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Emergency Plan of Action Operation Final Report

Kenya: Moyale Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRKE042
Date of Issue: 03 October 2018	Glide Number: OT-2018-000031-KEN
Operation Start Date: 23 March 2018	Operation End Date: 23 June 2018
Host National Society: Kenya Red Cross Society	Operation Budget: CHF 310,664
Number of people affected: 10,000 (2,000 HHs)	Number of people assisted: 10,557 ¹
N° of National Societies involved in the operation: 2 (Kenya Red Cross Society & British Red Cross)	
N° of other partner organizations involved in the operation: 6 (National Drought Management Authority (NDMA) County Government of Marsabit, Concern Worldwide, World Vision, UNHCR and World Food Programme)	

A. Situation Analysis

Description of the disaster

The resignation of the Prime Minister of Ethiopia in February 2018 resulted in heightened political tensions and widespread protests which saw the government of Ethiopia declaring a state of emergency. The protests also saw protesters ambushing a military truck heading to Oromia. At least 13 people died, 20 people injured, and 16 people were reported missing during the protests, which also resulted in the displacement of about 1,650 households (8,200 people) who moved within the first three days. The displaced people crossed the Kenya/Ethiopia border and were hosted in Somare, Kukub, Mayie, Sololo, Sessi, Dambala Fachana, and Butiye. The number of people who had moved into Kenya increased rapidly with 10,557 people having been registered by 19 March 2018.

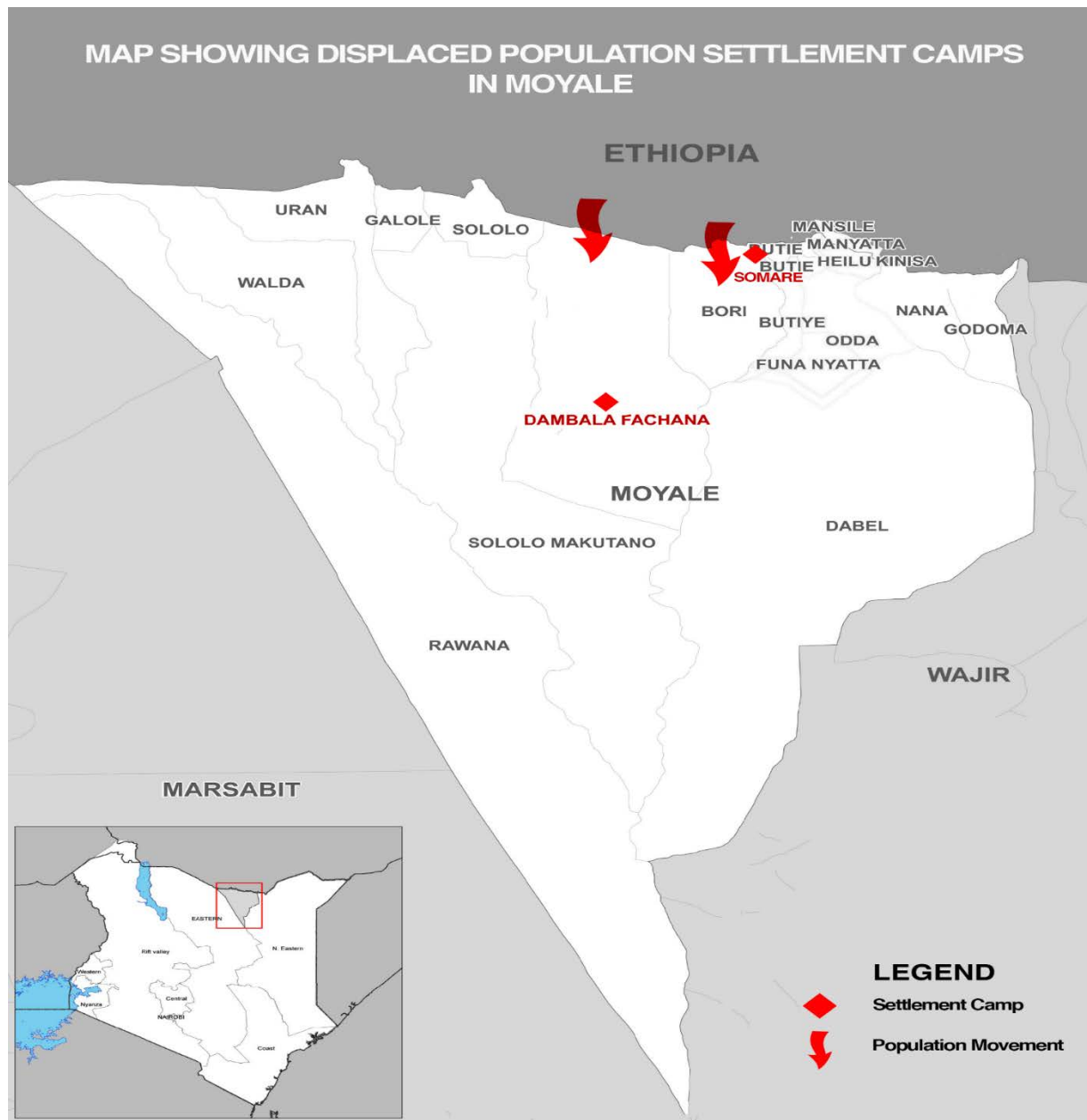
Following the influx, the Kenya government's National Drought Management Authority (NDMA), Kenya Red Cross, World Vision Kenya, Concern Worldwide, Strategy for Northern Development, Marsabit county departments (Agriculture, Water, Public Health, Livestock, Trade) as well as and Ministry of Interior and Coordination of National government (Moyale) conducted a Kenya Interagency Rapid Assessment (KIRA) which established the following priority areas of interventions; Food and nutrition, Shelter and Non Food Items, WASH, Protection, Security, Preventive, Curative health care and Restoring Family Links.

The appointment of a new prime minister saw a general state of calm in the affected states. The move was widely seen as a move to maintain stability and this led to the voluntary return of a significant number of asylum seekers. The table below reflects a reduction in refugees from the 10,557 that had been recorded in March 2018 to 3,264 by 31st July 2018. However, the overall number of arrivals at the time the operation was launched (10,557 refugees), received initial support provided by KRCS.

