



17th January 2014

Up-date on the Influx into Kakuma

Introduction:

UNHCR had prepared contingency plans for the South Sudan situation prior to the referendum and the eventual birth of the new nation. This plan was revised constantly based on developments in SS including clashes in Jonglei state, sacking of the cabinet /DP few months back and the clashes that erupted on 16th December 2013. The plan caters for two scenarios; 20,000 and 100,000 influxes respectively. We are currently on the first scenario, however at this rate we would very soon move to the worst case scenario.

The registered number of refugees before the influx from South Sudan was **128,730**. The influx started on 25th December 2013 and since then until the 17th January 2014, a total of 9,150 asylum seekers have been received in the camp increasing the camp population to **137, 880**. Majority of the new arrivals are women and children. Children constitute about 70% of which 29% are under 5 years.

Just before the conflict UNHCR had secured land (Kakuma 4) which can accommodate 25,000 refugees. This was meant to decongest the three Kakuma camps. However, given the current influx it is now being used to settle new arrivals.

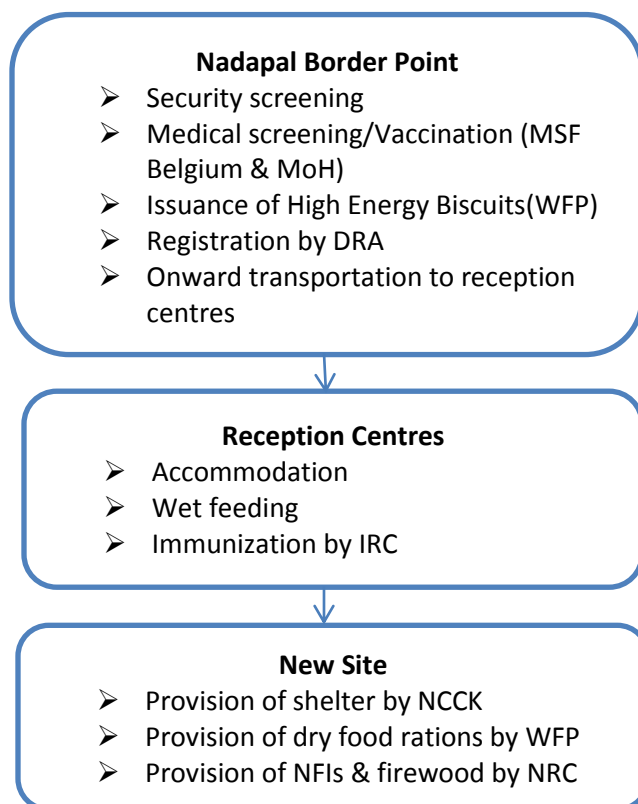
A joint mission was conducted today by the Deputy Representative and donors and included representation from DFID, ECHO, US Embassy and Japanese Embassy. The mission involved visits to the new site, reception area and briefings by Implementing Partners, WFP and UNICEF.



Essential Services / Activities

Currently, operations are ongoing simultaneously in three fronts at:

- the Nadapal border point
- the reception centres
- the new site (Kakuma 4)



Flowchart on general flow of activities

1. Essential Services / Activities provided at Nadapal Border Point

Water

- There is a borehole at Nadapal border point but its yield is said to be too low to cater for the resident security population and the asylum seekers. Therefore, water is being trucked by the security with interruptions at times
- UNHCR has supplied fuel to the border authorities for the generator
- Water storage facilities exist. MSF has provided 12,000 liter capacity water bladder but it is not filled with water constantly. There is need to improve supply of potable water to asylum seekers at the border post.

Health

- Ministry of Health is screening all new arrivals for diseases of epidemic potential, namely flaccid paralysis, guinea worm, meningitis, jaundice, diarrhea diseases, hemorrhagic fevers at Nadapal border post;
- Triaging all new arrivals for sickness and treatment of the sick is being done by MSF-Belgium;
- Referral of patients who need specialized treatment to Lopiding Hospital in Lokichoggio is done by MSF-Belgium. As at 15th January a total of 7 patients suspected of measles had been identified and referred to the hospital;
- Vaccination against measles for all children aged 6 months-15 years by MSF- B is ongoing;

Shelter

- Currently, there are no shelters for asylum seekers at the border. However land has been identified for the construction of a conventional transit center and a layout plan has been prepared. NRC has been requested to construct the Centre.
- To the extent possible, asylum seekers would be transported on the same day

Sanitation

- There are enough latrines for at least 600 persons per day. More than 20 drop-holes are available;
- Solid waste management is still inadequate. No appropriate solid waste disposal pit is available apart from the clinical waste disposal pit constructed by MSF-Belgium. Arrangements underway to provide one;

Nutrition

- High Energy biscuits are distributed to new arrivals by WFP. So far there are no signs of severe acute malnutrition.

