

KENYA COMPREHENSIVE REFUGEE PROGRAMME



2015

Cover Photo: Instant Network Project in Dadaab, Kenya. ©UNHCR Dadaab 2014

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Dear friends of the Kenya Refugee Operation,

On behalf of all organisations involved in the protection and assistance of refugees in Kenya, I am pleased to present the **2015 Kenya Comprehensive Refugee Programme (KCRP)** document. It follows the 2014 programme document which reflected the renewed spirit of partnership and planning in the operation.

In late 2013 UNHCR initiated a review of the planning and prioritization processes in the three refugee operations in the country - Dadaab, Kakuma and the urban programme - and invited all partners to jointly review and define the comprehensive needs of the refugee operation and identify the priorities for 2014.

This approach represented a departure from the traditional way of planning which was mainly based on distributing resources that UNHCR centrally allocated for the Kenya operation. The final outcome of that initiative was the **2014 Kenya Comprehensive Refugee Programme (KCRP)** document¹ which presented the comprehensive needs, prioritized activities and overall funding requirements of the country's refugee operation.

The process was the first of its kind in the operation and several important lessons were to be learned from it. The most important was the need for an in-depth analysis of the operation including discussions with partners and donors on the future direction of the programme.

This is the main difference between the 2014 and 2015 exercises, along with the fact that the November 2014 prioritization exercise (for 2015) that brought together all actors in the operation was truly anchored in the field. At the time of writing this document the results of that priority review were being translated into actual programming of activities by UNHCR and partners.

The following pages reflect the process and the way we have prioritized the considerable resources that have been entrusted to us on behalf of refugees. The 2015 programme presented in this document clearly sets out where we have successfully integrated our priorities. It also shows the sectors where, for various reasons, we have not gone far enough in implementing change or new ideas.

I am confident that with this collective in-depth review, we have begun doing business differently in the Kenya refugee operation in a spirit of partnership as this is the only approach that can practically address the enormous challenges that lie ahead of us.

On behalf of organizations delivering protection and assistance to refugees in Kenya, I would like to sincerely thank all those who will support the 2015 programme.



Raouf Mazou,
UNHCR Representative in Kenya
Nairobi, March 2015

¹ www.slideshare.net/mobile/UNHCRKenya243/kenya-refugee-programme-book-2014

Acronyms and Abbreviations

AIDS	-	Acquired Immuno Deficiency Syndrome
BIA	-	Best Interest Assessments
BID	-	Best Interest Determination
CIDP	-	County Integrated Development Plan
CMR	-	Crude Mortality Rate
CNA	-	Comprehensive Needs Assessment
CRIs		Core Relief Items
DRA	-	Department of Refugee Affairs
EAA	-	Education Above All
GAM	-	Global Acute Malnutrition
GBV	-	Gender Based Violence
GBVIMS		Gender-Based Violence Information Management System
GFD	-	General Food Distribution
GoK	-	Government of Kenya
HIV	-	Human Immunodeficiency Virus
IGAD	-	Intergovernmental Authority on Development
KAP	-	Knowledge Attitude and Practice
KCRP	-	Kenya Comprehensive Refugee Programme
KRPT	-	Kenya Refugee Partnership Team
LGBTI	-	Lesbian, Gay, Bisexual, Transgender and Intersex
MDR TB	-	Multidrug Resistant Tuberculosis
MOU	-	Memorandum of Understanding
MUAC	-	Mid-Upper Arm Circumference
NFI	-	Non Food Items
NGO	-	Non-Governmental Organization
PEP	-	Post Exposure Prophylaxis
PIN	-	Personal Identification Number
PLWD	-	Persons Living with Disability
PLWs	-	Pregnant and Lactating Women
PMTCT	-	Prevention of Mother to Child Transmission
PoC	-	Person of Concern
PRRO	-	Protracted Relief and Recovery Operation
PSN	-	Persons with Specific Needs
RSD	-	Refugee Status Determination
SAM	-	Severe Acute Malnutrition
SGBV	-	Sexual and Gender Based Violence
SOP	-	Standard Operating Procedure
SPP	-	Security Partnership Project
U5MR	-	Under 5 Mortality Rate
UAM	-	Unaccompanied Minors
UASC	-	Unaccompanied and Separated Children
UK	-	United Kingdom
UNDAF	-	United Nations Development Assistance Framework
URPN	-	Urban Refugee Protection Network
VSL	-	Village Savings and Loans
WASH	-	Water Sanitation and Hygiene
WB	-	World Bank
YEP	-	Youth Education Pack

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1. Executive Summary

The Kenya refugee operation is often cited as an example of a protracted refugee situation with traditional refugee camps in place for the past 20 or so years. In the last four years, however, the operation has been anything but static in responding to two major influxes from neighbouring countries while undergoing a transition in terms of partnerships and innovations in assistance delivery.

Some of the changes have been brought about by external factors, including increasing difficulties in mobilizing resources for the traditional camp model, and a greater realization by all actors of the unsustainable nature of the approach used so far. The complex security climate in Kenya as a result of the situation in Somalia has also contributed to the shrinking of humanitarian space in the country. Still, the devolution to counties by the new Constitution has created new opportunities. For example, dialogue has begun with representatives of hosting communities in Garissa and Turkana counties which have benefited from and also struggled with the impact of the presence of refugees.

The second **Kenya Comprehensive Refugee Programme** (KCRP) document aims to present a consolidated view of all refugee related programmes being implemented in Kenya by UNHCR, non-governmental organizations (NGOs), United Nations Agencies and government entities in 2015. It summarises all programming that has been planned and budgeted, thus far, by all partners in the operation in 2015. It complements the recently published Inter-agency Appeal for South Sudan Response from December 2014, which focuses exclusively on the South Sudan situation and hence the Kakuma part of the Kenya operation, as well as UNHCR Global Appeal 2015 and other agencies' appeals and programme documents.

The KCRP is the result of an inclusive planning process and complementary programming with the resources known to be available for refugee protection and assistance to all actors in the operation. The allocation of resources is a result of the joint prioritisation process undertaken by all partners in the three programmes in November 2014, before the detailed budgeting by UNHCR and partners commenced at the end of 2014.

Compared with the first KCRP document, the emphasis is on planned activities and interventions for which resources have been already secured and allocated². Readers should be able to get a clear picture of the sectors and results prioritised by the partners in the refugee operation within the overall reduced envelope as compared to 2014. In a balancing act, allocations for solutions programming, including livelihoods as well as host community projects and environmental protection, within and outside the camps, have increased by some 13%. Voluntary repatriation together with other durable solutions is also coming to the fore as an acknowledgement that the operation needs to be more proactive in this regard. Meanwhile, sufficient allocations had to be made for ongoing provision of basic services within acceptable (or at least not declining) standards, as well as for necessary recurrent costs for security, fuel and logistical support for the operation. The main sectors with reduced allocations were nutrition, shelter and infrastructure, but operations support and logistics also faced a decline in available resources.

The 2015 programme includes further steps to promote the integration of the host community and the refugee economies in Turkana West. The planned activities are in line with the wider Turkana development focus by key development players including the World Bank, other UN agencies under

² UNHCR resources made available as part of the current Operating Level of the Kenya operation are only partially funded. WFP requirements for food assistance are not based on already secured or allocated funding but based on the 2015 needs assessment for which resources have to be mobilized.

the United Nations Development Assistance Framework (UNDAF) and the UN Joint Turkana Programme as well as private partners.

Similarly, in Dadaab while taking into consideration the ongoing spontaneous return of Somali refugees, the November 2014 Garissa Consultations spearheaded by the County and supported by UNHCR, were geared to supporting existing and emerging economic opportunities by acknowledging the presence of refugees in the County Integrated Development Plan (CIDP). Although Kenya's official encampment policy poses a significant obstacle to formal livelihood and economic activities by refugees in and outside camps, this is an important step forward.

The 2015 food assistance programme requirement is US \$126 million (70% Dadaab and 30% Kakuma). The World Food Programme (WFP) will provide food assistance through general food distribution, complementary feeding and school meals for refugees, food assistance for assets for host communities and food for training, targeted supplementary feeding, institutional feeding, support to people living with HIV, tuberculosis and other chronic diseases amongst refugees and to some extent host communities. WFP's general food rations for all in-camp refugees will be distributed fortnightly as a combination of food and vouchers. WFP and UNHCR will continue to use biometric data to ensure that only eligible refugees and asylum seekers residing in camps collect food or vouchers. The vouchers will replace a 10% proportion of the general food ration to begin with, then gradually be scaled up to allow markets to adjust, with the goal of achieving a 20% substitution by 2016. UNHCR is meanwhile working on adding at least three key non-food items to the voucher system and possibly some complementary food commodities in the course of the year.

The overall resources currently programmed in the Kenya refugee operation amount to \$111.1 million for protection and basic services. In addition, \$126 million is required for the food aid, of which WFP has so far secured some 35% (\$42.2 million). A further \$34.6 million is required for UNHCR protection and programme staff and administrative support. The total funding expected to be secured for the operation at the beginning of the year amounts to some \$187.9 million which represents a decline of 18% compared to 2014.

Through improved prioritisation and strategic resource allocation the operation will hopefully be able to demonstrate that with the available resources it is possible to continue delivery of protection and basic services at acceptable standards, and also make some very important investments for the future and sustainability of Kenya's refugee camps and their host communities.

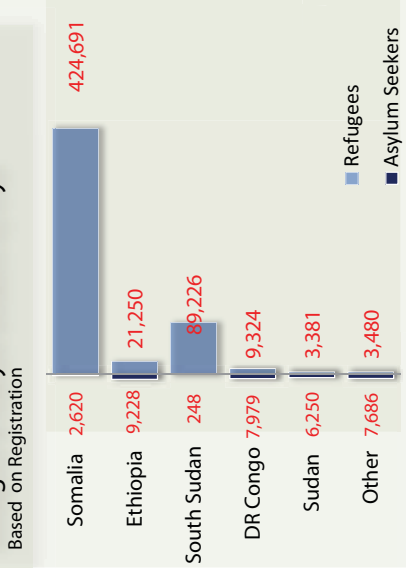
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2. Kenya Refugee Programme Snapshot

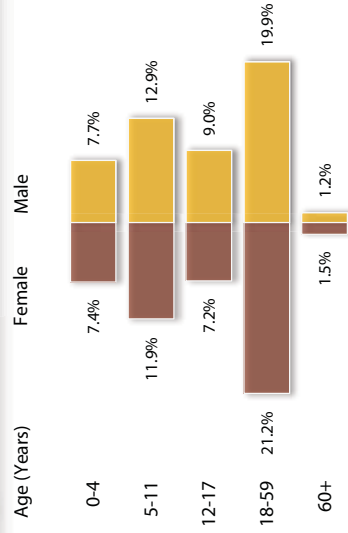
Introduction

All figures are based on the UNHCR registration of refugees and asylum seekers in Kenya using UNHCR registration system (proGres).

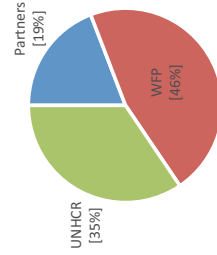
Refugees & Asylum Seekers by CoO



Age & Gender



2015 Budgets for Kenya in proportion



UNHCR Kenya

Total Registered Refugees and Asylum seekers*

585,363

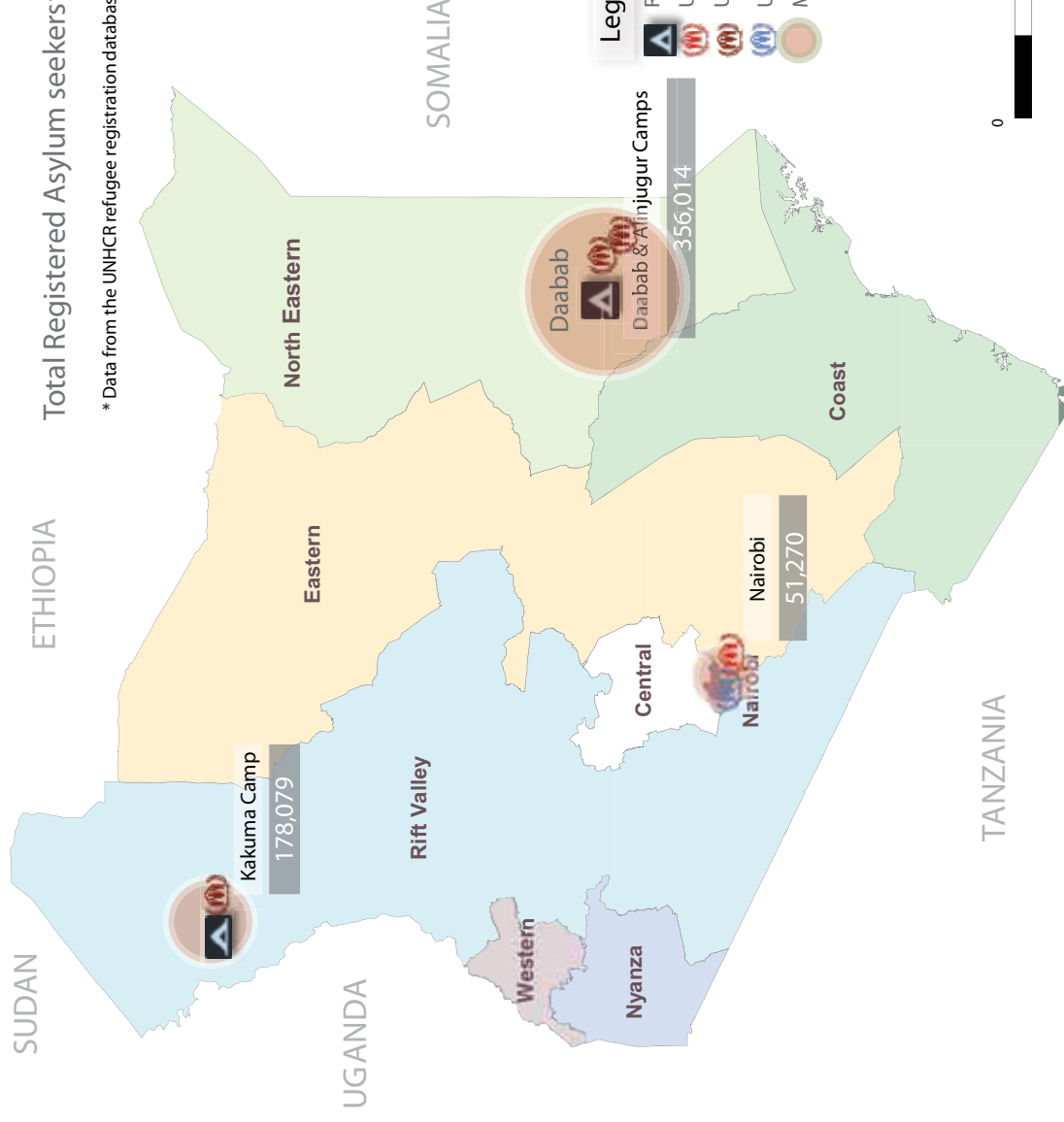
Total Registered Refugees*

551,352

Total Registered Asylum seekers*

34,011

* Data from the UNHCR refugee registration database (proGres)

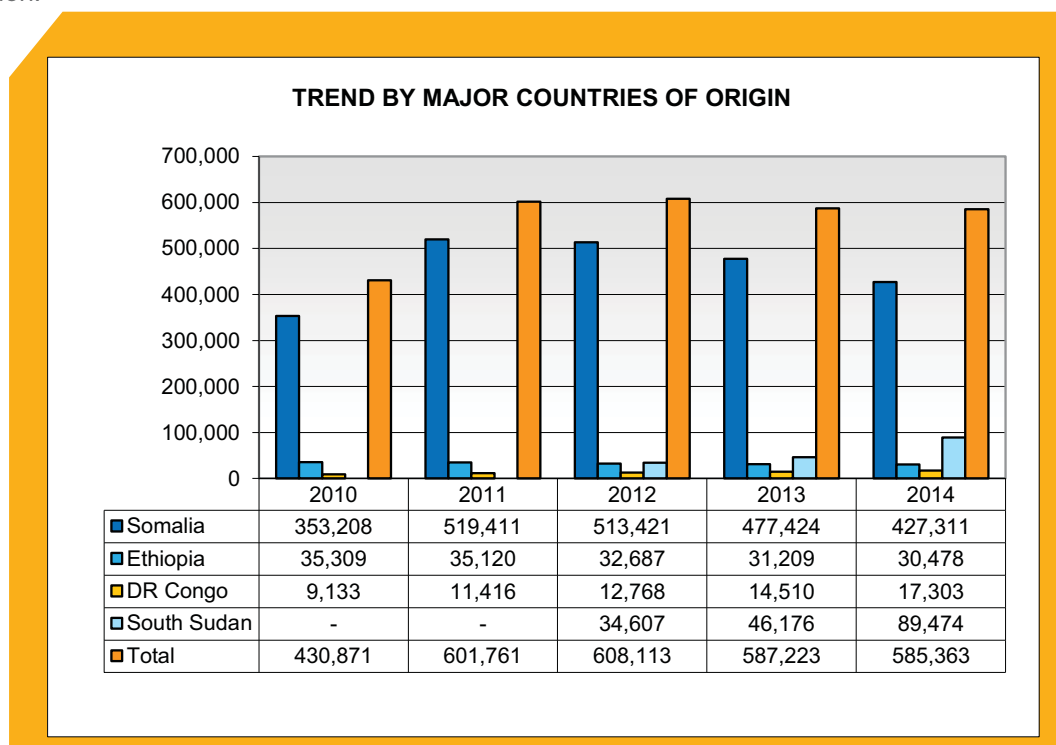


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3. Operational Context

3.1 Population Figures

In January 2015, 585,363 refugees and asylum seekers were being hosted in Kenya, of whom 356,014 were staying in the Dadaab complex, 178,079 in Kakuma and 51,270 in urban areas. The Government of Kenya (GoK), UN Agencies, and international and national NGOs will provide protection and basic assistance to this population.



It is anticipated that the number of persons of concern will grow by the end of 2015 to at least 608,000. This includes an estimated 30,000 new South Sudanese arrivals (in addition to the some 46,000 who arrived in 2014) should the conflict persist in South Sudan, and also the natural birth rate of 3%. However, the number of Somali refugees is likely to fall as a result of ongoing spontaneous returns. The planned verification of the urban refugee population is also expected to result in a downward adjustment of the beneficiary figures.

3.2 Asylum space

Numerous terrorist attacks in Kenya in 2014 negatively affected the security situation in the country and were often attributed to warring parties in Somalia. Foreigners and most specifically refugees were unfairly held responsible. This resulted in the issuance of a directive aimed at the encampment of all refugees, including the estimated 51,000 residing in urban areas. The directive was followed by the Operation Usalama Watch which targeted irregular migrants for deportation and refugees for relocation to camps. Some 3,000 refugees were relocated to camps though most of them returned to urban centres where for many years they have been able to secure their livelihoods. This context negatively affected discussions around the review of existing refugee laws. In 2014, there were efforts as part of the requirement to align some specific laws with the Constitution, to either repeal or amend the current Refugees Act of 2006.

The long outstanding draft refugee policy was also revived in 2014 and is expected to be finalized in 2015. The asylum policy which will also be finalized in 2015 will allow a clearer interpretation and application of refugee legislation by various government agencies.

