



Joint Assessment Mission – Kenya

Refugee Operations – Dadaab and Kakuma Refugee Camps and Kalobeyei Settlement

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Executive Summary

The Joint Assessment Mission (JAM) was conducted by the World Food Programme (WFP) and United Nations High Commissioner for Refugees (UNHCR) in Kakuma and Dadaab camps and Kalobeyei settlement between 12th and 23rd September 2022. Participants were drawn from the National Government, Turkana and Garissa County Governments, UNHCR, WFP, FAO, IOM, NGO partners, donor representatives and refugees.

The objective of the JAM is to understand the situation, needs, risks, capacities, and vulnerabilities of the refugees regarding their food and nutrition security, access to health, water and education, and provide recommendations for specific interventions.

The JAM was conducted through a multisectoral approach as guided by the UNCHR and WFP JAM Guidelines 2013. Information on eight sectors was collected from secondary data sources and through field visits, key informant interviews and focus group discussions. The findings were triangulated in intersectoral meetings in the field. An exit debrief was undertaken on the last day to give the stakeholders an overall picture of preliminary findings. The preliminary findings were further analysed culminating in the development of this report.

A key limitation was the lack of current national and county plans because the JAM was conducted at a time of transition between the incoming and outgoing governments at the county and national levels. As such, the identified priorities or recommended approaches to refugee response may be adjusted to align with the national and county plans. Additionally, the regulations for the implementation of the Refugees Act 2021 were not finalized yet they are expected to give clarity on various provisions, especially in relation the transition from camps to settlements.

At the time of the JAM Kenya was hosting 565,800 registered refugees and asylum seekers in Kakuma. Dadaab and major urban settlements and another 55,000 undocumented new arrivals in Dadaab. This population had increased significantly since the last JAM from 488,000 and was projected to increase to over 600,000 by the end of 2022. The most significant increase was observed in 2022 and is attributed to the severe drought in the Horn of Africa with the majority of new arrivals coming from Somalia.

The JAM took place at a time when the Horn of Africa was experiencing the worst drought in 40 years and the impacts of the Russia-Ukraine crisis, and the COVID-19 pandemic were felt by both Kenyans and refugees.

The following milestones have occurred since the last JAM in 2017 in relation to the operation

1. The Refugee Act 2021 and signing of the Kenya Comprehensive Refugee Framework in 2020.
2. Introduction of Cash Based Initiatives by UNCHR and opening of bank accounts for refugees in Kalobeyei and Kakuma and unrestricted cash by WFP in Kalobeyei.
3. Expansion of self-reliance initiatives in Kalobeyei settlement
4. Construction of the Kitale-Lodwar-Lokichoggio highway
5. Key studies conducted to inform self-reliance activities, including the UNHCR/World Bank Socio Economic Assessments, WFP/Oxford Studies on Refugee Self-Reliance and Business in Kakuma and Kalobeyei, ILO Labour Assessments among others.

However, in the recent years, humanitarian needs for refugees have not been met fully due to funding shortfalls that have been experienced by both WFP and UNHCR.

The JAM found that the food security situation of the refugee population has been deteriorating over the past years. The situation has been occasioned by insufficient funding leading prolonged ration cuts, insufficient transfer values due to inflation, high levels of debt and substituting food resources to meet other basic needs. The nutrition status of vulnerable groups had also remained poor including micronutrient deficiencies as evidenced by high anaemia levels. Staffing levels in health institutions was too low thus compromising the quality of services.

The quality and appropriateness of education at basic and post-secondary education was deteriorating and should be improved for school feeding to have its intended impact and for the required impact in achieving self-reliance objectives. Overreliance on wood fuel as a source of energy has exacerbated the degeneration of the environment in Dadaab, Kakuma and Kalobeyei. Livelihood and self-reliance interventions were small in scale and concentrated in Kalobeyei and needed to increase in scale and be economically viable to ensure self-reliance.

Overall, protection needs have increased with the most vulnerable groups experiencing limited access to protection responses exposing them to dietary and other related risks. The emergent community coping mechanisms are anti-social, detrimental, and a growing threat to community cohesion, thus needing programming strategies to address the emerging concerns.

The population of refugees is expected to continue increasing for the next four years against a backdrop of increasing global crises and reducing funding for refugee operations. As such it is important to streamline existing inefficiencies and gaps in various sector, with a focus on strengthen durable solutions as outlined in the recommendations below.

Summary of Key Recommendations

Food Security and coping Mechanisms

1. Maintain smooth provision of Core Relief Items (CRIs) to prevent the sale of food to access essential items.
2. Finalise and implement the Minimum Expenditure Basket for refugees to guide interventions.
3. Undertake periodic revision of transfer values to cater for inflation in order to maintain purchasing value.
4. Reinstate and conduct regular food security outcome monitoring to inform programme design.
5. Consider targeted assistance with a sustainable opt-out mechanism for those who have alternative livelihood.

Supply Chain Management

1. Improve access roads to camps and consider the use of commercial transporters for last-mile delivery of commodities instead of depending on UNHCR transport arrangements.
2. Improve (renovation and expansion) food commodities storage in schools and health facilities.
3. Revert to the pre-covid use of a Biometric Identity Management System for verification of beneficiaries during distributions for accountability purposes.
4. Consider the use of a beneficiary verification system for use in malnutrition programs.
5. Review the current cash transfer standard operating procedures to improve timeliness in the disbursement of funds to beneficiaries.

Health and Nutrition

1. Advocate and partner with government (County and National) to enhance refugees and host community access to Kenya Medical Training College to accelerate health human capacity development, which would remain in the local context or for use back home after Voluntary Repatriation).
2. Support full adoption of the Kenya health information system and incremental use of electronic medical records to support data management and reporting.
3. Conduct an assessment to establish the causes of the high level of cerebral palsy in Kakuma and develop preventive measures.
4. Continue nutrition support to special groups like tuberculosis and human immuno-deficiency virus patients and consider the nutrition needs of persons with Diabetes.
5. Adoption and scale up of Baby Friendly Hospital Initiative and Baby Friendly Community Initiative social and behavioural change communication strategies to improve on the Mother, Infant And Young Child Nutrition (MIYCN) practices among the refugees and the host communities. Need more MIYCN assistants to work with the community health promoters at the community level in dealing with the MIYCN issues.
6. Develop a strategy for addressing high Micronutrient deficiencies characterized by high anaemia levels among children and pregnant women.
7. Orient the Blanket Supplementary Feeding Programme (BSFP) to include growth monitoring and related health interventions.

Education and School Feeding

1. Advocate and support the construction and rehabilitation of facilities in schools to improve the learning environment.
2. Adopt the National Education Management Information System in schools in refugee settings.
3. Review implementation of the school meals programme to mitigate diversion of learning time and to achieve the objective of enhancing school attendance.
4. Consider Accelerated Education Programmes for over-age learners.
5. Align skills development to the job market and demand in the local settings and home Country to support sustainable voluntary repatriation.

Environment, Cooking Energy, Water and Sanitation

1. Establish designated dumpsites for waste disposal and a mechanism for recycling.
2. Promote climate-smart agroforestry.
3. Evaluate the impact of Cash based intervention on CRI distributions to diversify cooking energy sources.
4. Rehabilitate and ensure proper management of meat by-products in the slaughterhouse.

Livelihoods and Self-Reliance

1. Upscale adaptive and climate-smart agriculture.
2. Enhance collaborations with counties to upscale polytechnic to offer a broad spectrum of market-relevant courses.
3. Advocate for inclusion of refugees in the recently launched national recognition of prior learning to obtain accreditation in Kenya.
4. Conduct comprehensive market assessments to identify demand-driven skills and products.

5. Adopt a sustainable market-based business and agriculture model that goes beyond the pilot projects cycle.

Coordination and Partnership

1. Advocate and support government to establish a smooth mechanism for reception and timely registration of new arrivals to enable them to access services.
2. Strengthen information sharing and data management for effective partnerships
3. KISED and GISED coordination to strengthen partnerships with the national government line ministries and private sector players

Protection mainstreaming, Key Interest Groups, Host community, Security and Asylum Space

1. Establish an effective mechanism of reception and registration of new arrivals.
2. Work with the government to address rising crimes/insecurity in camps.
3. Expand targeted social assistance to the vulnerable Key interest groups (elderly, unaccompanied minors, persons living with disability among others).
4. Enhance the accountability to the affected population by establishing a protection-sensitive case reporting, and monitoring system while strengthening the existing feedback, complaints, referrals, and response mechanisms.
5. Ensure unaccompanied children in the community, among new arrivals and in reception centres, are identified and linked to care promptly.
6. Decongest (Food Distribution Point) FDP 3 in Kakuma and hasten the card transfer of child food collectors to FDPs near them.

1 Introduction

1.1 Background to JAM

The Joint Assessment Mission (JAM) was conducted by the World Food Programme (WFP) and United Nations High Commissioner for Refugees (UNHCR) in Kakuma and Dadaab camps and Kalobeyei settlement between 12th and 23rd September 2022. This was done in close collaboration with the government (both the national government and Garissa and Turkana Counties) and other agencies that assist refugees and asylum seekers in these locations.

The exercise was conducted in line with JAM Guidelines 2013 which were contextualised to suit the Kenyan context. It was done as a requirement in the UNHCR and WFP 2011 Memorandum of Understanding, to inform the Joint Plan of Activities (JPA) between the two organisations and to provide strategic information to partners for multi-year planning. The last JAM was conducted in 2017, at a time when the impact of renewed conflict in South Sudan and Burundi resulted in an influx of refugees who were settled in Kalobeyei settlement and Kakuma camp.

The economic impact of the COVID-19 pandemic and ongoing drought in the Horn of Africa compounded by over two years of ration cuts justified the need to undertake this assessment. The enactment of the Refugee Act 2021, and the government's approach to refugee response as stated in the draft Marshal Plan provide opportunities to address provide durable solutions for refugees and asylum seekers.

Moreover, the JAM was conducted at an opportune time when the third generation County Integrated Development Plans (CIDP) are being developed, hence it will provide much-needed information on the situation of refugees and the opportunities to be tapped to contribute to the development of the Counties.

1.2 Objective

The JAM aims to understand the situation, needs, risks, capacities and vulnerabilities of the refugees regarding their food security and nutrition security, access to health, water and education, and provide recommendations for specific interventions.

1.3 Methodology

The JAM was conducted through a multisectoral approach as guided by the UNCHR and WFP JAM Guidelines 2013. Information was collected from secondary data sources and through field visits, key informant interviews and focus groups discussion in the following sectors that have a direct bearing on food security and nutrients

1. Food security and coping mechanisms
2. Supply chain management (logistics for food, cash and non-food items)
3. Health and nutrition
4. Education and school feeding
5. Environment, cooking energy, water and sanitation:
6. Livelihood and self-reliance
7. Coordination, population planning figures and partnerships:
8. Protection mainstreaming, key interest groups (KIG), host community, security and asylum space.

Participants were drawn from the National Government, Turkana and Garissa County Governments, UNHCR, WFP, FAO, IOM, NGO partners, donor representatives and refugees.

Each sector reviewed available relevant secondary data and after each day of primary data collection, plenary sessions were held to discuss the findings with other groups to triangulate and validate the findings. Plenary sessions recommended additional information collection and analysis to the groups, on the second day of field work. An exit debrief was done on the last day to give the stakeholders an overall picture of preliminary findings. The summary of the preliminary findings were then presented to donors in Nairobi. After this, a team of eight WFP and UNHCR staff retreated to Naivasha to do an in-depth analysis and to draft the report which was then edited by JAM team leaders.

Limitations

The JAM was conducted at a time of transition between the incoming and outgoing governments at the county and national levels. As such, the identified priorities or recommended approaches to refugee response may be adjusted to align with the national and county plans. The regulations for the implementation of the Refugees Act 2021 were not finalized yet they are expected to give clarity on various provisions, especially in relation to camps versus settlements. The national government-driven discussions on comprehensive refugee response under the Marshal Plan were not finalised. Lastly, the committee set by the President to review the Competency-Based Curriculum had not completed its work as this could have implications on school feeding in primary and/or junior secondary schools.

2 Overview of the Refugee Situation in Kenya

2.1 Refugee Numbers and Demography

Kenya remains among the largest refugee-hosting countries in Africa with over 565,800 persons of concern as of 30 September 2022. This comprised 449,601 (89%) refugees and 66,242 (11%) asylum-seekers. Refugees from Somalia comprised 53%, South Sudanese 26%, while the Democratic Republic of Congo comprised 9%, Ethiopians 6%, Burundians 4% and other nationalities form the remaining 2%. The country has recorded a steady rise of refugees and asylum seekers by about 26,000 annually since 2017 except in 2020 because of COVID-19-related restrictions on movement.

The volatile political and security situations in several countries in the region, compounded by climate change continue to produce population movements and the population of new arrivals in Kenya has significantly increased in 2022. Refugees in Kenya reside in Dadaab, Kakuma and Kalobeyei which were established in 1991, 1992 and 2014 respectively, as well as in the major urban centres of Nairobi, Mombasa, Nakuru and Eldoret.

In addition to the registered population, about 55,000 new arrivals from Somalia had been profiled to enable access to services such as food assistance among others, pending registration by the government. UNHCR estimates that this number will increase to 80,000 by December 2022.



Figure 1: Refugee Demographics

The Dadaab refugee complex in Garissa County and the Kakuma camp and Kalobeyei integrated settlement in Turkana County host 84% of the refugees and asylum-seekers and have done so for about three decades. These areas are semi-arid and sparsely populated regions of the country. The Dadaab refugee complex is characterized by an unpredictable security environment, leading to significant resources being dedicated to safety and security.

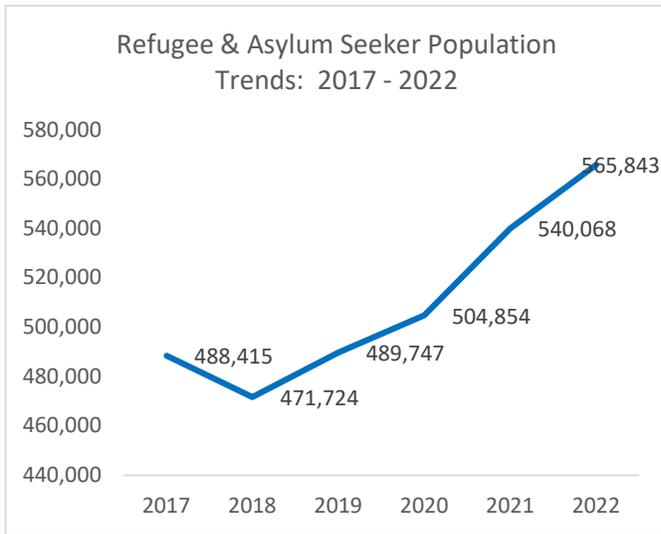


Figure 2: Trends Refugee Population in Kenya

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In Kakuma and Kalobeyei, refugee and host communities co-exist harmoniously. In Dadaab, as refugees and host communities come from similar ethnic and cultural backgrounds, a degree of symbiosis exists between them. However, there have been cases of resource-driven conflicts between the refugees and host communities in both locations.

2.2 General Context

Kenya is a lower-middle-income country. The country has made significant political and economic reforms that have contributed to sustained economic growth, social development, and political stability following the enactment of the new constitution in 2010. There has been significant development of road infrastructure in Kenya, notably the Kitale-Kakuma-Lokichogio road which has eased the movement of goods and services. However, poverty, inequality, youth unemployment, transparency and accountability, climate change, weak private sector investment, and the vulnerability of the economy to internal and external shocks remain major challenges to the progress of the country¹. The impacts of the ongoing Russia-Ukraine conflict, rising fuel and food prices globally as well as disease outbreaks such as COVID-19 also impact the refugee situation in Kenya.

The Government of Kenya enacted a new Refugee Act 2021 in November 2021. The regulations to guide its implementation are being developed. The Act promises more opportunities, rights, protection and solutions for refugees and asylum-seekers in Kenya and is in line with Kenya’s commitments under the Comprehensive Refugee Response Framework (CRRF), the Global Compact on Refugees (GCR), and other international and regional instruments. The Act also recognizes the rights of refugees to participate in economic and social development. In April 2022, the Government announced its intention to transition from camps to integrated settlements under the “Marshal Plan” which is being drafted.

The Horn of Africa is facing one of the most severe droughts in the last 40 years after an unprecedented fourth consecutive failed rainy season. By the time of the JAM, the region had recorded three failed rain seasons and according to IGAD, about 14 million people faced starvation and while animals heavily impacted by the drought. Over 3.5 million Kenyans living in arid and semi-arid lands are facing acute food

¹ <https://www.worldbank.org/en/country/kenya/overview#1>

insecurity because of a prolonged drought and rising food and fuel prices. The drought has also contributed to a significant increase in new arrivals, especially from Somalia.

In recent years humanitarian needs for refugees have not been met fully due to funding shortfalls that have been experienced by both WFP and UNHCR. Most of the funding and responses to improve self-reliance have focused on Kalobeyi settlement and mainly on the first phase of the 15-year Kalobeyi Integrated Socio-Economic Development Programme (KISED).

3 Findings

3.1 Food Security and coping mechanisms

Overview

The food security of refugees and asylum seekers living in camps and settlements is largely dependent on WFP food assistance. This section discusses adequacy of food basket rations, modality of assistance and the analysis the food security through three pillar - availability and access, utilisation and the key strategies employed by households to cope with food insecurity.

3.1.1 Food Rations

The major source of food in the Refugee operation is humanitarian food assistance provided by WFP through a hybrid of in-kind and cash-based transfers. Households registered by UNHCR access both food assistance packages while those profiled pending government registration receive in-kind food rations only. In June 2020, WFP adopted the Minimum Expenditure Basket (MEB) approach to determine effective and appropriate humanitarian assistance based on a shared understanding of the essential food and non-food needs of vulnerable households². The MEB is a figure that reflects the average cost a household would need to cover its essential needs depending on the specific context. WFP developed an interim food component of the MEB and which was costed at Kes. 2,500 per person per month, consisting of locally available food items that would guarantee a nutritionally adequate diet. The detailed food basket can be found in annex 3.10.2. The food cash transfer value has continued to be determined using the cost of the food MEB based on the hybrid modality.

Refugees in Kalobeyi fully receive cash with no in-kind component, while those in Kakuma and Dadaab receive 60 percent of food transfers in-kind and 40 percent through electronic vouchers.

The actual food basket rations given to refugees depend on the availability of resource. In 2018 refugees were receiving 86 percent of the food basket ration. This gradually decreased to 70 percent in 2019, 60 percent in 2020 and 50 percent in 2022. Fortunately, improved funding has enabled WFP to increase the ration to 80 percent of the food basket since September 2022.

² WFP Essential Needs Analysis Guidance Note – December 2020

3.1.2 Availability

The main sources of food in the camps and settlement are food aid and the markets. Local production contributes slightly to the availability of food, mainly vegetables.

WFP’s food and cash pipeline was available throughout the period under review. However the pipeline was not full and therefore could not provide the full ration describe in section 3.1.1. In addition, pipeline breaks led to delays in the distribution of food and disbursement of cash in some instances. WFP has adequate resource to maintain the food ration at 80 percent until March 2023.

The amount of food distributed to beneficiaries has been declining from about 48,000 MT to 37,000 MT in 2021. In contrast, the amount of cash has gradually been increasing from USD 29 million to USD 33 million in 2021³ as illustrated in figure 3. The tonnage has been reducing due to ration cuts while the amount of cash increased after adopting the MEB food basket which substitutes more commodities than just cereals before 2020. The increase in the refugee population in Kalobeyei has also meant that more cash is disbursed hence the increase in cash transfers.

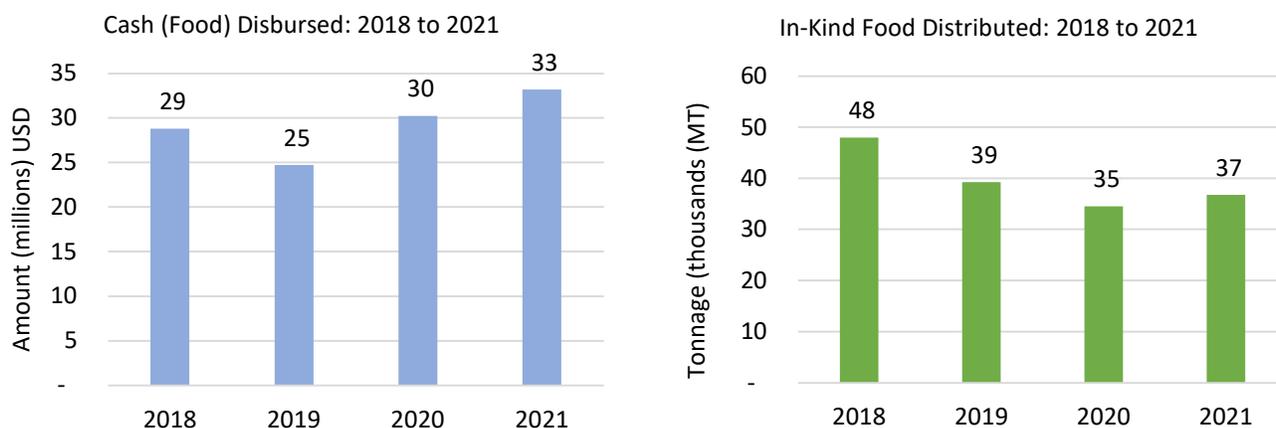


Figure 3: Food Assistance Quantities – Cash and In-kind

The markets in Kakuma, Kalobeyei and Dadaab contribute greatly to the availability of dry and packaged foods and fresh foods. The functionality of these markets is described in section 3.2.

