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Emergency appeal operations update

Kenya/Dadaab: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency appeal n° MDRKE018		GLIDE n° OT-2011-000160-KEN
Operations update n° 4		Timeframe covered by this update: 1st January 2014-31st January 2015
Emergency Appeal operation start date: 19 October 2011		End date: 30 June 2015
Appeal budget: CHF CHF 23,173,011	Appeal coverage 84%	Total estimated Red Cross and Red Crescent response to date: CHF 19,250,041
Disaster Relief Emergency Fund (DREF) allocated: CHF 500,000		
N° of people being assisted: 120,000 beneficiaries, including 100,000 refugees in Ifo2 camp and 20,000 from the host community.		
Host National Society(ies) presence (n° of volunteers, staff, branches): 136 staff are involved in this operation		
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC, Norwegian Red Cross, British Red Cross, Japanese Red Cross Society, Polish Red cross		
Other partner organizations actively involved in the operation: GOK (DRA), UNHCR, ECHO, BPRM, WFP, PWJ, IRK, MSF, DRC		

Appeal history

- A [Preliminary Emergency Appeal](#) was launched on 19 October 2011 for CHF 27,618,017 (plus an estimated CHF 3,050,000 for emergency response units) to assist 60,000 beneficiaries for 12 months.
- Disaster Relief Emergency Fund (DREF): CHF 500,000 was initially allocated from the Federation's DREF to support the national society set up the operations in Dadaab.
- An [Emergency Appeal](#) was launched on 29 November 2011 for CHF 26,154,197 to assist 76,000 beneficiaries for 12 months.
- [Operations update no. 1](#) was issued 25 January 2012 to inform of progress and donor response.
- An [eight-month summary update](#) was issued on 2 September 2012, to update on operational progress.
- A [Revised Emergency Appeal](#) was launched on 2 January 2013, seeking to reduce budget to CHF 10,439,107 and extending the operation for a further 12 months to October 2013.
- A [12-month update](#) was posted 14 January 2013, and provided the yearly progress report.
- [Operations update no. 2](#) was issued on 15 January 2013.
- [Operations update no. 3](#) was posted on 27 May 2013 with a progress report against the planned outcomes.
- A [Revised Emergency Appeal](#) no. 2 was launched on the 11 July 2013. The revision recognised that the previous Emergency Appeals only catered for the 2012 proposed budget, while the revised budget combined both 2012 and 2013 budgets, to a total of CHF 21,427,140. It also extended the operation until the end of 2013.
- A [Revised Emergency Appeal](#) no.3 was launched on the 11 February by a further 12 months to cover the sectors of health and care, water, sanitation and hygiene promotion, camp management and community services, shelter (for staff based in the camps), and livelihood support. The budget was slightly increased to CHF 23,173,011 to assist 100,000 beneficiaries

and to enable Kenya Red Cross Society (KRCS) to carry out the planned activities during 2014.

- This fourth operation update informs the appeal extension for six months starting from January 2015 to June 2015. With this extension, the Emergency Appeal will be moving into its fourth (4) year of emergency response.
- During the last 3 years the Emergency Appeal focused on urgent needs, which are provision of food, shelter and non-food items (NFIs), primary, secondary and tertiary health care services, nutrition interventions, supply of potable water, hygiene and sanitation facilities and infrastructure development in the newly established Ifo 2 camp. Considering that, this operation is now moving into addressing longer term issues mainly focusing around camp management and running the services in the camp, discussions have started with KRCS and other partners about moving this appeal into a longer term program. The six months extension will be used to have discussions and agreements with partners about the longer term intervention strategy. Based on agreement with the partners this period will also be used to finalize the current emergency appeal reporting.

Summary

The Kenya Red Cross Society continued to deliver humanitarian services for the Somali refugees in Ifo2 camp in Dadaab for the fourth year, covering service delivery in areas of health, nutrition, water, sanitation and hygiene promotion (WatSan), camp management, and Sexual and Gender-Based Violence (SGBV) programming.

In November 2013, a tripartite agreement was signed in Nairobi by the Government of Kenya, the Government of the Federal Republic of Somalia, and the United Nations High Commissioner for Refugees (UNHCR) initiating the planning process of voluntary repatriation of refugees of Somali origin. Towards the end of 2014, 92 refugees were repatriated to Somalia. At the moment approximately 1,000 refugees have been repatriated. KRCS is currently working on scenario planning and, with the involved partners, developing a phase-out strategy that will be shared with movement and external partners. A programme review during the initial months of the year will further inform the development of a phase-out /exit strategy.

From 1 January 2014, the Government of Kenya took over the administrative aspect of the camp management sector in all five camps in Dadaab. The community services and livelihood activities that were being provided under the camp management sector were provided by KRCS to the beneficiaries under the appeal during 2014.

Despite these developments, the humanitarian needs, especially lifesaving interventions, remain well pronounced in Ifo 2 camp. This results from the limited opportunities for refugees to participate in meaningful economic and livelihood activities both within as well as outside the camp environment. The identified needs include provision of food, shelter and non-food items (NFIs), primary, secondary and tertiary health care services, nutrition interventions, supply of potable water, as well as hygiene and sanitation facilities and services, education including vocational trainings and protection services among others. KRCS and other involved partners will respond to the needs.

KRCS, through this revised appeal, intends to cater for the needs of the refugees in Ifo 2 and host communities in regards to health, nutrition and WatSan interventions, camp management, community services, and livelihood support towards the most vulnerable groups in the refugee camps. The appeal also has a strong component of responding to and preventing sexual and gender based violence (SGBV).