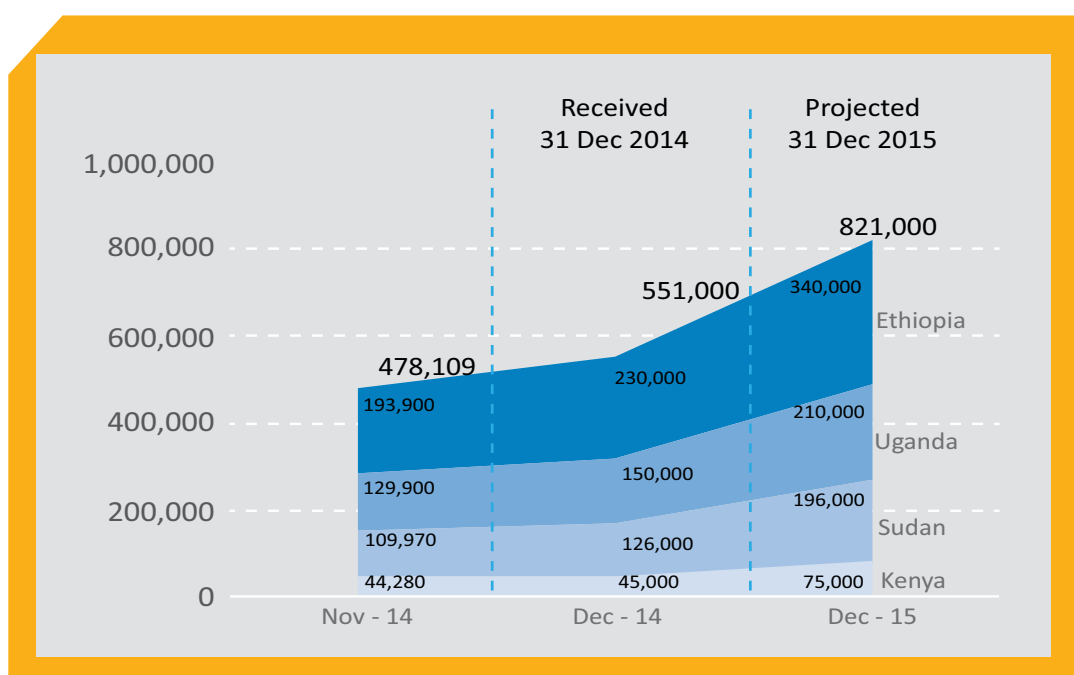
Towards the end of 2014, the Security Laws (Amendment) Act, 2014, was passed. While predominantly geared to address the security situation in Kenya, it contained several clauses concerning the institution of asylum in Kenya, the most significant being the capping of the number of refugees allowed in the country at 150,000. At the time of finalizing the present document a judicial process was underway regarding the constitutionality of some of the clauses contained in the Act.

Since 2011, under the Security Partnership Project (SPP), the Government has deployed 692 police officers to Dadaab and Kakuma. Between 2011 and 2014 more than \$9 million has been invested in SPP operations for office and housing construction, procurement of vehicles, communications equipment, training of international protection and human rights instruments and community policing and also in a daily subsistence allowance for police escorts.

As a result of efforts made by the Government of Kenya (GoK) and UNHCR under the SPP framework, Dadaab has witnessed a significant decline in security incidents, particularly with regard to Improvised Explosive Device (IED) attacks and kidnappings. Ways to enhance collaboration with the GoK on complementary security management measures are being explored, with a view to strengthening SPP efforts.

3.3 Influx of South Sudanese refugees

Since fighting broke out in South Sudan in December 2013, civilians have borne the brunt of the conflict. Despite the signing of a cessation of hostilities agreement under the auspices of the Intergovernmental Authority on Development (IGAD) in January 2015, the situation on the ground remains dire. The conflict has disrupted the livelihoods of many people, affected the functioning of markets and reduced food and livestock production. It is projected that as many as 2.5 million people will face severe food shortages in the first quarter of 2015. In this context, fighting and hunger in South Sudan are likely to continue to compel people to seek asylum in neighbouring Ethiopia, Kenya, Sudan and Uganda. The number of South Sudanese refugees is expected to reach some 821,000 people in these four countries by the end of 2015, including an estimated additional 30,000 seeking refuge in Kenya.



As of 1 August 2014, the Government of Kenya granted all Southern Sudanese asylum seekers refugee status on a prima facie basis, hence, individual refugee status determination is not required for South Sudanese refugees. This is a demonstration of the fairly positive reception South Sudanese refugees have enjoyed in Kenya. Additional land was also granted for the extension of the Kakuma camps in late 2013 and while negotiations with host communities have taken time, it is expected that a further extension will be granted in early 2015.

3.4 The search for durable solutions

In November 2013, UNHCR, the Government of the Federal Republic of Somalia and the Government of Kenya signed a tripartite agreement governing the voluntary repatriation of Somali refugees living in Kenya and outlining the respective responsibilities of the three parties. This agreement is the first step in a process that recognises the voluntary nature of the gradual and phased approach to repatriation of Somali refugees and underscores the need to put in place favourable conditions for their successful repatriation and reintegration. It established a Tripartite Commission to provide policy guidance for the implementation of the provisions of the agreement. While the Tripartite Commission did not meet at the Ministerial level in 2014, technical tripartite meetings were held at the level of Ambassadors, Refugee Commissioners and UNHCR Representatives on numerous occasions, and an operation plan was finalised.

During the first half of 2015 the Tripartite Commission will observe the conditions in Somalia and the progress made by the pilot project launched in December 2014 to assist up to 10,000 refugees who have expressed a desire to spontaneously repatriate to three areas of return - Luuq, Baidoa and Kismayo - within an initial period of 6 months. At the end of January 2015, 1,274 persons had already returned under this project, mainly to Kismayo and Baidoa. The trend indicates that the initial target of 10,000 spontaneous returns is likely to be met by end June 2015.

In recent years, voluntary return as a durable solution has not often been sought by refugee populations in Kenya due to the conditions in their respective countries of origin. In 2015 additional efforts will be made to assess the willingness of refugees to return to their countries of origin and to assess the assistance they may require if circumstances have evolved positively.

Other durable solutions to be pursued for protracted refugees, mainly in urban areas, will be naturalization and local integration, especially for those with Kenyan spouses and/or established livelihoods. Resettlement will continue to be the main durable solution for individuals with heightened protection needs and vulnerabilities, despite the declining numbers of refugees actually departing to resettlement countries. Resettlement departures in 2014 (4,943 individuals in total) were the highest since 2009 as a result of joint efforts by the US Embassy, IOM and UNHCR.

3.5 Towards a sustainable response

The refugee assistance programme, as currently managed, is not financially sustainable. It is based on the assumption that refugees would receive full assistance for their basic needs until such time they cease to be refugees. The unsustainability of this situation is increasingly evident as global crises increase; there are more displaced persons in the world than ever before resulting in a continuous shifting of limited resources to the most urgent crisis at a particular time. This has had a significant impact on protracted refugee operations that require annual and ever-increasing funding to simply maintain basic assistance and delivery of services. The overall cost of the Kenya refugee operation between 2011 and the beginning of 2015 has been \$ 1.2 billion,

REFUGEE PROGRAMME IN UNDAF

The refugee operation has been included in the United Nations Development Assistance Framework (UNDAF).

Out of the four Strategic Result Areas (SRA) comprising 1. Transformational Governance, 2. Human Capital Development, 3. Inclusive and Sustainable Growth, 4. Environmental Sustainability, Land Management & Human Security, UNHCR has been included under SRA 1, 2 and 4.

Broadly, most protection interventions and policy & institutional framework work, as well as legal aid, fall within SRA1. All HIV/AIDS and reproductive health programming falls within the SRA2, while the SPP and community policing, together with response to refugee emergencies and support to border management are included under SRA4.

The UNDAF Results Areas are aligned with the three Pillars (Political, Social and Economic) of the Government's Vision 2030 transformational agenda.

The UNCT estimates that approximately \$1.2 billion (for both humanitarian and development assistance) will be needed over the 2014-2018 period to achieve the 13 UNDAF outcomes.

www.undg.org

most of which has been spent on food aid and the operation's running costs, (fuel for water systems, vehicle fleets, salaries of teachers and health workers, humanitarian staff costs, etc.)

The occasional WFP cut in food rations highlights the unsustainability of the current model of refugee assistance. In addition, for various reasons, some services delivered in the camps, such as education do not reach even the basic standards for a humanitarian emergency, while paradoxically, in the health sector, UNHCR and partners are providing secondary and tertiary services which is not widely available in the rest of the country.

Due to the high running costs of basic services in the camps, there is little left to invest in technological innovations that may contribute to greater efficiency of the operation and protection of the environment. Also, refugees with skills and financial capital are not adequately supported, leading to continued dependence on aid and the provision of blanket assistance to all refugees without differentiating between household situations. Furthermore, the skills and assets offered by the refugee operation are not being seen to raise socio-economic conditions in the host counties, which are historically marginalized areas. For instance, a recent nutrition survey in Turkana indicated that the level of malnutrition amongst children in the host community is triple that of children in the refugee camp³. Due to climate change and the growing host and refugee population, the pastoralist lifestyle has been affected. The harvesting of firewood and high demand for water has also put a lot of pressure on the local environment. The fact that refugees are better supported has led to a patron-client relationship between the refugees and the host community. This is especially pronounced in Turkana County. This unequal relationship contributes to the occasional conflict between the two communities and ultimately affects the future of the operation as demonstrated in the protracted negotiations over land for the new camp for South Sudanese arrivals.

Since the roll out of devolved government powers in August 2013 and the establishment of County Integrated Development Plans, it has become increasingly clear that humanitarian programmes cannot continue to be implemented outside the wider framework of development in the respective host constituencies.

3 Kakuma nutrition survey November 2014

These issues all highlight the tension between traditional annual humanitarian planning and longer term issues that need to be addressed to safeguard the future of the refugee operation:

- ✓ A multi-year programming approach especially as it relates to solutions oriented programming, i.e. education and livelihoods. Also, a multi-year approach introduction in sectors that may benefit from technological innovations such as host community support, energy, and water and sanitation.
- ✓ An integration of development models into the refugee programme, such as the UNHCR/World Bank joint initiative for integration of refugee and host community economies in Turkana, the Kakuma Education Model developed jointly by UNHCR and the Qatari Education Above All (EAA) Foundation for multi-year support for education and human capital development in Kakuma and the county and the integration of refugee programming in the UN Turkana Joint Plan⁴ which brings together UN agencies in support of the Turkana County Integrated Development Plan. (CIDP).⁵
- ✓ Support for the integration of refugee and host community economies - such as the introduction of food vouchers by WFP in mid-2015, support for the local production of relief items, WFP support to local cereal production to be used in school feeding, etc. There are ongoing discussions between UNHCR and the Turkana County Government on future development of camps in a way that will promote crop production and ensure integrated social services, among others.

All partners appear willing to support greater self-reliance, especially in the Turkana context. In 2015 the focus will be on agricultural production and other livelihood related activities. A study on ways of integrating the host and refugee economies will also be carried out by the World Bank. It will help inform future area-based programmes benefitting both the host community and refugees.

4 The UN Joint Programme for Turkana is a joint UN and Turkana County Initiative for 2014-2016 and defines Turkana as a special focus County for joint UN interventions. It adopts UNDAF's structure of the 4 SRAs and is jointly steered by the UN and the County.

5 Turkana CIDP, published in Lodwar in October 2014.

4. Funding Trends & Projections

The positive trend of high donor interest in the Kenya refugee operation continued in 2014 despite competing global priorities. The operation maintained the previous years' level of absolute funding received for non-food assistance and protection averaging around \$170 million per year since 2012. In fact, UNHCR alone raised more than \$114 million (more than in 2013) and partners over \$77 million. Total funding received by WFP for its food assistance programmes further declined from \$113 million in 2013 to some \$101 million in 2014 (it peaked at \$142 million in 2012) in line with the reduction in population figures. Thus, the funding received could not cover all the needs and there was a 50% and 40% food rations cut in November and December 2014, respectively, despite WFP's efforts to avoid ration reductions by using its internal advance financing facility.

The bulk of required resources was still received for Dadaab (\$89 million) though the Kakuma operation attracted substantial contributions in response to the South Sudanese influx. The total programmed by UNHCR and partners for Kakuma reached some \$53 million of which \$31.7 million was for the emergency response. In addition, WFP received \$21.5 million for food interventions in Kakuma.

The operation relied mainly on traditional government donors which in times of competing global priorities and the protracted context in Kenya makes the refugee programme very vulnerable. However, efforts invested in attracting new funding from non-traditional donors are beginning to yield results. In April 2015, a multi-year Education Model project funded by the Qatari Education Above All (EAA) will commence with a total contribution of some \$18 million. In addition, some of the private contributions which spurred innovations in programme delivery, mainly through employing solar energy and IT technology in education and vocational training, are set to continue in 2015.

Also, the operation benefitted from several multi-year grants that provided the required stability and predictability for programmes, including various EU funding instruments, and notably the 3-year contribution by the Department for International Development (DFID) for protection and crucial basic services. However, as all the implementation periods of these grants have ended without any apparent follow up (except DFID's one year extension for 2015), the Kenya refugee operation faces the difficult task of replacing these contributions with new sources of funding.⁶

The situation outlined above highlights the importance and urgency of steps taken by the operation in 2014 to bring on-board development partners who would provide a much needed holistic, medium to long-term perspective on development issues in the refugee camps and in host communities.

6 Complete list of donors in Annex 10.

5. 2015 Response Plan: Priority Sectors and Activities

5.1 Overall

UNHCR and its partners in Kenya, in collaboration with donor representatives in Kenya, have been revising the traditional business practice by reviewing **how** and **where** available resources are directed. Taking into consideration the comprehensive needs of refugees which are assessed during the annual exercise in February/March, the following changes are in the process of being systematically introduced into planning and practice:

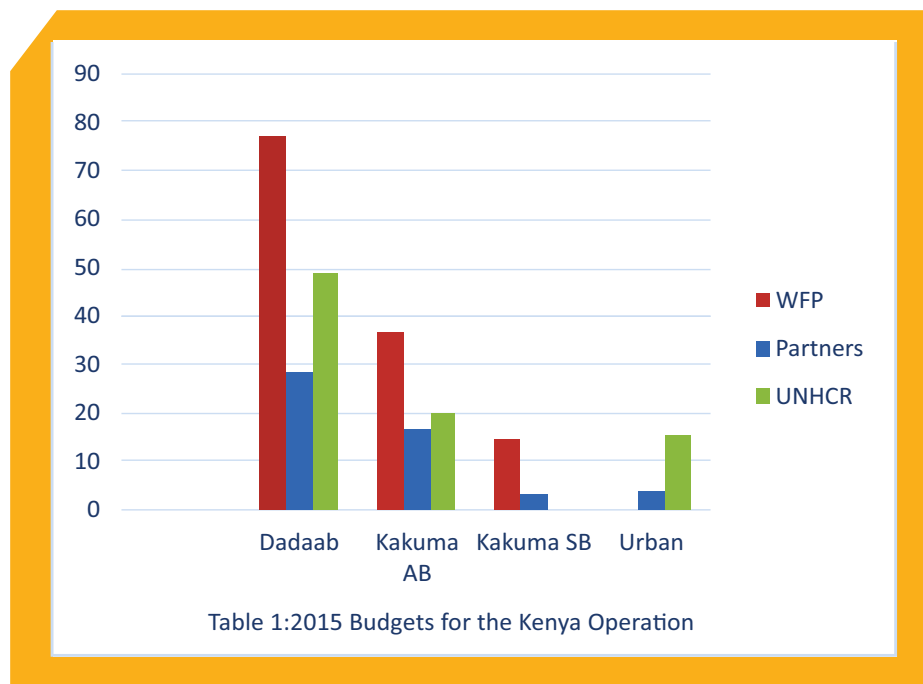
- Review of priorities within each key sector, especially the life-saving sectors of WASH, health, nutrition, shelter and education but also energy and host community support. This discussion was the core of the KCRP 2015 prioritisation exercise in the field, conducted in November 2014, and it is reflected in the planned interventions.
- Review of priorities across the sectors – this discussion has taken place only partially in preparation for 2015; more thorough analysis of cross sectoral implications and possible synergies will have to be undertaken in the course of 2015 to be able to prioritise more vigorously for 2016, instead of mechanically allocating resources for repeated programming of same results. Also, the consequences of the eventual redirecting of resources from core life-saving sectors to sectors such as livelihoods need to be examined. In the same vein, WFP and UNHCR have started preparing terms of reference for a household vulnerability study to be undertaken in 2015 in conjunction with donors, NGOs and the Government, in order to determine the feasibility of introducing differentiated or targeted assistance in the Kenya refugee operation.

The 2015 KCRP includes all components of the Kenya refugee operation and its currently prioritized sectors and activities. Planned activities include: response to the South Sudanese refugee influx including the emergency phase, possible new camp development and stabilization of the arrivals from 2014 in Kakuma; support to the voluntary repatriation for Somalis and others; continued protection and assistance for refugees in Dadaab; the urban programme; and food assistance.

The estimated funds expected to become available for the Kenya refugee operation in 2015 include \$111.1 million for protection and assistance delivery, and \$42.2 million for food secured by WFP, out of the total requirements of \$126 million.

The difference between the volume of operations in Kakuma and Dadaab has become less pronounced due to the enhanced South Sudanese response, with a total of \$41 million available for operations in Kakuma (UNHCR and partners resources combined, without UNHCR staffing and administrative support) and \$61.8 million

available for operations Dadaab (as above). Furthermore, contributions from partners have been able to keep pace with resources provided by UNHCR. In Dadaab, partners contribute approximately 44% of all resources brought to the programme, while in Kakuma they account for 47% of total operations.



The comprehensive needs (CNA) as assessed jointly by UNHCR and partners in March 2014 amount to \$251.2 million for non-food assistance and protection (inclusive of staffing and administrative support). Together with \$126 million needed for food assistance, the Kenya refugee operation requires an estimated \$377.2 million in 2015. Compared with the resources already secured for the operation in early 2015, which totals \$187.9 million, there is a gap of \$189.3 million, i.e. 50.2%. The gap for non-food assistance alone is 40% while the food sector currently has 66% of its requirements uncovered.¹

Operation	UNHCR and Partners	WFP	Total Comp. Needs	Total Contributions	Gap
Dadaab	143,521,508	79,450,000	222,971,508	102,705,989	120,265,519
Kakuma Annual Budget	43,015,772	34,050,000	77,065,772	48,384,196	28,681,576
Kakuma Supplementary Budget	36,098,907	12,500,000	48,598,907	17,354,259	31,244,648
Urban	28,560,127	-	28,560,127	19,446,557	9,113,570
Totals (all figures in USD)	251,196,314	126,000,000	377,196,314	187,891,001	189,305,312

The Response Plan lists prioritized activities within key sectors and indicates **resource allocations for available resources** for each priority sector country wide and per programme, i.e. Dadaab, Kakuma, Urban. Any new resource allocations in the course of the year will be dependent on emerging needs and priorities.

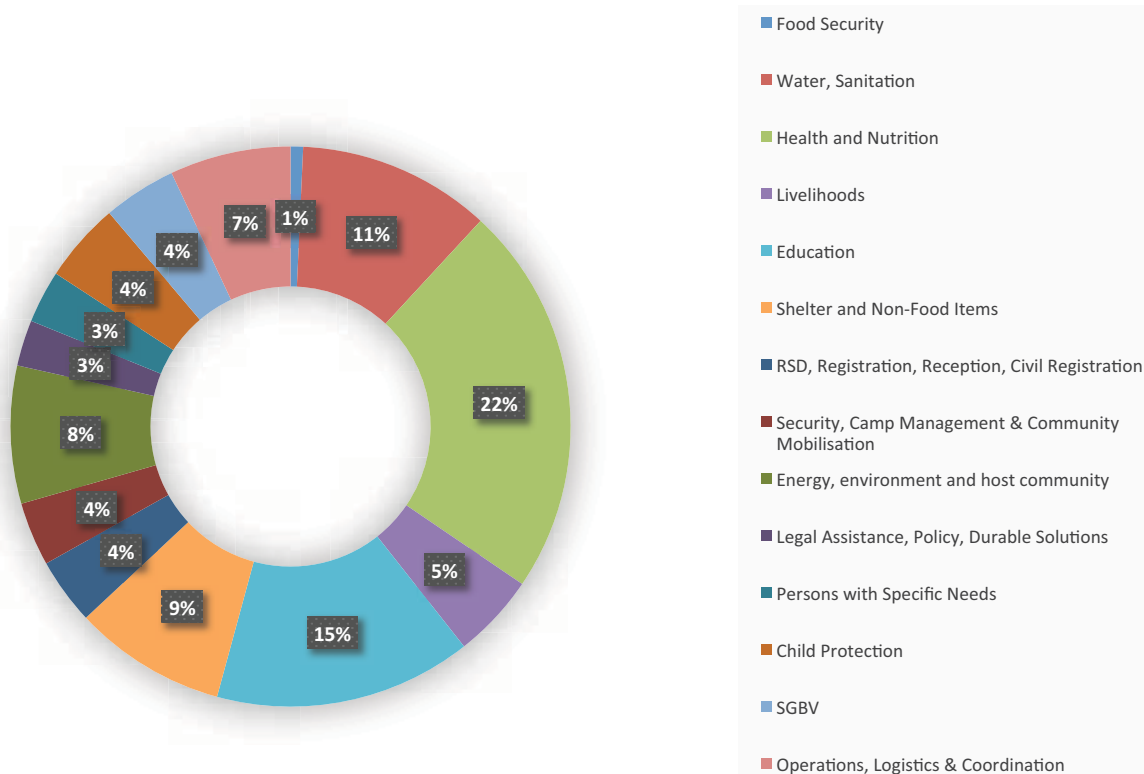
¹ Ref. Annex 1

In 2015, besides providing life-saving assistance and basic services, including through innovations, increased attention will be paid to solution-oriented sectors such as education in conjunction with self-reliance and livelihoods, to promote empowerment of refugees and reduce their dependence on humanitarian aid. In addition, integrating camp economies with that of host communities will be prioritized to ensure lasting benefits of the refugee presence for host counties, while at the same time enhancing the refugees' capacity for future return.

