distribution of NFIs to Ethiopian refugees in Moyale county ©KRCS

Summary of the current response

Overview of Host National Society.

KRCS is the largest humanitarian organisation in Kenya, with presence across the country (with 64 branches and sub branches supporting a network of 98,000 volunteers). KRCS has wide acceptance across the country with capacity to operate in areas considered hard to reach, based on geographical isolation and limitations in humanitarian access. The society is designated as the first line of response in all sudden onset disasters by the Government and the Kenya Humanitarian Partnership Team (KHPT). It has an auxiliary role to both National and County Governments and carries learning from major humanitarian operations in the country including the 2007/08 election violence, where it played a key role in providing emergency services in health, WASH, camp management, protection, recovery and reconstruction.

KRCS has also established a complaint and feedback mechanism which include a toll-free telephone line, SMS, and committees among other mechanism. For the toll-free line, the mechanism aims at complementing the other complaints and feedback mechanism such as the use of beneficiary/community committees, the chiefs, and KRCS field volunteers and staff. This is now open to any community member who would wish to escalate their complaints to the headquarters.

KRCS also works in partnership with UNHCR in refugee camps in Kenya, and the Society has experience in thematic areas including camp management, Water, Sanitation and Hygiene, Health, Nutrition, Reproductive Health and HIV (care and treatment) and Sexual and Gender Based Prevention and response.

Following the current influx of Ethiopian refugees, Kenya Red Cross Society has taken the following immediate actions;

- **Co-ordination** -- A committee, made up of KRCS, County Government of Marsabit and representatives of Central Government was set up to oversee the initial rapid assessments. This committee provided the initial population estimates which has been used as a basis for the initial emergency interventions and will continue to be updated.
- **Shelter** - Standard NFI Kits (2 tarpaulins, 1 kitchen set, and 2 mosquito nets, 2 bar soaps, 2 thermal blankets and 2 jerry cans) for 1,000 families have been released and pre-positioned in Moyale (800km North of Nairobi). Distribution is ongoing with the first group of 600HH having received NFIs on 14th March.
- **Health** - Two complete basic Inter-Agency Emergency Health Kits (IEHK), 2 supplementary kits and 1 Malaria kit have been released and are being used to provide basic health services to the displaced. 500 dignity kits (250 each for males and females) have similarly been distributed.
- Two Reproductive Health Kits (Kit 2A) have been released and are in use in rolling out the Minimum Initial Service Package (MISP).
- A surge team of 12 people (who joined 3 local staffs) has been deployed. These include nurses, Clinical Officers, Public Health Officers and WASH Officers. The team is supporting initial assessment and early response.
- KRCS has deployed WASH personnel to provide hygiene promotion and construct temporary latrine facilities. Water treatment chemicals will also be provided for purification of domestic water to reduce contamination. Proper drainage will be ensured for vector control.

Further to this, KRCS has capacity to ensure continuation of the response considering its past engagement in the cross-border conflict as well as its large network of volunteers that comprises the local community. Historically, the border communities in Kenya have fought over resources such as pasture and water for their livestock, as well as over political boundaries and outcomes of local elections. KRCS has been at the centre of humanitarian assistance following these past conflicts; the most recent having occurred in 2012/13 on the Kenyan side of Moyale. This has made the organisation endear itself to the local population thereby, benefiting from the increasing community acceptance. In the 2012 conflict, KRCS supported initiatives aimed at establishing long lasting peace and sustainable development in Moyale, by engaging the communities that were party to the conflict, leading to a peace agreement that was signed between the two communities in the presence of Head of State (who also serve as KRCS patron). These initiatives have, in the past, resulted into a positive impact on mitigating conflicts and strengthened socio-economic interaction and integration between the two countries at the border. The community is closely inter-linked, (on both the Kenyan and Ethiopian sides), and occasionally when conflicts occur, they play host to those fleeing violence (in 2012/13 conflict in Kenya, people fled to Ethiopia and this time round, the Ethiopians are fleeing into Kenya).

Kenya Red Cross is currently in discussions with British RC and ECHO on activating the Crisis Modifier, which is part of the ECHO HIP 2018. This would support the KRCS response to the Moyale - Ethiopia influx with providing the immediate needs.

Overview of Red Cross Red Crescent Movement in country

ICRC has a regional delegation in Nairobi, covering Kenya, Tanzania and Djibouti, in addition, it provides support to operations in a number of countries in Africa. ICRC has been working with KRCS on preparedness and on response to localized violence in the country, and on broader programs including on cash transfer to drought affected counties, capacity development and Safer Access. Over the last years, several initiatives have been undertaken aimed at developing capacity of response teams including; First Aid which targeted 420 volunteers in selected counties, WASH trainings, communication, mental health, seminars with KRCS and leading media firms regarding social media platforms and dissemination to journalists. Similarly, ICRC has been supporting (both technically and financially) the KRCS's Restoring Family Links Program which has helped alleviate the psychological distress of affected families by reuniting and clarifying the fate of the missing family members.