In Dadaab, small-scale food production is practised on integrated farms operated by both refugees and the host community in the three camps. In Kakuma, vegetable production is done along River Tarach while in Kalobeyei this is done in horticultural farms that use harvested rain water. The main crops produced include vegetables such as kales, spinach, traditional African vegetable, tomatoes, cucumber, potatoes, bananas, pepper, okra, cowpeas and sesame (simsim) among others. These products are supplied to the local markets and are in high demand though production capacities are sub-optimal. The main gap in

³ WFP Annual Country Reports (ACR)

improving availability of food through local production included lack of mechanization, inadequate farm spaces, weak technical services, lack of water and low-quality seeds.

There is potential around areas hosting refugees for small-scale food (crop and livestock) production that remains untapped.

3.1.3 Access

Most refugees and asylum seekers access living in the camps and settlement 100 percent their food through aid. The food aid is distributed through general food assistance to all registered and profile households, school meals for primary school going children. Target groups receive specialised nutritious foods for the prevention and treatment of moderate acute malnutrition. All these food transfers contribute to access to food for refugees.

WFP distributes the general in-kind food and cash rations (in the form of electronic voucher - Bamba Chakula - in Kakuma and Dadaab and unrestricted cash - Bamba Chapaa) to beneficiaries monthly. Beneficiaries are informed of their food and cash entitlements monthly through various by WFP and FilmAid through various media for accountability. Any adjustments in the rations are also communicated. In 2020 and 2021 in-kind food distribution was done bi-monthly as a COVID-19 mitigation measure. However, beneficiaries reported that this made it difficult to them to spread out their rations, especially when they were receiving only 60 percent of the required amounts. With this feedback, WFP reverted to monthly distributions in November 2021. WFP distributes food based on list provided by UNHCR monthly and additional verification done at the distribution points to ensure that only rightful beneficiaries are served.

In-kind food is distributed at food distribution points that are managed by WFP's partners CARE, World Vision and LOKADO who also display the rations to be received by each beneficiary household based on the number of members. Beneficiaries access Bamba Chakula through WFP contracted traders in markets where they redeem their vouchers by picking the foods of their choice. Refugees in Kalobeyei access cash assistance (Bamba Chapaa) from equity bank agents. The distribution systems are further described in section 3.2. The assessment established that both in-kind food and cash based transfers in Kalobeyei have been consistently disbursed and offer beneficiary choice, dignity and convenience.

The cash based transfers have enabled beneficiaries to access to diversified diets such as milk, meat, fresh vegetables and or preferred cereals. However, beneficiaries reported the reduced food rations have not been adequate in meeting their food needs. However, beneficiaries reported that the Bamba chakula value of Kes 600 and Bamba chapaa value of Kes 1,500 that has been in place since 2020 had not been adequate to meet the refugee food needs due to increased food prices on local markets which fluctuate between seasons and as a result of factors in external markets that supply commodities. Starting September 2022, the cash transfer value was increased to Kes 850, and is expected to improve household food consumption and dietary diversity.

The assessment established that the reason beneficiaries preferred cash modalities over others was because of reliability and opportunity for a wide product selection. Other factors include, that cash is

considered a safer transfer modality, better value for the beneficiaries, reliability, and self-influence overuse. However, based on the information provided on the different transfer modalities used by WFP, 47% of beneficiaries prefer a combination of food and restricted cash as the best modality of assistance. There was a difference in preference between males and females but only 21% preferred a combination of food and unrestricted cash. There was a higher preference for a combination of food and restricted cash in Dadaab as compared to Kakuma. The households with PLWD had an equal preference for a combination of food and restricted cash and a combination of food and unrestricted cash.

A total of 98 percent of the respondents use less than half an hour to walk to the cash access points and an average of 18 minutes is spent queuing on the line before being served. The majority (92%) of respondents were satisfied with the distribution process and management. In Kalobeyei, beneficiaries complained of long distances to the verification point in village 1 for proof of life before accessing cash allocation.

In Dadaab, delayed registration of new arrivals which dates back to 2016 continues to hamper access to cash-based transfers. As a result, new arrivals are profiled and listed to access WFP in-kind assistance as the cash component will require a government-recognised identification. Besides this limiting their options to have a diversified diet, they bear the burden of transportation costs because the entitlement is bulky. Currently, WFP is providing in-kind food to approximately 46,000 profiled arrivals. Part of the food is monetized to pay for transport services and also purchase other food commodities from the local markets.

In Kalobeyei, there is only one point (located in village 1) of verification during proof of life, which is for those coming from villages 2 and 3. Occasionally, the refugees lack access to their monthly allocations due to missing their verifications. At times, they are forced to use paid means of transport which reduces their cash allocation. There is also no gender segregation during queueing at the verification points which is causing discomfort, especially for women.

The assessment further established that some refugees do not redeem Bamba Chakula in time, some with the aim of consolidating it for several months. WFP usually, claws back unredeemed funds after three months. During focus group discussions, refugees requested to be allowed to delay redeeming the cash for up to 6 months. It was thought that practice may be common with those with other forms of income or those who do not reside in the camps.

Effective access to food was limited by a number of factors including the adequacy of food rations and core relief items. The cash provided for food lasted one to three weeks for most of the households and a small proportion of refugees share the cash with other people who are not in their households. About 65 percent of female-headed households reported sharing, while 35 percent of male-headed households were sharing. Moreover, a considerable proportion of households (11% -26% in Dadaab, 39% in Kakuma and 27% in Kalobeyei) used cash to pay debts.

Sharing of in-kind food rations among non-household members was reported by the majority of refugees and for instance, in Kakuma, the in-kind rations were not enough and lasted on average 18 to 22 days. In Dagahaley, Hagadera and Ifo, rations lasted for 9, 17 and 15 days respectively.

In Kakuma and Kalobeyei, expenditure patterns from UNHCR post distribution monitoring reports showed that hygiene items, energy for cooking and food were the three main items that refugees spend cash on. Over 90 percent and 85 percent of households in Kakuma and Kalobeyei respectively indicated that they used 30 percent of cash to purchase hygiene items, 27 percent on energy for cooking, 19 percent on food.

3.1.3.1 Market operations

About 95 percent of households in the camps depend on local markets to purchase their food and non-food needs. Market operations remained vibrant to meet supply and demand, but prices, infrastructure and services remained the weakest dimensions in terms of functionality⁴. However, the assessment established that the markets in Dadaab are better integrated compared to markets in Kakuma.

3.1.3.2 Staple Food Prices

High food prices have been a key driver to food insecurity and household food access, especially in the arid areas where Kakuma and Dadaab are situated. Staple food prices have been increasingly driven by inflation (8.5% in August 2022), and an increased demand following consecutive below-average crop production. The increase in food prices has also been attributed to international macro-economic factors such as global increases in fuel prices and transportation costs⁵.

The assessment established that the abnormal surge in the price of commodities has eroded the purchasing power of households who continue to receive the same amount of transfer value despite the rising food prices. In Kakuma, the prices of maize flour, wheat flour and rice are 40-50 percent above the 3-year average, while that of maize is 70 percent above average as of August 2022. In Dadaab, the price of wheat flour is 59 percent above average, while maize and beans are 13 percent and 17 percent above average respectively⁶ as shown in the figure 4.

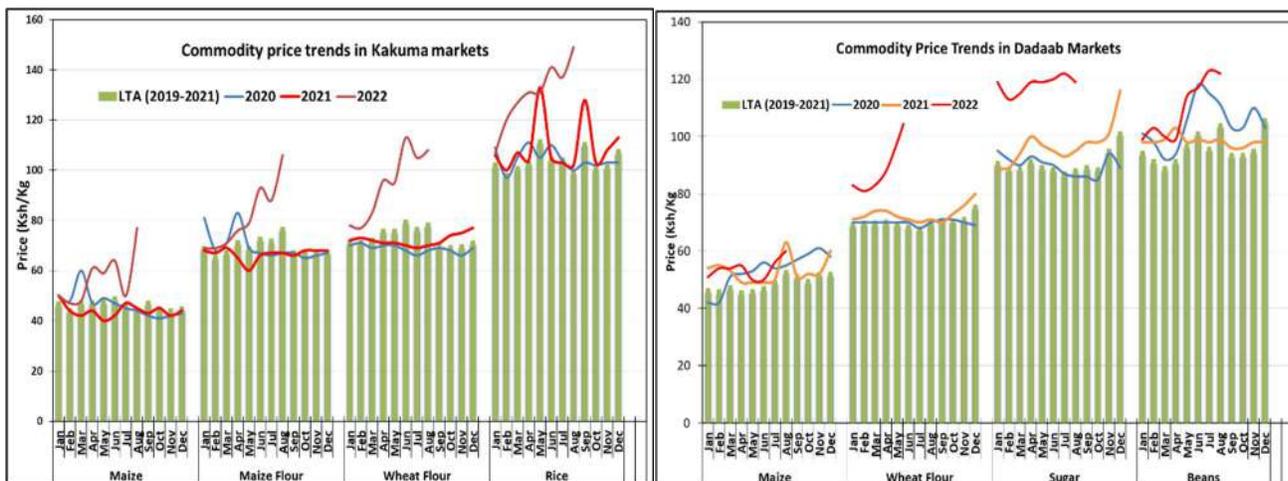


Figure 4: Commodity Prices Trends in Kakuma and Dadaab: 2020 to 2022

⁴ Refugee operations Market Assessment using Market Functionality Index Approach – November 2021.

⁵ Kenya Food Security Steering Group (KFSSG), Long Rains Assessment Report, August 2022

⁶ WFP market monitoring database

Since January 2022, the prices of the key staples in Kakuma have increased by 40-55 percent, while the prices in Dadaab have increased by 20-25 percent except for rice which has increased by 36 percent from the beginning of the year. Kakuma has had higher increases in prices compared to Dadaab. The price of vegetable oil has more than doubled in both camps compared to the same period last year.

The assessment established that due to high food prices, the number of days the food purchased or redeemed by households has reduced compelling most beneficiaries to take debts from traders as they await their next disbursements. Commodities taken on debt are often sold to the beneficiaries at a higher price than the prevailing market prices. The transfer value is also not sufficient to buy the same quantities of food commodities that households would get compared to previous years, consequently compromising household food access and consumption.

3.1.4 Utilisation

The major issue that affected the utilisation of food is the lack of adequate cooking fuel. On the Dadaab side, there are no reception facilities and new arrivals join communities or settle in the outskirts. Although the profiled new arrival receives food ration, there is no provision of CRI like cooking sets and cooking energy to enable them to prepare food.

3.1.5 Food Security Outcomes - Household Food Consumption

Household food consumption is determined by the quality and quantity of food consumed and how these foods were accessed. According to the SENS surveys conducted in the camps in September 2021, the proportion of households with insufficient food consumption was higher in Dadaab compared with Kakuma. Almost all households (98%) in Ifo had inadequate consumption followed by Dagahaley (67%) and Hagadera (42%). Kakuma and Kalobeyei had 35 percent and 34 percent of households respectively with poor and borderline food consumption as shown in this figure. Ifo and Dagahaley had the highest proportion of households with poor food consumption at 81 percent and 44 percent respectively⁷. Insufficient food consumption is indicative of low dietary diversity and those in the poor and borderline groups were consuming 2 to 3 food groups per day consisting of mainly cereal and vegetables and infrequent consumption of proteins in a week⁸.

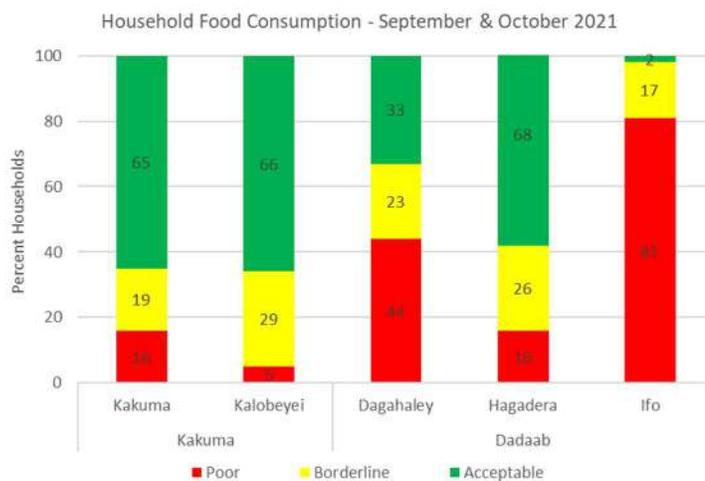


Figure 5: Food Consumption Scores - 2021

As earlier reported the ration rates during much of 2021 ranged between 50 percent to 60 percent and can be attributed to insufficient food

⁷ SENS Surveys September 2021

⁸ JAM FGDs

consumption. However, as of September 2022, the ration rates had increased to 80 percent which will likely cover additional household food consumption gaps.

3.1.6 Coping Mechanisms

3.1.6.1 Consumption Coping Strategies

The reduced coping strategy index (rCSI) measures household food stress when they lack food or money to buy food. The higher the rCSI, the more food insecure a household is likely to be.

The mean rCSI in both Kakuma and Dadaab camps was 10 and above with Kakuma, Ifo and Dagahaley having an index of about 13 as shown in this figure. According to the global thresholds⁹, this means that on average, the majority of the households were already exhibiting household food stress by employing all the five consumption-based coping strategies¹⁰ to be able to minimally meet their food needs.

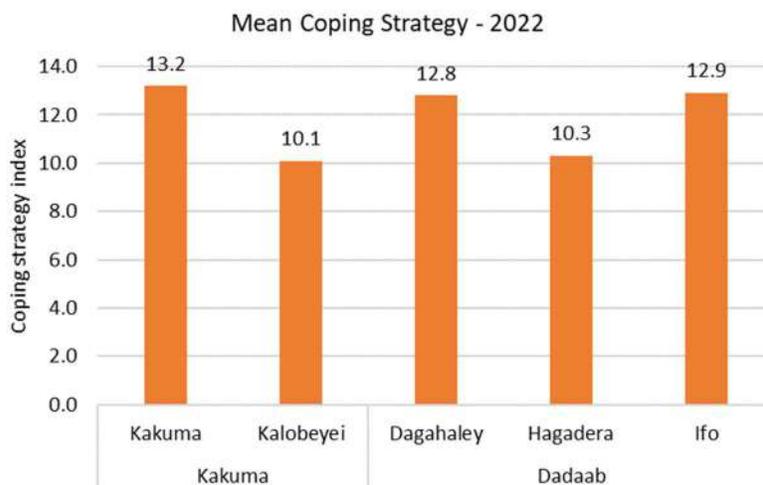


Figure 6: Coping Strategies Indices in 2021

The prevalence across the camps was highest for households relying on less preferred or less expensive food (60%) followed by a reduction of meals eaten in a day and limiting portion size at meal times. However, in Ifo camp in Dadaab, more than three-quarters of households were using all five coping strategies as indicated in the Table below. The increased level of coping is reflected in the high proportion of households with insufficient food consumption.

Table 1: The proportion of households employing consumption-based coping strategies in 2021

Coping Strategies	Kakuma		Dadaab		
	Kakuma	Kalobeyei	Dagahaley	Hagadera	Ifo
Rely on less preferred or less expensive food	63%	60%	57%	60%	92%
Borrowing food from a friend or relative	47%	38%	48%	54%	74%
Reduce number of meals eaten in a day	60%	56%	53%	69%	86%
Limit portion sizes at meal times	61%	53%	42%	54.3%	82%
Reduce consumption of adults for children	44%	29%	36%	46%	88%

⁹ Integrated Phase Classification (IPC) Guidelines version 3

¹⁰ (i) Eating less preferred or cheaper foods (ii) Borrowing food or relying on friends and relatives (iii) Limiting portion size (iv) Limiting adult intake for children to eat (v) Reducing the number of meals per day

3.1.6.2 Livelihood Coping Strategies

Livelihood coping strategies demonstrate how difficult the current household situation is as they adapt to a crisis, and how likely they would be able to meet challenges in the future. It is used to better understand the longer-term coping capacity of households.

The assessment established that the commonly used livelihood coping strategy was borrowing or taking food credit which was reported by about 30-40 percent of households. This strategy is placing beneficiaries into high levels of indebtedness that is compromising the future purchasing power of households. Other extreme coping mechanisms applied were engaging in illicit or risky activities. Crime rates have become high due to insufficient food and theft of food from the household and vandalism was reported as rampant. Other extreme coping mechanisms were engaging in transactional sex, withdrawing children from school, sale of productive and personal assets.

3.1.7 Monitoring and Evaluation

3.1.7.1 Market and Food Security Monitoring

WFP has been conducting weekly price and market surveys to inform among others, programmatic and operational considerations for ensuring access to foods from markets. Market prices are collected and analysed for dry and processed foods, fresh foods, livestock prices and fuel prices.

The assessment established the prices have been on an upward trend and remain high from the beginning of the year. This underpins the importance of continued monitoring in measuring the impacts and mitigation measures that need to be instituted. Quarterly Joint Market Monitoring that is more detailed is also currently being conducted together with partners.

In 2012, WFP began monitoring key food security outcome indicators that included household food consumption, dietary diversity, expenditure patterns and coping strategies. The monitoring was conducted three times a year, in May, September and December. The final output was a combination of the indicators into a summary indicator, called the Food Security Index (FSI), which represented the population's overall food security status. In 2018, the food security monitoring activities came to an end due to resource constraints. Given the current context that includes global, regional and local shocks, new arrivals, the Refugee act, mixed modalities, self-reliance initiatives and involvement of County Governments, there needs to be in place a food security monitoring system that can measure the status of food security for the refugees and asylum seekers.

Conclusion

The food security situation of the refugee population has been deteriorating over the past year given the significant proportion of households with insufficient food consumption and related coping strategies. The situation has been occasioned by reduced ration scale, insufficient transfer values due to high and rising commodity prices, high levels of debt and high numbers of new arrivals due to the regional and local drought. Delays in the registration of refugees in Dadaab is limiting food access and leading to the sharing of food which also lacks diversity. There is no provision of CRIs to prepare food for new arrivals in Dadaab,

limited their ability to utilise their food. Refugees are increasingly using extreme coping mechanisms and theft of food assistance among refugees and host communities has become rampant. Cash-based transfers have been working well but are affected by inflation hence affecting purchasing power. The request by some beneficiaries to accumulate their voucher values for six months revealed that some beneficiaries do not rely on food aid for their survival and can be assisted to exit from regular assistance.

	Recommendation	Responsible (Lead , Support)
1	Maintain smooth provision of CRIs to prevent the sale of food to access essential items	UNHCR
2	Finalise and implement the Minimum Expenditure Basket (MEB) for refugees to guide interventions	Kenya Cash Working Group
3	Undertake periodic revision of transfer values to take care of inflation to maintain purchasing value.	Kenya Cash Working Group
4	Reinstate and conduct regular food security outcome monitoring to inform programme design.	WFP, UNHCR
5	Consider targeted assistance with a sustainable opt-out mechanism for those who have alternative livelihood	WFP, UNHCR

3.2 Supply Chain Management Systems

Overview

WFP and UNHCR have gradually transitioned from providing pure in-kind assistance towards cash-based assistance, with the dual objective of developing local markets and fostering refugees' autonomy. This change in the modality of assistance has had a positive effect on markets in Kakuma and Dadaab by increasing cash flow and diversity of commodities within these regions. Between 2018 January and 2021 December, the WFP disbursed about USD 117 million through both Bamba chakula and chapaa in Dadaab, Kakuma, and Kalobeyei. According to WFP data, 158,470 MT of food were distributed for the general food distribution (GFD), school meals programme (SMP), and programs to treat and prevent malnutrition during the period.

3.2.1 Transport

3.2.1.1 Access to the Camps

Over the past two years, there have been major improvements in the road system leading to the Dadaab and Kakuma refugee camps. The completion of the World Bank-funded Kenya-South Sudan A1 highway has greatly improved access to Kakuma, while construction of the Isiolo Garissa highway, which is part of the Lamu Port South Sudan Ethiopia Transport (LAPSSET) corridor project, will greatly benefit Garissa and by extension Daadab.¹¹

The main supply route for commodities to the Dadaab refugee complex: the Garissa-Dadaab Road is accessible all year round. According to key informants from the security team, although the security threats in this region are deemed substantial with threats of terrorism assessed as high, no significant

¹¹ LCDA, 2016, Status of the LAPSSET Project Report.

incident has been reported in the recent past. However, there have been isolated cases of bandits stopping and robbing commercial vehicles. The Liboi-Garissa Road is also an important route for trade between Somalia and Kenya but is in a deplorable state.¹² Its upgrading will not only be important in improving trade but also key to introducing controls to limit the proliferation of illegal goods from the Kenya- Somalia border. The roads leading to the camps are either very rough or with sandy tracks, presenting transportation difficulties during the short and long rain seasons, which in turn causes delays in the delivery of commodities.

