

January 17, 2014

Period 13 January - 16 January, 2014

Inter-Agency Mission Participants: UNHCR and UNICEF with CDS, WVI, LWF, NRC, IRC, CWSK

Context

Kakuma Camp was established in 1992, following the arrival of the 16,000 Sudanese “Lost Boys” and “Lost Girls”, minors who together with 200 caretakers undertook a hazardous five year odyssey after flight from the civil war in South Sudan to Ethiopia and eventually arrived in Kakuma, Kenya. As of 30 November 2013, the camp population stood at 128,009¹ persons, with 44,989 coming from South Sudan. Kakuma Camp is approximately 12 sq. kilometres, and is divided into Kakuma I, Kakuma II and Kakuma III within this perimeter. Kakuma Town is located in Turkana West Sub County in Turkana.² The local population in Kakuma is estimated to be around 100,000 and are increasingly changing their lifestyles from the previously predominantly agro – pastoralists to a more settled community around the areas of the camps.

In 2013, the total figure of new arrivals registered was 16,902, with an average registration rate of 1536 persons /month. By the end of 2013³ the camp already hosted 11,000 unaccompanied and separated children (UASC⁴).

The host community in Kakuma has co-existed with the refugee population since the Kakuma camp was established. The relationship between the two groups have several child protection implications. A survey⁵ carried out in Kakuma in 2011 estimated that over 1,000 children are economically active. Many families in the Turkana community are riddled by poverty and rely on income generated by children for survival, thereby making child labour widely acceptable among the community members. The assessment further estimates that the majority of child labourers working in the refugee camp are from the host community and that 300 children are engaged in hazardous work. With the current influx it is expected that the number of child labourers from host community will rise.

Scope /Scale of the situation



Figure 1 Unaccompanied South Sudanese Children Arriving at Nadapal
Photo: Photo: M.Limbu/UNICEF

As of 16 January 2014, Kenya had received **8,900⁶** refugees from South Sudan following the deadly clashes that began in the capital Juba on 15 December 2013. Most of the arrivals are from Jonglei state, Eastern Equatorial, Unity and Kordofon in South Sudan. After arriving at the border point called Nadapal, the South Sudanese refugees are transported by UNHCR to the 3 different reception centres: the Old reception centre, Juba reception centre and Malakal reception centre. From the reception centres, refugees are allocated spaces in the "new" refugee camp site provided by the Government. The

¹ 13 January 2014, Statistics, update on Influx, UNHCR

² 30 November 2013, UNHCR Sub Office Kakuma Operation

³ December 2013, UNHCR data

⁴ “Separated children are those separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. Unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives, and who are not being cared for by an adult who, by law or custom, is responsible for doing so.” (Minimum Standards for Child Protection in Humanitarian Action, p. 117)

⁴ 2014 January, UNHCR Statistical Report for January

⁵ 2011, Assessment report on child Labour and sexual exploitation at Kakuma, Government Department of Children Services in Collaboration with UNHCR and LWF

⁶ 16 January 2014, Head of Sub Office UNHCR Kakuma,

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new site is next to Kakuma Camp III. The UNHCR camp management has demarcated space for temporary shelters in the "new" camp with the capacity of holding 20,000 – 25,000 refugees.

As UNHCR estimates between 400 to 500 new arrivals daily, the numbers of South Sudanese refugees continues to grow. A Community Services /Protection Delivery Unit mission report⁷ highlighted large numbers of children among the new arrivals, including separated/unaccompanied minors. Key reasons for separation is cited as the ongoing fighting in South Sudan, where some children have seen their parents killed, others have become separated from parents and arrived with other relatives or alone, while some have indicated that they were sent away by their parents for safety when the war intensified finding themselves in Kakuma.⁸ As of 15 January 2014, 4898 children (boys 2660, girls 2238) have arrived in Kakuma as part of the new influx. 1133 were separated (boys 681, girls 452) of which 149 (89 boys, 60 girls) were unaccompanied minors.⁹

Objectives:

The aim is for the assessment findings to enable actors within the humanitarian community as well as the Government of Kenya to effectively and efficiently respond to the new influx of refugees from South Sudan. The main objective of the Kakuma Multi Agency Initial Rapid Assessments are to:

1. Get a clear understanding on refugees arrivals and its humanitarian impacts following the recent influx from South Sudan;
2. Conduct assessments and collect data to review the humanitarian response to date and identify gaps;
3. Determine the scale of the needs and protection risks for the newly arrived South Sudanese children in the Kakuma refugee camp
4. Understand how different groups are affected and establish their priority needs;
5. Highlight key priorities and gaps for the purposes of resource mobilization and advocacy.

This report summarizes preliminary findings from the 4 –day Kakuma Inter Agency Initial Rapid Assessment conducted between 13-16 January, 2014.

Methodology

1. Contextualization of the global Child Protection Rapid Assessment (CPRA) tool and Kenya Initial Rapid Assessment (KIRA) mechanisms with local partners Kakuma Refugee Camp.
2. A CPRA with adjusted methodology and scale was carried out which included Key Informant Interviews, direct observations and Focus Group Discussions in addition to desk review.
3. Secondary data analysis with information received from various sources, briefings from Government authorities and partners on the ground like UNHCR, UNICEF, Child Welfare Society Kenya (CWSK), International Rescue Committee (IRC), Lutheran World Federation (LWF), Norwegian Refugee Council (NRC) and Government of Kenya Department of Refugee Affairs (DRA)
4. Multi Sector, multi-agency assessment team composition (UNHCR, UNICEF, LWF, NRC, IRC, CWSK, World Vision) with specialists working in sectors like Protection (UNHCR), Child Protection (UNICEF), Water, Sanitation and Hygiene, education, shelter/NFI, camp coordination and camp management.
5. Field Visits, community and key informant interviews, focus group discussions with children, direct observation conducted in 1) 3 UNHCR reception centres in Juba, Malakal and Old Reception Centres where refugees are settled temporarily after arriving from the border, 2) 1 new site where refugees are allocated temporary shelters with capacity to hold 20,000 – 25, 0000 refugees and 3) Nadapal border – the first entry point for South Sudanese Refugees. In the border transit point, care was

⁷ 3 January 2014, Report - Fact finding mission at the Reception centre

⁸ Before the current crisis, Kakuma had 2700 Unaccompanied Minors and 9000 Separated Children.