¹ KRCS Situation Report number 08 of 19th March 2018

Table 1: Summary of Ethiopian refugees at host centers

Name of Camp	Population (as of 29 April 2018)	Population (as of 31 st July 2018)
Sololo Obbu ward (Dambala Fachana)	3,322	2,669
Somare Butiye ward	802	595
Total	4,124 (1,732 M, 2,392 F)	3,264



This DREF operation sought CHF 310,664 to enable Kenya Red Cross Society (KRCS) meet the immediate needs of 10,000 people displaced into Kenya’s Moyale and Marsabit Counties. The intervention included provision of shelter, nutrition and basic health services, access to safe water, hygiene and sanitation, food security, protection, gender and inclusion activities.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of Kenya Red Cross Society, the IFRC would like to extend its gratitude to all partners for their generous contributions.

Summary of response

Overview of Host National Society

In response to the influx of Ethiopian refugees into Kenya, the Kenya Red Cross Society (KRCS) mobilized and deployed 30 volunteers and 22 staff to support with provision of Shelter, camp set up and management, distribution of water as well as distribution of food. The NS also supported the relocation of refugees from small camps to two main camps. KRCS also supported the, strengthening of health services through provision of medical supplies and equipment. KRCS embarked on various intervention including taking up the coordination role in the KIRA assessment which determined the initial population estimates used as a basis for the initial emergency interventions. KRCS also distributed NFI kits to 1,000 households, conducted nutrition surveillance targeting 2,372 children under-five and 80 pregnant and lactating mothers. KRCS further supported UNICEF to distribute a total of 1,619 local family relief kits and buckets.

The DREF operation focused on the provision of immediate shelter assistance to a total of 2,000 households, provision of health care and services to the 2000 targeted households as well as the provision of WASH² services in the Camp with a distribution of WASH NFIs. Health interventions included immunization, treatment of minor ailments, maternal and referral services targeting 1,816 pregnant and lactating mothers and hygiene improvement. Water quality interventions such as mass water treatment, demonstration on water treatment, and distribution of water treatment products (aqua guard and PUR sachets) were also carried out. KRCS deployed a surge team of 22 people that included 1 PSS officer, 2 social workers, 2 logisticians, 1 WASH Officer, 1 Warehouse Officer 4 Public Health Officers, 3 Clinical Officers, 4 Nurses, 1 Pharmaceutical Technologist, 1 Public Relations Officer and 2 other programme staff based at the headquarter. The team was supported by 4 KRCS regional staff. The staff were deployed at different phases of the operation with the first deployment having 15 people.



Camp set up in Dambala Fachana

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) has an in-country presence in Kenya, through its Africa Regional and Eastern Africa (EA) Country Cluster Offices, which is located in Nairobi. Following the escalation of the political situation and influx of people into the Kenyan border, an alert was issued using the IFRC disaster management information system (DMIS) on 13 March 2018. The operational strategy meeting agreed that the Disaster Relief Emergency Fund (DREF) would be an appropriate modality to support the prioritized interventions to the displaced population in Moyale, Kenya. The EA Country Cluster office provided technical support to KRCS with the preparation of the DREF request.

ICRC has a regional delegation in Nairobi, which supports operations in a number of countries in Eastern and Central Africa. ICRC supported a number of initiatives on capacity building for KRCS 26 staff and 30 volunteers that included First Aid in conflict situations, dead body management and Practical

² Includes water supply, water quality interventions at points of use, hygiene and sanitation improvement interventions

Emergency Cash Transfer (PECT). In this operation KRCS supported the restoration of family links (RFL) services that successfully reunited 490 cases with their families and friends through the KRCS telephone services.

The British Red Cross through the Disaster Management strengthening programme continued to improve the capacity of KRCS to prepare for and respond to the needs of people affected by disasters. This was through the development and review of preparedness plans, response SOPs, guidelines and relevant disaster management policies. Additionally, BRC supported KRCS to procure shelter NFIs for 2,500 households through the BRC internal funding, 2,429 households through the ECHO supported project and another 2,000 households under the DFID funded flood response activities. These were bilateral engagements between KRCS and BRC.

Overview of Non-RCRC actors in country

The overall coordination was under the United Nations High Commission for Refugees (UNHCR). The Joint Operation team that conducted the interagency rapid assessment comprised sectoral specialists drawn from the National Drought Management Authority, World Vision Kenya, Concern Worldwide 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 convened regular progress review and planning meetings which helped address the existing gaps. The State Department for Immigration, Border control and Registration of persons under the Ministry of Interior & Coordination of national Government facilitated the screening and admission of the asylum seekers in the country. The Ministry of Health, through the County Health department provided both curative and preventive health services. UNHCR with support from the security department also provided protection and assistance to refugees. Concern Worldwide and UNICEF supported health and nutrition interventions that included treatment of ailments, timely referrals of all sick children and adults and massive immunization campaigns. Food for the Hungry and CARITAS implemented hygiene and water quality interventions that included provision of clean water for use by the population.

Needs analysis, scenario planning and risk assessment

The KIRA assessment data showed that the population moving into Kenya, specifically women and young girls, were exposed to dangerous situations, such as partial or complete separation from their families, a change of conditions and gender roles, gaps in social care and exposure to sexual and gender-based violence. The population took refuge in satellite camps at Sololo and Moyale Township. The camps were widely dispersed and some camps congested with people lining in tents which could hardly accommodate them. The overcrowding and lack of planned settlements affected privacy for the different gender groups. The poor quality of shelter conditions exposed the people to cold weather conditions with the most affected being children and the elderly. The displaced people had left most of their assets and belongings in Ethiopia and as a result only a few had some mats to sleep on.

To meet the shelter needs and provide the needed humanitarian assistance, two camps Somare in Moyale Township and Dambala Fachana in Sololo were sited. Transitional shelter and NFIs were identified as essential to meet the basic needs in a secure environment promoting privacy and dignity. In addition to the poor living conditions, access to adequate sanitation, nutrition support, as well as protection from sexual and gender-based violence were also identified as major needs. There was also a significant number of cases of pregnant and breastfeeding women who needed immediate medical assistance. KRCS provided safe drinking water to the new arrivals as they waited to be processed and registered at the Kenya/Ethiopia border crossing points.

Scenario Planning

This operation was planned based on the scenario that the situation in Ethiopia would remain volatile with population continuing to stream from the border to identified camps in Kenya. Fortunately, the

situation improved during implementation, with over 50% of asylum seekers returning to Ethiopia following improvement of the security situation (see Table 1 above).