Security along the main access road to Kakuma has improved according to the 2022 JAM key informants. There however remain isolated occurrences of insecurity along the main transport corridor into Kakuma from Kitale. At the time of this assessment, the main roads into Kakuma town, the camps, and the Kalobeyi settlement were being improved, easing access into the camps. Nonetheless, during the rainy seasons, some sections of the camps' road infrastructure are difficult to navigate. Feeder roads within the camps, according to key informants, have been neglected for the past five years.

The JAM finds that in addition to road transport, the United Nations Humanitarian Air Service (UNHAS) and European Union- Humanitarian Air Flights (EU-HAF) provide regular air transport services for humanitarian, donors, and development partners to both Dadaab and Kakuma. Additionally, UNHAS facilitates the voluntary repatriation of refugees to the neighbouring countries of Somalia, Burundi, and Ethiopia by connecting them to commercial flights in Nairobi.

3.2.1.2 Transport for food and NFIs

Transport for food and Non- Food Items (NFIs) from different parts of the country into Dadaab and Kakuma is available and sufficient with the different organizations making their arrangements. Non-Food Items here refers to Core Relief Items (CRIs). From this point going forward, the report will refer to CRIs. Humanitarian agencies in Dadaab, Kakuma, and Kalobeyi on the other hand primarily rely on the UNHCR fleet for transportation needs for last-mile delivery of supplies. Key informants from implementing agencies in both Daadab and Kakuma reported that part of the current fleet used by humanitarian players and managed by Peace Winds Japan (PWJ) is aged and insufficient, resulting in delays in the delivery of program requirements, including food and water. Most of the implementing partners supporting the distribution of Specialized Nutrition Feeds (SNF), water, and food in both Dadaab and Kakuma reported delays in programme activities due to a lack of trucks with sufficient capacity and a lack of special requirements for transporting food e.g., tarpaulins. Key informants from Kakuma reported that, out of the 13 cargo trucks, 2 buses, 3 water-bowsers, and 1 tipper, 5 trucks are aged and require replacement.

The 2022 JAM finds that commercial transport for food and non-food items is available in both Daadab and Kakuma.¹³ This premise is confirmed by a 2021 survey conducted by WFP¹⁴ which found that opportunities for secondary transportation exist within the camps. This assessment found that there is limited use of commercial transporters at the camp level apart from by WFP which contracts them to move food from the main stores to the Food Distribution Points (FDP).

¹² KDRDIP, 2018, KDRDIP Additional Financing Social Assessment Report.

¹³ 2022, UNHCR WFP JAM Key Informants

¹⁴ WFP, 2021, Market Survey of secondary transport in Kakuma and Lodwar.

3.2.2 Storage and handling

WFP and UNHCR can accommodate a buffer stock of food and CRIs for up to three months based on the current refugee population and individual allocations. However, the space at most institutions e.g., health facilities and schools, is not sufficient.

According to key informants, Kakuma and Dadaab nutrition partners have a storage capacity of only up to one month for therapeutic and supplementary feed and longer for non-food items (e.g., medicines). A rapid assessment to determine the adequacy of health facilities to support the BSFP for children aged 6-23 months found that all facilities in Dadaab and Kakuma required either renovation or construction of new stores to accommodate more SNFs.

The schools in Dadaab have a storage capacity of only 11 days hence the need for frequent deliveries within the school term. While most schools in Kakuma have sufficient storage, there is a need to renovate 50% of the school stores which are dilapidated and have poor ventilation. Additionally, there is an urgent need to reinforce school stores in Kakuma as a mitigation measure against petty theft which has risen attributed to an increase in food prices by community leaders.

3.2.3 In-kind Distribution Systems (Food and Non-food Items)

Food and Non-food Items are mainly received and stored at the UNHCR and WFP storage facilities before distribution to FDPs and other community distribution points. At the time of this assessment, the General Food Distribution (GFD) in Dadaab and Kakuma was conducted monthly at three FDPs in Kakuma and three in Dadaab. The monthly distributions were reinstated in February 2022 from the bi-monthly distributions that were conducted from 2019 to 2022 due to Covid-19 Standard Operating Procedures (SOPs) for refugee operations. SNFs for the treatment and prevention of malnutrition programmes for children aged 6-59 months and Pregnant and Lactating Women (PLWs) are distributed through 8 health facilities in Kakuma and six health posts in Dadaab. The SNFs for the prevention program for children 6-23 months are distributed through the six FDPs in Kakuma and Dadaab, and the WFP premises in Kalobeyei village 1. Food for the School Meals Programme (SMP) is stored and prepared at the schools across in camps and settlement.

The 2022 JAM found that effective commodity management systems have been put in place by humanitarian actors to ensure accountability and tracking of all food and CRI distributed. WFP employs the use of the Logistics Execution Support System (LESS) for the real-time management” of commodities in the supply chain, from the point of receipt through to the final delivery point. At the time of the assessment, WFP and UNHCR used the Global Distribution Tool (GDT) for verification of all beneficiaries receiving in-kind assistance and children aged 6-23 months in the prevention programs.

There were, however, concerns by key informants from the humanitarian actors, over the increased number of beneficiaries taking advantage of the lack of biometrics verification, to present more than one ration card during food distributions. Additional concerns about the lack of a verification system for the Pregnant and Lactating Women (PLW) prevention programme were raised by key informants from the

health facilities. There were increased reports of PLWs receiving rations in more than one facility, as each facility admitted them into the Blanket Supplementary Feeding Program (BSFP) independently.

3.2.3.1 Therapeutic commodities supply

UNICEF, which supports the nationwide supply of nutritious therapeutic commodities, adopted the logistics management information system (LMIS) platform through which entities orders commodities. Camps were integrated into the platform in early (March) 2022 and are getting supplies through the national logistic system. The operations faced delays at the initial stages but over time this has been resolved and KII reported a steady supply in the last three months.

3.2.4 Cash Transfer Systems

At the time of this assessment, WFP used the closed looped electronic voucher system (Bamba Chakula) to disburse cash to beneficiaries in Dadaab and Kakuma. The Bamba Chakula (BC) money is transferred to beneficiaries via Safaricom- Mpesa lines and redeemed at contracted trader shops for food items. According to WFP monitoring reports, there are currently 470 and 330 contracted traders in Dadaab and Kakuma respectively.

Kalobeyei beneficiaries on the other hand receive unrestricted cash (Bamba Chapaa) redeemed from Equity bank or their agents within the settlement. WFP and UNHCR have collaborated for Bamba chapaa in Kalobeyei to be disbursed through a separate wallet but within UNHCR set up beneficiary accounts.

WFP conducts independent monthly retail price monitoring exercises for specified food items across the camps and settlement, however, the assessment did not find any systems for monitoring the trends in prices of CRIs. The interviewed refugees and asylum seekers in Kakuma complained of a lack of transparency in prices by the traders, missing entitlements, exploitation of Child Headed Households (CHHs) by traders, and hiking of prices for commodities taken on debt. Additionally, the refugee and asylum seekers reported that the delays in the disbursement of cash for both food and CRIs negatively impacted their household food security and increased debt.

The traders interviewed in both Kakuma and Dadaab agreed that Bamba Chakula and Chapaa have improved the cash flow within the camp markets. Comparably, contracted traders were seen to be at an advantage as they had a higher cash flow and made more sales compared to the non-contracted traders. The contracted traders reported that the recent increase in Bamba Chakula amounts had increased sales by 20% for the traders which would translate to improved availability of items for beneficiaries in the market. The non-contracted traders complained about the constraints of the Know Your Customer (KYC) Policy, who hindered them from registering Safaricom lines to become Bamba Chakula contracted traders. When WFP started registering traders in 2015 to redeem Bamba Chakula for beneficiaries Safaricom was not strict regarding the need for proper identification and so refugee traders were contracted. However, when WFP wanted to contract more traders in 2018, the issue of security and its connection to financial transactions had emerged, necessitating stricter control by government. As a result, the refugee card or alien card which are not identified as an official identification document for financial transactions in Kenya to not be used on contract more refugee traders, thus locking them out of the opportunity. Some refugee

traders are therefore forced to collaborate with Kenyans to use their IDs for to get Safaricom lines for use in trading Bamba Chakula.

3.2.5 Market and Market Functionality

3.2.5.1 Markets

The markets within Dadaab and Kakuma camps, as well as the Kalobeyei settlement, have developed over the last 5 years with a 50% increase in the number of business owners in both locations.¹⁵ With increased contact and transactions with the host community, the emergence of wholesalers and more retailers, providers from humanitarian organizations, and corporate entities, the refugee population has access to a more diverse supply of food and non-food items. This assessment found a high degree of market dependency by beneficiaries for regular access to various food items to complement food assistance entitlements in Dadaab and Kakuma refugee camps.

Market exchanges between refugees and host communities are common, with some refugees in Dadaab, informally employed by host community members to look after their livestock.¹⁶ Additionally, 36% and 10% of businesses in Dadaab and Kakuma & Kalobeyei respectively are owned by host community members. Refugees can obtain business permits, through County Offices which often poses a challenge due to the restrictions on movement from the camps¹⁷. Participants in the FGDs in both Kakuma and Dadaab thought the registration fees, which range from 7000 to 10,000 KSH, were costly. Although refugee business owners are generally ready to follow rules and secure the required permits, FGDs further found that there is a lack of awareness regarding the procedures and documentation needed to do so. As a result, many firms owned by refugees operate without permits and are subject to penalties.

During the last two years WFP and the Turkana County Government (TCG) invested in the development of three fresh food markets with cold storage systems in Kakuma and Kalobeyei. This assessment has established that the trader occupancy of fresh food markets in Kalobeyei is lower than was planned (63% and 44% for Tumaini and Towokayeni respectively). Interviewed traders at the fresh food markets reported non-functional charcoal and brick coolers, some traders selling their products from outside the markets, non-functional Market Management Committee (MMC), and lack of transparency in the utilization of collected revenue as some of the key challenges facing the markets. Fresh food markets can only generate revenue with increased utilization and support from the relevant authorities in the enforcement of the utilization of designated market areas.¹⁸

While Dadaab does not have designated fresh food markets, there is potential to replicate the model in the area guided by a detailed market systems analysis and proper spatial planning. According to traders and key informants interviewed in Dadaab, the markets have narrow and congested roads, with frequent fire outbreaks resulting in losses/damages to traders. Additionally, the informal livestock market activities in Dagahaley present an opportunity for infrastructural development to formalize the engagements,

¹⁵ WFP, RPME reports

¹⁶ UNHCR, ILO, 2019, Doing business in Dadaab.

¹⁷ Oxford, WFP, 2019 Doing business in Kakuma

¹⁸ 2022, WFP, Fresh Food Markets Assessment

improve revenue collection for the County and improve livelihood opportunities for both the refugee and host communities.

3.2.5.2 Market Functionality

The traders and households interviewed during this assessment reported a significant increase in commodity prices over the period under review. This is attributed to the rise in global food prices¹⁹ and is confirmed by the monthly Retail Price Monitoring (RPME) conducted for specific food items in the market by WFP, which shows a significant increase in the prices of maize, vegetable oil, and pulses. Despite the POCs' concerns about the price increase of non-food essential items, the JAM found lacking sufficient monitoring of these changes within the Daadab, Kakuma, and Kalobeyei marketplaces by all humanitarian players.

According to the 2021 Market Functionality Index (MFI) assessment²⁰ (a multifaceted approach for assessing market functionality to sustain cash interventions), the markets serving Dadaab have better price stability and predictability than those in Kakuma and Kalobeyei. The price stability of commodity prices in Dadaab is attributed to the informal cross-border trade of subsistence (staple food commodities) and low-priced manufactured goods (textiles and electronic appliances).²¹

Dadaab markets had an average MFI score of 6.6 (out of a possible 10) with service (a factor of price transparency, shop organization, accepted payment modality, and customer time) identified as the weakest dimension. Comparably, the Kakuma/Kalobeyei markets scored an overall 4.5, with price, infrastructure, and service identified as the weakest dimensions. The price function particularly scored 0.5, which was reflected in the lack of predictability of commodity prices and transparency of prices for the POCs/traders.²²

	Recommendation	Responsible (Lead, support)
1.	Improve access roads to Camps consider the use of commercial transporters for last-mile delivery of commodities instead of over-dependence on UNHCR transport arrangements	UNHCR, UN Habitat, County Government
2.	Improve (renovation and expansion) food commodities storage in schools and health facilities	WFP, UNHCR, and other stakeholders
3.	Revert to the pre-covid use of a Biometric Identity Management System (BIMS) for verification of beneficiaries during distributions for accountability purposes	UNHCR and WFP
4.	Consider the use of a beneficiary verification system for use in malnutrition programs (Both IMAM and SFP)	WFP and UNHCR
5.	Review the current cash transfer standard operating procedures to improve timeliness in the disbursement of funds to beneficiaries.	WFP and UNHCR

¹⁹ World Bank, <https://www.worldbank.org/en/topic/agriculture/brief/food-security-update>

²⁰ MFI considers 9 dimensions for assessing Markets (1) Assortment of essential goods, 2) Availability, 3) Price, 4) Resilience of supply chains, 5) Competition, 6) Infrastructure, 7) Services, 8) Food quality, and 9) Access and protection

²¹ 2018, A study of the informal cross border Markets: A case study of Somalia and Kenya.

²² WFP, 2021, Market Functionality Index for Dadaab and Kakuma Assessment.

3.3 Health and Nutrition

Overview of the health system

Health and nutrition interventions in Dadaab and Kakuma have been in place since the early 1990s. During the last JAM in 2017, Dadaab camps had 21 health facilities (4 hospitals and 17 health posts) but these have been reduced to 9 (3 hospitals and 6 health posts) in 2022 run by NGOs (MSF, IRC & KRCS) after going through serial consolidation of camps. Cases that cannot be managed in Dadaab are referred to Garissa Hospital and some cases go to Nairobi. There is a reverse referral mechanism which brings specialists to the camp to manage complex cases and build the capacity of medical officers.

In Kakuma and Kalobeyi Health and nutrition services are provided by three health partners (International Rescue Committee, Africa Inland Church Health Ministries and Kenya Red Cross Services) through 1 level-4 main hospital, 2 level-3 and 5 level-2 health facilities. The facilities are categorized in line with government structures and licensing is done by the Kenya Medical Practitioners and Dentist Council. These facilities offer comprehensive primary health care services, laboratory services, pharmacy, radiological services, reproductive health, Human Immuno-Deficiency Virus (HIV)/Tuberculosis (TB) services and Nutrition. There is an effective referral system that ensures emergency cases in need of specialized services are referred to appropriate tertiary facilities based on the existing country referral guidelines. Referrals in Kakuma are done to either Lodwar County Referral Hospital, Moi Teaching and Referral Hospital in Eldoret, and Nairobi for complex cases. Additionally, UNHCR and health partners also organize for reverse referrals to bring specialists to manage complex elective cases and to build the capacity of medical officers. for elective cases whereby various medical specialists attend to cases identified in the existing medical databases compiled by the health partners.

3.3.1 Health Systems Analysis

3.3.1.1 Health service delivery

In Dadaab, Kakuma and Kalobeyi health service delivery is provided through a decentralized system as outlined above. Focus group discussions with beneficiaries indicated the increased distance attributed to the closure of health posts in Dadaab as a hindrance to easy access to health services. Further, safety, security and early exit from health posts due to standard operating hours were other factors determining utilization and access to health and nutrition services in Dadaab camps. Both Dadaab and Kakuma/Kalobeyi lacked disability-friendly structures and experienced long waiting times. PoCs complained of overcrowding and lack of some health interventions such as Dental, Ophthalmology, and discrimination of the minority at service delivery. The assessment further established that there was no well-established unit for low birth weight (LBW) newborns and premature babies. It was noted that hospital delivery has increased over time but still, a few home deliveries were recorded in both operations. Family planning uptake remains low in Dadaab at 10% and Kakuma at 12% which is attributed to religious beliefs and lack of male involvement. Comprehensive Care Clinics (CCC) services were available in the camps however all the health facilities were experiencing a global shortage of HIV test kits which was attributed to a national shortage.

3.3.1.2 Health information system

Based on key informant interviews (KII) with health providers, medical data was lost following the closure of health posts and camps for the period 2017 to 2019, especially in Ifo 2 and Kambioos camp. In Dadaab, partners have internal data collection systems, however, transitioning to the Kenya Health Information System (KHIS) managed by the Ministry of Health MOH (system) has been initiated and training on the same has been provided. The current reporting systems: KHIS, UNHCR Health HIS and partners' internal data capture system pose unnecessary reporting burden to the health care workers thus the need to transit fully to KHIS. Kakuma and Kalobeyi reporting systems are well integrated with the government KHIS system while six out of the eight health facilities are using an Electronic Medical Record (EMR) system.

3.3.1.3 Human resource

Human resources for health: the focus group discussions (FGD) pointed to long queues as a barrier to accessing health services. This was backed up by data showing that the patient-to-clinician ratio ranged between 72 -118 consultations/clinician/day. This is significantly above the recommended sphere standard of 50. During periods of disease surges or outbreaks, the health system is usually overwhelmed since they are already working at maximum capacity. However, it was noted that there was an opportunity to mentor the refugee and host community to assist with tasks and shift some of the burdens in the short term. In Kakuma it was reported that discussions are underway with the county to support refugees' access to medical training college in Lodwar.

3.3.1.4 Supplies, equipment, and pharmaceutical management

Procurement of bulk pharmaceutical and non-pharmaceutical supplies is done by partners or UNHCR. The Ministry of Health (MOH) supports the provision of supplies for immunization, vitamin A and Albendazole for Malezi bora campaigns. MoH also supports the control of malaria, TB and HIV in line with Global Funds financing. During the focus groups discussions (FGD) Community members complained of occasional drug shortages attributed to the increasing population of new arrivals and host community beneficiaries. The beneficiaries' perception of their illnesses creates frustrations when it is not confirmed in the laboratory hence not getting the preferred medicine. This has brought about mushrooming of unregistered pharmacies and private clinics posing risk as commodities supplied in these pharmacies may be sub-standard. From the observation checklist, basic equipment such as examination lamps, emergency trays, stethoscopes, colour-coded bins, tape measures, speculum, and delivery sets were missing in some health posts. In Ifo camp, there were no incubators despite having many neonates admitted to the hospitals. In Ifo camp, the stabilization centre lacked basic equipment (oxygen concentrators or oxygen sources, glucometer, pulse oximeter, No suction machines, and no emergency trays).

3.3.1.5 Health infrastructure

Based on the observation checklist and balance scored card report, some facilities are old with cracked walls, uncemented floors, and inadequate lighting, most facilities are not disability friendly including sanitation facilities in the health facilities. The pharmacy store at health posts has poor temperature control of temperature-sensitive commodities. The spacing in some facilities is inadequate. For example, in the main Ifo hospital, the Paediatric ward and Stabilization centre (SC) are squeezed, the SC ward was cold due to wide windows, it lacks Mosquito net hooks, and the floor is dilapidated.

Waste management infrastructure varied across the camps; some were sub-standard, especially the incinerators. The incinerator was not functioning in Ifo camp and waste is dumped in a placenta pit. The non-functioning incinerator is full of sharp medical devices which need to be disposed of. The incinerator shade is dilapidated with the roof almost falling over.

Policies and guidelines on the referral of cases that do not meet UNHCR referral guidelines did not favour self-sponsored cases and new arrivals. The lack of Movement pass for self-referral cases and undocumented persons contributes to increased mortality of conditions that could otherwise be saved. KIIs recommended the need for advocacy for changes in policies including refugee registration. The inflexibility of some partners’ policies on local procurement of supplies and around accepting donated supplies is disadvantaging given the current situations when resources are dwindling.

3.3.2 Morbidity and mortality

Infectious diseases remain high although a decrease from 75% noted in the last JAM to 65% was noted. These conditions include malaria, acute respiratory illness, urinary tract infections, skin disease, and acute watery diarrhoea (KHIS 2). Underlying malnutrition was noted to result in poor outcomes, especially in the under-5 population. Of note is that in 2021 immediately after the long rains in April, there was a prolonged upsurge of malaria cases in Kakuma and Kalobeyei. Indoor residual spraying and improvement of the drainage after the short rains of October led to a decrease in cases in the first quarter of 2022. Disease outbreaks observed in the camps since the last JAM included polio, Cholera, Covid 19, Dengue fever, and Chikungunya.

Mortality rates have remained within the recommended SPHERE standards for the last four years with crude and under 5 mortality rates from 2019 to 2022 below the threshold as shown in figure 7.