⁹ 15 January 2014, Lutheran World Federation case management information.

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taken not to exhaust already tired and anxious refugees and hence limited key informant interviews (especially focused on child protection) and only 1 community discussions were conducted.

6. Multi-agency, multi-sectoral joint consolidation, analysis and verification of primary data conducted during the multi-agency initial rapid assessment. Debrief of the mission findings with the local partners in Kakuma and Lodwar as well as mission finding shared with Donor team conducting field visit on 17 January 2014.
7. Preliminary findings to be shared on 17th January 2014 and final report to follow on 24 January 2014.

Note: For detailed participants list from the rapid assessment, please refer to Annex D.

Humanitarian Response/Capacity on the Ground

Coordination and information sharing among partners and community on issues of health, WASH, child protection, nutrition, shelter/NFI and education has been ongoing since the outset of the current refugee influx. As a result a guiding document was developed jointly on the onset. Additionally, weekly inter-agency meetings on multi sectoral issues are held regularly to have a common understanding of the evolving situation and develop recommendations and action point jointly.

Coordination: UNHCR Kakuma sub office and Department of Refugee Affairs (DRA) are coordinating the refugee response in Kakuma. Immediate lifesaving humanitarian support have been provided by UNHCR and partners on the ground. In Kakuma the ongoing humanitarian responses are mainly supported through the three reception centres in Kakuma Refugee Camp, namely the Old reception centre (the main reception centre), Juba and Malakal. Coordination meetings are held on a weekly basis.

Ongoing response: Immediate humanitarian response toward the current refugee influx in Kakuma Refugee Camps includes intervention in child protection, WASH, Health, Food and Nutrition, Education and Shelter/NFIs.

Child Protection: LWF has conducted case management, including BIAs/BIDs for 328 children, in the Old reception centre. Waldorf provide psycho-social support at the Old reception centre. UNHCR provide coordination among child protection actors and make specific follow up of child protection cases referred by partners. UNICEF has dispatched child friendly NFIs, such as ECD kits, to the LWF child protection programme. There are two save havens facilities (the save haven for boys above 10 years and the regular save haven for women and children including younger boys) in need of care and protection in Kakuma that could potentially provide support to children although they are already operating at full capacity.



Figure 2 one of the new reception centres hosting South Sudanese refugees in Kakuma Refugee Camp. Photo: Photo: M.Limbu/UNICEF

Nutrition¹⁰: IRC, MSF and County Health Management Team (CHMT) conduct malnutrition screening at the border point and reception centres. Provision of targeted wet feeding for 6-23 months at the reception centre is on-going. Targeted MIYCN activities targeting the Reception centres and new arrival settlement areas is being scaled up. UN-WFP provides high energy biscuits for refugees at Nadapal border.

¹⁰ 15 January 2014, Inter-agency contingency planning and response meeting

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Shelter and NFI: NFIs such as family kits, mosquito nets, light weight tents, tarpaulins and transitional shelter have been provided by UNICEF, UNHRC, IRC, NCK and LWF. Communal pit latrines have been excavated and firewood and stoves have been provided by NRC.

WASH: Water services such as supplying water in the new site, reception centres and at the border is carried out by LWF and UNHCR. Sanitation including construction of latrines is carried out by NRC at the reception centre and the new site, and training and material is provided. UNICEF has provided collapsible tank, jerricans, buckets and chlorine-20 drums.

Health¹¹: At the Nadapal border, IRC, MSF and MOH conduct clinical screening, disease surveillance vaccination of children. At the reception centres IRC conducts health information dissemination, distributes insecticides treated nets and provide medical support to SGBV survivors.¹²

Education¹³: In all sites, no education services have being established. Sites for putting up temporary learning spaces in the new site have being mapped out. UNICEF has provided learning materials (children's kits), floor mats and play materials.

Information: Information Dissemination to new arrivals is on-going. All partners in various sectors engage Film-aid to design messages and share out through films, announcements.

Available Resources on the Ground: UNHCR has NFI sets that can cater for 10,000-15,000 individuals¹⁴ (13,794 jerry cans, 2440 kitchen sets, 550 tents, 12, 784 plastic sheeting, 14500 blankets, 36650 plastic mats). Additional supplies of NFI's and 3000 tents are expected. UNICEF has therapeutic nutrition supplies and equipment (500 RUTF, F75 and F100) that can be preposition to the camp. UNICEF mobilized additional 10,000 x 10 litres buckets, 1,500 x 20 litre jerry cans, 20 drums of chlorine and 1 collapsible water tank with taps in pipeline upon request from UNHCR Kakuma.

Priority Needs

In support of the ongoing response, additional assistance would be required for separated and unaccompanied children, children under five, school going age children, lactating mother and pregnant women, women with children, people living with disabilities and elderly. The overall needs identified are child protection programming such as strengthened case management including psycho-social support and alternative care, improvement in food quality¹⁵, additional provisions of WASH services, Shelter/NFI¹⁶ due to congestions, weather friendly tents in the refugee reception centres and also in the new site allocated for the 20,000 refugees, provision of education services for the high number of children and youth. Priority locations for immediate humanitarian support are the new site where refugees from 3 reception centres are resettled, all three reception centres and the border transit point at Nadapal.