Risk Analysis

The targeted counties had been experiencing security challenges ranging from targeted attacks, cattle rustling, inter clan tensions, clashes and other resource-based conflicts. The risk in these counties was further exacerbated by illegal small arms which are owned by the local population. This posed security risk to staff and volunteers operating in the areas. To mitigate the anticipated risks, KRCS enhanced its staff capacity by training 39 response team members (16 staff and 23 volunteers on Safer Access and negotiation methodologies).

The 39 KRCS response team trained on Safer Access and negotiation conducted dissemination sessions concurrently with distribution activities to ensure the population was aware of intentions of each response action and to prevent any negative perception from the community. KRCS further worked closely with the county administration to ensure proper identification and targeting of the displaced population. To further ensure interagency coordination in identification, targeting and joint assessment in the affected areas, KRCS staff provided trainings to humanitarian partners on Kenya Interagency Rapid Assessment (KIRA) mechanism.

Another risk was the potential surge in the number of people arriving in Kenya if the political situation and tensions worsened in the Oromia region in Ethiopia. This increase as was noted, could overwhelm the on-going humanitarian assistance and lead to a deterioration in the security situation in the camps. The population was seen to be at high risk of outbreaks of communicable diseases unless and until timely preventive and control measures were intensified. Cholera and other diarrheal diseases like typhoid remained a high risk due to the ongoing outbreak that had been reported in some parts of the country.

It was further anticipated that there would be infiltration of the host community population in the camps with the intention to benefit from the humanitarian support that was freely available. KRCS supported UNHCR in the continuous assessment and registration of persons to ascertain the real asylum seekers and actual population for continuous support.

B. OPERATIONAL STRATEGY

Overall Objective

The overall objective of this DREF operation was to deliver an accountable operation that met 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 was informed by the analysis of the KRCS Situation reports as well as the Kenya Inter-Agency Assessment (KIRA) Report issued on 13 March 2018. KRCS continued to monitor the population movement while intensifying continuous needs assessment and analysis, taking into account gender and diversity sensitive needs as more displaced people moved into Moyale Kenya. KRCS initially deployed a surge team to support the implementation of the operation. KRCS mainstreamed gender and protection in the response by considering gender parity, gender related needs and various vulnerabilities around age, impairment and chronic illness. A robust complaints and feedback mechanism was put in place to promote accountability to both host and displaced communities.


The operation provided basic health assistance, psychosocial support, personal hygiene items, food, shelter NFIs, restoring family links (RFL) and continuous sensitization of volunteers on managing shelters

and food distribution. Assistance targeted and prioritized people living in the two camps of Somare and Dambala Fachana. The support provided by KRCS complemented what other agencies including World Vision, UNHCR, Concern Worldwide, OXFAM, Plan International, and UNICEF were providing. The County government of Marsabit and the National government of Kenya also responded and supported the affected population.

Part of the strategy also included sensitization of KRCS response teams on beneficiary communication plan (already developed by KRCS) to ensure proper communication of the organisation’s mandate, targeting criteria, duration and thematic areas of support.

The response was continuously monitored by staff and volunteers who made daily visits to the camps and provided regular updates on the situation reports for decision making. Regular planning and review meetings were held jointly with other humanitarian actors to reflect on the ongoing operation. Reporting tools such as field activity reporting template, Situation reporting templates were used by the field teams to collect information for continuous planning. Community engagement and accountability (CEA) was streamlined throughout the operation to ensure active and meaningful participation of the affected communities. A complaints and feedback mechanism was put in place based on the existing KRCS accountability frame work and on initial assessment with the displaced population to promote accountability to the affected populations. Weekly community engagement fora were held to ensure complaints were addressed and feedback provided to update the community on the progress of the response. Daily, weekly, monthly and quarterly progress updates were shared and consolidated to form part of the overall operation summary report that was regularly shared with the donors.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter People reached: 4,189 Male: 1,751 Female: 2,438</p>	
<p>Outcome 1: Immediate shelter and settlement needs of the target population in affected areas of Moyale Sub-County are met over a period of one month</p>		
<p>Output 1.1: Target population is provided with Non-Food Items (NFIs) and emergency shelter items</p>		
Indicators:	Target	Actual
Emergency shelter strategy developed	1	0 ³
Number of assessments conducted to determine availability of NFIs and construction materials	1	3
Number of households supported with construction materials (poles and nails)	2,000	0
Number of households supported through NFI distributions	2,000	1,000
<p>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</p>		
Indicators:	Target	Actual
Number of build back better awareness sessions conducted	2	1
Number of volunteers mobilized for shelter activities	10	30
Number of trainings on shelter conducted	1	1

³ KRCS made reference to the existing emergency shelter strategy

Number of volunteers trained in shelter awareness	10	2 ⁴
Number of shelter guidance and shelter messaging developed	1	0
Number of monitoring visits related to shelter guidance conducted	4	4
Number of evaluations conducted	1	0

Narrative description of achievements

KRCS did not develop a new emergency shelter strategy but rather made reference to the existing one for the shelter and NFI cluster. As a result, assistance and protection provided to the POC was maximised and helped mitigate shelter response challenges. The strategy clearly outlined the NFI content which guided KRCS in the procurement and distribution to the population of concern.

Following the population movement that led to over 10,000 people crossing into the Kenyan, Moyale Border, KRCS teamed up with the United Nations High Commission team to carry out registration in order to inform planning for various interventions. As of 6th April 2018, more than half (5,000 people) of the asylum seekers had returned to Ethiopia upon the election of the new Prime Minister on 30th March 2018. Since then, registration has been ongoing to establish the right number of the population and also to further disaggregate the available data of the affected population. The registration was finalised with the current number established at 4,189 settled at the two camps, Somare (831 people) and Dambala Fachana (3,358 people). This final number represents 1,751 males and 2,438 females, 340 and 220 of which are pregnant/lactating mothers and lactating mothers with children under 1 year respectively.

The KIRA assessment carried out jointly by National Drought Management Authority (NDMA), KRCS, World Vision, Concern Worldwide, National Government and Marsabit County Government established the need to meet the immediate shelter needs of the asylum seekers. KRCS on its part responded to this through distribution of shelter NFIs to 1,000 households in Somare and Dambala Fachana camps. Each household received 2 Tarpaulins, 1 Kitchen set, 2 Blankets, 2 Mosquito nets, 2 collapsible Jerry cans and 2 Bar soaps. This helped ensure safe and dignified shelter to the population while in the camps. The shelter needs of the remaining population were met by UNHCR (1,700) and UNICEF (1,619) with the two agencies helping reach out to 3,319 families with the family kits. Besides the 1,000 NFI kits, KRCS further supported the two agencies in selection, verification and distribution of the kits.