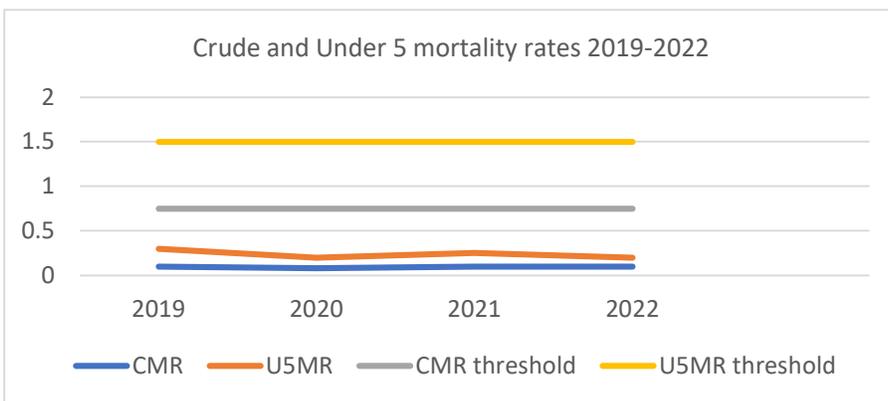


Figure 7: Mortality Rates

3.3.3 Nutrition situation

The prevalence of global acute malnutrition has remained poor over time, data generated through the surveys show that wasting has consistently remained the same in the past eight years indicative of a lack of improvement despite significant investments made to reduce vulnerability among the target population. The Global Acute Malnutrition (GAM) levels for Kakuma refugee camp are at 10.6% [8.1 - 13.6] while Kalobeyei is at 9.3% [7.2 -11.9] Dadaab camps have varied GAM levels with Ifo having the highest GAM level at 13.1% [10.4 -16.3] Hagadera and Dagahaley Camps GAM levels are at 6.0 [4.5 -7.9] and 8.8[6.5-11.8]²³ respectively. The GAM levels are indicative of high to medium levels of public health concerns. However, the trend of admissions as per the health facility data in the past 3 years is indicative

²³ SENS,2021

of a worsening situation. From 2020 to July 2022, there has been a steady and significant increase in malnutrition cases across all the camps as shown in figures 8 and 9 below for Stabilisation Centre (SC), Outpatient Therapeutic Programme OTP and Supplementary Feeding Programme (SFP) .

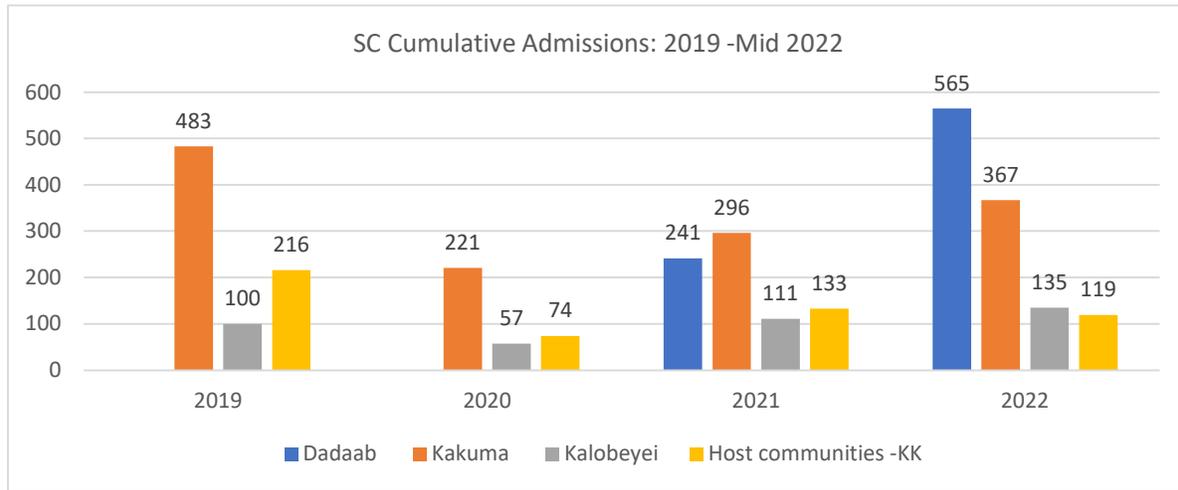


Figure 8: SC Admission Trends

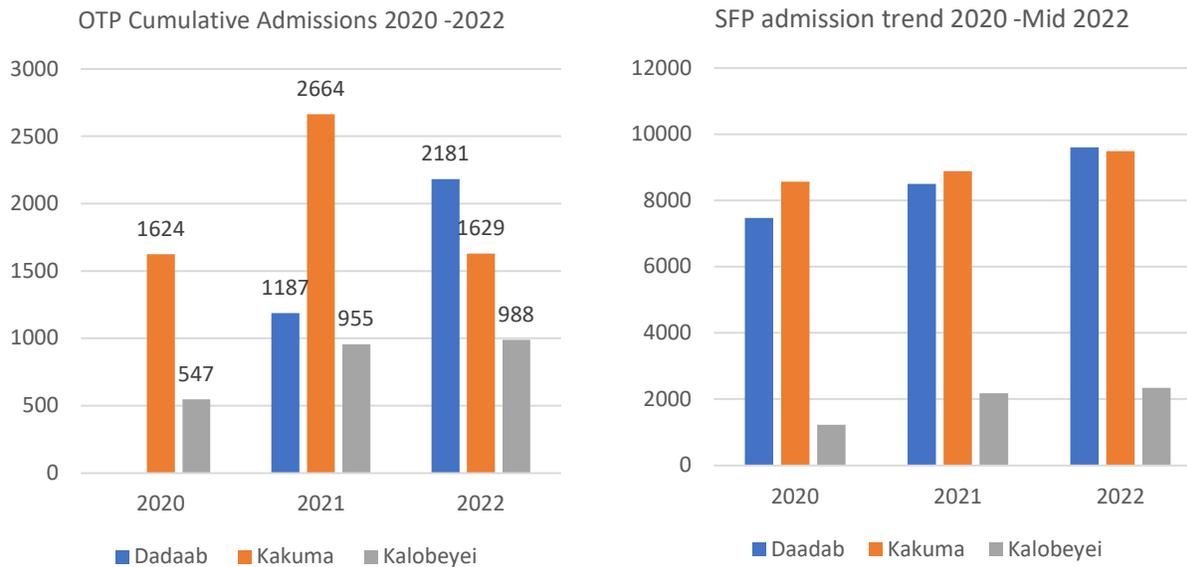


Figure 9: OTP and Supplementary Feeding Admissions

The trend is further confirmed by the recent Turkana County Standardised Monitoring and assessment for Relief and Transitions (SMART) Survey report (June 2022) indicating a worsening GAM rate at 34.8 % (32.3 - 37.3 95% C.I.) an increase from 20.4% (18.6 - 22.49%CI) in June 2021 and also in Garissa County²⁴

²⁴ SMART Survey, Garissa County, March 2022

with a GAM of 20.3% and SAM prevalence of 4.3 % (2.8 - 6.4 95% C.I.). As much as the malnutrition cases might have increased in line with natural population growth as well as the influx of new arrivals, diseases, the impact of the *COVID-19* pandemic and high food prices as a result of inflation contributed to household food insecurity.

Review of secondary data from the latest nutrition survey established that stunting has consistently remained unchanged in the past four years at medium public health concern levels with the highest level in Kalobeyi at 26.4% followed by Dagahaley at 21.9%.²⁵ This indicates that the observed GAM rate may have been seasonal and has not affected the linear growth of the children below 5 years.

3.3.4 Micronutrient Issues

JAM established that households continue to practice negative coping mechanisms of missing meals or relying on cereals as the bulk of the meal with minimal or no dietary diversification. A nutrition survey established very high anaemia of between 58.6-70.6% in Dadaab and 56.6% in Kakuma and Kalobeyi among children U5s. These levels were much higher than the emergency cut-off of <40%. The prevalence of Anaemia among Women of Reproductive age is 39.04% which is relatively high. Iron deficiency during pregnancy is a risk factor for anaemia and postpartum haemorrhage among women of reproductive age and leads to poor birth outcomes such as premature and low birth weights (LBW). A review of secondary data established that anaemia in refugee operations in Kenya is nutrition related. As such, anaemia prevalence is used as an indicator of micronutrient deficiencies and this perspective is supported by the 2019 outbreak of scurvy in Kakuma²⁶. Kakuma and Kalobeyi experience high malaria transmissions which can explain the higher anaemia levels despite a lot of interventions towards self-reliance.

The Focus Group Discussions (FGDs) with the youth indicated a high number of teenage pregnancies and most of them result in procured illegal abortions in unconventional facilities, Low Birth Weight (LBW) babies among teenage mothers were reported. There were no deliberate interventions targeting adolescent health. The in-kind portion of the WFP ration is fortified with Vitamin A, Iodine, Iron and Zinc.

Massive Vitamin A Supplementation (VAS) and deworming are conducted during the biannual national Malezi Bora weeks (Child Health and Nutrition weeks). The campaign targets 6 -59months children. However, there is a need to extend the age group for deworming up to 14 years in schools. According to a nutrition survey, the status of the VAS is above 80%²⁷, however, there is a need to promote routine supplementation in Nutrition treatment centres and Mother and Child Health (MCH) clinics, while ensuring a consistent supply of VAS and de-wormers in the camp.

3.3.5 MIYCN

²⁵ SENS 2021

²⁶ Scurvy Outbreak Among South Sudanese Adolescents and Young Men — Kakuma Refugee Camp, Kenya, 2017–2018: MMWR, 2019. Vol 68. No.3

²⁷ Malezi Bora reports 2021-2022

Suboptimal Maternal Infant and Young Child Nutrition (MIYCN) practices across the camps impacts on health and nutrition status of mothers, births and child growth outcomes. An analysis of Infant and Young Child Feeding (IYCF) practices in the camps shows that exclusive breastfeeding rates are remarkably high with Kalobeyei scoring 90.5% of infants being breastfed, followed by Kakuma at 74.5%, Hagadera at 72.7%, Dagahaley at 57.9% and lastly Ifo at 37.1%.²⁸ Delaying initiation of breastfeeding and introducing other liquids before 6 months of age (including pre-lacteal feeds) increases the risk of disease and death. FGDs with the women indicated some communities perceive colostrum as dirty stuff this finding corroborates with previous assessments done in the camp.

A KAP survey conducted in Ifo and Hagadera in 2018 indicates less than 50% of infants were not introduced to complementary feeds on time, and less than 15 per cent of children aged 6 to 23 months consume a minimum acceptable diet, indicating a dire nutritional situation in this age group. Furthermore, only 23% consume an adequately diversified diet indicating a restriction in access to quality diets. Despite a dearth of MIYCF practices information for other camps, the situation is no longer different in Kakuma and Kalobeyei Camps. The results demonstrate the need to further strengthen and improve the MIYCN interventions and the quality of its service delivery and consideration to undertake a KAP survey as the last one was done in 2018 and develop a comprehensive SBCC strategy to address the challenges cited above.

3.3.6 Prevention and Treatment of Malnutrition

The nutrition program integrates interventions in the health system to prevent and treat acute malnutrition in the camps through the established Inpatient therapeutic feeding program (ITFC), outpatient therapeutic programs (OTP), therapeutic supplementary feeding program (TSFP) for under 5, Blanket supplementary feeding (BSFP), PLP- MAM, support for HTB and BMS programme. The programme implementation is guided by the national integrated management of acute malnutrition (IMAM) guidelines. One of the major challenges reported was the rampant sale of CSB++ by the beneficiaries. The KII and FGDs revealed that the sale is necessitated by the need to get a variety of foods and CRIs at the HH level.

3.3.6.1 Blanket Supplementary Feeding Programme (BSFP)

The primary objective of BSFPs is to prevent deterioration in nutritional status and related morbidity and mortality in targeted at-risk groups. In the camps, the target population are children 6-23months, all Pregnant women and Lactating women with infants less than 6 months. UNHCR generates a manifest for children aged between 6-23months and shares it with WFP, who then prepares food ration notes and shares the manifest with the General Distribution (GD) partner to dispatch stocks to the food distribution points (FDPs). In Kalobeyei the distribution is done by traders as guided by the feeding manifest and reporting is done by WFP. However, plans were underway to hand over the activity to one of the partners of WFP.

²⁸ SENS, 2021

During the JAM key informant interviews the Health Care workers recommended a review of the program modality, to maximize primary health care interventions like growth monitoring to the 6-23 month beneficiaries.

3.3.6.2 Selective feeding programmes – OTP, TSFP

JAM established that the Community Management of Acute Malnutrition (CMAM) program performance across the camps was maintained within recommended standards i.e., >75% recovery rate, <15% defaulter rate and death rate at <3%. However, Severe Acute Malnutrition (SAM) admissions were noted to be on an upward trend from 2020 to date. This was majorly attributed to the ongoing drought, increased food prices and an increase in acute watery diarrhoea (AWDs) across the camps as illustrated in the figures above. Hagadera camp managed by IRC piloted ComPASS which is a new way of managing malnutrition using a simplified protocol to treat uncomplicated SAM and Moderate Acute Malnutrition (MAM). The protocol entails using a reduced dosage of Ready to Use Therapeutic Foods (RUTF) for SAM treatment and a single treatment product (RUTF) for treating both SAM and MAM. An internal evaluation of phase 1 of the operational pilot was undertaken and dissemination of results to key stakeholders will inform the conversation on the way forward

3.3.6.3 Nutrition for special groups

Special Groups targeted for this intervention includes those with chronic illness like HIV and AIDS, children with disability especially cerebral palsy who have eating difficulties, new arrivals and the elderly.

The JAM established that the unregistered and unprofiled new arrivals are not accessing food and remain a big burden to the hosting families. Focus group discussions with community members revealed dire water shortages and poor hygiene among new arrivals. However, the situation was exacerbated by the recent transition from one WASH partner to another. This has resulted in an increase in sanitation-related morbidity with an increased risk of a cholera outbreak.

The JAM further established that the nutrition needs of older (>5 years) children and adolescents is not given much attention yet they have a high demand for food and nutrients. Focus group discussions with youths requested the inclusion of adolescents and teenage mothers as a priority group with a well-defined referral pathway from the community. They also requested for an enabling environment to ensure participation of adolescents in health and nutrition education through the establishment of adolescent school health clubs, and adolescent-friendly spaces at the facility level.

Chronic diseases like TB and HIV lead to loss of appetite, diarrhoea, and vomiting, increases nutrient demand and losses, and impair nutrient absorption. JAM noted that Dadaab refugee camp has an excessively high burden of TB with an average of 140 cases on treatment at any given time. However, the burden of HIV was low with about 100 cases as only 2 out of 149 Tb patients were co-infected with HIV. A similar picture was observed in Kakuma and Kalobeyei where out of 950 people living with HIV, 6 were coinfecting with Tb. Kakuma has active 289 TB cases with 6 being HIV positive. The nutrition support to this category is through nutrition counselling and the provision of CSB++.

The JAM held FGDs to assess the nutrition situation of children with disability and pregnant and lactating women. The respondent from this group noted environmental barriers in accessing health and nutrition services, where the social amenities (including toilets) in the hospitals and health posts are not accessible.

Kakuma reported an excessively high proportion of Children with cerebral palsy and the situation will require a deeper assessment. These children face challenges in feeding, yet caregivers have low economic power as they spend most of their time nurturing these children.

3.3.6.4 Nutrition to prevent and control NCD

JAM established that there is limited support for people with non-communicable diseases like diabetes. It was noted that support for such cases was up to curative feeding during hospital admission. It was noted that health facilities had a high burden of Diabetic and hypertension (HTN) patients. Maintenance of the cold chain for temperature-sensitive drugs like insulin at home was a challenge. There is also a need for targeted sensitization for proper diets.

Conclusion

Nutrition-specific interventions will work to reduce malnutrition in the short term. However, to achieve long-term reductions in maternal and child malnutrition, improvements in the underlying and basic causes of malnutrition through a multi-sectoral approach that includes a broader set of "nutrition-sensitive" actors —such as agriculture, health, family planning, social protection, and education must be scaled up.

There is a need to scale up SBCC strategies to promote positive behaviours to address MIYCN.

	Recommendations:	Responsible (Lead, Support)
1	Advocate and partner with government (County and National) to enhance refugees and host community access to Kenya Medical Training College (KMTTC) to accelerate health human capacity development, which would remain in the local context or transferred home with voluntary repatriation.	UNHCR and education and Health partners
2	Support full adoption of KHIS and incremental use of Electronic Medical Records (EMR) to support data management and reporting	UNHCR and education and Health partners
3	Conduct an assessment to establish the causes of the high level of cerebral palsy in Kakuma and develop preventive measures	UNHCR and education and Health partners
4	Continue nutrition support to special groups like TB and HIV and consider the nutrition needs of persons with Diabetes.	UNHCR and education and Health partners
5	Adoption and scale up of Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCl) social behavioural change communication (SBCC) strategies to improve on the MIYCN practices among the refugees and the host communities. Need more MIYCN assistants to work with the community health promoters at the community level in dealing with the MIYCN issues	UNHCR and education and Health partners
6	Develop a strategy for addressing high Micronutrient deficiencies characterized by high anaemia levels among children and pregnant women	UNHCR, WFP, Government and partners
7	Orient the BSFP program to include growth monitoring and related health interventions.	UNHCR, WFP, and partners

3.4 Education and School Feeding

Overview

The education sector in the refugee camps and settlement is managed by UNHCR with support of other education partners such as LWF, WFP, Association of Volunteers in International Service (AVSI), Humanity Inclusion (HI), Fin Church Aid (FCA), The Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Peace Winds Japan (PWJ), Save the Children and Windle Trust. The government does quality assurance, registration of schools, and administration of national examinations and assessments, as guided by the basic education act, 2013²⁹.

The education sector in Dadaab includes 22 pre-primary, 22 primary, 8 secondary, 9 Accelerated Basic Education (ABE) centres, 4 Youth Empowerment Pack (YEP) and 7 technical vocation education and training (TVET). There are also private community schools. Kakuma has 13 pre-primary schools, 21 primary schools and 7 secondary schools while Kalobeyei has 6 pre-primary schools, 6 primary schools, 2 secondary schools, 4 ABE centres and 4 YEP. A few children from the host community also access these schools

Kakuma	Pre-primary	Primary	Secondary	Totals
Number of children enrolled	15,542	62,906	17,286	95,734
Number of schools	12	20	6	38
Kalobeyei				
Number of children enrolled	4,239	16,957	3,477	24,673
Number of schools	8	8	2	18
Dadaab				
Number of children enrolled	5,927	31,140	6,997	44,064
Number of schools	22	22	6	50
Total Enrollment Children	25,708	111,003	27,760	164,471
Totals Number of Schools	42	50	14	106

The Kenya National education system curriculum is implemented, notably, both the Competency Based Curriculum (CBC) until grade six and the 8-4-4 curriculum for all other levels. Information Communication Technology (ICT) has been integrated into regular learning. Tertiary education is accessed through scholarships, online and blended approaches to learning. Complementary activities such as school feeding and provision of items for hygiene are also done.

The general quality of education provided in the camps and settlement still needs improvement based on the Kenya Equity in Education Project (KEEP). Phase II 2020 Midline Evaluation Report³⁰ indicated at least

²⁹ GOK, (2013) The Basic Education Act, 2013

³⁰ Kenya Equity in Education Project (2020) Phase II Evaluation report

half of the girls in the KEEP II cohort were performing at or below a grade 4/5 level of proficiency as mapped against the Kenya education system. Performance in the Kenya Certificate of Primary Education in Kalobeyei had an average mean score of 196.6 marks in 2020 and 198.5 marks in 2021 with the top girl in 2020 and 2021 scoring 290 and 357 respectively.

3.4.1 School Health

The Kenya school health policy³¹ guides innovative health interventions in the education sector including in refugee camps and settlement. The policy emphasizes the need for a sustainable reduction of the impact of both communicable and non-communicable diseases; enhanced values and life skills among learners; improved WASH facilities as well as school infrastructure in schools while meeting the diverse nutrition and special needs of the learners, and mainstreaming gender issues in education. It advocates for cooperation and collaboration of all stakeholders in the education and health sector in addressing these needs.

According to the Kenya School Health Policy (2018), a hygienic school environment is actualized by safe and adequate water supply, adequate sanitation, and appropriate hygiene promotion for a healthy school population. This must include menstrual hygiene management (MHM)³² for dignity, gender equality and the human rights of the girls, and consideration for learners with special needs and disabilities. Lack of adequate hygiene considerations promotes the multiplication of vector-borne diseases that negatively impact the productivity of the children in schools, due to absenteeism and poor learning outcomes.³³

The JAM assessment found that more than 10% of schools did not have handwashing facilities. In Kakuma and Kalobeyei, the shortage was attributed to weekly rationing and a lack of sufficient water storage facilities. A large number of schools in all locations had direct water connections from the source. However, some schools experienced shortages due to pipe bursts, vandalism, dysfunctional water tanks and old reticulation systems. Schools in Kalobeyei Settlement recorded the least 1.7 litres /learner/day. Field visits revealed that Kalobeyei village 1 schools were most affected by water shortage. The lack of water in the schools affected the preparation of school meals and on such days, school attendance was poor.

Handwashing points were available across the schools; however, some were not functional due to vandalism and lack of maintenance. Most of the handwashing facilities and tap stands were installed during COVID -19 period, but due to the decreased infection rates, they are abandoned. Hand-washing soaps were distributed in schools but learners were taking them away. As a result, schools visited during the JAM across the camps and settlements reported a lack of hand-washing soap. The assessment findings noted that water points in Kakuma primary schools are not physically accessible for children with mobility problems including those using wheelchairs. The locations are far from the classrooms or play areas, and

³¹ GOK (2018), Kenya School Health Policy

³² GOK, (2017), The Basic Education (Amendment) Act, 2017

³³ PWJ schools WASH assessment report 2021

the physical layout around the taps stands are inaccessible for those using mobility aids. However, the heights of the taps are appropriate and most of the knobs are operable without using fingers grasped.

