

Kenya 2006



FLASH
APPEAL

Consolidated Appeals Process (CAP)



Kenya 2006



UNHCR/E. Nyabera/Kenya/200

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The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies and standing invitees, i.e. the International Organization for Migration, the Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is to be presented to donors in July 2006.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on www.reliefweb.int/fts

In sum, the **CAP works to provide people in need the best available protection and assistance, on time.**

ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2006:

AARREC	CESVI	GSLG	OCHA	UNAIDS
AASAA	CHF1	HDO	OCPH	UNDP
ABS	CINS	HI	ODAG	UNDSS
Abt Associates	CIRID	HISAN - WEPA	OHCHR	UNESCO
ACF/ACH/AAH	CISV	Horn Relief	PARACOM	UNFPA
ACTED	CL	INTERSOS	PARC	UN-HABITAT
ADRA	CONCERN	IOM	PHG	UNHCR
Africare	COOPI	IRC	PMRS	UNICEF
AGROSPHERE	CORD	IRD	PRCS	UNIFEM
AHA	CPAR	IRIN	PSI	UNMAS
ANERA	CRS	JVSF	PU	UNODC
ARCI	CUAMM	MALAO	RFEP	UNRWA
ARM	CW	MCI	SADO	UPHB
AVSI	DCA	MDA	SC-UK	VETAID
CADI	DRC	MDM	SECADEV	VIA
CAM	EMSF	MENTOR	SFCG	VT
CARE	ERM	MERLIN	SNNC	WFP
CARITAS	EQUIP	NA	SOCADIDO	WHO
CCF	FAO	NNA	Solidarités	WVI
CCIJD	GAA (DWH)	NRC	SP	WR
CEMIR Int'l	GH	OA	STF	ZOARC
CENAP				

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1. EXECUTIVE SUMMARY

The rapid territorial gains being made by the Islamic Courts Union (ICU) in Somalia and the precarious strength of the Transitional Federal Government (TFG) based in Baidoa have added greater unpredictability to the already precarious political situation. The perception of a wider civil war in Somalia has resulted in a steadily increasing refugee influx into north-eastern Kenya. Intra- and inter-clan fighting, the impact of drought, and increasing destitution are some of the complementary causes of this refugee migration.

Refugees are coming from Mogadishu, Baidoa and Kismayo. From January through August 2006, 24,000 refugees (an average of 100 per day) had entered the Dadaab refugee complex in north-eastern Kenya. September saw a much more rapid refugee migration, with arrivals averaging 300 per day. In October, the influx has accelerated to an average of 800 per day. However, on 4th-5th October, over 2000 refugees entered Kenya, and on 10th October over 1400 refugees arrived. The Somali population in the three Dadaab refugee camps now amounts to 160,000.

In August 2006, a United Nations inter-agency group (UNHCR, WFP, UNICEF, WHO, UNFPA, OCHA) under the leadership of the UN Resident Coordinator developed an emergency response plan to manage the increasing refugee numbers. Two scenarios were developed – a most likely case of 50,000 new Somali refugees in 2006 and a worst-case scenario of 80,000.

This flash appeal outlines the need for rapid and expanded humanitarian assistance to the refugee population. With the current daily influx of refugees it is increasingly likely that at least 80,000 new Somali refugees will have entered Kenya in 2006. Health and water services are severely stretched and there is a high incidence of child malnutrition and substantial risk of disease outbreaks.

As a result of this worsening emergency, the UN Emergency Relief Coordinator, in September 2006, granted the sum of US\$ 3.5 million¹ from the Central Emergency Response Fund (CERF) to UNHCR, WFP and UNICEF. This assistance allowed the start of a multi-sectoral relief response, including improved health care and water delivery, and the continuation of food aid provision.

The CERF assistance has allowed the UN agencies and NGOs to expand their response, but more funds are required to manage the worsening crisis. In this Flash Appeal, the priority needs will be food aid and the expansion of health, nutrition and water provision, along with the continuation of protection assistance including reception and transportation of refugees from the border points to Dadaab. **The current camps in Dadaab can only absorb 50,000 additional refugees, so a fourth camp will be needed for an expected influx up to 80,000 people.** Of particular importance in the health sector is the need for an emergency immunization programme at the main border points. There have been 30 cases of polio so far in Somalia in 2006. Kenya is polio-free, so it is of vital importance that all new arrivals be vaccinated immediately for both polio and measles. Food aid support is essential given the emergency malnutrition rates and the four-month time lag between new contributions and food arriving in the camps.

UNHCR will lead the emergency response in collaboration with WFP, UNICEF, UNFPA and WHO. These agencies are supported by CARE in the food, water, sanitation and education sectors and by GTZ, NCKK and HI in the health sector.

This Flash Appeal seeks a total of \$35,252,275 to cover activities for up to six months. The commitment of \$3,500,000 from the Central Emergency Response Fund leaves funding requirements for this appeal of **\$31,752,275.**

¹ All dollar figures in this document are United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display the appeal's requirements and funding, continually updated, on the CAP 2006 page.