On behalf of KRCS, IFRC would like to extend thanks to the partners that contributed to the appeal, including Australian Red Cross and government, British Red Cross and the Disaster Emergency Committee (DEC), Mellon Bank, Canadian Red Cross, China Red Cross Hong Kong branch, DG ECHO, Japanese Red Cross, Netherlands Red Cross and government, New Zealand Red Cross, Norwegian Red Cross and government, Red Crescent Society of Islamic Republic of Iran, Red Cross of Monaco, Swedish Red Cross and government and Taiwan Red Cross organisation.

[<click here to view the interim financial report or here to view contact details>](#)

Coordination and partnerships

KRCS works closely with various stakeholders involved in refugee programming in Dadaab, including governmental and non-governmental organizations. The Government of Kenya's (GoK) Department of Refugee Affairs (DRA) is the overall body that governs refugee operations in the Kenya. UNHCR, through its global mandate, partners with the GoK in attending to refugees within the borders of Kenya. UNHCR has the overall mandate for management in the Dadaab camps and works with a number of implementing and operational partners, including KRCS.

Partnerships

In Health and Nutrition Sector, the partners to KRCS include:

- UNHCR: Overall coordination of refugee programmes and co-chairing of Inter Agency Technical Working Groups including nutrition, Community Strategy, Outbreak management etc.
- UNICEF: Supporting the expanded programme on immunization (EPI) and procurement of Nutrition Supplements,
- Centre for Disease Control (CDC): supporting outbreak investigation and disease surveillance.
- World Food Programme (WFP): Supporting Supplementary Feeding Programmes.
- IOM: Supporting care and treatment of patients with Multi Drug Resistant Tuberculosis (TB), and refugee resettlement activities.
- The Ministry of Health (MoH): Supporting enforcement of guidelines and protocols, as well as the EPI, TB, and HIV programmes.
- ECHO: supports Nutrition and WASH. Through this grant, ACF is implementing the HiNI program with KRCS in the host community.
- Partners in SGBV, social services and livelihood include UNHCR, DRA, DRC, Kenya Police, PWJ, HI, and SCI.
- In the Water, Sanitation and Hygiene Sector, KRCS receives maintenance support from UNHCR in terms of essential supplies for running the water supply system which includes fuel for running of water pumping generators as well as some selected pipes and fittings and spare parts for generators

KRCS, in cooperation with the Institute of Humanitarian Affairs (ICHA), conducted operation research which documented best practices. The research undertaken was on health and development indicators in the Ifo 2 camp.

The IFRC is supporting the KRCS in its effort to respond adequately to the needs of the refugees in Ifo 2 camp. IFRC is providing technical support through the appeal. IFRC will also support and participate in reviews and evaluation exercises. One review/evaluation is planned at the end of the year, as well as a final evaluation. ICRC has been active in all the five camps since 1991 when the Dadaab refugee camps were established. From the onset, the ICRC has been providing tracing services and family re-unification, and has established offices in all camps.

A number of PNSs have been partners to the operation and have a presence and engagement in Kenya and the Eastern Africa Region. These include the American RC, Australian RC, British RC, Canadian RC, Danish RC, Finnish RC, German RC, Japanese RCS, Norwegian RC, The Netherlands RC and Swedish RC. The PNSs have been supporting this appeal either through the IFRC or through Bilateral Agreements.

Over the past 2 years of KRCS presence in Ifo 2, strong relations have been developed with the refugee population residing in Ifo2 camp. The continuity of KRCS interventions in the camp amid heightened insecurity and advisories from UNHCR on restricted access to camps, and the constant engagement of the refugee population in planning and implementation of key sector services, have been central in strengthening of these relations. Relations between KRCS, host community and the refugees have created an enabling working environment, which has made it possible for the programme achievements.

Operation implementation

Overview

HEALTH AND CARE

Outcome 1: The primary and secondary health care needs are met, and health risks decreased for up to 100,000 refugees in Ifo2 west and East camps, as well as 20,000 beneficiaries from the host community.

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

Progress towards Achievement:

During the implementation period of 2014, the KRCS health programme operated a 100-bed capacity referral hospital in Ifo 2 camp. The facility has both in-patient and out-patient departments, with the out-patient department comprising of outpatient consultation clinics, special medical clinics (Surgical, Paediatric, Medical, Mental health, etc.), an emergency (casualty) department, laboratory, and pharmacy. The in-patient department comprises of 5 wards: a maternity ward complete with a new born care unit, a paediatric ward, a stabilization centre for management of children with severe malnutrition and medical complications, and adult male and female wards. The facility also has two operating theatres where both elective and emergency surgical and obstetric cases are attended to. The facility is operational 24 hours a day, 7 days a week and is run by a team of qualified health care staff comprising of 4 medical officers, 4 clinical officers, 34 nursing officers, laboratory technologists, pharmacists and a team of community volunteers (incentive staff) who ensure quality services are provided.

In addition, primary health care services were offered at 3 health posts within the camp. The health posts provided outpatient consultation services for children under the age of 5 and adults, as well as maternal and child health services. The maternal and child services available at the health posts included: focused antenatal care, postnatal care, family planning services and routine immunization services as per the Kenya's Expanded Program on Immunization (KEPI) schedule. Evidence based care was supported by satellite laboratories that provide basic diagnostic tests including antenatal profile tests.