The JAM established that the latrine to learner ratio was up to 200 in Kalobeyei and more than 100 in other locations. Generally, the ratio of learners by gender per functional door of latrine is lower than the MOE recommended ratio (pupil's toilet ratio of Boys; 1:30 and Girls 1:25).³⁴ Though there are separate latrines for boys and girls, it was noted that in most schools, they were inaccessible to children with disabilities (CWDs) as recommended while some required rehabilitation.³⁵ There were no toilets for CWDs in Youth Education Pack Centres (YEP) in Dadaab. Cleaning of the toilets was not also adequately done with lack of cleaning detergents noted in all schools visited.

Menstrual hygiene management is of great importance for girls across primary and secondary schools in the camps and settlements. The sanitary pads/dignity kits supply is inconsistent. There were also different preferences for example Dadaab beneficiaries asking for re-usable pads for primary schools and disposable ones for secondary education girls.

On solid waste and wastewater management, it was noted that wastewater in most schools across the camps was not being recycled. A good example of recycling was however noted in schools like Hormud in Dadaab, where the wastewater is channelled to a kitchen garden and fruit orchard. Solid waste was being burnt within the school compound during the day in some schools or the dump site next to the schools posing a negative impact on the environment and respiratory health risk for the children.

There was no deworming, vitamin A supplementation or other supplementation at the school level across the camps and settlement. Vitamin A supplementation and deworming were provided at the household level only for children under five during the 2021 Malezi bora campaign³⁶. Trachoma screening was also done in Kalobeyei.

3.4.2 School Meals Programme (SMP) and Food for Training (FFT) Implementation:

The WFP Global School Feeding Strategy 2020 - 2030³⁷ recognizes the need for increasing the investment in school feeding to support low-income and fragile communities/countries with their programme-an example Turkana West sub-county which is hard hit by the ongoing drought and has continued to face food insecurity over the years. The SMP is a pull factor that contributes to the protection of girls and boys in these contexts and promotes local and inclusive development for vulnerable communities. It is important to have a multi-sectoral.

³⁴ PWJ School WASH Assessment 2021

³⁵ GOK, (2021) The Special Needs Education Bill

³⁶ UNHCR, (2021) Malezi Bora Campaign Report, 2021.

³⁷ WFP (2020), WFP School Feeding Strategy 2020 – 2030

The School Meals Programme (SMP) in the refugee camps is implemented in line with the National School Meals and Nutrition Strategy 2017-2022,³⁸ to improve the enrolment, attendance, and retention. The programme is facilitated by WFP and partners in the form of in-kind delivery in Kakuma and Dadaab refugee camps, while for Kalobeyei settlement the meals are provided through the cash based homegrown school meal programme model.³⁹

Since the last JAM in 2017, school meals programme (SMP) was modified from the provision of a mid-morning snack comprising of corn-soy blend porridge to a mid-day meal in 2019. The school meal is not provided in secondary schools. However, the introduction of the CBC curriculum that has created junior secondary schools which will be located either in primary or secondary schools may results in changes. Policy guidance on whether children junior secondary schools will benefit from the schools meals programme is required. This will be done after the committee selected by the government to review the education system gives their determination. The JAM further noted that the schools are overcrowded with learners with a classroom hosting up to 110 learners. This revealed that many learners were attracted to the school by the meals.

Lunch time hot meals consisting of; 150 g of cereals, 40g of pulses and 5g of vegetable oil per learner per day are provided. Salt is currently not included in the food basket. This change was introduced to fill the gap, arising from the ration cuts introduced in the general food distributions for the refugees at the household level due to resource constraints. Rice, beans, and oil is the preferred food basket as compared to the maize and split peas combination, especially in Dadaab. The 2022 SMP satisfaction survey report indicated that 89% of the school stakeholders are satisfied with the SMP^{40,41} those not satisfied highlighted lack of salt or sugar in the meal. In 2021 WFP provided 82,335 refugee children in 50 primary schools with a hot meal during school days. In support of safe food preparation, WFP and partners constructed standard kitchens with energy-saving stoves, food stores and water tanks in the supported schools.

In addition, education stakeholders felt the programs were discriminatory. This was so because programs like AEP are hosted in compounds where the SMP program is implemented yet the AEP pupils are not included in the feeding program, which has led to psychological, emotional, and behavioural challenges. Incidences of violence with fights over food, disobedience and unruly behaviour towards teachers and support staff have also been noted. These behaviours interrupt feeding schedules for the benefitting children and aggravate dropout and absenteeism of enrolled learners.

WFP also provided Food for Training in Dadaab through the Refugee Employment and Skills Initiative (RESI)⁴² since 2017 in the YEP centres implemented by ITC and NRC. The aim was to promote economic opportunities for refugees and host communities

³⁸ GOK, WFP (2020), National School Meals and Nutrition Strategy 2017-2022,

³⁹ GOK, (2016) Homegrown School Meals Programme implementation guidelines

⁴⁰ WFP (2021) Annual Country report.

⁴¹ LWF, (2022) School Meal Programme (SMP) Satisfaction Survey Report April-May 2022

⁴² NRC. (2018) Refugee Employment and Skills Initiative (RESI)

The primary schools have standard kitchens with energy-saving stoves, hand washing facilities, food stores and water tanks supported by WFP & UNHCR. It was noted however that repair work for broken-down components is slow leading to some of the facilities not being optimally used. Some of the school's kitchens lack rails and ramps to be used by CWDs. The schools lack sheds, where the children can shelter while feeding, some of the girls are shy to eat in the open which makes them miss their meals. It was identified that the current firewood allocation was inadequate for some SMP schools for the feeding term, the main reason being inadequate supply. The JAM visits to the schools noted that the fuel utilization had reduced by a third with the introduction of energy-saving stoves and the replacement of maize with rice in the SMP food basket. Each school has 3 cooks with an average ratio of 1 cook to 580 learners, which was inadequate, especially for schools with high numbers of learners. Sharing of meals was taking place in some Dadaab schools with AEP learners whose classes are hosted in schools with SMP official beneficiaries of the feeding program. All cooks in the visited schools regularly went for a medical check-up (every 6 months) and had medical certificates by the time of the mission. They however lacked soap for cleaning the cooking utensils. The SNV assessment on institutional cooking and lighting facilities found that almost all stoves need repair, thus not functioning optimally because of broken chimneys requiring to equate maintenance or replacement. The assessment revealed a lack of training on the use and maintenance of the stoves to increase durability and reduce the wastage of fuel.⁴³ Firewood for cooking is provided by UNHCR through the implementing partners in the camps and settlement.

3.4.3 Complementary Activities

Different agencies provided complementary items to learners like solar lamps, face masks, soaps, and other items. Candidates requested to be issued with Solar lamps and learners kit (bag, books, pens, pencils rubbers etc.). All the schools visited had "talking walls" sensitizing the school community on good handwashing practices and some had messages against gender-based violence encouraging reporting of such cases when they occur.⁴⁴ The schools had complaints and feedback boxes with some displaying hotline numbers but not all school community members understood and utilized them effectively.

Monitoring and evaluation

The Government, UNHCR, WFP, partners and BOM have clear guidance and tools for monitoring the different educational components including curriculum implementation and the school meals programme. It was however noted that the monitoring findings once shared with concerned partners take a long to resolve, for example repair of facilities, and provision of learning materials. There is regular capacity development focusing on the school level (systems, processes, human and physical resources) to ensure school personnel can monitor and effectively deliver education services. Strengthen knowledge and information management mechanisms including EMIS to monitor and measure learning including undertaking periodic learning assessments. MOE supports refugee education in terms of curriculum implementation and supervision/assessment. Most schools are supported at least once termly. However,

⁴³ SNV, (2020) Social Institutions Cooking and Lighting Assessment_MBEA2.pdf

⁴⁴ Talking Walls and walls that are used as messaging platforms where key health and nutrition messages are illustrated.

Elnino in Dagahaley camp and Friends, Hornimo and Horyaal in Ifo camp reported having only been supported once a year.⁴⁵

Conclusion

Education for refugees and asylum seekers in Kenya remains a high priority for UNHCR and partners because it is a powerful agent of change, improving health and livelihoods, contributing to social stability and driving long-term economic growth. Education is also noted to contribute significantly to the protection of children, especially when they are at school where they are less vulnerable to sexual exploitation and abuse, child labour and recruitment into criminal and militia groups. Educated individuals are more likely to make positive choices regarding their household's health and nutrition. They are also more likely to contribute to their households and communities, during displacement, on return home, or after resettlement to a third country. (UNHCR). It is therefore critical to improving the quality of education and training being provided in the camps and settlement for better education outcomes. This can only be achieved if stakeholders invest in a coordinated multisectoral approach in improving the learning environment, equipping the learning institutions with adequate facilities, learning materials and qualified staff who are accessible to all learners and finally creating employment opportunities accessible for the refugees to utilize skills gained. Policy guidance on whether children junior secondary schools will benefit from the schools meals programme is required.

Complementary activities such as SMP, FFT, provision of sanitary pads and other complementary activities have boosted enrolment and attendance in the camp schools but they have not contributed to the quality of learning. Other interventions to boost quality need to be implemented.

#	Recommendations	Responsible (Lead, Support)
1	Advocate and support the construction and rehabilitation of facilities in schools to improve the learning environment	UNHCR, Government and partners
2	Adopt EMIS in schools in refugee settings	UNHCR and education partners
3	Review implementation of SMP to mitigate diversion of learning and to achieve the objective of enhancing school attendance	WFP and education partners
4	Consider Accelerated Education Programmes for over-age learners	UNHCR and Education partners
5	Align skills development to the job market and demand in the local settings and home Country to support sustainable VolRep	Education partners

⁴⁵ LWF, (2021) Annual Status of Education Report (ASER) For Primary schools in Dadaab Refugee Camp, December

3.5 Environment, Cooking Energy, Water and Sanitation:

Overview

This section discusses the findings of the joint assessment mission (JAM) on environmental factors, Water access and sanitation practices in Dadaab, Kakuma camps and Kalobeyi settlement. The sector response needs for refugees are coordinated through UNHCR in partnership with International NGOs and local CBOs. The National and devolved governments have the responsibility to coordinate the sector through relevant statutory laws. The outstanding issue in this sector includes overreliance on wood fuel with limited absorption of alternative fuel technologies. Environmental degradation, poor rainfall patterns and loss of pastoral livelihoods may trigger resource conflicts among refugees and the host population.

3.5.1 Environment and Energy

Garissa and Turkana counties which host refugees are semi-arid parts of Kenya. Garissa receives an average rainfall of 350mm per year. The major drainage features in Garissa are seasonal rivers (Laggas) and the Tana River Basin on the western side.⁴⁶ Around Dadaab camp is an aquifer situated in the “water-rich” Merti groundwater system with annual recharge and discharge of about 33 million and 6.0 million m³ per year, respectively⁴⁷. Turkana has a hot climate with temperatures ranging between 20°C to 41°C. On average, Turkana County receives 200mm of rain per year, mostly during one of the two rainy seasons in Kenya.

The JAM established that there has been rapid degradation of natural vegetation precipitating soil erosion in Kakuma. The worst affected areas include Fuji Primary School, Kakuma 1 Zone 3 and 4 areas and Don Bosco institute which are along the Tarach River. The increase in new arrivals in both camps (20 percent of the refugee population) contributes significantly to the cutting of trees for firewood, poles for construction, and harvesting of sand and brick making. Lack of sufficient water and limited rainfall hamper tree seedling production and regeneration of forest cover. In Dadaab, 180 hectares of greenbelts were under conservation with 6,650 new seedlings planted since January 2022. Refugees and host community groups manage jointly green belts and practice orchards and beekeeping. This collaboration enhances indigenous knowledge transfer and peaceful coexistence. Depletion of indigenous tree species is exacerbated by population overreliance on biomass for cooking energy and construction materials, limited access to energy-saving stoves and lack of sensitization energy-saving methods.

In Kakuma and Dadaab, landfills were either lacking or inappropriate waste disposal observed among vendors and households. Waste was illegally dumped on the streets, river courses and open spaces. Importantly, there was a lack of designated dumpsites (landfill) in the entire Turkana West Sub County. Poor infrastructure for waste disposal was observed in Dadaab, Kakuma and Kalobeyi increasing the occurrence of preventable illnesses. Decomposing waste produces a foul smell around the waste disposal sites and slaughterhouses. In Dadaab, slaughterhouse waste like hides and skin and intestinal parts were thrown away in open spaces for birds and other animals to eat. Project sites such as food distribution points experienced challenges in the disposal of empty oil tins although cartons generated were burned

⁴⁶ Garissa Meteorological Station (long-term average 1970-2007 – Rainfall data analyzed by the Author).

⁴⁷ GIBB 2004 as quoted by Earth Water, 2011

onsite. Birds, wild animals, cats, dogs and other predators frequent the disposal sites creating health and environmental hazards.

On energy, the JAM established that about 98 per cent of beneficiaries use wood for cooking and the authorities were found unable to regulate this market.⁴⁸ Firewood distribution targets vulnerable households and all institutions. In Kakuma and Kalobeyei, 44.1 percent and 28.3 percent of the population get cooking energy through cash-based transfers. However, in Dadaab, only between 1-3 percent of the population receive cooking energy assistance. In both locations, beneficiaries are reported to monetize the food to purchase firewood. This affects household food utilisation which contributes to food insecurity. In Dadaab JAM was told of attacks faced by beneficiaries as they go out to fetch firewood. Host community weakens their ability to fetch firewood but destroying their donkey carts. Although this impacts heavily on men, women and girls face gender-based violence while searching for firewood. Households cope by reducing the number of meals cooked per day, cooking together and constructing mud stoves in their kitchens to reduce the quantity of fuelwood consumption.⁴⁹

There is a need to find a non-wood solution that can be made available at scale in line with WHO recommendations. Improved cookstoves have been extensively distributed around the camps. However, meeting the demand for firewood remains a huge challenge because of the large number of refugees, new arrivals and host communities. Some 75 percent of households received donated cookstoves from UNHCR and NGOs; 11 percent of the households have a secondary stove in addition to their primary stove. About 48 percent secondary cookstoves run on charcoal, with firewood mostly used in the primary stoves in these cases.

The JAM established that the pilot project of ethanol cooking technology in both locations was not sustained because of inadequate fuel supply. There was also a limited supply of Liquefied Petroleum Gas (LPG) as national regulations prevented stocking of the product in refugee shops without proper licencing. Kakuma introduced electric cookers which have gained popularity although there is a limitation on the type of foods they can cook.

Overall, 52 percent of the households in Dadaab are connected to electricity. Independent power producers supply generator electricity to 67.9 percent of the refugees and 39.1 percent of the host community among households that are connected. The Kenya Power and Lightening Company (KPLC) grid distributes power in Dadaab, but Fafi is yet to be operationalised. There were frequent large fire outbreaks in the camps in Hagadera, Ifo and Dagahaley attributed to power faults which resulted in the loss of business livelihoods.

3.5.2 Water, Sanitation and Hygiene

3.5.2.1 Water Access

The JAM established that about 98 percent of beneficiaries collect water from communal tap stands and about 2 percent from hand pumps, water kiosks vendors, and dry riverbeds (laggas). A review of secondary data like the KAP survey conducted by WASH partners established that 86.3 percent of the homesteads

⁴⁸ According to interviews with the camp administrators, the most vulnerable households are determined according to criteria set by the UNHCR and its partners in collaboration with block leaders.

⁴⁹ The energy situation in Dadaab Refugee camps, Kenya

accessed water points within 50 meters radius⁵⁰. However, long queues with a waiting time of 1-3 hrs and conflicts around tap stands were reported as common. It was established that the unaccompanied minors faced challenges in accessing water at tap stands. The beneficiaries complained about ageing and dilapidated water infrastructure as evidenced by leaking tanks, broken tap stands, and frequent generator breakdowns.

The JAM further established that there was an inconsistent supply of water with rationing in some parts like Kalobeyei while other parts in Dadaab, Kakuma and Kalobeyei received more water which they use for other needs such as watering animals and kitchen gardening. The nutrition surveys in 2021 established that about 50 percent of beneficiaries in all the locations receive less than 15 litres per person per day. The lowest per capita water consumption was 7.5 litres/day in Kalobeyei village 1. In Dadaab, the daily per capita is reported as an average of 24l/p/d in Ifo, 22l/p/d in Dagahaley and 21 l/p/d in Hagadera against the UNHCR standard of 20 l/p/d.⁵¹ However, this average calculation which is based on total production divided by the population on site did not reflect the reality of the household. For example in Ifo camp, the JAM established that 39.1 percent of the beneficiaries receive less than 15l/p/d of potable water.

It was also established that the overall borehole yields reduce during the dry season and improve during flash floods. Water treatment is done through online chlorine dozers which maintain free residual chlorine at 1.5mg/l at boreholes and 0.8-1mg/l at tap stands. However, during the FGD participants complained of high chlorine levels as the community perceives chlorination affects their reproductive health.

The JAM team was taken through a good innovation of community-managed water kiosks in Dadaab where the business community and able members of the community buy water throughout the day and the income is used to operate and maintain the borehole, and to address environmental hygiene issues. At the time of the JAM, the initiative employed 30 hygiene promoters.

Dadaab operates 21 boreholes on a Solar PV-diesel hybrid power system while 2 are on diesel-powered generators. For Kakuma and Kalobeyei, 21 boreholes run on hybrid solar and Genset systems. It was estimated that solar contributes to 40 percent of water output during sunny days. The solar technology contribution was higher when the population was lower but the increasing population creates more water demand.

3.5.2.2 Management of water systems

The JAM findings identified weak government-led coordination structures in water management in refugee camps. The Water Service Providers (WSPs) and Community Water User Associations (WUAs) have not been constituted legally. The Turkana water Act 2019 is in place and seeks to establish Turkana urban water and sewerage company and Turkana rural sewerage and sanitation. In Dadaab, a local government-owned entity is yet to be created to coordinate with UNHCR and Partners. The stakeholders include government agencies (both local and national), UNHCR and Partners, the business community, women, and youth, among others. The market water supply in Dadaab is managed by the private entity CBO (market water committees) which operates independently.

⁵⁰ CARE KAP SURVEY, 2022 - Transforming Water, Sanitation and Hygiene Services in the Dadaab Refugee Complex.

⁵¹ UNHCR Situation reports indicate a per capita of 24 litres while the KAP survey 23 Liters

3.5.2.3 Sanitation

The assessment findings show low latrine coverages of 68.6 percent in Dadaab, 51 percent in Kakuma and 67 percent in Kalobeyei. In some instances, about 1.8 percent of households pay for faecal waste disposal where latrines are filled. Inadequate sanitation facilities were reported within schools and some were not segregated by gender. Kalobeyei latrine construction is supported by UNHCR CBI, while in Kakuma beneficiaries were supported through adaptive community-led total sanitation (CLTS).

3.5.2.4 Hygiene

During field visits, the JAM found that water collection containers were dirty with algae. During FGDs, participants complained that they no longer receive cleaning detergent and ballast/pebbles for jerrican cleaning. A similar situation was observed in households where water containers were dirty hence exposing the community to the risk of an outbreak of sanitation and waterborne diseases. The community complained of inconsistent distribution of sanitary hygiene kits and unclear targeting criteria.

According to secondary data and the KAP survey findings conducted in Kakuma, 67 percent of the households have access to soap. JAM established that 82 percent received the soap from NGOs, 17 percent of the households bought soap from a market nearby and 1 percent were gifted.⁵²

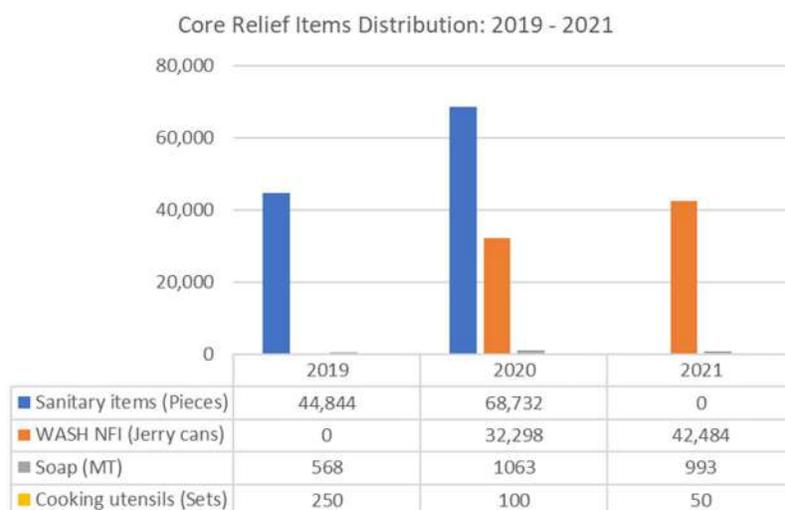


Figure 10: Trends in the Distribution of Core Relief Items for Sanitation and Energy

Overall, there has been a reduction in the distribution of soap, sanitary ware and cooking sets. Most new arrivals have not accessed the Core relief Items and therefore they have to borrow or sell a portion of food to buy cooking utensils.