Figure 3 Inter Agency Kenya Initial Rapid Assessment - Women's Group Discussions lead by inter agency team. Photo: M.Limbu/UNICEF

¹¹ 15 January 2014, Inter-agency contingency planning and response meeting

¹² 15 January 2014, Inter-agency contingency planning and response meeting

¹³ 14 January 2014, UNHCR situation report

¹⁴ 16 January 2014, UNHCR Sub Office Kakuma

¹⁵ Food: During community group discussions with the South Sudanese Refugees and during Key Informant Interviews on Child Protection issues, most of the refugees acknowledged the availability of the food. However, the quality and the unavailability of food for under 5 came up strongly.

¹⁶ NFI/Shelter: In the reception Centers, congestions reported as major problem. In the Nadapal, the boarder transit points, refugees are in need of blankets and plastic sheeting for overnight waiting.

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Summary of identified issues for children, women and men by location:

Locations	Needs for Children (Child protection issues)	Needs for Women	Needs for Men
In All 3 Reception Centres	A high number of children are reported to be separated or unaccompanied and require effective and efficient case management including alternative care arrangements. Many children suffer from psycho social distress and need psycho social support.	In the order of priority: Food, WASH, Shelter/NFI, Education The most vulnerable: young children, elderly, expectant mothers, children of school going age	In the order of priority: Food, WASH, Shelter/Health The most affected groups: children under 5, elderly, pregnant and lactating mothers, people with disabilities, people with special needs, school going age children.
New Site	Limited site security leading to intrusion from host community affecting children. Physical violence based on inter-ethnic conflict reported between Dinka and Nuer children. Awareness raising on child rights, specifically relating to sexual violence and abuse is needed.	In the order of priority: Food, WASH, Shelter. The most vulnerable: Children < 5, Aged, People with disability, Pregnant and lactating mothers, Married couples, youth	In the order of priority: Food, Education, WASH/Health The most vulnerable: Children under 5yrs, pregnant and lactating women and elderly persons
Refugees in the Border - Nadapal	Many children display psychosocial distress symptoms. The identification of unaccompanied children is difficult due to the continuous movement. Children lack a safe waiting place, where they can rest, get shade, and play.	In the order of priority ¹⁷ : Water, Food , NFI, health The most affected groups: All new arrivals from South Sudan <i>with</i> focus on Children under 5yrs, pregnant and lactating women and elderly persons. Summary Key Informant: Not adequate drinking water to feed high energy biscuits to under 5 children, age appropriate food for under 5 and logistics support need for health issues.	
For more detailed breakdown by location, please refer to Annex A.			

Summary of findings by Vulnerable groups by Sector

Vulnerable Group	Sectoral needs
Children (under 5 years)	Immediate child protection support through case management and psycho-social support. Need for Food, nutrition and health services fit for under 5 years.
School going age children and youth	Immediate child protection support through case management and psycho-social support. Need for education for youth and safe spaces for school going children.
Pregnant and Lactating Mothers	Need weather friendly shelter, improved food quality, WASH and health services.

¹⁷ Note: In the boarder transit point, care was taken not to exhaust already tired and anxious refugees and hence limited key informant interviews (especially focused on child protection) and only 1 community discussions were conducted.

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Elderly	Need for weather friendly shelter, improved food quality, WASH facilities and services
People with disability	Need appropriate WASH facilities and services, food quality, shelter
Married couples	Issues of privacy
For more detailed breakdown of the vulnerable groups needs by sector, please refer to the Annex.	

Child Protection summary of findings by location

Locations	Child Protection Sectoral Needs/Most affected groups
3 Reception Centres: Juba, Malakal and Old Reception Centre	Separated and unaccompanied children need case management including alternative care. All children need psycho-social support.
New Site	Separated and unaccompanied children need case management including alternative care. All children need psycho-social support. Community support mechanisms should be strengthened. Awareness raising on child rights/sexual abuse needed. Security needs to be strengthened.
For more detailed breakdown of Child Protection issues by location, by vulnerable groups, please refer to Annex B and C.	

Host community: While discussing with a section of the host community members neighbouring the new site allocated for the incoming South Sudanese refugees, the assessment team observed that refugees and the communities mutually co-exist without major concerns or conflict. Whilst the communities are well aware about the circumstances of the arrival of the refugees in the new camp, the community expressed that access to resources such as water and local employments will be directly impacted by the new arrivals. In addition the locals are also concerned that the influx may lead to increased drinking and a general increase in violence in Kakuma Refugee Camp and the surroundings.

New reception centre at border transit in Nadapal: The joint assessment team from UNHCR, DRA, WFP and other partners visited Nadapal on 15 January 2014 and agreed to open a reception centre at Nadapal Kenya/South Sudan border with facilities including security screening, immigration, DRA, medical services and water with a view to providing better service to refugees at the border. Efforts to improve sanitation and water supply facilities have continued while MSF Belgium offers medical services and vaccinations at the border. WFP has introduced distribution of high energy biscuits to new arrivals at Nadapal.

Gaps in General

- **Child Protection:** Lack of protection services available for children, including inadequate number of case workers such as paediatric counsellors and social workers. There is weak implementation of the referral pathways and a lack of capacity building, satellite field offices and logistics to enable efficient and effective case management. The number of identified and trained potential foster parents for UASC is insufficient. There is a lack of Safe spaces and playgrounds for children in need of care and protection. There is insufficient targeted material support to meet the needs of most vulnerable children e.g. adolescent girls and unaccompanied children. The inter-agency coordination mechanism for child protection is overstretched.
- **Food/Nutrition:** Despite WFP's contingency plan for 5,000 – 10,000 persons, lack of quality (including information on how to cook) on the current food provided makes it unpalatable for most individuals at the reception centres. There is provision of CSB++ cereal for special diet for children 6 to 23 months. However there is no special diet for other special groups such as the elderly. At the border point of Nadapal the high energy biscuits provided does not reach all the people. This is due to the fact that WFP has not identified an implementing partner to be stationed at the border, and instead operate from their offices in Kakuma every day. Those that do not get transport to Kakuma during the day of their arrival