The IFRC has a cluster Office (for Eastern Africa and Indian Ocean Islands) and a regional office for Africa, in Nairobi. There are also a number of partner National Societies (PNSs) supporting regional operations from Kenya. These include the British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross and the Norwegian Red Cross. KRCS is in contact with the IFRC and has been providing progress updates as the humanitarian situation unfolds.

British Red Cross and Finnish Red Cross, through the disaster management strengthening programme, have been supporting the KRCS in various aspects of disaster management, which also includes contingency planning for various hazards, Standardization of practices in response preparedness, capacity development of response teams, policy regulations and learning from preparedness and response actions. The PNS have similarly been briefed on the situation with engagements expected to be informed by the prioritised needs on the action plan.

Overview of non-RCRC actors in the country

The United Nations (UN) has strong presence in Nairobi for country and regional programs. The UN Agencies working in partnership with KRCS include UNHCR (Refugee Programs), UNICEF (Nutrition, Epidemics and child protection), UNFPA (Reproductive Health and Gender Based Violence), UN-OCHA (coordination of partners and Trainings on Kenya Interagency Rapid Assessments), UN Women, Food and Agriculture Organization (Programs on Livestock including vaccination, Animal Offtake, distribution of hay), and the International Organization for Migration (Shelter sector partnership). The Non-Governmental Organizations include World Vision, International Rescue Committee, Danish Refugee Council and Norwegian Refugee Council. KRCS also works with in-country donors including European Commission Humanitarian Aid, USAID, DFID and the European Union.

Coordination is effective with UNHCR, which will take over water trucking within a month, as this activity is only budgeted for one month in this DREF operation. Other actors include MoH, with whom KRCS has partnered to provide emergency health services and UNFPA, with whom KRCS is in discussions for the PGI sector.

KRCS also works with the National Disaster Operations Centre (NDOC) in coordination of humanitarian emergencies, The National Drought Management Authority (NDMA) in drought management, and as co-chairs of Kenya Cash Working Group, the National Disaster Management Unit (NDMU) in disaster response. In terms of emergencies coordination and management, eight coordination hubs across the country were established as part of contingency measures prior to the general elections and continue to serve as centres for coordination meetings, logistics, storage and distribution. Other state actors include Hunger Safety Net Programme (HSNP) that coordinates cash transfer for most vulnerable households in 19 counties as well as the Ministry of Health (MoH) at national and county level (Responsible for implementation of nutrition interventions targeting malnourished children, pregnant and lactating women and the elderly).

To ensure effective coordination and proper planning from the start, Sub-county steering group meeting was held in Moyale Town in which a technical team with representation from different departments and organizations was

constituted to spearhead the Kenya Inter-Agency rapid assessment (KIRA) assessment. The assessment team comprised sectoral specialists drawn from the National Drought Management Authority, Kenya Red Cross, World Vision Kenya, Concern Worldwide, and Strategic for Northern Development and government departments for Agriculture, Water, Public Health, Livestock, Trade and Ministry of Interior and Coordination of National government. The Marsabit County Steering group team is expected to hold regular progress review and planning meetings which will help the existing gaps and further sources of humanitarian assistance.

Table 2: A summary of Non-Red Cross Actors who have presence in Moyale

Organisation	Sector	Support Provided
UNHCR	Overall Coordination	NFI Kits for 15,000 People, Registration of PoCs
WFP	Food and Nutrition	Mobilising 700MT of food from Marsabit
UNICEF	Shelter, Nutrition	Mobilised 1,619 Family Kits from Garissa, Mobilising IMAM Supplies from Nairobi
Concern W/wide	Water	Providing 10,000 litres by trucking for a month
World Vision	Shelter	Provided 400 NFI Kits
Danish Ref. Council	Protection	Carried out an assessment for GBV programming
RAS	Admin & Coordination	Supporting UNHCR in registration of PoCs
Save the Children	Child Protection	Carried out assessment, planning Child Protection project
UNFPA	Reproductive Health	Supported KRCS with RH Kits
Family Health	Water Sector	Water trucking to one of the camps in Sololo

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

In order to provide a detailed and well-informed basis for response and further incorporate risk reduction measures, emergency assessments, spearheaded by a multi-agency team, are ongoing in the centres. Upon completion, the report will establish the actual numbers of asylum seekers in the five centres together with populations that have been integrated (currently given as 3,000 people) by host community and also define other emerging humanitarian needs. The centres where the asylum seekers are hosted temporarily are not ideal areas to host vulnerable populations owing to protection needs and gaps, limited space available and proximity to the border area. The two levels of government (National and County governments) are working towards finding a solution to this situation while KRCS continues to advocate for better reception conditions for the displaced population. The assessment² conducted has established a number of gaps and immediate needs of the population currently in camps including;

Shelter

Population displaced by insecurity have moved towards Moyale (Somare, Sessi, Bori and Butiye) and Sololo (Dambala Fachana, Kukub and Maeyi) of which most are living in satellite camps while others have been integrated by the host community. The displaced population have gathered in overcrowded tents with no clear separation by gender and age, compromising their privacy. The deplorable living conditions at the camps further exposes the children, women and elderly persons to adverse weather conditions. At the time of assessment, majority of the people were using the bare ground as their beddings except for a few who had brought along some mats to use as beddings.