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

Patients diagnosed with tuberculosis continued to be managed in the TB department using the DOTs (Direct Observed Treatment) method. As at December 2014 there were 38 patients in total. The TB cure rates were maintained at 100%, with 0% defaulter rates.

Referrals cases were a total of 804 which were made to Garissa and Nairobi for secondary and tertiary services respectively, in line with the UNHCR referral guidelines.

In addition, the health program continued to implement the reverse referral activity, which involved medical consultants coming to provide specialized health services to the beneficiaries in the camp. This was done with the aim of reducing the backlog of cases unable to access immediate specialist services due to the high cost of referral, and strict referral guidelines. The activity not only supported the refugees from Ifo 2 camp, but also those from the other 4 Dadaab camps. A total of 1,458 patients from other camps (Hagadera, Ifo1, Kambioos and Dagahaley) benefitted from the services. The reverse referral activity began in the month of November 2013, and by the end of the reporting period, there were a total of 9 specialists as follows: general surgeon, ENT surgeon, paediatrician, physician, obstetric-gynaecologist, and psychiatrist. The newly constructed theatre unit played a key role in facilitating the surgeries that took place during the various medical camps as shown in the table below:

Table 1: Reverse referral activity achievement

Dates	Specialist	No. of patients seen/screened	No. of surgeries conducted
November 2013	Ear, Nose and Throat (ENT) Surgeon	241	21
November 2013	Obstetrician-Gynaecologist (OBGYN)	52	9
December 2013	General Surgeon	81	20
December 2013	Physician	95	N/A
December 2013	Obstetrician-Gynaecologist (OBGYN)	70	5
December 2013	Ear, Nose and Throat (ENT) Surgeon	230	18
December 2013	Paediatrician	81	N/A
March 2014	Psychiatrist	94	N/A
May 2014	Ear, Nose and Throat (ENT) Surgeon	234	18
August 2014	General Surgeon	113	25
September 2014	Paediatrician	120	N/A
September 2014	Dentist	64	52 (dental extractions)
October 2014	Psychiatrist	106	N/A
October 2014	Ear, Nose and Throat (ENT) Surgeon	180	34
November 2014	General Surgeon	77	29
November 2014	Obstetrician-Gynaecologist	176	20
TOTAL		2,014	251

There were a total of 127,821 consultations conducted during the 12-month reporting period, with the average consultations per clinician per day standing at 61, which was slightly above the Sphere standard of 50 consultations/clinician/day. There was a notable peak in consultations in the months of January and February, and this can be attributed to the increase in cases of upper respiratory tract infections due to the dry dusty weather conditions experienced during that time of the year.

In the reporting period, the Crude Mortality Rate (CMR) and Under 5 Mortality Rate (U5MR) were maintained below the sphere standards throughout the reporting period at an average of 0.2/1000/month and 0.8/1000/month respectively (standard <0.75 CMR, and <1.5 U5MR), with the highest cause of mortality among the under 5 years age group being due to lower respiratory tract infections.

Through funding from Norwegian Red Cross, computers were procured for use in the paperless Health Management Information System (HMIS). A total of 17 computers were procured and installed in the Ifo 2 hospital. The advantages of the paperless system include:

- Increased efficiency in maintaining and retrieving of patients records (the records are required to be stored for seven years).
- Through this system, the care giver can retrieve patient records and review treatment and procedures given before.
- The system is integrated with a biometric system and therefore the retrieval process is accurate. Increase efficiency in managing supplies; the system records all the supplies available and the caregivers are able to prescribe only drugs in stock.
- The pharmacy team is also able to manage stocks more efficiently and reduce the risks of drugs and other supply stock outs.
- In addition, patients and beneficiaries who access services on false pretence (double registration in nutrition programmes and patients who visits health facilities to access drugs which are later sold) are easily identified by the system.

- Increases staff productivity through monitoring of the individual staff working records, including accuracy in prescribing drugs and medicines.
- Saving on the cost of printing and procurement of hospital stationery and medical documents, reports and defaulter lists are generated automatically.

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

Through British Red Cross support, the construction of the morgue/body cleaning area for the hospital will be constructed in 2015.

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

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

The community's role in health is enhanced by strengthening their knowledge, skill and participation. In addition, this goal is accomplished by establishing sustainable level 1 service aimed at promoting dignified livelihoods across all the stages of the life cycle, and there is decentralization of services, as well as enhanced accountability and responsibility among all concerned partners.

Within Ifo 2 camp, service delivery at level 1 has been established, with a work force of 77 CHWs who ensure promotion of health across all stages of the life cycle. The community's participation is enhanced through household dialogues, community dialogue days, community health action days, health education forums and training sessions. A total of 3 community units have been set up having 58 Community Health Committee (CHC) members. The CHC provide leadership and governance at the community units.

The main activities undertaken by the Community Health Program include: outbreak control, health promotion/awareness creation, community death mapping, disease surveillance and response, active case identification and referral of malnourished children, EPI.

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

KRCS continued to screen children under five for malnutrition. The SFP program reported coverage of above 134% throughout the 12 month period. Nutrition program admitted 2641 children to SFP. A total of 4,242 children under five with moderate malnutrition received nutritional support with plum sup. 4,117 new admissions of pregnant and lactating women and 329 malnourished pregnant and lactating women received nutrition support. KRCS further supported 45 chronically ill patients, 21 of whom had malnutrition.

The CTC program reported a high coverage of above 600% throughout the reporting period. 1,486 marasmus and 100 kwashiorkor new cases were admitted to the CTC program during the reporting period. Of this, 152 had severe malnutrition and therefore received treatment in the stabilization centre. A total of 2,161 children with severe acute malnutrition received treatment with therapeutic feeds.