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and need to return to South Sudan to spend the night are forced to stay without meals until the following day when they undergo the DRA clearance. The quantity of food distributed for refugees at the new site is has been above the recommended standard of >2100Kilocalories per person per day and is sufficient until the first cycle of February when most new arrivals will have undergone the registration process and therefore included in the manifest for regular feeding. Information dissemination on preparation of food, storage and hygiene is a major gap in the distribution cycle

- **WASH:** Insufficient water storage tanks and jerricans for collection and household storage in the reception centres and the new site, insufficient communal (special needs) latrines with hand washing facilities with soap, need to intensify mass hygiene and sanitation promotion and campaigns. Also need for 1 borehole in the border transit point and pipe network extensions in the new camp. Need for solid waste landfill, damp sites and sanitation kits, 6 institutional latrines and sessions for hygiene promotion training. Also, fencing material for a protected area for managing solid wastes and also private vehicle hire for dumping on a landfill outside the camp. Need for additional 120 communal latrines out of which 20 will be for special needs. In the new camp, 6 ventilation improved pit/institutional latrines in new camps (separate for boys & girls) & 6 school WASH clubs trainings sessions, 120 latrine cleaning kits and 60 sanitation kits, including bar soaps are needed. Despite the availability of water bladders with capacity of over 10,000 litres in the Nadapal border transit point, there is a need for reassured water trucking from the concerned authorities.
- **Shelter/NFI:** In all reception centres, in comparison to the shelter demand created by the incoming refugees (i.e. average 500 people per day), there are limited or no spaces for temporary shelter constructions, inadequate mosquito nets, inadequate NFIs for persons with special needs (PSN) like the elderly and vulnerable minor. In the new site there are inadequate jerricans for fetching water and the provided firewood is inadequate for the recommended time. For new arriving refugee children at Nadapal border who could not board the UNHCR vehicle the same day, there are no provisions for NFI support like blankets, plastic sheeting and mosquito nets.
- **Education:** Lack of access to emergency education services for the incoming children especially for those at the temporary reception centres and the new site. Lack of space in existing schools which makes absorption of the influx of children impossible without constraining overstretched facilities, lack of materials to set up temporary learning spaces (school tents) and schools, lack of teaching and learning materials and recreational facilities & equipment, and lack of resources to recruit teachers and other education personnel.
- **Disaggregated Data:** Due to the rapid influx of refugees, although there is data available from DRA on daily arrivals, there is insufficient disaggregation according to age, sex and vulnerable groups. The UNHCR registration team is currently working out modalities to meet this gap.
- **Coordination:** Although various forums exists for sector specific coordination, there is a need for broader information sharing on who is doing what and where. There is also a need to strengthen intra-sectoral coordination for collaboration and cooperation. There is a huge staffing gap at the reception centres, staffing at the feeding centre in Nadapal.

NOTE on Health: In addition to WASH and Nutrition gaps that are closely associated with health, health partners on the boarder reiterated the need for additional health works in the border points as well as shortages of drugs. With high number young mothers, women and girls arriving – there is also gap of women physicians. As MSF confirmed 12 measles cases, there is an urgent need for additional medical supplies. Messages on how to access health services also need to be intensified at the new camp.



Figure 4 MSF providing health services to the new arrivals at the Border Point. Photo: M.Limbu/UNICEF

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Figure 5 Day 3: UNHCR/UNICEF with Humanitarian Partners discussing and finalizing the KIRA assessment findings together as a group on 15 January 2014. Photo: M.Limbu/UNICEF

Recommendations

Based on the ongoing response and the current needs, following are the recommendations summarized by sector:

Child Protection

- A child protection expert should be deployed /employed working group coordinator to be employed to strengthen the coordination of the child protection in the camp including capacity building of partners.
- Professional staff for case management including social workers, paediatric counsellors and child protection information management officers to be employed for all sites.
- Enhance logistical support for case management, especially follow up and monitoring.
- Safe spaces and playgrounds should be established in each reception centre and in the new camp site. A temporary safe space should be established at the border crossing.
- Targeted material support for the most vulnerable children should be provided at all sites.
- Support for the formation of community child protection mechanisms in the new site and strengthening of existing structures for both refugee and host community should be provided, e.g. to enhance alternative care arrangements. Linked to this should be awareness raising on child rights and child protection.
- Existing Programs on Family Tracing and reunification should be enhanced, including cross-border information sharing.
- A follow up child protection assessment should be carried out when/if the number of refugees increases, tentatively when the population exceeds 20,000 or after 6-8 weeks.

Food/Nutrition¹⁸:

- Continue wet feeding for CSB++ to children 6 to 23 months and liaise with community services in identification of vulnerable groups at the reception centres in order to offer appropriate nutritional support
- At the border point (Nadapal) expedite establishment of transit centre in order to begin wet feeding, intense screening for malnutrition by Weight for Height as opposed to MUAC screening currently being done, consequently ensure provision of therapeutic supply that would include RUTF, F100, F75 and Resomal, for treatment of SAM and MAM. Depending on need, temporary tents and other supplies should be provided to serve as stabilization centres in Nadapal and extension of the existing stabilization centre at the main camp hospital.
- Scale up the blanket supplementary feeding for 6-23 Months at the new site and strengthen the linkage with growth monitoring, Health education and nutrition counselling.
- Provision of therapeutic supply that would include RUTF, F100, F75 and Resomal, for treatment of SAM and MAM at the Nadapal border and the camp.

¹⁸ Note: Even though, Food and Nutrition are different “issues”, the rapid assessment analysis team grouped it together to reflect how the information were received from the affected refugees during primary data collection.