Kenya Flash Appeal 2006

Summary of Requirements - by Sector

as of 16 October 2006

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector	Full requirements (\$)	Committed CERF funding	Unmet requirements
COORDINATION AND SUPPORT SERVICES	3,459,335	294,498	3,164,837
EDUCATION	617,152	78,600	538,552
FOOD	19,279,994	1,771,949	17,508,045
HEALTH	5,165,306	228,756	4,936,550
PROTECTION / HUMAN RIGHTS / RULE OF LAW	1,404,730	276,356	1,128,374
SHELTER AND NON-FOOD ITEMS	2,723,078	416,704	2,306,374
WATER AND SANITATION	2,602,680	433,137	2,169,543
TOTAL	35,252,275	3,500,000	31,752,275

Kenya Flash Appeal 2006

Summary of Requirements - by Appealing Organisation

as of 16 October 2006

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Organisation	Full requirements (\$)	Committed CERF funding	Unmet requirements
UNFPA	400,000	-	400,000
UNHCR	10,261,731	1,483,836	8,777,895*
UNICEF	4,590,544	278,093	4,312,451
WFP	19,200,000	1,738,071	17,461,929
WHO	800,000	-	800,000
TOTAL	35,252,275	3,500,000	31,752,275

The list of projects and the figures for their funding requirements in this document are a snapshot as of 16 October 2006. For continuously updated information on this appeal's projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

**UNHCR's total budget is subject to ORB approval*

2. CONTEXT AND HUMANITARIAN CONSEQUENCES

Kenya has been home to Somali refugees since 1991. The majority of refugees are encamped in Dadaab in Garissa District, though many thousands have moved spontaneously to Nairobi over the last 15 years. There are currently 160,000 registered refugees in Dadaab. Both the United Nations High Commission for Refugees (UNHCR) and World Food Programme (WFP) have been involved in a long-term care and maintenance programme for the refugee population. In the last six months, a steady influx of refugees has been entering Kenya due to worsening food insecurity and conflicts over pasture and water in Somalia. Since September 2006, these migrations have rapidly increased to an average of 800 people per day reaching the Libio reception centre. In early October more refugees starting arriving from Kismayo, where the ICU has taken recent control. Over 2000 refugees arrived on 4th-5th October and 1,400 on 10th October. Some refugees have been on the move for two months and arrive at the border crossings of Liboi and Amuma in an exhausted state, after having been robbed of their few belongings by militias. A small number of refugees are arriving with gunshot wounds and other trauma.

Reports by the UN Food Security Analysis Unit (FSAU)-Somalia indicate that an estimated 1.8 million people in the north, central, and southern regions of Somalia are facing acute food shortages. The crisis is particularly severe in the southern regions, where an estimated 1.4 million people are in urgent need of humanitarian assistance. The FSAU has singled out Gedo, Bay, Bakool, Lower and Middle Juba regions near the north-eastern Kenya border as the most food-insecure areas, where up to 80% of the population is estimated to be at risk.

The FSAU have warned that a new civil war in Somalia could double the number of people requiring humanitarian assistance.

These worsening humanitarian trends have forced villagers to pour into urban areas such as Wajid near the Kenyan border in search of water and menial jobs; in early 2006, roads were littered with rotting carcasses of dead cattle, goats and donkeys. The longer rains of March-May 2006 were below normal, leaving the humanitarian environment in these areas still critical.

Kenya now faces the renewed spectre of a sharply increased refugee migration due to the increasing threat of civil conflict in Somalia, and the concomitant problems of widespread food insecurity and destitution. *This migration occurs in a predominantly pastoralist area in north-eastern Kenya, already severely stressed by three seasons of drought, with the majority of pastoralist households dependent on humanitarian assistance.* Further, this area is semi-arid and prone to seasonal outbreaks of malaria. Aid workers already report a high incidence of infectious diseases – measles, acute respiratory infections, diarrhoea, eye infections and helminthic diseases – among the refugee population. Strengthening of the health care system is therefore required to prevent excess illness and death.

The Global Acute Malnutrition rate among children under five years of age in the Dadaab camps is at 22%. Services have deteriorated due to a 20% budget cut which UNHCR faced this year and which has affected service delivery by NGO partners. Any additional food ration cuts resulting from poor funding will only further exacerbate the already fragile nutritional status of the refugees.

The three camps in the Dadaab refugee complex are badly congested with severely over-stretched resources. Ideally, UNHCR should have a combined population of 60,000 refugees in the three camps, but the current population is now 160,000 and the camps may have to absorb a further 25,000 refugees. UNHCR has begun the planning for a fourth camp in the Dadaab area as it is now likely that the daily refugee influx will continue to increase. This will require substantial infrastructure development.

This Flash Appeal accepts a worst-case scenario of the refugee influx into Dadaab reaching 80,000 by the end of 2006.

