

Kenya Comprehensive Refugee Programme

2014



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Cover Photo: Refugees Fleeing South Sudan at the Nadapal border, Kenya. ©UNHCR Kakuma 2014

1. Executive Summary

Kenya has been providing protection and lifesaving assistance to refugees since the 1960s. During the 1990s major influxes were witnessed from Sudan, Somalia and Ethiopia. While returns took place as the situation improved in places of origin for Sudanese to South Sudan and Ethiopians to Ethiopia, a significant number of refugees remained and continue to be hosted in Kenya. As well, 2011 saw an unprecedented influx of Somalis as a result of drought and insecurity in their homeland.

Since the 2011 influx, humanitarian actors in Kenya have collectively spent close to \$1 billion in the provision of protection and assistance to refugees and asylum seekers. The bulk of the resources was spent in Dadaab refugee camp where the number of refugees approached the half a million mark. More recently as a result of the growing influx from South Sudan and Sudan, the Kakuma programme in Turkana has been expanding, and is receiving greater donor support.

The 2014 Kenya Comprehensive Refugee Programme, seeks to present a consolidated view of refugee related programmes being implemented by humanitarian actors including UNHCR, non-governmental organizations (NGO's), United Nations Agencies and government entities. It should be read in conjunction with the UNHCR Global Appeal for 2014, the Inter-agency Appeal for South Sudan launched in March 2014 and other programme documents and appeals for 2014 issued by organisations involved in protection and assistance to refugees. It is not meant to supersede any of these programmes and activities, but to bring them together in an effort to present a coherent summary of the Kenya refugee programme with combined requirements for priority interventions.

The approach represents an inclusive planning process and asks for complementary resources to those UNHCR centrally allocates for the Kenya operation, part of which is distributed and implemented through partners. The considerable resources and capacity of all partners are fully represented, allowing stakeholders to better account for the resources being brought to the operation. Most importantly, this approach is an attempt to plan and prioritise resources in a comprehensive manner to ensure funds are used in relation to one set of priorities with complementary targets to reduce duplication.

The needs review and detailed planning process of the past few months were significantly affected by the ongoing influx from South Sudan and the need to heavily invest in developing the new sites in Kakuma. These specific requirements, which are also summarised in the Inter-Agency Appeal for South Sudan (2014) mentioned above, added more than \$45.7 million to the requirements jointly assessed before the influx began in late 2013. Consequently, the Kenya refugee operation requires an estimated \$375 million in 2014. The funds are expected to cover the basic food requirements of all refugees in Kenya, emergency assistance including food and infrastructure investments for the new arrivals estimated to be at least 50,000 South Sudanese refugees, continued care and maintenance for an estimated 575,000 refugees by year end, and the voluntary repatriation of 10,000 Somalis. The food requirements of \$122 million represent 33% of the total requirement.

Non-food assistance and protection in the camps in Dadaab and Kakuma as well as in the urban programme require about \$253 million in 2014, with the greater portion being \$141 million for Dadaab, \$84 million for Kakuma, and some \$27 million¹ for the urban programme.

As of 1 April 2014, the total resources available for the programme had reached \$149 million, or \$220 million considering funds received for food assistance. The additional South Sudan requirements have so far received a limited response from donors, with some \$7.3 million received or pledged.

¹Staffing and country offices' cost included

As outlined in this document, available resources have been allocated across 15 priority sectors. There are, however, a number of activities that could not be covered in the first round of prioritisation that require additional support. The estimated total for this category of prioritised, but so far unfunded activities, is \$72 million (\$124 million inclusive food). Of this amount \$31.5 million, or \$82.5 million with food included, is for the most urgent and critical gaps that require attention in the coming months.

In 2014, predictable and continued donor support for the Kenya refugee operation is required despite its protracted nature and the global funding climate of competing priorities. In the next stages of the process, partners plan to develop a joint strategy to support resource mobilisation, stronger coordination and monitoring of activities, and greater partnerships with development actors.

This overview is published at a time when the Government has issued a Directive requesting that all urban refugees be relocated to camps. The impact of the directive on the urban refugee programme and the scope of possible exemptions remains unknown thus programmes and activities will be reviewed accordingly in the course of the year.

2011-2013:

Received by UNHCR	\$369 million
Received by WFP	\$360 million
Partners (estimate)	\$213 million

Total	\$942 million
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Per refugee per day incl. food	\$1.42
Per refugee per day excl. food (average for 2011-2013)	\$0.88

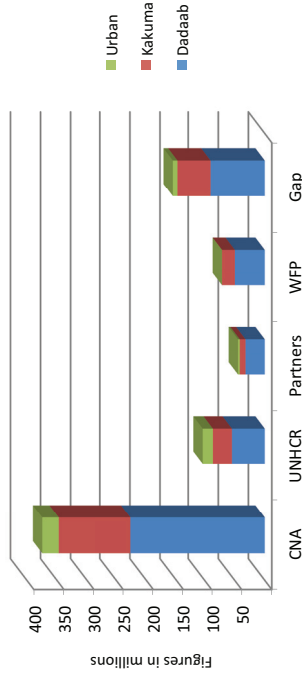
Source: UNHCR/ FTS 2011-2013

Kenya Refugee Programme Snapshot

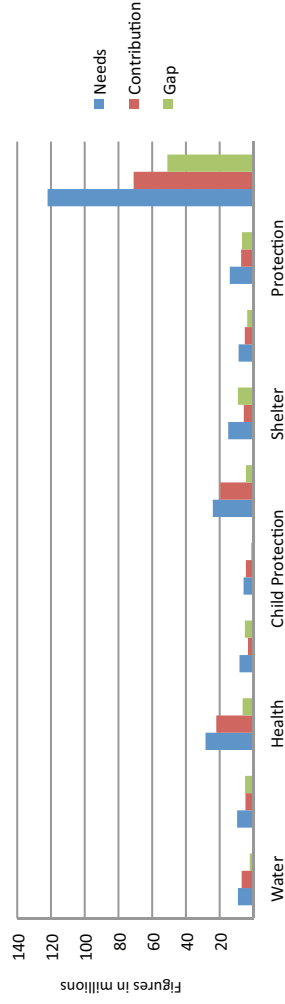
01 April 2014

UNHCR Regional Support Hub in Nairobi

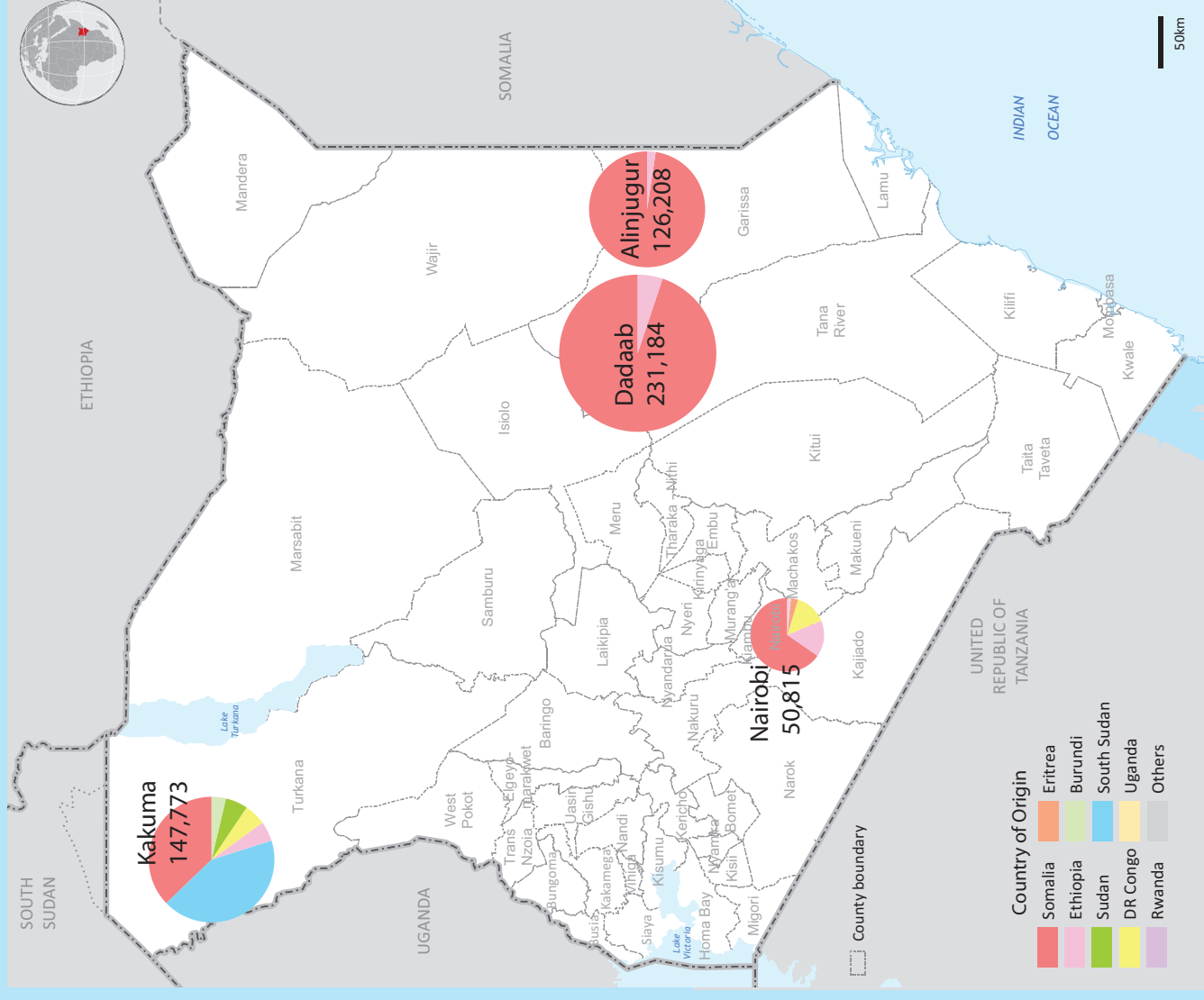
Agency Contribution per Camp



Prioritised Food Items



		REFUGEE LOCATION				
		Dadaab	Alinjugur	Kakuma	Nairobi	Total
Somalia		218,354	123,220	54,360	32,494	428,428
South Sudan		704	-	62,384	123	63,211
Ethiopia		11,788	2,981	7,460	7,885	30,114
DR Congo		158	2	8,126	6,937	15,223
Sudan		47	-	8,405	274	8,726
Burundi		25	-	5,361	428	5,814
Eritrea		26	-	116	1,554	1,696
Rwanda		17	-	568	827	1,412
Uganda		55	3	930	176	1,164
Others		10	2	63	117	192
TOTALS		231,184	126,208	147,773	50,815	555,980
Percentage		41.6%	22.7%	26.6%	9.1%	



2. Operational Context

In April 2014, 555,980 refugees and asylum-seekers were being hosted in Kenya, including 357,392 in the Dadaab Complex, 147,773 in Kakuma and 50,815 in urban areas. The Government of Kenya, UN Agencies, and international and local NGOs provide protection and basic needs for this population. It is anticipated that the population of South Sudanese refugees will grow by another 20,000. It is also expected that the number of Somali refugees, which was more than 486,000 in 2012, will continue to decline as a result of spontaneous returns.

The two main countries of origin for refugees in Kenya are Somalia (77%) and South Sudan (11%). The remaining refugees originate from Ethiopia (5%), the Democratic Republic of the Congo (3%), Sudan (1%), and Burundi (1%), with Rwandan, Eritrean and Ugandan nationals constituting the remaining 2%.

Following the March 2013 General Election under the 2010 Kenya Constitution, a devolved system of governance including 47 county governments was established. Although refugees remain under the national sphere of government, a number of issues relevant to refugee operations have been devolved to county governments, including health, education (pre-school), land, water and the environment. Refugees reside mainly in three counties: Nairobi, Garissa and Turkana. UNHCR and partners have already begun working closely with county authorities on issues of land, water management and the environment.

Dadaab

Over the last 23 years Somalia has been experiencing political instability, conflict and recurring drought. Dadaab refugee complex, which consists of five camps,² is situated in Garissa County about 100 km from the border with Somalia and shelters mostly Somalis (96%). It was set up in 1991 to accommodate an estimated 90,000 people but has grown to five times the intended size, with a large influx of over 150,000 refugees in 2011 arriving due to famine in Somalia.

A reduction in the Somali population was recorded after the conclusion of the verification exercise in July 2013. This was mainly attributed to spontaneous returns to Somalia or de-registration of host community residents posing as refugees and data cross-checking as a result of the physical verification exercise. In addition, since the roll out of the joint WFP and UNHCR biometric system in October 2013, the total number of refugees eligible for food rations further dropped by more than 15%, thereby reducing food requirements. This too can be partially attributed to spontaneous returns.

Kenya's policy on Somalia and on hosting Somali refugees has been influenced in the past few years by dwindling public support and sympathy for refugees. There has been a widespread perception by the

Main countries of origin of refugees in Kenya

Somalia	428,428
South Sudan	63,211
Ethiopia	30,114
DRC	15,223
Sudan	8,726
Eritrea	1,696
Rwanda	1,412
Uganda	1,164
Others	192

²The Dadaab refugee complex comprises Dagahaley, Hagadera, Ifo, Ifo 2 and Kambioos refugee camps. For planning purposes Ifo, Ifo2 and Dagahaley come under Dadaab Office and house 231,184 refugees. Hagadera and Kambioos come under Alinjugur Office and house 126,208 refugees.

public that refugees pose a threat to Kenya's national security and internal stability, and represent a financial and environmental burden. This perception was further aggravated by the terrorist attack on the Westgate Mall in Nairobi in September 2013

The insecure operational environment in Dadaab has weakened the protection environment and increased the cost of project delivery. The main mitigating measure has been the Security Partnership Project (SPP) established in 2011 with the Government of Kenya, which continues to address security concerns in Dadaab and Kakuma by providing capacity development for police forces and support to community policing.

In November 2013, a Tripartite Agreement on repatriation was signed by the Somalia and Kenyan Governments and UNHCR. The agreement provides a legal framework for the return of refugees, on a voluntary basis to Somalia and other countries of origin, in conditions of safety and dignity as per international refugee law regulations. As indicated earlier, some spontaneous returns have been observed since 2012. In an effort to provide information and support to these refugees UNHCR has established help desks in Dadaab and Kakuma camps and in Nairobi for urban refugees. A pilot project will be launched to support up to 10,000 spontaneous returnees to Luuq, Baidoa and Kismayo. The return of refugees will primarily depend on the prevailing conditions in their places of origin.

Kakuma

Kakuma was set up in 1992 to shelter Sudanese refugees fleeing conflict and is situated in Turkana County, 125 km from the South Sudan border. Its refugee population is comprised of 42% South Sudanese and 37% Somalis, with most of the remaining nationalities originating from the Democratic Republic of the Congo, Sudan, Ethiopia, and Burundi. Sustained interethnic conflict in South Sudan (and insecurity in Sudan - South Kordofan) have resulted in a steady flow of asylum seekers into the camp including 28,000 new arrivals registered in 2013. Internal conflict in South Sudan in late 2013 led to a further influx (so far 31,240 at the beginning of April 2014) of which children account for 65%.

Owing to the stream of new arrivals into Kakuma over the past two years, the camp has become severely congested and delivery of services to refugees has been compromised. By the end of 2013, a decline in water, sanitation, and health and nutrition standards was noted, alongside the decrease in the number of refugees with adequate shelter.