Monitoring systems:

CRI distributions have been digitized with target refugees undergoing biometric checks when they show up to collect CRIs such as soap and sanitary ware. However undocumented

POCs receive CRIs through manual processing due to a lack of registration. The feedback complaints and feedback mechanisms in the WASH programme include the implementation of innovative monitoring systems that facilitate effective data collection, response and triangulation of reports obtained. This includes mainstreaming social protection, Social Behaviour Change Communication (SBCC) and

⁵² NRC, 2020: KAP survey, KAKUMA REFUGEE CAMP AND KALOBEYEI SETTLEMENT SITE, KENYA WASH KAP Survey Report (Knowledge, Attitude and Practice).

prevention of SEA and GBV. Systematic joint monitoring involvement partners, PoCs, and County Government and ensure timely complementation of various assessment and audit recommendations.

Conclusion

Overreliance on wood fuel as a source of energy has exacerbated the degeneration of the environment in Dadaab, Kakuma and Kalobeyei. The current cooking energy interventions should be re-evaluated for efficacy, impact and sustainability. The sector requires additional Investments in sustainable approaches and alignment with the new Refugee Act 2021 and the Martial plans.

#	Recommendations	Responsible (Lead, Support)
1	Establish designated dumpsites for waste disposal and a mechanism for recycling.	UNHCR, County Governments
2	Promote climate-smart agroforestry	County Governments
3	Evaluate the impact of Cash based intervention on CRI distributions to diversify cooking energy sources	UNHCR
4	Rehabilitate slaughterhouses and ensure proper management of meat by-products in the slaughterhouse	County Government

3.6 Livelihood and Self-reliance

Overview

Refugees and host community populations in Turkana and Garissa counties face difficult socio-economic conditions such as food insecurity, limited access to basic social services, poor economic infrastructure, and limited sustainable livelihood opportunities. A socio-economic assessment done by the World Bank found that more than 6 in 10 refugees are poor—as measured by the international poverty line for extreme poverty of US\$1.90 (2011 PPP) per capita per day. This is higher than the national rate (37 percent) and comparable to what is found in the 15 poorest counties in the country (59 percent on average) but lower than Turkana County (72 percent overall, including 85 percent in rural areas and 51 percent in urban areas).⁵³ In Garissa, 65 percent (Kenyans) are living in poverty while 45 percent are food poor/insecure[1]. A significant proportion of the host populations in Garissa and Turkana depend on food aid while the majority of the refugees depend on humanitarian assistance.

The key economic activity for the host communities in both counties is pastoralism. Refugees are involved in running businesses, and small farming, and engage in the tertiary industry. Most businesses owned by refugees are informal because of the hurdles faced during registration and securing permits. Refugees also undertake subsistence farming for household purposes. During the field visits in Dadaab and Kakuma,

⁵³ Understanding the Socioeconomic Conditions of Refugees in Kenya Volume A: Kalobeyei Settlement Results from the 2018 Kalobeyei Socioeconomic Survey.

the JAM teams noted that the spatial plan only allows for limited livelihood activities and expansion of businesses and linkages to external markets are limited due to poor road networks and restrictive policies. The tarmacking of Kitale Lokichogio road has eased the movement of goods and services. It was further noted that poor physical planning in the camps and exposes refugees to the high risks of losing their businesses during emergencies such as fire incidences and floods.

The high level of youth unemployment in the camps is leading to negative coping mechanisms such as betting, scamming and chang'aa brewing (illicit alcohol) catalysing SGBV, police harassment, and loss of productivity was also highlighted in both locations. Drugs and substance abuse amongst the youth was also noted to limit productivity, opening doors to crime and vandalism affecting livelihoods and self-reliance. A low transition from vocational and technical training into the job market was noted and a review of the courses offered to be harmonized with market demands was recommended.

3.6.1 Status of Livelihood and Self-Reliance Interventions

Over the years, refugees, and host communities in Dadaab, Kakuma and Kalobeyi settlements still struggle to find sustainable livelihood that would ultimately lead to self-reliance. Most of the investments for refugee self-reliance are concentrated in Kalobeyi Settlement. Notably, several agencies have implemented livelihood interventions across the camps and settlement. However, most of these do not outlive the donor funded projects that initiate them, raising the question the of economic viability and sustainability of these projects.

As such, for many refugees, humanitarian assistance remains the main source of food, income and employment, while the host community is challenged by frequent droughts and famines and the depletion of grazing fields, affecting pastoralism.

The Turkana County government has included livelihoods and self-reliance interventions for refugees and the host community in the County Integrated Development Plan (CIDP II) 2018-2022 and more specifically through the Kalobeyi Integrated Socio-Economic Development Plan (KISED P). The objective of KISED P is to facilitate collaboration and coordination between the government, UN agencies, development actors, NGOs, private sector and civil society to build inclusive, sustainable services and economic opportunities in Kalobeyi.⁵⁴ The first phase of KISED P will end in December 2022.

Through the EU Trust fund project for Africa, UNHCR, FAO, UN HABITAT, and Danish Refugee Council (DRC) in collaboration with the county governments have implemented the enhancing self-reliance project for refugees and host communities in Turkana and Garissa Counties. These activities are aligned with KISED P in Turkana County and the Garissa Integrated Social Economic Project (GISED P).

Through the project the capacity and infrastructure for production in agriculture and livestock subsectors for host and refugee communities have improved in and around Kalobeyi with the development of rainwater harvesting structures with a capacity of about 400,000m³, shade netted farms covering 9 Ha and open irrigation farms covering 11 ha and ad additional 33 Ha with on-farm rainwater harvesting

⁵⁴ Turkana County Integrated Development Plan CIDP II 2018-2022

structures. WFP is also working with UNHCR and the Government to equip a borehole at Tarach River and pipe the water to supplement the water supply during dry seasons when the pans have dried. About 600 farmers (78 percent refugee) produced vegetables and fruits for 20 months in 2019 and 2020 while local host community farmers had water for their livestock for over 24 months. At the time of the JAM, WFP, FAO, the Department of Refugee Services (DRS) and UNHCR; a total of 580 farmers were registered at a ratio of 50:50 for host and refugee communities.

The project has also sought to promote Good Agricultural Practices (GAP) or high-value crops in rain-fed and irrigated areas of Kalobeyi and its environs. The project through FAO has continued to support the County Government to better coordinate the Agricultural Sector with an emphasis on KISEDIP coordination and planning forums; continued support to the County community-based extension system and supporting the County to strengthen its agricultural M&E system. To improve the environment for agribusiness and entrepreneurship, WFP and FAO have supported the Turkana County government to develop the Fisheries and Aquaculture Policy and Groundnut Policy respectively, to support the commercialisation of these value chains for refugees and host communities.

In line with KISEDIP on access to credit, the Kakuma Kalobeyi Challenge Fund (KKCF) funded by IFC (International Finance Corporation) and KCB (Kenya Commercial Bank) have provided grants and loans to businesses. However, this has only been available to existing businesses which have a cash flow. As such, there is a huge gap in the provision of business start-ups.

For Garissa county where Dadaab camp is situated, the second generation draft Garissa County Integrated Development Plan CIDP II (2018-2022) recognizes the need to provide alternative livelihoods to the refugees to ease pressure on the already fragile ecosystem since 90 percent of livelihoods in Dadaab depends in the scarce natural resources⁵⁵. The announcement on the closure of the camps by the Government in March 2021 slowed down conversations with Garissa County on GISEDIP but discussions resumed once the Refugees Act, 2021 was passed in November 2021.

In Kakuma and Dadaab, refugees continue to receive technical and vocational training through partners such as Don Bosco, DRC and NRC. Through the first edition of the Area Base Livelihoods Initiative-Garissa (ABLI-G) funded by the European Union, DRC has delivered vocational education and training (TVET) and digital skills training to refugees and host communities in Garissa. As of April 2022, the project trained 1,263 individuals, out of which 622 were certified as proficient by the National Industrial Training Authority (NITA), the Computer Society of Kenya (CSK) and the North-eastern National Polytechnic (NENAP).⁵⁶, further NRC and International Trade Centre(ITC) have certified 137 youth (63 females and 74 males) with a range of trade, technical and administrative skills, including electrical, solar installation, tailoring and dressmaking, graphic design, web development, hairdressing and beauty therapy, computer secretarial, motor vehicle mechanics, digital journalism, and photography. Twenty-two of these graduates were from host communities and three living with disabilities⁵⁷.

⁵⁵ Second Garissa County Integrated Development Plan (2018-2022)

⁵⁶ ABLI – GARISSA PROJECT Quarterly Newsletter- September 2022

⁵⁷ ABLI – GARISSA PROJECT Quarterly Newsletter- September 2022

The need to include key interest groups such as the LGBTIQ+, PWDs and vulnerable women was noted as a gap in both locations. Women's low level of skills proficiency reflecting low literacy and schooling attainment rates resulting in unskilled, low-earning jobs and limited opportunities to build their skills has been reported in the socio-economic survey conducted in Kakuma and Kalobeyei⁵⁸.

Some individuals have been able to start businesses using the skills gained from trainings but majority do not have access to start-up capital.

3.6.2 Socio-Economic Opportunities

Following consistent advocacy by donors and UNHCR, the Kenya Government announced a transition from camps to integrated settlements, with a focus on facilitating self-reliance opportunities for both refugees and host communities. Consequently, the government in collaboration with key stakeholders developing a Marshal Plan to prepare the details on how the integrated settlements will be implemented. This presents opportunities for investment in livelihoods and self-reliance for refugees and host communities. The Refugee Act 2021 also offers opportunities for some refugees to gain East African citizenship status which could enable them to access job and business opportunities anywhere in the country.

Table 2: Key Opportunities for Livelihoods and Self-Reliance

Sector	Key Livelihood Activities	Target Group	Key Enablers
Agriculture, Livestock and Natural Resource Management	Horticultural crop production Fodder production Aquaculture Livestock marketing and processing. ⁵⁹ - Agricultural service provision	Farming communities Pastoral communities Youth	Water Input Access to Finance
Water and Sanitation	Waste disposal services Recycling Waste	Youth	Business and work permits Waste management system
Digital Economy	Online jobs	Youth	Incubation centres for youth and business training
Education	Running private education institutions Tuition services	Youth	Business and work permits
Courier services	Delivery of goods within and outside camps	Youth	
Trade and cottage industries	Tie and die Garment sewing Soap making	Women Youth	Pro-local procurement policies Linkages to external markets

⁵⁸ Understanding the socio-economic conditions of refugees in Kenya Volume B: Results from the 2019 Kakuma Socioeconomic Survey.

⁵⁹ FGD-Dadaab traders (to confirm Location)

3.6.3 Key Constraints and Risks

Irregular and poor rainfall seasons resulting in a prolonged drought that frustrates crop and livestock production were noted as a constraint by farmers in both locations. Inability to anticipate climatic shocks that affect livelihoods leading to loss of crops and livestock. Climate change also affects access to water for farming and other household uses in both locations.

During the JAM the community noted that there are limited market linkages for goods produced in the camps and settlements due to poor road networks and restrictive policies. It was noted that communication on livelihood opportunities was not done in an inclusive thus persons with special needs and minority communities are left out in key messaging leading to their nonparticipation in livelihood activities. In other cases, host communities did not receive the same information and opportunities as refugees.

With reduced rations and a high rate of unemployment in both locations, the community noted increased rates of crime through theft and burglary. This affected the horticultural farms in the Kalobeyi settlement.

Limitations to secure work permits and free movement were highlighted as other factors contributing to the inability to achieve self-reliance. Moreover, refugees delayed the issuance of alien ID cards and KYC requirements limit refugees' access to banking and financial services.

Conclusion

The current livelihoods and self-reliance interventions are not sustainable or economically viable. The JAM teams observed that stakeholders do not have anticipatory strategies for natural disasters like droughts and floods, pandemics and infestations like locusts and conflicts arising from limited shared natural resources. Also, the issue of continuity of projects emerged as a significant challenge to sustain the vision beyond projects implemented by agencies and there are weak structures in place to support market systems development approaches and transitioning environments. These findings speak to the higher risk of not achieving the objective of self-reliance if the challenges are not addressed.

#	Recommendations	Responsible (Lead, Support)
1	Upscale adaptive and climate-smart agriculture	WFP, UNHCR and Agriculture partners
2	Enhance collaborations with counties to upscale polytechnic to offer a broad spectrum of market-relevant courses	UNHCR and Education partners (post-secondary education)

3	Advocate for inclusion of refugees in the recently launched national recognition of prior learning to obtain accreditation in Kenya	UNHCR and partners
4	Conduct comprehensive Market Assessments to Identify Demand-driven skills and products	ILO, UNHCR and partners
5	Adopt a sustainable market-based business and agriculture model that goes beyond the pilot projects cycle	All livelihood partners

3.7 Coordination, Population Planning Figure and Partnerships:

3.7.1 Population Planning Figures

According to published statistics by UNHCR, the population of refugees and asylum seekers living in camps has increased steadily and is projected to reach 684,314 by 31 December 2022. This figure includes the unregistered but profiled to receive essential assistance like food. An operation like Dadaab still has unregistered and unprofiled new arrival hosted by the community and plans are underway between UNHCR and the government (DRS) to profile them in readiness for registration when it resumes. Table 3 outlines the projected population trend from 2022-2026.

Table 3:Population Projections for Refugees and Asylum Seekers 2022 to 2026

Location	Total 2022	Total 2023	Total 2024	Total 2025	Total 2026
Total Refugees and Asylum-Seekers	648,313	743,396	765,613	777,084	791,390
Dadaab	265,808	304,792	313,901	318,604	324,470
Kakuma	220,426	252,755	260,308	264,208	269,073
Kalobeyei	51,865	59,472	61,249	62,167	63,311

Kakuma continues to receive a significant number of new arrivals mainly from South Sudan and Burundi while Dadaab receives new arrivals from Somalia. Births and deaths should keep a similar evolution. The new arrivals are attributed to conflict, drought, prospects of resettlement in third countries resulting in onward movers from neighbouring countries, and access to improved services such as education and health. The above trend has considered the Voluntary repatriation, resettlement departures, deaths, and births.

3.7.2 Registration

The responsibility for registration, documentation and Refugee Status Determination (RSD) was handed over to the Government’s Department of Refugees Services (DRS) by UNHCR in 2014 and is not anchored in the Refugee Act 2021.

However, the registration, documentation and refugee status determination in Dadaab was suspended in 2016, severely hampering access to documentation and rights by the new arrivals population. In Kakuma/Kalobeyei registration, documentation and RSD activities are ongoing except for asylum seekers of Somali origin. JAM established that the registration and documentation have been sporadically interrupted during the past years because of various issues such as the directives to close the camps or discussions on accessing refugee data to determine onward movers registered in other countries. All

registered refugees and asylum-seekers have access to civil registration (births, deaths, marriages etc). However, the services are not available consistently leading to a backlog. Delays in the registration of births lead to exclusion of new household members from food assistance. UNHCR continues to actively advocate for the inclusion of persons of concern in the National Integrated Identity Management System (NIIMS) notably the Huduma Number which will streamline this access.

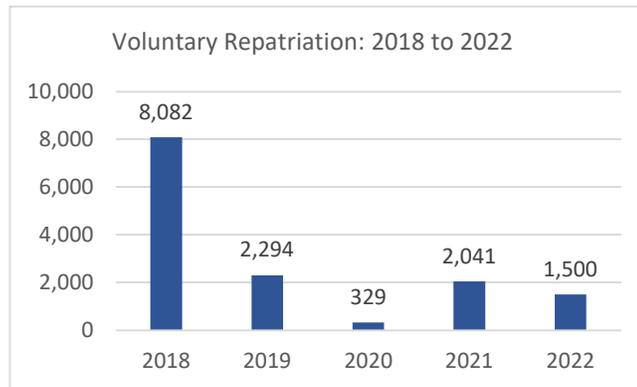


Figure 11: Trends in Voluntary Repatriations

The standard operating procedure allows a maximum of 14 days to complete the registration of refugees as they wait at the reception centre. However, there have been delays which have lengthened the stay to between two and seven months. This has been due to backlog and previously unresolved issues related to the registration of onward movers in February 2022 and the lack of adequate settlement items required for shelter and land. As a result, the reception centres have been congested leading to issues that have been highlighted in the other sectors.

It was noted that there is an urgent need for registration of new arrivals in Dadaab because the current situation is creating security problems for both refugees and the host community as the identity of the new arrivals is unknown. Additionally, due to the lack of access to registration and related basic services, there are protection and conflict risks as new arrivals are a burden on the host community and the registered refugee population. The most pressing need for refugees is shelter. Discussions with DRS and Garissa County representatives revealed that the gazetted land for refugees in Dadaab is fully occupied pointing towards the need for new land, perhaps through the reopening of Ifo 2 or Kambioos camp.

3.7.3 Durable Solutions and Mainstreaming in National Systems

Durable solutions for refugees are voluntary repatriation to the country of origin in safety and dignity, resettlement to a third country and local integration in the country of asylum.

Voluntary repatriation was found as the least viable option based on findings of the intention survey done UNHCR in Dadaab in 2020 which found that only 6 percent intended to return to their country of origin. Notably, at the time of the JAM, both Dadaab and Kakuma were receiving new asylum seekers. Additionally, refugees felt that the information shared before leaving Kenya was not accurate and their expectations did not match the reality they found on arrival in Somalia-for example, allocation of land, good housing, health services and education opportunities. They also said that the cash grants provided in Somalia are not sufficient to sustain them.

Similarly, very few Ethiopians and Somalis in Kakuma and Kalobeyei expressed interest in returning to their countries while South Sudanese did not show any interest. The reasons given include available even limited economic opportunities in the camp, family reunifications and threat of harm at home.

Notably, at the time of JAM, a total of 951 (950 Burundians and 1 Congolese) had voluntarily been repatriated to their countries of origin. Another group of 1500 persons had enrolled for voluntary repatriation to Burundi and UNHCR was mobilizing resources to assist them

3.7.4 Partnership and Coordination

The partnership landscape for refugee assistance in the camps and settlement has evolved over the past 5 years. The main changes include increased leadership of the national government in managing refugee affairs including RSD, enhancing their self-reliance and integration with host communities. The government has also committed to integrating refugees into the national health systems and education plans. There has also been an increased interest by the private sector to invest in camps and settlement. Development donors including International Finance Institutions such as the World Bank and the International Finance Cooperation have invested particularly to enhance refugee self-reliance and host community integration in Kalobeyei settlement.

There has also been an increased presence of United Nations agencies such as the Food and Agricultural Organisation of the United Nations, United Nations Children's Education Fund, UN-Habitat and the International Labour Organisations (ILO).

Coordination at the camp level is done through monthly inter-agency meetings, sectoral meetings and ad hoc meetings as the need arises. In Kakuma, regular coordination meetings are held between agencies implementing KISEDIP and line county government ministries. Coordination with both host and refugee communities is assured through their representatives and liaison staff. Each year, a joint report on the implementation of KISEDIP is prepared through the coordination of the Turkana County Government and UNCHR. UNHCR and the WFP coordinate through monthly meetings for the management and technical staff in Nairobi. UNHCR also convenes monthly interagency meetings at Nairobi. However, partners indicated that there were disparities in information provision and knowledge sharing at the national and county level. For instance, information about the Marshal Plan, Refugee Act and Huduma Bill does not flow efficiently. As such, there is a lack of common understanding and knowledge of the connection between KISEDIP, the Refugee Act and the Marshal Plan.

UNHCR and WFP hold periodic donor briefing meetings to provide updates on the refugee operations as well as the funding situation. Both agencies participate in donor meetings organised by the sister agency to complement the briefing sessions and advocate for funding jointly. UNCHR, WFP and donors organise field missions to monitor refugee operations. These meetings and missions play a key in advocacy, enhancing accountability and fundraising.

Conclusion

The population of refugees is expected to continue increasing for the next four years. As such it is important to streamline existing inefficiencies and gaps in the registration process, strengthen durable solutions and strengthen partnerships and coordination on the same as outlined in the recommendations.

#	Recommendation	Responsible (Lead, Support)
1	Advocate and support government to establish a smooth mechanism for reception and timely registration of new arrivals to enable them to access services.	UNHCR and Department of Refugee Services
2	Strengthen information sharing and data management for effective partnerships	Government, UNHCR and sector leads
3	KISED and GISED coordination to strengthen partnerships with the national government line ministries and private sector players	Government and UNHCR

3.8 Protection mainstreaming, Key Interest Groups, Host community, Security and Asylum Space

Overview

Protection mainstreaming of the JAM in Dadaab, Kakuma, and Kalobeyi focused on key interest groups, relations with the host community, security arrangements in the camps, protection responses to different groups and accountability to affected populations. The thematic area actively engaged 493 (259F, 234M) consisting of new arrivals, PWDs, youth, children, caregivers, parents of children with PWDs, unaccompanied and separated minors, child-headed households, female-headed households, survivors of GBV, teenage mothers, LGBTQI+, older persons.

3.8.1 Security

The security situation in Dadaab remains fragile although no incidences were reported in many months leading to the JAM. In all locations, pockets of security incidences around food theft, burglary, fights over wood and water, robbery along the supply routes, vandalism, and border fights have been reported. The crimes are reported to be conducted by the youth who are largely unemployed, and with limited livelihood activities. In as much as there are incidences of conflict, there exists a harmonious relationship between the host community and the refugees. The communities continue to jointly benefit from shared infrastructure facilities such as schools, hospitals, markets, and road networks as well as livelihood skills training and opportunities.