2. Essential Services / Activities provided in the Camp (3 Reception Centers and the new site)

Water

- There are 10 functional boreholes in the refugee camp;

- One additional borehole has been drilled and is being tested. It is expected to be put into operation early next week;
- 2, 5m³ tanks and 2, 10m³ water tanks have been installed in the new area and are filled daily by a water tanker. A second water tanker is being mobilized.
- 2.5km of pipeline has been laid to serve new arrivals but more is still required;
- The average daily per capita supply of water for the general population is at 17 litres but about 10 litres for new arrivals;
- UNICEF will support this sector in terms of water accessories from their stocks in Lodwar;
- There will be a need to drill additional boreholes to serve the new population in Kakuma 4;

Health

IRC is providing the following services at the Reception Centers in the camp:

- Provision of the standard Kenya Expanded Programme of Immunization (KEPI) package to all children aged 0-59 months, including measles for those with no documentary evidence of having been vaccinated at the border;
- Providing Vitamin A supplementation to all children aged 6-59 months and to postpartum women (6 month post-delivery);
- Screening all children aged 6-59 months and pregnant women for malnutrition using both Mid-Upper Arm Circumference (MUAC) and Weight for Height (W/H) measurement;
- Deworming of children aged 1 - 5 years;
- Distribution of Long Lasting Insecticide Treated mosquito nets (LLITNs) to all new arrivals, and follow up at settlement area to demonstrate their appropriate usage;
- Check for new arrivals with medical records that require special attention, especially the chronically ill, such as diabetics, hypertensive, HIV/AIDS and TB patients;
- Identification of pregnant and breastfeeding women and accompanying them to the health clinic for appropriate services, such as Antenatal Care; tetanus vaccination and/or enrollment into supplementary feeding program;
- WFP/LWF are providing wet feeding for all new arrivals at the reception center,

Integration into the existing health and nutrition services

- New arrivals have access to the existing health services. Luckily enough, January has been a relatively low morbidity season; therefore, health facilities are still coping with the number of patients;
- Currently, no major health problem has been observed among the new arrivals, apart from the suspected cases of measles that were identified at the border and isolated at Lopiding hospital in Lokichio;
- Essential drugs are available in all the 5 health clinics but stocks are running low; they need urgent replenishment;

- Heightened active diseases surveillance is ongoing in the camp, with special focus on new arrivals;
- Identification of community health workers among the new arrivals is ongoing and training is scheduled to start in *due course*;

Nutrition:

- All identified malnourished children and pregnant women are being enrolled in appropriate feeding program immediately and are being followed up by the nutrition team;
- UNICEF provided 500 cartons of Plumpy nuts. They will also provide other therapeutic foods, such as F-75, F-100 and Resomal.

Shelter

- Plot demarcation is ongoing in the new settlement site;
- 1,600 temporary shelters have been constructed and occupied;
- 200 units are being constructed a day and efforts are being made to increase this number to 300 a day;
- A total of 5,556 (66%) new arrivals have been removed from the reception Centers to the new settlement area;
- The new site is estimated to provide a maximum of 8,000 household plots;

Sanitation

- Construction of communal Latrines is ongoing at a ratio of 1:40 persons;
- Construction of Solid waste disposal pits is ongoing;
- Latrines and wash rooms have been constructed at all reception centers;

Protection

- UAMs are not being relocated into the community but remain in the Reception Centre; LWF, UNHCR and UNICEF Child Protection officers are identifying foster care arrangements for the short, medium and long terms.
- SC who have relatives within the community are being handed over to said relatives after necessary documentation and assessment has been done.
- There have been no reported or identified cases or incidents of SGBV to date; however preventive measures are being considered to mitigate such incidences.
- Following preliminary Best Interest Assessment of UAMs/SC in the Reception Centre it has been agreed that many of the children are in need of psycho-social support.

- Cases of the single Elderly and individuals who are either mentally or physically challenged are retained in the Reception Centre where they receive care and maintenance support.

Education

Discussions have been initiated with UNICEF and LWF to establish temporary schools using tents. Teachers among the new arrivals, from the camp and the host community will be recruited.

Registration

- Daily registration of new arrivals done by both DRAs and UNHCR, Capacity for both is being increased to cope up with the rate of influx

World Food Program (WFP)

- A rub-hall has been erected in Kakuma 4 for storage of food and non-food items to ease access and distribution of these items to new arrivals in Kakuma 4; fire wood is also distributed at this site
- WFP is providing food for general distribution and for supplementary feeding programs and blanket feeding program

UNICEF

UNICEF is supporting the nutrition sector with therapeutic foods;

- Provided children kits to LWF
- Together with UNHCR finalizing rapid assessment on UAMs and separated children
- It is also providing tents at the border post to encourage lactating women to breastfeed
- Will provide water accessories

New camp

It was agreed with the government that a new camp should be established as and when the refugee population figure surpasses 150,000

A site (Nakururum) has earlier been identified some 60 km north of Kakuma towards Loki by UNHCR technical staff. The proposed site has sufficient ground water and good gradient for drainage

DRA would negotiate with the county government and the host communities for this land. This has to be done fast