Through the use of barazas, KRCS created awareness on safe building techniques. This ensured that capacities were improved and put in place for future effective response right from the level of the affected population. KRCS response teams carried out sensitization and demonstration on building emergency shelters with active involvement of the displaced population to take part and foster ownership in the shelter construction. The awareness sessions targeted 30 volunteers and 2 KRCS staff who used the knowledge acquired to continuously monitor the distribution of NFIs and supervision during the construction phase. To ensure safe building techniques were adopted and used by the POC, KRCS volunteers and staff conducted 4 monitoring visits within the camps that ensured all the ongoing construction works were supervised and advice provided whenever there was need.

The shelter construction materials were not procured but rather the family made use of the locally available ropes and other materials such as poles to pitch the tents. Most of these construction materials were donated by some members of the host community who stepped in to assist.

Challenges

- Members of the host community registering as refugees made distribution of NFIs difficult since the genuine asylum seekers could not be established. To overcome this, the KRCS team continuously liaised with chiefs and refugee elders to address the issue.
- Insecurity within the camps resulted into tension and mistrust among the asylum seekers.

⁴ These were KRCS staff

- Failure to conduct an after-action review since the interventions were still ongoing

Lessons Learned

- The KIRA assessment conducted jointly by both government and humanitarian partners during the early stages of the crisis helped establish the immediate needs of the people and thereby informed relevant planning and intervention.
- Consistency in the utilization of KRCS MEAL tools and SOPs such as 24-hours and 72-hour assessment tools, situation reporting templates, Emergency assessment and response analysis guidelines ensured standardization of practice thereby ensuring accurate information was collected and analysed right from the beginning.
- Effective coordination and good working relationship that existed between KRCS and partners such as UNICEF and UNHCR helped in identifying the needs in shelter NFIs thus informing on the gaps that the two agencies later addressed.



Livelihoods and basic needs

People reached: 8,285

Male:3,977

Female:4,308

Outcome 1: Immediate food needs of the disaster affected population are met

Output 1.1: 2,000 households receive food for 2 weeks at 75% ration

Indicators:	Target	Actual
Number of households registered for assistance	2,000	1,657
Number of relief items procured	0	Maize flour – 28 kgs Green grams – 4.5 kgs Cooking oil – 1.5 kgs Salt – 250 gms
Number of households reached with food assistance	2,000	1,657
Number of complaints received through the feedback mechanisms	0	136

Narrative description of achievements

Following the completion of the assessment and having ascertained an estimate of the population in dire need of immediate food assistance, KRCS initiated the tendering process for the supply of food. The selection of the suppliers was done locally in the Upper Eastern Region as means of cutting down on transportation costs and giving opportunities to the local capacities. In order to improve on the turnaround time, two suppliers were awarded tenders to supply food. The food items procured were Maize Meal Flour, beans, cooking oil and salt. Transportation of the food items was done using the KRCS trucks to the holding centres in Moyale.



Food being offloaded for distribution in Dambala Fachana Camp © KRCS

The quantity procured and supplied were based on the verified numbers. Since it was expected to have the food supplies delivered in good time, KRCS ensured that the trucks that would be used for delivery were on standby in order to avert any delays. This timely distribution ensured the displaced population were cushioned against hunger thus resulting into less malnutrition cases especially among the under 5 years.

With Moyale sub-county falling within the stressed phase of food insecurity classification, the situation was further worsened by the influx of the displaced population resulting into lack of food and limited access to markets for majority of the host community population. Under the coordination of the KRCS staff and involvement of volunteers, a total of 1,657 households (8,285 people) were reached with the food supplies. Each of the families received 25 Kgs Maize Meal Flour, 4.5 Kgs of green grams, 1.5 Kgs of cooking oil, and 250 grams of salt. This was a one-off distribution meant to cushion the families from hunger. KRCS took into consideration all the age groups and special groups such as the sick, people with disability, women, pregnant and lactating mothers. This was able to improve their nutritional status and allowed them to go on with other livelihood activities.

With the supply of food and household commodities from the Ethiopian markets stabilizing, the displaced population begun small scale businesses within the camps such as selling of khats⁵ and food stuff as a means of supplementing their household dietary requirements.

Community Engagement and Accountability (CEA) system was streamlined throughout the operation to ensure active and meaningful participation of the population of concern. A complaints and feedback mechanism was put in place. Within the camps, committees were set up to collect the complaints from the household members and forward them to KRCS teams. Daily community engagement fora were held to ensure complaints were addressed and feedback provided to update the community on the progress of the response. A total of 136 complaints were reported with KRCS through its response team, which fully addressed 90 of them. Common complaints included food shortage, poor quality of the same being supplied, and poor shelter thus exposing them to adverse weather effects and crowded camps. Following the quick responses to the complaints lodged, there was improvement in recognition of the dignity and rights of the population of concern, including the right of people to express their opinions and concerns. This has further resulted into transparent communication and enhanced trust between KRCS and communities. In the end, KRCS staff continue to operate more safely within the two camps.

Challenges

- Continuous influx of the population from Ethiopia making it difficult to ascertain the actual number of households to be supported.
- Members of the host community registering as refugees made distribution of food difficult since the genuine asylum seekers could not be established.
- Delays in finalising registration since KRCS had to rely on data from the UNHCR officials.

Lessons Learned

- Regular planning and review meetings are key to ensuring active participation of response teams.
- Involvement of all the response teams in the distribution of food supplies ensured all the population of concern were reached within the expected time frame.
- Prompt response to community complaints ensured transparency and trust between the affected households and KRCS response teams.



Health

People reached: 3,468

Male: 1,396

Female: 2,072

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

⁵ Leafy green flowering plant whose fresh leaves are chewed acting as a stimulant due to its cathinone content.