Dadaab, Kakuma camps, and Kalobeyi settlement have well-laid-down security plans consisting of patrols as well as security-related emergency response systems. This is made possible by the Security Partnership Programme (SPP) between UNHCR and the Government of Kenya (GoK). The arrangement has continued to provide a community-policing program with police posts situated within the camps, with DRS being responsible for coordination and camp management. Due to the security risks in Dadaab, the security team provides daily armed escorts to and from the camps to the humanitarian workers. In Kakuma, security escorts are required only when agency staff are travelling to Lodwar and Lokichogio.

Rising insecurity was reported along the major supply routes, the river crossing (laggas) in Kakuma, the food distribution centres, the camps, schools, wood collection points, and along the porous borders. The

insecurity is characterized by increased theft of food at the distribution centres and breaking into homes targeting the vulnerable; elderly, child-headed, and women-headed households. Kakuma and Kalobeyei also reported increased vandalism of fences and solar panels in schools. Kalobeyei settlement also burglary and associated suspicious deaths. Even though there is rising insecurity there is mentioned a slow response by the security personnel.⁶⁰

The JAM noted that the lack of a reception centre for new arrivals in Dadaab created security risks in the camp because they reside with the other refugees in the camps without clear recognition. Lack of registration also prevented the new arrivals access to their food transfers in the form of cash. As such they could not access diversified foods from the market. Increased sharing of rations in households with unregistered refugees.

3.8.2 Relationship between Host Community and refugees

The relationship with the host community has greatly been supported by the improved community liaison approaches toward conflict resolution and sharing of information between the host and the refugees. The 2022 JAM acknowledges that KISED P's⁶¹ focus on creating an enabling environment, building skills and sectors that have provided the greatest opportunities for interaction between the host community and the refugees. The enrolment rates of the host community, however, are minimal, estimated at 2.2 percent, 0.6 percent and 0.4 percent respectively in Kalobeyei, Dadaab and Kakuma. The education program has contributed to extra curriculum activities (sporting) encouraging further interaction⁶². Joint livelihood skills training and opportunities have also enhanced social cohesion between the host community and the refugees. The area has also benefited from shared infrastructure development, such as roads where the youth from both communities have benefitted from employment opportunities. The road network has enhanced connectivity in the locality supporting integration in Kalobeyei. Other infrastructure developments include shared hospital and market facilities with increased trading and access to services.

In Dadaab, the refugee and the host community enjoy the same culture and religion. This has greatly improved the relationships between the refugee and the host community.

The 2022 JAM, however, points to slowly developing tension between the host community and the refugees. Major reasons for this include the restricted access⁶³ to water in the camps and firewood resources in the host communities resulting in conflict at the collection points.⁶⁴ The host community holds a general feeling that there are unequal development resource opportunities for them compared to that available for the refugees. Finally, due to border porosity, conflict at the border points was also reported between the host and the refugees during transit.

⁶⁰ 2022 JAM FGDs, KIIs

⁶¹ Kalobeyei Integrated Socioeconomic Development Plan

⁶² Education Tracer Study Dadaab Refugee Complex, 2021

⁶³ Host Community FGDs

⁶⁴ REACH Multi-sectorial Needs Assessment Report, Dadaab Refugee Complex, Kenya 2021

3.8.3 Protection Responses for Different Groups

3.8.3.1 *New arrivals*

Kakuma has a well-established reception the new arrivals are Kakuma experience a prolonged stay (2-7 months) at the reception centre. During their stay in the reception centre, the different needs of the population such as education, health care, dietary diversity, and protection from Gender-based violence are compromised. The JAM established that the unaccompanied children are not targeted for immediate assistance and hence were exposed to protection risk due to lack of foster parenthood. The situation in Dadaab is however different as the camp has no established reception but the fact that such vulnerabilities are not visible may mean that they are hidden in hosting homes/families. On arrival, the refugees/asylum in Dadaab, join family/relatives or friends in the camp or they self-settle in any open space in the camp or on the outskirts of the camp for food and shelter.⁶⁵ Without good shelter and authorization documents, they face risks not limited to gender-based violence (GBV), lack of access to CRI, and insecurity in the instance of living on the outskirts of the camp, where social amenities are in existence.

3.8.3.2 *Access to Food and other Services for Vulnerable or Minority Groups*

Food - FGDs feedback from both camps indicated inadequacy of food in the households in the camps with the most affected being elderly persons, sick female-headed households, girl-mothers, separated and unaccompanied minors, and GBV survivors. Most of these have special dietary needs. According to the WFP Gender and Protection Assessment Report⁶⁶ the elderly, pregnant, and lactating women, needed priority attention at FDPs and market sites/ trader shops at all times, yet their services at the FDPs is not prioritized. The communities raised the issues of the contracted traders withholding Bamba Chakula SIM cards as security for the loan taken when the food ration and cash run out. In addition, the vendors were said to be arbitrarily hiking the prices of items, and being dishonest in record keeping, especially with the elderly and persons with disability. They were also noted to be perpetrators of discrimination against LGBTIQ+ persons and potential perpetrators of SEA to women and girls.

Education - The school-going girls and girl mothers do not attend school during the menstrual days, due to the inadequacy of dignity kits. Girl mothers also have reduced chances of attending schools citing the lack of family support in taking care of their children and material support. School attendance has continued to go down with increasing child labour at the household level denying the children the right to education. The unaccompanied children also indicated that the assistance provided excludes support purchasing of school-related requirements hence they go out of their way to buy the same.

School meals - children living with disability were reported to be disadvantaged in some schools' meals as serving areas are not adapted for their use. The coping strategies for these key interest groups were similar to the others.

Job and livelihood opportunities - Persons living with disabilities continue to face stigma and discrimination and are excluded from productive resource life skills such as development, training, and

⁶⁵ WFP Gender and protection Assessment report 2021.

⁶⁶ WFP Gender and Protection Assessment Report 2021,

job opportunities. The JAM also noted that the youth are actively excluded from livelihood opportunities as most of them depend on their families. In Dadaab, the GBV survivors at the Safe Haven were already engaged in training initiatives related to activities through marketing remains a challenge as they are not able to go out of the centre⁶⁷. Similarly, GBV survivors in Kakuma have received livelihood-related opportunities, however, they are not earning the same.

Health services remain a burden to the community for the cases of chronic illnesses that require prolonged care and medication, are expensive, and increase dependence on family and caregivers for their sustenance. Though Kakuma is in the process of signing an agreement into the National Health Insurance (NHIF) coverage, there exists no insurance coverage for the camps, hence increased out-of-pocket health financing more so in cases of referrals.

3.8.3.3 Gender-based violence (GBV)

Reports from the FGDs conducted with the special interest groups indicate that the teenage mothers, the Safe Haven residents, female-headed households, LGBTIQ+ persons, children, and PWDs, continue to face gender-based violence in the camps. Child & forced marriage, child drug abuse, Intimate Partner Violence (IPV), defilement, Sexual Exploitation, deprivation of resources, and discrimination based on gender and Abuse (SEA) is the most common GBBV forms. Child drug abuse and pornography, and rape especially along the laggas while transporting the food ration are more common in Kakuma. In Dadaab, GBV is prevalent in different forms, more so at the service delivery points by the fellow refugee scoopers, at the household level but worse when they go to the bush to collect firewood. Incidences of rape, physical harm, destruction of donkey carts and killing of donkeys were highlighted as very common.

The LGBTIQ+ persons stated that they are not recognized by Kenyan law, hence are discriminated against at the community level and by the service providers. They state that the discrimination has denied them opportunities in Education, Livelihood opportunities as well as access to their rations, at the food distribution points.

3.8.3.4 Child Protection

The WFP Gender and Protection Assessment Report indicates that children especially unaccompanied minors, and children under foster care are more vulnerable to child labour, physical and sexual abuse, early marriages, the inadequacy of food, and other basic needs.⁶⁸ In Dadaab, the Assessment report on Out of School Children (OOSC) indicates that the proportion of male children out of school was 54 percent, compared to the female counterparts at 46 percent⁶⁹. The top three reasons for these were child labour as a means of fending for families, childcare when parents are away on livelihood activities, and forced marriages. With limited access to targeted social security, the JAM notes that there is increasing engagement in child casual labour, with the traders willing to hire children if they do not attend school. Children are therefore noted to be increasingly involved in livelihood opportunities for their families. This mostly affects unaccompanied minors (UAMs), child-headed households, and children under foster care.

⁶⁷ WFP Gender and Protection Assessment report 2021.

⁶⁸ **WFP Gender and Protection Assessment (2021)**

⁶⁹ Assessment report on Out-of-School Children (OOSC),2021

At the food distribution points and the vendors, they report being treated with less preference as they consider them lesser customers. The children reported having the challenge of purchasing scholastic materials, clothing, and vegetables since the Bamba Chakula allocation is specified for buying food.

3.8.3.5 Accountability to Affected Populations

The 2022 JAM pointed to limited information sharing in the camps. The refugees expressed their dissatisfaction with the complaint and feedback mechanisms (CFM) in place. They reported assessment fatigue and limited to no feedback or solutions. Minority nationalities have difficulty accessing information due to language barriers, lack of representation in the community structure leadership, and choice of email and helplines for feedback channels which refugees report limited access to⁷⁰. Due to discrimination against LGBTQI+ persons in the community, protection information does not cascade to them in real time. Refugees with disabilities, especially those with visual impairment also reported exclusion from information sharing due to the lack of the appropriate communication channels, with a call for a disability, needs analysis⁷¹. The rate of responses to complaints is deemed to be slow by the persons of concern as reported by SGBV survivors at the Safe Haven, their under-scooping complaints are never attended to unless a humanitarian worker intervenes from WFP. Finally, the choice of emails and helplines for feedback limits some refugees who do not have the means to access them. Gaps in information sharing and transparency, have increased risks of exploitation and abuse, corruption, and conflict amongst the community members.⁷²

In Kakuma the FGDs revealed that there were inadequate structures for information sharing and reporting situations of poor service provision, corruption malpractices, and SEA. Awareness of the availability of the hotline was inadequate, while those who were aware questioned its suitability to resolve issues as most of them have gone unattended to.

Conclusion

The Protection needs have increased with the most vulnerable groups experiencing limited access to protection responses exposing them to dietary and other related risks. The emergent community coping mechanisms are anti-social, detrimental, and a growing threat to community cohesion, thus needing programming strategies to address the emerging concerns.

	Recommendation	Responsible (Lead, Support)
1	Establish an effective mechanism of reception and registration of new arrivals	Department of Refugee Services, UNHCR
2	Work with the government to address rising crimes/insecurity in camps	UNHCR and partners
3	Expand targeted social assistance to the vulnerable Key interest groups (elderly, unaccompanied minors, persons living with disability among others)	All partners providing social assistance

⁷⁰ UNHCR Participatory Assessment, 2021

⁷¹ Dadaab Information Needs Assessment, 2021

⁷² UNHCR participatory Assessment, 2021

4	Enhance the accountability to the affected population by establishing a protection-sensitive case reporting, and monitoring system while strengthening the existing feedback, complaints, referrals, and response mechanisms	All partners operating in the settlements and camps
5	Ensure unaccompanied children in the community, among new arrivals and in reception centres, are identified and linked to care promptly	DRS and UNHCR
6	Decongest FDP 3 in Kakuma and hasten the card transfer of child food collectors to an FDC near them.	WFP and UNHCR

3.9 Annexes

3.9.1 Terms of Reference

A. Context

As of 30 June 2022, Kenya hosted 555,183 (48.8 percent female) refugees in Dadaab (233,805), Kakuma (185,782) and Kalobeyei (44953) and Urban (87730 – mainly Mombasa, Nairobi, Nakuru and Eldoret). The majority (89%) of the refugees live in the camps. The camps were established 30 years ago and have been providing assistance through modalities that assumed homogeneity and limited capacity of refugees.

The Kenya constitution enacted in 2010 ushered a new form of devolved governance after the 2013 general election, bringing the government system and services closer to refugee camps, which were established in remote areas far from the central government. As a result, the issue of refugees’ management became central to county population planning hence the need to orient refugee operations to county integrated development plans (CIDP). In addition, the enactment of the Refugees Act 2021 has introduced new angles to refugee management which depart from camps to settlements while also providing opportunities that can benefit refugees with requisite educational backgrounds and those from East African Community.

The establishment of the Kalobeyei settlement that piloted the spirit of the Global Compact for Refugees (GCR) through the Kalobeyei Integrated Socio-Economic Development Programme (KISED) introduced new ways of refugee response such as concerted development assistance, expanding the use of cash in delivering humanitarian assistance. It also attracted non-traditional actors and broadened partnerships. Kalobeyei settlement was developed differently, and largely defined by a livelihood and resilience-focused assistance model, integrating refugees and host communities in providing services and livelihood options. It also tapped into climate innovation and technology. A similar initiative was introduced in Dadaab through the Garissa Integrated Socio-Economic Development Programme (GISED). However, its progress was slowed by the impact of the COVID-19 Pandemic and the 2021 government directive to close refugee camps.

Dadaab and Kakuma continue to receive refugees and asylum seekers, with recent reports indicating arrivals of climate-displaced populations from Somalia as an ongoing drought continues to impact the population in the Horn of Africa. The lack of social services in South Sudan and Somalia also pushes people to seek services in Kenya and makes repatriation unsustainable.

The 2014 UNHCR/WFP JAM established that refugees in camps were not a homogenous population. To understand the sparseness of vulnerabilities or capacity, WFP and UNHCR commissioned KIMETRICA to undertake the vulnerability assessment in 2015. The assessment established that most of the income in camps was from incentives, employment and remittances, and by then, only 4.2% of the population could be self-sustainable. Furthermore, JAM 2017 was conducted at a time when the impact of renewed conflict in South Sudan and Burundi resulted in a pool of significant populations of new arrivals who required stabilisation. The current modality of assistance through cash for both food and non-food items was designed to stimulate local economic development contribute to self-reliance correct the aforementioned situation while keeping similar assistance to address the complex emergency-in-protracted nature of camps.

Due to dwindling resources as a result of the negative economic impact of the COVID-19 Pandemic and the humanitarian situation in other parts of the world, there is increasing pressure for WFP and UNHCR to adopt and prioritise targeted assistance. As a result, WFP has increasingly faced challenges in providing a 100% ration. Over the last two years, WFP has provided a 60% ration, with a further reduction to 50% in April 2022.

Nutrition surveys conducted in Dadaab, Kakuma and Kalobeyi in 2021 established very high anaemia. In Dadaab, anaemia ranged between 47.8-55.6% against acceptable levels of below 40%. The survey in Kakuma detected an anaemia level of 56.6% which indicates a generally high micronutrient deficiency. Global acute malnutrition was 9.3% in Kakuma while in Dadaab it ranged between 8.8% in Dagahaley and 13.1% in Ifo camp. Although GAM remained unacceptable, it was less than expected for a protracted food ration cut by about 50%.

Although the 2021 Refugee Act vacates camps to settlement, it is not yet clear what the future will look like. Still, the ongoing process of developing the regulations to guide the implementation of the Act will help in interpretations. However, non-registration of new arrivals in Dadaab and delays in settling new arrivals in Kakuma creates a pool of PoC needing full assistance and others who may be sharing resources with hosts.

The refugee operation in Kenya has evolved a lot since the last two JAMs were conducted in 2014 and 2017. The purpose of the 2022 JAM will be to review the overall food security and nutrition situation and other services contributing to food and nutrition security among refugees living in camps in Kenya. In addition, it will include a review of the implementation of the recommendations from the 2017 JAM, assess how refugees cope with ration cuts as well as review possibilities of the different modalities of assistance (e.g. BSFP) and new areas of interest.

As the MOU between WFP and UNHCR indicates, the assessment mission will take into consideration food and nutrition requirements, impacts of cash and cash-like assistance, and non-food needs that are relevant to the safe and effective use of food/cash assistance, such as security and registration, and provision of cooking utensils, fuel, water and sanitation, medicines, soap and shelter. Other areas will include reviewing the trend of anaemia (which is a proxy indicator for micronutrient deficiency) and problems related to pregnancy and childbirth that constitute ongoing food security, nutrition and non-food challenges that affect the overall health and wellbeing of the refugees.

Recommendations from the mission will inform future UNHCR/WFP planning in areas of their complementarity in improving food security and nutrition. A Joint Plan of Action (JPA) will be developed after the JAM.

B. Purpose of the JAM

To understand the situation, needs, risks, capacities and vulnerabilities of the refugees regarding their food security and nutrition security, access to health, water and education, and provide recommendations for specific objectives and input for a strategic plan for food security and nutrition for the next five years.

C. Objectives and specific objectives

The overall objective will be to assess the food security and nutrition situation of the refugees living inside the camps/settlements (modality, access, availability and utilisation of food) and identify the main issues affecting either positively or negatively the food security and nutrition and coping mechanism.

1.0 Food Security and coping mechanisms

- 1.1 Review the current food entitlements being provided through direct ration or cash and how that meets the food security needs of the refugees and asylum seekers.
- 1.2 Assess how the markets have coped with the CBT modality and how the transfer modality has worked; explanation of how the entitlement (value of transfer) was set and adequacy.
- 1.3 Assess other items provided in the form of cash and how they have contributed to the well-being of refugees and asylum seekers
- 1.4 Assess additional food commodities that can efficiently be substituted for cash, including those locally grown (nationally) and available in the markets.
- 1.5 Review the possibility of expanding the CBT to cover other food and non-food assistance programmes in the camps/settlements.
- 1.6 Review the provision of 100% CBT in Kalobeyei vs the in-kind food + CBT in Kakuma and Dadaab and develop recommendations.
- 1.7 Review and analysis of Gender and other socio-economic inequalities and discrimination affecting their food security and nutrition
- 1.8 Explore and recommend options for increasing livelihoods and self-reliance interventions in Kalobeyei (and perhaps Kakuma and Dadaab), considering priorities in the CIDPs and opportunities provided by the Refugee Act 2021.
- 1.9 Assess the appropriate modality of delivery of BSFP to children below 5 years and pregnant and lactating women
- 1.10 Assess and evaluate options of food assistance modalities in the context of transition/expansion of settlements in Kalobeyei, Kakuma and Dadaab

2.0 Supply Chain Management (Logistics for food and non-food items):

- 2.1 Assess options for food delivery in situations of heightened insecurity or flooding

- 2.2 Review supply chains and see how the CBT (for food and non-food) can be optimised including last mile solutions.
- 2.3 Food markets functionality, distribution networks and connectivity of local markets to existing supply routes?

3.0 Health and Nutrition:

- 3.1 Review the results of Standardised Expanded Nutrition Surveys (SENS) 2021 and develop recommendations for improving overall nutrition in the refugee camps/settlements in Kakuma, Kalobeyi and Dadaab.
- 3.2 Review performance of mother, infant and young child feeding (MIYCF) program.
- 3.3 Review the quality and integration of programmes that provide supplementary food to support people with chronic illnesses- including access to curative feeding without stigma and discrimination.
- 3.4 Review programmes affecting health and nutrition, particularly malaria, safe motherhood, HIV & AIDS, Tb, water and sanitation issues, based on 2014 JAM recommendations.
- 3.5 Evaluate the link or causal state between child nutritional status and other sectors as well as the consequences of malnutrition
- 3.6 Review the state of Health system that supports health and nutrition (Infrastructure, Human resources, commodities and M&E)

4.0 Education and School Feeding

- 4.1 Review school feeding program linkages with other interventions (provision of uniforms, sanitary wear and sanitation in schools) to increase female enrolment and attendance, identify high-impact interventions to promote the attendance of girls in primary school and transition to secondary schools
- 4.2 Assess the performance and relevance of feeding programmes in learning institutions (primary schools and vocational training centres). This will include a consideration of requests to include additional institutions in this feeding programme.
- 4.3 Review perspectives of the learners/Boards of Management (BOMs), SMP committees, head teachers and cooks regarding the current SMP food basket, and suggestions on how to improve the current food basket.

5.0 Environment, Cooking Energy, Water and Sanitation:

- 5.1 Review types, modality and level of assistance in terms of water, sanitation and hygiene as they relate to the food security and nutrition of refugees.
- 5.2 Review modality and coverage of cooking fuel and stoves, paying particular attention to the appropriateness, efficiency and preference of cooking energy and technology.

5.3 Assess the modality and adequacy of soap provisions, jerricans, and kitchen sets in households and institutions.

6.0 Livelihood and Self-reliance

6.1 Assess socio-economic opportunities that contribute to food security in the camps/settlements

6.2 Identify constraints and opportunities for the reinforcement of livelihood and self-reliance interventions

6.3 Assess the access to natural resources and its contribution to self-reliance

7.0 Coordination, Planning and Partnerships:

7.1 Review the implementation of the biometrics standard operating procedures (SOPs), registration of new arrivals and deactivation of no-shows from the manifest.

7.2 Review the planning figures for each camp/settlement based on evolving scenarios to provide the best estimates for future planning.

7.3 Review how the plans and programmes in the refugee camps/settlements are aligned with new refugee Acts, the CIDPs, UNSDCF and national institutions.

7.4 Review the extent to which refugee response is mainstreamed in the national system and make recommendations in areas that require improvements

7.5 Assess the coordination mechanisms in place in all the camps/settlements, including the involvement of various stakeholders, including the private sector and development partners.