January, February and June reported the highest number of new admissions of pregnant and lactating women for BSFP. This trend was noted also in the new ANC visits where January and June had the highest numbers. May reported the least number of new admissions to CTC. This is because in April, a mass MUAC screening was conducted and most malnourished children were admitted into the program. Throughout the reporting period, the cure rate remained within the SPHERE standard of >75%. This is due to quality of care that was offered at the nutrition sites.

World breastfeeding week (WBW) was conducted with support from British Red Cross and BPRM. During the WBW, a number of activities were conducted. This included a launch in which the light of the community PET performed skits, play songs and dance promoting safe motherhood and child spacing. Throughout the week, the PET group performed skits in various health posts as part of the health education. Cooking demonstration was conducted during the week with the main objective of ensuring the mothers were equipped with practical knowledge about preparing infant foods and feeding the infants.

Two mass MUAC screenings targeting children aged between 6 and 59 months were conducted in May and November 2014, during the biannual national child health and nutrition weeks (Malezi Bora campaigns). 17 teams each composed of 3 nutrition incentive staff with support from 5 nutrition officers and 1 nutrition coordinator conducted the screening. The screening results were analysed and children were categorized as either normal, at risk of acute malnutrition, or suffering from Moderate Acute Malnutrition (MAM) or Severe Acute Malnutrition (SAM). Children identified as having MAM and SAM who were not already enrolled in the IMAM programme were referred to the OTP and SFP respectively.

The annual nutrition survey was conducted in August and September 2014, under the coordination of UNHCR and guidance of the KRCS nutrition coordinator who took lead in the planning and coordination of the survey. The survey team was comprised of 5 teams each with 2 enumerators, 2 measurer's, 1 mobilizer and a supervisor. The teams underwent 3 days of training, which was followed by a standardization exercise after which some measurer's who did not meet the standards were replaced. Selection of clusters was done using ENA software. The team applied multi-stage cluster sampling. Probability Proportional to Size (PPS) was used for the first stage of sampling at the block level using ENA software. 30 clusters were selected. Selection of the first household was done randomly using random numbers. Subsequent households were selected systematically at a given interval depending on the number of households in the cluster. A total of 22 households were surveyed per cluster.

The JAM assessment that is done after every 2 years was conducted in the month of June 2014, spearheaded by WFP and UNHCR, together with the NGOs involved in provision of various services in the camps; as well as representatives from the refugee and host communities. The main objective of the assessment was to review the overall food and non-food supply situation and other factors contributing to food insecurity and malnutrition among refugees in Kenya. The methodology involved secondary data review, field visits to 6 thematic groups, triangulation and analysis, and daily briefs on findings.

One mass MUAC screening exercise targeting children 6-59 months was conducted in May 2014 during Malezi Bora campaigns by Community Health Volunteers (CHVs), KRCS staff and Ministry of Health (MOH) staff. The screening results were analysed using Excel and children were categorized as either normal, at risk, or suffering from MAM or SAM with children with MAM and SAM who were not already enrolled in the IMAM program being referred to the health facility and outreach sites for treatment.

Nutrition SMART survey conducted in July 2014 spearheaded by MOH and Action Against Hunger (ACF) was also conducted in the entire Garissa County including the Dadaab sub-county host community while applying the similar methodologies as the nutrition survey done in the camps.

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

Figure 1: Coverage of vitamin A supplementation

	November 2013		May 2014		November 2014	
Vitamin A supplementation	100 000iu	200 000iu	100 000iu	200 000iu	100 000iu	200 000iu
	5336	17525	1177	10942	1536	18612
Vitamin A coverage	367%	167%	126%	133.5%	131%	170%
De worming	37554		24160		9058	14795
De worming coverage	102.4%		83.3%		99%	98%

Deworming targeted children aged 2 to 15 years through administration of albendazole dewormers. Through support from the BPRM, quarterly mass MUAC screening continued to be carried out in all the blocks. The screening targeted children 6 to 59 months.

Figure 2: Mass MUAC screening results

Month	Total Screened	Referred to SFP	Referred to OTP
November 2013	22861	45	5
April 2014	14247	75	7
May 2014	11967	122	9
November 2014	10456	31	14

The nutrition department continued to offer well balanced meals to hospital in patients. The food provided was through the support of WFP, Bureau of Population, Refugee and Migration (BPRM), British Red Cross and UNHCR supported with budget for non WFP food commodities. There were special considerations that were put in place for patients who needed special diets. This included diabetic clients, severely malnourished adult patients and caretakers of children in the paediatric and SC wards.

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

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

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

Throughout the program, fresh food voucher (FFV) continued to be carried out targeting pregnant and lactating women. Monthly registration of beneficiaries continued. Currently there are 1,653 active beneficiaries. FFV program was integrated into other existing program. This was in order to improve its impact in the health and nutrition program.

Output 1.4: Access to HIV services improved, including prevention interventions for refugees in Ifo2

Training on the new HIV testing algorithm was conducted in the month of January 2014, in which 24 health workers consisting of HIV counselling and testing counsellors as well as other health workers were trained. The 1 week training saw the participants learn the new HIV testing algorithm which uses newer shorter acting kits. The training was conducted in collaboration with the County AIDS and STI Coordinator's office, and is in line with the national recommendation on the adoption of the new test kits that was to be rolled out countrywide in the month of August 2014. However, the rolling out of new test kit is yet to be implemented as this activity is dependent on the government procurement policy which needs adherence. Parallel discussions are ongoing with Global Fund supporting North Eastern and other emerging priority areas for HIV.