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- Provision of anthropometric equipment to be used for nutritional assessments and nutritional monitoring.
- Additional support for institutional feeding at the receiving hospital for referrals in Lokichoggio and the main camp hospital and for in-patient and caregivers.

WASH

- Formalize water trucking arrangements to supply water at the border point. Explore longer term solutions for supplying water in new camp for example improving water storage and distribution capacity through construction of elevated steel tank(s).
- More boreholes to be drilled to increase water accessibility and distribution
- More water containers 10-20 liters to fetch and store water to be supplied to meet the needs of the incoming refugees
- The personal hygiene kits distribution to be increased
- Soap for mass soap distribution for hand washing together with the hand washing facilities to be distributed at the new sites
- In order to increase coverage in the camp to cope with the influx, more communal latrines to be done on a daily basis in the new sites especially
- Solid waste disposal and latrine cleaning kits distribution to be increased in the transit centres and also at the new site
- Water distribution pipe network networks to be extended to cover for the new sites
- In order to meet the increased water demands and sort of maintain the water pressure in the existing system, additional overhead tanks are required for the benefit of the whole camp
- For the transits centres some additional Pvc/plastic tanks with sets of taps are still required to meet the increased water demand at the centres
- Generators / Solar Panels and submersible pumps for the new boreholes to be drilled
- Due to the increased demand of WASH services in the camp, additional WASH partners are needed to support the partners already on the ground.

Shelter/NFI

- Funding needed for additional tents and NFIs for all the centres and additional land at both reception centres and the new sites for expansion.
- Establish safe spaces for children at the new site and at Nadapal border point, and a school at the new site.
- Establish temporary shelters at Nadapal border point to be used by refugees on transit to Kakuma.
- Provision of Kitchen kits for wet feeding at Nadapal.
- Additional tents and equipment for establishing stabilization centre at Nadapal.
- Provision of additional NFIs in anticipation of an increase of refugee influx.

Education (for the new site):

- Set-up of temporary learning spaces in the form of tents and coordination with the WASH sector to support water and hygiene requirements
- Education actors should work in collaboration with child protection actors on providing psycho-social support and establishing child friend/safe places in schools, the new site, and in reception centres.
- Provision of basic teaching and learning materials including distribution of individual learner kits (exercise books, pens, pencils, eraser and sharpener). Other materials such as textbooks, chalk and recreational materials(e.g. skipping ropes, footballs etc.) will be required
- Coordination with WFP to provide School Meal Programme(institutional feeding programme) to the temporary learning centres that will be established
- Identification, recruitment, training and incentive provision for local teachers
- Reactivation of the Education Coordination Group Meetings

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Health:

- Strengthen health screening of incoming refugees at the boarder point
- Strengthen health sector coordination and mobilize additional resources to meet the increased needs in terms of health supplies and health staff in all the sites visited including boarder point.
- Closely monitor measles cases and provide additional resources as and when needed.
- Ensure effective communications on health services related information to the new arrivals in appropriate languages.

Communication: Strengthen communication mechanisms of partners in the Kakuma refugee camp to sensitize the community on issues of health, WASH, child protection, nutrition, shelter/NFI and education.

Coordination: Advocate for improved information sharing and coordinated humanitarian response for the South Sudanese Refugees arriving in Kakuma Refugee Camps. Recruitment of additional national and incentive staff to beef up the existing team of staff at the reception centre, new site and Nadapal border.

Chronology of the revisions to the rapid assessment report:

- *The first preliminary findings from the Kakuma Refugee Influx rapid assessment was first shared with local humanitarian partners on 16th of January 2014, Thursday. Based on the recommendations made, the report was further revised.*
- *On 17 January 2014, the team leaders shared the preliminary finding from the 4 day rapid assessment to the visiting Donor team¹⁹ in Kakuma Refugee Camp.*
- *The report was finalized on 28 January 2014.*

¹⁹ Donor representatives from DFID, USAID, ECHO, PRM , Jica (Government of Japan) including Deputy Representative of UNHCR Kenya visited Kakuma Refugee Camp on 17th January 2014

Annex A: Summary of identified issues for children, women and men by location

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MALES			FEMALES		
LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES	LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES
Reception Centre: Malakal	Food	<ul style="list-style-type: none"> Food served is not suitable for children under five. The food was not well cooked/unpalatable Watery porridge for children 6 to 23 months. 	Malakal	WASH	<ul style="list-style-type: none"> Poor hygiene and sanitation causes diarrhoea and vomiting in children.
	Education	<ul style="list-style-type: none"> Learning activities discontinued. Lack of learning materials-pens, books, teacher The individuals at the shelter are new arrival and school facilities not available at site. 		Shelter/NFIs	<ul style="list-style-type: none"> No distribution of sanitary towels for adolescent girls and women. Inadequate non-food items.
	Water	<ul style="list-style-type: none"> Poor waste water drainage at the site. Water stagnation at the site. Long waiting time at the water point. Open defecation especially by children. No crowd control at the water taps. Uncomfortable with the sharing of latrines Not enough jerricans to fetch water. 		Education	<ul style="list-style-type: none"> Difficulty in school enrolment due to lack of ration card number. Lack of education continuity from South Sudan. Establish temporary spaces for learning. Provide teaching and learning materials.
	Child Protection	<ul style="list-style-type: none"> 50-100 separated children live in Malakal. Of them 31-50 are estimated to be unaccompanied. They are mainly boys 14 years and older. The children are mainly reported to be separated from their caregivers during flight. Many children display psycho social distress symptoms such as sadness and unusual crying and screaming. 			
Reception Centre: Juba	shelter	<ul style="list-style-type: none"> Refugees reported overcrowding within household shelters and lack of inter-shelter space NFI distribution shortage 	Juba	Food	<ul style="list-style-type: none"> Food provided is not similar to the diet in South Sudan. Lack of food variety and special provision for the aged
	Food Security	<ul style="list-style-type: none"> Lack of staple food Cases reported of refugees skipping days without eating due to poor quality of food provision Inability to purchase food in the local market to supplement the provided food Lack of suitable food the elderly 		WASH	<ul style="list-style-type: none"> water rationing and long queues reported Latrine shortage reported and no provision for children (lack of children potties) who do open defecation. No access to soap for hand washing and no hygiene messaging
	WASH	<ul style="list-style-type: none"> Insufficient water quantity resulting in water rationing and long water collection time Lack of sufficient water storage containers and request for Jeri can distribution No latrines provision for people with disabilities and the aged 		Shelter	<ul style="list-style-type: none"> Refugees reported overcrowding within household shelters and lack of inter-shelter space NFI distribution shortage