Food security

Food security situation is dire considering that the Marsabit County is currently at alert phase. This situation was brought about by the current drought effects, coupled with commodity movement challenges (closure of the main source route: Moyale – Addis Ababa) resulting into lack of food at the camps and limited market accessibility. Other issues that have negatively affected food security are poor quality of food, lack of cooking utensils and high cost of food. As a result, the affected population has devised a number of coping strategies including; borrowing money, skipping of meals, changes in diet to less nutritious foods (plain boiled rice), reduction in the quantity and number of meals, amongst others. The

² KIRA Assessment Report, 13th March 2018

assessment further established that infant feeding had been negatively affected as a result of the incursion. Since the onset of conflict, main issues affecting infant feeding are mothers not being able to adequately breast feed, limited access to supplementary feeds, reduced number of meals and lack of dietary diversity.

Livelihoods

The situation has been made dire with the loss of livelihood sources and the prevailing insecurity situation (that hinders free engagement in livelihood activities). Coping strategies by the affected communities are dependence on relief from the county government, well-wishers and non-state actors. As a result of the crisis, essential non-food items urgently needed by the affected are blankets, mattresses; kitchen sets/cooking utensils and mosquito nets.

Water, Sanitation and Hygiene

The displaced have experienced lack of access to water, sanitation and hygiene facilities. Within the centres, water for household use is inadequate and the little that is available is not safe for drinking. Water storage facilities are similarly lacking. For the total population of 8,200 people currently settled in 7 different locations (3 locations in Sololo and 4 locations around Moyale town), there is need to provide adequate water in this transition settlements. The total water requirement is 123 cubic meters per day of safe water (rate of 15 litres per head per day). At the current state of operation, this will be provided through water trucking and storage tanks will be provided at strategic locations where the people will collect water from communal stand taps. There are discussions with the Government to identify a designated camp location for the displaced persons, which has not been concluded. Once this is done, proper planning will be done to ensure adequate water services are provided to the required Sphere standards.

Majority of the affected population mainly disposes their waste in open fields while insignificant proportion use designated locations. There is a need to provide latrines for improved sanitation to avoid contamination of water sources that could result in the outbreak of water borne diseases. Just as for water supply, these services are compromised by the transition nature of the settlements currently experienced. However, the operation will seek to provide a total of 350 emergency latrines (rate 20 people per latrine) within the proximity of where the asylum seekers are settled. After implementation of this DREF operation, these latrines can be turned into permanent latrines by the communities. Displaced women and adolescent girls who are also menstruating face challenges in loss of privacy and safety, often associated with living in emergency contexts. Sanitary products will be distributed, and women and girls will be provided separate facilities to manage menstruation and ensure appropriate hygiene. In addition to these interventions, hygiene promotion sessions will be held with the displaced populations to improve knowledge on appropriate techniques for hand washing, household water treatment and the importance of the use of sanitation facilities and solid waste disposal. This will also be complimented through the distribution of IEC materials.

Health and Psychosocial needs

The main health concern is the risk of an outbreak of diarrheal diseases within the camps. During the interviews, 4 diarrheal cases were reported among the displaced with a high likelihood for potential outbreaks considering the poor hygiene and sanitation conditions. A case of a patient undergoing treatment for tuberculosis was also reported in CIFA camp, hence the need for close monitoring and isolation, where need be, to contain the disease. The assessment further established that over 500 women are pregnant with significant numbers lactating. There is limited access to health care mainly because of insecurity and inadequate health care services. Most of the health facilities are not adequately stocked with medication and other non-pharmaceuticals. It was also noted that the displaced have inherent social and cultural aspects that influence their health seeking behaviour. KRCS will ensure that health services and facilities are culturally-appropriate for females and males of all ages, including older people and people with disabilities. There were also reports of 5 unskilled deliveries at the temporary shelters, and with no blankets and fear of infants getting exposed to cold, possibility of respiratory infections is an issue the team is concerned about.

The affected population encountered ordeal experiences during conflict. Some lost property, loved ones and others are living in fear, distress and panic, hence the need for psychosocial support to take them through this period of grief. Gender and diversity analysis will be conducted on all the data to ensure that the most vulnerable are able to access services.

Protection, Gender and Inclusion

Women and girls are at high risk of sexual exploitation considering their vulnerability and the complexities of the operation. So far, a few rape cases have been reported. This could lead to both teenage pregnancy, early marriage and exposure to sexually transmitted diseases. KRCS will ensure protection through awareness creation, stakeholder engagement, camp management and provision of IEC materials to the affected population.

Targeting

Within the operation, KRCS is targeting all asylum seekers streaming into the country (approximately 10,000 people or 2,000 households). However, preference will be given to the following groups:

- Unaccompanied children
- Families and /women with children
- Elderly
- People living with disabilities

Host communities are not included in this target; however, health services delivered are equally provided to the host communities in partnership with the Ministry of Health as agreed.