3. RESPONSE PLANS

A) FOOD

Objectives

- Timely and adequate food is available for new refugee arrivals.
- Special food is available for both therapeutic and supplementary feeding programmes for under-5 children.

Strategy, humanitarian actions and impact

UNHCR has indicated that up to 50,000 additional refugees could be housed in the three Dadaab camps and therefore it is assumed that a fourth additional camp will need to be established in order to accommodate a larger caseload of 80,000 new arrivals.

Indications are that WFP's current partners in Dadaab (namely, CARE and GTZ [*Gesellschaft für Technische Zusammenarbeit*]) are in a position to continue to work with WFP on the implementation of expanded activities including general food distribution, selective feeding and school feeding. Given the high level of malnutrition in the camps, WFP's food aid to selective feeding programmes will support malnourished children and expectant and nursing mothers who have been referred to the programmes as a result of mid-upper arm circumference, weight/height surveys carried out by implementing partners, or by reproductive healthcare workers in the camps.

UNHCR will procure dry rations for refugees while at the transit centres and dried skimmed milk for therapeutic feeding. WFP will provide food commodities for selective feeding programmes and assist with dry food rations for the new arrivals before they are integrated into the population being provided with WFP food through fortnightly general food distributions.

PROJECT TABLE		
FOOD		
WFP KEN-06/F01	Project Title: Refugee General Food Distribution and Selective Feeding Programmes Objectives: Ensure that timely and adequate food is available for new and existing refugees, including through WFP-supported selective feeding programmes. Implementation: Provision of mixed commodities for a total of 2,100 kilocalories per person per day distributed fortnightly to all refugees in the camps, with special distributions of dry rations for the newly arrived refugees in between general food distributions. The rations for the selective feeding programmes provide 1,250 kcal and 45 g of protein per person per day in the supplementary programme, and 1,200 kcal and 18 g of protein per person per day in the therapeutic programme. Beneficiaries – 313,525 (including 80,000 new arrivals in Dadaab)*	\$19,200,000 or 12,252 MT of mixed commodities for six months <i>Less CERF allocation</i> \$1,738,071 Net requirements: \$17,461,929
UNHCR KEN-06/F02	Project title: Refugee feeding programme Objectives: Timely and adequate food is available for new refugee arrivals, particularly vulnerable groups. Implementation: Wet feeding at the border towns for new arrivals Beneficiaries – 80,000	\$79,994 <i>Less CERF allocation</i> \$33,878 Net requirements: \$46,116

* Once registered, all refugees are entitled to the same WFP food rations and support to both existing caseload and new arrivals are equally important and interlinked. Providing different rations would result in additional tensions within the camp.

B) HEALTH AND NUTRITION

Objectives

1. Minimum health care at the border to the reception centres is ensured.
2. Continuity of health care at the reception centres is established.
3. Health care during transit from the reception centre to way stations and camps is provided.
4. Disease outbreak control and health and nutrition services for the population in the camps are ensured.
5. Equal access of women, girls, boys and men to health services is ensured.

Strategy and humanitarian actions

Objective 1: Border to the Reception Centres

- To be implemented and coordinated by GTZ and UNHCR, and supported by the Ministry of Health (MOH), UN Population Fund (UNFPA), UN Children's Fund (UNICEF), WFP and World Health Organisation (WHO). (GTZ to implement and others to provide technical and financial support).
- Emergency screening for the acutely ill, wounded and vulnerable for special transport to referral facility.
- Immediate emergency care available.
- Provide basic care for minor ailments (first aid) while in transit.

Objective 2: At the Reception Centres

- Medical and nutritional screening (communicable diseases, acute illness, malnutrition).
- Measles and polio vaccinations and Vitamin A distribution.
- Provision of emergency/regular curative care/deliveries through a temporary tented Health Post.
- Health monitoring in the community.
- Basic preventive care including health education.
- Referrals to health centre/hospital.
- Burial of the dead.
- Reproductive health - minimum initial package of services including sexual or gender-based violence (SGBV).
- Appropriate nutrition programs for malnourished and vulnerable populations.
- Collaborate with relevant sectors to ensure meals, water and sanitation facilities are provided.

Objective 3: From the Reception Centres to camp

Provide medical escort and ensure health care services at way stations; food and water are provided.

Objective 4: Disease outbreak control and provision of health care in the camp

Currently, existing health facilities are being used to provide services to the new arrivals. This is causing a resource gap. Thus additional resources are needed to fill this gap by upgrading existing health facilities. Each of the camps will need a health post (three in all).

The health plan, including the medical screening, early warning and response systems for diseases of epidemic potential and severe malnutrition, will take into account possible cholera, dysentery and measles outbreaks which will need additional resources. Wild polio viruses have been confirmed in the areas from which the refugees are coming, and polio immunization coverage is also low. Emergency health kits will be provided by UNICEF to cover the period until regular supplies can be established.