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MALES			FEMALES		
LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES	LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES
		<ul style="list-style-type: none"> Open defecation reported (especially for children) and inadequate latrines. No access to soap for hand washing and no hygiene messaging reported 			
	Child Protection	<ul style="list-style-type: none"> Over 100 separated children live in Juba. Of them 31-50 are estimated to be unaccompanied. They are mainly boys 14 years and older. The children are reported to be separated from their caregivers during flight. Many children display psycho social distress symptoms such as and unusual crying and screaming. 			
Old Reception centre	WASH	<ul style="list-style-type: none"> Install more water storage tanks and taps, to reduce the queuing time. There was evidence of open defecation. More potties to meet the needs of the families with young children. 	Reception Centre	Food	<ul style="list-style-type: none"> Food provided does not include their usual diet in South Sudan, Lack of food variety and special provision for children under 5 and the aged
	Food	<ul style="list-style-type: none"> The provided food is not properly cooked 		Shelter	<ul style="list-style-type: none"> Refugees reported overcrowding within household shelters and lack of inter-shelter space NFI distribution shortage
	Shelter/Health	<ul style="list-style-type: none"> There was need to provide large families with more beddings Need more jerry-can for water storages at the household levels Lack of usual foods for children under 2 – 5 years old Lack of information on how to Access health services 		WASH	<ul style="list-style-type: none"> water rationing and long queues Latrine shortage reported and no provision for children (lack of children potties) No access to soap for hand washing and no hygiene messaging
	Child Protection	<ul style="list-style-type: none"> 51-100 separated children live in Reception Centre. Of them 51-100 are estimated to be unaccompanied. They are mainly boys 5-13. The children are reported to be separated from their caregivers during flight. Some children are claimed by relatives in the camp for support through informal foster care. Many children display psycho social distress symptoms such as sadness and unusual crying and screaming. 			
New site	Food	<ul style="list-style-type: none"> The provided food is not appropriate for children especially under 5's. However a snack of porridge is provided targeting children 6 to 23 months to supplement the nutrients. The provided food is not diverse due to the current food basket which has cereal being served is only sorghum No enough firewood for cooking. 	New site	Food	<ul style="list-style-type: none"> Food provided is culturally different with what is eaten in the country of origin Not enough food, no fuel for cooking, inadequate cooking facilities due to rising incidents of stealing targeting the mentioned items and tents in new area. Majority of refugees cannot afford food from the market

Annex A: Summary of identified issues for children, women and men by location

January 17, 2014

MALES			FEMALES		
LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES	LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES
		<ul style="list-style-type: none"> • 			<ul style="list-style-type: none"> • Some of the coping mechanisms include: reducing the number of meals eaten in a day, sending children to eat with relatives and borrowing food from neighbours and friends.
	Education	<ul style="list-style-type: none"> • They don't have the ration cards so they cannot be enrolled in schools. • High number of school going children with no access to schools • Need to establish temporary spaces for learning. • Provide teaching and learning materials and let the refugee volunteer teachers engage the children. 		WASH	<ul style="list-style-type: none"> • Inadequate water at the drawing point. Majority practice open defecation due to fewer latrines available at the site • Inadequate soap for hand washing and solid waste disposal facilities not available • Exposure to hygiene messages is limited
	WASH/Health	<ul style="list-style-type: none"> • There is need more water containers • Install more water storage tanks and taps, to reduce the queuing time. • Latrines are not enough and the few that are there are too far, • There was evidence of open defecation, 		Shelter	<ul style="list-style-type: none"> • Inadequate shelter for the new arrivals
	Child Protection	<ul style="list-style-type: none"> • Concerns of insecurity due to intrusion from host community were reported, the site lack fencing and reliable security. • Physical violence was reported between Dinka and Nuer children at the water tap stand. • The community members reported that sexual abuse of children from 15 yrs. is likely to go unreported and untreated due to cultural norms. • Over 100 separated children live in New Site. Of them 31-50 are estimated to be unaccompanied. They are mainly boys between the ages of 5-14. The children are reported to be separated from their caregivers during flight. 			
Border Nadapal	Water	<ul style="list-style-type: none"> • No water available in the existing water bladders directly impacting children eating high energy food which requires high intake of fluid. 	Nadapal	Food	<ul style="list-style-type: none"> • Sharing of high energy biscuits with people who missed to get their ration..
	Food	<ul style="list-style-type: none"> • High energy biscuits provided to the refugees. However no food provisions for refugee who could not board the UNHCR transport that can hold up to maximum 500 passengers. 		WASH	<ul style="list-style-type: none"> • Not adequate drinking water to feed high energy biscuits to under 5 children. • Inadequate water supply. • Open defecation.
	Health	<ul style="list-style-type: none"> • At least 12 measles cases detected by MSF at the border health checkpoint. 		Shelter/NFIs	<ul style="list-style-type: none"> • Unavailability of blankets, shelters/plastic sheets and jerrican in the event that they are not able to travel to Kakuma due to lack of capacity in the bus.