Scenario Planning

The situation in Ethiopia remains volatile with population continuing to stream from the border to identified asylums in Kenya. Some communities are currently integrated by host communities living in villages close to the border, while others are currently putting up in the identified centres. It is difficult to establish how the situation will unfold in the next few months. An operational update will be issued to inform any eventual changes in the operational strategy.

Operation Risk Assessment

The congestion within the camp set up may present grounds for water borne diseases, which could complicate the operation. KRCS has deployed WASH personnel to provide hygiene promotion and construct temporary latrine facilities. Water treatment chemicals will also be provided for purification of domestic water to reduce contamination. Proper drainage will be ensured for vector control.

Freedom of movement has been curtailed as exhibited by the majority of the displaced. The main threat affecting people's ability to safely move from one place to the other is insecurity along the Kenya-Ethiopia border. It is evident that insecurity has been a main issue amongst the displaced. Some satellite camps are not secure (Somare, Gadakorma) due to close proximity to the border however presence of military personnel was noted in Somare and Butiye.

Some sites are not fenced, and this may expose the population to hazards from wild animals. As a result of the conflict, armed military action is the main security threat to the affected communities. Other security threats are; fear of presence of sophisticated weapons, displacement of population, and continuing threat from natural disasters especially drought.

On the need to integrate community engagement and accountability, the population displaced from Ethiopia does not understand both English and Kiswahili (though with limitations), the mainly spoken languages in Kenya and in the Kenyan media. There is thus a language barrier. However, this can be solved by communicating in their shared local languages (mother tongues). As telecommunication lines with Ethiopia have been disrupted, community meetings will be organised with the refugees, to inform them of how the situation is unfolding back home, as well as on the services KRCS will be delivering to them. These community meetings will also serve as platform for complaints and feedback. In line with this, an established camp committee formed will be tasked to receive and channel all complaints and feedback from the affected population to the KRCS operation management.

B. Operational strategy³

Overall operational objective

The overall objective of this DREF is to deliver an accountable operation that meets the immediate needs of 10,000 people displaced into Kenya in Moyale, Marsabit County by providing shelter interventions, nutrition and basic health services, access to water, hygiene and sanitation, food security as well as protection, gender and inclusion activities.

Proposed strategy

The proposed strategy and operational plan has been informed by the analysis of secondary data sources⁴ and the Kenya Inter-Agency Assessment Report dated 13 March 2018. KRCS will also continue to monitor the population movement coupled with continuous needs assessment and analysis, taking into account gender and diversity sensitive needs as more displaced people troop into Kenya and active engagement with the local host community. A team of 15 staffs, 10 volunteers and eight drivers from KRCS will be deployed as surge capacity team consisting of shelter, WASH, relief operations, health and nutrition as well as protection, gender and inclusion resource persons to manage the operation for 3 months; the DREF will cover them for 45 days.

KRCS will procure NFIs for shelter materials like building poles and nails through the KRCS procurement procedure and transport them to the camp to be distributed alongside already procured NFIs from the Elections preparedness DREF operation. KRCS will carry out rapid analysis of markets to determine the feasibility for cash in delivering some of the response activities like supply of shelter construction materials. Information, Education and Communication materials will be procured both in either English or Swahili and local languages to be distributed to both local and displaced populations alongside community meetings to provide key information needs. KRCS will mainstream gender and protection issues in the response by considering gender parity, gender related needs and various vulnerabilities around age, impairment and chronic illness among others. KRCS will work with the National and County Governments, displaced and host communities for security arrangements. A robust complaints and feedback mechanism will be put in place to promote accountability to both host and displaced communities.

To highlight the needs of affected people, while profiling the response of the Red Cross Movement, KRCS will produce images, videos and stories which will be repackaged and published by IFRC Communications Team.

KRCS will implement the response actions guided by the national sector specific action guidelines and continue to review its plans based on continuous needs assessment, analysis and monitoring.

IFRC and NS personnel involved ensure that they complete as soon as possible the IFRC e-learning security courses (Stay Safe Personal Security, Security Management, and Volunteer Security).

KRCS will:

- Continue to coordinate with the two levels of government and non-state actors and update the Movement partners on the progress being made in meeting the immediate needs of the displaced population.
- Continue to monitor the population movement situation and possible effects on the host communities through joint rapid assessments, using KIRA methodology as more people continue to move into Kenya from Ethiopia;
- Work together and coordinate RFL activities with ICRC delegation;
- Hold continuous reviews with operation teams including partners and after-action review with a view to draw learnings from the operation;
- Restore and maintain family links for the displaced population through exchange of Red Cross messages, telephone services and tracing where necessary;
- Set up a camp management committee and complaints and feedback mechanism and carry out monitoring and evaluations to ensure transparency and accountability to the communities and partners;

³ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

⁴ Disaster Management Information System, DMIS report (13 March 2018)

- Continue to engage with the host community for peaceful coexistence between the asylum-seeking population and locals;
- Deploy surge teams who are part of KRCS. The DREF will pay the per-diem for 45 days.