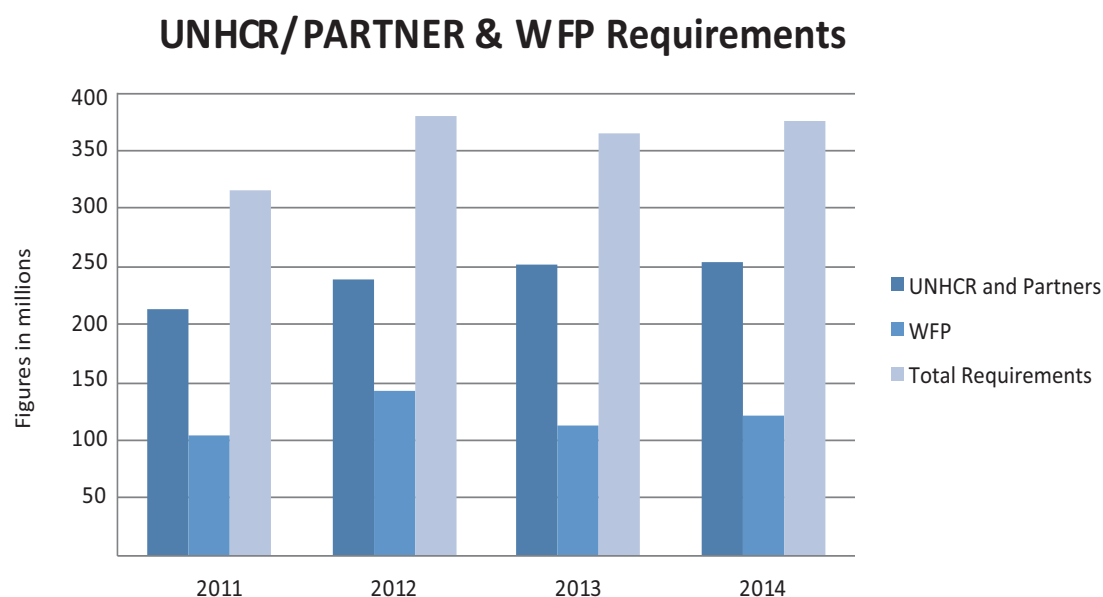
Urban

There were 50,815 registered refugees in the urban setting, mainly Nairobi, Mombasa, Nakuru and Kajiado, as of 1 April 2014. In addition, refugees from the camp move to urban areas to find community, safety and economic independence. They are however often confronted with limited access to formal employment and basic services and poverty.

3. Funding Trends since 2011 and Outlook for 2014

The 2011 influx of over 150,000 refugees from Somalia fleeing famine and conflict generated a previously unseen donor response to fund the requirements of the Kenya refugee operation. Some \$350 million were received jointly by UNHCR, WFP and partners in 2011. For UNHCR alone, there was a year-on “jump” in available funding by over \$49 million compared with 2010. The Dadaab operation attracted both traditional donors as well as a number of non-traditional donors including the World Bank, the IKEA Foundation and the Qatar Foundation’s Educate a Child initiative. A host of private donors including the Saudi Prince Campaign, Morneau Shepell and the Dutch Lottery campaign for education also contributed a considerable amount of funds to both Dadaab and Kakuma. Furthermore, in-kind donations exceeded \$10 million, and included relief supplies such as tents, food items and school materials.

The positive trend of high donor interest in the Kenya refugee operation continued in 2012 and 2013, with funding for non-food assistance and protection averaging about \$170 million per year, though food assistance declined from the peak of \$142 million in 2012 to \$113 million in 2013, partly due to the reduction in population figures.



Source: UNHCR Kenya

The bulk of resources received were for Dadaab while Kakuma was less successful in attracting substantial contributions from key donor governments, which would have allowed much needed investment in aging infrastructure. However, there was a marked increase in the range of private donors to the operation, which spurred various innovations in programme delivery, and mainly employed solar energy and IT technology in education and vocational training.

Gradually, the donor profile has shifted back to traditional government donors and a few private donors who prefer funding specific sectors and activities mostly in Kakuma, due to the smaller size of the operation as compared to Dadaab and the better security conditions. The unprecedented involvement of the World Bank as a major health and nutrition partner for Dadaab in the aftermath of the 2011 emergency ended after some two years. Since then the operation has been trying to attract a significant private and/or non-traditional donor.

The operation managed to secure a sizeable contribution from the Instrument for Stability (IFS), a previously untapped funding instrument of the EU in Kenya which has been the main source of funding for the Security Partnership Project (SPP) with the Government of Kenya. Also, several multi-year grants have been secured for the operation, providing much needed predictability and resulting in real savings due to long-term contracts for a range of services and goods.

Despite the current competing global humanitarian priorities there is a need to ensure continuous provision of basic services at an acceptable level and avoid a situation where returns are not in essence voluntary and thus compromise the international standards of protection. At the end of 2013, a temporary reduction in food rations due to shortfalls in WFP funding caused anxiety amongst refugees who believed that the reduced food basket was linked to a push for a return to Somalia.

The Kenya refugee operation was included in the Kenya Emergency Humanitarian Response Plan (EHRP) since 2007. The funding requirements

of UNHCR and WFP made up the bulk of the EHRP needs, with partners' requirements not comprehensively reflected. 2013 marked the end of the EHRP in Kenya and underlined the need for a programmatic and resource mobilization platform for the Kenya refugee operation.

The recent influx from South Sudan which comes only a few years after a major repatriation of refugees almost closed the Kakuma operation, has highlighted the need to anchor the refugee operation in the UN Development Assistance Framework for Kenya (UNDAF) and to attract other development partners such as the World Bank and the Africa Development Bank. This would help to avoid extended humanitarian assistance programmes, ensure a better cohesion between responses to the needs of refugees and their host communities, while at the same time prepare refugees to be effective actors in the reconstruction and rehabilitation efforts in their country.

In addition, support to livelihoods and turning refugee camps into sustainable and economically viable units anchored in their respective counties, is a vision for the future of the operation regardless of the size of the refugee caseload in Kenya. The implementation of this vision is expected to start with the establishment of a new camp to respond to the ongoing influx of South Sudanese refugees. On the other hand, the refugee operation has to be included in the disaster preparedness structures and mechanisms of the Government of Kenya that are in their nascent stages.

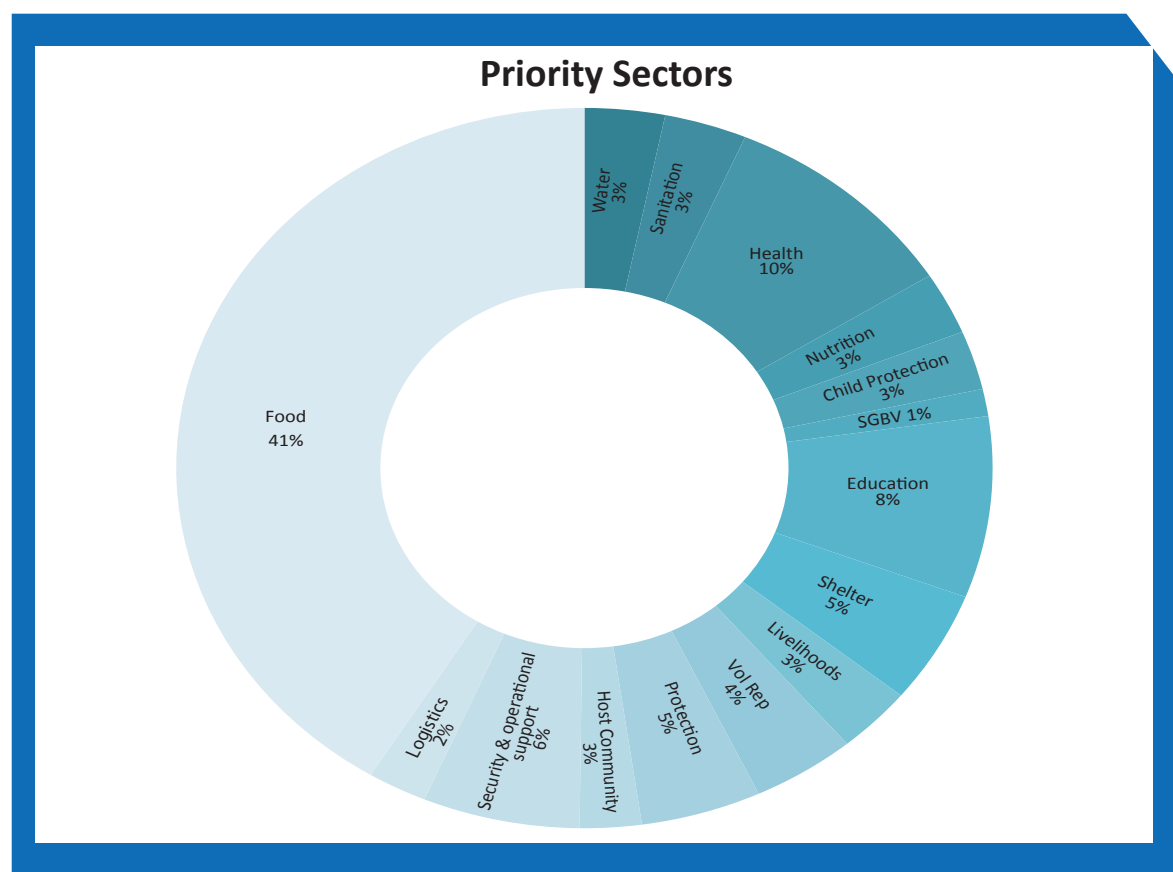
4. Priority Sectors and Activities in 2014

In March 2013, partners in the Kenya refugee operation undertook the annual needs assessment and prioritization exercise for 2014, followed later in the year by detailed planning and budgeting. In November 2013, however, it was decided that the results of the Comprehensive Needs Assessment (CNA) needed to be reviewed and measured against all resources brought by all actors of the refugee programme in order to define the actual gap.

The following sectoral reviews represent the first attempt to plan and jointly prioritize in a complementary way all available resources for the Kenya refugee operation. The prioritization is based on information provided by all participating actors in the three operational areas (Dadaab, Kakuma, urban). Since this approach was adopted when the 2014 implementation was starting, the bulk of the

activities part of the comprehensive plan was included as a result of the initial planning exercise. Nevertheless, the process revised a number of sector allocations based on a set of agreed criteria, including changes in the operational context, new and emerging needs, and absorption capacity. In addition, the planning and prioritization review was strongly influenced by the ongoing influx from South Sudan.

In 2014, the Kenya refugee programme delivered by all partners alongside the Government of Kenya has strategically prioritized protection delivery, life-saving care and maintenance, effective emergency response to the South Sudan situation, and durable solutions focusing on repatriation and resettlement through the following 13 sectors.



4.1. Protection: Registration, Reception, Detention, Legal Aid and Policy and Resettlement

In 2014, the Kenya programme will continue to work with relevant government institutions to maintain and improve the current legal framework for refugees and asylum seekers in Kenya and also ensure that refoulement does not take place. Legal aid assistance will continue to be provided for refugees in need.

The Kenya operation will seek to build upon the achievements made in 2013 regarding the handover of the Refugee Status Determination (RSD) process to the Government and enhance the capacity of the Department of Refugee Affairs (DRA) to take over these activities in Nairobi, as well as in the Dadaab and Kakuma camps.

Persons of concern will benefit from access to quality asylum procedures and access to legal remedies as a result of the full implementation of this plan. UNHCR will support the Kenyan authorities' ownership of a durable, self-sustaining national RSD process in which gender and diversity considerations are mainstreamed, including a rights-based approach to the prioritization of RSD casework, including for resettlement purposes. An appeals process will be put in place by the Government, as per the Refugees Act of 2006 in the form of the Refugee Appeals Board, with the further right to appeal through the High Court. UNHCR expects to provide positions/interventions in appeal cases.

UNHCR and partners will continue to receive refugees at protection reception desks where legal counselling is provided, as well as conduct outreach activities through legal clinics and pro bono lawyers to allow refugees to receive legal assistance within their areas of residence. UNHCR, through its partners, will also continue to provide legal aid and court representation.

In 2014, a total of 6,280 individuals will be submitted for resettlement from the three locations in Kenya. UNHCR has received commitments from the United States, UK, Canada and Sweden. Refugees will be identified based on extreme vulnerabilities and imminent protection needs. The major challenges associated include the lack of resettlement places for Somali refugees, the requirement of the Kenyan authorities for refugees to possess the government issued refugee identity card in order to obtain exit permits for departure, prolonged security checks for Somali refugees, and lack of resettlement places for medical cases.

Sector	UNHCR	Partners	Total available
Protection, registration, reception, detention, legal aid & policy, resettlement	\$5,575,777	\$1,706,183	\$7,281,960
Main partners	Department of Refugee Affairs (DRA), UNHCR, Legal Advice Centre (Kituo Cha Sheria) Kenya, Refugee Consortium of Kenya (RCK); International Organization for Migration (IOM), International Rescue Committee (IRC), Hebrew Immigrant Aid Society (HIAS), Norwegian Refugee Council (NRC).		

4.2. Child Protection

In Dadaab, as the operation begins to consider possible voluntary repatriation movements, family unity and the needs of unaccompanied and separated children in alternative care solutions remain of critical concern. Identification and follow up of extremely vulnerable cases, best interest assessments (BIA), and the best interest determination (BID) process will be reinforced through proper staffing and capacity building to improve the quality and quantity of output. The Sub-County Children's Officer will be supported to enhance legal and institutional intervention in child protection. The capacity of community structures and institutions to enhance the protection of children will be strengthened, with a focus on the camps hosting the 2011 arrivals, Kambioos and Ifo 2.

In Kakuma, over 4,700 children with heightened protection risks, unaccompanied minors, and children with other protection concerns will be prioritised. For the new arrivals, the priority will be to address child protection needs through individual case management, register unaccompanied minors and provide them with protection such as placement with foster families as well as provide temporary accommodation to unaccompanied children at the reception centre. Preparation of child friendly spaces to occupy the children is ongoing.

The regular programming in both settings will continue providing psychosocial care, legal support for children in conflict with the law, community sensitization, and coordination of services. Preventive activities will be strengthened to ensure that children are protected against abuse, exploitation and neglect to improve their safety and security.

In 2014, the urban programme will focus on conducting BIA and the needed BID for 1,200 separated and unaccompanied minors (out of the total 13,800 refugee children), in addition to increasing school enrolment to 70% from the current 60%, maintaining the rate of issuance of birth certificates at 100%, and providing support to community structures to respond to the needs of children at risk through involvement of the national government, and host and refugee communities.

Sector	UNHCR	Partners	Total available
Child Protection	\$1,236,933	\$4,086,259	\$5,323,192
Main partners	UNHCR, UNICEF, Hebrew Immigrant Aid Society (HIAS); Save The Children Federation Inc, Terres des Hommes (TdH), Film Aid International, Lutheran World Federation (LWF),		

4.3. Education

In Dadaab, the prioritised response will follow the UNHCR Global Joint Education Strategy launched in 2012. However, as only 25% of needs are being covered from the available resources, the primary school enrolment will not improve substantially but rather remain around 40%. A number of interventions have been implemented to support the realization of the education strategy, which includes the training of teachers on pedagogical skills. This will enhance teachers' ability to apply pupil-centered methods of

teaching thereby increasing pupils participation in the learning process. The capacity of parent-teacher associations will be enhanced to allow parents ownership of the education of their children. Parents will play an instrumental part in issues of governance and school enrolment. A teacher development strategy will be operationalized to ensure that capacity building is based on a common curriculum that is approved by the Ministry of Education. Currently, WFP supports over 87,000 pupils in 33 primary schools in Dadaab through its school meals programme.

The Community Technology Access project in Dadaab supported by Microsoft Corporation will continue, with 34 primary schools equipped with a minimum of one laptop, solar power for each classroom and a staffroom. In addition, 7 secondary schools with fully functioning labs of 20 computers will continue to provide e-learning opportunities to students, teachers and community members during after school hours. With a grant from Vodafone Foundation, the existing facilities will be supported with equipment, internet access and e-learning opportunities.