PROJECT TABLE		
HEALTH AND NUTRITION		
<p>UNICEF</p> <p>KEN-06/H01</p>	<p>Project title: Primary health care provision and special feeding programmes</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To ensure minimum health care and supplementary feeding from border to camp. • To support the provision of essential health and nutrition services for the population in the camps. <p>Implementation/Support:</p> <ul style="list-style-type: none"> • Medical and nutritional screening (communicable diseases, acute illness, malnutrition) • Provision of essential supplies including measles and polio vaccinations and Vitamin A for use to deliver services in camps • Basic preventive care including health education • Referrals to health centre/hospital • Appropriate nutrition programmes for malnourished and vulnerable populations • Collaborate with relevant sectors to ensure meals, water and sanitation facilities are provided <p>Beneficiaries – 80,000</p>	<p>\$2,600,000</p>
<p>UNHCR</p> <p>KEN-06/H02 (implementing partners include GTZ, NCK & HI)</p>	<p>Project title: Primary health care provision and special feeding programmes</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To ensure minimum health care at the border to the reception centre. • To facilitate continuity of health care at the reception centre • To provide health care during transit from the reception centre to way stations and camps. • To provide health and nutrition services for the population in the camps. <p>Implementation:</p> <ul style="list-style-type: none"> • Hiring of more health staff for new health facilities and monitoring of nutritional status of the new arrivals • Procurement of drugs, medical equipment and supplies • Construction of one new health post in each existing camp, three new health posts, one new hospital in new camp and staff accommodation • Maintenance of existing health hospitals. Hiring of additional professional psychologists, community development staff and outreach staff to undertake outreach work with the new arrivals <p>Beneficiaries – 80,000</p>	<p>\$1,465,306</p> <p><i>Less CERF allocation</i> <i>\$228,756</i></p> <p>Net requirements \$1,236,550</p>

HEALTH AND NUTRITION		
WHO KEN-06/H03	<p>Project title: Priority health activities for the refugees and host communities</p> <p>Objectives: Detect and respond promptly to any health and disease outbreak. Ensure children in border districts of the two countries are immunized against polio, measles and other potential epidemic disease. Increase awareness on health hazards in camps and host communities</p> <p>Implementation: Provide direct technical assistance, supervision and training in order to:</p> <ul style="list-style-type: none"> • Conduct and support in-depth health and nutrition assessment among the vulnerable population • Strengthen/establish early warning and response systems against epidemic diseases in the camps as well among the host population • Support partners to conduct two emergency sub-synchronized polio and measles immunization campaigns in the districts adjoining the Kenya-Somalia border (target: 252,000 refugee and host community children). • Support partners to conduct health promotional and preventive activities, especially for basic hygiene and HIV prevention <p>Beneficiaries – 80,000</p>	\$800,000
UNFPA KEN-06/H04	<p>Project Title: Reproductive health services including the prevention of HIV/AIDS and GBV</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To provide basic life-saving reproductive health (RH) services at the Reception Centres • To strengthen RH services for the population in the camps. <p>Implementation: Providing essential RH equipment for the Reception Centres (clean delivery kits, midwifery kits, condoms and PEP [post-exposure prophylaxis] kits) Strengthening health facilities at the camp level with emergency RH kits (health facilities and referral level) Supporting RH staff (incentive workers or midwives as needed)</p> <p>Beneficiaries – 80,000</p>	\$300,000

C) WATER AND SANITATION

Objectives

- Provision of sufficient, safe water and adequate sanitation in line with SPHERE standards to the influx of new Somali refugees in the Dadaab camps.
- Improved hygiene practices through hygiene promotion and education and disposal of solid waste.

Strategy, humanitarian actions and impact

UNICEF and UNHCR have been working in close collaboration to assess expanded water requirements for the new refugees. Current water provision is insufficient for the already increased camp population in the three Dadaab camps. The number of available boreholes and existing storage capacity is inadequate to meet the new demand. Without new facilities in place in Dagahaley, Ifo and Hagadera camps, services will be overstretched, threatening health standards and compromising nutritional status. Further analysis is still required to assess groundwater capacity in Dadaab to allow for the construction of new water points with sufficient yield to provide for the increased numbers of refugees.

The minimum timeframe for setting up a fully functional water system for new zones in refugee camps or for a new camp would be 16 weeks. During this time, already arrived refugees would have to be supplied water from existing operational systems, simple extensions or water tankering. Construction of latrines and solid waste disposal facilities would take around the same time period.

50,000 new arrivals would be accommodated in existing camps: 25,000 in Dagahaley, 10,000 in Ifow and 15,000 in Hagadera. To meet the additional water requirement, two additional boreholes will have to be drilled and equipped in Dagahaley, plus one additional borehole each for Ifow and Hagadera with the accompanying water storage, pipelines and distribution systems for the new camp areas, as well as extension works to existing water supply networks. The expected additional 30,000 refugees will be placed in a new camp, which will need two boreholes.

Sanitation facilities will have to be increased, with 5,300 new latrines to be constructed, and waste pits dug by the refugees. Hygiene promotion and education has been identified as an urgent need, along with the provision of soap. Provision of sanitation facilities will be done in consultation with both female and male members of the target group to ensure gender sensitivity in design and location of facilities.