Indicators:	Target	Actual
Number of health assessments conducted in targeted communities	1	5 ⁶
Number of basic IEHK kits replenished	2	2
Number of supplementary kits replenished	2	1
Number of dignity kits procured	1,000	1,000
Number of clean delivery kits procured	800	800
Number of rape management kits procured	200	200
Number of people reached with health services provided through Minimum Initial Service Package (MISP)	10,000	1,003
Number of nutrition and health outreaches conducted	90	106
Number of people reached through nutrition and health outreach (screening and treatment)	10,000	3,468
Number of people assisted with PSS	0	68
Number of victims of sexual and gender-based violence assisted	0	01
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Target	Actual
Number of CHVs/volunteers sensitized on health messaging, referrals and follow ups	30	30
Number of sensitization and awareness sessions conducted through community sessions	3	3
Number of communities surveyed using clinical data from outreaches	6	6
Number of volunteers trained on communicable diseases surveillance	30	30
Number of people reached through key health and nutrition messages dissemination	10,000	1,231
Number of referrals made through household visits	0	117
Number of coordination meetings held	16	34
Narrative description of achievements		
<p>Two Basic Inter-Agency Health and supplementary kits were procured to replenish the already distributed kits. These were used during integrated health and nutrition outreaches within the camp as well as the host community. The contents included albendazole, magnesium trisilicate tabs, Amoxicillin, benzyl benzoate, Ibuprofen, ORS, paracetamol, povidone iodine, tetracycline eye ointment and zinc tablets.</p> <p>One basic malaria kit was procured to replenish the supplies used during the medical outreaches that targeted the population in camps and host communities. Contents included Artem 20mg+Lumef120mg disp tabs 6X1, Artem20mg+Lumef120mg disp tabs 6X2, Artemeth20mg+Lumefan120mg tabs 6X3, Artemeth20mg+Lumefan120mg tabs 6X4 and Malaria rapid test kit Care Start for detection of Malaria.</p> <p>KRCS procured 800 clean delivery kits, 1,000 dignity kits and 200 rape management kits to replenish the supplies distributed during the operation. The supplies were distributed mainly among adolescent girls and women of reproductive age living within the camp as well as those in the host community. The link facilities for Somare and Dambala Fachana camps were also supplied with the delivery kits to boost the existing stock balances. The contents for the dignity kits were Dettol soap – Skin Care original 90g, Vaseline Blue Seal Pure 50g, Toothbrush – Twister Soft Brush Medium, Toothpaste Colgate Herbal 100ml, Slippers – Size 7 & 8, Flashlights LED Single Battery Size D Ledone WD, Ushindi Soap – 40g, Tissue Paper and Sanitary Towels – Ultra Single pack.</p>		

⁶ These included the continuous rapid assessments other than the KIRA that KRCS conducted

The KRCS surge teams provided comprehensive reproductive health services that resulted into improved access to Pre and Post Natal care services and women accessing skilled assisted deliveries. Referral for skilled deliveries were done at Sololo mission hospital, Moyale referral hospital and some time at the local dispensary. A total of 362 pregnant women were provided with focused antenatal care at the health facilities and those with risk factors were advised accordingly to seek help at the nearest facilities in good time. In order to promote and increase uptake of family planning services and prevent sexually transmitted infections, a total of 18,338 pieces of condom were dispensed to the population in camps as well as the host community. Additionally, 516 mothers were provided with progesterone pills with another 125 women receiving Depo injection as their family planning choice.



Clinical diagnosis in progress at Dambala Fachana © KRCS

Nutritional support interventions included Integrated Management of Acute Malnutrition (IMAM) and Maternal Infant and Young Child Nutrition (MIYCN) targeting pregnant and lactating mothers and children under the age of five years in improving their wellbeing. Mass screening of all the children under five, pregnant and lactating women (PLW) was conducted between March and April 2018 in order to assess the nutrition status of the most vulnerable individual in the community. This was done jointly with partners such as Concern Worldwide and UNICEF. A total of 705 children under 5 years were screened.

Implementation of IMAM through growth monitoring and MUAC screening, were done at OPD nutrition clinic by Nutrition Officers at both the clinic for under five children and Pregnant and lactating women (PLW). Other intervention of nutrition support conducted included deworming and vitamin A supplementation for under 5 in which 1,119 received vitamin A and 1,035 were dewormed. Health interventions included early and timely referrals of all sick children, massive immunization campaigns during the initial phase with support from UNICEF and Beyond Zero initiative. A total of 157 children received measles vaccination during the operation. Common conditions treated at the OPD clinics were upper respiratory tract infections, diarrhoea, pneumonia, eye infections and skin infections. Health promotion sessions for disease prevention and control were conducted at health facilities and within the camps on daily and weekly basis touching on topics such as exclusive breastfeeding, routine immunization, skilled deliveries and regular screening for early disease detection. A total of 3,468 people were reached during health education and these sessions were coordinated by public health officers and nurses at community and facility levels.

KRCS surge teams offered psychosocial support services to a total of 68 asylum seekers. The nature of the cases was emotional abuse (38) and physical violence (30). The Social Services department continued to provide Psychosocial, material and knowledge-based services to the asylum seeker population in both Dambala Fachana and Somare Camps. These counselling sessions helped the affected population heal their psychological wounds inflicted during the protracted political tensions in their country thereby starting to rebuild their social structures. Following a series of the psychosocial sessions, they were able to cope better and become reconciled to everyday life.

Other services that the asylum seeker had access to included clinical care for survivors of sexual and gender-based violence and promotion of good child care and feeding. A violence prevention intervention that focused on behavioural change of men guided by the voices of women was one of the interventions

the KRCS surge teams team adopted during the operation. Community Dialogue sessions were carried out within the two camps (12 in Somare, 8 in Dambala Fachana). Areas covered included drug abuse and various forms of gender-based violence. A total of 212 people (137 men and 75 women) were reached with messages during the dialogue sessions. Some of the issues that came up in the sessions were the use of elders and community leaders to solve GBV cases at a fee and drug abuse as a major driver of domestic violence and sexual abuse. There were no reported cases of rape and only case of concern was one case of attempted rape. KRCS on its part intensified awareness on prevention of GBV within the two camps.

To effectively identify health problems at the household level and assist household members make informed choices, KRCS conducted three (3) awareness sessions that targeted 30 community health volunteers. The participants were sensitized on how to better package health messages, effective referral systems and the need for continuously follow up on actions agreed upon by the household members. As a result of the sensitization, the volunteers were equipped with negotiation and persuasive skills that realized an improvement in the number of people visiting health care facilities for screening and treatment of minor ailments.

KRCS, with support from the county department of health officials, carried out awareness creation to the asylum seekers through weekly health education sessions that had targeted messages on proper hygiene, improved sanitation and early disease detection through screening. KRCS surge teams held 25 community meetings that reached out to 1,231 people (773 men, 458 women). Information Education and communication materials with messages on proper sanitation and hygiene were developed and distributed to 1,000 households.