In Kakuma, the original priority for the education sector was to make progress on enrolment, retention, safety, inclusiveness, and quality. The impact of these interventions was to increase enrolment of pre-school age children from 24% to 36%, primary school age children from 46% to 50% and secondary school age children from 2% to 3%. However, in view of the ongoing influx, the operation will strive to provide access to education for the new arrivals while trying to maintain the standards for the children already enrolled in the schools in "old" Kakuma. New temporary classrooms will be established at the new sites, and equipped with school furniture and the required WASH facilities. Incentive teachers and national teachers will be recruited and trained, and didactic materials provided to cater for the dramatic increase in learners. A total of 1,000 children will be engaged for seven months in temporary learning centres through light and interactive learning activities and psychosocial support. Teachers and caregivers will be hired preferably from the same community / ethnic group. At three months intervals, once children are normalized in their routine, they will be transferred to formal schools.

Under the regular programme, support to a boarding / secondary school for 170 girls from refugee camps and the host community will continue with a view to expanding the number of students supported through this private donor initiative.

In the urban programme 8,000 children are of primary school age. In 2014, the programme intends to increase the enrolment rate from 85% (2013) to 95%. A total of 6,199 children are of secondary school age but only 5.2% (2013) are enrolled in school and efforts will be made to increase this to 5.8% in 2014.

Education activities will be implemented through partners including a number of NGOs, UNICEF, the Ministry of Education, County Education and City Education together with related institutions such as the Teachers' Service Commission.

Sector	UNHCR	Partners	Total available
Education	\$ 9,768,284	\$10,137,304	\$19,905,588
Main partners	UNHCR, UNICEF, Jesuit Refugee Services (JRS); CARE, Islamic Relief Worldwide (IR), LWF, Windle Trust UK in Kenya, AVSI Italy, Don Bosco, Film Aid International.		

4.4. Food Assistance

Approximately 10,000 metric tons of vital food supplies are distributed monthly to nearly half a million refugees in Dadaab and Kakuma. WFP will continue providing food assistance as outlined in its protracted relief and recovery operation (PRRO) 200174 “Food assistance to refugees”, with objectives to:

- meet minimum nutritional requirements through general food distributions (GFD);
- manage moderate acute malnutrition and prevent severe acute malnutrition in pregnant and lactating women (PLWs) and children under 5 years of age through the targeted supplementary feeding programme;
- improve micronutrient access among pregnant and lactating women and children aged 6-23 months through a blanket mother-and-child health and nutrition (MCHN). This includes improving the dietary diversity of pregnant women and their families through provision of fresh food vouchers (FFV);
- increase adherence and meet the nutritional needs of people living with HIV, tuberculosis and chronic diseases;
- maintain enrolment, attendance and reduce the gender disparity in primary schools in the camps through the school meals programme;
- increase enrolment and attendance of disenfranchised youth in life skills training centres through food-for-training (FFT) and;
- increase the capacity of host communities to meet their food needs through food assistance for assets (FFA).

The WFP PRRO is being extended to March 2015 so that the new PRRO can take into account the findings and recommendations of the recent corporate operation evaluation and the planned 2014 WFP-UNHCR Joint Assessment Mission. A market study funded by ECHO in Dadaab and Kakuma camps will look at the capacity of local markets with the view to pilot different transfer modalities (vouchers or cash). WFP will undertake an evaluation of its Fresh Food Voucher pilot project, examining value for money, cost-effectiveness, scalability and potential for commodities substitution in the general food distribution.

In 2014, targeted food assistance interventions for PLWs and children under 5 years should be further linked to preventive nutrition (Mother, Infant and Young Child Nutrition) and behavior change strategies. WFP has recently adjusted, through a budget revision, its PRRO planning figures from 580,000 to 520,000 refugees (this does not include the 36,000 beneficiaries from the host communities living around the camps and being supported under this PRRO through Food for Assets projects).

The adjustment of the PRRO planning figures was the combined result of UNHCR's verification and WFP/UNHCR's biometric project, which reduced WFP monthly requirements from US\$12 to US\$10 million. The adjustment also took into account the influx of new refugees from South Sudan into Kakuma, currently around 32,000. The increase in the South Sudanese refugee caseload is more than counter-balanced by the overall reduction of the actual numbers due to the verification process and the biometric project. Nevertheless, to meet needs, WFP must mobilise \$51 million (*) between April and December 2014.

Sector	WFP	Partners	Total available
Food	\$71 million*	Included within the WFP requirements	\$71 million
Main partners	UNHCR, NRC, CARE, WVI, TRP, GRP, ACF.		

(*) This includes the \$17 million debt that the WFP Refugee Operation in Kenya needs to pay back to WFP HQ financing facility.

4.5. Health

In 2014, health services will be provided to refugees in Dadaab, Kakuma, urban areas and host communities with priority given to children, pregnant and lactating women, people living with disability, the chronically ill (including HIV/AIDS) and newly arrived refugees in Kenya.

In response to the South Sudan emergency, a follow up second measles and polio mop up campaign will have to be mounted that targets children 0-15 years for polio, and 6 months-15 years for measles. In addition, a new clinic at Kakuma 4 will be constructed so that new arrivals can access health services, and later two clinics will be constructed at a new camp elsewhere in Turkana to ensure sufficient coverage for the new population. The new facilities will require incentive and qualified medical staff as well as equipment, medical drugs, and supplies and coverage of running costs.

The regular health programming in the camps will focus on health prevention and promotion through strengthening routine immunization, health outreach programmes and enhancing access to curative services (including referral for secondary and tertiary care) and safe

motherhood services. The health sector will maintain robust active disease surveillance with special attention to multi-drug resistant tuberculosis (MDR-TB) and diseases of epidemic potential and internationally notifiable diseases. The response seeks to strengthen maternal and child health in order to lower or maintain a low maternal and under five mortality rate.

The urban health programme will partner with public health services in areas with significant number of refugees to ensure refugees can access services under the same conditions as nationals. This includes capacity building and outreach activities to help communication, discrimination and movement barriers. Pregnant women and children will be supported to access maternity and secondary care. People living with HIV/AIDS will be linked to existing care and treatment services in urban areas. The programme will also support Dadaab and Kakuma to enable refugees to access secondary and tertiary healthcare through a referral system. Specialists will also be dispatched to Dadaab to review cases in line with the referral procedures.

Sector	UNHCR	Partners	Total available
Health	\$10,501,927	\$11,495,451	\$21,997,378
Main partners	UNHCR, UNICEF, National Council of Churches of Kenya (NCCK), International Rescue Committee (USA), Islamic Relief Worldwide, Kenya Red Cross Society, International Organization for Migration, Médecins Sans Frontières Swiss, Ministry of Health, UNFPA.		

4.6. Host Community Programming

UNHCR and partners provide assistance to host communities to support a peaceful coexistence with refugees. In the environment sector the focus is on environmental protection, mitigation and rehabilitation. Activities will include the

provision of nutrition, domestic energy, shelter construction material, waste disposal facilities and the rehabilitation of areas vacated by refugees in the event they return to Somalia. In the livelihoods sector, the focus will be on

development of sustainable pastoral livelihoods and value chains that will ensure self-reliance and enhance resilience to problems resulting from climate change. There will also be a focus on supporting youth through vocational and professional trainings tailored to the needs of the counties or origin so that this group can enhance not only their livelihoods and also participate in the economic development of their counties which are in serious need of skilled manpower.

For host communities this year WFP will: (i) continue implementing food-for-assets activities, mainly creation of critical water retention infrastructures to increase agricultural productivity, while making host communities resilient with greater capacity; (ii) expand food-for-training for youth, including refugees, by providing them with vocational skills training that could help them to have some livelihoods or better reintegration chances when they return home.

In the energy sector the focus will be on addressing household, institutional and

commercial energy needs in a sustainable and eco-friendly manner. Activities will include the provision of energy efficient stoves and the use of alternative energy sources such as bio-ethanol, and coal briquettes. Solar energy will be used for lighting streets, residential blocks and households and also to power income-generating activities. Following the successful provision of more than 20,000 fuel-efficient stoves for both refugees and host communities in 2013, WFP plans to implement a pilot project this year in Dadaab camps to test the feasibility of producing and using mesquite briquettes as an innovative and new form of cooking fuel for refugees and host communities.

In Dadaab and Kakuma, efforts will be focused on better protection of natural resources and shared environment, implementation of peaceful co-existence projects and ensuring the population has sufficient access to energy. This includes also the host communities surrounding the new Kakuma extension and the future new site. WFP Food for Assets and Food for Training for Youth in host communities complements other agencies' efforts.

Sector	UNHCR	Partners	Total Available
Host communities	\$2,010,492	\$2,923,800	\$2,298,016
Main partners	UNHCR, Fafi Integrated Development Association, GIZ, Lokichoggio, Oropoi and Kakuma Development Association, Norwegian Refugee Council, WFP (Food for Assets, Food for Training projects included under Food), DRC (Danida funded host community livelihood project in Dadaab.), ACF (ECHO funded nutrition host community project in Dadaab sub county).		

4.7. Livelihoods

In Dadaab, in line with the recently completed Dadaab Livelihoods Strategy, some 2,000 persons of concern will benefit from various professional, technical, vocational and basic life-skills trainings. Some 1,400 refugees will

access business inputs and cash grants. Of these, 300 are in the process of receiving their microfinance revolving fund loans through a financial institution. The strategy addresses key recommended actions at policy, beneficiary

and institutional levels. At the policy level, the key activity will be advocacy around refugee livelihoods rights and opportunities. At the beneficiary level, key activities outlined will revolve around returns and integration through new livelihoods strategies in the framework of durable solutions. At the institutional level, emphasis will be on building the capacities of implementing partners to implement harmonized and effective livelihoods interventions.

The planned market survey that had to be postponed due to insecurity will be undertaken to map the livelihood needs/gaps. Community-managed microfinance initiatives (i.e. Village Savings and Loans approach) will also be rolled out in all five refugee camps. This will help beneficiaries to mobilise their own financial resources. Value-chain development will also be initiated for specific sectors and the most viable and popular sub-sectors identified. Existing knowledge and skills sharing platform of pregnant and lactating mothers through mother to mother support groups (MtMSG) will be used to promote linkages to nutrition sensitive livelihood interventions with the aim to empower women and at the same time increase household diet diversity.

In Kakuma, 2,000 vulnerable youths and 1,000 vulnerable refugees including SGBV

survivors, women and men at risk, will benefit from targeted livelihood activities including vocational and life skills training enabling them to meet their basic needs through self-empowerment.

In the urban programme, this is the second year that the Nairobi Urban Livelihoods Strategy is being implemented. The four key areas of intervention are safety-net support, skills development, enterprise development and advocacy. Specifically, more viable self-employment options will be available through enhanced enterprise development support with a greater focus on market linkages. Micro-franchising and technology services will be considered for small business interventions; access to financial services will be facilitated through intensified engagement with financial institutions and roll out of grassroots community managed microfinance (Village Savings and Loans) initiatives, access to self/employment will be improved through increased enrolment of refugees in national training institutes, particularly in high-demand skill areas and through continued advocacy for refugees' rights to access work permits. A total of 2,000 refugees will benefit from this livelihood support.

Target locations comprise refugee populated areas in Nairobi including Eastleigh, Kayole, Kasarani, Githurai, and Kitengela.

Sector	UNHCR	Partners	Total available
Livelihoods	\$1,893,764	\$3,707,907	\$5,601,671
Main partners	UNHCR, Jesuit Refugee Services; Danish Refugee Council, Lutheran World Federation, Norwegian Refugee Council, Relief Reconstruction and Development Organization, Don Bosco, Windle Trust Kenya, WFP (Food for Training for Youth – included under Food)		

4.8. Nutrition

The global acute malnutrition rate in the Dadaab camps has reduced significantly from 15.4% in 2012 to 9.9% in 2013,³ however, the severe acute malnutrition rate remains above acceptable levels. In Kakuma, global acute and severe malnutrition levels have remained stable and below critical levels.

Anemia prevalence remains a major concern at critical levels (>40%) particularly among children under five years of age in Dadaab. To maintain and further strengthen the gains, both the treatment and preventive activities will be prioritised in 2014. Bi-weekly supplementary feeding services will continue in both Dadaab and Kakuma. Surveillance for malnutrition will continue and all new cases of moderate acutely malnourished children will be managed accordingly. Weekly outpatient therapeutic feeding services for severely malnourished without medical conditions will be sustained while those severely malnourished with medical condition will be managed in stabilization centers as in-patients.

The implementation of Integrated Management of Acute Malnutrition (IMAM) components will continue to be supported in all camps to improve identification of malnourished children in the community and follow up those in the programme, to ensure adherence to treatment protocol, prevent deterioration of those children

that have been cured, and prevent children from deteriorating and becoming malnourished.

The preventive approach introduced through the provision of targeted supplementary food, promotion of optimum maternal infant and young child nutrition (MIYCN) practices for pregnant and lactating women and children aged 0-23 months and provision of complementary food to children aged 6-23 months, will continue in 2014. Social behavior change strategies through communication for development (C4D) will be up-scaled addressing poor MIYCN practices and increasing uptake of high impact nutrition interventions. Existing mother-to-mother support groups will be supported to maintain sustainable link to beneficiaries. Community driven nutrition sensitive livelihood interventions like backyard gardening and poultry farming, with aim of increasing household dietary diversity and mitigating anaemia situation shall be supported. Systems to support provisions of super-cerals for blanket supplementary feeding programme at health post shall be supported in both Dadaab and Kakuma. Commodities like plumpy-Nuts, F-75/F-100 and nutrition anthropometric equipments shall be procured. Nutrition screening using weight for height to all children below 5 years among new arrivals in Kakuma shall be strengthened and those at risk linked to services.

Sector	UNHCR	Partners	Total Available
Nutrition	\$2,669,812	\$700,266	\$3,370,078
Main partners	UNHCR, WFP, International Rescue Committee (USA), Islamic Relief Worldwide, Kenya Red Cross Society, Norwegian Refugee Council, WFP, UNICEF – blanket SFP for children 6-24 months, SFP for pregnant and lactating women included under Food, ACF (and all core Health and Nutrition Partners) to continue preventive nutrition interventions under Maternal, Infant and Young Child Nutrition and reflect on linking these beneficiaries to sustainable livelihood initiatives.		

³Nutrition Survey Dadaab Refugee Camps, September 2013.

4.9. Security and Operations Support

The Security Partnership Project (SPP) that was put in place in 2011 to reinforce law and order in camps and refugee-hosting areas, is currently under review and expected to be revised jointly with the Government of Kenya in the first half of 2014. An expanded community policing programme is to be implemented both in Dadaab and Kakuma while 60 additional police accommodation units will be constructed in Dadaab to support the police contingent. Police escorts to agencies for their camp movements will be provided as required as well as security for residential and office compounds in all camps.

Under Operations Support, UNHCR will continue to manage the large vehicle fleet, including the

supply of spare tires and fuel for the operation. The use of vehicles for security escorts and programme monitoring will be coordinated and monitored. Asset management will be improved through enhanced verification. It is estimated that 75% of logistics management mechanisms work effectively while the target is 100%. Planned interventions for 2014 include: optimisation of inventory/distribution; strengthening plant, property and equipment management; and maintenance of warehouses.

This sector will also ensure that all requisite support will be provided to UNHCR partners in line with the respective partnership agreements.

Sector	UNHCR	Partners	Total available
Security and Operations Support	\$7,777,228	\$1,348,185	\$9,125,413
Logistics	\$2,502,399	\$519,998	\$3,022,397
Main partners	UNHCR, Government of Kenya, DRC, NRC, SC intl., CARE, IRC, Faida, RRDO, LOKADO, Don Bosco, LWF, NCCCK, and RCK		

4.10. SGBV

In Dadaab and Kakuma, the priority is effective SGBV case management and referral so that survivors benefit from physical protection, medical support, psychosocial counseling and legal aid. Access to justice will be strengthened through ongoing collaboration with the judiciary and the permanent and monthly mobile court. Training will be provided to partners, community workers and security personnel. Community awareness and gender mainstreaming campaigns will also be conducted, including adolescent girl mentorship programmes, and neighborhood forums on SGBV reporting procedures, prevention and response. Focus group discussions aimed at reaching out to youth, religious leaders and male volunteers will take place. A project that targets men's

accountability practices will be implemented in 2014. Improvement of the facilities at the safe haven will also be completed in order to ensure that survivors of SGBV are provided with some protection pending resolution of their situation.