PROJECT TABLE		
WATER AND SANITATION		
UNICEF KEN-06/WS01	<p>Project title: Provision of safe drinking water, sanitation and improved hygiene.</p> <p>Objective: Provision of sufficient safe water in line with SPHERE standards to the influx of new Somali refugees in the Dadaab camps.</p> <p>Implementation:</p> <ul style="list-style-type: none"> • Six new boreholes will be surveyed, drilled and equipped with submersible pumps and generator sets in the four camps. • For each water system a ferro-cement tank, piping and booster pump will be installed to reticulate water to the new camp areas. • An on-site engineer will be required to ensure quality and timeliness of the installations • Water tankering will be put in place from existing water sources to bring sufficient water to the new camp areas. • Hygiene promotion activities will be carried out by NGO partners • Solid waste pits will be constructed by the refugees. <p>Beneficiaries 80,000 refugees</p>	<p>\$1,567,344</p> <p><i>Less CERF allocation</i> \$278,093</p> <p>Net requirements \$1,289,251</p>
UNHCR (Implementing partner: CARE) KEN-06/WS02	<p>Project Title; Provision of safe drinking water, sanitation and improved hygiene.</p> <p>Objective: Provision of sufficient, safe water and adequate sanitation in line with SPHERE standards to the influx of new Somali refugees in the Dadaab camps.</p> <p>Implementation Extension of water systems to the blocks in which the new arrivals will live within the existing camps, procurement of plastic water tanks with a capacity of 10,000 litres, procurement of chlorine for water treatment, and provision for more fuel to enable extension of pumping hours. Full implementation will take between 2 and 3 months.</p> <p>5,300 new latrines will be constructed to provide sanitation facilities at the ratio of 15:1. Refugees will dig the pits themselves and will be provided the slabs and plastic sheets and poles to assemble them. Chemical for control of vectors will be provided to the refugees.</p> <p>Beneficiaries – 80,000</p>	<p>\$ 1,035,336</p> <p><i>Less CERF allocation</i> \$155,044</p> <p>Net requirements \$880,292</p>

D) SHELTER AND NON-FOOD ITEMS**Objectives**

- Shelter and household items are provided to new refugee arrivals with special attention to the safety and needs of female- and child-headed households.
- Reception centre facilities are in place to serve new arrivals

Strategy, humanitarian actions and expected impact

This sector envisages procurement of urgently required non-food items (NFI) such as plastic sheeting, blankets, kitchen sets, jerry cans, sleeping mats, and firewood for distribution to the new arrivals. 55,000 sleeping/plastic mats, 55,000 blankets, 16,000 jerry cans, 22,000 plastic tarpaulins, and 16,000 kitchen sets will be purchased on an emergency basis. 5,940 metric tonnes of firewood will be procured and distributed to the refugees over the six-month period. To ensure that the firewood is sourced in an eco-friendly manner, the project will facilitate monitoring missions to the harvesting zones. Over the same period material to enable fabrication of 11,000 units of energy-saving stoves will be procured. The funding in this sector will also provide sanitary pads for distribution to 27,500 women and girls.

16,000 temporary shelters will be needed to accommodate the 80,000 new arrivals. It is foreseen that refugees will build their own traditional shelters and that only the distribution of bundles of sticks and tarpaulins will be required. 1,250 housing units for people with special needs will be constructed. In addition, the current transit centres will be repaired and expanded to host the refugees before they are allocated land and materials for shelter construction. A reception centre will be constructed in Liboi to accommodate the new arrivals before being transported to the designated camps in Dadaab.

PROJECT TABLE		
SHELTER AND NFIS		
UNHCR KEN-06/S/NF01	Project Title: Refugee shelter and NFIs Objectives: <ul style="list-style-type: none"> • Shelter and household items are provided to new refugee arrivals. • Reception centre facilities are in place to serve new arrivals. Implementation: Site planning, demarcation of roads and blocks/sections will be done in existing camps as well as the entire mapping-out of a new camp. 16,000 temporary shelters will be needed to accommodate the 80,000 new arrivals. The new arrivals will receive sleeping mats, blankets and jerry cans at the reception centres, whilst kitchen sets and plastic tarpaulins will be distributed on arrival at the camps. For those arriving with their own means to the camps, these will all be provided in the camps after initial registration and biometrics. Beneficiaries – 80,000	\$2,723,078 USD <i>Less CERF allocation</i> <i>\$ 416,704</i> Net requirements \$2,306,374

E) EDUCATION**Objectives**

- The education needs of the newly-arrived asylum seekers will be addressed in a systematic and gender-sensitive manner.
- Newly arriving refugee children would have access to education in a child-friendly environment.

Strategy, humanitarian actions and impact

Children will have access to safe learning spaces, and essential learning materials will be in place. Teachers and other education personnel will receive periodic, relevant and structured training on protection and psycho-social needs according to need and circumstances. Affected community members, including children and youth, will actively participate in the implementation of education.