KRCS surge teams intensified community level disease surveillance making use of evidence provided by the clinical data from health and nutrition outreaches. For instance, clinical data on high prevalence rate of water borne diseases was used by the public health officers to heighten hygiene and water quality interventions at the household level.

KRCS trained a total of 30 volunteers on communicable disease surveillance and reporting using the community-based surveillance approach. The training was facilitated by the county disease surveillance coordinator. As a result, the volunteers were equipped with skills that enabled them detect the early signs of diseases and report the same.

During the household visits, KRCS surge teams and volunteers conducted household visits for health education and monitoring the quality of water at points of use. Key messages on skilled deliveries, antenatal visits, and early disease detection through early screening, personal hygiene and health feeding were disseminated. These were done through the barazas as well as during the integrated health and nutrition outreaches.

A total of 117 cases were referred during reporting period to Sololo Mission and Moyale Sub- county hospital for further management with KRCS settling the medical bills for the patients upon discharge as well logistics related costs. One referral made to Marsabit County referral hospital due to Antepartum haemorrhage and needed emergency caesarean section and blood transfusion which was not available in Moyale at the time.

KRCS collaborated with the various stakeholders involved in the Moyale population movement, including the national government, county government of Marsabit and NGOs such as UNICEF, Concern Worldwide, Plan International, Save the Children, World Food Programme and World Vision. Similarly, UNHCR had the overall mandate for management and coordination of the camps in Moyale and therefore partnered with a number of implementing and operational partners that also included KRCS. Inter-agency

and technical working group meetings were held on weekly basis to plan and review the progress of various interventions by partners. Coordination of the operation activities ensured synergy in response and further helped do away with duplication of roles by partners. KRCS participated in various technical working groups that included WESCOORD for WASH sector, Shelter task force and Cash Coordination forum (that planned and conducted a joint market assessment).

Challenges

- Insecurity remained a threat considering the fact that there was still tension at the border and uneasy calm being reported in the Ethiopian side.
- Government plan of relocating the population of concern resulted into uncertainties as to whether humanitarian partners were to continue with their operations.

Lessons Learned

- KRCS recruitment of incentive worker and community health workers from asylum seekers population helped enhance community participation, support health care activities at facility and community level respectively.
- Interdepartmental briefings and sharing of information between headquarters in Nairobi, implementing team on the ground and donors on the planning, budget utilization and achievements to promote synergy and avoid confusion and delay in implementation.



Water, sanitation and hygiene

People reached: 3,468

Male: 1,396

Female: 2,072

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
Number of assessments on water and sanitation and hygiene situation conducted	2	2
Number of water tanks procured	10	9
Number of water platforms constructed	10	9
Number of households reached through water trucking	2,000	1,818
Number of water treatment chemicals procured and distributed	24,430	24,430
Number of households reached through water treatment chemical distribution	2,000	1,450
Number of people trained in safe water storage and use of water treatment chemicals	2,000	1,796
Number of quality water testing assessments done	90	90

WASH Output 1.2: Target population is provided with hygiene promotion, which meets SPHERE standards

Indicators	Target	Actual
Number of volunteers trained on hygiene promotion	30	30
Number of IEC materials designed and distributed	175	175
Number of hygiene promotion and sanitation sessions conducted	18	18
Number of people reached through hygiene promotion activities	10,000	3,468

WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators	Target	Actual
Number of latrine designs selected through consultative process	350	68
Number of emergency latrines constructed	350	68
Number of latrines equipped with hand washing facilities	350	68

Number of vector control activities conducted

5

5

Narrative description of achievements



Water collection by beneficiaries at Dambala Fachana Camp

KRCS procured and installed a total of nine (9) 10m³ storage tanks in Dambala Fachana and two (2) 7m³ bladder tanks in Somare for increased water storage capacity. This was meant to increase access to clean and safe water by the population within the two camps. To provide stability for the tanks, platforms were constructed on which the tanks were then mounted.

Water supply within the two camps was done through water trucking. This was done on alternate days (10,000 Litres of water in Somare and 20, 0000 Litres of

water in Dambala Fachana camp on daily basis). The efforts were supplemented by water trucking support from Food for the Hungry (6,000 Litres of water daily) and CARITAS (28,000 litres of water on a daily basis).

Water quality interventions entailed point of use water treatment. Some 14,930 sachets of PUR and 9,500 tablets of Aqua tabs were procured and distributed to 1,450 households in Dambala Fachana and Somare to ensure clean drinking water at the household level. Similarly, mass water treatment (in the tanks) with chlorine tablets was done at the source.

As part of water quality interventions, KRCS surge teams intensified their efforts on trainings on safe water treatment, handling and storage. Point of use water treatment was particularly emphasized since it was viewed as the surest way of ensuring water was safe for consumption. A total of 1,796 households were reached with demonstration sessions on water treatment. During these sessions, KRCS volunteers and public health officers carried out daily routine household water quality checks to ensure there was presence of residual chlorine to protect the water from contamination. During such visits, households that had exhausted their water treatment chemical supplies were provided with more tablets as part of replenishment. A total of 90 routine water quality tests and checks were conducted to ensure safe water provision and reduce the risk of water borne disease occurrence.

Children's Hygiene & Sanitation (CHAST) trainings were conducted both in camp and the host community reaching out to 150 children (79 boys and 71 girls). A total of 30 hygiene promoters mainly drawn from the population living in the camps were sensitized on proper hygiene and further helped carry out routine clean-up exercise at both camps. At the same time, the trained team of hygiene promoters with support from the government officers and KRCS volunteers advocated for prevention of indiscriminate dumping of solid waste within the camps. Demonstrations on hand washing at critical times by use of soap were also carried out by hygiene promoters. As part of behaviour change, hygiene promoters promote latrine usage and discouraged open defecation within the camps. Good hygiene practices sensitisation included practices such as personal cleanliness, washing of cloths, safe food preparation and safe disposal of sanitary towels. A total of 886 people (450 women, 436 men) were reached with hygiene promotion sensitization sessions in both camps.

KRCS designed and developed IEC materials that had messages on hygiene and water quality interventions. These were distributed to 25 hygiene promoters and 150 children to help reinforce proper hygiene and improved sanitation messages.

KRCS constructed 12 blocks of trench pit latrines in Somare and 5 blocks in Dambala Fachana making it a total to 68 door latrines for the two camps. While there was still need for more sanitation facilities considering the bigger population residing in the camps, the limited sanitation corridor meant more latrines could not be accommodated. Hygiene promoters were able to promote latrine usage and discourage open defecation and ensured proper management of children's faecal matter among the asylum seekers.