Nevertheless, it is still the traditional basic services sectors that require the largest allocation of resources which underlines the programming dilemma when trying to change the business model. The health sector, including reproductive health services, consumes a total of \$22.7 million in the operation, of which \$15.6 million is for Dadaab alone. Likewise, education with its high recurrent costs and constant need to invest in infrastructure, will receive \$16.5 million in total (approximately 6 million for Kakuma, \$10 million for Dadaab, 0.5 million for the Urban programme). Similarly, water provision and related maintenance, coupled with the need to further expand the system in Kakuma due to the population increase necessitated an allocation of over \$7.2 million, which is almost the same as the 2014 allocation.

Despite this, the new priorities are receiving more resources than in previous years: the livelihoods sector has been allocated a total of \$5.4 million and energy, environment and host community programming \$8.8 million. Similarly, protection interventions in SGBV and Child Protection have received slightly more resources than in 2014, with budgets of \$ 4.2 million and \$5.5 million respectively.

Non-food assistance allocations in total



FOOD SECURITY OUTCOME MONITORING DEC.2014

Food security has further improved in Dadaab during 2014 and the majority (79%) of households in Dadaab were classified as marginally food insecure while 48% of the households in Kakuma were in this category, a slight reduction from September 2014.

However, an increasing number of refugees were severely food insecure in Kakuma (18%), while only 3% of households were severely food insecure in Dadaab. The percentage of food security in Kakuma and Dadaab was only 5%.

While there was an improvement in the food consumption score in Kakuma deterioration was seen compared to the previous monitoring round in September 2014.

This was most likely caused by ration cuts in November and December. Some 19% of households had a poor food consumption score compared to only 9% in September 2014.

Source: WFP Kenya

5.2 Food

The design of the WFP new Refugee Operation “Protracted Relief and Recovery Operation 200737 (PRRO) 200737 – Food assistance for refugees” provides a framework for the WFP food assistance in Kenya refugee camps for April 2015 – March 2018. It has been informed by evaluations, assessments, analytical studies, pilot testing and consultation with a wide range of stakeholders. The objectives of WFP planned interventions are: (i) facilitate acceptable food consumption for refugees; (ii) treat moderate acute malnutrition in children, pregnant and lactating women and other vulnerable refugees with special nutrition needs; (iii) prevent and reduce the prevalence of undernutrition in children, pregnant and lactating women and other vulnerable refugees with special nutrition needs; (iv) improve learning and access to education for girls and boys in WFP-assisted schools; (v) increase livelihood opportunities for refugees and host communities; and strengthen local food value chains and markets. Food and/or voucher transfers for refugees and host communities living around the camps will be provided through the following activities:

- **General food distributions:** A full ration for refugees in camps will be distributed fortnightly as a combination of food and vouchers. Resources permitting, the proportion delivered through vouchers will gradually increase. The inclusion of vouchers in GFD rations in Dadaab and Kakuma will increase efficiency by reducing the economic loss that refugees incur when selling rations to diversify their diets;
- **Complementary feeding:** An intervention to meet the additional nutritional requirements of children aged 6–23 months and pregnant and lactating women during the 1,000 days from conception will prevent acute and chronic malnutrition and iron deficiency for the most vulnerable groups in camps. Health partners in the camps will sensitize women and men on nutrition and infant feeding practices, including through mother-to-mother groups;
- **Targeted supplementary feeding:** Moderately malnourished children aged 6–59 months and pregnant and lactating women will receive supplementary rations based on standard admission and discharge criteria;
- **Institutional feeding:** Rations will be provided to patients staying in hospitals and to the caregivers of hospital patients and children in stabilization centres. Rations are adjusted to be palatable to the critically ill while meeting their daily calorie needs;

- **Support to people living with HIV, TB and other chronic diseases:** Chronically ill people will receive supplementary rations that provide appropriate nutrients and improve adherence to treatment;
- **School meals:** Porridge will be provided to refugee girls and boys attending primary schools to support their access to education and improve their learning ability;
- **Food for training:** Lunches will be provided in training centres where young women and men in camps and host communities gain vocational skills in carpentry, masonry, information technology, tailoring, etc. that are relevant locally or for repatriation. Training mitigates the security risks associated with having large numbers of disenfranchised young people in and around the camps;
- **Food assistance for assets:** Women and men in the host communities will receive a family ration for participating in activities that enhance resilience to shocks and encourage harmony between refugees and hosts. Asset design takes into account the preferences of women and men and aims to avoid placing undue burden on women. WFP support is included in the county integrated development plans of Garissa and Turkana. Community-based resilience-building activities will improve access to food, productivity and livelihood diversification, and focus on soil and water conservation and increasing water sources.

Food Assistance Requirements 2015 in US\$

Dadaab	Kakuma	Outstanding Loan	Total
79,450,000	34,050,000	12,500,000	126,000,000

5.3 Protection

5.3.1 Policy, Registration, Reception, Detention, Legal Aid

Available in 2015 (US\$)

UNHCR	Total
4,373,504	6,331,191
Partners: 1,957,687	

In 2015, all stakeholders including the highest levels of government, the Ministry of Interior and Coordination of National Government and more specifically the Department of Refugee Affairs (DRA), the Constitution Implementation Commission, international and national NGOs will provide input to various draft legislation, with a view of maintaining the protection environment in Kenya.

UNHCR in exercising its international mandate will also actively supervise the level of obligations met by the government in the upholding of the 1951 Convention. In 2015 UNHCR and partners will take an active part in the deliberations, drafting and if enacted, the implementation of the new Refugee Act and the National Registration and Identification Act. It will be crucial to keep abreast of the litigation around the Security Laws (Amendment) Act 2014 and where necessary intervene with the relevant Government authorities. UNHCR will also work closely with the Kenya Citizens and Foreign Nationals Management Service on the implementation of the draft migration policy to ensure that the thematic areas of interest to UNHCR that were incorporated in the policy are implemented e.g. local integration in appropriate cases.

In 2014, as a result of the Operation Usalama Watch, a total of four cases of refoulement were officially communicated to the GoK and permission sought for their re-admittance to Kenya.

Protection monitoring, detention monitoring, border monitoring and capacity building of border authorities will be enhanced to establish clear referral pathways upon reception of asylum seekers by the Department of Refugee Affairs. Legal interventions in any cases identified will be carried out efficiently and an official protest to the GoK will be made for any cases of refoulement that are confirmed.

To reduce risks related to arbitrary arrest and detention, the protection monitoring role in major urban centres will be supported through UNHCR and partners' staff, paralegals, protection committees, detention monitors and pro bono lawyers.

From 1992, UNHCR (acting under its mandate) had been undertaking Refugee Status Determination (RSD) on behalf of the Kenyan authorities at their request. This was the case until July 2014, when Kenya's implementation of some key sections of the Refugees 2006 Act, related to RSD commenced. Throughout 2012, 2013 and 2014, UNHCR and DRA have been undertaking a joint RSD capacity-building initiative aimed at developing DRA's capacity in terms of expertise, staffing and infrastructure, in an effort to build a high quality, sustainable RSD system, in keeping with national legislation and Kenya's international obligations.

On the job-training, coaching and shadowing of UNHCR staff by DRA staff will continue during the year. In parallel with capacity development for a transition to a government-run RSD process, backlogs of RSD cases must be cleared and future backlogs prevented. Pragmatic protection-oriented approaches to RSD case management will be adopted wherever possible, commencing in early 2015, in order to prevent RSD backlogs and lengthy delays in RSD decision issuance.

Implementation of joint registration remains the key priority in 2015 for UNHCR and DRA. UNHCR and partners will continue to receive refugees at protection reception desks where legal counselling is provided and conduct outreach activities through legal clinics and pro bono lawyers to allow refugees to receive legal assistance within their areas of residence.

5.3.2 Durable Solutions: Resettlement, Voluntary Repatriation, Local Integration

A total of 6,550 individuals will be submitted for resettlement from the three refugee-hosting locations in Kenya in 2015. UNHCR has received commitments from the UK, the US, the Netherlands 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.

Available in 2015 (US\$)	
UNHCR:	Total:
871,302	871,302
Partners: some partner contributions recorded under other sectors, i.e. logistics	

Resettlement will be used as an efficient tool for the immediate submission and departure of refugees with imminent protection needs. Through extensive counselling, community meetings and distribution of information materials refugee expectations will be better managed. In view of increased allegations of resettlement fraud and exploitation schemes operating in the refugee populated areas, the Resettlement Unit will intensify its anti-fraud campaigns and improve anti-fraud coordination with all relevant resettlement counterparts. Continuous advocacy with resettlement countries as well as efficient follow up with IOM and embassies should ensure shorter processing time between identification of refugees for resettlement and their departures.

Voluntary Repatriation: As of end of January 2015, 277 households comprising of 1,274 refugees had been assisted by a return support package for Somalia since the start of the pilot return project on 8 December 2014. The majority of this group returned to Baidoa and Kismayo, while the first 19 returnees Luuq were supported to return through the Liboi/Dobley border point at the end of January. The returning refugees arrived safely at their area of destination and no security incident targeting the returnees was reported. 83% of returnees are families who came to Dadaab refugee camp after the year of 2010. An increasing number of refugees are interested in returning to districts that have not yet been designated as returnee areas within this project.

The population of Dadaab refugee camp decreased by 52,271 persons during 2014. The larger portion of this decrease is as a result of in-activation procedures on the UNHCR Database using the joint UNHCR/WFP Biometric food distribution system. It is also important to note that an analysis of the population changes in 2014, informs that 83,934 persons were at one point or another inactivated in the data base, but some reappeared, with 52,271 being away as at 31 December 2014. This confirms that there is also a lot of cross-border population movement. Therefore, though the majority in this number may have gone to Somalia, it is uncertain whether they have decided to repatriate “permanently” or are just there for a period of time. The majority originated from Kismayo (21,562), Mogadishu (13,007) and Afmadow (12,285). Most of the refugees arrived in 2009, 2010 and 2011.

Taking this trend into account, the planning figure for 2015 supported returns will be at least 20,000 refugees from Dadaab alone. In addition, moderate number of returnees will be assisted from Kakuma and urban centres. This figure is likely to be revised upwards on the basis of lessons learnt during the pilot project ending in June 2015.

In 2015, a survey on their return intentions will be undertaken for nationalities other than Somalis during the urban verification exercise, in order to better understand the current low interest and potential obstacles. It is believed that a meaningful increase of the return allowance could translate into some 500 urban refugees opting to return mainly to Burundi, Rwanda and Uganda, reinforcing the trend from 2014, when a total of 292 refugees from Burundi, the Democratic Republic of Congo, Uganda and Rwanda voluntarily repatriated, of whom over 200 were Burundians who had been residing in Kakuma.

Local Integration: The legal framework that permits local integration and alternatives to refugee status has not been sufficiently utilized. The Kenya Citizenship and Immigration Act provides for application for Kenyan citizenship for individuals who have legally resided in Kenya for a period of 7 years, as well as those married to Kenyan nationals. The legal residence, however, only runs from the time a refugee has been issued with a refugee certificate/ card by the Government.

Available in 2015 (US\$)	
UNHCR:	Total:
1,963,817	5,556,426
Partners:	3,592,609

Collaboration will continue with the Kenya Citizens and Foreign Nationals Management Service to assist refugees who may meet the criteria for Kenyan citizenship. A legal opinion will be sought on the legal value of UNHCR refugee documentation for purposes of naturalization. UNHCR and partners will identify cases of refugees who are married to Kenyan nationals and who are interested in acquiring Kenyan citizenship, and will support their applications and provide legal aid and assistance, as required, in order to increase the likelihood of a positive outcome. Follow-up on work permit requests with the Immigration Department will also be enhanced. When appropriate, UNHCR will support the issuance of residency permits for East African Community members and cover the related costs.

5.3.3 Child Protection

In comparison with 2014 the allocation for this sector has been slightly increased to \$5.5 million. The Kakuma programme has prioritised the sector by adding some \$0.5 million on top of last year's budget (the total is \$2.1 million) to ensure child protection is better mainstreamed in other sectors which provide important synergies such as SGBV, Education and people with specific needs.

In Dadaab, child protection is receiving \$2.7 million which also represents an increase by some \$300,000, compared with 2014.

Programming in both Kakuma and Dadaab will continue to include provision of 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. The capacity of community structures and institutions to enhance the protection of children will be strengthened and children's interests safeguarded as part of the return movements.

5.3.4 SGBV

Available in 2015 (US\$)	
UNHCR:	Total:
782,270	4,245,806
Partners:	3,463,536

Overall, SGBV has been allocated an additional \$1 million compared with 2014 as an acknowledgement of the importance of SGBV prevention and response. In Dadaab and Kakuma, the priority is effective SGBV case management and referral, so that survivors benefit from physical protection, medical support, psychosocial counselling and legal aid. Access to justice will be facilitated through continuous collaboration with the judiciary and the permanent (in Kakuma) and monthly mobile courts. 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 neighbourhood forums on SGBV reporting procedures on prevention and response. 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 as well as for improved commitment by police to attend community policing meetings (Tango talks in Dadaab) and improved police patrols in the camps.

In the urban setting, it is expected that there will be an increase in reported and assisted survivors of GBV from the current baseline due to advocacy and awareness. Legal partners will improve the quality of staff by more capacity building to offer legal services educating the communities on the legal procedure and importance of preserving evidence. The GBV working group will reach out to the refugee communities with better reporting and coordination mechanisms while at the same time giving policy direction to the GBV programme. The Gender-Based Violence Integrated Management System (GBVIMS) will be managed by UNHCR and results analysed to identify trends in the urban programme. Cooperation with national stakeholders in prevention and response to SGBV will be enhanced, including the National Gender Commission and the Gender Based Violence Programme at Kenyatta National Hospital, which are key to developing mechanisms for SGBV prevention.

Also, liaison with UNWOMEN, UNICEF, and UNFPA, which has deployed a SGBV coordinator to Kakuma, will be strengthened in order to develop a comprehensive approach to GBV.

Sector	Dadaab US \$	Kakuma US \$	Urban US\$	Total available US\$
Protection: registration, reception, detention, legal aid & policy	1,578,585	1,421,117	3,331,490	6,331,191
Durable solutions	595,894	147,412	127,996	871,302
Child Protection	2,697,712	2,101,791	756,923	5,556,426
SGBV	1,825,407	1,691,455	728,943	4,245,806
Main partners	Department of Refugee Affairs, UNHCR, Legal Advice Centre (Kituo Cha Sheria) Kenya, Refugee Consortium of Kenya, International Organization for Migration, International Rescue Committee, Hebrew Immigrant Aid Society, Norwegian Refugee Council, UNICEF, Save the Children Intl., Terres des Hommes (TDH), Film Aid International, Lutheran World Federation, Danish Refugee Council, Kenya Judiciary, UNFPA, UN Women, National Gender Commission of Kenya.			

5.4 Basic Services: Health, Nutrition, Shelter, WASH

Basic services will continue to be provided in both camps and in the urban setting. 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. Although HIV prevalence among refugees and host community in North Eastern Kenya is low (about 1%) as compared to the rest of the country, previous assessments have established a high level of sexually transmitted illnesses and indiscriminate sexual behaviour which could fan HIV transmission. For example, HIV prevalence among refugees in Kakuma is 1.9% while that of host community is estimated at 9%. Taking into account increasing interaction between the two communities, there is a need to maintain strong HIV control interventions.

Available in 2015 (US\$)		The slightly increased allocation in health overall compared with 2014, will allow the programme to put emphasis on community-based health care services, strengthening routine immunization, outbreak prevention, safe-motherhood and targeted interventions to at-risk groups and advocacy for access to the national healthcare system. Cross-border collaboration will be enhanced to address the risk of cross-border emerging outbreaks as experienced in the last 2 years and, in particular, cholera, measles and polio outbreaks and persons with Multi-Drug Resistant Tuberculosis crossing the border to seek treatment in Kenya.
UNHCR:	Total:	
19,151,264	42,632,249	
Partners: 23,480,985		

While overall allocation for nutrition has gone down, nutrition programming will be a priority in Kakuma, to address the status of the arriving South Sudanese, especially children. The expected impact will however be met as a result of the adoption of strategies that will allow doing more with less through strengthening of maternal and young child nutrition promotion and targeted intervention to the most at-risk groups. The therapeutic programme will be strengthened through capacity building of refugee workers, smooth supply of

commodities and mainstreaming of identification of malnourished children in outreach and MCH clinics. As opposed to continued provision of green grams to complement the food basket, resources will be utilized to provide vouchers for families with children 6-23 months old, so that they can access animal protein. Should resources allow, this will be expanded to children 24-59 months old.

Shelter will be a priority sector in Kakuma due to the continued influx of new refugees in need of physical protection and the need to improve the proportion of new arrivals with adequate shelter from the existing 52%. Community participation will be promoted. Refugees who live in mud-brick shelters will be provided with corrugated roofing sheets and also advice from construction experts. The shelter and site planning sector will support public infrastructure needs with priority given to community infrastructure and access roads as well as flood mitigation. On the other hand, the shelter and site planning sector in Dadaab will focus on extremely vulnerable cases, road maintenance and flood mitigation.

The WASH sector will be prioritized in both Kakuma and Dadaab. However, in Kakuma, greater emphasis will be on improving water infrastructure, while in Dadaab, efforts will be geared towards improving efficiency and cost- saving strategies like solarisation of boreholes and establishment of infrastructure to connect to the national electricity grid line, in both Dadaab and Kakuma. Strategies for efficient water resource use will be implemented through metering and control of water loss in both Dadaab and Kakuma. Access to latrines will be enhanced, accompanied by back-filling of the full latrines.

Sector	Dadaab US\$	Kakuma US\$	Urban US\$	Total available US\$
Health	15,604,763	6,319,462	805,612	22,729,837
Nutrition	1,378,196	1,033,935	-	2,412,131
Shelter	2,521,688	2,576,665	-	5,098,353
WASH	7,604,148	4,787,781	-	12,391,928
Main partners	UNHCR, UNICEF, National Council of Churches of Kenya, International Rescue Committee, Islamic Relief Worldwide, Kenya Red Cross Society, International Organization for Migration, Medecins Sans Frontiers Swiss, WFP, CARE, Ministry of Health, WHO, AAR Japan, World Vision, Team and Team Korea, Good Neighbours, Peace Winds Japan, Handicap Intl., AMREF, IsraAid, Kakuma Mission Hospital and African Inland Church (AIC)/Johanniter.			

5.5 Education and Livelihoods

High priority will be given to the continued implementation of the education strategy which focuses on delivering quality results and advancing the use of technological innovations in the curriculum. Despite the high allocation to education only some 30% of needs will be covered by available resources. Consequently, school enrolment will not improve substantially but remain at about 40%. In Kakuma, resources will be available for construction of new classrooms and schools and upgrade of the temporary facilities erected in 2014, while in Dadaab the initiated rehabilitation of some of the earlier built schools will be completed. The capacity of Parent Teacher Associations will be enhanced and a teacher development strategy operationalized to ensure that capacity building is based on a common curriculum approved by the Ministry of Education.

In the urban programme 8,000 children are of primary school age and the 2015 programme intends to maintain the primary school enrolment rate at about 95% while efforts will be made to raise the secondary school enrolment rate to 5.8%.

UNHCR and partners have prioritised 13% more resources for livelihoods in 2015 than in previous years with the aim of a marked increase in the number of adults involved in livelihood activities in the camps. At the beginning of 2013, 3% of the adult population in Dadaab had some form of livelihoods and in 2014 that figure had increased to 6% of the adult population. The Dadaab livelihood study and the development of a Dadaab livelihood strategy were completed in 2013 and implementation begun in 2014.

Available in 2015 (US\$)	
UNHCR:	Total:
9,982,140	21,920,524
Partners: 11,938,384	

In recognition of the importance of this sector, last year UNHCR established a Livelihoods Unit dedicated to the implementation of the livelihood strategy. Activities will focus on enhancing financial services, promoting self-employment opportunities, training on life-long skills and vocational training.