Through this DREF operation, the following strategies have been prioritized;

Shelter Sector:

According to the KIRA assessment report, there is urgent need to identify a site and set up a camp for the asylum seekers currently displaced in different areas in Moyale Sub County for ease of logistics, response coordination and security. Most of the displaced population are living in scattered makeshift camps, institutions and open space while others are accommodated by host families, friends and relatives. The displaced population have gathered in tents which could hardly accommodate them since they are overcrowded with minimal separation in form of gender and age and no privacy. The condition exposes the children, women and elderly persons to the unprotected cold. Most persons were using the bare ground as their beddings, only few brought along some mats to sleep on. Beddings like blankets, bedsheets were not observed amongst the displaced. KRCS will undertake the following activities:

- Distribute 2,000 sets of Non-Food Items (tarpaulins, blankets, mosquito nets, kitchen sets, Jerry cans, bar soaps, sleeping mats) which will be drawn from the prepositioned stock procured with the election preparedness DREF (MDRKE040);
- Sensitization and demonstration on building emergency shelters with active involvement of the displaced population to take part and foster ownership in the shelter construction;
- Identification, mobilization and training of 10 volunteers for shelter intervention, supervision and monitoring;
- Create awareness on safe building techniques to the displaced population through community meetings (barazas);
- Carry out monitoring of the distribution and use of household NFI and document the process for learning and sharing;
- KRCS will procure emergency shelter framing materials like building poles and nails through the KRCS procurement procedure and transport them to the camp to be distributed alongside already procured NFIs in the previous DREF.
KRCS will assist most vulnerable families to erect their emergency shelter and ensure that arrangement with host families respect privacy and dignity.
- KRCS will carry out rapid analysis of markets to determine the feasibility for cash transfers in delivering some of the response activities like supply of shelter construction materials.

Health and Nutrition Sector:

Considering the influx of populations from different geographical regions to Moyale Sub County, there is growing risk of outbreak of water borne diarrhoeal diseases in the satellite camps, risk of increased transmission of infectious diseases, increased sexual gender-based violence and poor management of chronic illnesses like HIV/AIDS, diabetes and high blood pressure due to disruption of normal lives leading to deterioration of health and even death. The KIRA report indicated that there were already cases of diarrhoea reported in the makeshift camps with high likelihood of increase in the number of cases spreading to host community. The assessment data showed that there were already approximately 500 pregnant and lactating women and the number is likely to increase. Most of the local health facilities do not have adequate stock of medication and other necessary pharmaceuticals. Therefore, there is need for provision of basic primary health care services, minimum initial service package (MISP) for reproductive health, immunization services, HIV/AIDS management, psychosocial support and management of Non-communicable diseases (NCDs). KRCS will undertake the following activities:

- Carry out integrated nutrition and health outreaches to provide basic health care services, screening and treatment;
- Provide Reproductive Health services using the Minimum Initial Service package (MISP), as part of reproductive health component of the health in emergencies package,
- Conduct sensitization and awareness creation on health messages through community meetings and IEC materials like fliers,

- Sensitize CHVs/volunteers on health messaging, referrals and follow ups
- Conduct household visits, referrals where necessary to the nearest health facilities and follow ups
- Provide psychosocial support services
- Replenish 2 basic Inter-Agency Emergency Health kits (IEHK), 2 supplementary kits, Reproductive Health kits and 1 malaria kit;
- Collaboration with the Ministry of Health through the local health facilities to deliver health and nutrition services;
- Carry out community level disease surveillance using clinical data from health outreaches, community level activities by community health workers and local health facilities;
- Support survivors of Sexual and Gender Based Violence (SGBV) experiencing conflicts and displacements;
- Coordinate meetings with stakeholders at national and county levels to review response actions and advocate for more support to health and nutrition;
- Disseminate key health and nutrition messages in emergencies including, maternal infant and young child nutrition.

Water Sanitation and Hygiene

The proposed strategy will also build to recovery phase.

- Procurement and distribution of water treatment chemicals for households water treatment. The target groups will be trained on the correct use of water treatment products, through community demonstration sessions or factored in the hygiene promotion sessions before the actual distribution of the water treatment products;
- Procurement and installation of 10 water storage containers (10,000 litres water tanks) to support water storage in the camps (providing two days storage for a demand of 123 m³/day;
- Carry out Hydrogeological surveys to identify sites with potential for ground water as part of meeting the longer-term needs
- Carry out water trucking in Dambala Fachana hosting site
- Procurement of Information, Education and Communication (IEC) materials to provide key information on WASH for behaviour change communication;
- Monitor treatment and storage of water through household visits;
- Conduct hygiene promotion awareness and campaigns;
- Development of alternative water sources once designated camp sites have been selected;
- Construction of 350 emergency latrines (this may start with trenches) separate for men and women. In time, these will be converted to individual latrines;
- Hygiene promotion sessions for the displaced population. This will cover appropriate practices in hand washing, water treatment, usage of sanitation facilities and disposal of solid waste;
- Procurement and distribution of reusable sanitary pads to women and adolescent girls (1 pack of 2 pads each);
- Construction of pit for disposal of used sanitary pads & other household solid waste.

