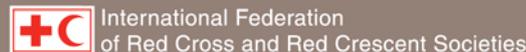




Disaster relief emergency fund (DREF)

Kenya: Civil Unrest - Moyale



DREF operation n° MDRKE021 7 February, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 320,779 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Kenya Red Cross Society (KRCS) in delivering immediate assistance in areas of shelter, relief, health, water and sanitation to some 5,000 households (30,000 beneficiaries). Unearmarked funds to repay DREF are encouraged.

Summary: Moyale district in Kenya's northern border with Ethiopia has been the scene of recent tribal clashes involving mainly Borana and Gabra communities. A rapid assessment conducted by KRCS found that fighting in January resulted in approximately 60 deaths and 57 injured and that 1,000 houses, health facilities, water points and schools have been vandalized or burned, with some 5,000 families displaced and without access to shelter or basic services.



Households and Public institutions razed to the ground in Moyale; Photo: KRCS - 27th January 2012.

As the situation continues to deteriorate, KRCS has been perhaps the only humanitarian actor with current access to the affected people. This DREF intervention enables KRCS to support these displaced households, by helping restore family links (RFL); filling gaps in the provision of essential shelter and non-food items (NFI); increasing access to basic health care services (including psychosocial support); and providing access to water, sanitation and hygiene.

KRCS is currently conducting a more detailed assessment to identify the evolving needs as a result of these clashes. The results of the assessment will inform further KRCS response, which may include an eventual emergency appeal.

This operation is expected to be implemented over 3 months, and will therefore be completed by 2 May 2012. A Final Report will be made available three months after the end of the operation (2 August 2012).

[<click here for the DREF budget; here for contact details >](#)

The situation

Moyale District is located within Marsabit County in Northern Kenya. It covers an area of 9,370 km² with a population of 80,550 people. The County is bordered by Ethiopia to the north and Wajir County to the east. Inhabitants of this area are mainly Cushitic speaking communities who are livestock keepers and partly agro-pastoralist, practicing small-scale farming during the erratic rainy seasons. The County has a poverty rate of 83.2% and is ranked 44 out of the 47 counties in Kenya¹. The Health and education indicators of the County are low, with poor infrastructure making accessibility difficult. Historically, communities in Moyale are among the most marginalized and resource poor in Northern Kenya. It is predominantly inhabited by the Borana and Gabra communities. Other minor communities include the Somali and Burji.

These communities often experience tension over the use, access and control of resources, mainly pasture and water. In the past, tensions have ranged from small sporadic skirmishes to large scale clashes, as witnessed in the Turbi massacre of 12 July 2006, in which 60 were killed, including 26 children.

The trigger of the current inter tribal tension is associated with the national review of boundaries by the Independent Electoral and Boundaries Commission (IEBC) which saw the absorption of Moyale District within the greater Marsabit County. This follows the enactment of the new Kenyan constitution in August 2010 which put into place the devolved Government system and set up of the counties.

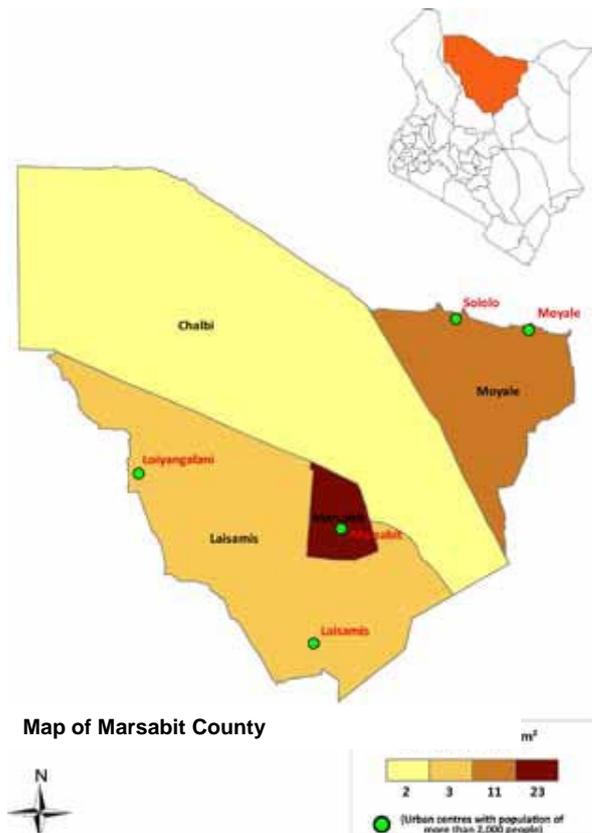
This constitution also re-allocates national resources to the counties and their utilization is controlled by county governance. Both communities are competing for county leadership in the upcoming general election. This, coupled with the tensions between the two communities, has precipitated the recent clashes, which have been ongoing in Moyale since November 2011. The fighting has intensified over the last few weeks in January 2012 and threatens to spiral out of control. The most affected villages include Illadu, Kinisa, Mansile, Odha, Heilu, Arosa, Funana, Nyata, Butiye and Sessi.