Annex A: Summary of identified issues for children, women and men by location

January 17, 2014

MALES			FEMALES		
LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES	LOCATION	SECTOR	DETAILS OF SPECIFIC ISSUES
	Child Protection	<ul style="list-style-type: none"> • Many children display psycho social distress symptoms such as sadness and violence against younger children. • The identification of unaccompanied children is difficult due to the continuous movement at this site. • The separated children in this site are reported to be mainly less than five years old. • Currently children lack a safe waiting place, where they can rest, have shade, and play. 			

Annex B: Detailed Child Protection related Findings

Summary of Child Protection issues for by vulnerable groups, by location

January 17, 2014

BY SITE	Child Protection issue	Comments
Reception Centre: Juba	<ol style="list-style-type: none"> 1. Separation <ul style="list-style-type: none"> • Age group most affected is between 6-13 years • More than 100 children affected • Separation occurred during flight but also parents/care givers voluntarily sending children to extended family in Kakuma • There were more boys than girls separated from their primary care givers • Out the 100 separated children, between 31 and 50 were unaccompanied • There were more unaccompanied boys of 14 years and over • In some instances, Community members/ relatives have been noted to take children from the reception centre to care for them 2. Psychosocial Distress <ul style="list-style-type: none"> • Age group most affected is between 6-13 years • More than 100 children affected • One of the symptoms identified was: Unusual crying and screaming for both boys and girls 3. Physical violence <ul style="list-style-type: none"> • Across all age groups • Between 51-100 people affected 4. Source of information <ul style="list-style-type: none"> • Aid workers • Films from Film Aid 	<ul style="list-style-type: none"> • Physical violence mentioned here are mainly related to threats from the host community
Reception Centre: Malakal	<ol style="list-style-type: none"> 1. Separation <ul style="list-style-type: none"> • All age groups affected • Number of children affected is undetermined • Separation occurred due to death of primary care giver and also separation during flight • There were more boys than girls separated from their primary care givers with no difference in age group • Of the separated children, between 31 and 50 were mainly unaccompanied boys, 14 years or older • The Children stay at the reception centre or spontaneous foster care • The assessment shows that community members are ready to care for the children 2. Psychosocial Distress <ul style="list-style-type: none"> • Age group most affected is between 6-18 years 	

Annex B: Detailed Child Protection related Findings

Summary of Child Protection issues for by vulnerable groups, by location

January 17, 2014

BY SITE	Child Protection issue	Comments
	<ul style="list-style-type: none"> • Symptoms identified are: Sadness, unusual crying and screaming for both boys and girls, in addition to boys exhibiting disrespectful behavior • Number of cases identified range between 11 and 30 <p>3. Physical violence</p> <ul style="list-style-type: none"> • Age group most affected is between 6-13 years for both boys and girls • Number of cases identified range between 1-10 <p>4. Source of Information</p> <ul style="list-style-type: none"> • Aid workers • Telephone 	
Old Reception Centre	<p>1. Separation</p> <ul style="list-style-type: none"> • Age group most affected is between 6-13 years • More than 100 children affected • Separation occurred due to death of primary care giver and also separation during flight • There were more boys than girls separated from their primary care givers • Out the number of separated children, between 51 and 100 were unaccompanied • There were more unaccompanied boys than girls between the ages of 5-13 years • Relatives may take care of separated children • Site management would be informed if they saw a separated child <p>2. Psychosocial Distress</p> <ul style="list-style-type: none"> • Age group most affected is between 6-13 years • More than 100 children affected • Some of the symptoms identified were: Sadness and Nightmares for girls while boys exhibited is anti-social behavior and violence against younger children <p>3. Source of Information</p> <ul style="list-style-type: none"> • Telephone • Aid workers 	
Border Point: Nadapal	<p>1. Psycho-social distress is the main protection concern with sadness and violence against younger children being the main symptoms for both boys and girls.</p> <p>2. There are separated children caused by death of primary care giver and also separation during flight. The children are mainly under five years, but no difference between boys and girls. The assessment</p>	<p>Action: Need to have a mechanism to identify UAMs at the border</p>

Annex B: Detailed Child Protection related Findings

Summary of Child Protection issues for by vulnerable groups, by location

January 17, 2014

BY SITE	Child Protection issue	Comments
	<p>indicates that there are community members willing to care for the children themselves if they saw children without caregivers.</p> <ol style="list-style-type: none"> 3. Their main source of information are governmental officials 4. The children also lack a safe waiting place, where they can rest, have shade, and play. 5. Identification of UAMs is very difficult as people are on the move 4. 	
New Site	<ol style="list-style-type: none"> 1. Separation <ul style="list-style-type: none"> • Age group most affected is between 6-13 years • More than 100 children affected • There were more boys than girls separated from their primary care givers • Separation occurred due to death of primary care giver and also separation during flight • Out the number of separated children, between 31 and 50 unaccompanied • There were more unaccompanied boys between the ages of 5-14 years • Some unaccompanied children are taken care of by relatives who are already in the camp 2. Psycho-social, <ul style="list-style-type: none"> • Age group most affected is between 6-13 years • Between 51-100 children affected • Some of the symptoms identified were: Unusual crying and screaming, aggressiveness, and unwillingness to help caregiver for girls, while Boys exhibited anti-social behavior and violence against younger children 3. Source of Information <ul style="list-style-type: none"> • Aid workers • Friends and family 	<ul style="list-style-type: none"> • Physical violence in this case relates to fighting between Nuer and Dinka children over water tap stand, or where to hang clothes