Livelihoods and Basic needs

In order to support livelihoods and ensure food secure population:

Direct Food Distributions have been carried out as the target population are not Kenyan citizens hence do not have required civil documentations like Identification Cards and local registered phone lines. They are not able to receive cash transfers and food aid becomes the appropriate modality in the response phase.

Protection, Gender and Inclusion

KRCS commits to working with other partners to ensure that the safety needs and concerns of females and males of all ages, including those from marginalized groups, are included in the assessments. KRCS will also participate in identification of services to be provided and work within the DAPS (Dignity, Access, Participation, Safety) framework to ensure that the target community is protected throughout the response. Indeed, KRCS will safeguard the dignity of those affected and ensure respect of life and integrity of the target population by working hand in gloves with UNHCR, Save the Children and Danish Refugee council, who will be covering this sector fully.

In addition, all the response teams will be provided with an updated referral pathway for GBV, child protection and psychosocial support. Messages on preventing and responding to GBV and Child Protection issues will be included in all community outreach activities.

Women seeking asylum may be particularly vulnerable due to exposure to sexual and gender-based violence. Women and girls may also resort to negative practices including transactional sex to cover for needs created by the emergency. There is need for provision of both psychosocial services, protection and awareness creation to reduce the negativities arising from the emergency. Pregnant and lactating women, as well as children under five years, require special attention due to their weaker physical condition to resist diseases.

Some of the migrants may have lost contact with their families. Provision of Restoring Family Links (RFL) services is important to maintain RFL between the families that have been separated by the emergency.

Due to unfamiliarity with their new settlement, the vulnerable group may lack information to assist in making informed, safe and sound decisions. While some of the asylum seekers are integrated in host communities, another group is currently displaced with little information of the area. Besides shelter material, water and food, the population will be in need of assistance in terms of information and behaviour that will provide them with safe and healthy living conditions that will ensure their well-being, dignity and safety. More to this, the vulnerable group with communicable diseases will require critical information on how to manage their conditions within the new environment. All Red Cross Red Crescent personnel will sign the Code of Conduct, Child Protection Policy and Protection from Sexual exploitation and abuse.

KRCS will work with the various sectors to ensure that sector specific safety issues are taken into account in the planning and response for the influx of refugees from Ethiopia. KRCS will also implement internal protection systems including:

- Implementing the KRCS Accountability to Communities framework which includes Beneficiary feedback and complaints system;
- Clear, consistent and transparent guidelines will be provided to all response teams in the different sectors on beneficiary selection criteria, in order to minimize the potential for sexual exploitation and abuse by humanitarian actors.
- Marginalized and vulnerable groups that rely on others for assistance in accessing facilities and services (e.g. women, children, older people and people with disabilities) are monitored closely to ensure that they receive their entitlements and are not exploited or abused.

Regarding security, the area of operation is subject to banditry and petty criminality. To mitigate against security risks, any movement of personnel engaged in this operation will be approved by the KRCS Security Manager, following KRCS security regulations. This includes situation monitoring and implementation of minimum security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Road travel also presents a considerable safety hazard, which will to be addressed appropriately.

An after-action review or lessons learnt workshop will be conducted to inform future NS, DREF and Emergency Appeal operations, especially as Kenya regularly faces emergency situations including unrest, epidemics and natural disasters. One of the key lessons learnt is the timely response from KRCS using the prepositioned stock and support from the pNSs.

Exit strategy:

The IFRC will work with KRCS and its partners to develop an appropriate exit strategy before the end of this DREF operation. This will be done through strong linkage and coordination mechanisms with UNHCR and any other relevant bodies. Indeed, Kenya RC, as part of this operation, will only be acting as a first responder and auxiliary to Central and County government, while the UNHCR prepares to take over the operation.

AP005	Distribution of shelter construction materials																	
P&B Output Code	Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households	<i>Number of people reached with technical support, guidance and awareness building in safe shelter design and settlement</i>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP006	Technical support provision, build back safer guidance, awareness raising activities																	
AP006	Identification and mobilization of volunteers for shelter intervention																	
AP006	Development of appropriate training material for awareness raising/training of volunteers																	
AP006	Awareness raising/training of shelter volunteers																	
AP006	Identification, assessment and analysis of appropriate and safe local building techniques/practices																	
AP006	Development of appropriate technical guidance, training and messaging (appropriate to the type of support being provided)																	
AP006	Awareness raising/training on safe local building techniques to affected population																	
AP006	Monitoring of adoption of technical guidance																	
AP006	Evaluation of adoption of technical guidance																	



Livelihoods and basic needs

People targeted: 10,000 people (2,000 Households)

Male: 4,683

Female: 5,317

Requirements (CHF) 52,237

Needs analysis: During needs assessment, food was identified as a key priority area for affected communities. The situation is worsened by the fact Marsabit county is at Alert Phase of drought characterized by constrained access to food. There is lack of food at the satellite camps and limited market access. The host families have exhausted their food stocks. Other issues that negatively affect food security are poor quality of food, lack of cooking utensils and high prices of food items in the area. Community members have adopted a number of negative coping strategies that include borrowing money, skipping of meals, changes in diet to less nutritious food, reduction in the quantity and number of meals per day among others. KRCS therefore plans to distribute food to support communities meet their food and nutritional needs. Cash will be considered as a mode of delivery once a rapid market assessment has been carried out to determine the feasibility of cash.