There will be continued advocacy for more police officers and female translators in order to improve the confidential reporting of cases, especially at the gender desk; improved commitment by police to attend community policing meetings (Tango talks) as well as improved police patrols in the camps.

In Kakuma, in response to the needs of arriving refugees, agencies will establish community-

based protection mechanisms at new sites, and set up mechanisms for: the provision of psychosocial counselling, medical care and legal assistance for SGBV survivors and access to safe shelters where needed; training of UNHCR and partner staff on applying a multi-sectoral approach in SGBV prevention and response programming; involvement of communities in SGBV prevention; establishment of SGBV task forces; and training of health staff on clinical management of rape and strengthening of SGBV case management.

UNHCR undertook a baseline survey in late 2013 to capture the needs of urban refugees with regard to SGBV prevention and response. SOPs have been revised ensuring that they capture the new developments and referral pathway, and partners have been trained on the new SGBV guidelines to equip them with the required skills. Community members have also been supported with training. Consequently, there will be an increase in reported and assisted survivors of SGBV to an estimated 500 cases, due to greater advocacy and awareness. Two more social workers will be hired to extend identification of GBV cases to areas beyond the city, where partners have not established

offices. Legal partners will have more human resources to offer legal services as well as educate communities on legal procedures and the importance of preserving evidence. The SGBV working group will reach out to refugee communities with better reporting and coordination mechanisms, while at the same time giving policy direction to the SGBV programme. The Gender-Based Violence Information Management System (GBVIMS) will be managed by UNHCR and the first instance results analysed to identify trends in the urban programme. All cases will be reported to field outreach offices allowing for improved interventions. The government department (Gender Commission) will be the flagship for refugee cases.

UNHCR will also further strengthen its cooperation with national stakeholders in prevention and response to SGBV in Nairobi. The National Gender Commission and the Gender Based Violence programme at Kenyatta National Hospital are key to developing mechanisms for the prevention of SGBV. Also, liaisons with UNWOMEN, UNICEF, and UNFPA will be strengthened in order to develop a comprehensive approach to GBV interventions.

Sector	UNHCR	Partners	Total available
SGBV	\$1,082,533	\$2,117,719	\$3,200,252
Main partners	UNHCR, Hebrew Immigrant Aid Society (HIAS), CARE, Danish Refugee Council, International Rescue Committee (USA), Centre For Torture Victims, Film Aid International, Lutheran World Federation, and Refugee Consortium of Kenya.		

4.11. Shelter

Shelter is essential for survival, personal safety, dignity, and protection from disease, physical assault and the harsh climate. In Dadaab, it is estimated that only 12% of the population have

adequate shelter. In Kakuma, some 56% are estimated to have adequate access to shelter, however, with the current influx the ratio has dropped significantly.

The Government of Kenya's position on a shelter solution in Dadaab specifically prohibits any kind of permanent shelter for Somali refugees. This was further re-enforced by the eventual prospect of returns. It is however planned to continue with a limited T-shelter construction for vulnerable families. The current budgets are being reviewed in light of this situation, and the refugee shelter component has been put on hold. The infrastructure component remains and provides limited support for road maintenance and construction in Dadaab.

Meanwhile, in Kakuma, the focus of the shelter sector will be the provision of emergency shelter to newly arrived refugees and the provision of transition shelters to targeted households, as these can be upgraded to more durable shelters if a family requires it on a longer term basis. Community participation will be promoted. Refugees that live in mud-brick shelters will be provided with corrugated roofing. The shelter sector will also support the public infrastructure needs and prioritise community centers, access roads and firefighting systems.

Sector	UNHCR	Partners	Total Available
Shelter	\$3,933,587	\$1,792,063	\$5,725,650
Main partners	UNHCR, Lutheran World Federation, Norwegian Refugee Council, Peace Winds Japan, World Vision International, National Council of Churches Kenya		

4.12. Voluntary Repatriation

The facilitation of Voluntary Repatriation will initially concentrate on supporting refugees who are spontaneously returning to Somalia. UNHCR Kenya and Somalia developed a comprehensive package of assistance for spontaneous returnees aimed at supporting them en route to Somalia and immediately after return to their homes in Somalia.⁴ The

pilot project for spontaneous returns for people from Somalia is designed to cover 6 months in 2014 and return support for up to 10,000 potential returnees. Depending on the situation in Somalia and based on the outcome of the pilot, the scope of the return programme will be increased.

Sector	UNHCR	Partners	Total available
Voluntary Repatriation	\$678,480		\$678,480
Main partners	UNHCR, DRA, IOM, NRC, DRC		

⁴The project is officially starting in April 2014.

4.13. WASH

In 2014, the WASH sector will focus on improved hygiene and sanitation particularly the family latrine ratio; and participatory methods such as Children's Hygiene and Sanitation Training (CHAST) should be used to promote and streamline hygiene among school children. In recognising the synergy between hygiene, nutrition and health, stronger links between hygiene promotion and existing preventive health and nutrition interventions (such as mother-to-mother support groups) should be strengthened.

Ensuring that newly arrived refugees have access to drop hole latrines at a maximum ratio of 20 persons/latrine is also considered a priority. Water systems will be established in new the camp sites in Kakuma and two boreholes drilled to boost water output. Old water systems will be maintained and old pipes

replaced. The WASH sector will also maintain updated and active epidemic preparedness plans, implement flood mitigation measures, ensure water is well chlorinated to maintain safety, and also provide water and sanitation relief items like jerry cans, soap and sanitation kits. Hygiene promotion to target household water handling activities is also important to ensure safe water quality at point of use. Water taps will be arranged to mitigate the risk of SGBV taking place at the tap location. Community participation and female involvement will be the cornerstone of WASH interventions, in addition to training the community to take over maintenance and operation of WASH facilities in Dadaab and Kakuma. The sector will also ensure vector control through camp-wide spraying exercises and camp cleaning exercises involving community members.

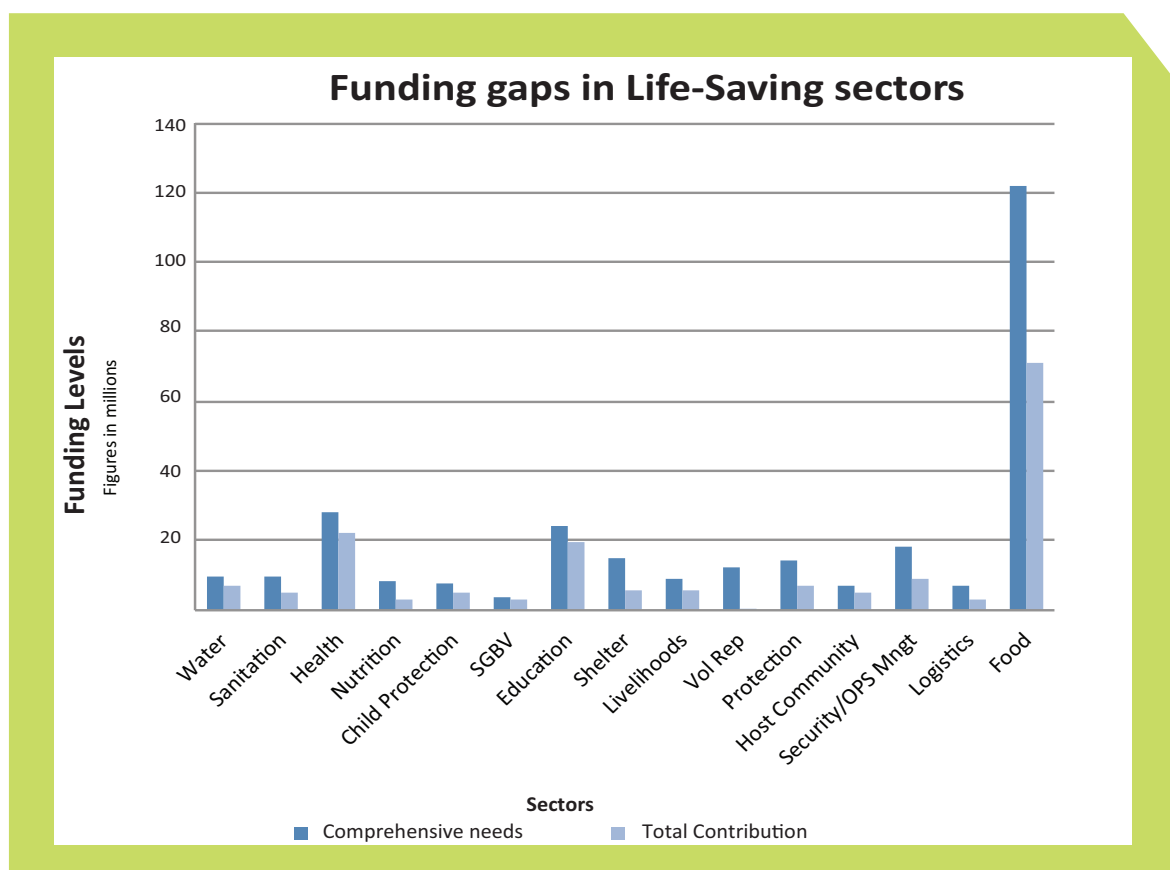
Sector	UNHCR	Partners	Total Available
WASH	\$6,560,046	\$6,025,153	\$12,585,199
Main partners	UNHCR, UNICEF, CARE, Kenya Red Cross Society, Norwegian Refugee Council, Catholic Relief Services, Lutheran World Federation, World Vision International.		

5. Assessed & Unmet Needs

The above priorities have already been programmed and are currently under implementation by all partners in the operation. However, the comprehensive review of the first four months of 2014 summarised the total requirements of the Kenya refugee operation for 2014 at an estimated \$374 million, including food requirements of \$122 million and some \$252 million for protection and non-food assistance. Considerable needs therefore remain uncovered after the prioritisation of available resources. They are currently in the range of \$155 million inclusive of the unmet food requirements.

The table below compares the resources available with the funding requirements for each of the programmes. The urban data include the country offices in Nairobi costs and staffing.

Operation	CNA	UNHCR	Partners	WFP	Total Contributions	Gap
Dadaab	226,928,893	54,680,181	36,690,471	49,700,000	141,070,652	85,858,241
Kakuma	119,765,247	31,564,943	9,845,435	21,300,000	62,710,378	57,054,869
Urban	28,559,242	16,905,164	4,034,087	-	20,939,251	7,619,991
Total Ops	375,253,382	103,150,288	50,569,993	71,000,000	224,720,281	150,533,102



5.1. Key Unmet Protection Needs

Despite UNHCR's improved Refugee Status Determination (RSD) staffing capacity at the RSD reviewing level, the rate of RSD backlog reduction is still very slow. By the end of 2013, DRA had not deployed 73% of the UNHCR trained government RSD staff to their intended duty stations. Lack of accommodation and office space in both Dadaab and Kakuma is the main obstacle.

There is need to further expand the systematic capacity building of immigration officers and the Administration Police Unit and the National Police Service. The training is critical as these officers are the first government officials that refugees meet at the entry points and who can facilitate access to asylum using the available referral pathways under the Refugee Act of 2006.

Some partners have limited capacity to handle the technical areas and require training. Government departments that have been active in supporting the mainstreaming of refugees into service delivery have limited resources, which affects the scale of activities. The Department of Children Services, Ministry of Education,

Civil Registration and Ministries of Health and National Environmental Management Authority (NEMA) require facilitation from UNHCR to carry out their duties in areas where refugees are involved.

There is a need to expand and strengthen the coordinated partner network to locations outside Nairobi where refugees reside, particularly Mombasa, in order to cater to urban refugees living in the coastal area.

To manage a proper detention monitoring scheme for effective interventions there is a need to invest in paralegals and build their capacity to collect data, communicate, travel to detention facilities within their location, and refer cases to competent authorities for intervention. Currently, it is likely that the data available are not representative of the detention situation in Kenya.

More details are provided in the chapter describing critical gaps.

5.2. Programme Specific Unmet Needs

Dadaab

There have been noticeable improvements in the security environment for refugees in Dadaab with the re-establishment of the rule of law in the camps. It should be noted that in 2013 there was virtually no incident involving an Improvised Explosive Device (IED). The relationship between refugees and the authorities, previously tainted by human rights violations attributed to the police, also improved. The roll out of community policing and the initiation of “Tango” talks⁵ between the police and refugee community contributed to this positive development. There is a need to maintain support for the Security Partnership Project with the Government of Kenya, which has been the key insecurity mitigating measure. Under the MOU, which is to be extended in 2014, GoK will require continued assistance from UNHCR to maintain police presence in the camps.

In the Participatory Needs Assessment of February 2014, the refugee respondents underlined limited livelihood opportunities for youths and families in the camps. The government’s policy on restriction of movement was flagged as a major impediment to the community’s self-reliance in addition to the lack of market places in the new camps. The recent livelihoods survey in Dadaab however suggests a number of activities that can support refugee livelihoods, provided that funding is available. A scale up of interventions already programmed (ref. Priority Sectors) is therefore required.

The assessment also highlighted the need to increase support and accessibility to services for persons with disabilities and the elderly, and also to support education for children with special needs.

Despite significant latrine construction in 2013, the percentage of households with appropriate latrines rose to only 58% as more than 45,000 new latrines are needed in order to narrow the gap for household latrine demand. The sanitary material requirements for women have not been met in the past year.

Only 12% of refugees live in adequate shelters, however, in the current political climate and funding constraints, the shelter solutions for Dadaab are limited to temporary or emergency options.

In recent years, two core relief items (CRIs) have been selected every year, namely, plastic sheets and jerrycans for general distribution, but due to a further reduction in funding in 2013 the plan was reviewed downwards to target only persons with specific needs, and maintain a contingency capacity for possible refugee influx, with the exception of jerry cans for which a general distribution was planned. In partnership with health and water and sanitation sectors, there is a need to ensure full distribution of jerry cans to increase access to clean water and household storage.

The 2013 implementation target for primary education (45%) was not met and could be attributed to lack of resources to increase and improve education infrastructure and enhance human resources. Similarly, the implementation target for secondary education (15%) was not met due to unavailability of space in secondary schools. There is a need to implement alternative delivery methods like multi-shifts and multi-grade teaching in the current climate when there are limited resources for major infrastructure investments.

⁵Discussion forums organized by agencies to facilitate dialogue between the Police and refugees; meetings focus on building positive relationships and trust between police and the community.

The most striking needs as regards education is that of children with special needs - in Dadaab schools they represent only 0.04% of the total enrolment. There is a need to improve facilities to support learning for children with disabilities and for teacher capacity building to manage children with disabilities.

Under health, despite major investments in the past years there are still challenges in accessing primary care, especially in Kambioos. The growth monitoring and anemia programme for

children aged 0-23 months is inadequate despite anemia being a major issue amongst Somali children. As a result, screening of children aged 6-23 months with acute malnutrition and those with anemia remains lower than expected. Similarly, promotion of infant and young child feeding practices will be inadequate across the Dadaab camps if health and nutrition partners are not supported to integrate and sustain the ongoing technical support provided by the lead MIYCN agency.

Programme	Requirements (incl. staffing)	Available	Gap
Dadaab	\$141,528,893	\$91,370,652	\$50,158,241

Kakuma

Kakuma is currently hosting over 162,000 refugees (of whom 147,773 persons were officially registered as of 1 April 2014), but the infrastructure is inadequate for the growing caseload. A new site – Kakuma 4 – has already been set up within the camp perimeter and some 30,000 new arrivals have settled there ⁶. In addition, a new site is planned to be developed elsewhere in Turkana to shelter the expected continued influx of refugees from South Sudan in 2014 and possible relocations of refugees from the urban centres.