Hygiene promoters with technical support from the county public health officers provided a total of 40 hand washing facilities next to the latrine blocks in order to maintain high standards of hygiene and avert possibility of diarrheal disease outbreaks. Hygiene promoters within the camps ensured these facilities were filled with water on a daily basis. Soap was similarly provided in each of the handwashing stations. The fact that there were no reports of diarrheal disease outbreaks pointed to the fact that hygiene and water quality interventions put in place by KRCS met the minimum recommended standards.

Hygiene promoters carried out regular clean-up exercise with the asylum seekers and mobilized them on solid waste disposal at both camps. Indiscriminate dumping of waste was strictly prohibited and discouraged during the health education sessions that were held. A total of five (5) vector control measures/activities were conducted by KRCS volunteers and county public health officers. The household members and hygiene promoters were advised to ensure control of vectors and prevention of insect vector breeding sites through proper draining of stagnant water at the camps, as well as disinfection of the camp especially the pit latrines to prevent vector transmission. A total of 18 public fora for health education were conducted reaching 3,468 people (1,396 men, 2,072 women). During the household visits that covered 1,796 households, the members were sensitized on proper latrine use and importance of personal hygiene. These measures helped improve hygiene and sanitation situation in the camps, resulting into reduced incidences of water and vector borne diseases outbreaks.

Challenges

- Insecurity remained a threat considering the fact that there was still tension at the border and uneasy calm being reported on the Ethiopian side.
- Government plan of relocating the population of concern resulted into uncertainties as to whether humanitarian partners were to continue with their operations.
- Increased demand for water provision to cater for the needs of the host community.
- Limited sanitation lanes/corridors resulting into a few latrines being constructed.

Lessons Learned

- Extending humanitarian support to the host community helped minimize tension and conflict between the displaced population and the host community members.
- Effective coordination and partnership among humanitarian actors and County government of Marsabit helped supplement WASH services, thus minimizing water supply shortages within the two camps.



Protection, Gender and Inclusion

People reached: 212

Male: 137

Female: 75

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalized groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Inclusion and Protection Output 1.1: KRCS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
Number of assessments conducted	1	1
Number of planning sessions conducted to integrate and address gender and diversity vulnerabilities	3	3
Number of sessions to support collection of sex-age, gender and disability disaggregated data	5	5
Number of people with special needs reached	150	97 (33 males, 64 females)
Percentage of targeted beneficiaries with special needs reporting improved access to basic services	4.6%	2.8%

Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

Indicators:	Target	Actual
Number of SGBV awareness sessions conducted	20	20
Number of staff and volunteers briefed on the Code of Conduct	56 (26 staff, 30 volunteers)	56 (26 staff, 30 volunteers)
Number of people reached with information on child protection	2,000	3,468
Number of SGBV victims reached with PSS	0	212
Number of child friendly spaces established	2	2
Number of volunteers and staff screened in line with child protection policy	56 (26 staff, 30 volunteers)	56 (26 staff, 30 volunteers)
Number of volunteers and staff briefed on child protection policies and guidelines	56 (26 staff, 30 volunteers)	56 (26 staff, 30 volunteers)

Narrative description of achievements

The Kenya Initial Rapid Assessment (KIRA) was conducted in March 2018 to provide an overview of the humanitarian situation so as to support evidence-based decision making in the early stages of the response. The objective was also to provide an understanding of how humanitarian needs vary across different affected groups, identify where gaps may exist between needs and local/national capacity to respond and identify further detailed information needs. Following the assessment, food was rated as the highest priority issue amongst the children, pregnant and lactating mothers and elderly. The second priority was water shortage. Security for persons with disabilities, older persons and women was established not to have been guaranteed. Health services were also key especially under-fives, elderly, pregnant and lactating women and people living with HIV. Other problems faced by the affected communities included distress and panic. It was also reported that approximately over 500 women were pregnant and a significant number were breastfeeding at the time. Besides the joint assessment, KRCS conducted continuous rapid assessments to establish emerging needs taking into consideration issues of gender and social inclusion.

A total of 3 planning sessions were held to integrate and address gender and diversity vulnerabilities. KRCS supported UNHCR to plan and conduct the registration of the population of concern. During the planning stages, measures to address vulnerabilities specific to gender and other social inclusion factors were considered. This helped ensure integration and inclusion of the vulnerable groups during shelter support, health interventions, WASH interventions as well as food distribution. KRCS ensured information collected under different sectors such as health, WASH and livelihoods was analysed and disaggregated in form of sex, age and disability. This data ensured the interventions were targeted to the right group of people affected and that helped minimize discrimination.

KRCS put in place a system in which all the volunteers and staff involved in the operation were briefed on the Code of Conduct and further made to sign the same as a commitment to uphold the values. This was done prior to the start of the operation. Besides, the signing of the Code of Conduct, were briefed and screened on child protection policy. In line with the guidelines, a total of 56 KRCS response team members (26 staff, 30 volunteers) were briefed and screened on the child protection policy. Similarly, two child friendly spaces were established in Dambala Fachana. The briefing helped provide guidelines for response teams to create safe environment for children and further demonstrate KRCS commitment to the safety of children. In the end, public confidence was boosted. The implementation of the policy helped protect children from harm, abuse, neglect and exploitation in any form within the camp.

A total of 20 sexual and gender-based violence awareness sessions were conducted between March and June 2018 within the two camps (12 in Somare, 8 in Dambala Fachana). Areas covered included drug abuse and various forms of gender-based violence. A total of 212 people (137 men and 75 women) were reached with messages during the dialogue sessions. Some of the issues that came up in the sessions were the use of elders and community leaders to solve GBV cases at a fee and drug abuse as a major driver of domestic violence and sexual abuse. While there were no reported cases of rape other than one case of attempted rape, KRCS on its part intensified awareness on prevention of GBV by integrating it in all the health education sessions conducted. The sessions helped eradicate discrimination based on gender norms and unequal power relationships. The population of concern were assured of confidentiality in reporting incidents of SGBV as well as timely and non-discriminatory access to services and support such as medical, material assistance and safe spaces. Areas of focus included aid distribution points, WASH facilities and in areas that had poor lighting. KRCS also provided psychosocial support to the people affected by SGBV reaching a total of 212 people (137 men, 75 women). These included those that had suffered mainly from domestic violence as well as discrimination at aid distribution points.