8.0 Protection mainstreaming, Key Interest Groups (KIG), Host community, Security and Asylum Space

8.1 Review current security arrangements, including agreements, facilities, and armed escort services.

8.2 Assess current environmental interventions to mitigate the negative impact of camps and settlements

8.3 Review the relations with the host communities.

8.4 Assess the impact of ration cut on social protection (access to education, protection against violence)

8.5 Identify the coping mechanisms that the ration cut has provoked

8.6 Understand the protection and promotion of food security to refugees and minority groups and their impact on the relations with communities

8.7 Assess the existence of special measures for persons with disability, elderly persons, and minority groups who may be confronted with some difficulties in accessing food security service.

8.8 Assess the efficiency of the participation of community Groups/Networks in the assistance delivery and measures in place to prevent and address Sexual Exploitation and Abuse.

- 8.9 Consult men, women, boys and girls, persons living with disability, elderly persons, UAM and other groups with specific needs to understand their needs, preferences of the conception and methodology of assistance.
- 8.10 Assess the management of the transit and reception centre food assistance- including the duration of stay and relocation of new arrivals to the community.

9.0 Monitoring and Evaluation

In each thematic group, review the monitoring systems that exist in the camps by various partners and identify information gaps as well as timely dissemination and sharing obstacles.

D. Methodology

The JAM in 2022 will be conducted in the context of the mixed mode of delivering assistance and orientation and recovering from the COVID-19 Pandemic. The uncertainty around the end of the Pandemic may limit gathering and community engagements. In addition, the pending refugee Act regulation may also limit the conclusion of policy-related findings. However, an effort will be made to ensure that both secondary data review and field visits will be undertaken in Dadaab, Kakuma and Kalobeyei.

Household (randomly selected but not statistically), focus group discussions and observations, and Data Analysis and triangulation per sector. This will be validated during plenary discussions each day.

There will be data collection tools for each of the thematic areas.

E. Timeline

Sr	Event	Timeline (by date)
1.	Sharing tools and TOR with the field plus other actors in the country office	30 th June 2022
2.	Conclusion of JAM TOR	25 th July 2022
3.	Compose national mission Team	5 th August
4.	Virtual meeting with key players to review any feedback on TOR or the tools	29 th July (joint meeting)
5.	Compose sector teams	26 th July
6.	Inform donors of JAM and UNCT plan and invite them to participate	9 th August
7.	Virtual Pre-JAM one-day training	Week of 15 th August
8.	Confirm list of documents required for desk review	29 th July
9.	Collect and analyse secondary data collected in desk review and share brief reports	19 th August
10	Revise tools based on desk review and piloting tools	25 th August
11	One-day day inception meeting with the national JAM mission team	2 nd Sept 2022
10	Field Visits: Dadaab, Kakuma and Kalobeyei	Beginning 12 th Sept
11	De-briefing meeting with stakeholders at the field level	Final Day of JAM field mission 16 th September – Dadaab 23 rd September Kakuma
12	Compilation findings and drafting of camp sector reports	16 th September – Dadaab 23 rd September Kakuma

13	Preliminary Donor Briefing based on field work	11 th October
13	Draft JAM report	10 th to 14 th October
14	Brief donors and other stakeholders at the Nairobi level	28 th October
12	Finalise the report	15 th November 2022
13	Develop JPA	31 st January 2023

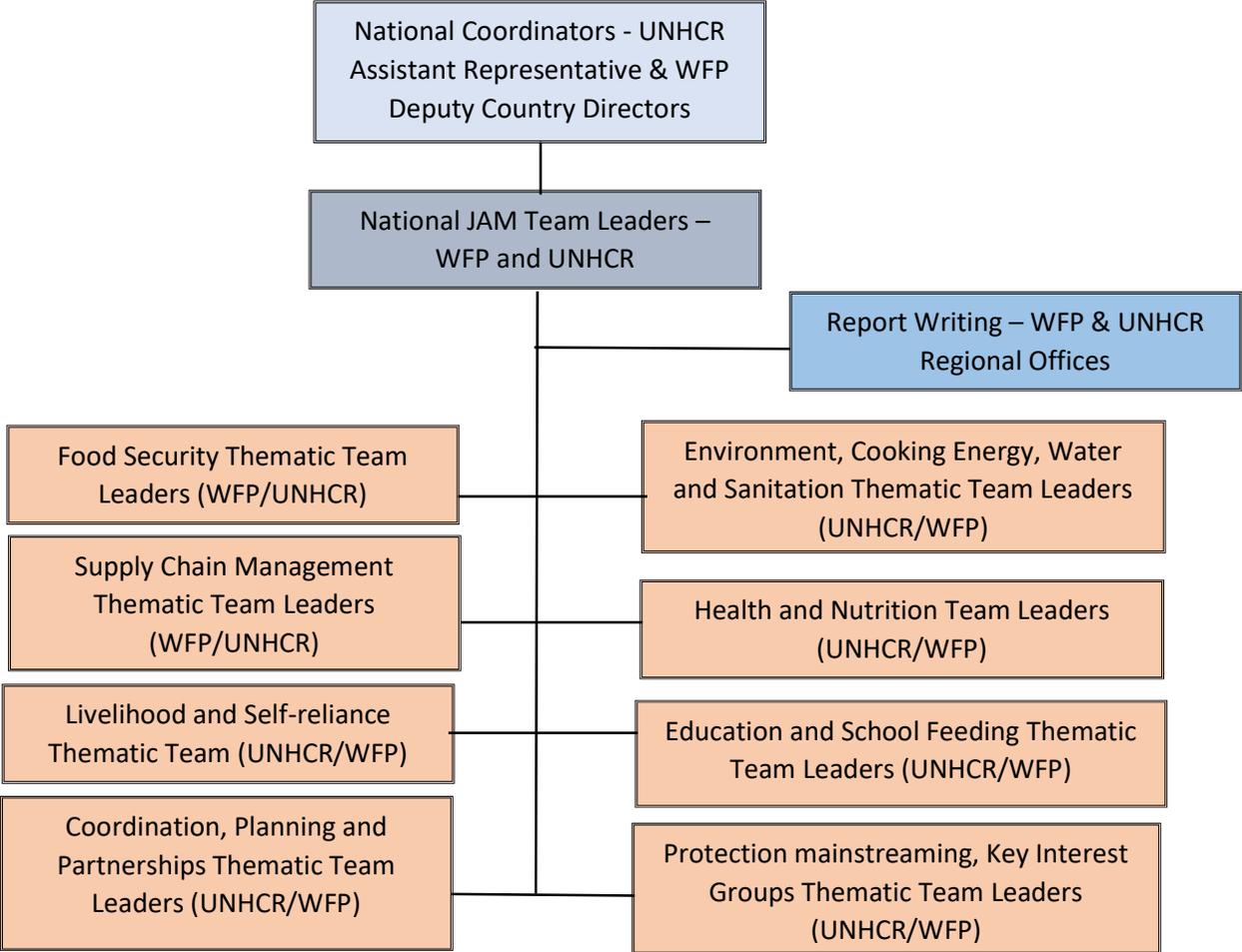
F. Key Challenges and Limitations

- Consensus-building is a time-consuming process, and agreement is not always reachable.
- Covid-19-related constraints
- Insecurity in the region
- Analysis of drivers does not always meet decision makers’ needs

G. Budget and other resources

The budget will be cost shared between WFP and UNHCR

H. JAM Organigram



3.9.2 Food Minimum Expenditure Basket

A. Composition, Quantities and Value of a Nutritious Food Basket for refugees from January 2020					
Commodities / CBT	Minimum Food Basket				
	All in-kind converted to Cash Values				
	In-kind ration level for HHs (grams per person per day)	In-kind ration level for HHs (Kilograms per person per month)	Average Market Price/Kg or Litre Kakuma and Dadaab	Cash Entitlement (per person/month) in KES	Cash Entitlement (per person/month) in US\$
Cereals	420	12.6	99.00	1,247.40	12.41
Pulses	60	1.8	156.00	280.80	2.79
Veg Oil	35	1.05	232.50	244.13	2.43
Milk	100	3	116.00	348.00	3.46
Dark Green Vegetables	100	3	64.00	192.00	1.91
Sugar	5	0.15	157.50	23.63	0.24
Salt (Iodized)	5	0.15	50.00	7.50	0.07
CSB	40	1.2	100.00	120.00	1.19
Total in-kind ration converted to CBT				2,463.45	24.51
Jan 2020 Exchange Rate: 1 US\$ to KES					100.5
This value is rounded up to Kes 2,500 per person per month					
B. Determination of in-kind and cash amounts					
Commodity	In-kind ration level for HHs (Kilograms per person per month)	Cash Entitlement (per person/month) in KES		Cash Entitlement (per person/month) in USD	
Value of In-kind Transfers					
Cereals	210	624		6.21	
Pulses	1.8	281		2.79	
CSB+	1.05	120		1.19	
Oil	1.2	244		2.43	
Total Value of in-kind transfers - KES		1,269		13	
In-kind/Commodity Values Converted to Cash					
Cereals	210	624		6.21	
Milk	3	348		3.46	
Dark Green Vegetables	3	192		1.91	
Sugar	0.15	24		0.24	
Salt (Iodized)	0.15	8		0.07	
Total Value of Cash Transfers		1,195		12	
Total Value of the food Basket		2,463		24.51	

3.9.3 JAM Participants

3.9.3.1 Dadaab JAM Participants

General	Name	Organization	Sector 5	Environment, Cooking energy & WASH	
1	Felicia Mandy Owusu (JAM Coordinator)	UNHCR	65	Osman Y Ahmed - Team Lead UNHCR	
2	Felix Okech (JAM Coordinator)	WFP	66	David N Mbugua - Team Lead WFP	
3	John Burton Wagacha (JAM Lead)	UNHCR	67	Agnes Cheronno UNHCR	
4	Ruth Amatalo (JAM Lead)	UNHCR	68	Evans Nyangano UNHCR	
5	Jana Elza G De Graef (Donor Representative)	Belgian Embassy	69	Abdilatif Ahmed Haret County Government	
6	Calogero Di Gloria (Donor Representative)	ECHO	70	Chris Ogutu PWJ	
7	Guy Avognon (Dadaab JAM Lead)	UNHCR	71	Halyma Salim PWJ	
8	Peter Otieno (Dadaab JAM Lead)	WFP	72	Kassim Abdi RRDO	
Sector 1	Food security and coping mechanisms			73	Dennis Owino CARE
9	Allan Kute (National Team Lead)	WFP	74	Hassan Shire Farah FaIDA	
10	Colin Buleti (Team Lead)	WFP	75	Abdihakim Issa FaIDA	
11	Abdullahi Mohamed Maalim	DRS	76	Shire Abdi Haye MSF	
12	Rael Mukesa	KRCS	77	Muna Noor WFP	
13	Vincent Nyangala	KRCS	78	Siyat Gedi WFP	
14	Dr. Haret Hambe	Garissa County Government	Sector 6	Livelihoods & self reliance	
15	John Mwangi	CARE	79	Ibrahim Guliye (Team Lead) WFP	
16	Sophie Wanyonyi -WFP	WFP	80	Hassan Aden UNHCR	
17	Charles Egambi - WFP	WFP	81	Longinus SEGE WFP	
18	Mohamed Abdi Guliye	Garissa County Government	82	Hussein Salan Inkomoko	
19	Stephen Karugo	CARE	83	Mohamed Mukhtar NRC	
Sector 2	Supply Chain Management (Food & Non-Food)			84	Samwel Owino Okawa DRC
20	Simon Wamalwa (Team Lead)	WFP	85	Alex GACHAHI HI	
21	Hussein Baraki	WFP	86	Khadija Shabel UNHCR	
22	Tomas Chika (National Team Lead)	WFP	87	Habiba Mohamed WFP	
23	Hanna Kibiro	UNHCR	88	Faith KATHOKA WFP	
24	Yaqub Ismail Bare (Team Lead)	UNHCR	89	Margaret Nyawira UNHCR	
25	Mahmud Mohamed Absura	UNHCR	90	Zippy MBATI WFP	
26	Issa Harun Mohamed	Garissa-sub county admin	Sector 7	Coordination and Partnerships	
27	Frigustus Makau	Peace wind Japan (PWJ)	91	David Mulbah (Team Lead) UNHCR	
Sector 3	Education and School Feeding			92	Florence Lanyero WFP
28	Priscillah Komu - Team Lead	WFP	93	Jane Waitheera RCK	
29	Salat Kuno Abdi - Team Lead	UNHCR	94	Petronillar Mueke Muthui DRS	
30	Alex Musa Omuhinda	LWF	95	Serah Chelangat DRS	
31	Duncan Kamau	WIK	96	Florence Lanyero WFP	
32	Abdinoor Ibrahim	WIK	97	Emily Byaruhanga UNHCR	
33	Benson Sitati Tongolo	WIK	98	Joshua Mugambi WFP	
34	Wakhule Kutsushi	Save the children	99	Edward Mugweru UNHCR	
35	Paul Ondieki	WFP	100	Hilda Ngare RCK	
36	Jane Maweu	Save the children	101	Ahmed Idriss Abdullahi Dadaab-Police Service	
37	Abdi Adan	LWF	102	Zeinabu zeirukh Mohamed Dadaab-Police Service	
38	Mercy M. Wafula	NRC	103	Abass Sugal Dadaab-Police Service	
39	Stephen Obira	NRC	104	Florence Mwaura RCK	
40	Meimuna Muhumed	WFP	105	Moses Mukhwana LWF	
41	Walter Barongo	UNHCR	106	Jeroen Matthys MSF Swiss	
42	Lauren Anyango	HI	107	Yussuf Guliye MSF Swiss	
43	Yassin Farah	AVSI	108	Abdirahman Salat Sirat Wajir-sub county admin	
44	Mohamed Omar	AVSI	109	Mohamed Sahal Garissa County	
45	Baaqir Hadijah	LWF	Sector 8	Protection mainstreaming, Key Interest Groups (KIG),	
46	Ahmed Abdullahi	County Government of Gariss	110	Duncan Omulo WFP	
47	Christine Omondi (Team Lead)	WFP	111	Ruth Amatalo (Team Lead) WFP	
Sector 4	Health and Nutrition			112	Martha Kow Donkor UNHCR
48	Nelly Saiti (Team Lead)	WFP	113	Zenobia Mushi , UNHCR	
49	Sofia Mohammed (Team Lead)	UNHCR	114	Nicholas Midiwo UNHCR	
50	Caroline Chiedo (National Team Lead)	WFP	115	David Magolo UNHCR	
51	Catherine Wakesho - WFP	WFP	116	Malyun Hassan UNHCR	
52	Hannifa Abdinoor- WFP	WFP	117	Ali Sugow UNHCR	
53	Elizabeth Andere	LWF	118	Ibrahim Bare UNDSS	
54	Jeremiah Mbithi	MSF	119	Annete Opiyo RCK	
55	Mohamed Ali Issack (Manuri)	MSF	120	Jane Maina RCK	
56	Athanas Kongani Wamache	IRC	121	Mohammed Farah Ibrahim IOM	
57	Jonathan Mutuku	IRC	122	Jacob Ireri LWF	
58	Cliff Ondieki	IRC	123	Abdihakim Barrow NRC	
59	Sharon Chepkorir	IRC	124	Fardosa Shale TDH	
60	Victor Jobondo,	IRC	125	Yussuf Madobe TDH	
61	Ouma Samwel	KRCS	126	Pacific Oriato MSF Swiss	
62	Hussein Abdi	KRCS	127	Jackline W. Wambua MSF Swiss	
63	Eva Chumo	KRCS	128	Dr. Nicole Mubuto MSF Swiss	
64	Abdi Sheikh Mohamed	MOH-Garissa	129	Jane Ambale, IRC	
			130	Ali Ahmed-ifo DRC	
			131	Yasmin Hassan-Dag DRC	
			132	Feiza Mohamed WFP	
			133	Abdikadir Arab Abdi Garissa County	
			134	Abdullahi Idle County Government	

3.9.3.2 Kakuma JAM Participants

General #	Name	Organisation	General #	Name	Organisation
General			General		
1	Felicia Mandy Owusu (JAM Coordinator)	UNHCR	54	Mark Muriuki	Danish Refugee Council (DRC)
2	Emmanuel Bigenimana (JAM Coordinator)	WFP	55	Wambui Kangethe	Lutheran World Federation (LWF)
3	Felix Okech (JAM Coordinator)	WFP	56	Joseph Kyutha	(FCA)
4	John Burton (JAM Lead)	UNCHR	57	Lilian Cherotich	Norwegian Refugee Council (NRC)
5	Ruth Amatalo (JAM Lead)	WFP	58	Abdirahman Jama Egal	Community Leader
6	Zippy Mbatii (JAM Lead)	WFP	59	Dennis Eipa	NRC
7	Arnaud Dupuis (Donor Representative)	French Embassy	60	Carolyne Onyango	Windle International Kenya (WIK)
8	Alderin Ongwae (Donor Representative)	U.S Embassy	61	Francis Kagutha	WIK
9	Daniel Ryan (Donor Representative)	U.S Embassy	62	Nancy Tabot	LWF
10	Anita Oberai (Donor Representative)	U.S Embassy	63	Elizabeth Wanjiku	LWF
11	Matteo Paoltroni (Donor Representative)	ECHO	64	Melvin Kirunja	Jesuit Worldwide Learning (JWL)
Sector 1 Food security and coping mechanisms			Sector 5 Environment, cooking energy and WASH		
12	Samal Lokuno	WFP	65	Christine navalayo	SNV
13	Amina Abdille	UNHCR	66	David Komolo	LOKADO
14	Mercy Williams	WFP	67	Clifford Ekai	DRS
15	Mohsen Alavian	UNHCR	68	John Ekunoi	Kenya forest
16	John senga	UNHCR	69	Kennedy Sagwa Muzee	UNHCR
17	Harrison Kioko	LOKADO	70	Mercy Kanini Mutavi	UNHCR
18	James Nadongiro	World Vision	71	Joan Mwitii	NRC
19	Dennis Ekitela	Equity Bank	72	Dorothy Moga	NRC
20	Edwin Juma	Safaricom	73	Evelyn S. Tumaina	PWJ
21	Allan Kute	WFP	74	Trizebel Oliwa	PWJ
22	Deborah Ekunoi	WFP	75	Oscar Nabiswa/Temesgen	UNHCR
23	Ereng DRS	DRS	Sector 6 Livelihood and Self Reliance		
24	Brian Beuttah	PWJ	76	Gideon Loitale Ang'elei(Subcounty)	County Government - Trade
Sector 2 Supply Chain Management			77	Aggrey Wamocho(Subcounty)	Country Government -
25	Samuel Etabo	World Vision	78	Eliaf Mwehia	DRC
26	Joel Macharia	NCCK	79	Musa Tioko	GIZ
27	William Ekuwam	IRC	80	Edwin Odhiambo Siala	DCA
28	Samuel Lorisae	Country Government - Trade	81	Fr. Jose	Don Bosco
29	Shadrack Esinyon	PWJ	82	Alex Namusasi Masitsa	Inkomoko - Private Sector
30	Pascal Mugiraneza	UNHCR	83	Christine Khavetsa	WFP
31	Thomas Chika	WFP	84	Margaret Mwangi	UNHCR
32	Allan Epetet	PWJ	85	Edith Imbolokonye Ingutia	UNHCR
33	Samuel Keben	WFP	86	Faith Kathoka	WFP
34	Joshua Ochieng	PWJ	87	Sabur Atrafi	UNCHR
35	Safulah Zahid	UNHCR	88	Dominic Biwott	United Kingdom - FCDO
Sector 3 Health and Nutrition			89	Hilda Thuo	LWF
Sector 7 Coordination and partnership			Sector 8 Protection mainstreaming, Key Interest Groups (KIG), Host community, Security		
36	Dr Jesse Wambugu	UNHCR	90	Cyrille Ble-registration	UNHCR
37	Sarah Ayodi	WFP	91	Florence Lanyero	WFP
38	Dr Kefa Otieno	IRC	92	Felix Okech	WFP
39	Wycliffe Lihanda	IRC	92	Thulani Tshabangu	UNHCR
40	Vincent Opinya	IRC	93	Adama Zongo	UNHCR
41	Dr Henry Sin'goel	AICHM	93	Winstan Otieno	UNHCR
42	Aurelia Seleyan	AICHM	94	Natalie Etienne	UNHCR
43	David Chesire	Red Cross	94	Chris Losutu	DRS
44	Sharon Chumba	Red Cross	95	Felicia Mandy Owusu (JAM Coordinator)	UNHCR
45	Caroline Chiedo	WFP	Sector 8 Protection mainstreaming, Key Interest Groups (KIG), Host community, Security		
46	Lynette Ekadeli	County Government - Health	96	Collins Ngetich	UNHCR
Sector 4 Education and school feeding			97	Collins Naweet	UNHCR
47	Ali Duale	UNHCR	98	Lokale Paul	DRC
48	Sarah Musengya	UNICEF	99	Robin Masinde	UNHCR
49	Joy Maraka	UNHCR	100	Anne Mungai	DRC
50	Christine Omondi	WFP Regional Bureau	101	Doris Rutto	DRC
51	Margaret Nyawira	UNHCR	102	Moses Mateyi	LWF
52	Boniface Wanganju	WFP	103	Sharon Kagweyi	LWF
53	John Kul	Finn Church Aid (FCA)	104	Mark Amiyo	County Government - Social Protection
			105	Hellen Emojo	County Government - Gender Officer