Annex B: Detailed Child Protection related Findings

Summary of Child Protection issues for by vulnerable groups, by location

January 17, 2014

ISSUES	Findings	Comments
Priority CP Issues	<ol style="list-style-type: none"> 1. Separation from caregivers 2. Psychosocial distress 3. Physical violence <p>Children most affected for all three categories are between the ages of 6-13 with no clear difference between the gender</p>	<ul style="list-style-type: none"> • During flight • Death • Care givers sending children voluntary • Education used as a Trojan Horse to get children into Kakuma
Unaccompanied and Separated Children	Boys are more than girls in all the sites	The group analysis concluded that a reason for the higher level of UASC boys is that they move faster in an emergency and are easily released by their primary caregivers as opposed to girls who tend to move with their family for protection. Girls may also be more easily taken into foster care by their kin.
Care for Unaccompanied and Separated Children	<ul style="list-style-type: none"> • UASC can sometimes be taken to live with other members in the community • The community would refer a child to an agency in case they came across one 	<ul style="list-style-type: none"> • When a child is taken by a clan member, blood relative then they become the care giver of this child but if the child is taken by a non-blood relative, then they become a foster parent. This process is officially done by LWF. • Some children are registered as Child headed households especially boys since it is difficult to get them fostered • Cultural ties make it difficult sometimes to distinguish parentage or blood relation e.g. mother's sister is still your mother, step mother coming with step children etc.
Psycho-social distress and community support mechanisms	<p>Psycho social distress was a child protection concern in all sites affecting both boys and girls between the ages of 6-13 years.</p> <p>The symptoms expressed where:</p> <p>Girls overall</p> <ul style="list-style-type: none"> • Sadness • Unusual crying • Violence, Antisocial behaviour, nightmares <p>Boys Overall</p> <ul style="list-style-type: none"> • Unusual crying and antisocial • Sadness and Violence against younger children 	<ul style="list-style-type: none"> • Community uses familial ties to talk to children but currently has no structured mechanism to identify and address children with psychosocial distress due to the displacement of family members i.e., father not around
Access to information	<p>The main sources of information for the refugees in the sites are:</p> <ul style="list-style-type: none"> • Aid workers • Telephone • Friends and neighbors • Internet 	The older population speak mother tongue while the younger generation are eloquent in both mother tongue and English

Annex B: Detailed Child Protection related Findings

Summary of Child Protection issues for by vulnerable groups, by location

January 17, 2014

Sexual Violence	Action taken after an incident: <ul style="list-style-type: none">• Take child to health centre• Report to police	No incidences were reported in any of the sites but some key informant interviews indicated that sexual violence of children >15 would go unreported and the child would not be taken to the health centre since the community sees this child as an adult who can withstand the ordeal.
Major CP Risks on Route from Sudan	<ul style="list-style-type: none">• Psychosocial distress• Separation• Physical violence	Although the issue was not explored in detail, based on the interviews the issue of physical violence may relate to a fear of violence or attacks, not always actual attacks.

Annex C: Detailed Child Protection related Findings

Summary of Child Protection Focused Group Discussions by Vulnerable Groups

January 17, 2014

Vulnerable Groups	Focused Group Discussions Inputs
Girls	<ul style="list-style-type: none"> • What Services are available at reception centre for children: <ul style="list-style-type: none"> a) Health b) Playing ground c) Water • ddd Do Children have less access to services: <ul style="list-style-type: none"> a) Yes • How do Children have less access to services: <ul style="list-style-type: none"> a) Adults are given priority b) Water queue is too long as adults go ahead in the line c) Food queue also too long so children have to wait for adults to finish d) Water taps are few in the reception centre e) Children who have arrived recently have even less access to services • Group of children excluded from services: <ul style="list-style-type: none"> a) no discrimination but 5 girls were sharing mosquito nets due to shortage • What do you like most: <ul style="list-style-type: none"> a) Not hearing gun shots sounds and airplanes b) Sleeping on a mat, c) Free things i.e. soap, blanket • What don't you like: <ul style="list-style-type: none"> a) children defecating everywhere • What are your fears: <ul style="list-style-type: none"> a) Cars – not used to cars b) Thieves can steal your things i.e. shoes, c) Young men can disturb us • Grievance Mechanism: <ul style="list-style-type: none"> a) Child protection officer, b) Night security • Others: <ul style="list-style-type: none"> a) lack of sanitary pads
Boys	<ul style="list-style-type: none"> • What Services are available at reception centre for children: <ul style="list-style-type: none"> a) Health b) Recreational c) Nutrition d) Sanitation

Annex C: Detailed Child Protection related Findings

Summary of Child Protection Focused Group Discussions by Vulnerable Groups

January 17, 2014

Vulnerable Groups	Focused Group Discussions Inputs
	<ul style="list-style-type: none"> e) Volleyball • Do Children have less access to services: <ul style="list-style-type: none"> b) No • Group of children excluded from services: <ul style="list-style-type: none"> a) None • What do you like most: <ul style="list-style-type: none"> a) Issued with soap, mosquito net b) Process of registration is good c) Film Aid films are age appropriate • What don't you like: <ul style="list-style-type: none"> a) Not enough buckets for bathroom b) No provision for education for ongoing pupils c) Not enough clothes for everyone and for their age groups d) No tooth paste or tooth brushes e) Not enough blankets f) For registration the children are kept far from interviewers so no room to make corrections in misspelt names etc. • What are your fears: <ul style="list-style-type: none"> a) Not sure where their parents are (if dead or alive), b) Not sure if they will be comfortable at the reception center or new site c) fear of the future especially their country d) fear of remembering what happened (violence and killings), e) type of food offered not suitable f) when will enrolment of school start • Grievance Mechanism: <ul style="list-style-type: none"> a) Not been informed where to report, though they report to the CP Officer but no one to listen to us and address our problems (they are very busy) • Others: <ul style="list-style-type: none"> a) no cups for drinking water so everyone has to use plates
Requests from the children	<ul style="list-style-type: none"> • Football/ recreational facilities • When will school going children be enrolled in school • If name was misspelt during registration, what can one do (where to go to address this) • No hygiene kit for boys i.e. underwear • Children who were not registered at the border, when will this happen

Annex D: Assessment Participants List

Multi-Agency Multi Sector Kakuma Initial Rapid Assessment

January 17, 2014

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