During the last week of January 2012, Kenya Red Cross Society (KRCS) conducted a rapid assessment which indicated that fighting during January had resulted in approximately 60 deaths from both communities, and another 57 were seriously injured. Additionally, the assessment found that 1,000 houses, health facilities; water points and schools have been vandalized or burnt down, with over 5,000 families displaced.

Amid the insecurity and minimal humanitarian support, some of the displaced people have crossed over to Ethiopia and others are camping in a nearby field without access to basic amenities such as food, shelter, water, sanitation or primary health care.

Health consequences of the on going tensions and attacks include trauma (physical and mental) and lack of access to basic health care services may increase exposure to different disease outbreaks. More pressure has been put on the provision of health care services following the burning down of Arosa Dispensary.

In addition, family links have been lost with families reporting missing members including unaccompanied minors. Basic household functions have been interrupted as families are not able to prepare food. This may exacerbate malnutrition rates especially for children under the age of five, pregnant women and the elderly.



¹ World Bank Fact Sheet, December 2011.

Education has been significantly affected, with at least 34 public and 14 private schools remaining closed since January 2012, and over 450 teachers having been displaced². School buildings have also been destroyed, with records such as school results, certificates and text books being burnt.

Other impacts of the violence in the area include; food shortage, high prices of basic commodities, a paralyzed transport system, closure of shops and business premises, thus affecting the overall economy of the area.

The humanitarian situation is critical, and it is envisaged that the relief and shelter, health, water and sanitation and education conditions will continue to deteriorate if prompt action is not taken, as it may result in further loss of lives and livelihoods.

Currently, KRCS is probably the only humanitarian actor on the ground and has managed to access all affected communities. To ensure respect of the fundamental principles, the KRCS deployed volunteers and staff from outside the warring communities to ensure their neutrality and independence. This is expected to enhance access, acceptance and safety of all staff and volunteers during the operation.

The KRCS is currently engaged in conducting a more detailed assessment, findings of which will inform current and future long term planning and interventions.

Coordination and partnerships

KRCS, being auxiliary to the Government, fosters partnership with the Local Government and national line Ministries. The rapid assessment was carried out in partnership with the District Commissioner's Office. The National Society is also working in collaboration with the Kenya Defense Forces to ascertain the security situation on the ground. KRCS is also exploring avenues of collaborating with other partners, particularly World Vision in food distribution, Unicef in support of the education sector, and ICRC in tracing and communications. Currently, opportunities for partnership in the affected areas are constrained by prevailing security conditions and the few INGOs present in Moyale withdrew their staff.

Red Cross and Red Crescent action

Over the last few years, KRCS has been carrying out water, food security, livelihood, health and dissemination projects in the Upper Eastern region of Kenya (Moyale, Marsabit and Isiolo). This includes the ongoing response operation to the drought which has affected communities since 2011.

As mentioned, following the latest clashes, KRCS has carried out a rapid assessment of the situation. Since the inception of the fighting, KRCS has been engaged in responding to the incidents with an aim of alleviating human suffering and saving lives. So far, the KRCS disaster response team in Moyale has carried out First Aid services for over 50 people and referred 7 seriously injured people to operational health facilities for further treatment. KRCS has also deployed 1,704 Non Food Item (NFI) kits that include: kitchen sets, tarpaulins, blankets, mosquito nets, bar soaps and collapsible jerry cans and Aquatabs, of which 204 have already been distributed to displaced families.