Consequently, the biggest needs for the Kakuma operation include the requirement to improve the existing infrastructure, some of which is nearly two decades old, while continuing with the development of infrastructure in the newly opened sections of Kakuma 4. Significant resources will be required to preserve past achievements, address prevailing gaps, maintain the current

level of services, address the emergency needs of new arrivals and expand the camp.

The operation made progress in registering a large number of new arrivals, however, there is still a backlog of 15,654 cases comprising 44,532 individuals in need of Refugee Status Determination. However, this backlog will be substantially reduced once the Government of Kenya confirms that South Sudanese arrivals can receive **prima facie** refugee status.

With the majority of new arrivals being women and children, there is a need to provide targeted interventions, including best interest determination assessments for separated and unaccompanied children. In this regard, single headed female households are being prioritized in the provision of non-food items and shelter in order to minimise the risk of exploitation and threat of gender-based violence.

⁶As of 1 April 2014.

The influx of refugees contributed to declining standards across all sectors (especially health, WASH, education and shelter) despite significant efforts by UNHCR and partners. For instance the crude mortality rate (CMR) and under 5 mortality rate (U5MR) increased from 0.2 to 0.3 and 0.5 to 0.8 persons/1,000/month, respectively. The refugee nutritional status deteriorated as 2,984 children were enrolled in the therapeutic (treatment) feeding programme compared to the annual target of 1,250. All indicators show that there has been a further deterioration due to the influx. In 2013, the average consultation per clinician per day was 108 whilst the recommended number is less than 50 and the ratio has further increased with the current influx.

In the food sector WFP introduced new emergency interventions for new arrivals at various locations from the onset of the influx, including: high-energy biscuits at the border/entry points; blanket supplementary feeding for children under 2; targeted supplementary feeding for malnourished children under 5 and pregnant and lactating women; wet and dry food rations at the reception centres; and a new food distribution centre established for the new arrivals. WFP and UNHCR quickly started capturing the fingerprints of the new arrivals so their general food distribution passes through the biometric system. Arrangements are being made locally to also start school meals for children.

With the recent influx the water and sanitation sectors have been over-stretched. The per

capita allocation for water dropped from 22.7 to 17 litres, while the percentage of family latrines did not increase significantly (from 55% to 61%) despite the construction of an additional 2,300 new latrines.

Of all sectors, shelter has been the most affected owing to an increase in the population and a delay in the delivery of construction materials for 2,112 long-term shelters that left refugees to construct their own shelters. The affected refugees (about 8,448) continue to live in these structures without a roof over their heads exposing them to insecurity and extreme weather conditions. The percentage of households living in adequate dwellings has thus reduced from 68% in 2012 to 56% in 2013.

In education, there has been high enrolment without matching resources. By the end of 2013, there were a total of 35,091 (14,448 girls) children and youth enrolled in camp schools. This represented a significant increase of 30.5% compared to the beginning of 2013 with enrolment rate of 46% respectively for primary and only 2% for secondary. In many schools a single classroom is used by an average of 118 students creating extreme congestion and an unhealthy learning environment. Two recent surveys/reviews by external entities have revealed an inadequate number of teachers as well as a shortage of trained teachers, textbooks, classrooms and toilet facilities.

Programme	Requirements (incl. staffing)	Available	Gap
Kakuma	\$83,165,247 (\$46,901,784)	\$41,410,378 (\$23,001,546)	\$41,754,869 (\$23,900,238)

Includes the South Sudan emergency requirements; the original requirements in brackets for comparison.

Urban

Besides key protection concerns that affect the entire operation, the urban programme is also challenged by the needs highlighted below.

Specifically, only a very small percentage of refugee children have access to secondary education, as well, there are insufficient school feeding programmes in areas where refugee children reside.

Alternative care arrangements within the refugee communities in urban settings require more resources to enable foster parents to care for more unaccompanied minors (UAMs).

There is need to build the capacity of protection/ community services staff on SGBV, and that of partner staff too, who are willing to implement the data collection tool. The safe house capacity for GBV survivors in the urban areas needs to be broadened. The current safe house capacity of 40 persons is insufficient to cater to the urgent need to protect victims of domestic violence and women at risk who face a constant threat from former perpetrators. The capacity of the refugee community residing outside Nairobi to deal with GBV cases needs to be strengthened through coordination, capacity building and monitoring. This is especially true in the areas of Mombasa, Eldoret and Kisumu, where a large

refugee population remains unreached.

Other areas of concern include the protection of persons with specific needs and children whose needs have been identified through the baseline survey as persons in need of specialised psychosocial services and protection interventions that are not currently provided by UNHCR or its partners.

While there was an increase in the number of refugees who benefitted from livelihood interventions, needs are still significant based on the livelihoods assessment estimates. Lack of livelihood opportunities is compounded by difficulties accessing work permits, limited market linkages and restricted industrial attachment. For skills training to be truly effective it should be supplemented with industrial attachment, life skills and business management alongside startup capital to jumpstart self-employment activity. Barely half of those who completed skills training received this additional support. Sustained advocacy is required to increase refugee access to work permits, and also follow up with sensitization for more licensing officers, inspectors and collectors in other areas where refugees reside and operate small businesses.

Programme	Requirements (incl. staffing)	Available	Gap
Urban	\$13,101,485 (\$28,559,242)	\$9,427,745 (\$20,939,251)	\$3,673,740 (\$7,619,991)

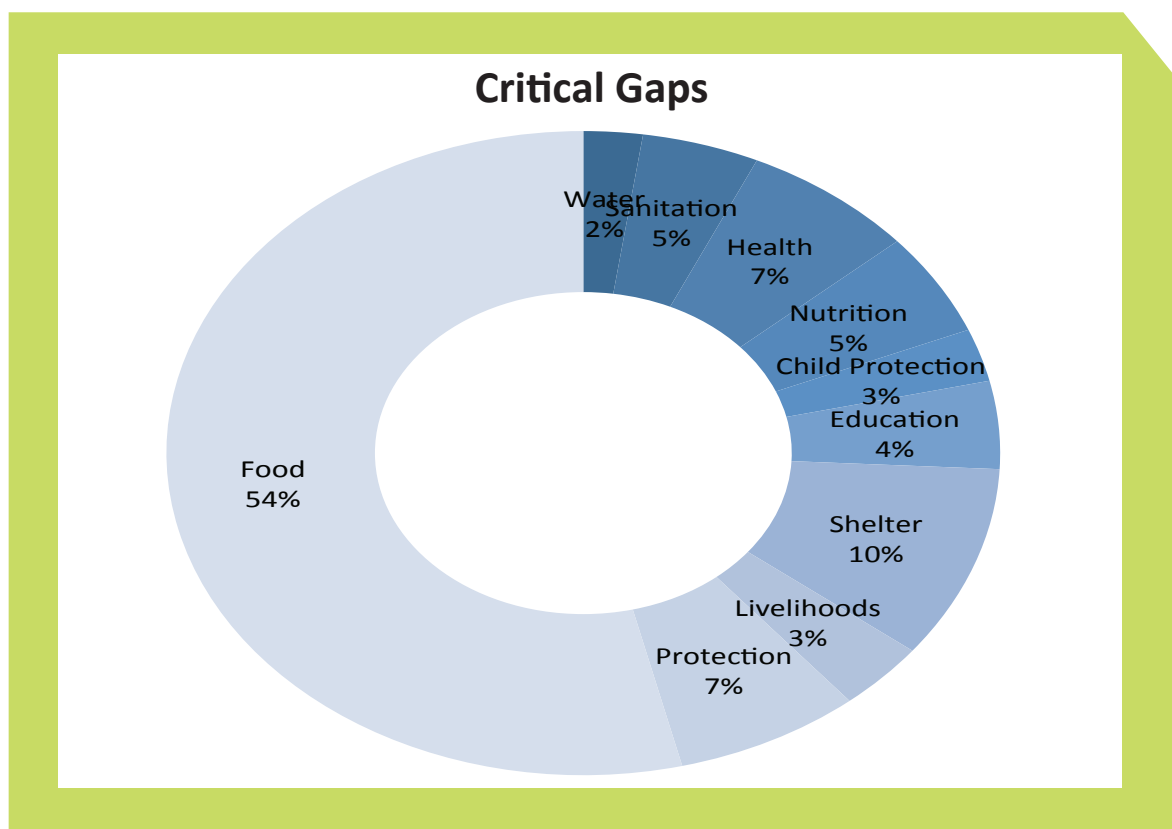
With costs of Country Offices in Nairobi included in brackets

5.3. Critical Gaps

Within the needs described above, partners have jointly identified a set of critical gaps amounting to \$31.5 million in protection and basic needs as well as \$51 million in food, which

require urgent attention in order to avoid any negative consequences for persons of concern in the coming months.

The chart below highlights the critical gaps including food in proportion:



Food Assistance

Food assistance remains a critical sector in Dadaab and Kakuma, as refugees rely on WFP assistance particularly given the Government of Kenya's encampment policy that restricts refugees from being engaged in livelihood or self-reliance activities outside the camps. During the first cycle of April 2014, WFP fed 481,000 refugees in Dadaab (346,000) and Kakuma (135,000).

Contributions so far received from donors will enable WFP to cover 100% of food

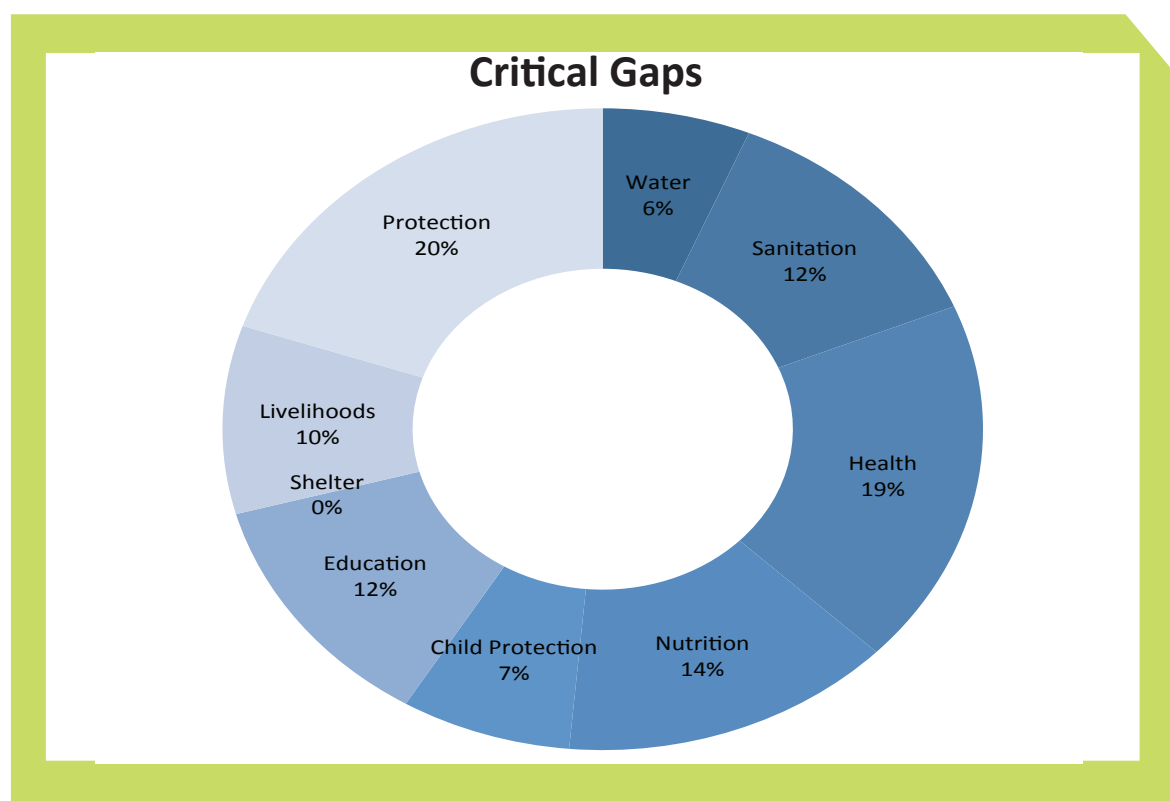
requirements of refugees until the end June 2014, and partially (50% to 75% depending of the month) of refugees' food requirements between July and September 2014. However, with the current resource situation, refugees' food requirements from October 2014 are not covered at all. Considering the additional needs in Kakuma resulting from the ongoing influx of refugees from South Sudan, it is imperative that WFP maintains the ability to deliver critical programmes that cover the needs of existing and newly arrived refugees. Therefore, continuous

donor support is urgently needed given the time between confirmation of a contribution and delivery of food to beneficiaries, and also to repay the Operation's loan of \$17 million and

enable WFP, if need be, to seek HQ financing facility again as it has played a critical role in avoiding food ration cuts.

Sector	Comprehensive needs	Gap as of 03/ 2014
Food Assistance	\$122 million	\$51 million

The proportionate representation of gaps in key sectors without Food:



Protection- registration, reception, detention, legal aid & policy, resettlement

Critical gaps due to limited resources include the ability to ensure Refugee Status Determination (RSD) procedures, and the issuance of identity

cards and civil documentation, including birth certificates, for which the Government requires more support to fully assume its responsibilities in this area.

The ability to deliver effective facilitation of access to justice and effective legal remedies also remains a critical gap. The lack of funding for paralegals limits their ability to travel to

detention centres in Kenya or persuade the authorities to intervene in cases, and therefore exposes refugees to prolonged detention and protection risks such as refoulement. Similarly, the ability to deliver systematic data and analysis on the situations or trends in the country remains a critical gap, as detention monitors lack the tools and allowances to

gather information on a regular basis.

In Kakuma, critical gaps include upgrading the reception centre that was designed for 700 people. While the centre was expanded in 2013 with sanitation and water for up to 1,100 people, it currently accommodates some 1,600 people and sometimes as many as 2,100.

Sector	Comprehensive needs	Gap as of 03/ 2014
Protection	\$14,118,266	\$3,397,506 (\$6,836,306)

Absolute gap in brackets; critical gap only related to activities described in the narrative.

Child Protection

In all three locations, Dadaab and Kakuma and the urban setting, there are critical gaps in funding to meet the needs of a comprehensive Child Protection Strategy⁷. The situation in Kakuma has been exacerbated by the ongoing influx and the usual high numbers of unaccompanied and separated children.

A joint assessment with UNICEF in January 2014 identified key interventions including the need for additional caseworkers, prioritised registration, and placement in foster homes, among others. The subsequent analysis of the individual case management found the system to be woefully inadequate to ensure follow-up care for the pre-influx population of children, let alone the identification of children in need of special protection that comprise part of the new and

forecasted caseload. Unaccompanied minors (UAMs) are being registered on continuous basis and placed in foster arrangements in the camps. However, the gap for the UAMs as well as separated children continues to grow on a daily basis. Immediate care and protection needs for UAMs and separated children need to be addressed, while working towards medium to long-term care solutions such as fostering or other alternative care while tracing is ongoing.

Similarly, in Dadaab, agencies are struggling to provide quality case management due to overstretched structures. Focus on quality identification, analysis, and follow up is crucial during complex periods like the repatriation of parents and guardians, but the current funding shortage is jeopardising this activity.

Sector	Comprehensive needs	Critical gap as of 03/ 2014
Child Protection	\$ 7,831,009	\$1,365,304 (\$ 2,507,817)

Absolute gap in brackets; critical gap only related to activities described in the narrative.

⁷Child Protection Strategy, UNHCR 2013

Education

The critical gaps in the education sector result in children not attending school and increase their exposure to exploitation and abuse.

In Dadaab, the number of children enrolled in schools with Special Needs in Education (SNE) remains low at 0.04%. There is a need to improve facilities and build the capacity of teachers to support learning for children with disabilities.

Additional resources are also needed to continue building the capacity of community teachers through the implementation of the Dadaab Teacher Development and Management Strategy. Attention should be given to the employment of 192 additional national teachers to improve curriculum delivery and to improve

strategies to retain girls in school at both the primary and secondary school levels.