In Kakuma, self-reliance and livelihoods have received a significant amount of resources and a new lead partner, so as to bring on board the expertise and complementary funding to enable a shift in the sector programming. As in Dadaab, the new approach aims to change the way the operation has managed self-reliance and livelihoods since the inception of Kakuma over two decades ago when livelihoods were limited to back-yard agriculture, life-skills (carpentry, masonry, plumbing, etc.) and small-scale business enterprises.

UNHCR GLOBAL LIVELIHOODS STRATEGY 2014-2018

Last year, UNHCR launched a Global Livelihoods Strategy the purpose of which is threefold.

First, it serves as a position paper on why UNHCR implements livelihoods programmes, which is to decrease dependency and increase self-reliance for people of concern and host communities. It aims to increase understanding of why UNHCR is seeking innovative ways to link refugees to markets and scale up livelihoods programming.

Second, the Strategy informs a global view of how UNHCR will implement livelihoods programmes, providing general lines on what types of market-oriented activities will be supported.

Third, it guides the development of national and local livelihoods strategies. The Dadaab and Urban programme have developed their own strategies, while Kakuma is expected to develop one in 2015.

The main strategic objectives for 2014-2018 are:

1. Promote the right to work and the right to development;
2. Enable people to preserve and protect their productive assets as well as meet their immediate consumption needs;
3. Develop and expand proven and innovative ways of supporting peoples' economic self-reliance;
4. Improve planning, learning and practices of successful approaches to livelihoods development and their impact on self-reliance.

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Sector	Dadaab US\$	Kakuma US\$	Urban US\$	Total available US\$
Education	10,015,483	5,966,900	530,936	16,513,319
Livelihoods	2,271,554	2,094,638	1,041,014	5,407,205
Main partners	UNHCR, UNICEF, Jesuit Refugee Services, CARE, Islamic Relief Worldwide, LWF, Windle Trust UK in Kenya, AVSI Italy, Don Bosco, Film Aid International, Ministry of Education, Friends of Waldorf Foundation, Action Africa Help International and GIZ.			

5.6 Environment, Energy and Host Community Projects

The Kenya operation will continue prioritizing the environment and energy sectors in order to mitigate environmental impact and reduce exposure to GBV of women who have to go outside the camps to fetch firewood. Introduction of solar lighting on camp streets will continue in 2015 and more institutions, especially schools, health facilities and boreholes will be supplied with green solar energy. In discussions with county authorities, it has been agreed that future firewood will come from the invasive **prosopis juliflora** shrub and not from indigenous species.

For years, UNHCR and partners have been funding various host community and peaceful coexistence projects, including construction of schools, health facilities, provision of electricity, water pans, boreholes and sanitation facilities. The assistance to the host community has been benefiting a population of 60,390 in Dadaab, some 137,600 in Fafi and recently some 130,000 in Wajir South districts, as well as about 50,000 people in Turkana West sub-county.

Available in 2015 (US\$)		Host community projects are vital for the preservation and expansion of asylum and humanitarian space in the operation. Accordingly, new projects identified jointly with the host community will be supported and implemented in 2015. UNHCR and partners will work with the host community and County Government authorities to promote peaceful coexistence around and within the camps, through the implementation of projects targeting environment rehabilitation, water and infrastructure (schools, hospitals, civil administration services), as well as address the energy requirements of the refugee community in the camps in a sustainable manner. WFP's Food for Assets and Food for Training for Youth in host communities will complement the efforts of other agencies.
UNHCR:	Total:	
3,018,967	8,828,319	
Partners: 5,809,352		

To expand the programming, it is necessary to build new partnerships, including with new private partners in the areas of renewable energy, and to attract development funding to strengthen institutional capacities of the national counterparts at the county level.

Sector	Dadaab US\$	Kakuma US\$	Urban US\$	Total available US\$
Environment	214,271	100,459	-	314,730
Energy	1,183,976	1,122,288	-	2,306,264
Host Community	1,445,166	4,762,159	-	6,207,325
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 and ACF.			

5.7 Security and Operations Support

Available in 2015 (US\$)

UNHCR:	Total:
10,246,571	10,898,419
Partners: 651,848	

Under Operations Support, UNHCR will continue to manage the large vehicle fleet, including the supply of spares and fuel for the operation. The use of vehicles for security escorts and programme monitoring will be coordinated and monitored. This sector will also ensure that all requisite support will be provided to UNHCR partners in line with the respective partnership agreements.

The Security Partnership Project (SPP) that was put in place in 2011 to reinforce law and order in camps and refugee-hosting areas was reviewed in 2014 and a renewed MOU (SPP II) with the Government of Kenya signed in 2015. An expanded community policing programme is to be implemented both in Dadaab and Kakuma, while additional police stations will be constructed to support the police contingent, including at the new site in Kakuma. Police escorts for agencies during their camp movements will be provided as required, as well as security for residential and office compounds in all camps.

Sector	Dadaab US\$	Kakuma US\$	Urban US\$	Total available US\$
Security and Operations Support ⁸	7,555,735	2,993,288	349,397	10,898,419
Main partners	UNHCR, Government of Kenya, all partners under partnership agreement with UNHCR			

⁸ SPP activities are budgeted under the "Protection from Crime" objective in the UNHCR results framework which is used as the programming tool for the operation.

GARISSA FORUM 2014

Last year, UNHCR launched a Global UNHCR supported the Governor of Garissa County to convene a stakeholder forum in Nairobi on 19/11/2014.

The event was an opportunity for donors and other relevant stakeholders to discuss key issues pertaining to Garissa County, including environmental protection, infrastructure rehabilitation, economic development and support to host communities and refugees. Security and socio-economic challenges posed by the protracted refugee situation were also discussed.

A key point for follow up is creation of a working group which will endeavour to find ways of integrating refugee issues in the CIDP. Meanwhile, UNHCR and partners will continue to work on host community programming with enhanced participation of host constituencies and seek to attract more development actors to the county.

6. Dadaab

6.1 Priorities and Challenges

Despite improvements in the security situation in 2014, targeted security incidents continue to occur in the five Dadaab Camps also characterized by insecurity and lack of freedom of movement for refugees outside the operational area.

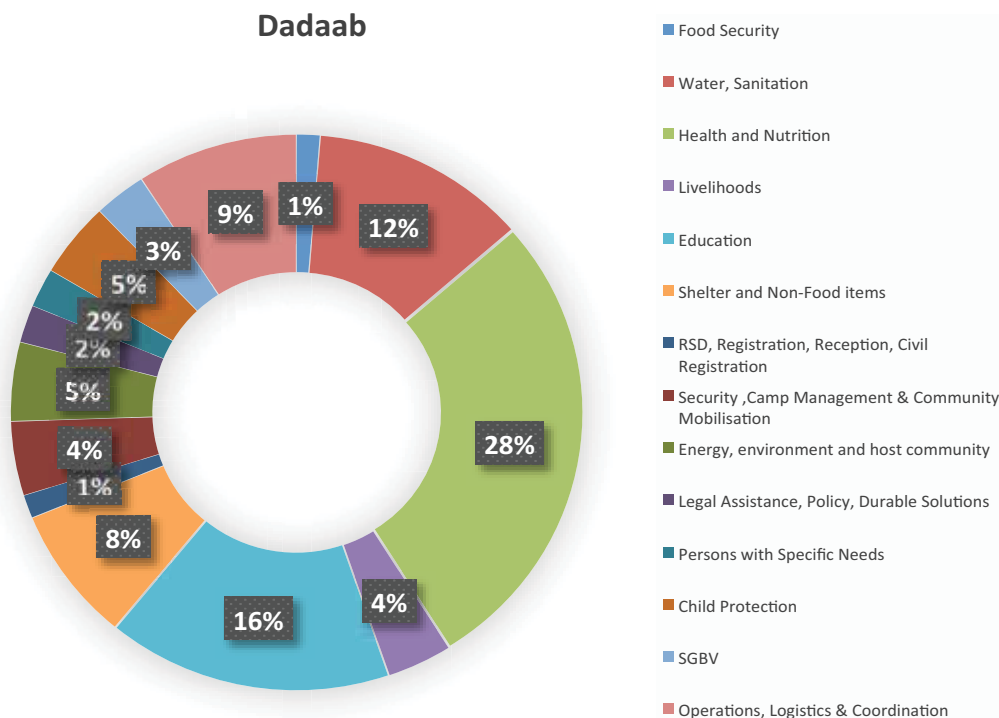
The overall decline in the Dadaab population since the peak of the 2011 famine influx amounts to some 130,000 persons, including a drop of nearly 53,000 in 2014 alone. Most of the individuals who returned had arrived in the country in 2011 as a result of drought and famine.

The departure trend illustrates two main issues: 1. Despite the fragile conditions in Somalia there are refugees who are interested in returning home to take advantage of the encouraging signs of stability and development in some areas, and they should therefore be supported, i.e. through the UNHCR pilot return project for 10,000 Somalis; 2. There is a need to ensure continuous provision of basic services and food aid at an acceptable level, to avoid a situation of coerced returns and thus compromise the international standards of protection. It is crucial to secure a solid funding base for the Somali refugee population which will be in need of continuous protection in Kenya in the short to medium term. At the same time, solid donor support is required inside Somalia in the places of origin, to ensure that returnees have access to basic services and livelihood opportunities.

A key aspect of the 2015 programme in Dadaab will be a multi-year programming approach, especially relating to long-term action, including the energy, environment and livelihoods sectors. In addition, an integration of development models into humanitarian action will be initiated, including through collaboration with the World Bank and other development actors.

This is in line with the integration of the refugee programme in the national planning processes at the county level through the Garissa Forum and CIDP, whereby county priorities on environment and resilience-building for refugees and host communities will be integrated in order to maximise access to services by both groups, especially in view of the ongoing returns to Somalia. Technological innovations in the delivery of basic services will be supported and the new UNHCR energy and environment strategy will be rolled out. At the same time, review of the basic services delivery model and possible consolidation of some services in line with the declining population will be initiated.

Chart: Sector Allocation for the Dadaab Programme



6.2 Planned Response

6.2.1 Child Protection

In Dadaab, as support to voluntary repatriation movements begins, family unity and the needs of unaccompanied and separated children in alternative care solutions will be given priority. 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 outputs. The Sub-County Children's Officer will be supported to enhance legal and institutional interventions 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).

The regular programming 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 from abuse, exploitation and neglect to improve their safety and security.

6.2.2 Education

A total of 93,737 of the 180,518 school-aged children (3-17 years) in Dadaab are enrolled in formal basic education programmes. The programme will continue to support the running of 34 pre-school centres, 34 primary schools and 7 secondary schools in all five camps. In addition it will support four vocational training

SOLARISATION OF BOREHOLES

In a single year, Dadaab uses about one million litres of diesel fuel worth \$1.5m to produce 3.65 million cubic metres of water from 30 boreholes in five camps. Other operational and maintenance costs amount to an additional 7 - 10% of this cost.

In 2014 UNHCR and partners initiated a pilot programme where several boreholes were upgraded to a solar-diesel hybrid system. The system uses solar energy combined with diesel fuel to generate power.

Of the 30 boreholes (one is a backup), three have already been upgraded to solar-diesel system 8 are in the process of being upgraded and the remainder will be upgraded in 2015.

This initiative will reduce the cost of diesel fuel by some 30% per year.

Donors: ECHO and DFID through the International Climate Fund.

The current teacher-pupil ratio in Dadaab is very high. The teacher-pupil ratio is 1:149 in the Early Childhood Development Education (ECDE), 1:51 at the primary level, and 1:20 at the secondary level. In Kenya, in general it is 1:25 at the ECDE level, 1:40 at the primary level and 1:30 at the secondary level.

The pupil to text book ratio will also be improved. The current ratio stands at 1:5 at the primary level, 1:4 at the secondary level, while the standard is 1:3. Adequate learning materials will allow pupils to participate further in school and also engage in private studies. Currently, 50% of schools meet the standard and this is expected to rise to 75% in 2015.

Presently, female teachers account for 19% of teaching staff and additional female teachers will be recruited to improve girls' participation and their retention rate. The target in 2015 is to raise this ratio to 25%. Female teachers act as role models for girls and should enhance their enrolment.

Accelerated learning will be offered for over-aged learners who have never been to school. These interventions will allow such learners to join mainstream education at a later stage.

Due to limited resources and the need to review assistance delivery in Dadaab as part of programme consolidation, there will be no infrastructure development in 2015.

Following the poor results of Garissa County in the 2014 national primary school examination, the Garissa County Education Board decided that no school in the County will be registered as a Kenya Certificate of Primary Education (KCPE) Examination Centre unless registered with the Board. A key requirement of this is having 10 qualified teachers registered with the Teachers Service Commission among the staff of the applicant school.

None of the refugee schools in Dadaab meet this requirement as they rely mostly on refugee incentive teachers who lack formal qualification from Kenya. After negotiations with the County in February 2015 it was decided that Dadaab refugee schools will be temporarily provided with Private Examination Centre codes to allow them to be formally recognised as Examination Centres. It was also agreed that refugee schools in Dadaab will be officially registered by November 2016, with a progress review conducted in November 2015. This will require investment in teacher training of incentive refugee teachers to build a qualified pool of staff. An attractive remuneration package would also draw qualified Kenyan teachers to work in Dadaab.

6.2.3 Environment, Energy and Host Community

Resources availed for firewood under the 2015 budget are enough to procure only some 2 months' supply of firewood leaving a gap of 10 months. This deficit will impact negatively on the majority of refugees, and will also affect communal operations such as the school meals feeding program, the safe haven and hospitals.

Dadaab will therefore prioritize environmental impact mitigation and energy solutions in line with the UNHCR SAFE global strategy which has been adopted at country level. In 2015, alternative sources of cooking energy, Liquefied Pressurized Gas (LPG) and Ethanol will be introduced as a pilot phase to complement firewood. In order to prevent cutting of indigenous trees, efforts will be made in partnership with County Authority and forestry department to control harvesting of dead wood and at the same time prioritize procurement of firewood from **prosopis juliflora**, as has already been the case in Kakuma in 2014. Prosopis has been declared an invasive species in Kenya and is targeted for eradication, hence using it as source of cooking energy will provide a win-win situation for host community livelihood support and protection of refugees through provision of essential cooking energy.

In order to reduce demand for firewood and to do more with less resources, 4,500 energy saving stoves will be fabricated to replace the old ones and distributed to needy households.

In 2014, 750 solar lights were installed across the camps in an effort to improve lighting for security purposes and help prevent GBV. Focus in 2015 will be on the repair and maintenance of the lights while exploring partnerships to procure and install more lights.

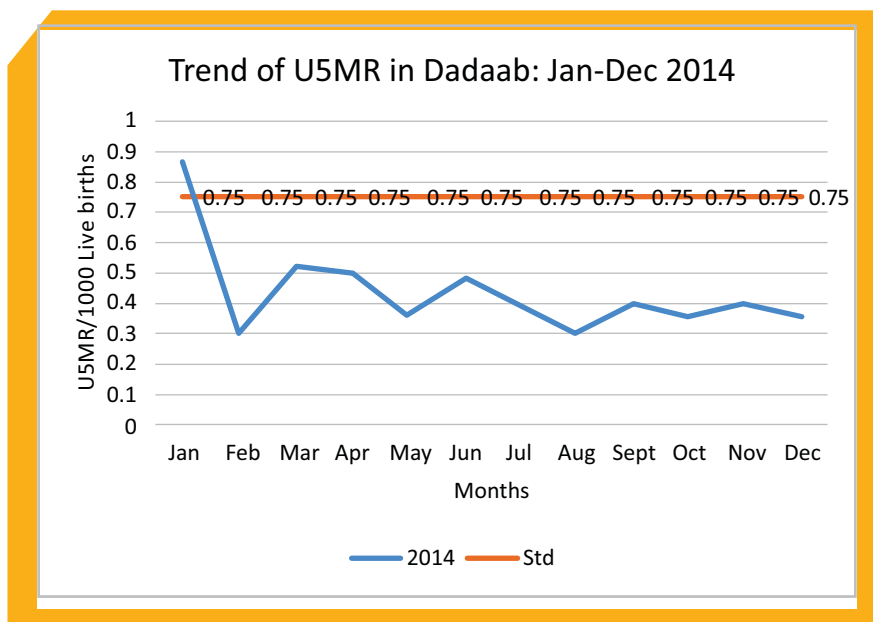
In an effort to rehabilitate and mitigate environmental degradation, 350,000 tree seedlings will be grown and distributed across the five camps. Some of the seedlings will be used to rehabilitate 20 hectares of greenbelts. Water supply and fencing of existing greenbelts will be maintained.

The Dadaab programme will continue participating in county environmental coordination mechanisms as well as sensitizing the communities on the need to conserve the environment. Communities will be mobilized to maintain environmental cleanliness including burying of carcasses and proper disposal of solid waste.

Health facilities will be supported to ensure proper waste management and incineration of biological waste. In addition, the environment sector will work with the education sector to strengthen environmental clubs in schools in order to instil environmental conservation ideas among learners. Furthermore, communities will be educated on using household waste water to water homestead tree seedlings or grow vegetables through multi-storey or backyard gardening.

6.2.4 Health

As shown in the figure below, the under-five mortality rate (U5MR), which is a sensitive measurement of programme performance, improved steadily from January to December 2014.



Other health indicators remained within standards, e.g. Neonatal mortality rates (5.6/1000 live births), infant mortality rates (26.5/1000 live births) and measles vaccination coverage of 92%.

Although maternal mortality rate (MMR) which stood at 223.9/100000 live births (LB) in 2014 was better than the national figure estimated to be about 360/100000 LB, the Dadaab rate translates into death of 24 women with complications during birth. During a similar period in 2013, a total of 35 women died while giving birth. The significant reduction was realised by adopting strategies that prevent excessive bleeding including introduction of fresh frozen plasma (FFP) for transfusions. In 2015, the health sector will work with the national blood bank to ensure a smooth supply of FFP.

To continue quality health care, a total of 22 medical facilities will be maintained in the camps. In 2015 the health programme will promote good health by strengthening immunization, community outreach, outbreak prevention and adopting strategies to improve maternal and child health.

Measles immunization coverage, which is a proxy indicator for the performance of routine immunization, was 92% in 2014 against the required standard of 95% in order to achieve herd immunity. Focus in 2015 will be improve immunization coverage through smooth commodity supply, cold chain maintenance and identification of children who miss immunization appointments, in addition to targeting new arrivals in the blocks.

Community participation is critical in health promotion and the programme will enhance capacity building and community sensitization in order to ensure that refugees can do more for themselves.

Use of the Health Information System will be strengthened in order to monitor disease trends for timely action and provision of information to programme, to guide the mid-term review and programming.

Considering the reduction in resources, reverse referrals where specialists visit Dadaab, as opposed to bringing patients to Garissa and Nairobi, will be strengthened in order to do more with available resources. This will also

support continuity of care in case the security situation hinders access to the camps by national staff as has happened in previous years.

It has also been observed that significant resources are wasted on multiple diagnosis resulting in increased demand for pharmaceuticals. Efforts will be made in 2015 to train refugees and national health care workers on rational drug use and essential medicine management.

Trends in the last few years have shown a decline in tropical communicable diseases to an increase in non-communicable diseases such as diabetes, hypertension, cancer and chronic obstructive pulmonary disease. There has also been an increase in the influx of patients from Somalia who come to seek treatment of diseases such as Multi-drug resistant tuberculosis (MDR-TB). In 2014, 410 new cases of tuberculosis were diagnosed and 44 cases of MDR-TB were received and started on treatment in MDR-TB Village in Ifo camp.

In order to re-align our response to the emerging disease pattern, efforts will be made in 2015 to build capacity to address non-communicable diseases and strengthen the mental health programme. At the same time the programme will maintain active surveillance of disease outbreak given the high-risk of transmission from Somalia, which is estimated to have more than one million children without access to an immunization programme. The Health sector will continue supporting the pre-embarkation health assessment for voluntary returnees to Somalia.

The programme will also focus on the retention of nurses/midwives required to support quality services at the health facilities, in addition to refugee incentive safe motherhood promoters (SMP). Capacity building for religious and community leaders as a primary intervention in stigma reduction and awareness enhancement on HIV/AIDs will be carried out throughout the year in all camps.

6.2.5 Livelihoods

In 2013, UNHCR and its lead partner for livelihoods the Danish Refugee Council (DRC) conducted an independent study of Dadaab Livelihoods titled the “Dadaab Dilemma” and a three-year strategy (2014-2016) was subsequently prepared and launched on 9 July 2014.

In line with the strategy, UNHCR and its partners plan to implement a robust livelihoods programme in Dadaab in 2015.