The existing pre-school and primary school programme will be upgraded by constructing 60 new (temporary) classrooms; procuring 3,800 text-books; fabricating 2,150 desks; hiring more teachers (95 for primary school and 30 for pre-unit) and recruiting one education supervisor.

Activities to meet the increased numbers of children would include:

- Service delivery – shelter and learning materials conducive to learning in child-friendly environments.
- Capacity development – training on psycho-social needs; guidance and counselling to teachers and community members, including children and youth.
- Monitoring and evaluation – rapid education assessment that also looks into community capacities; regular monitoring of the emergency responses reflecting the changing educational needs.

PROJECT TABLE		
EDUCATION		
<p>UNICEF</p> <p>KEN-06/E01</p>	<p>Project title: Refugee children’s education</p> <p>Objective: Newly arriving refugee children have access to quality education in a child-friendly environment.</p> <p>Implementation:</p> <ul style="list-style-type: none"> • Rapid education assessment that identifies key elements of the education system. • Provide safe learning spaces (temporary classrooms). • Provide essential learning materials (school kits). • Provide 100 recreational kits. • Support training of teachers and community members on psycho-social issues. • Ensure basic health, hygiene and sanitation (WES) are maintained. <p>Beneficiaries – 80,000</p>	<p>\$223,200</p>
<p>UNHCR</p> <p>(Implementing partner: CARE)</p> <p>KEN-06/E02</p>	<p>Project title: Refugee education.</p> <p>Objective: The education needs of the newly arrived asylum seekers will be addressed in a systematic manner.</p> <p>Implementation: 60 classrooms constructed; 125 additional teachers hired; 3,800 textbooks and 2,150 desks procured.</p> <p>Beneficiaries – 80,000</p>	<p>\$393,952</p> <p><i>Less CERF allocation</i> <i>\$78,600</i></p> <p>Net requirements \$315,352</p>

F) PROTECTION

Objectives

- All refugees are formally registered and recognised as asylum seekers.
- Women and children are protected from abuse and exploitation

Strategy, humanitarian actions and impact

It is foreseen that the highest-level diplomatic resources of UNHCR and of the United Nations will be required as part of the response to the emergency, to liaise closely with the Government to agree on measures that ensure that it keeps open its borders and admits those seeking safety. Should this prove necessary, systems to separate ex-combatants and combatants from the civilian refugee populations will be put in place in collaboration with the Government of Kenya. The UNHCR office in Dadaab, in collaboration with local government authorities, will continue to train and work with relevant Government authorities such as border police, immigration officials, village chiefs and magistrates to sensitize them to the centrality of granting asylum.

The approaches currently being applied in the camps to address the protection and social concerns of women and girls will be extended and applied to the new arrivals. Protection, community services and counselling staff will be deployed at points of entry (border or camp) to ensure that those refugees requiring special assistance are rapidly identified and assisted. Special protection measures will be taken in the context of the continuing SGBV and PSEA (Prevention of Sexual Exploitation and Abuse) projects. Community services and field personnel will mobilise appropriate community resources to

screen the refugee population for any refugees with urgent assistance needs. Close coordination with CARE will ensure timely counselling and psycho-social support.

UNICEF will support Child Protection activities to complement the work of UNHCR. This will include the:

- Carrying out of a rapid assessment of children’s protection needs and mapping out existing child-friendly services in the three Dadaab camps.
- Tracing and re-uniting children with parents or guardians in partnership with the International Committee of the Red Cross.
- Assisting partners and local communities to establish appropriate care for separated children.
- Ensuring that child protection officers are in place so that the safety and needs of women and girls are considered by all partners engaged in the emergencies response.
- Advocating for the respect of all children’s rights and use established mechanisms to monitor and report any violation of children rights.
- Provide psycho-social support to children who have experienced violence and destruction in emergencies. Establish child-friendly spaces as required in coordination with the Education sector.

PROJECT TABLE		
PROTECTION		
<p>UNHCR</p> <p>KEN-06/P/HR/RL01</p>	<p>Project title: Refugee protection programme;</p> <p>Objectives: All refugees are formally registered and recognised as asylum seekers. Women and children are protected from abuse and exploitation.</p> <p>Implementation: 100% registration and screening of all new arrivals. Protection, community services, counselling, staff will be deployed at points of entry (border or camp) to ensure that those refugees requiring special assistance are rapidly identified and assisted. Special protection measures will be taken in the context of the SBGV and PSEA projects. Some environmental activities will be undertaken around the refugee camps to minimise conflict with the local community.</p> <p>Beneficiaries – 80,000</p>	<p>\$1,104,730</p> <p><i>Less CERF allocation</i> <i>\$276,356</i></p> <p>Net requirements \$828,374</p>
<p>UNICEF</p> <p>KEN-06/P/HR/RL02</p>	<p>Project title: Child protection programme</p> <p>Objective: Children’s rights are ensured and the special needs of children supported</p> <p>Implementation: Family tracing. Psycho-social support. Monitoring abuse and exploitation. Establishing child-friendly spaces.</p> <p>Beneficiaries – 40,000</p>	<p>\$200,000</p>
<p>UNFPA</p> <p>KEN-06/P/HR/RL03</p>	<p>Project Title: Prevention and Management of the consequences of GBV</p> <p>Objective: GBV prevention and response mechanisms are strengthened</p> <p>Implementation:</p> <ul style="list-style-type: none"> • PEP, EC (emergency contraceptives), STI (sexually-transmitted infection) treatment drugs available • Staffed trained in the management of the consequences of GBV • Support to protection mechanisms (i.e. safe fuel collection) • Support to safe havens <p>Beneficiaries – 80,000</p>	<p>\$100,000</p>