In Kakuma, the enrolment in primary schools has increased by 13,880 (30%) due to new arrivals and facilities and services are overstretched. Classrooms are congested, desks are inadequate, and there are not enough trained teachers to cater to the extra learners. There are 1,552 teachers in primary and secondary schools against a school population of 92,925. Additional funding is required to address these gaps. In urban areas, the main gap is in the enrolment of learners in secondary education, which stands at 5%. The aim is to increase enrolment to 5.8% by supporting scholarships for refugee children in government schools.

Sector	Comprehensive needs	Critical gap as of 03/ 2014
Education	\$24,077,065	\$2,437,444 (\$4,171,477)

Absolute gap in brackets, critical gaps only for described activities.

Health

The population increase in Kakuma continues to exert pressure on the delivery of health services in the camp. At the end of 2013, there was a 47% increase in the number of medical consultations made at health facilities compared to 2012 with an average of 108 consultations per clinician per day (recommended standard is 50 consultations per clinician per day). Efforts have been made to address these gaps, however, they remain insufficient and an additional 8 clinicians and 20 community health workers are urgently required.

The main hospital in Kakuma was condemned by UNHCR in 2005 and is not registered by the Ministry of Health because of its dilapidated structures. A new hospital needs to be constructed and supplied with the necessary equipment.

Dadaab has 4 hospitals and 18 health posts, a number that is below the standard of one health facility per 10,000 residents. Most health partners lack adequate staffing to provide health care services in their facilities and at the community level. An additional 24 clinicians, 7

laboratory technologists and 45 community health workers are required to support quality services both at health posts and at the community level. Even with this additional staff, a gap in human resources persists that will affect the quality of services.

Comprehensive safe motherhood services are not fully delivered as most facilities lack adequate staffing to provide maternal and child health services. An additional 24 nurse/midwives are required to reach the Comprehensive Target and effectively support quality services both at health posts and maternity units.

In Kambioos camp, there is an urgent need to expand the range of services provided including the set up of a maternity unit to address the high numbers of home deliveries. However, this activity has been hampered by lack of funds. In

Ifo, there is need to construct health post 7 as it is currently tented.

The funds to cover operational running costs for the new MDR TB center in Ifo are still pending allocation and the issue has been brought to the attention of donors. As a way forward, UNHCR and partners will consider revision of budgets with an aim of funding the unmet needs.

The need to provide more referrals for secondary and tertiary health care persists for refugees and asylum seekers in Kenya. During the year, only 20% of the targeted number of patients was able to access medical referral services.

Substantive funding is also required to address refugees living with complex, multiple disabilities in urban areas.

Sector	Comprehensive needs	Critical gap as of 03/2014
Health	\$28,379,110	\$4,025,248 (\$6,381,732)

Absolute gap in brackets, critical gap only for described activities.

Livelihoods

In Dadaab, livelihood programming reaches only an estimated of 6% of the total number of registered refugees. About 50% of refugee and asylum seeker households in Nairobi are very poor and earn just enough to cover the cost of survival. Livelihood projects greatly assist refugees to improve their employment opportunities, self-reliance and self-esteem. Key activities which stand as priorities in view of the return and integration agenda, yet with insufficient funding, include training scholarships for youth, vocational skills development, business start-up & support, entrepreneurship development, business

development and financial services.

In Kakuma, partners lack resources to start the implementation of a livelihoods programme which would engage the new arrivals from the beginning of their stay in the camps and which could mean a departure from the traditional care & maintenance programming in the camps. As a general approach, partners would like to adopt nutrition and gender sensitive livelihoods solutions. This is a globally accepted solution, which in the context of Dadaab and Kakuma camps would focus on a behavioural change component linked to livelihoods that targets

women and increase households' diet diversity solutions. This is a globally accepted solution which in the context of Dadaab and Kakuma

camps would focus on behavioural change component linked to livelihoods that targets women and increase households' diet diversity.

Sector	Comprehensive needs	Critical gap as of 03/2014
Livelihoods	\$8,878,240	\$3,276,569

Nutrition

In the nutrition sector, critical gaps exist and are reflected in the additional \$5 million in funding required to sufficiently address the nutritional needs of children and prevent the long term impact of nutrition deficiencies, such as stunting and reduced intellectual and physical capacities.

Growth monitoring and the anaemia programme for children aged 0-23 months could not be implemented in Dadaab due to

lack of funds. As a result, screening of children aged 6-23 months with acute malnutrition and those with anaemia remained lower than expected. The promotion of maternal infant and young child nutrition practices is inadequately funded across the camps. There is a need to focus on social behavior change to eventually translate acquired knowledge to practices and nutrition sensitive preventive strategies that will empower women to improve household dietary diversity.

Sector	Comprehensive needs	Critical gap as of 03/2014
Nutrition	\$8,275,730	\$4,905,652

Shelter

In the shelter sector, there are critical gaps in both Dadaab and Kakuma. However, given the position of GoK towards shelter solutions in Dadaab, it is only meaningful to pursue the shelter gap in Kakuma, where the lack of shelter affects also new arrivals. Out of the old caseload, only about 56% live in adequate dwellings. The

Kakuma operation requires additional funding to construct 5,700 shelter units in the medium term at a cost of \$1.6 million. This will increase the percentage of refugee households living in adequate dwellings. In Dadaab, only emergency shelter and temporary shelter for vulnerable refugees can be prioritised.

Sector	Comprehensive needs	Critical gap as of 03/2014
Shelter	\$14,937,717	\$5,679,547 (\$9,212,067)

Absolute gap in brackets; critical gap only related to activities described in the narrative

WASH

In Dadaab, 41.2% of the households do not have household latrines (45,000 latrines), while in Kakuma, 39% of the population is still in need of household latrines (12,000 latrines). Thus the use of open fields for defecation remains widespread, which increases the risk of hygiene-related diseases.

The continued influx of refugees and asylum seekers into Kakuma camp, especially the recent South Sudanese influx, has increased the pressure on existing infrastructure. Currently, there are gaps in sanitary facilities, i.e. health centres, training and mobilisation of hygiene promoters, provision of hand washing stations and soap in institutions, and emergency WASH NFIs (water storage containers). Solid waste management and vector control in the camps is also inadequate.

Activities required include the provision of an improved water distribution system,

construction of more family latrines and provision of a full package of sanitary materials to refugee women and girls as well as appropriate solid waste management promotion and vector control measures. Social mobilisation and community dialogue will be essential in promoting appropriate use of the distributed items. In Kakuma (as of March 2014) water remained a major challenge, especially at the new site where supply was between 9-15l/p/d, and also in some of the previously settled areas of the camp where it dropped to an average of 17l/p/d.

As well, primary schools require additional cubicles of latrines in order to provide minimal sanitation standards to the school children. Only 5 out of 12 months of female refugees' requirements of sanitary kits are covered.

Sector	Comprehensive needs	Critical gap as of 03/2014
WASH	\$19,064,546	\$6,479,345

6. Coordination Mechanism - Role of the Task Force

The Comprehensive Refugee Programme in Kenya document is a result of the work of an ad hoc group comprising the Danish Refugee Council (DRC), the International Rescue Committee (IRC), Terre des Hommes (Tdh), Refugee Consortium of Kenya (RCK), the World Food Programme (WFP), the Lutheran World Federation (LWF), and UNHCR which has been meeting regularly to review the progress of the comprehensive needs and gaps analysis undertaken by UNHCR as the group's secretariat. It is envisaged that this group will continue to meet on a regular basis to review the principle issues in the refugee programme, its strategies, funding and operational gaps, etc. It is expected to be further strengthened by the participation of other agencies and the Government of Kenya.

Through the Comprehensive Needs Assessment (CNA) process, UNHCR and partners have committed to working towards better coordination and joint prioritization of their interventions to avoid duplication and to ensure complementarity in programming. At the same time, weaknesses in the CNA

process are also being addressed, and a new and more strategic system for assessing needs and defining priorities is being put in place in the course of 2014. UNHCR, UN agencies, the Government of Kenya and NGO partners are part of this process together with the persons of concern.

The prerequisite for this effort remains transparent and mutual information sharing on funding flows to individual agencies and projects, which will ultimately enhance accountability to donors, agencies and beneficiaries. The needs assessment, sector, and results prioritization, and the joint resource mobilisation, is being employed in the Kenya operation for the first time and partners have committed to adopting the approach for the coming years.

Notwithstanding the anticipated reduction in absolute available funding, this comprehensive joint planning and programming should ultimately result in better utilization of resources and maintain or improve operational standards.

Annexes

1. 2014 KENYA PROGRAMME BUDGET SUMMARY
2. 2014 PRIORITISED SECTORS-KENYA PROGRAMME
3. 2014 COMPREHENSIVE REQUIREMENTS FOR DADAAB PROGRAMME
4. 2014 COMPREHENSIVE REQUIREMENTS FOR KAKUMA REGULAR ANNUAL PROGRAMME
5. 2014 COMPREHENSIVE REQUIREMENTS FOR KAKUMA SUPPLEMENTARY EMERGENCY PROGRAMME
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7. PARTNER CONTRIBUTION BY SITE
8. DADAAB REFUGEE CAMPS OVERVIEW
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10. LAYOUT MAP-KAKUMA 4(NEW AREA)
11. LIST OF DONORS: KENYA REFUGEE PROGRAMME 2013-2014
12. LIST OF PARTNERS-2014
13. ACRONYMS

1. 2014 Kenya Programme Budget Summary

Table 1: UNHCR and Partner Contribution (Non-Food)

Operation	CNA	UNHCR	Partners	Gap
Dadaab	141,528,893	54,680,181	36,690,471	50,158,241
Kakuma	83,165,247	31,564,943	9,845,435	41,754,869
Urban	28,559,242	16,905,164	4,034,087	7,619,991
Total Ops	253,253,382	103,150,288	50,569,993	99,533,102

Table 2: Food Requirements for Dadaab and Kakuma Camps

Dadaab	85,400,000
Kakuma	36,600,000
Total	122,000,000
Available	71,000,000
Gap	51,000,000

Table 3: Food and Non Food requirements

Operation	CNA	UNHCR	Partners	WFP	Total Contributions	Gap
Dadaab	226,928,893	54,680,181	36,690,471	49,700,000	141,070,652	85,858,241
Kakuma	119,765,247	31,564,943	9,845,435	21,300,000	62,710,378	57,054,869
Urban	28,559,242	16,905,164	4,034,087	-	20,939,251	7,619,991
Total Ops	375,253,382	103,150,288	50,569,993	71,000,000	224,720,281	150,533,102

2. 2014 Prioritised Sectors - Kenya Programme

SECTORS	Comprehensive needs	UNHCR budget	Partners	Total Contribution	Gap	CRITICAL GAP
Water	9,400,772	3,300,371	3,928,637	7,229,008	2,171,764	2,171,763
Sanitation	9,663,774	3,259,675	2,096,516	5,356,191	4,307,582	4,307,582
Health	28,379,110	10,501,927	11,495,451	21,997,378	6,381,732	4,025,248
Nutrition	8,275,730	2,669,812	700,266	3,370,078	4,905,652	4,905,652
Child Protection	7,831,009	1,236,933	4,086,259	5,323,192	2,507,817	1,365,304
SGBV	3,599,287	1,082,533	2,117,719	3,200,252	399,035	
Education	24,077,065	9,768,284	10,137,304	19,905,588	4,171,477	2,437,444
Shelter	14,937,717	3,933,587	1,792,063	5,725,650	9,212,067	5,679,547
Livelihoods	8,878,240	1,893,764	3,707,907	5,601,671	3,276,569	3,276,569
Voluntary repatriation	12,137,882	678,480	-	678,480	11,459,402	
Protection-registration, reception, detention, legal aid and policy	14,118,266	5,575,777	1,706,183	7,281,960	6,836,306	3,397,506
Host Community	7,232,308	2,010,492	2,923,800	4,934,292	2,298,016	
Security and operational support	18,431,459	7,777,228	1,348,185	9,125,413	9,306,046	
Logistics, Asset Mngt and Warehousing	6,977,899	2,502,399	519,998	3,022,397	3,955,502	
Food	122,000,000	-	71,000,000	71,000,000	51,000,000	51,000,000
Total	295,940,518	56,191,264	117,560,288	173,751,552	122,188,966	82,566,615

3. 2014 Comprehensive requirements for Dadaab Programme

Rights Group Desc	Objective Desc	CNA	UNHCR	Partners	Total Contribution	Gap
Basic Needs and Essential Services	Food security improved	1,548,444	1,500	1,546,944	1,548,444	-
	Health status of the population improved	17,991,115	6,220,184	10,229,264	16,449,448	1,541,667
	Nutritional well-being improved	5,700,535	2,326,535	700,266	3,026,801	2,673,734
	Population has optimal access to education	14,894,509	5,750,726	7,240,523	12,991,249	1,903,260
	Population has optimal access to reproductive health and HIV services	2,315,421	903,680	299,383	1,203,063	1,112,358
	Population has sufficient access to energy	3,800,000	1,009,003	-	1,009,003	2,790,997
	Population has sufficient basic and domestic items	10,004,625	3,659,897	42,878	3,702,775	6,301,850
	Population lives in satisfactory conditions of sanitation and hygiene	4,900,000	1,896,880	1,184,595	3,081,475	1,818,525
	Services for persons with specific needs strengthened	1,815,000	159,859	713,067	872,926	942,074
	Shelter and infrastructure established, improved and maintained	6,195,359	1,714,607	1,617,460	3,332,067	2,863,292
	Supply of potable water increased or maintained	5,779,196	1,957,587	3,758,637	5,716,224	62,972
Sub-Total		74,944,204	25,600,458	27,333,017	52,933,475	22,010,729
Community Empowerment and Self Reliance	Community mobilization strengthened and expanded	445,000	407,664	8,700	416,364	28,636
	Natural resources and shared environment better protected	916,803	140,967		140,967	775,837
	Peaceful co-existence with local communities promoted	2,340,000	651,667	1,658,300	2,309,967	30,033
	Self reliance and livelihoods improved	4,370,000	1,361,275	2,433,582	3,794,857	575,143
Sub-Total		8,071,803	2,561,572	4,100,582	6,662,154	1,409,649
Durable Solutions	Potential for resettlement realized	382,142	142,404		142,404	239,738
	Potential for voluntary return realized	9,382,142	630,016		630,016	8,752,126
Sub-Total		9,764,284	772,420	-	772,420	8,991,864
Fair Protection Processes and Documentation	Access to and quality of status determination procedures improved	545,000	303,091		303,091	241,909
	Civil registration and civil status documentation strengthened	60,000	-		-	60,000
	Level of individual documentation increased	57,030	57,030		57,030	-
	Quality of registration and profiling improved or maintained	505,968	465,979		465,979	39,989
Sub-Total		1,167,998	826,100	-	826,100	341,898
Favourable Protection Environment	Access to legal assistance and legal remedies improved	278,696	199,141	67,778	266,919	11,777
	Access to the territory improved and risk of refoulement reduced	70,000	44,859		44,859	25,141
	Administrative institutions and practice developed or strengthened	285,988	285,988		285,988	(0)
Sub-Total		634,684	529,988	67,778	597,766	36,918
Leadership, Coordination and Partnerships	Camp management and coordination refined and improved	1,189,284	545,573		545,573	643,712
Sub-Total		1,189,284	545,573	-	545,573	643,712
Logistics and Operations Support	Logistics and supply optimized to serve operational needs	3,697,005	1,478,182	519,998	1,998,180	1,698,825
	Operations management, coordination and support strengthened and optimized	5,380,000	3,766,579	546,190	4,312,769	1,067,231
Sub-Total		9,077,005	5,244,761	1,066,188	6,310,949	2,766,056
Security from Violence and Exploitation	Protection from crime strengthened	5,890,000	1,601,288	605,304	2,206,592	3,683,408
	Protection of children strengthened	3,735,000	297,219	2,126,909	2,424,128	1,310,872
	Risk of SGBV is reduced and quality of response improved	2,056,000	483,460	1,390,693	1,874,153	181,847
	Risks related to detention reduced and freedom of movement increased	2,222,009	1,000	-	1,000	2,221,009
Sub-Total		13,903,009	2,382,967	4,122,906	6,505,873	7,397,136
Grand Total		118,752,271	38,463,839	36,690,471	75,154,310	43,597,961