Population to be assisted: A total of 2,000HHs will be assisted under this program.

Programme standards/benchmarks: The activities planned in this area of focus will be implemented as per the Sphere standards.

P&B Output Code	Livelihoods and basic needs Outcome 1: Immediate food needs of the disaster affected population are met	% of those assisted for whom food consumption is equal or greater than the minimum food basket equivalent (through survey of assisted beneficiaries)															
	Livelihoods and basic needs Output 1.1: 2,000 households receive food for 2 weeks at 75% ration	# of people reached with food distribution															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP007	Identify and register affected households																
AP007	Procurement and transport of relief supplies and materials																
AP007	Distribute emergency food assistance to 2,000 HHs																
AP007	Implement appropriate complaints and feedback mechanisms																



Health

People targeted: 10,000 people (2,000 Households)

Male: 4,683

Female: 5,317

Requirements (CHF) 70,786

Needs analysis: Considering the poor water and sanitation standards and congestion in the camps, there is a risk of disease outbreak. Four (4) cases of diarrhoea have already been reported in the camps. Five (5) cases of Tuberculosis have also been reported. Close monitoring and isolation is needed to prevent a worsening of situation. In addition, reproductive health support will be provided to women within the reproductive age from both local and the displaced population. Access to health facilities is constrained due to insecurity and inadequate number of health services. Most of the available health facilities are not adequately stocked with drugs and other non-pharmaceuticals. There have been reported incidences of unskilled but successful deliveries at the temporary shelters. With no blankets and children exposed to cold, respiratory infections was an issue the team was concerned about. In addition, movement to a new environment may expose the people to new infections, which may result into disease outbreaks and increased mortality rates. KRCS is working closely with the Ministry of Health and county government to ensure smooth transition during the exit of the DREF.

Population to be assisted: A total of 2,000HHs will be targeted with health interventions which will include outreach services, mass screening, and other primary health services.

Programme standards/benchmarks: Activities under this area of focus will seek to meet WHO standards.

P&B Output	Health Outcome 1: The immediate risks to the health of affected populations are reduced	% of people in the camps who can access appropriate health services
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P&B Output Code	WASH Output 1.2: Target population is provided with hygiene promotion, which meets SPHERE standards	Number of people reached through hygiene promotion																				
		Activities planned Week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP026	Training of volunteers on hygiene promotion and the use of IEC materials																					
AP026	Design and development of information, education and communication materials (Fliers and Sign posts)																					
AP026	Conduct hygiene promotion and sanitation activities through mass sensitizations in the camps																					
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	Average number of people per toilet																				
		Activities planned Week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP028	Select design for toilets based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability.																					
AP028	Construct 350 emergency latrines in households in the camps																					
AP028	Equip toilets with hand-washing facilities, anal cleansing material or water and menstrual hygiene disposals and ensure they remain functional.																					
AP028	Mobilize the targeted community to carry out drainage, vector control, and solid waste in the camp																					



Protection, Gender and Inclusion⁵

People targeted: 10,00 people (2,000 Households)

Male: 4,683

Female: 5,317

Requirements (CHF): Cost integrated in Health budget

⁵ This area of focus is a merge of what previously was Social Inclusion and Culture of Non-violence and peace. It is under development, so for now it represents the physical merge of three existing relevant outputs.

D. Budget

The required budget for this DREF operation is CHF 310,664 as detailed below.

DREF OPERATION

Kenya Population Movement of Ethiopian refugees (Moyale)

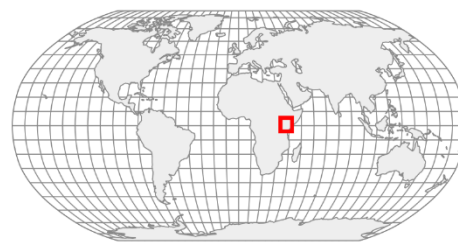
23.03.2018

Output code in financial system	Budget Group	DREF Grant Budget
500	Shelter - Relief	47,905
501	Shelter - Transitional	0
502	Construction - Housing	0
503	Construction - Facilities	0
505	Construction - Materials	0
510	Clothing & Textiles	0
520	Food	41,618
523	Seeds & Plants	0
530	Water, Sanitation & Hygiene	63,133
540	Medical & First Aid	24,286
550	Teaching Materials	0
560	Utensils & Tools	0
570	Other Supplies & Services	0
571	Emergency Response Units	0
578	Cash Disbursements	0
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	176,942
580	Land & Buildings	0
581	Vehicles	0
582	Computer & Telecom Equipment	0
584	Office/Household Furniture & Equipment	0
587	Medical Equipment	0
589	Other Machinery & Equipment	0
	Total LAND, VEHICLES AND EQUIPMENT	0
590	Storage, Warehousing	0
592	Distribution & Monitoring	13,695
593	Transport & Vehicle Costs	36,105
594	Logistics Services	0
	Total LOGISTICS, TRANSPORT AND STORAGE	49,800
600	International Staff	0
661	National Staff	0
662	National Society Staff	55,190
667	Volunteers	0
669	Other Staff Benefits	0
	Total PERSONNEL	55,190
670	Consultants	0