G) COORDINATION/SUPPORT SERVICES**Objectives**

- The refugee response is managed with sound logistical and human resource support.
- Refugees are moved promptly from reception centres to the camps.

Strategy, humanitarian actions and impact

Finance and human resources officers will be sent on mission. An emergency co-ordinator from UNHCR headquarters will oversee preparedness and response efforts.

UNHCR would require the purchase of 10 vehicles (3 security, 2 ambulances, 2 UNHCR, 1 truck and 2 for agencies), as well as the establishment of border point facilities, reception centres and way stations. Complete tented office kits will be procured or hired, thus permitting the immediate establishment of five temporary offices at the reception centres, or at any other required location.

PROJECT TABLE		
COORDINATION/SUPPORT SERVICES		
UNHCR	Project Title: Refugee logistics and staffing programme Objectives: <ul style="list-style-type: none"> • The refugee response is managed with sound logistical and human resource support. • Refugees are moved promptly from reception centres to the camps. 	\$3,459,335 <i>Less CERF allocation</i> <i>\$294,498</i>
KEN-06/CSS01	Implementation: Purchase of trucks, ambulances, construction of offices and staff accommodation. Hiring of coordination, logistical, finance and support staff. Beneficiaries – 80,000	Net requirements \$3,164,837

4. ROLES AND RESPONSIBILITIES

The principal operators of the Dadaab refugee programme, namely the Government of Kenya, UNHCR, WFP, CARE, GTZ, NCKK (National Council of Churches in Kenya), and HI (Handicap International), will provide the main operational and management structure for the emergency response, supplemented as necessary. Other UN agencies, notably UNICEF, WHO, UNFPA and other NGOs (non-governmental organisations) will also play important roles. These respective roles are:

- **The Government of Kenya:** The primary role of the Government in refugee matters will be crucial in the emergency response. The Ministry of Immigration and Registration of Persons will provide the co-ordination on behalf of the Government for the operation as a whole, whilst the Ministry of State for Special Programmes will be consulted as part of emergency response planning.
- In view of the security and operational issues involved, the Government will play a central role in the reception and screening of the new arrivals, registration and biometric screening, legal protection, physical protection, co-ordination and overall management. Thus, in addition to the already existing coordination with the Ministry of Immigration and Registration of Persons, participation of other relevant Ministries – including Special Programmes, Internal Security (Police), Foreign Affairs, Health, Environment and Natural Resources, Water and Education – will be secured.
- **The United Nations High Commissioner for Refugees:** UNHCR will carry out its mandated responsibilities including ensuring the application of the relevant legal and protection standards, planning, co-ordinating and implementing large parts of the emergency response in collaboration with and on behalf of the UN system, including relief assistance, mobilising required resources, pursuing the applicable durable solutions, monitoring and reporting.
- **The UNHCR Sub-Office for Dadaab** will be the main operational co-ordination centre for the emergency response on behalf of UNHCR. The branch office based in Nairobi will oversee the operation as a whole and provide functional support and guidance. It will chair Nairobi-based co-ordination meetings with partners, liaise with the Government and other UN agencies, and undertake along with its partners public information activities and briefings to donors.

- **The World Food Programme:** The role of WFP in the provision of food assistance will be crucial. WFP will be involved in all levels of planning and implementation.
- **United Nations Children’s Fund:** UNICEF will provide both technical assistance and resources to increased emergency response in water, health and nutrition.
- **World Health Organisation:** WHO will assist UNHCR and the Ministry of Health in the coordination of the health sector responses improving health surveillance and analysis.
- **United Nations Population Fund:** UNFPA will assist UNHCR and the implementing partners at the camp level in the provision of reproductive health information, services and equipment. UNFPA will also focus on the prevention of SGBV and management of the consequences of sexual violence as well as the prevention of the transmission of HIV/AIDS.
- **UN Resident Coordinator’s office/UN OCHA:** The UN RC and OCHA will collaborate with UNHCR to improve coordination of the emergency response and will liaise with UN Somalia structures in Nairobi to provide updated information on political/security and humanitarian trends.
- **United Nations Department of Safety and Security:** Under the guidance of the Designated Official, UNDSS, working closely with UNHCR, will assess threats to programme implementation and develop effective counter-measures.