4. 2014 Comprehensive requirements for Kakuma Regular Annual Programme

2014 Kakuma AB CNA						
Rights Group Desc	Objective Desc	AB OP budget	AB OL	Partners	Total contribution	Gap
Basic Needs and Essential Services	Health status of the population improved	7,323,244	2,387,788	1,258,187	3,645,975	3,677,269
	Population has access to reproductive health	151,685		101,041	101,041	50,644
	Food security improved	-		-	-	-
	Nutritional well-being improved	2,040,977	195,877	-	195,877	1,845,100
	Population has optimal access to education	5,352,354	1,936,462	2,242,761	4,179,223	1,173,131
	Population has sufficient access to energy	2,318,755	650,465	-	650,465	1,668,290
	Population has sufficient basic and domestic items	3,221,220	971,646	379,365	1,351,011	1,870,209
	Population lives in satisfactory conditions of sanitation and hygiene	2,012,729	312,637	911,921	1,224,558	788,171
	Services for persons with specific needs strengthened	871,350	173,787	570,148	743,935	127,415
	Shelter and infrastructure established, improved and maintained	3,574,307	921,642	174,603	1,096,245	2,478,062
	Supply of potable water increased or maintained	1,983,985	737,440	170,000	907,440	1,076,545
Sub-Total		28,850,606	8,287,744	5,808,026	14,095,770	14,754,836
Community Empowerment and Self Reliance	Community mobilization strengthened and expanded	46,240	46,240	-	46,240	0
	Natural resources and shared environment better protected	1,200,508	117,847	845,000	962,847	237,661
	Peaceful co-existence with local communities promoted	969,997	500,012	420,500	920,512	49,485
	Self reliance and livelihoods improved	2,649,085	212,204	832,496	1,044,700	1,604,385
Sub-Total		4,865,830	876,303	2,097,996	2,974,299	1,891,531
Durable Solutions	Potential for resettlement realized	37,500	37,500		37,500	-
	Potential for voluntary return realized	2,530,240			-	2,530,240
Sub-Total		2,567,740	37,500	-	37,500	2,530,240
Fair Protection Processes and Documentation	Access to and quality of status determination procedures improved	2,551,555	287,555		287,555	2,264,000
	Civil registration and civil status documentation strengthened	16,221	16,221		16,221	(0)
	Quality of registration and profiling improved or maintained	521,741	521,741		521,741	(0)
	Reception conditions improved	469,694	18,195	442,244	460,439	9,255
Sub-Total		3,559,210	843,712	442,244	1,285,956	2,273,254
Favourable Protection Environment	Access to legal assistance and legal remedies improved	308,436	227,510	91,469	318,979	(10,543)
	Access to the territory improved and risk of refoulement reduced	41,823	30,573		30,573	11,250
Sub-Total		350,259	258,083	91,469	349,552	707
Leadership, Coordination and Partnerships	Camp management and coordination refined and improved	46,406	46,406		46,406	0
	Coordination and partnership strengthened	20,000		20,000	20,000	-
	Emergency Management				-	-
Sub-Total		66,406	46,406	20,000	66,406	0
Logistics and Operations Support	Logistics and supply optimized to serve operational needs	955,981	285,220	-	285,220	670,761
	Operations management, coordination and support strengthened and optimized	954,598	649,598	158,730	808,328	146,270
Sub-Total		1,910,579	934,818	158,730	1,093,548	817,031
Security from Violence and Exploitation	Protection from crime strengthened	2,503,702	1,060,525	37,961	1,098,486	1,405,216
	Protection of children strengthened	1,500,776	375,776	903,239	1,279,015	221,761
	Risk of SGBV is reduced and quality of response improved	726,675	435,244	285,770	721,014	5,661
Sub-Total		4,731,154	1,871,545	1,226,970	3,098,515	1,632,639
Grand Total		46,901,784	13,156,111	9,845,435	23,001,546	23,900,238

5. 2014 Comprehensive requirements for Kakuma Supplementary Emergency Programme

2014 Kakuma SB CNA						
Rights Group Desc	Objective Desc	SB OP budget	SB OP Partners	CNA	UNHCR	Gap
Basic Needs and Essential Services	Health status of the population improved	1,490,115	440,000	1,930,115	993,712	936,403
	Nutritional well-being improved	306,218	228,000	534,218	147,400	386,818
	Population has optimal access to education	2,462,202	327,000	2,789,202	1,784,656	1,004,546
	Population has sufficient access to energy	621,550		621,550	335,775	285,775
	Population has sufficient basic and domestic items	2,731,132		2,731,132	1,413,473	1,317,659
	Population lives in satisfactory conditions of sanitation and hygiene	2,543,045	208,000	2,751,045	1,050,158	1,700,887
	Shelter and infrastructure established, improved and maintained	5,168,051		5,168,051	1,297,338	3,870,713
	Supply of potable water increased or maintained	1,637,591		1,637,591	605,344	1,032,247
Sub-Total		16,959,904	1,203,000	18,162,904	7,627,856	10,535,048
Community Empowerment and Self Reliance	Community mobilization strengthened and expanded	26,950	12,000	38,950	7,700	31,250
	Natural resources and shared environment better protected	1,000,000		1,000,000	-	1,000,000
	Peaceful co-existence with local communities promoted	800,000		800,000	600,000	200,000
	Self reliance and livelihoods improved	1,000,000		1,000,000	-	1,000,000
Sub-Total		2,826,950	12,000	2,838,950	607,700	2,231,250
Fair Protection Processes and Documentation	Quality of registration and profiling improved or maintained	447,830		447,830	300,000	147,830
	Reception conditions improved	458,084	100,999	559,083	380,000	179,083
Sub-Total		905,914	100,999	1,006,913	680,000	326,913
Favourable Protection Environment	Access to legal assistance and legal remedies improved	-	19,150	19,150	-	19,150
	Access to the territory improved and risk of refoulement reduced	-	3,681	3,681	-	3,681
Sub-Total		-	22,831	22,831	-	22,831
Leadership, Coordination and Partnerships	Camp management and coordination refined and improved	200,000		200,000	-	200,000
	Emergency Management	150,000		150,000		150,000
Sub-Total		350,000		350,000	-	350,000
Logistics and Operations Support	Logistics and supply optimized to serve operational needs	944,340	971,576	1,915,916	330,000	1,585,916
	Operations management, coordination and support strengthened and optimized	2,151,688		2,151,688	349,999	1,801,689
Sub-Total		3,096,028	971,576	4,067,604	679,999	3,387,605
Security from Violence and Exploitation	Protection from crime strengthened	760,864		760,864	194,338	566,526
	Protection of children strengthened	307,634	521,600	829,234	156,600	672,634
	Risk of SGBV is reduced and quality of response improved	206,394	13,653	220,047	133,050	86,997
Sub-Total		1,274,892	535,253	1,810,145	483,988	1,326,157
Grand Total		25,413,688	2,845,659	28,259,347	10,079,543	18,179,804

6. 2014 Comprehensive requirements for Urban Programme

Rights Group Desc	Objective Desc	CNA	UNHCR	Partners	Total contribution	Gap
Basic Needs and Essential Services	Health status of the population improved	1,134,636	900,243	8,000	908,243	226,393
	Population has optimal access to education	1,041,000	296,440	654,020	950,460	90,540
	Population has optimal access to reproductive health and HIV services	78,512	51,370		51,370	27,142
	Non-Food Items	47,000			-	47,000
	Services for persons with specific needs strengthened	696,200	153,760	307,756	461,516	234,684
Basic Needs and Essential Services Total		2,997,348	1,401,813	969,776	2,371,589	625,759
Community Empowerment and Self Reliance	Community mobilization strengthened and expanded	80,940	50,940	20,423	71,363	9,577
	Peaceful Coexistence	5,000			-	5,000
	Self reliance and livelihoods improved	859,155	320,285	441,829	762,114	97,041
Community Empowerment and Self Reliance Total		945,095	371,225	462,252	833,477	111,618
Durable Solutions	Potential for resettlement realized	104,762	101,294		101,294	3,468
	Potential for integration realized	60,000			-	60,000
	Potential for voluntary return realized	225,500	48,464		48,464	177,036
Durable Solutions Total		390,262	149,758	-	149,758	240,504
Fair Protection Processes and Documentation	Access to and quality of status determination procedures improved	523,804	215,568		215,568	308,236
	Civil registration and civil status documentation strengthened	293,135	5,000	248,724	253,724	39,411
	Level of individual documentation increased	221,125	50,231		50,231	170,894
	Quality of registration and profiling improved or maintained	623,990	453,240		453,240	170,750
	Reception conditions improved	629,054	590,989		590,989	38,065
Fair Protection Processes and Documentation Total		2,291,108	1,315,028	248,724	1,563,752	727,356
Favourable Protection Environment	Access to legal assistance and legal remedies improved	1,151,874	514,598	407,431	922,029	229,845
	Administrative institutions and practice developed or strengthened	800,000	426,201	332,822	759,023	40,977
	Access to territory and risk of refoulement reduced	270,000			-	270,000
	Law and policy developed or strengthened	316,089	21,547	115,715	137,262	178,827
	Public attitude towards persons of concern improved	115,000	114,201		114,201	799
Favourable Protection Environment Total		2,652,963	1,076,547	855,968	1,932,515	720,448
Leadership, Coordination and Partnerships	Coordination and partnerships strengthened	27,640	18,476		18,476	9,164
	Donor relations and resource mobilization strengthened	24,610	13,476		13,476	11,134
Leadership, Coordination and Partnerships Total		52,250	31,952	-	31,952	20,299
Logistics and Operations Support	Logistics and supply optimized to serve operational needs	408,997	408,997		408,997	-
	Operations management, coordination and support strengthened	790,607	154,901		154,901	635,706
	and optimized	1,199,604	563,898	-	563,898	635,706
Logistics and Operations Support Total		1,765,999	407,339	1,056,111	1,463,450	302,549
Security from Violence and Exploitation	Protection of children strengthened	596,565	30,779	441,256	472,035	124,530
	Risk of SGBV is reduced and quality of response improved	210,291	45,320		45,320	164,971
	Risks related to detention reduced and freedom of movement increased	210,291	45,320		45,320	164,971
Security from Violence and Exploitation Total		2,572,855	483,438	1,497,367	1,980,805	592,050
Grand Total		13,101,485	5,393,658	4,034,087	9,427,745	3,673,740

7. Partner Contribution by Site

Partner	Dadaab	Kakuma	Nairobi	Total
NORWEGIAN REFUGEE COUNCIL (NRC)	7,783,796	2,947,458	107,143	10,838,397
MEDICINS SANS FRONTIERES-SWISS(MSF-S)	6,600,000			6,600,000
INTERNATIONAL RESCUE COMMITTEE(IRC)	2,454,178	1,186,918	1,491,604	5,132,700
SAVE THE CHILDREN-INTERNATIONAL(SC-I)	3,556,252			3,556,252
DANISH REFUGEE COUNCIL (DRC)	2,133,587	150,000	586,212	2,869,799
LUTHERAN WORLD FEDERATION (LWF)	365,000	2,429,000		2,794,000
WINDLE TRUST KENYA (WTK)	1,351,721	1,347,107	32,845	2,731,673
CARE INTERNATIONAL	1,976,180			1,976,180
DEUTSCHE GESELLSCHAFT FÜR INTERNSIONS LR ZUSAMMENARBEIT	1,658,300			1,658,300
WORLD VISION INTERNATIONAL	1,400,000	122,000		1,522,000
FILM AID INTERNATIONAL (FAI)	862,491	588,917	-	1,451,407
INTERNATIONAL SERVICE VOLUNTEER'S ASSOCIATION, ITALY (AVSI)	1,344,640			1,344,640
ISLAMIC RELIEF WORLDWIDE(IRW)	1,315,000			1,315,000
JESUIT REFUGEE SERVICES(JRS)		810,218	429,739	1,239,957
KENYA RED CROSS SOCIETY(KRCS)	873,669			873,669
TERRES DES HOMME (TdH)	849,600			849,600
PEACE WINDS JAPAN(PWJ)	800,000			800,000
REFUGEE CONSORTIUM OF KENYA(RCK)	165,928	91,469	484,022	741,419
HANDICAP INTERNATIONAL (HI)	638,203			638,203
HEBREW IMMIGRANT AID SOCIETY(HIAS)			468,413	468,413
ACTION CONTRE FAIM-INTERNATIONAL(ACF-I)	380,000			380,000
REFUGE POINT			302,534	302,534
NATIONAL COUNCIL OF CHURCHES OF KENYA (NCCK)	147,427	23,718		171,145
SALESIANS OF DON BOSCO EAST AFRICA (DBK)		148,631		148,631
XAVIER PROJECT			84,175	84,175
STAR FM	34,500		17,400	51,900
KENYA MAGISTRATES AND JUDGES ASSOCIATION(KMJA)			15,000	15,000
COMITATO INTERNAZIONALE PER LO SVILUPPO DEI POPOLI (CISP)			15,000	15,000
Total	36,690,471	9,845,435	4,034,087	50,569,993

Dadaab Refugee Camps Overview



LWF/DWS

GOVERNMENT OF KENYA

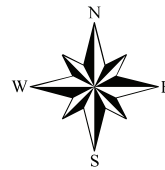
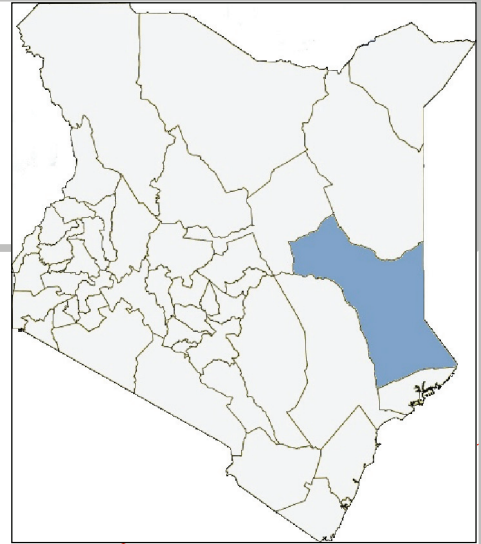
Sources: UNHCR, LWF/DWS-Dadaab