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

Maternal and child health services continued to be offered to the beneficiaries during the reporting period with the aim of ensuring optimal access to comprehensive and quality reproductive health services to reduce maternal and child morbidity and mortality through provision of facility and community based reproductive health services. The services offered include; antenatal care, essential obstetrics and neonatal care, postnatal care, family planning, prevention of mother to child transmission and clinical management of rape.

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

The program primarily works with 33 safe motherhood promoters to strengthen its community linkage and referral system in promoting access and uptake of services. The program areas of focus include; contraceptive uptake and male involvement alongside other services.

Significant progress has been realized in the first quarter of 2014 in the key indicators. With average coverage of complete antenatal attendance at 79%, skilled delivery at 65% while that of complete targeted postnatal coverage at 63%. Generally the three indicators complement each other despite the underlying social factors and misconceptions that hinder adequate utilization of services.

33 safe motherhood promoters (former traditional birth attendants) have been maintained, transformed and empowered to strengthen community linkages and referral system through advocacy and promotion of safe skilled care as opposed to conducting home births. The program was able to build the capacity of the women through short course trainings on safe motherhood pillars, referral pathways and child spacing (cycle beads) to increase their knowledge in reproductive health. The training has gone a long way in improving health seeking behaviours and reducing the first delay in maternal mortality and morbidity. This has resulted in great improvement in RH indicators e.g. ANC coverage improved from 31% in Jan 2013 to 82% currently, hospital delivery rate improved from 34% to 77%, and PNC from 3% to 63%.

WATER AND SANITATION

Outcome1: The immediate and medium term water and sanitation needs of 60,000 refugees are met through the provision of safe water, adequate sanitation and promotion of hygiene practices.

Output 1.1: Provision of adequate safe drinking water for 60,000 refugees in Ifo 2 Camp

Progress toward achievement:

Access to water, sanitation and proper hygiene practices is a fundamental right and essential to life, health and dignity. Timely and adequate provision of clean water and sanitation services to the refugee community in Ifo 2 is particularly important given their vulnerability. The sources of water for the refugees in Ifo 2 are 7 boreholes of which one is solar powered and the remaining 6 are diesel powered boreholes and a reticulation system of 64 km which comprises of a rising and distribution main with assorted sizes and classes of different pipes and 4 100m³ and 2 250m³ pressed steel elevated tanks.

The average amount of water available per person per day is 24 litres. The refugees access water at tap stands located not more than 200m from the households. There are 210 tap stands in Ifo 2 with 1,260 nozzles that are monitored and maintained by WASH committee members in terms of cleanliness and safety. On average, one tap/nozzle serves 42 persons. KRCS ensures any bursts, leakages and repairs are responded to on time.

Capacity building of water supply incentive staff was done. 47 water supply incentive staff were trained in 2014 whose objective was to identify different components of borehole system, identify the components of air cooled or water cooled diesel generator engines, to understand the basic services of the diesel generator engines, to know the different households water treatment option and to be familiar with using selected household water treatment methods. Operation and maintenance activities have been on going to ensure water supply availability in the camp.

Number of metres of water pipeline extension, replacement or repairs were	Number of water taps constructed	Number of metres of water pipe rehabilitate	Repair of broken down boreholes
646m	50	520m	One borehole (C) repaired by Replacing UPVC Pipes with GI

To ensure proper running of generators, a monthly generator service was done and so far 54 numbers of services have been conducted on six existing generators in the camp. Fuel consumption and pumping hours is monitored on daily basis and reported weekly. The average generator running hours is 6-7 hours per day.

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

Weekly bacteriological tests: 20 water samples from households and tap stands are collected and tested for faecal and total coliform tests on daily basis. A total of 80 samples are tested monthly for bacteriological analysis. All water samples tested for physical and bacteriological monthly is 920.

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

During this reporting period, solid waste disposal ground site 50mx50m was improved by provision of proper drainage around the site and proper fencing with a gate. Routine camp cleaning was done and cleaning campaigns on a monthly basis. During clean-up campaigns WASH committee members and general community were involved and a total of 154 clean-up campaigns sessions were conducted within the camp. WASH committee members and hygiene promotion incentive staff spearhead the activities at the block level under the supervision of KRCS national staff.

To facilitate both cleaning of the camp and in schools, sanitation kits which comprises of 83 wheelbarrows, 500 rakes, gumboots were distributed to the refugees in Ifo2. The environmental cleanliness status of the camp was maintained by carrying out the following activities, cleaning along the roads, sanitary lanes and undertaking proper disposal of carcass. The refugee community is encouraged to take responsibility of their own waste to maintain cleanliness of the camp.

12,000 latrines were constructed, 4,000 thousand household latrines were repaired and 2,030 filled up household latrines were maintained by dozing with bio-digester to prolong their life span.

Vector control: During the reporting period a monthly spraying of the camp was conducted to control vectors. Common vectors found in the camp are cockroaches, houseflies, blue metallic flies, and average of 13,000 households were sprayed monthly. Both outdoor and indoor spraying is done using the government recommended chemicals. These activities were done by UNHCR and ECHO funding.