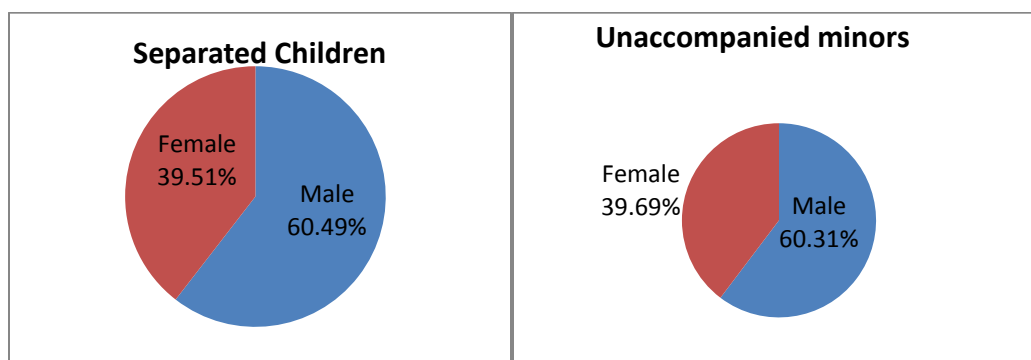
Main Challenges

Health

- Despite the fact that the health systems are still coping with the health demands, they will soon become over-stretched with passage of time as more and more asylum seekers arrive or / and when the rainy season begins. Therefore, there is urgent need to hire additional health workers. An additional 2 medical doctors, 4 clinical Officers; 8 nurses/ midwives and tens of auxiliary staff are required;
- Erratic supply of vaccines and related supplies from the Ministry of Health (Dr. Burton following up with the relevant Government Department in Nairobi). There is a need for a new clinic in Kakuma 4 to decongest Clinic 6. Arrangements are underway to construct a temporary clinic to provide out-patients services. It is expected to be operational within 2 weeks;
- Dilapidated and overcrowded existing health facilities across the camp, especially the main hospital. There is a need for a new, bigger and a well-equipped hospital to replace the current one. Likewise, all satellite health clinics require renovation and expansion to cater for the growing population;
- The risk of outbreak of diarrheal and respiratory tract diseases is heightening due to overcrowding at the Reception Centers coupled with inadequate sanitation and poor hygiene practices;
- Inadequate staffing levels- There is need to increase the number of health workers to cope with the ever increasing camp population;
- Seasonal surges in malaria incidences, especially during the rainy season and shortly after the rains;

Protection

- Child protection: Before the current crisis, Kakuma had 2,700 Unaccompanied Minors and 9,000 separated children. Given that the overwhelming majority of the new arrivals are children, ensuring protection and wellbeing of children is a major challenge.
- As at 13th January 2014, there were 4,352 children among the new arrivals. Out of this number, Unaccompanied Minors were 131 and 1,025 were Separated children. Males make up the majority of UAM/SC as illustrated below



	Male	Female	TOTAL
UAMs	79	52	131
SC	620	405	1025

- UNHCR and UNICEF Child Protection Officers conducted a rapid assessment on the needs of UAM and separated children and have come up with recommendations and appropriate interventions for the short, medium and long terms. The report is expected by end of day today.

Water

- Inadequate number of Boreholes and distribution network;
- Inadequate potable water storage capacity for Kakuma 4. At least 4 steel elevated tanks of about 20,000 litre capacity are required;
- Inadequate chlorine tablets for water treatment at household level;
- Increased labour cost for trenching. The ground is too hard due to prolonged draught and hence increasing the cost of trenching;

Sanitation/ Hygiene

- Inadequate funding for individual family latrines and for additional communal latrines to meet the UNHCR standard of 1 communal latrine per 20 persons;
- Inadequate space for digging new waste disposal pits. The existing camp is too full;
- Inadequate soap for hygiene purposes, especially for hand- washing at critical times;

Shelter

- Inadequate funding for the construction of durable shelters for old refugee caseload and the new arrivals;
- Overcrowding in shelters. They are too small for big family sizes;

Nutrition

- lack of funds to procure fresh foods and animal source foods to improve dietary diversity to combat macronutrient deficiencies, especially anaemia;
- Poor infant and young child feeding practices owing to a lack of appropriate foods coupled with high level of ignorance;
- High cost of therapeutic foods for rehabilitation of malnourished children;
- Sharing of therapeutic foods with adults and other children hence delaying recovery rate of malnourished children;

- High prevalence of malaria and diarrhoeal diseases during the rainy seasons which aggravates the nutrition status of children;

Education

Even before the influx the enrollment rate at the primary schools was only 50%, which is very low. A double shift is being introduced in 2014 to address this challenge partially. There would be a need to construct classrooms and recruit teachers and procure scholastic materials

Logistic constraints

Notwithstanding the fact that UNHCR availed 3 trucks, an Ambulance, a bus and a water tanker, the emergency response still requires additional logistic support. There is a need to replenish the NFI stock as well.

UNHCR KAKUMA

January 2014