Implementation arrangements

The present implementing arrangements for Dadaab camps are as follows:

GoK:	Overall Government co-ordination; site allocation, security.
UNHCR:	Protection, multi-sectoral operational co-ordination; monitoring, reporting, non-food items, complementary food, emergency shelter, reception and transport of refugees from the border.
WFP:	Basic food rations including school feeding and selective feeding.
CARE:	Food distribution, transport and logistics inside the camps, water, sanitation, education and community services.
GTZ/BMZ:	Health and nutrition, firewood and environment.
NCCK:	Reproductive health, HIV/AIDS & peace education.
HI:	Health (Medical referrals to Garissa).

ANNEX I.

ACRONYMS AND ABBREVIATIONS

CERF	Central Emergency Response Fund
EC	Emergency contraceptives
GBV	Gender-based violence
GOK	Government of Kenya
HI	Handicap International
HP	Health post
NCKK	National Council of Churches in Kenya
PEP	Post-exposure prophylaxis
PSEA	Prevention of Sexual Exploitation and Abuse
RH	Reproductive Health
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infections
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UN RC	United Nations Resident Coordinator
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Programme

Consolidated Appeal Feedback Sheet

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: CAP@ReliefWeb.int. Comments reaching us before 1 September 2006 will help us improve the CAP in time for 2007. Thank you very much for your time.

Consolidated Appeals Process (CAP) Section, OCHA

Please write the name of the Consolidated Appeal on which you are commenting:

1. What did you think of the review of 2006?
How could it be improved?

2. Is the context and prioritised humanitarian need clearly presented?
How could it be improved?

3. To what extent do response plans address humanitarian needs?
How could it be improved?

4. To what extent are roles and coordination mechanisms clearly presented?
How could it be improved?

5. To what extent are budgets realistic and in line with the proposed actions?
How could it be improved?

6. Is the presentation of the document lay-out and format clear and well written?
How could it be improved?

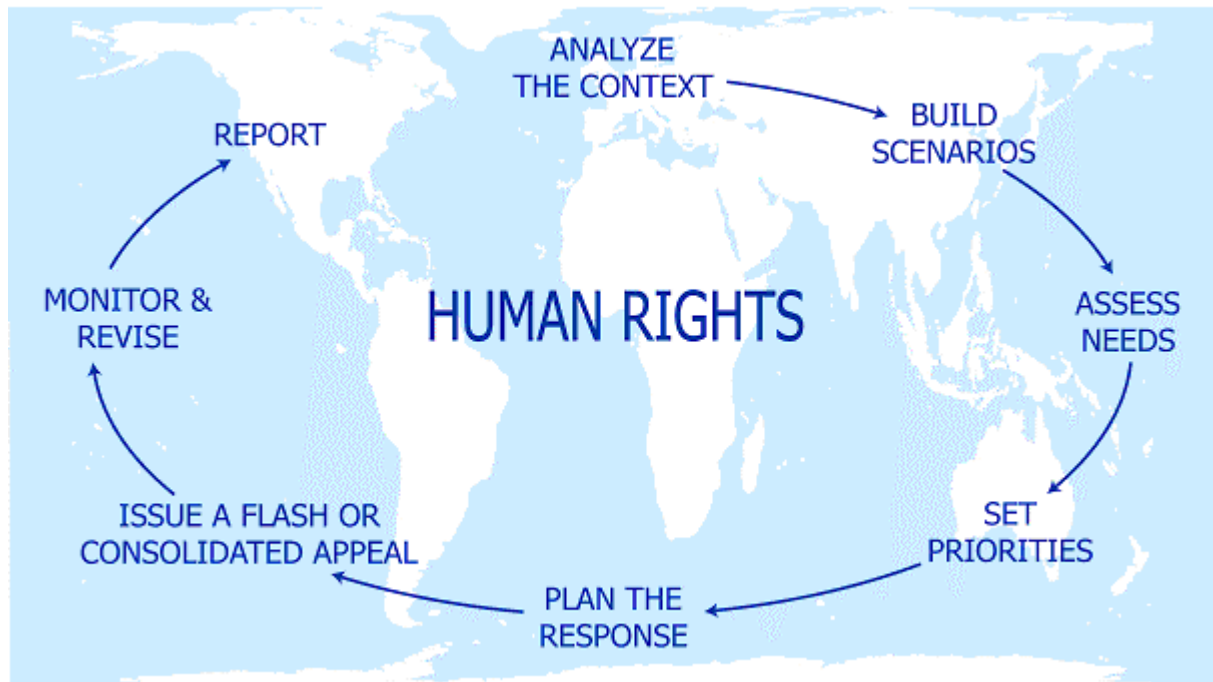
Please make any additional comments on another sheet or by email.

Name:

Title & Organisation:

Email Address:

CAP - Aid agencies working together to:



<http://www.humanitarianappeal.net>

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