LIVELIHOODS PROJECTS

In Dadaab, green houses were set up in Ifo 2, Kambioos and Hagadera camps in late 2014.

While KRCS targets vulnerable women, LWF focuses on elderly, and Fafi Integrated Development Organization (FAiDA) considers vulnerability aspects as well as environmental protection. FAiDA has therefore embarked on including former charcoal burners into the projects to give them a new and environmentally friendly source of livelihood.

All three agencies provide training to beneficiaries in agricultural methods. The refugee teams working in the greenhouses consume some of their produce and sell the rest. Their produce supplements their diet while generating some income.

A soap production group supported by LWF has received certification from the Kenya Bureau of Standards (KEBS). The group now seeks to sell its products to shops and consumers within the camps.

Vocational Training Centres in Dadaab Town, Dagahaley, Hagadera and Ifo have begun a new school year and enrolled students during the first weeks of January. Among the one-year courses being offered are Computerized Secretarial, Electrical Engineering, Journalism, Tailoring and Dressmaking, and Carpentry.

This programme will seek to provide a safety net to vulnerable populations through various initiatives such as training of refugees on various vocational skills, implementation of village savings and loans (VSL) schemes, in addition to training and skills development on information, communication and technology. The VSL scheme will target the vulnerable with irregular income, in order to provide a sustainable and profitable savings, insurance and credit scheme for those who cannot access banking services. Meanwhile, the existing projects such as the YEP centres and other forms of training offered in Dadaab and in various Kenyan institutions outside the camps will continue to be supported. In all, it is expected that the trend of the gradual increase of persons engaged in various livelihoods activities will continue and rise to some 10% (from 3% in 2013 and 6% in 2014).

Partnerships with experts in specific livelihoods from both public and private sectors will be sought in Kenya and in Somalia as part of the return strategy. UNHCR and partners plan to conduct a comprehensive market assessment and socio-economic survey to align livelihoods projects with the findings, with a view to providing targeted assistance to the protracted caseload in the near future. Also, monitoring and evaluation systems for the programme will be designed to track the success of various interventions. The refugee leadership structures will be involved in the livelihoods programmes and the livelihoods strategy and activities will need to be incorporated into the Dadaab Communication Group platform to ensure wider information sharing in the community.

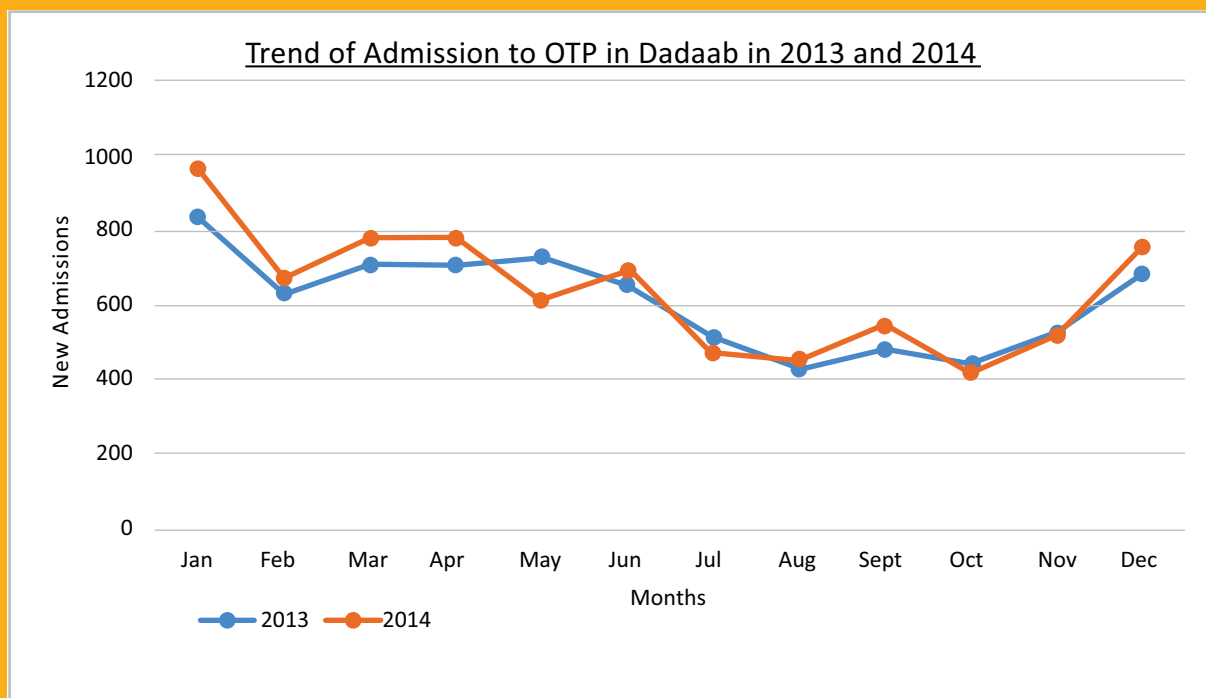
6.2.6 Non-food Items

Due to limited resources there will be no replacement of core relief items undertaken in the Dadaab operation. Sanitary materials for women will be provided as well as soap, but other NFIs will only be distributed to vulnerable individuals as part of the return package for spontaneous returnees to Somalia.

6.2.7 Nutrition

Dadaab experienced a sharp rise in malnutrition rates following the influx of Somalis in 2011 who had been largely displaced by famine. New arrivals came with a Global Acute Malnutrition (GAM) rate that was as high as 38%. However, with improvement of the food basket and targeted food and nutrition interventions, the GAM steadily declined and is now below the minimum standard of 10% except in Ifo 2 camp.

A nutrition survey conducted towards the end of 2014 established GAM rates of 9.8% in Ifo, 12.2% in Ifo 2, 7.7% in Dagahaley, 8.1% in Hagadera and 6.9% in Kambioos. The severe acute malnutrition (SAM) had also dropped to below standards of 2% and stood at 0.6% in Ifo, 1.8% in Ifo 2, 0.6% in Dagahaley, 0.8% in Hagadera and 0.6% in Kambioos. The overall programme performance at the end of 2014 was above the minimum sphere standards requirement (75%) with the overall recovery rates for both programmes at 95.3% for moderately malnourished children and 93.1% for severely acute malnourished children.



In 2015, the nutrition programme will focus on prevention through strengthening the maternal and infant and young child feeding programme and also mainstreaming nutrition screening in health facilities and maternal and child health clinics. Previous national de-worming and nutrition days (Malezi Bora) established that new cases of malnourished children and re-admissions originate from specific areas of the camps. In 2015, the nutrition programme will undertake hot-spot mapping to identify areas where most cases come from and carry out target interventions while working closely with the community through mother-to-mother support groups for nutrition promotion and interventions.

The complementary feeding programme will also be re-oriented to provide animal protein to children 6-23 months old through a voucher system. The nutrition programme will work closely with the health sector to promote early initiation of breast feeding and child friendly services in health facilities.

Cooking demonstrations, alongside interventions by the environmental sector to ensure optimal supply of cooking energy and promotion of backyard gardening for food diversification.

Qualified nutrition staff will be retained in order to manage the nutrition programme while building the capacity of refugee nutrition staff.

It is expected that WFP will continue with the supplementary feeding programme which provides targeted supplementary food to moderately malnourished children aged 6-59 months and caregivers. A bi-annual Mid-Upper Arm Circumference (MUAC) screening and Vitamin A supplementation will be carried out during the year in all Dadaab camps. The supplementary feeding programme will also be provided to patients with chronic medical problems such as TB and HIV/AIDS.

6.2.8 SGBV

The presence of police in Dadaab, including police women, will address the physical protection of vulnerable refugees in the camp from criminal gangs and potential attackers. The implementation of the Dadaab SGBV Strategy 2012- 2015 will apply a survivor centred approach to response and prevention activities and will include improved data collection through the Gender-Based Violence Information Management System (GBVIMS) tool, protective shelter and improvement of safe access to domestic energy. It will also help to ensure maintenance of public solar street lighting of public spaces, pathways, amenities such as toilets and water points and crime flashpoints, and facilitate Police patrols and perpetrator identification. Sensitization campaigns will be carried out to ensure that lights installed in 2014 are not stolen or vandalized.

Sensitization campaigns will also be conducted to address behaviour change and target conservative communities that discourage timely reporting of rape (within 72 hours) and hinder access to the PEP-Kit for prevention of HIV transmission. There will also be a need to enhance access to the gender desks by maintaining 10 translators (two for each of the five camps) to assist in confidential reporting and investigation of cases. This will support successful prosecution of cases in courts of law. This also relates to the need to provide an adequate number of lawyers who can sensitize the community on their rights as well as provide legal aid to survivors and advocate on their behalf.

It is essential that survivors have access to psychosocial counselling and that all relevant SGBV agency staff members are trained on disability and prevention issues, including police officers and private security company (G4S) personnel. In order to address the needs of refugees engaged in survival sex, livelihood activities will be intensified as a way of extracting them from the cycle of poverty. Empowering refugee women through participation and representation in community leadership structures as well as encouraging boys and men to be actively involved in SGBV prevention at the community level, will be a key priority for the Dadaab operation. Specific services for Lesbian Gay Bisexual Transgender and Intersex persons (LGBTI) will also be introduced in the camps.

6.2.9 Shelter

Only 14% of the households in Dadaab have adequate shelters, the rest live in tents or makeshift structures. Lack of adequate shelter poses protection, health and security-related risks for household members, especially women and children who are exposed to cold, poor ventilation, insecurity and are vulnerable to external attacks. Uncontrolled harvesting of soil for making mud bricks has left gaping holes where water is trapped during the rainy season and results in vector proliferation, physical risks and accelerated soil erosion. Efforts by UNHCR to provide shelters made of interlocking stabilized soil bricks (ISSB) which meet required standards were discontinued at the instruction of GoK. As a result the programme shifted to transitional shelters made up of corrugated roofing sheets and plastic sheets for the walls.

In 2015, the programme will continue providing transitional shelters (T-Shelter) targeting vulnerable families in newer camps while replacing worn out tents in all other camps. With very limited resources the Shelter sector will continue supporting the improvement of schools and other institutional infrastructure and will also ensure maintenance for 15 kilometres of the road network.

6.2.10 Support to Persons with Specific Needs

Special attention will be given to the most vulnerable among persons with specific needs, especially older persons and persons with disabilities. Enhanced access to services will be promoted through inter-agency

advocacy and collaboration and targeted interventions. Support will be given to home-based care as well as institutional rehabilitation when required, including the provision of mobility aid. Community-based protection mechanisms will be promoted to ensure sustainability.

In 2014, of the more than 15,000 persons living with a disability (PLWD) in Dadaab, only 5,069 (34%) accessed services specific to their needs. This is nevertheless an increase compared with previous years due to improved partner capacity in this area. The presence of trained refugee community workers also enabled the continuity of services on home-based care rehabilitation. This will be further enhanced in 2015.

At the beginning of 2014, 20% of refugees in need accessed psychosocial support with a registered increase to 30% by the end of the year. The increase was the result of engaging and training more community members as para-counsellors who were then able to reach a larger population. This approach will be improved to ensure that services are progressively increased. Similarly, efforts will be made to identify and provide basic services to mental health patients living in the community.

At the beginning of 2014, only 10% of the elderly accessed services based on their specific needs, but by the end of the year services had been extended to 40% of the target population. Home-based care training was provided to caregivers of older persons who were able to perform basic physiotherapy exercises for elderly persons. That percentage will be increased to at least 60% during the course of 2015.

6.2.11 WASH

The WASH sector had been providing adequate water to refugees, and, given the reduced population, the quantity reached an all-time high of 29 litres per person per day (l/p/d) on average by June 2014. With concerns raised about the stability of the aquifer in Dadaab and the need to reduce costs, pumping of water was scaled down, and by the end of 2014 refugees were provided with average of 22 l/p/d. Drinking water was treated online and free residual chlorine maintained at 0.5mg/l at tap stands.

A pilot study on the use of solar energy to pump water was completed with the installation of a solar –diesel hybrid system in three boreholes. This resulted in savings of about 30% in fuel costs. Following discussions with the Water Resource Management Authority (WRMA), the WASH sector introduced measures to improve on sustainable water resource management by all partners in the operation. As a result, the water supply to agency compounds was fitted with meters and each agency invoiced for their water use. The effort bore fruit as the amount billed to partners fell by some 40% between July and December 2014 (from Ksh 1.2 million/month to 0.7 million per month by December 2014).

In 2015, the water sector will focus on cost saving and value for money measures, as well as proper water management. A total of 34 km of the water system will be rehabilitated in order to prevent water wastage through leakages. An assessment on metering water at block levels will also be undertaken.

The solarisation of boreholes will continue, while at the same time discussions will continue with the Kenya Power Company, which is installing the national electricity grid, in Dadaab, in an effort to ensure a timely shift from generators to the national grid which will also result in savings. Training of WASH committees to manage WASH services will be conducted throughout the year. In addition, the KAP⁹ survey will be carried out in all camps.

In 2015, a survey will be conducted to establish latrine coverage and to map those refugees without access to communal latrines and also map latrines that require back filling. Additional latrines will be constructed,

9 Knowledge, Attitude and Practice.

mainly targeting the neediest, and access improved for persons living with disabilities. Latrine construction will maintain community participation in digging the pits, while agencies will provide the super-structures.

Sanitation in schools will be promoted through construction of latrines that meet gender requirements by having separate latrines for girls. Hand washing facilities will also be provided next to latrines, as well as at school kitchens in support of the school feeding programme.

Dadaab has a soap production enterprise run by refugees and their products have been approved by the Kenya Bureau of Standards. Even though their capacity is still limited, a portion of 2015 soap requirements will be bought from this project.

Two indoor residual spraying sessions will be conducted before the rainy season, as a way of controlling vector-borne diseases.

Programme	UNHCR US\$ (only operations)	Partners US\$	Total Available as of Feb 2015 US\$
Dadaab	33,008,185	28,450,653	61,458,838

7. Kakuma

7.1. Priorities and Challenges

In 2014, the Government of Kenya generously welcomed some 46,000 refugees who arrived from South Sudan. Most are accommodated in Kakuma refugee camp. South Sudanese arrivals are being granted refugee status on a **prima facie** basis, an important signal from the Kenyan Government that acknowledges the gravity of the situation in their country of origin.

The main challenge in 2014 was the congestion in the existing four camps and it is expected that additional land will be granted by the County Government to accommodate some 80,000 refugees. Recognizing both the important role that host communities play in the protection of refugees, and the additional burden they face hosting the growing number of refugees, UNHCR is complementing the Government of Kenya's efforts to address the needs of the refugee hosting communities.

UNHCR will work with partner agencies to enhance integration of the Kakuma camp economy with that of the host community, to ensure lasting benefits of the refugee presence to the Turkana County, while at the same time enhancing the capacity of refugees' self-reliance. The existing and emerging partnerships with development actors will be strengthened to ensure integration of the refugee programme within the wider Western Turkana development framework, starting with the inclusion of the refugee programme in the Joint UN Plan for Turkana for 2014-2016 (ref.p.14)

REGIONAL RESPONSE PLAN FOR SOUTH SUDAN

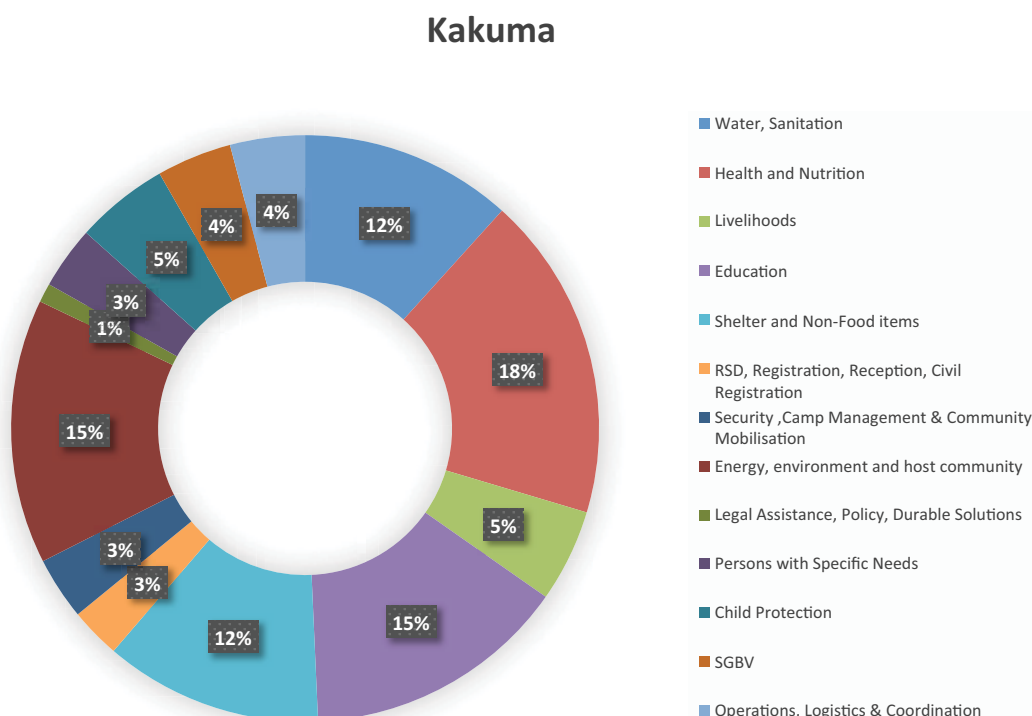
In response to the massive influxes of refugees fleeing the conflict in South Sudan that began in December 2013, UNHCR and partner agencies launched an initial Inter-Agency Appeal for the South Sudanese Refugee Emergency for January to December 2014 to cover the needs of refugees in the neighbouring countries of Ethiopia, Kenya, Sudan and Uganda.

This initial appeal was updated in July 2014 as the South Sudan Refugee Emergency: Revised Regional Response Plan, with financial requirements totalling US \$657.7 million on behalf of 34 partners.

For 2015, with population displacements from South Sudan into neighbouring countries continuing, the 39 partners working to respond to this emergency are appealing for US \$809.9 million through the South Sudan Regional Refugee Response Plan for January-December 2015.

The Kakuma operation is covered in the RRP.

Chart: Sector Allocation for the Kakuma Programme



7.2. Planned Response

7.2.1 Child Protection

According to 2014 year-end statistics, the population of children below the age of 18 years was about 99,000 out of 178,079 and constitutes about 56% of the total camp population. However, the proportion of children among new arrivals is close to 70%. The protection and assistance programme in Kakuma, therefore, should be mainly a child protection operation.

The population of unaccompanied minors and separated children accounts for 14% of the total child population in the camp. While appropriate protection services (identification, registration, documentation, alternative care arrangements etc.) will continue to be provided to all children, the operation allocated more resources for 2015 to improve the welfare of children in Kakuma. In addition to US \$1.5 million allocated for Child Protection, resources have thus been prioritised to address the existing gaps in other sectors and in particular education, and also to address the protection needs of refugee children and adolescents.

7.2.2 Education

In 2014, there was a considerable increase in school enrolment at all levels (pre-primary, primary and secondary education) from 35,091 students in 2013 (14,448 females) to 63,144 students in 2014 (24,727 females). This represents an increase of 80%.

Despite this important increase, the overall enrolment rates in Kakuma remained below the required UNHCR standards, with only 32%, 65.3% and 2.3% of eligible pre-primary, primary and secondary school children, respectively, enrolled, and with gender disparity becoming more evident in the upper levels of schooling.

For the old caseload the enrolment rates are 28.5%, 69.5%, 3.2% at pre-primary, primary and secondary respectively. The rate among the new arrivals is 40% at the pre-school level and 54% at the primary school level, which indicates that about 50% of the eligible school age children in the two levels are out of school. This is worrying because 70% (some 32,000) of South Sudanese new arrivals are children below the age of 18 years.

Other education quality indicators remained below national and UNHCR standards with as many as 103 learners in one classroom, a desk-to-pupil ratio of 1:8 and a latrine-to-pupil ratio of 1:92 on average. Inadequate availability of vocational skills training continues to negatively impact youth development and protection. This state of affairs was due to the overwhelming increase in camp population, increase in the number of over-age learners, lack of adequate support materials due to budgetary constraints and high teacher turnover.

In 2015, the budget allocation to the education sector by UNHCR and its partners will be used to meet the mandatory recurrent and maintenance costs of existing facilities. There is no provision for expansion of learning space and related support that would allow increased enrolment and ease congestion.¹⁰ However, interventions to increase education quality and to improve the learning environment, such as increase in the number of teachers, increase in incentive pay for teachers by 16%, catering for teacher training, improvement in WASH facilities and provision of teaching and learning materials have been included, albeit at a moderate scale compared with the high number of children in school.