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

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

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

No.	Activities	Achievements
1.	Cascading of PHAST to the community	13,644 households visited. 27876 people reached (9,444 women, 4,260 men and 14,172 children)
2.	Training of hygiene promoters	During this reporting period, 50 hygiene promoters were trained on CHAST & PHAST. The aim of the training was to empower the hygiene promoters to participate in cholera outbreak response and promote hygiene behaviour in refugee community by disseminating the hygiene messages, hygiene practices as per the work plan and monitor progress of the same. The training was conducted as per Global WASH Participatory methodologies. The training was conducted for three days with an approach that could help participants to feel more confident about themselves and their ability to take action and make improvements in the refugee community as water, sanitation, and hygiene practices is concerned
3.	Training of health patrons	During this reporting period 30 primary school teachers and 30 Dugsii (Islamic school/ madrassa) teachers were trained on school led total sanitation. The aim of the training was geared at achieving open defecation free status in schools and camps in general since children are known to be the best agents of change in the community The patrons will in turn conduct SLTS triggering sessions in all the blocks using the pupils and the community around. The training was conducted for two groups, each group taking five days. The approach was well adopted and it is expected to trigger change.
4.	Health talks in the four health facilities	48 sessions with hygiene messages done. 7,272 people reached (3,120 women, 1,524 men and 2,628 children)
5.	Clean-up campaign	Monthly clean up campaigns were conducted every month with an estimated turn-up of around 14,400 people attending. Hygiene promoters, sanitation cleaners and WASH committee members took the lead.

6.	Public days celebrated	<p>Global hand washing day was celebrated during this reporting period, 10 schools participated and the theme of the day was "choose hand washing choose health". 30 school health patrons and 100 school health club members were involved there were drama songs disseminating importance of hand washing and proper hygiene and sanitation practices. 4 banners, 150 caps, 100 hijabs (head scarfs) and 70 t-shirts were procured for the event.</p> <p>World toilet day was marked and celebrated by engaging the new arrivals in section F2& F8 in active discussion about the importance of toilets as well as proper use of latrine and good hygiene practices like hand washing. The celebrations were attended by an estimated population of around 300 people.</p>
7.	Hygiene promotion monitoring at households.	<p>12,840 households visited. 47,640 people reached (6,456 men, 8,196 women and 32,988 children.</p> <ul style="list-style-type: none"> • No of latrines visited-6,752 • Families using soap-5,880 • Families using Ash-2,928 • No of Tippy taps installed • Total amount of litres fetched in a day-118,816 • No of households with presence of faeces-35 • No of families with knowledge on hand washing-8,756
8.	Mass awareness in Dugsii on safe hygiene practices- Open defecation	37 Dugsii visited. 8,055 children reached (6,023 boys and 2,032 girls)
9.	Distribution of hygiene sanitation kits in schools and NFIs	430 t-shirts and 120 caps to health club members and 70 hijabs distributed in 10 schools in Ifo2
10.	Hand washing facilities	18 hand washing stances constructed in seven schools and are in use
11.	Repair, rehabilitation and maintenance of household latrines	4,000 thousand household latrines were repaired 2,030 filled up household latrines were maintained by dozing with bio-digester to prolong their life span

Hygiene promotion campaigns were conducted monthly creating awareness on water-related diseases and prevention of the same, and solid waste management in the camp. The promotion campaigns were conducted through use of public address systems, drama video shows, and songs. 18 sessions of hygiene promotion campaigns were conducted this reporting period 100% of the population was reached during this activity. Tap stand sensitization and jerry can washing was done during the reporting period. Community were sensitized on importance of washing jerry cans and maintain safe water chain. 27,750 jerry cans were washed. Distribution of hygiene kits and sanitary materials in 10 schools within the camp was done during this reporting period - soap for hand washing 198 cartons, liquid soap of 495 litres, latrine disinfectant 495 litres and brooms 330. Construction of 8 talking wall in the camp with hygiene messages both in English and local language. These activities were done both with ECHO (5) and UNHCR (3) funds. Through ECHO funding KRCS installed 4 PV Solar generators during this reporting period (boreholes 1, 3, 4 and C) the installation of the remaining 2 is under way. The objective of this is to reduce fuel cost and promote livelihood of refugee community in Ifo2.

CAMP MANAGEMENT, COMMUNITY SERVICES AND SECURITY SENSITISATION

Outcome1: High quality assistance is delivered and facilitated to up to 60,000 refugees in IFO2 West, through effective camp management and coordination, and community services

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

Progress toward achievement:

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

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

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

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

100 women and girls have been mobilised and are attending English classes in both East at Equator Primary School and Mwangaza Primary School in West. Significant progress has been observed as most participants/students can read and write the alphabet, simple words and can even construct simple sentences.

Training for Inter-Agency Standing Committee (IASC) guidelines on SGBV was conducted in July. Other capacity building activities are tailoring classes targeting 100 survivors and for which 14 sewing machines have been procured, training on green house management for 40 women and for which 4 green houses have been procured.

Referral pathway has been established, updated and disseminated to the community. Referral cards have been produced and in use.18 protection meetings held and attended by UNHCR, SCI, RCK and KRCS to discuss issues and draw action points.

5 monthly camp SGBV coordination meetings for SGBV partners and community leaders were organized and led by the KRCS. 15 case conferences have been held to discuss cases that needed further interventions.