Moreover, at least 7 displaced children have been reunified with their parents through the tracing programme with at least 28 Red Cross messages sent out to establish more contacts.

Currently, KRCS is conducting a full assessment and is preparing to deploy a National Disaster Response Team (NDRT), a medical team, Inter-Agency Emergency Health Kit (IEHK) and essential drugs to Moyale.

² IRIN news 19th January 2012

The needs

Based on the information received from the rapid assessment, the following are the priority needs:

Tracing

KRCS is currently undertaking a tracing programme with an aim of linking up the displaced families within the shortest time possible. As a result of the continuous tension and constant movement across the border, the need to scale up the current tracing support services is crucial.

Shelter and Relief

To date, KRCS has deployed 1,704 NFIs of which about 1,300 distributed (A standard NFI Kit contains: 2 blankets, 2 mosquito nets, 2 jerry cans, 1 tarpaulin, 1 kitchen set and 2 bars of soap of 800gm each.) With 5,000 families reported as displaced, there is urgent need of provision of more NFI kits to cater for the gap of 3,296. Provision of food supply shall be coordinated with the Government and World Food Programme (WFP). This DREF request for support in procurement of 1,700 NFI's as KRCS has already received 1,600 NFI's from OFDA.

Emergency Health and Care

Existing health care services have been over stretched following vandalism and burning down of existing health facilities as in the case of Arosa Dispensary. Given the urgency of the increasing trauma cases as a result of the continuous fighting, KRCS proposes to provide curative and preventive health services to the displaced and vulnerable populations, procurement and distribution of emergency supplies and equipment, provision of surge capacities (health personnel and volunteers), for community based surveillance and early detection of disease outbreaks.

Other activities will include; minimising the number of vulnerable children to vaccine preventable diseases through increase in vaccination coverage, as well as increasing access to basic health care and clinical services, especially in hard to reach and cut-off communities through support to medical outreach.

Psychosocial support for displaced families is proposed during the response and the rehabilitative phase. The KRCS shall work with counsellors and volunteers within the displaced and vulnerable communities in addressing issues of Sexual and Gender Based Violence (SGBV), health needs of the disabled and the elderly.

KRCS is currently implementing other projects in the area that will be able to support part of the emergency health care and Watsan interventions.

Water and Sanitation

Reports received indicate that the fighting communities are destroying the water infrastructure in a bid to disadvantage each other. Moreover, as the displaced population has moved to areas with no latrine coverage, the proposed activities for water and sanitation will be aimed at ensuring access to adequate safe water, improved sanitation facilities and hygiene promotion to prevent the occurrence of waterborne diseases such as cholera.

Advocacy

Access to the area is very limited. KRCS has managed to move freely within the affected area due to the fact that dissemination activities have been carried out in the past and the communities understand the role of KRCS. As the situation gets more tense, accessibility will become increasingly difficult. For this reason there is a need to scale up the advocacy activities, not only to ensure the protection and free movement of the staff, but also to promote peace building and conflict resolution initiatives within the communities.