7.2.3 Environment and Energy, Host Community

In 2014, resources allocated met only 16% of the domestic fuel needs of the refugee households. The remaining 84% of firewood need was met by the refugees themselves through direct sourcing from the nearby forests and bushes. 60% of the firewood supplied in 2014 was from the invasive **Prosopis juliflora** tree species. This made it a resource to the host community rather than a menace as it has been previously. It further helped to protect the other indigenous tree species which have many uses to the host community. All the other firewood was harvested from dead wood.

The practice will be followed also in 2015, and effort will be made in partnership with County Authority and Forestry department to control harvesting of dead wood and at the same time prioritizing procurement of firewood from **prosopis juliflora** species. Turkana County has an abundance of prosopis, and, in partnership with FAO, efforts will be made to adopt some of the best practices used in neighbouring Baringo County to ensure sustainable use of prosopis as source of cooking energy and construction materials.

Members of host community sell charcoal in the camps and previous assessments established that up to 10% of the refugee community cook their food using charcoal. However, firewood will remain the main source of cooking energy; in order to cut demand energy saving stoves will be fabricated for targeted distribution to new arrivals.

In partnership with the Education Above All Foundation from Qatar, four schools will be provided with solar electricity on a pilot phase. About 2,000 solar lamps will be procured and provided to refugees and host community. Youth from the refugee and host communities will be trained on solar installation and maintenance.

¹⁰ The anticipated Education Above All Foundation contribution in April 2015 will provide resources for an additional four schools. The contribution is not included in the budgets presented in the document as it is not confirmed yet.

In an effort to rehabilitate and mitigate environmental degradation, 100,000 tree seedlings will be nurtured and distributed across agency compounds and camp. Some of the seedlings will be used to rehabilitate 20 hectares of greenbelts.

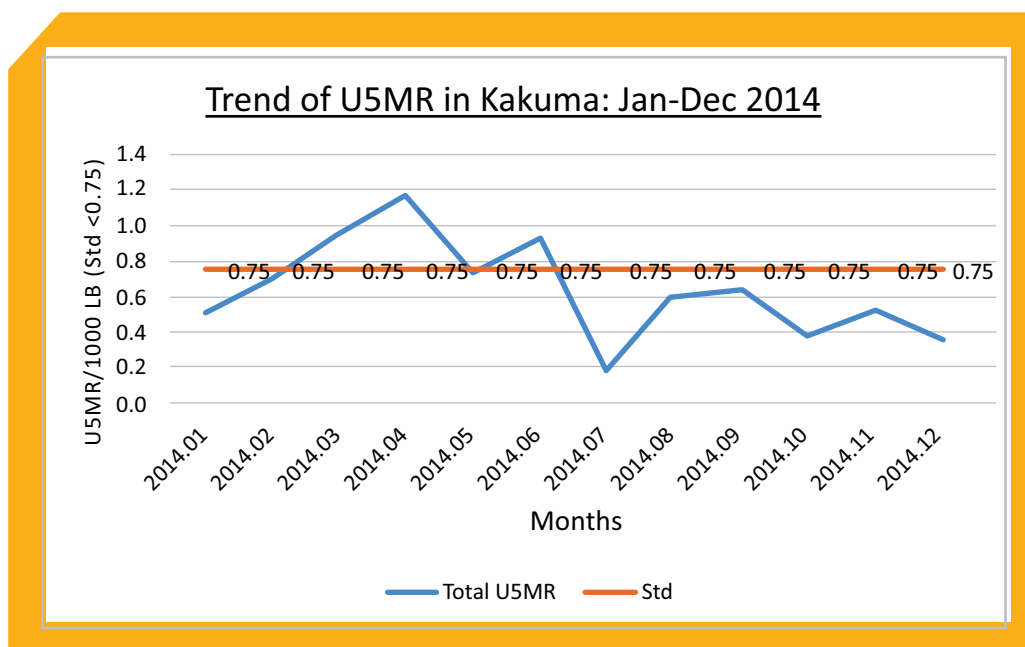
The Kakuma programme will continue participating in county environmental coordination mechanisms, as well as sensitizing the communities on the need to conserve environment. Communities will be mobilized to maintain environmental cleanliness including burying of carcasses and proper disposal of solid waste.

Health facilities will be supported to ensure proper waste management and incineration of biological waste. In addition the environmental sector will collaborate with the education sector to strengthen environmental clubs in schools, in order to inculcate the culture of environmental conservation among learners. Further, communities will be educated on proper use of waste water at household level and the use of water from the seasonal Tarach river to water homestead tree seedlings and grow vegetables through multi-storey or backyard gardening.

In 2015, the total set aside for host community projects includes a considerable contribution from GlZ, which is part of their greater Turkana support programme. 2015 will also see the commencement of efforts aimed at integrating the local and refugee economies. Activities will be informed by a study to be led by the World Bank. The results of the study are expected by August 2015.

7.2.4 Health

New arrivals from South Sudan in 2014 entered the country in relatively stable health conditions, except for a measles outbreak which started in South Sudan and continued to spread in Kakuma camp. However, as shown in the figure below, U5MR increased above the minimum standard in early 2014, but from July returned to 2013 levels.



Other health indicators remained within minimum standards e.g. neonatal mortality rate (5.5/1000 live births) and infant mortality rates (26.2/1000 live births), while measles coverage rose above the standard of 95% to reach all an all-time high 96.2% coverage.

The maternal mortality rate (MMR) stood at 283.2/100000 live births (LB) in 2014, which was better than the national figure, estimated to be about 360/100000 LB, and 2013 figure in Kakuma of 325.4/100000 LB. However, the 2014 MMR translated into the deaths of 10 women. In 2015 the focus will be on improving the quality of care in order to avoid preventable deaths. The health programme will promote good health by strengthening immunization, community outreach, outbreak prevention and adopting strategies to promote maternal and child health. The health sector will also continue to focus on screening and linking new arrivals to services and maintaining active disease surveillance.

Focus in 2015 will be to strengthen immunization coverage through smooth commodity supply in collaboration with the county government, cold chain maintenance and active identification of children who miss immunization appointments and targeting of new arrivals in the blocks.

Kakuma will further focus on improving health infrastructure and align it to the County system to ensure access for both refugees and the host community. To this effect, a level 4 hospital will be constructed in phases in the Kakuma 4 area, to replace the current IRC hospital situated in the old section of the camp, which will be scaled down to a clinic.

In 2014, strengthened collaboration with AMREF saw regular visits of specialists to Kakuma who managed cases on the ground, resulting in significant savings in referral services. This partnership will be enhanced in 2015, with UNHCR providing logistical support and AMREF meeting the costs of specialists.

Use of the Health Information System will be strengthened in order to monitor disease trends for timely action and provision of information to Programme in order to guide the mid-term review and programming.

Capacity building of refugees to do more to help themselves will continue in 2015, in addition to training national and refugee health workers on rational drug use in order to prevent poly-diagnosis and poly-pharmacy which results in the wastage of drugs and manpower.

In 2014, Handicap International joined the Kakuma partnership and access to services for persons with disability will be prioritized in 2015.

Kakuma continues to experience a high rate of malaria and efforts will be made in 2015 to ensure improved use and coverage of long-lasting nets, as well as vector control and malaria management.

KAKUMA EDUCATION MODEL

Following a joint visit with the High Commissioner for Refugees in October 2012, Her Highness Sheikha Moza bint Nasser of Qatar generously offered to support the establishment of an innovative model education programme in Kakuma.

The 4-year model is based on an **integrated approach** to programming, focusing on both refugee and host community. The key activities include the establishment and running of additional primary and secondary schools with emphasis on identifying more cost-effective models; focus on teacher training and sports & arts in the schools; introduction of multi-purpose **Innovation Centres** to serve as community information and social hubs to be used for lessons by adolescent youth and older learners.

Peace building education will support peace-building and community integration through in-school and out-of-school engagement activities. **Vocational and skills training** opportunities will encourage self-reliance and reflect current market needs. The total budget will be \$18.7 million and the project will run through 2018.

Kakuma has a higher rate of HIV infection than Dadaab, with a prevalence of 1.9% and 1.2% respectively. There are over 230 patients on anti-retroviral therapy (ART) and the risk of HIV transmission is significant because of the high number of most-at-risk populations (MARPs). Focus in 2015 will be on working with community and religious leaders to reduce stigma and discrimination and reduction of the risk of HIV transmission including from mother to child.

7.2.5 Livelihoods

In the past two years, UNHCR and partners scaled up their efforts to re-orient the refugee assistance programme by moving away from the traditional care and maintenance to assisting refugees in achieving some level of self-reliance.

The new approach aims to change the way the operation has managed self-reliance and livelihoods by emphasizing innovation in equipping refugees with requisite skills that enable them to compete in the current labour market through use of technology.

In Kakuma, UNHCR has established community technology access centres where refugees receive computer training. They also have access to distance learning and plans are underway to introduce learning through Skype in schools. In primary and secondary education, refugee children are expected to start benefiting from funding from the Kakuma Education Model, supported by the Education Above All Foundation in Qatar, which should run until 2018.

In farming, plans are underway to introduce modern agriculture through drip irrigation and use of greenhouses. The operation has also enlisted a new implementing partner whose core business is to promote self-reliance and livelihoods. A household survey on the socio-economic profile of refugees will be undertaken to provide advice on the way forward, so that refugees can diversify existing livelihoods and possibly achieve some level of self-reliance in the medium term. In 2015, UNHCR and partners have prioritised this sector and roughly doubled the allocation of resources from 2014.

7.2.6 Non-Food Items

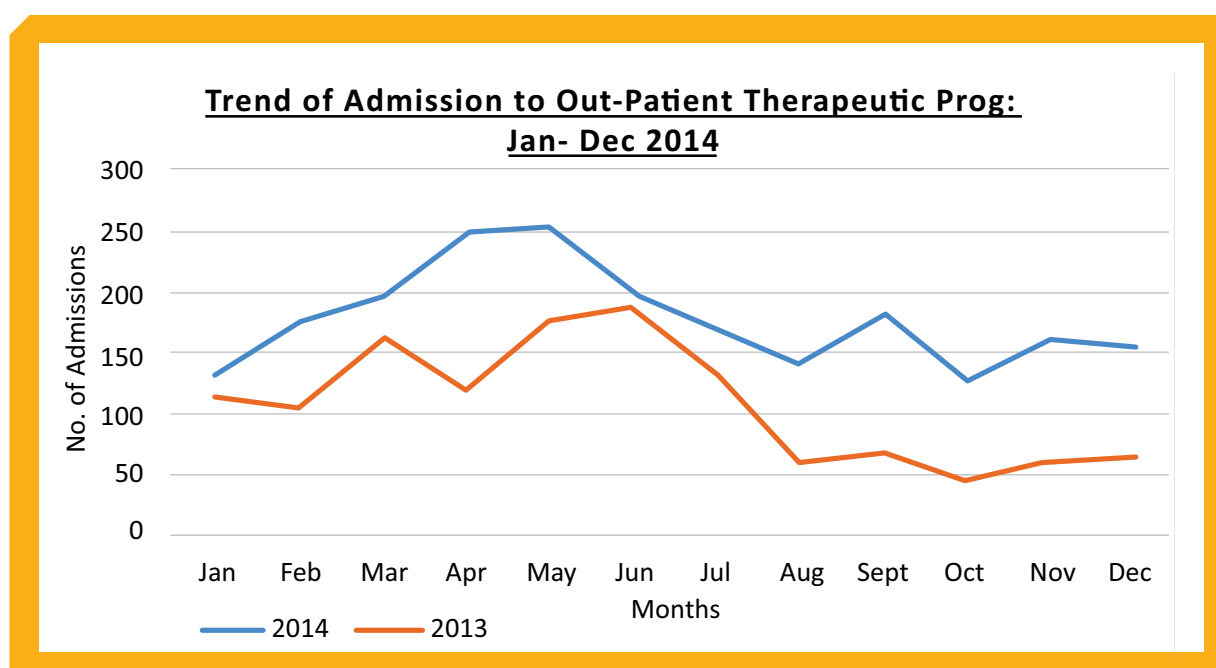
Provision of sufficient quantities of non-food items (NFIs) improves the quality of life for refugees and reduces the portion of the food ration that they might sell to obtain other essential commodities.

However, the life span of NFIs is about two years and replenishment is required in a timely manner to ensure refugees have an adequate supply. Due to funding limitations, priority has been given to newly arrived refugees who receive a full NFI kit including hygiene items such as sanitary materials and soap upon arrival. Thus only 40% of refugees in Kakuma in 2013 and 2014 received sufficient quantities of basic household and hygiene items. The remaining 60% of the population (mainly the old caseload) did not receive adequate supplies and shared cooking utensils, water containers, blankets, sleeping mats, mosquito nets, etc. The only exception was sanitary materials for women and girls of reproductive age. It is also an issue of concern that the non-food package does not include clothing for refugees. In Kakuma, provision of adequate clothing particularly to children, is critical, as they make up close to 70% of the new arrivals. The priority for 2015 will be to provide non-food items to 35,000 new arrivals and vulnerable groups, as well as sanitary kits to about 40,000 women and girls. UNHCR and its partners have allocated US\$ 2.34 million for procurement of 35,669 blankets, 8,917 kitchen sets, 17,874 water containers, 35,669 sleeping mats, 26,751 plastic tarpaulins and soap and hygiene items for women and girls.

7.2.7 Nutrition

In 2014, malnutrition among new arrivals from South Sudan fluctuated between 15% and 25% depending on the individual vulnerability and time it took to reach the camp. The measles outbreak further affected the nutrition status of new arrivals. However, following robust interventions in nutrition, improvement of the food basket and targeted food and nutrition interventions linked to growth monitoring, the nutrition status was addressed and a nutrition survey among children 6-59 months old conducted near the end of 2014 did not reveal any statistically significant difference in GAM rates between the old and new caseload. The GAM rate in 2014 was 7.4% as compared to 7.5% in 2013. The SAM rates increased slightly from 0.4% and 0.7%

The overall programme performance at the end of 2014 was above the minimum sphere standards requirement (75%) with the overall recovery rates for both programmes at 89.2%.



In 2015, the nutrition programme will focus on prevention by strengthening the maternal and infant and young child feeding programme and also mainstreaming nutrition screening in health facilities and maternal and child health clinics.

The complementary feeding programme will also be re-oriented to provide animal protein to children 6-23 months old through a voucher system. The nutrition programme will work closely with the health sector to promote early initiation of breast feeding and child friendly services in health facilities.

Cooking demonstrations will be conducted, alongside interventions by the environmental sector to ensure the optimal supply of cooking energy and promotion of backyard gardening for food diversification.

Qualified nutrition staff will be retained in order to manage the nutrition programme while building the capacity of the refugee nutrition staff.

It is expected that WFP will continue with the supplementary feeding programme which provides targeted supplementary food to moderately malnourished children aged 6-59 months and their caregivers. A bi-annual Mid-Upper Arm Circumference (MUAC) screening and Vitamin A supplementation will be carried out during the

year in Kakuma. The supplementary feeding programme will also be provided to patients with chronic medical problems such as TB and HIV/AIDS. In 2015, it is estimated that some 600 severely malnourished children <under five years of age will be enrolled in the therapeutic programme while some 4,000 persons comprising moderately malnourished children, chronically ill patients and pregnant and lactating mothers will be enrolled in the supplementary programme.

7.2.8 SGBV

The female population constitutes approximately 47% of the total camp inhabitants. Community-based protection remains one of the most effective strategies in reducing gender based violence in the camps. In 2015, UNHCR and its partners have set aside an increased amount of funds to ensure that survivors of SGBV receive appropriate and immediate assistance and to ensure refugee and host communities participate in prevention and response. Specific activities include free access to medical and legal services for survivors, provision of material assistance, safe houses, empowerment of communities to participate in prevention and response as well as psychosocial counselling. The response strategy will be complemented by providing support for self-reliance and livelihoods to survivors.

7.2.9 Shelter

About 61% of the old caseload lives in adequate shelters. This has been achieved through strong community participation in shelter construction using mud bricks and provision of roofing materials by the programme. Another 20% lives in shelters that require replacement because they have been destroyed by termites. As well, some refugees have settled in areas prone to flooding and efforts will be made to mitigate flooding risks.

Lack of adequate shelter poses protection, health and security-related risks for household members especially women and children who are exposed to cold, poor ventilation insecurity and vulnerability to external attacks, among others. In addition, uncontrolled harvesting of soil for making mud bricks has left gaping holes where water is trapped during the rainy season resulting in vector proliferation, physical risks and accelerated soil erosion; the programme will engage the community in sustainable mud brick making.

In 2014, a total of 7,456 emergency shelters were provided to new arrivals while 5,840 others were converted into transitional mud-brick shelters and provided with corrugated iron sheets for roofing.

In 2015, partners will support the construction of 2,500 shelters for the old population and 5,000 for the new arrivals from South Sudan, hence increasing the percentage of households living in adequate shelters.

The Shelter sector will continue supporting the improvement of schools and other public infrastructure. In addition, 15 km camp roads will be maintained, prioritizing those leading to key installations such as health facilities, police posts, field posts and schools.

7.2.10 Support to Persons with Specific Needs

In 2014, some 23,456 persons with specific needs (PSNs) were identified in Kakuma (including 10,790 females). This figure included 17,076 persons living with disabilities (PLWD), 915 with mental disabilities, 104 children with cerebral palsy and 3,000 elderly persons at risk, among others. These individuals constituted roughly 13% of the total camp population. An unknown number of lesbian, gay, bisexual, transgender, and intersex individuals (LGBTI) also reside in the community and face particular protection risks, though only 30 individuals sought assistance in 2014 due to fear of identification within the community.

The support provided to persons with specific needs in the camp remained a challenge in 2014 in terms of access to services, though during the year 9,405 persons received targeted assistance. Monitoring visits revealed that PSNs faced myriad challenges including discrimination, stigma, restricted access to services, lack of access to information and detrimental cultural beliefs. These problems were primarily caused by the limited mainstreaming of services for their specific needs into regular programming.

In 2015, UNHCR has appointed the National Council of Churches of Kenya (NCCK) as the lead partner for this sector. Partners will work with UNHCR to mainstream the protection needs of PSNs in all sectors of assistance. All partners will work on coordinating response and preventive interventions including community-based, rehabilitation, social-economic, medical and psycho-social support. Collectively, UNHCR and its partners will contribute about US \$1.92 million to support the provision of cash and material assistance to extremely vulnerable persons and expand community-based rehabilitation centres for persons living with disabilities. The funds will also be used to equip the Occupational Therapeutic Centre in Kakuma 2.

7.2.11 WASH

The WASH sector in Kakuma had been providing water to refugees at a minimum of 20 l/p/d. However, with the large influx experienced in 2014 refugees settled in areas where water infrastructure was not established and hence certain areas, especially with new arrivals, received as low as 9 l/p/d. The situation improved towards the end of 2014 to 18.5 l/p/d following the drilling of five boreholes and installation of three elevated steel tanks largely to serve new arrival areas and relieve pressure on other parts of the camp.

In 2015, the water sector will focus on maintenance of the system and preventing water wastage through leaking or uncontrolled use, especially at institutions and agency compounds. Water meters will be installed and respective agencies invoiced for their water consumption. The resources will be utilized to pay water abstraction charges levied by the Water Resource Management Authority (WRMA). In addition, solarisation of boreholes will be piloted. Reports from the County government have also indicated that the national electricity grid line may reach Kakuma in the course of 2015. Should that happen, boreholes will be connected to the grid line and generators maintained for emergency back-up in case of power outage. Training of WASH committees to manage WASH services will be conducted throughout the year.

Because of congestion in the camp and limited resources, sanitation is one of the sectors where the minimum standards have not been met in terms of family latrine coverage for a long time. By the end of the 2014, the family latrine coverage for the old population stood at 60% while that of new arrivals was 33%. In 2014, focus was on ensuring that all refugees have access to communal latrines, which was achieved in the new arrival areas, with an average of 20 persons per drop hole. The sanitation situation in schools was worse in the new arrival schools, where up to 600 pupils shared 1 latrine.

In 2015, focus will be on increasing family latrine coverage and addressing sanitation in schools through construction of 6 blocks of latrines of 4 stances each in schools. At the block level, refuse pits and hygiene kits will be provided. Other hygiene activities will include vector control and hygiene promotion through multi-tasked community outreach refugee workers and volunteers.