©2012

Datum: WGS 1984

Projection: UTM Zone 37

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations



Dagahaley Refugee Camp

Ifo2 East & West Refugee Camp

Ifo Refugee Camp

Dadaab

Hagadera Refugee Camp

Kambioos Refugee Camp

To Liboi →

← To Garissa

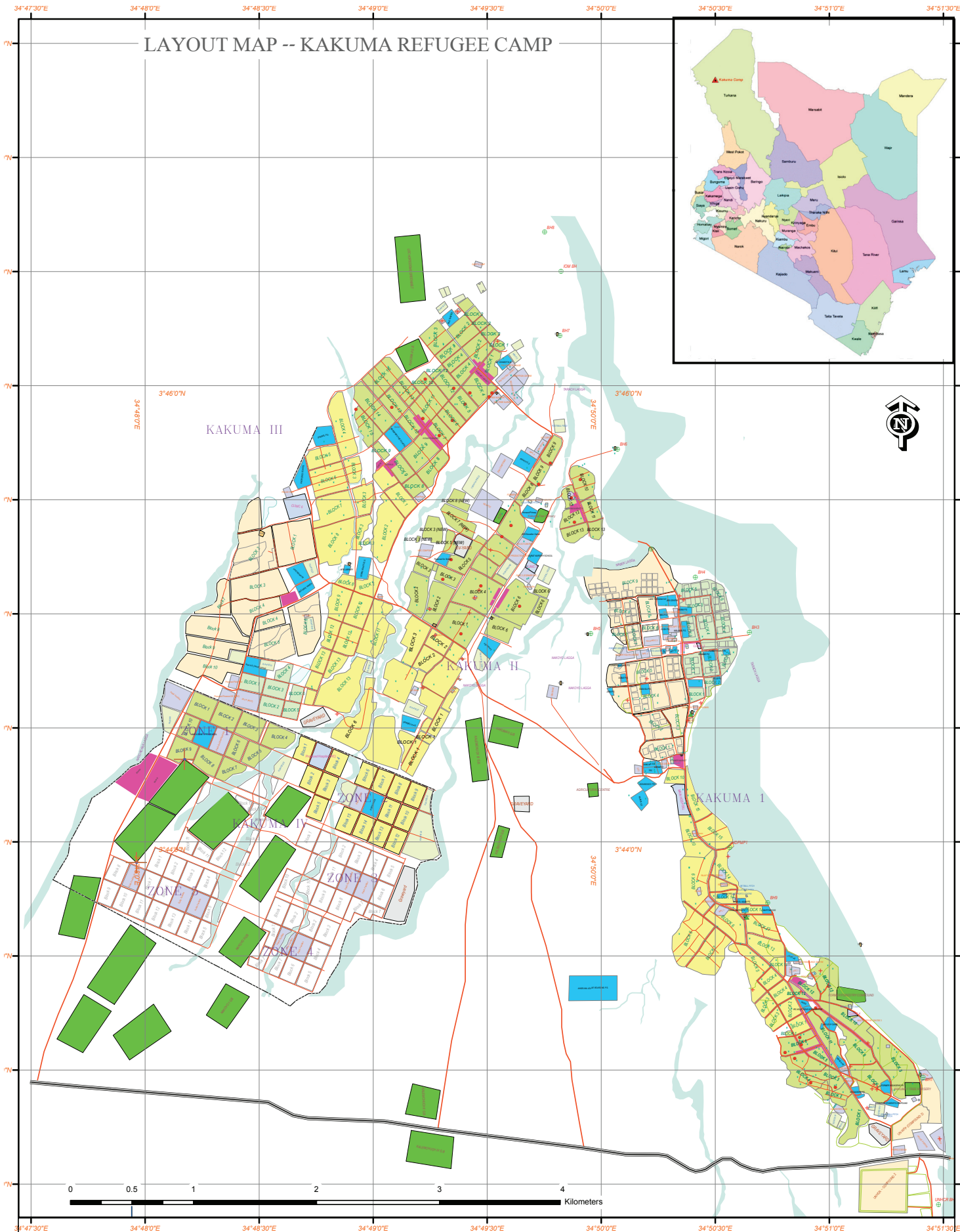
Alinjukur

→ To Amuma

1:125,000

0 1 2 3 4 5 Km

→ To Yumbis



LAYOUT MAP -- KAKUMA REFUGEE CAMP



0 0.5 1 2 3 4 Kilometers

<p>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES KAKUMA SUB-OFFICE</p>	<p>PREPARED BY:</p> <p>FOR WANANCHI</p>	<p>REPUBLIC OF KENYA</p>	<p>Legend</p> <p>RELIGIOUS FACILITIES</p> <p>TYPE</p> <ul style="list-style-type: none"> Church Mosque/Madrassa TAPSTANDS <p>BOUNDARY FENCES</p> <ul style="list-style-type: none"> TARMAC ROAD CAMP BOUNDARIES <p>MAJOR CAMP ROADS</p> <p>MINOR CAMP ROADS</p> <p>ZONE 1</p> <p>ZONE 2</p> <p>ZONE 3</p> <p>ZONE 4</p> <p>LAGGA</p> <p>COMBINANTIES</p> <p>AGENCIES COMPOUNDS</p> <p>RECREATIONAL FACILITIES</p> <p>EDUCATION FACILITIES</p> <p>ELEVATED TANKS</p> <p>GRAVEYARDS</p> <p>GREENBELTS</p> <p>HEALTH FACILITIES</p> <p>MARKETS</p> <p>OTHER PUBLIC FACILITIES</p> <p>Unoccupied Blocks</p> <p>FLOODING AREA</p>	<p>KEY</p> <p>AEC - ADULT EDUCATION CENTRE</p> <p>BH - BOREHOLE</p> <p>BBC - BASKET BALL COURT</p> <p>ETHIOPIAN S.C. - ETHIOPIAN STUDENTS COMPOUND</p> <p>FOC - FOOD DISTRIBUTION CENTRE</p> <p>HC EAC - HIGHER EDUCATION CENTRE</p> <p>JRC E.C. - JRC COUNSELLING CENTRE</p> <p>KVC - KAKUMA VEGETABLE NURSERY</p> <p>MD - MULTI PURPOSE DEVELOPMENT CENTRE</p> <p>MPC - MULTI PURPOSE CENTRE</p> <p>NH - NURSERY SCHOOL</p> <p>PS - PRIMARY SCHOOL</p> <p>RC O - RED CROSS FIELD OFFICES</p> <p>SH - SOCIAL HALL</p> <p>SS - SECONDARY SCHOOL</p> <p>TRC - TEACHERS RESOURCE CENTRE</p> <p>YRC - YOUTH RESOURCE CENTRE</p>	<p>PLANNING AND INFORMATION UNITS</p> <p>SOURCES: UNHCR/NCKK - KAKUMA</p> <p>DATUM: WGS 1984</p> <p>PROJECTION: UTM ZONE 37S</p>	<p>FEB 2014</p> <p>DRAWING: D. GITHIRA</p>
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11. List of Donors: Kenya Refugee Programme 2013-2014

DONOR	SECTORS/AREAS OF FUNDING
CENTRAL EMERGENCY RESPONSE FUND (CERF)	Health
DANISH INTERNATIONAL DEVELOPMENT AGENCY (DANIDA)	Livelihoods, Host Community, Protection, Special Needs
DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)	Health and Nutrition, WASH, Protection
DISASTERS EMERGENCY COMMITTEE - UNITED KINGDOM	Health, WASH
DUTCH POSTCODE LOTTERY	Education
EDUCATE A CHILD QATAR FOUNDATION	Education
EUROPEAN UNION- ECHO, DEVCO AND IFS	WASH, Shelter, Health, Protection, Education, Livelihoods, Special Needs, Community Mobilisation
GOVERNMENT OF CANADA	Kenya all sectors
GOVERNMENT OF FINLAND	Kenya all sectors
GOVERNMENT OF JAPAN	Shelter, WASH, Core Relief Items, Education, Health, Energy
GOVERNMENT OF SPAIN	Nutrition
GOVERNMENT OF SWEDEN	Kenya all sectors
GOVERNMENT OF SWITZERLAND	Kenya all sectors
GOVERNMENT OF THE FEDERAL REPUBLIC OF GERMANY	Health, Host Community, Logistics, Community Mobilisation
GOVERNMENT OF THE KINGDOM OF NETHERLANDS	Kenya all sectors
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)	HIV/AIDS
LIGHT YEARS AHEAD CANADA	Energy
MORNEAU SHEPPELL, CANADA	Education
PRIVATE DONORS IN AUSTRALIA	Water and Sanitation
PRIVATE DONORS IN BELGIUM	Kenya all sectors
PRIVATE DONORS IN JAPAN	Energy
PRIVATE DONORS IN PORTUGAL	Kenya all sectors
PRIVATE DONORS IN SOUTH KOREA	Education
REPUBLIC OF SOUTH KOREA	Kenya all sectors
ROTARY INTERNATIONAL	Health(Theatre in Ifo 2)-KRCS
THE AFRICAN UNION (FUND FOR DROUGHT AND FAMINE RESPONSE IN THE HORN OF AFRICA)	Health/Construction of Ifo 2 Hospital)-KRCS
THE RED CROSS MOVEMENT THROUGH PARTICIPATING NATIONAL SOCIETIES	Health and Nutrition, WASH, Camp Management, GBV prevention and Response-KRCS
THE UNITED STATES PRESIDENT'S EMERGENCY PLAN OF AIDS RELIEF	HIV/AIDS
UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS/UN CENTRE FOR REGIONAL DEVELOPMENT (UNCRD)	Shelter
UNITED STATES GOVERNMENT	Kenya all sectors

12. List of Partners - 2014

Implementing Partners

Agency	Website	Sector	Location
CARE International	http://www.care.or.ke	Logistics, Education, Sanitation & Hygiene, SGBV, Water	Dadaab
LOKADO		Host Community Support	Kakuma
Danish Refugee Council (DRC)	http://drc.dk/relief-work/where-we-work/horn-of-africa-and-yemen/kenya	Livelihoods, SGBV	Nairobi/Dadaab
Department of Refugee Affairs (DRA)-GoK		Protection including Refugee Status Determination, Registration, Reception, Camp Management, Community mobilization	Nairobi/Dadaab/Kakuma
Don Bosco, Kakuma, Kenya	www.dbdon.org	Education, Livelihoods	Nairobi/Kakuma
Fafi Integrated Development Association (FAIDA)	http://faidakenya.org	Environment, Host Community Support, Energy	Dadaab
Film Aid International (FAI)	www.filmaid.org	Registration, Education, Child protection, SGBV	Kakuma/Dadaab
Hebrew Immigrant Aid Society, USA	http://www.hiasafrica.org	Child Protection, SGBV, Services for persons with specific needs (PSN), Reception	Nairobi
International Rescue Committee (IRC)	http://www.rescue.org/where/kenya	Health, Nutrition, RH & HIV, SGBV, Registration, Capacity building of Government, Livelihoods	Kakuma/Dadaab
Islamic Relief Worldwide (IRW)	http://islamicreliefkenya.org	Health, Nutrition, Education,, RH & HIV	Dadaab
Jesuit Refugee Service (JRS)	http://www.jrsea.org	Education, Livelihoods, Child Protection, SGBV, Services for PSN	Kakuma/Nairobi
Kenya Magistrates and Judges Association, Kenya (KMJA)	http://www.kmja.or.ke		Nairobi
Kenyan Red Cross Society(KRCS)	https://www.kenyaredcross.org	Health, Nutrition, RH & HIV, Sanitation and Hygiene, Services for PSN, Water	Dadaab
Kituo Cha Sheria (Legal Advice Centre) Kenya	www.kituochasheria.or.ke	Protection namely Legal Aid and assistance	Nairobi
Lutheran World Federation (LWF)	http://www.lutheranworld.org/content/emergency-refugee-protection-kenya-and-djibouti	Community mobilisation, Education, Livelihoods, Services for PSN, Shelter, and infrastructure, Domestic Needs, Child Protection, Protection(reception), SGBV, Water	Kakuma/Dadaab
National Council of Churches in Kenya (NCCK)	http://www.ncck.org/news-ite2	Services for PSN, Shelter,RH & HIV, Health including primary health care, and medical referral	Kakuma/Dadaab/Nairobi
Norwegian Refugee Council (NRC)	http://www.nrc.no/kenya	Logistics, Sanitation & Hygiene, Livelihoods, Shelter & infrastructure, Water, Environment, Nutrition, Energy, Child Protection, and Protection (registration)	Kakuma/Dadaab
Peace Winds Japan (PWJ)	http://peace-winds.org/en	Shelter and Infrastructure	Dadaab
Refugee Consortium Kenya (RCK)	http://www.rckkenya.org	Protection - Legal aid and assistance, access to territory, detention, child protection, SGBV	Dadaab
Relief Reconstruction and Development Organization (RRDO)	www.rr-do.org	Environment, Host Community Support, Energy	Dadaab
Save the Children (SC)	www.savethechildren.net	RH & HIV, Child Protection	Dadaab
Windle Trust Kenya (WTK)	http://www.windle.org/	Education, Livelihoods	Kakuma/Dadaab/Nairobi

Operational Partners

Agency	Website	Sector	Location
Action Contre La Faim (ACF)	http://www.actionagainsthunger.org	Nutrition	Dadaab
Centre for Victims of Torture (CVT)	http://www.cvt.org/where-we-work/africa/dadaab-kenya	SGBV	Dadaab
Comitato Internazionale per lo Sviluppo dei Popoli - CISP	http://www.sviluppodeipopoli.org	Education, Livelihoods	Nairobi
GlZ, Deutsche Gesellschaft Für Internationale Zusammenarbeit	http://www.giz.de/en	Host Community	Dadaab
Handicap International (HI)	http://www.handicap-international.org.uk	Services for Persons with Specific Needs (PWDs)	Dadaab
Heshima Kenya	http://www.heshimakkenya.org/index.php	SGBV, Child Protection, Livelihoods	Nairobi
International Organization for Migration (IOM)	https://www.iom.int/cms/en/sites/iom/home.html	Protection- Resettlement, Mixed migration, Health	Dadaab
International Service Volunteer's Association, Italy (AVSI)	http://www.avsi.org/who-we-are	Education	Dadaab
Star FM	http://starfm.co.ke	Community Mobilisation	Dadaab, Kakuma
Médecins Sans Frontières (MSF), Switzerland	http://www.msf.org/country/switzerland	Health, RH & HIV	Dadaab
Terres Des Homme (TDH)	www.tdh.ch	Child Protection	Dadaab
United Nations Children's Fund (UNICEF)	www.unicef.org	Education, Child Protection, Health, Water	Kakuma/Dadaab/Nairobi
United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	www.unocha.org	Host community	Dadaab
World Food Programme (WFP)	http://www.wfp.org	Food Security and Nutrition	Kakuma/Dadaab/Nairobi
Xavier Project	http://xavierproject.org	Education	Nairobi
Refuge Point	http://www.refugepoint.org	SGBV, Resettlement, Livelihoods, Education	Nairobi
World Vision Kenya	http://www.wvi.org/kenya	Water, Sanitation	Dadaab

Acronyms

AIDS	-	Acquired Immuno Deficiency Syndrome
ACF	-	Action Contre Faim (Action Against Hunger)
BIA	-	Best Interest Assessments
BID	-	Best Interest Determination
CHAST	-	Children Hygiene and Sanitation Transformation
CNA	-	Comprehensive Needs Assessment
CMR	-	Crude Mortality Rate
CRI	-	Core Relief Items
CSB	-	Corn Soya Blend
EHRP	-	Emergency Humanitarian Response Plan
FFA	-	Food Assistance for Assets
FFT	-	Food For Training
FFV	-	Fresh Food Vouchers
FTS	-	Financial Tracking System
F-75/F-100	-	Therapeutic Milk Products
GAM	-	Global Acute Malnutrition
GBV	-	Gender Based Violence
GBVIMS	-	Gender-Based Violence Information Management System
GFD	-	General Food Distribution
GoK	-	Government of Kenya
GRP	-	Garissa Rehabilitation Project
HIV	-	Human Immunodeficiency Virus
IED	-	Improvised Explosive Device
IMAM	-	Integrated Management of Acute Malnutrition
MAM	-	Moderate Acute Malnutrition
IT	-	Information Technology
MIYCN	-	Mother Infant and Young Child and Nutrition
MtMSG	-	Mother to Mother Support Groups
MDR TB	-	Multidrug Resistant Tuberculosis
MOU	-	Memorandum of Understanding
NEMA	-	National Environmental Management Authority
NFI	-	Non Food Items
NGO	-	Non-Governmental Organization
PLWs	-	Pregnant and Lactating Women
PRRO	-	Protracted Relief and Recovery Operation
RSD	-	Refugee Status Determination
SAM	-	Severe Acute Malnutrition
SFP	-	Supplementary Food Programme
SGBV	-	Sexual and Gender Based Violence
SNE	-	Special Needs in Education
SOP	-	Standard Operating Procedure
SPP	-	Security Partnership Project
TRP	-	Turkana Rehabilitation Project
UAM	-	Unaccompanied Minors
UK	-	United Kingdom
U5MR	-	Under 5 Mortality Rate
VSL	-	Village Savings and Loans
WASH	-	Water Sanitation and Hygiene