750	Professional Fees	0
	Total CONSULTANTS & PROFESSIONAL FEES	
680	Workshops & Training	6,743
	Total WORKSHOP & TRAINING	6,743
700	Travel	1,000
710	Information & Public Relations	1,124
730	Office Costs	190
740	Communications	714
760	Financial Charges	0
790	Other General Expenses	0
799	Shared Office and Services Costs	0
	Total GENERAL EXPENDITURES	3,029
599	Programme and Services Support Recovery	18,961
	Total INDIRECT COSTS	18,961
	TOTAL BUDGET	310,664

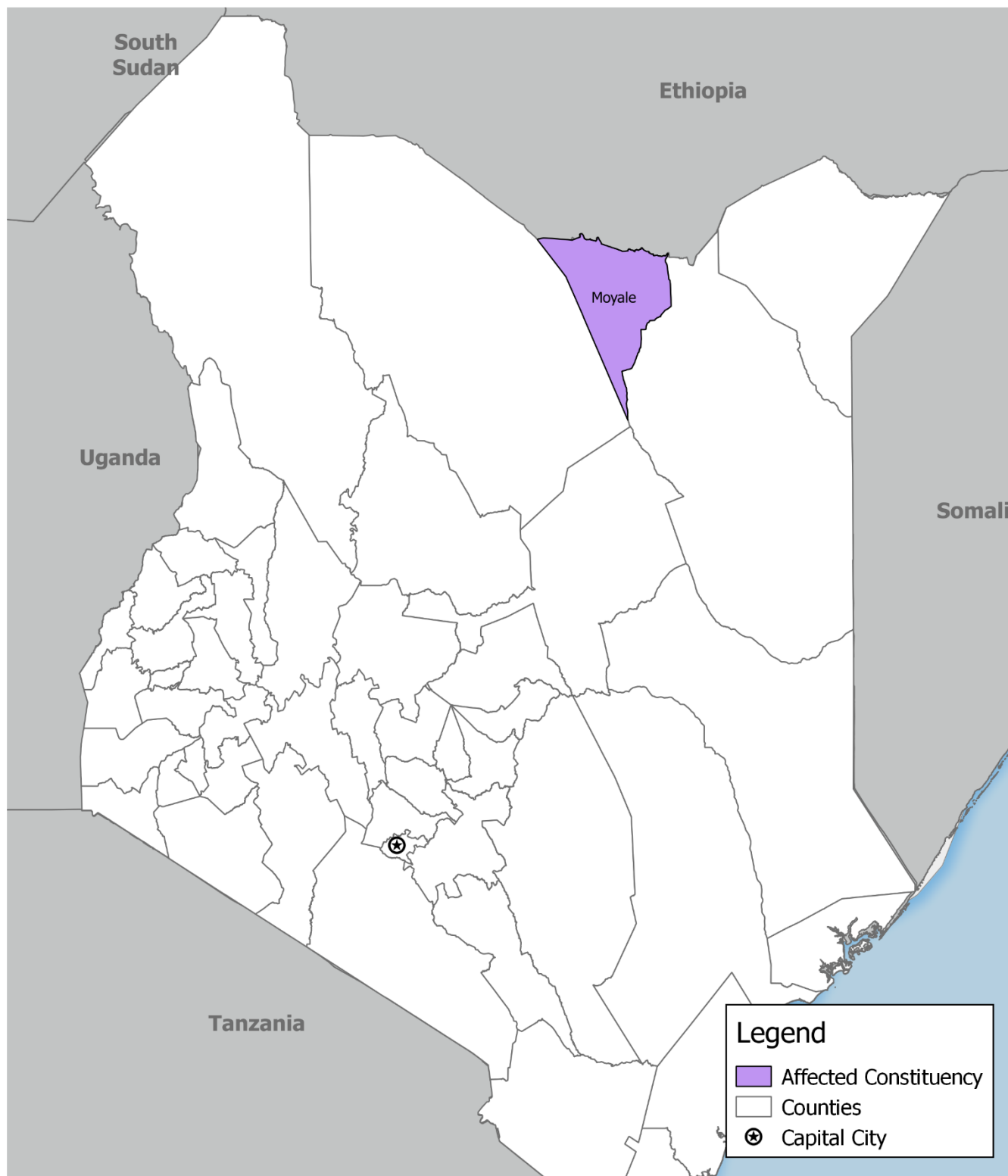


International Federation of Red Cross and Red Crescent Societies
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



Kenya: Population Movement

20 March 2018 • OT-2018-000031-KEN



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

Map data sources: IFRC, GADM. Map produced by: IFRC Africa Regional Office, Nairobi.

Contacts

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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.