KRCS supported sectoral teams such as UNHCR, World Vision, World Food Programme, UNICEF, Plan International as well as both county and national government to ensure collection and analysis of sex-age and disability-disaggregated. A total of 20 sessions were conducted and this helped inform the specific needs of special groups thus avoiding discrimination. KRCS worked with the County Government of Marsabit and other partners to ensure clear, consistent and transparent guidelines were 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. The 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) were similarly monitored closely to ensure they received their entitlements and were not exploited or abused. KRCS reached 97 people (33 males, 64 females) with special needs that included the disabled, visual impairment, hearing and speech impairment. To ensure equitable access to the basic services, KRCS response teams identified these groups and gave priority during food distribution and access to health services. KRCS further ensured inclusivity and protection from exploitation.

Kenya Red Cross Society ensured community members were involved in verification of the list of males, females and marginalized groups selected, in order to eliminate duplication and ensure none of the households were missed out. With regards to health services, Kenya Red Cross Societies' outreach program targeted males, females and marginalized groups with screening and treatment of minor illnesses, such as malaria, diarrhoea, skin infection and malnutrition. In WASH, KRCS addressed water and sanitation needs for males, females and marginalized groups in the communities targeted.

KRCS ensured food distribution points were established closer to settlements to reduce risk of robbery and harassment of males, females and marginalized groups receiving assistance. The beneficiaries were organized into cohorts to bring order and reduce rush or struggles which could lead to injuries during food distribution.

Challenges
<ul style="list-style-type: none"> • Delay in verification of beneficiary numbers and details due to infiltration by the host community members. • Registration delays, hence the initial responses were based on approximate figures. • Insecurity remained a threat because there was still tension at the border and uneasy calm being reported on the Ethiopian side.
Lessons Learned
<ul style="list-style-type: none"> • Kenya Inter Agency Rapid Assessment that was jointly conducted by key partners helped identify key priorities which then informed the relevant response type. • Regular planning and review meetings among humanitarian partners were key to ensuring inter sectorial response and synergy in operations.

Influence others as leading strategic partner		
Indicators:	Target	Actual
Lessons learnt workshop conducted	1	0
Narrative description of achievements		
The after-action review meeting did not take place during the DREF intervention period and was scheduled for September 2018 with support from the UNHCR.		
Challenges		
An after-action review meeting aimed at drawing lessons for future improvement did not take place since the interventions were still in progress with support from the UNHCR funding.		
Lessons Learned		
N/A		

D. THE BUDGET

The overall budget for this DREF operation was CHF 310,664 of which CHF 309,599 (99.65%) were spent. The balance of CHF 1,065 will be returned to the DREF.

For further information, specifically related to this operation please contact:

In the Kenya Red Cross Society

- Dr Abbas Gullet, Secretary General; email: gullet.abbas@redcross.or.ke, phone: +254 722 740789

In the IFRC

IFRC Country Cluster Support Team:

- Getachew Taa, Head of East Africa Cluster, email: getachew.taa@ifrc.org, phone: +254 20 2835000
- Marshal Mukuvare, Disaster Management Delegate, marshal.mukuvare@ifrc.org; phone: +254780930280

IFRC Regional Office for Africa:

- Adesh Tripathee, Head of DCPRR, email: adesh.tripathee@ifrc.org, phone: +254 731 067 489
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org

In IFRC Geneva

- Programme and Operations focal point: Ruben Romero, Acting Lean Response and Recovery, email: roben.rumero@ifrc.org,

For IFRC Resource Mobilization and Pledges support:

- Kentaro Nagazumi, Partnership and Resource Development Coordinator; email: kentaro.nagazumi@ifrc.org

For In-Kind donations and Mobilization table support:

- **IFRC Regional Logistics:** Rishi Ramrakha; mobile phone: +254 733888022; fax: +254202712777; email: rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: fiona.gatere@ifrc.org, phone: +254 780 771 139

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 Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

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Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRKE042 - Kenya - Population Movement

Timeframe: 23 Mar 18 to 23 Jun 18

Appeal Launch Date: 23 Mar 18

Final Report

Selected Parameters

Reporting Timeframe	2018/3-2018/8	Programme	MDRKE042
Budget Timeframe	2018/3-2018/6	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		310,664				310,664	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		310,664				310,664	
C4. Other Income		310,664				310,664	
C. Total Income = SUM(C1..C4)		310,664				310,664	
D. Total Funding = B +C		310,664				310,664	

* 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		310,664				310,664	
E. Expenditure		-309,599				-309,599	
F. Closing Balance = (B + C + E)		1,065				1,065	

Disaster Response Financial Report

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Selected Parameters

Reporting Timeframe	2018/3-2018/8	Programme	MDRKE042
Budget Timeframe	2018/3-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	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		
	A					B	A - B	
BUDGET (C)			310,664			310,664		
Relief items, Construction, Supplies								
Shelter - Relief	47,905						47,905	
Food	41,618						41,618	
Water, Sanitation & Hygiene	63,133						63,133	
Medical & First Aid	24,286						24,286	
Total Relief items, Construction, Sup	176,942						176,942	
Logistics, Transport & Storage								
Distribution & Monitoring	13,695						13,695	
Transport & Vehicles Costs	36,105						36,105	
Total Logistics, Transport & Storage	49,800						49,800	
Personnel								
National Society Staff	55,190						55,190	
Total Personnel	55,190						55,190	
Workshops & Training								
Workshops & Training	6,743						6,743	
Total Workshops & Training	6,743						6,743	
General Expenditure								
Travel	1,000						1,000	
Information & Public Relations	1,124						1,124	
Office Costs	190						190	
Communications	714						714	
Total General Expenditure	3,028						3,028	
Contributions & Transfers								
Cash Transfers National Societies			290,703			290,703	-290,703	
Total Contributions & Transfers			290,703			290,703	-290,703	
Indirect Costs								
Programme & Services Support Recove	18,961		18,896			18,896	65	
Total Indirect Costs	18,961		18,896			18,896	65	
TOTAL EXPENDITURE (D)	310,664		309,599			309,599	1,065	
VARIANCE (C - D)			1,065			1,065		

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Selected Parameters

Reporting Timeframe	2018/3-2018/8	Programme	MDRKE042
Budget Timeframe	2018/3-2018/6	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 management	310,664		310,664	310,664	309,599	1,065	
Subtotal BL2	310,664		310,664	310,664	309,599	1,065	
GRAND TOTAL	310,664		310,664	310,664	309,599	1,065	