The proposed operation

Tracing and dissemination	
Outcome: Restored family links and enhanced protection of the most vulnerable among the approximately 30,000 displaced population	
Outputs: <ul style="list-style-type: none"> Separated families are in contact with their families or loved ones Families or individuals can source information from RC about the location of family members Missing family members are reunited with their families 	Planned activities: <ul style="list-style-type: none"> Continue assessments to identify RFL needs. Registration of unaccompanied minors and vulnerable persons Conduct active tracing for missing persons in cooperation with ICRC. Exchange of RC messages Provision of IEC materials for dissemination Publish lists of names of missing persons Family reunification of successful cases Train 20 volunteers on RFL in disasters Disseminate the Red Cross humanitarian principles and values
Shelter and Relief	
Outcome: Distribution of NFIs for approximately 30,000 beneficiaries (5,000 families)	
Outputs: <ul style="list-style-type: none"> All IDP families are provided with non-food items as per SPHERE standards 	Planned activities: <ul style="list-style-type: none"> Procurement of a further 1,700 NFIs for immediate supply to complement those already supplied Transport, warehouse and distribute non food items to the refugees Train 20 volunteers on non food distribution Maintain proper records of all relief assistance
Emergency Health and Care	
Outcome: Increased access to basic health care services for approximately 30,000 beneficiaries (5,000 families).	
Output: <ul style="list-style-type: none"> Provide basic curative, preventive and promotive and referral health care services Enhanced community awareness on common communicable disease prevention and control. Enhanced coping mechanisms for survivors (as part of psychosocial support 	Planned activities: <ul style="list-style-type: none"> Support to Ministry of Health facilities through provision of essential drugs, equipments and personnel. Conduct continuous medical outreach services targeting isolated villages and migrating populations Deploy an ambulance for emergency referrals Train 50 KRCS volunteers on community disease surveillance, prevention, control and referral of common diseases including malnutrition Identify, adapt and produce IEC materials and key community health messages Conduct regular community health education and promotion sessions. Conduct continuous nutritional screening and education during medical outreach and household visits Provision of post trauma counseling

Water, sanitation, and hygiene promotion

Outcome: Increased access to safe water, improved sanitation and hygiene awareness for approximately 30,000 beneficiaries (5,000 families).

Outputs:

- At least 30,000 beneficiaries have access to 15 l of safe drinking water per day.
- 30,000 beneficiaries have access to improved sanitation.
- Improved hygiene and sanitation knowledge, awareness and practice for 30,000 beneficiaries KRCS volunteer capacity in Hygiene Promotion (PHASTER) is built

Planned activities:

- Provide access to safe water through water trucking and repairing of damaged water sources targeting estimated 10 focal points
- Procurement and distribution of PVC tanks at the focal points.
- Distribute point of use water treatment chemicals (aqua tabs, PUR sachets)
- Provide improved sanitation facilities (rehabilitate and construct 200 latrines)
- Conduct hygiene promotion
- Train 30 volunteers on PHASTER and cascade

Logistics

Outcome: Efficient and effective logistical support and warehousing of stocks so as to serve 30,000 beneficiaries in line with the objectives above.

Expected results

- Efficient dispatch of non food items to the final distribution point.
- Efficient and effective logistical support to the operation.
- Improved capacity to carry out the operation

Activities planned

- To distribute non-food items.
- Procurement of one rub hall.
- Transportation of equipment, personnel and volunteers.
- Lease, rent two vehicles.

Monitoring and Evaluation

Outcome: Enhanced capacity to measure the impact of the operation in line with SPHERE standards.

Outputs:

- Measure results of the operation as per SPHERE standards.

Planned activities:

- Develop an M&E plan to capture the progress of the operation.
- Conduct field support supervision missions
- Conduct a comprehensive evaluation at the end of the operation to establish whether the SPHERE standards were met.
- Conduct a best practice learning workshop.
- Conduct monthly coordination forums with other implementing organizations

Contact information

For further information specifically related to this operation please contact:

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

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[Click here](#)

1. DREF budget [below](#)
2. Click [here](#) to return to the title page

How we work

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

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

www.ifrc.org
Saving lives, changing minds.



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

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

DREF OPERATION

07-02-12

Kenya: Civil Unrest – Moyale (MDRKE021)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	61,943
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	22,299
Medical & First Aid	19,540
Teaching Materials	
Utensils & Tools	58,230
Other Supplies & Services	11,138
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	173,149
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	21,816
Distribution & Monitoring	
Transport & Vehicle Costs	27,718
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	49,534
International Staff	
National Staff	
National Society Staff	42,939
Volunteers	3,130
Total PERSONNEL	46,069
Consultants	16,069
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	16,069
Workshops & Training	4,080
Total WORKSHOP & TRAINING	4,080
Travel	
Information & Public Relations	11,782
Office Costs	517
Communications	
Financial Charges	
Other General Expenses	
Shared Support Services	
Total GENERAL EXPENDITURES	12,299
Programme and Supplementary Services Recovery	19,578
Total INDIRECT COSTS	19,578
TOTAL BUDGET	320,779