Programme	UNHCR US\$	Partners US\$	Total Available as of Feb 2015 US\$
Kakuma	21,341,857	19,286,698	40,628,555

8. Urban Programme

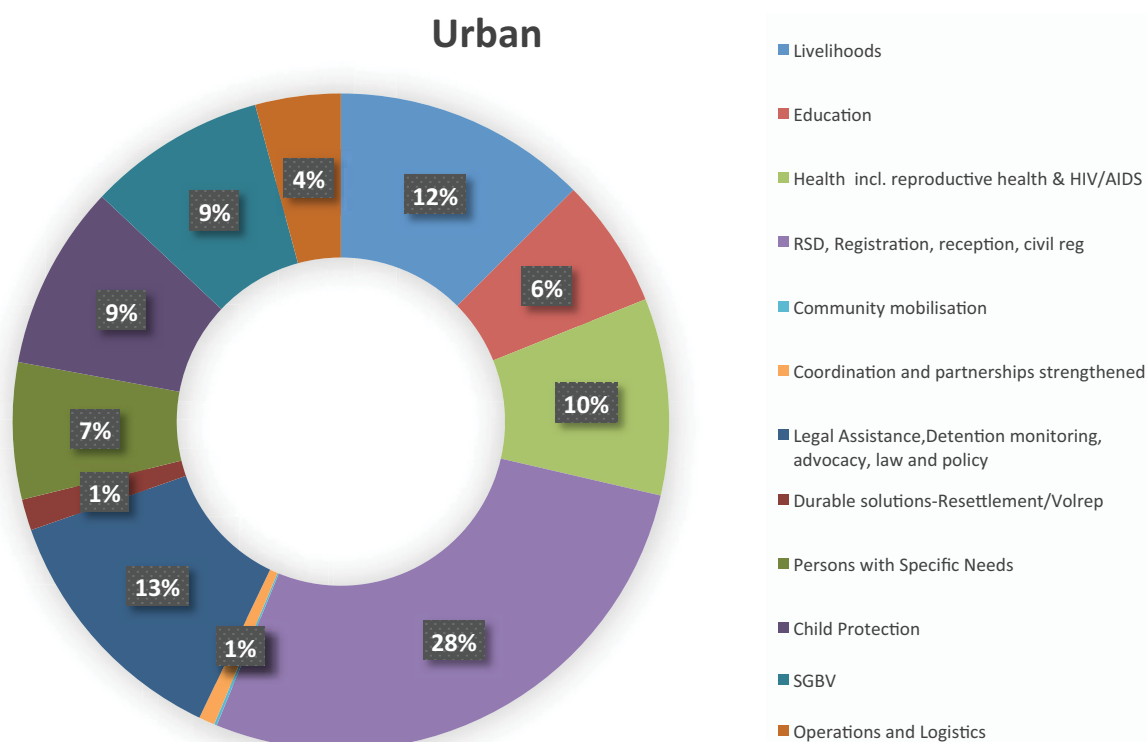
8.1. Priorities and Challenges

The Kenya urban programme represents a viable alternative to the refugee camps for over 51,270 refugees who, for the most part, are able to cater for themselves, with little or no assistance from the international community. As refugees in the urban context mostly live amongst the local population, the assistance programme generally targets communities rather than individuals.

Partners contributing to the urban programme are coordinated through the Urban Refugee Protection Network (UPRN) that currently has 23 active members. Bi-monthly coordination meetings take place in which members discuss the direction of the programme. Thematic groups have been established where specialists deliberate on education, child protection, GBV, livelihoods and psycho-social, health and legal services. The biggest challenge remains the shrinking protection space in Kenya and the heightened insecurity, which is often unfairly attributed to foreigners and more specifically to refugees. While the 2014 **Operation Usalama Watch** primarily targeted illegal migrants, it also had an impact on the urban programme, since in compliance with the encampment directive taken by the Government earlier in the year, some refugees had to relocate to the Dadaab and Kakuma camps.

One of the main activities in 2015 will therefore be to define and implement exemptions to the encampment policy and build a well-defined, coherent urban programme, in close cooperation with relevant Government entities.

Chart: Sector Allocation in the Urban Programme



8.2. Planned Response

8.2.1 Protection: reception, registration and legal aid

The reception facilities for the urban refugee programme include UNHCR and DRA offices, the transit centre (for asylum seekers relocating to the camps) and the safe house for high-risk protection cases.

The UNHCR office receives an average of 300 persons a day. Prompted by conflict in the region and /or government policy statements, this number can rise to 700 persons a day. The transit reception centre, which is a private institution, has a bed capacity of 100 persons.

A total of 4,304 asylum seekers were supported in 2014 with accommodation and 2,664 with transportation to the camps. Some cases without an immediate solution are temporarily accommodated in the transit centre, raising the running cost of the transport relocation services. Although the safe house is only equipped to accommodate 40 refugees, a total of 114 refugees with high protection needs were accommodated in this shelter in 2014.

It is estimated that some 3,000 asylum seekers going to the camps, as well as returnees will be fully supported and a new safe house with greater capacity will be identified for high-risk cases.

In 2014 UNHCR was able to intervene in a number of cases during “**Operation Usalama Watch**”. In the aftermath of the relocation directive many refugees remained in urban areas because they had identification documents proving that they were residents. The security situation in Kenya requires that everyone carries some form of identification. Since it is also a requirement that refugees have a refugee identification card in order to secure exit permits for resettlement, UNHCR will prioritise refugee identification provision to ensure smooth processing of resettlement departures and avert delays related to obtaining cards.

Throughout 2015, UNHCR will continue working on the gradual handing over of the Refugee Status Determination (RSD) procedure to the DRA, while working on reducing existing backlogs and preventing a future backlog. Progress and achievements will be determined by the time required to complete the transition and establish a national RSD process. Specific quality audit and evaluation tools and systematic quality assurance mechanisms will be developed in early 2015, working closely with the training sub-committee of the RSD Taskforce. Quarterly evaluations will take place in order to identify gaps and assess the need for further capacity development.

To ensure that refugees have access to legal assistance and remedies, UNHCR will continue to receive refugees at its protection reception desk where legal counselling is provided. UNHCR will work with national legal aid organisations in the provision of legal aid, court representation and public interest litigation. Partners will support mobile legal clinics to reach refugees who are unable to visit their offices. UNHCR will also work with legal partners to empower refugees and asylum seekers through the training of Protection monitors who will double as paralegals in their respective community committees. In the committees, efforts will be made to incorporate law enforcement agents and government officials, a direct link between them and persons of concern. In jurisdictions outside Nairobi County, partners will continue to use a network of trained **pro bono** lawyers in legal representation. Finally, Court User Committees will be supported through training conducted by legal partners.

8.2.2 Child Protection

By the end of 2014, 549 unaccompanied minors (UAMs) and 211 separated children were captured in the UNHCR **proGres** database. A community-based approach was applied in 2014 to identify such cases through partners' offices in the field and to expand outreach to the children. UNHCR used the **proGres** database to identify child-headed families and flagged these cases to Community Services staff for assessment. Improved reception conditions for children have been instrumental in ensuring quick identification of children with specific needs. Within schools, the establishment of children's clubs has opened a new avenue for child participation. A total of 958 BIAs were conducted and 297 BIDs completed. This represents a 100% increase from 2013 and the number is expected to rise to 800 in 2015 with better outreach in the community and training for child protection officers and community mobilisers. A child protection expert will ensure quality BIA and BID processing targeting both children coming to the office and those in the community. The programme will provide 120 UAMs with assistance and regular monitoring, while other children at risk will be assisted on a case-by-case basis. Additional support will be made available to operational and implementing partners to ensure that children's needs are identified and addressed in a timely manner.

8.2.3 Education

The implementation of the Kenya Children Act, 2002 and the Basic Education Act, 2013 is the foundation for access to basic education for all children in Kenya including refugees. In particular, the 2013 Act widens the opportunities for basic education to include secondary education. Still, some public schools are reluctant to admit refugee children, citing congestion and limited resources. The current figure of the number of refugees enrolled in primary schools stands at 5,577 out of 8,335 children in the UNHCR database as of August 2014. This represents a 66% enrolment rate. The total number of refugee children enrolled in all primary schools in Nairobi is higher owing to the fact that some children attend private schools. Hence, estimates are that 80-90% of this age group are in school.

A total of 219 students accessed secondary education in 2014, supported by UNHCR and partners. The number of children of secondary school age is 4,308, meaning that only 2.6% of them accessed secondary education. In 2015, the target is 20% secondary school enrolment and an increase in the number of schools that admit refugee children from the current 40 to 60 schools. This will be facilitated by providing material support such as uniforms, books and stationery, as well as equipment to the schools.

The number of scholarships for tertiary education will be increased from the current 107 to 200, to ensure outstanding students have an opportunity to further their education. Adult education will be supported in and outside Nairobi to include other urban centres and, in 2015, 150 adult learners will be supported in Nairobi and another 80 in Nakuru and Mombasa.

8.2.4 Health

Urban refugees access health care through public health facilities across the city. UNHCR has been collaborating with 10 clinics and building their capacity in order to improve refugees' access to health services. Refugees with needs beyond what can be managed in the city council clinics are referred to selected public or faith-based health facilities that provide secondary and tertiary health care in Nairobi and its environs.

In 2015, the partnership with 10 health facilities in urban areas with a significant concentration of refugees will continue, so as to ensure refugees can access the same health services as Kenyans. A buffer drug supply,

laboratory reagents and additional staff will be provided to increase the capacity of the clinics. Refugees have been facing challenges in accessing secondary care due to the limited budget allocated to referral mechanisms. In order to address this issue, UNHCR will work with partners to enhance refugees' access to the National Hospital Insurance Fund (NHIF) which will cost each refugees \$2/month and enable participants to benefit from medical care if admitted in designated private and public health facilities. Collaboration with national health systems will make implementation effective and sustainable.

Collaboration with the national health system will also be enhanced to ensure effective delivery of comprehensive reproductive health and HIV services to people of concern without discrimination. A reproductive health nurse will be retained at the Eastleigh Clinic along with ambulance services for those refugees who cannot reach hospitals because of the night or long distances. Obstetric emergencies will be referred for secondary and tertiary care. Despite limited funding, nutritional support will be provided to 68 people living with HIV/AIDS. However, only 50 sex workers (20%) will receive support, while five community outreach workers/ interpreters will be recruited and trained.

8.2.5 Livelihoods

While there have been improvements in the provision of livelihoods support to urban refugees over the two years of implementation of the urban livelihoods strategy, the needs remain significant. In 2014, 2,376 refugees benefited from livelihoods assistance from UNHCR and partner agencies. However, this represents less than 10% of the total adult refugee population. Results of the 2014 participatory assessment underlined the need to expand livelihoods support to benefit refugees in other urban areas such as Mombasa and also support persons with specific needs, particularly GBV survivors, persons with disability, the elderly, parents/foster parents of vulnerable children and youths who are heading households.

Negative and high-risk coping strategies still abound especially among vulnerable groups. The inadequate capacity of refugees, in terms of the lack of skills and resources required to increase their income, continue to limit their access to better livelihood opportunities. The technical capacity of partners and financial resources allocated to urban livelihood programmes have been highlighted as challenges in the past years. Three training

REFUGEES ACCESS FINANCIAL SERVICES

Refugees can, using the DRA Refugee Card or refugee card issued by UNHCR open a bank account for saving purposes with three banks: KCB, Equity and Cooperative Bank and in all their Nairobi area branches.

Through operational partnership with Refuge Point, UNHCR has also enhanced access to financial credit support to refugees through engagement with KIVA ZIP, which offers access to loan facilities through a crowd fund sourcing platform. Nearly 100 refugees have so far benefited from this partnership.

Long-term engagement with the Nairobi County Government through the business licensing directorate has also yielded improved access to business permits by refugees, who now access these permits using the asylum seekers pass that is by the DRA.

sessions for partners on relevant livelihood approaches were conducted in 2013-2014 and further training and coaching will be provided in 2015.

In 2014, the UNHCR-funded livelihoods programme supported 851 individuals. In 2015, available resources will be able to directly assist 850 refugees mostly in Nairobi as well as a small number in Mombasa.

Livelihood interventions will remain focused on the 4 strategic pillars, i.e. skills enhancement, enterprise development, safety net and advocacy. Market based and innovative approaches will be explored and implemented. For example, opportunities in digital work will be expanded through enhanced partnership with digital companies such as Digital Divide Data, Cloudfactory and Samasource.

Similarly, UNHCR will continue collaboration and partnership with business development service providers such as HP Life and Kiva, an alternative source of microfinance. An online platform for refugee products will be created and the “Innovation award” launched to encourage refugees to come up with innovative business ideas from which the winning idea will receive backing. Engagement with the Micro and Small Enterprises Authority will be strengthened to advocate for inclusion of refugees to their programmes/services. Advocacy sessions with the government and public and private sectors will continue to promote better access for refugees to livelihood opportunities. A refugee investment forum will be organized to demonstrate to public and private stakeholders the potential contribution of refugees to Kenyan society if they are given a more enabling environment.

8.2.6 Persons with specific needs

There are currently 7,704 persons with specific needs (PSNs) recorded in the UNHCR database, of whom 5,729 are female and 320 elderly. UNHCR through its partner HIAS identified and supported 4,567 PSNs in 2014 using a community-based identification mechanism. A total of 84 single headed households, 86 women at risk, 231 LGBTI and 76 PLWD were assisted. Refugees and asylum seekers with disabilities were supported through the urban programme with mobility aids and training in self-management. They also received a limited cash grant which enabled some to start small-scale businesses.

Due to limited funds, only 30% of persons living with a disability and 70% of elderly persons in need will be provided with targeted services for PSNs. In 2015, four counsellors will be required to support PSN services and aim to provide improved services in trauma counselling for PSNs in the urban programme. A PLWD specialist will be maintained and three case workers will be retained in the team to enable a wider reach in individual case management for the 250 persons living with a disability. The programme targeting 70 elderly persons will be strengthened to ensure their basic needs are covered. Transportation of asylum seekers to the camps will be supported as will accommodation of high-profile refugees with serious protection and security needs. The number of refugees benefiting from material assistance will be reduced as more will benefit from livelihoods support, which is anticipated to be the exit strategy for refugees receiving direct assistance.

In view of the increasing number of LGBTI persons in urban areas, an estimated 400 are expected to benefit from ongoing assistance in 2015. However, a larger caseload than this will be beyond the means of UNHCR and its partners as the only durable solution for this group is resettlement, which requires a long period of waiting and dependency on assistance.

8.2.7 SGBV

In 2014, all reported cases of sexual and gender-based violence (SGBV) were assessed and provided with

targeted support (material, medical, psychological and/or legal). Community dialogue was encouraged and also involved men and boys. However, it is still a challenge to get GBV cases through the legal system as survivors often choose not to continue with the legal process for fear of further victimization, especially when the perpetrator is a Kenyan national. A draft SGBV strategy was finalized in 2014 to guide UNHCR and its partners in prevention and response mechanisms to combat sexual violence.

The Gender-Based Violence Information Management System (GBVIMS) has so far been implemented by three of the 15 partner organisations in the GBV working group. The tool helped identify 1,412 cases of SGBV survivors who were then referred for appropriate follow up. There was a marked increase in the number of GBV cases amongst new arrivals from the Democratic Republic of Congo. Individuals were assessed and referred as necessary for individual counselling, financial and material assistance, medical attention and/or temporary safe housing. To reduce the risk of SGBV and improve the quality of response, eight community dialogues have been held for refugee groups including men and boys and two trainings have been conducted for partner organizations on SGBV prevention and response.

In 2015, no increase in GBV cases is expected and assistance will continue along the lines of what was offered in 2014. However, legal partners will provide capacity building to their staff and also offer legal services to educate communities on the legal procedures and the importance of preserving evidence in SGBV cases.

Programme	UNHCR US \$	Partners US \$	Total Available as of Feb 2015 US \$
Urban	4,323,132	3,100,284	7,423,416

9. Coordination

UNHCR is mandated to coordinate the refugee operation and well-established coordination mechanisms exist in all three programmes - Dadaab, Kakuma and Nairobi. The mechanisms ensure coherence of programming both at the inter-agency and sectoral level and provide the necessary forums for technical and operational discussions amongst all actors.

In addition, as part of the Kenya Comprehensive Refugee Programme (KCRP) process, two new bodies have been established in the last year and a half, namely the KCRP Task Force (formerly called CNA Task Force) set up in late 2013 and the Kenya Refugee Partnership Team set up in October 2014.

KCRP Task Force

The KCRP Task Force (KCRP TF) is a voluntary working group of agencies that work in the Kenya refugee operation and acts as an advisory body for the operation. It identifies and reviews: key strategic issues including operational priorities and modalities, needs for resource allocation and prioritization and also resource mobilization based on tracked funding flows to the operation.

For the purposes of the comprehensive planning, the TF plays the role of secretariat of the KCRP process and facilitates the process with the objective of preparing a comprehensive programme overview similar to that produced for 2014. Member agencies do not relinquish their membership in any other inter-agency coordination bodies or forums.

Membership

The KCRP TF comprises UNHCR in its mandated responsibility as the refugee response coordinator, NGO partners working in the Kenya refugee operation, WFP, UNICEF and the Government of Kenya. There is no limit on the number of members in the TF. Membership is based on the willingness and commitment of agencies to participate in the TF's work and their devotion of a considerable amount of time and effort during certain periods. Membership is at the level of the Country Representative who nominates a sufficiently senior alternate to ensure continuity in case of his/her absence. Despite this provision, if an agency is unable to attend three consecutive meetings of the KCRP TF it is assumed that it can no longer devote resources to this work.

The current members comprise: UNHCR, WFP, UNICEF, GoK, TDH, IRC, LWF, NRC, HI, DRC and RCK.

Key Tasks for the KCRP Task Force

1. Identify the main strategic issues for the Kenya refugee operation and provide advice on the direction to take;
2. Review key operational issues and modalities and suggest solutions and priorities for their implementation;
3. Regularly review the need for information to donors and external audiences and coordinate as necessary;
4. Regularly track and monitor funding flows to the operation and provide advice on resource allocation and also design a resource mobilization strategy for the operation;
5. Coordinate and facilitate the annual CNA process and function as a secretariat of the process, including compilation and production of the KCRP document;

6. Prepare joint implementation monitoring of interventions;
7. Promote complementarity in programming and budgeting within its own agency and sector.

Kenya Refugee Partnership Team

In October 2014, a new advisory body in the operation called the **Kenya Refugee Partnership Team (KRPT)** was established. The forum was created to bring together all key stakeholders in the refugee operation: the Government of Kenya, donors, NGO partners, WFP, UNICEF and UNHCR. The forum is an independent body which serves the following functions:

- a) Advisory body for the Kenya refugee operation, discusses key strategic issues, including operational priorities and modalities, needs for resource allocation and prioritization, as well as resource mobilization. It would provide a platform for GoK to share important policy issues affecting the refugee programme and meetings could have a thematic focus to address them;
- b) The forum is as an advisory group and does not replace the existing coordination structures and mechanisms in the operation;
- c) Meetings are held quarterly, in October (2014 was the first), January, April and July;
- d) The members comprise UNHCR, which acts as the secretariat, nominated donor representatives (DFID, ECHO, USA, Switzerland, Australia), and NGO and other UN representatives (current members of the KCRP Task Force).