The 16 Days of activism against gender based violence was observed from 25th November which marks UN International Day of Elimination of Violence against Women, to 10th December, the International Human Rights Day. KRCS hosted the launch and UNHCR, SCI, and RCK also attended. Different activities such as drama, song and dance bearing the message of the theme "From Peace in the Home to Peace in the World: Let's Challenge Militarism and End Violence against Women!" were performed during the launch as well as throughout the period in different parts of the world. The International Women's Day is observed on the 8th March of every year. This year with no exception, the day was celebrated in the camps by the refugee community together with KRCS (host), H.I and Film Aid. In line with the 2014 IWD theme "Inspiring Change" all the activities for the day were geared towards empowering the women in the society. The day saw a number of activities taking place that included songs, poems and traditional dances from the Somali

and the Sudanese communities, all sensitizing about inspiring change for women empowerment. Banners bearing messages advocating for an end to GBV and respect for Human Rights for all were displayed during the activity while T-shirts with the same messages were distributed to performing groups and other participants.

Outcome: High quality assistance is delivered and facilitated to up to 60,000 refugees in Ifo2 West, through effective camp management and coordination, and community services.

Camp management, community services, and security sensitization:

The camp administration responsibilities has been handed over to the Kenyan government, however the camp management activities have remained a responsibility for KRCS. KRCS has increased its focus to improve the life situation in the camps for vulnerable individuals with particular focus on orphans, elderly and survivors of SGBV. A strong SGBV programme component has been included, stepping up efforts for behaviour change. Also, this component of the appeal will look into environmental rehabilitation and maintenance within and around the camp. Activities that are maintained and enhanced from last year include the security structures and maintenance of the facilities in the camp.

Progress toward achievement

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

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

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

Afforestation has been started in Ifo2 camp with the rehabilitation of areas previously under indigenous forest cover. Five green zones one measuring 800m by 800m, two measuring 11 ha each, two measuring 2ha each were identified and fenced off in Ifo 2 camp. Seedlings totalling 10,000 were procured and planted. This exercise was done to reintroduce and maintain the indigenous trees that were cut down by the camp population. Water extension pipeline was done to supply water to the identified green zone areas. Casual labours, gardeners and security guards were hired for fencing, watering and maintenance of the zones. Tree nursery sheds was constructed, nursery equipment and material procured and nursery caretaker recruited.

Livelihoods support:

Outcome: Livelihood alternatives are established to support 60,000 most vulnerable individuals in the IFO2 refugee camp, with special focus on youth at risk and vulnerable women, including survivors of SGBV.

This is a new outcome and was based on KRCS intention to roll out livelihood activities in the camp, which was to provide the identified vulnerable groups (youth at risk, female headed households, survivors of SGBV) with increased life skills and resources, enhancing their opportunities for income, including vocational, agricultural, and entrepreneurship training, skills training, educational activities, provision of sewing machines, provision of greenhouse kits and possibilities for networking. This activity was funded bilaterally by UNWOMEN and Canadian RC.

Progress towards achievement

A borehole for the demonstration farm was drilled in the base 1 but has not been equipped. The equipping of this borehole will include the purchase of generating set of 70 KVA, submersible pump SP 46 -15 coped with 22 KWT motor, submersible cables, electrodes and its accessories, and 23 GI drop pipes class B of DN 100 mm have been purchased.

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

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



Photo 1- A green house in Ifo 2



Photo 2 – A tailoring training

benefitting. 40 women have been trained on green house management and they have started working in the 4 greenhouses which have been procured. 100 vulnerable refugee women in the camp were trained on tailoring as an income generating activity option. The tailoring training is geared towards helping the community members gain skills to help them sustain themselves in terms of starting business from sewing/making clothes. Community services and livelihood manager, social services officer and social service incentive staffs (refugee) were maintained.

Base camp support was provided through maintenance of security lights, construction of base camp gates, servicing of air conditioners, training of staff and guards on basic safety and security measures. Safety supplies were procured (jacket, whistle, and safari boots) and distributed to security guards.

Construction of an incinerator is ongoing in the Ifo2 main dumping site; this will enable collection, transportation and burning of solid waste to prevent breeding of vectors which in turn will prevent diseases.

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

Output: Adequate and decent shelter is provided to 150 staff supporting Ifo 2 West Operations

With support from Norwegian Red Cross construction of 8 housing units are ongoing in base camp 1. No tents were procured during this reporting period.

The following new activities that were proposed in the appeal revision were not implemented due to lack of funding:

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

Monitoring, Research and Evaluation

Outcome 5: To conduct operation research to document best practices and learning in refugee operations including health and nutrition research in emergencies and programme evaluation conducted

Output 5.1: Best practices are reviewed and documented on refugee operations.

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

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

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

Contact information

For further information specifically related to this operation please contact:

- **Kenya Red Cross Society:** Mr. Abbas Gullet, Secretary General, Kenya Red Cross Society, Phone 254.20.60.35.93; email: gullet.abbas@kenyaredcross.org
- **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Martine Zoethoutmaar, Resource Mobilization Coordinator; phone: +251 11 518 6073; email: martine.zoethoutmaar@ifrc.org

Please send all pledges for funding to zonerm.africa@ifrc.org

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

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

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

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Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRKE018 - Kenya - Population Movement