Annexes

1. 2015 Kenya Programme Budget Summary
2. Summary of UNHCR and Partner 2015 Contributions by Sector per Programme
3. 2015 UNHCR and Partner Contribution for the Dadaab Programme
4. 2015 UNHCR and Partner Contribution for the Kakuma Annual Programme
5. 2015 UNHCR and Partner Contribution for the Kakuma Supplementary/Emergency Programme
6. 2015 UNHCR and Partner Contribution for the Urban Programme
7. Partner Contribution by Programme
8. List of Donors: Kenya Refugee Programme 2014-2015
9. List of Partners 2015

1. 2015 Kenya Programme Budget Summary

Food and Non Food Contributions 2015

Operation	UNHCR	Partners	WFP	Total Available
Dadaab	48,965,336	28,450,653	25,290,000	102,705,989
Kakuma Annual Budget	19,949,633	16,391,703	12,042,860	48,384,196
Kakuma Supplementary Budget	9,287,501	3,249,618	4,817,140	17,354,259
Urban	15,461,615	3,984,942	-	19,446,557
Total Ops	93,664,085	52,076,916	42,150,000	187,891,001

* Includes all staffing and administrative costs

Comprehensive Needs for the Kenya Programme(Food and Non-Food)

Operation	UNHCR and Partners	WFP	Total Comp. Needs	Total Available	Gap
Dadaab	143,521,508	79,450,000	222,971,508	102,705,989	120,265,519
Kakuma Annual Budget	43,015,772	34,050,000	77,065,772	48,384,196	28,681,576
Kakuma Supplementary Budget	36,098,907	12,500,000	48,598,907	17,354,259	31,244,648
Urban	28,560,127	-	28,560,127	19,446,557	9,113,570
Totals	251,196,314	126,000,000	377,196,314	187,891,001	189,305,312.1

* Includes UNHCR staffing and administrative costs

* WFP figures includes outstanding loan of \$12.5m

2. Summary of UNHCR and Partner 2015 Contributions by Sector per Programme

Sector	Urban	Kakuma AB	Kakuma SB	Dadaab	Total
Food Security	-	-	-	801,193	801,193
Water	-	1,670,543	800,000	4,734,000	7,204,543
Sanitation	-	1,967,238	350,000	2,870,148	5,187,385
Livelihoods	1,041,014	2,034,638	60,000	2,271,554	5,407,205
Education	530,936	4,816,899	1,150,001	10,015,483	16,513,319
Health incl. reproductive health & HIV/AIDS	805,612	4,117,295	2,202,167	15,604,763	22,729,837
Nutrition	-	333,816	700,119	1,378,196	2,412,131
Shelter and infrastructure	-	1,127,815	1,448,850	2,521,688	5,098,353
Non-food & domestic items	-	1,343,367	996,030	2,351,965	4,691,362
RSD, Registration, reception, civil reg	2,289,405	989,919	149,218	827,957	4,256,499
Protection from Crime	-	932,745	374,181	1,896,637	3,203,563
Camp Management	-	107,823	-	433,730	541,553
Community mobilisation	11,198	-	-	340,364	351,562
Energy, environment and host community	-	5,584,906	400,000	2,843,413	8,828,319
Coordination and partnerships strengthened	65,157	-	-	-	65,157
Legal Assistance, Detention monitoring, advocacy, law and policy	1,042,085	281,980	-	750,628	2,074,692
Durable solutions-Resettlement/ Volrep	127,996	147,412	-	595,894	871,302
Persons with Specific Needs	559,408	1,373,238	43,373	1,401,831	3,377,850
Child Protection	756,923	1,514,303	587,488	2,697,712	5,556,426
SGBV	728,943	838,426	853,029	1,825,407	4,245,806
Operations and Logistics	349,397	790,897	895,465	5,659,098	7,694,856
Sub-total	8,308,074	29,973,258	11,009,920	61,821,660	111,112,913

3. 2015 UNHCR and Partner Contribution for the Dadaab Programme

Dadaab Annual Programme			
Rights Group/Objectives	UNHCR	Partner Total	UNHCR and Partner Total
Basic Needs and Essential Services			
Food	1,193	800,000	801,193
Health	4,808,865	9,323,067	14,131,932
Nutrition	836,285	541,911	1,378,196
Education	4,399,991	5,165,492	9,565,483
RH/HIV/AIDS	928,426	544,405	1,472,831
Energy	1,183,976	-	1,183,976
NFIs	2,351,965	-	2,351,965
Sanitation	1,175,177	1,694,971	2,870,148
PSN	541,257	860,574	1,401,831
Shelter	1,271,688	1,250,000	2,521,688
Water	2,818,186	1,915,814	4,734,000
Community Empowerment and Self Reliance	-	-	-
Community Mobilisation	315,364	25,000	340,364
Natural resources	214,271	-	214,271
Peaceful co-existence	546,093	899,073	1,445,166
Livelihoods	978,309	1,293,245	2,271,554
Durable Solutions	-	-	-
Resettlement	113,211	-	113,211
Volrep	482,683	-	482,683
Fair Protection Processes and Documentation	-	-	-
RSD	271,192	-	271,192
Civil registration	30,000	-	30,000
Individual documentation	45,339	-	45,339
Registration	481,426	-	481,426
Favourable Protection Environment	-	-	-
legal assistance	612,309	46,236	658,545
Access to Territory	41,215	6,674	47,889
Leadership, Coordination and Partnerships	-	-	-
Camp management	433,730	-	433,730
Logistics and Operations Support	-	-	-
Logistics	1,002,526	-	1,002,526
Operations Management	4,656,572	-	4,656,572
Security from Violence and Exploitation	-	-	-
Protection from Crime	1,829,903	66,734	1,896,637
Child protection	553,310	2,144,402	2,697,712
SGBV	441,546	1,383,862	1,825,407
Detention	5,000	39,194	44,194
TOTAL	33,371,007	28,000,653	61,371,660

4. 2015 UNHCR and Partner Contribution for the Kakuma Annual Programme

Kakuma Annual Programme			
Rights Group/Objective	UNHCR	Total Partner	Total UNHCR and Partners
Basic Needs and Essential Services			
Health	2,568,506	1,187,478	3,755,984
Nutrition	187,050	146,766	333,816
Education	2,227,785	2,589,114	4,816,899
RH/HIV	92,379	268,932	361,311
Energy	822,288	-	822,288
NFIs	843,367	500,000	1,343,367
Sanitation	757,511	1,209,727	1,967,238
PSN	326,133	1,047,105	1,373,238
Shelter	948,518	179,297	1,127,815
Water	498,638	1,171,905	1,670,543
Community Empowerment and Self Reliance			
Natural resources	100,459	-	100,459
Peaceful co-existence	200,000	4,462,159	4,662,159
Livelihoods	674,168	1,300,528	1,974,696
Durable Solutions	-	-	-
Resettlement	18,000	-	18,000
Voluntary Repatriation	129,412	-	129,412
Fair Protection Processes and Documentation			
RSD	264,585	-	264,585
Civil registration	5,000	-	5,000
Registration	318,933	172,436	491,369
Reception conditions	75,133	153,832	228,965
Favourable Protection Environment			
legal assistance	145,719	43,180	188,899
Access to territory	25,546	-	25,546
Administrative Institutions	67,535	-	67,535
Leadership, Coordination and Partnerships			
Camp management	107,823	-	107,823
Logistics and Operations Support			
Operations managemetn	657,467	133,430	790,897
Security from Violence and Exploitation			
Protection from crime	830,497	102,248	932,745
Child Protection	460,909	613,713	1,074,622
SGBV	228,194	610,232	838,426
Total	13,581,555	15,892,080	29,473,635

5. 2015 UNHCR and Partner Contribution for the Kakuma Supplementary/ Emergency Programme

Kakuma Supplementary Programme			
Rights Group/Objectives	UNHCR	Total Partner	Total UNHCR & Partner
Basic Needs and Essential Services	-	275,000	275,000
Health	1,165,578	1,181,589	2,347,167
Nutrition	200,119	500,000	700,119
Education	850,001	300,000	1,150,001
Energy	300,000	-	300,000
NFIs	996,030	-	996,030
Sanitation	350,000	-	350,000
PSN	43,373	-	43,373
Shelter	1,348,850	100,000	1,448,850
Water	800,000	-	800,000
Community Empowerment and Self Reliance	-	-	-
Community Mobilisation	-	-	-
Natural resources and shared environment	-	-	-
Peaceful Co-existence	100,000	-	100,000
Livelihoods	-	60,000	60,000
Fair Protection Processes and Documentation	-	-	-
Civil registration and civil status documentation			
Registration	101,701	-	101,701
Reception	47,517	-	47,517
Access to legal assistance			
Access to the territory			
Logistics and Operations Support	-	-	-
Logistics	-	450,000	-
Operations Management	895,465	-	895,465
Security from Violence and Exploitation	-	-	-
Protection from Crime	374,181	-	374,181
Child Protection	187,488	400,000	587,488
SGBV	-	853,029	853,029
Total	7,760,302	3,394,618	11,154,920

6. 2015 UNHCR and Partner Contribution for the Urban Programme

Urban Annual Programme			
Rights Group/Objectives	UNHCR	Total Partner	Total(UNHCR and Partner)
Basic Needs and Essential Services			
Health	756,921	10,824	767,745
Education	530,936	275,263	530,936
RH/HIV AIDS	37,867	-	37,867
PSN	127,659	431,749	559,408
Community Empowerment and Self Reliance			
Community Mobilisation	11,198	-	11,198
Livelihoods	320,951	720,063	1,041,014
Durable Solutions			
Resettlement	67,996	-	67,996
Volrep	60,000	-	60,000
Fair Protection Processes and Documentation			
RSD	451,135	-	451,135
Civil registration	10,448	-	10,448
Individual documentation	13,998	-	13,998
Registration	212,075	-	212,075
Reception conditions	620,764	96,328	717,092
Favourable Protection Environment			
Legal assistance	279,528	118,598	398,126
Access to territory	10,616	5,039	15,655
Law and Policy	10,000	-	-
Public attitude	68,449	391,513	459,962
Leadership, Coordination and Partnerships			
Coordination	45,000	-	45,000
Donor Relations	20,157	-	20,157
Logistics	218,384	-	218,384
Operations management	131,013	-	131,013
Security from Violence and Exploitation			
Child protection	322,429	434,494	756,923
SGBV	112,530	616,413	728,943
Detention	158,342	-	158,342
Sub-Total	4,323,132	3,100,284	7,423,416

7. Partner Contribution by Programme

2015 Partner Contributions by Programme

NAME	ACRONYM	Urban	Kakuma AB	Kakuma SB	Dadaab	Total
Medicin Sans Frontieres- Swiss	MSF-S				6,763,788	6,763,788
Norwegian Refugee Council	NRC	-	1,782,500	-	3,626,600	5,409,100
Deutsche Gesellschaft fur Internationale Zusammenarbeit	GIZ		3,754,693			3,754,693
International Rescue Committee	IRC	32,389	1,532,580	250,000	1,801,232	3,616,201
World Vision International	WVI	-	2,900,377	-	250,000	3,150,377
Save the Children	SCK	-	-	-	2,851,659	2,851,659
Windle Trust of Kenya	WTK	-	1,289,083		1,465,044	2,754,127
Lutheran World Federation	LWF	-	2,009,560	-	497,311	2,506,871
United Nations Children Education Fund	UNICEF	-		1,100,000	1,310,000	2,410,000
Islamic Relief	IRK	-	-	-	2,000,000	2,000,000
CARE Kenya	CARE	-	-	-	1,553,211	1,553,211
Handicap International	HI	-	865,000		550,000	1,415,000
Danish Refugee Council	DRC	168,267	-	463,000	710,433	1,341,700
FilmAid International	FAI	143,263	596,523	-	535,141	1,274,927
AVSI Foundation	AVSI	-	-	-	1,108,191	1,108,191
Hebrew Immigrant Aid Society	HIAS	1,001,879	-	-	-	1,001,879
Jesuit Refugee Services	JRS	400,811	571,084	-		971,895
Department of Refugee Affairs	DRA	884,658				884,658
Peace Winds Japan	PWJ	-	-	-	800,000	800,000
Terres des Hommes	TdH	-	-	-	728,000	728,000
Heshima Kenya	Heshima	720,066				720,066
Refugee Consortium of Kenya	RCK	481,120	62,576	-	156,296	699,991
Kenya Red Cross Society	KRCS				604,681	604,681
World Health Organisation	WHO	-	-	506,589	-	506,589
Good Neighbours	GNI		105,297	400,000		505,297
FAFI Integrated Development Association	FAIDA				500,000	500,000
Refugee Education Trust	RET				450,000	450,000
Friends of Waldorf Kakuma	WFK		439,681			439,681
United Nations Population Fund	UNFPA	-	-	400,029	-	400,029
Team and Team International	T & T		300,000			300,000
National Council of Churches of Kenya	NCCCK	10,824	44,248		189,067	244,139
Association for Aid and Relief, Japan	AAR			130,000		130,000
Francis Xavier Project	FXP	124,869	-	-	-	124,869
Salesians of Don Bosco	DBK		78,561	-	-	78,561
Action Help Africa Int.	AAHI		59,942			59,942
Legal Advice Center(Kituo cha Sheria)	KITUO	16,797	-	-	-	16,797
International Organisation for Migration	IOM			450,000		450,000
		3,984,942	16,391,704	3,249,618	28,450,653	52,526,917

8. List of Donors: Kenya Refugee Programme 2014- 2015

List of Donors

	DONOR	SECTORS/AREAS OF FUNDING
1	Canada	all sectors
2	Central Emergency Response Fund (CERF)	Health, Child Protection, SGBV
3	Chile	Health, Water
4	European Union -ECHO, DEVCO, IFS	WASH, Health, Shelter, Protection, Livelihoods, Education, Community Mobilisation, Security
5	Finland	all sectors
6	Germany	Health, CRIs, Host Community, Energy
7	Intergovernmental Authority on Development (IGAD)	HIV/AIDS/ Reproductive Health
8	Japan	Shelter, Health, CRIs, Community Education, Host
10	Sweden	Kenya all sectors
11	Switzerland	all sectors
12	United Kingdom	Health, Nutrition, WASH, Protection
13	United States of America	Kenya all sectors
14	Private donors in Australia	Water and Sanitation
15	Private donors in Italy	Reproductive Health & HIV services
16	Private donors in the Republic of Korea	Kenya all sectors
17	Joint United Nations Programme on HIV/AIDS (UNAIDS)	HIV/AIDS
18	Private donors United Kingdom - Vodafone	Education
19	Morneau Shepell, Canada	Education
20	Educate a Child Initiative/ Education Above All, Qatar	Education

9. List of Partners

Implementing Partners

Sn.	Agency	Website	Sector	Location
1	Action Africa Help International	http://www.actionafricahelp.org/kenya	Self reliance and livelihoods	Kakuma
2	CARE International	http://www.care.or.ke	Logistics, Education, Sanitation & Hygiene, SGBV, Water	Dadaab
3	LOKADO		Host Community Support, Energy, Environment	Kakuma
4	Danish Refugee Council (DRC)	http://drc.dk/relief-work/where-we-work/horn-of-africa-and-yemen/kenya	Livelihoods, Voluntary return, SGBV	Nairobi/Dadaab
5	Department of Refugee Affairs (DRA)-GoK		Protection including Refugee Status Determination, Registration, Reception, Camp Management, Community mobilization, Security	Nairobi/Dadaab/Kakuma
6	Don Bosco, Kakuma, Kenya	www.dbdon.org	Livelihoods	Kakuma
8	Fafi Integrated Development Association (FAIDA)	http://faidakenya.org	Environment, Host Community Support, Energy	Dadaab
9	Film Aid International (FAI)	www.filmaid.org	Information dissemination (SGBV, Health, Registration and other services)	Kakuma
10	Francis Xavier Project	http://xavierproject.org	Education	Nairobi
11	Hebrew Immigrant Aid Society, USA	http://www.hiasafrica.org	Services for persons with specific needs	Nairobi
12	Heshima Kenya	http://www.heshimakenya.org/index.php	Child Protection	Nairobi
13	International Rescue Committee (IRC)	http://www.rescue.org/where/kenya	Health, Nutrition, RH & HIV and SGBV	Kakuma/Dadaab
14	Islamic Relief Worldwide (IRW)	http://islamicreliefkenya.org	Health, Nutrition, Education	Dadaab
15	Jesuit Refugee Service (JRS)	http://www.jrsea.org	Child Protection, SGBV, Services for PSN	Kakuma
16	Kenyan Red Cross Society(KRCS)	https://www.kenyaredcross.org	Health, Nutrition, Sanitation and Hygiene, Water, SGBV	Dadaab
17	Kituo Cha Sheria (Legal Advice Centre) Kenya	www.kituo-chasheria.or.ke	Legal Aid / Representation/ Protection monitoring	Nairobi
18	Lutheran World Federation (LWF)	http://www.lutheranworld.org/content/emergency-refugee-protection-kenya-and-djibouti	Community mobilisation/ security, Education, Services for PSN, Distribution of NFIs, Child Protection, Reception	Kakuma/Dadaab
19	National Council of Churches in Kenya (NCCK)	http://www.ncck.org/newsite2	Services for PSN, Shelter & Infrastructure, RH & HIV, Nutrition, Health	Kakuma/Dadaab/Nairobi
20	Norwegian Refugee Council (NRC)	http://www.nrc.no/kenya	"Logistics, Sanitation & Hygiene, Water, Shelter & infrastructure, Voluntary return"	Kakuma/Dadaab
21	Peace Winds Japan (PWJ)	http://peace-winds.org/en	Shelter and Infrastructure	Dadaab
22	Refugee Consortium Kenya (RCK)	http://www.rckkenya.org	Protection - Legal aid and assistance, access to territory, detention	Dadaab/ Kakuma/ Nairobi
23	Relief Reconstruction and Development Organization (RRDO)	www.rr-do.org	Environment, Host Community Support, Energy	Dadaab
24	Save the Children (SC)	www.savethechildren.net	Child Protection	Dadaab
25	Windle Trust Kenya (WTK)	http://www.windle.org/	Education, Livelihoods	Kakuma/Dadaab

UN Agencies

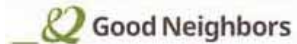
Sn.	Agency	Website	Sector	Location
1	World Food Programme (WFP)	http://www.wfp.org	Food Security and Nutrition	Kakuma/ Dadaab/Nairobi
2	United Nations Children's Fund (UNICEF)	www.unicef.org	Education, Child Protection, Health, Water	Kakuma/ Dadaab/Nairobi
3	United Nations Development Programme (UNDP)	www.undp.org	Development	Nairobi
4	United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	www.unocha.org	Host community	Dadaab, Nairobi
5	United Nations Populations Fund (UNFPA)	www.unfpa.org	SGBV	Kakuma, Nairobi

Operational Partners

Sn.	Agency	Website	Sector	Location
1	World Food Programme (WFP)	http://www.wfp.org	Food Security and Nutrition	Kakuma/ Dadaab/Nairobi
2	United Nations Children's Fund (UNICEF)	www.unicef.org	Education, Child Protection, Health, Water	Kakuma/ Dadaab/Nairobi
3	United Nations Development Programme (UNDP)	www.undp.org	Development	Nairobi
4	United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	www.unocha.org	Host community	Dadaab, Nairobi
5	United Nations Populations Fund (UNFPA)	www.unfpa.org	SGBV	Kakuma, Nairobi

Operational Partners

Sn.	Agency	Website	Sector	Location
1	Action Contre La Faim (ACF)	http://www.actionagainsthunger.org	Nutrition	Dadaab
2	Centre for Victims of Torture (CVT)	http://www.cvt.org/where-we-work/africa/dadaab-kenya	SGBV	Dadaab
3	Comitato Internazionale per lo Sviluppo dei Popoli - CISP	http://www.sviluppodeipopoli.org	Education, Livelihoods	Nairobi
4	GIZ, Deutsche Gesellschaft für Internationale Zusammenarbeit	http://www.giz.de/en	Host Community	Dadaab/ Kakuma
5	Handicap International (HI)	http://www.handicap-international.org.uk	Services for Persons with Specific Needs (PWDs)	Dadaab
6	International Organization for Migration (IOM)	https://www.iom.int/cms/en/sites/iom/home.html	Protection-Resettlement, Mixed migration, Health	Dadaab/ Kakuma
7	International Service Volunteer's Association, Italy (AVSI)	http://www.avsi.org/who-we-are	Education	Dadaab
8	Star FM	http://starfm.co.ke	Community Mobilisation	Dadaab, Kakuma
9	Friends of Waldorf Foundation	http://www.waldorfkakumaproject.org/Friends+of+the+Kakuma+Project	Child Protection	Kakuma
10	Team and Team Korea	www.teamandteam.org	Water	Kakuma
11	IsraAID	http://israaid.co.il/projects/kenya	Psychosocial and technical training	Kakuma
12	Kakuma Mission Hospital		Medical, surgical and dental services	Kakuma
13	Ministry of Health	http://www.health.go.ke	Health	Kakuma/ Dadaab/ Nairobi
14	Ministry of Education, Science and Technology	http://www.education.go.ke	Education	Kakuma/ Dadaab/ Nairobi
15	Good Neighbors International	http://www.goodneighbors.org/	Shelter	Kakuma
16	AAR Japan	http://www.aarjapan.gr.jp/english/	Education, Water, Health	Kakuma
17	Médecins Sans Frontières (MSF), Switzerland	http://www.msf.org/country/switzerland	Health, Nutrition	Dadaab
18	Terres Des Homme (TDH)	www.tdh.ch	Child Protection	Dadaab
19	Refugee Point	http://www.refugeepoint.org	SGBV, Resettlement, Livelihoods, Education	Nairobi
20	World Vision Kenya	http://www.wvi.org/kenya	Water, Sanitation, Distribution of Non-food items	Dadaab/ Kakuma



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