Timeframe: 06 Oct 11 to 31 Dec 14

Appeal Launch Date: 19 Oct 11

Interim Report

Selected Parameters

Reporting Timeframe	2011/10-2014/12	Programme	MDRKE018
Budget Timeframe	2011/10-2014/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		22,939,815				22,939,815	
B. Opening Balance							
Income							
Cash contributions							
<i>Australian Red Cross</i>		603,491				603,491	
<i>Australian Red Cross (from Australian Government*)</i>		603,491				603,491	
<i>British Red Cross</i>		443,309				443,309	
<i>British Red Cross (from DEC (Disasters Emergency Committee)*)</i>		1,125,630				1,125,630	
<i>Canadian Red Cross</i>		1,751,406				1,751,406	
<i>China Red Cross, Hong Kong branch</i>		854,155				854,155	
<i>European Commission - DG ECHO</i>		4,735,054				4,735,054	
<i>Japanese Red Cross Society</i>		240,079				240,079	
<i>Mellon Bank</i>		7,705				7,705	
<i>New Zealand Red Cross</i>		48,003				48,003	
<i>Norwegian Red Cross</i>		743,072				743,072	
<i>Norwegian Red Cross (from Norwegian Government*)</i>		1,411,529				1,411,529	
<i>Other</i>		142				142	
<i>Red Crescent Society of Islamic Republic of Iran</i>		250,000				250,000	
<i>Red Cross of Monaco</i>		30,840				30,840	
<i>Swedish Red Cross</i>		1,366,063				1,366,063	
<i>Swedish Red Cross (from Swedish Government*)</i>		1,308,458				1,308,458	
<i>Taiwan Red Cross Organisation</i>		473,844				473,844	
<i>The Netherlands Red Cross</i>		1,226,366				1,226,366	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		612,520				612,520	
<i>United States Government - PRM</i>		1,052,384				1,052,384	428,761
<i>United States - Private Donors</i>		307				307	
C1. Cash contributions		18,887,847				18,887,847	428,761
C. Total Income = SUM(C1..C4)		18,887,847				18,887,847	428,761
D. Total Funding = B + C		18,887,847				18,887,847	428,761

* 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		18,887,847				18,887,847	428,761
E. Expenditure		-18,569,377				-18,569,377	
F. Closing Balance = (B + C + E)		318,471				318,471	428,761

Disaster Response Financial Report**MDRKE018 - Kenya - Population Movement**

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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)			22,939,815			22,939,815		
Relief items, Construction, Supplies								
Shelter - Relief	220,046		4,540			4,540	215,506	
Construction - Housing	1,290,323						1,290,323	
Construction - Facilities	2,126,960						2,126,960	
Clothing & Textiles	46,531						46,531	
Food	76,735						76,735	
Seeds & Plants	127,551						127,551	
Water, Sanitation & Hygiene	3,463,783						3,463,783	
Medical & First Aid	1,431,947						1,431,947	
Utensils & Tools	18,367						18,367	
Other Supplies & Services	88,348						88,348	
Total Relief items, Construction, Sup	8,890,591		4,540			4,540	8,886,051	
Land, vehicles & equipment								
Vehicles	979,819		98,346			98,346	881,473	
Computers & Telecom	106,243		6,491			6,491	99,752	
Office & Household Equipment	59,026		9,512			9,512	49,514	
Medical Equipment	222,150						222,150	
Others Machinery & Equipment	142,105						142,105	
Total Land, vehicles & equipment	1,509,343		114,349			114,349	1,394,994	
Logistics, Transport & Storage								
Storage	164,171						164,171	
Distribution & Monitoring	136,451						136,451	
Transport & Vehicles Costs	831,244		222			222	831,022	
Total Logistics, Transport & Storage	1,131,866		222			222	1,131,644	
Personnel								
International Staff	72,306		90,462			90,462	-18,156	
National Staff	32,885		37,788			37,788	-4,903	
National Society Staff	5,955,906						5,955,906	
Total Personnel	6,061,097		128,251			128,251	5,932,846	
Consultants & Professional Fees								
Consultants	117,347						117,347	
Professional Fees	63,506		68,540			68,540	-5,034	
Total Consultants & Professional Fees	180,853		68,540			68,540	112,313	
Workshops & Training								
Workshops & Training	310,892						310,892	
Total Workshops & Training	310,892						310,892	
General Expenditure								
Travel	238,174		836			836	237,338	
Information & Public Relations	350,222						350,222	
Office Costs	495,048		33			33	495,015	
Communications	153,111		1,786			1,786	151,325	
Financial Charges	2,041		18			18	2,023	
Other General Expenses	2,215,865		0			0	2,215,865	
Shared Office and Services Costs	630		32,314			32,314	-31,684	
Total General Expenditure	3,455,091		34,986			34,986	3,420,105	
Contributions & Transfers								
Cash Transfers National Societies			16,912,076			16,912,076	-16,912,076	

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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)			22,939,815			22,939,815		
Cash Transfers to 3rd Parties			86,195			86,195	-86,195	
Total Contributions & Transfers			16,998,271			16,998,271	-16,998,271	
Indirect Costs								
Programme & Services Support Recov	1,400,083		1,127,695			1,127,695	272,387	
Total Indirect Costs	1,400,083		1,127,695			1,127,695	272,387	
Pledge Specific Costs								
Pledge Earmarking Fee			79,323			79,323	-79,323	
Pledge Reporting Fees			13,200			13,200	-13,200	
Total Pledge Specific Costs			92,523			92,523	-92,523	
TOTAL EXPENDITURE (D)	22,939,815		18,569,377			18,569,377	4,370,439	
VARIANCE (C - D)			4,370,439			4,370,439		

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Budget Timeframe	2011/10-2014/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	22,939,815		18,887,847	18,887,847	18,569,377	318,471	428,761
Subtotal BL2	22,939,815		18,887,847	18,887,847	18,569,377	318,471	428,761
GRAND TOTAL	22,939,815		18,887,847	18,887,847	18,569,377	318,471	428,761