

This bi-monthly report is produced by the International Organization for Migration (IOM) as part of its crisis reporting on the drought in the Horn of Africa countries. The report covers the period from 7 February 2012 to 21 February 2012. The next report will be issued on 5 March 2012.

Highlights:

KENYA– IOM carries out camel restoration exercise in Kulan, Dadaab.

KENYA–IOM medical team continues attending to refugees in Ifo 2 East Camp.

ETHIOPIA– IOM completes the construction of a health post and a watery diarrhoea ward in Melkadida and Bokolmany Camps.

KENYA & ETHIOPIA – IOM has transported **106,053** refugees in Ethiopia and Kenya as of 20 February.



IOM Medical Team attends to a Child in Ifo 2 East Refugee Camp

Kenya Operations

Livelihoods

IOM Carries out Camel Restocking Exercise in Kulan, Dadaab district – A camel restocking exercise targeting 65 beneficiaries from the local community in Kulan, Dadaab District, was conducted on 20 February 2012. The exercise carried out by IOM saw 110 camels distributed to the local community. A similar exercise in Alinjukur and Welmerer saw IOM distribute 220 camels to 110 beneficiaries on the 13 and 15 of February respectively. The camel restocking exercise is being carried out to bolster the livelihood capacity of the refugee host communities that have been affected by drought. Camels were identified as the suitable animal because they are equipped to survive a drought. They are also a source of milk for the community and can be used as a means of transport over the tough terrain. The camels were bought by IOM from local businessmen.

Health

IOM's Medical Team Continues Attending to Refugees in Ifo 2 East Camp – IOM together with the Kenya Red Cross (KRC) have provided medical care to a total of **5,028** refugees at the Ifo 2 East Camp in Dadaab. Majority of the patients are currently being treated for lower and upper respiratory tract infections, anemia, diarrhea, urinary tract infections, and skin, eye and ear infections as a result of poor living conditions in the camp. IOM's medical team seconded to KRC comprising of four nurses, two clinical officers and one doctor

have been attending to patients since the exercise begun on 2 November 2011 in partnership with KRC team of one Medical Officer and two clinical officers.

Ethiopia Operations

Health

IOM Completes the Construction of a Health Post and a Watery Diarrhea Ward in Melkadida and Bokolmany Camps – IOM has finished the construction of a Health Post and a watery diarrhea ward in Melkadida and Bokolmany Camps. The facilities in both camps are expected to serve up to 10,000 refugees and will be handed over to Ethiopia's Administration for Refugee and Returnee Affairs (ARRA). Furthermore, IOM is bolstering the capacity of ARRA by providing on the job training to ARRA medical staff. In addition, the IOM health team is currently carrying out a health education campaign in both camps on issues touching on Water, Sanitation and Health, child and environmental health with a total of 1,472 refugees benefitting from the exercise.

IOM has trained ARRA health workers on a number of health related issues among them diagnosis and management of shock and hypoglycemia, management of diarrheal diseases, management of asthma and upper air way obstruction. Other include, care for patients with paralysis of extremities, diagnosis and management of hypertension, diabetes mellitus, peptic ulcer diseases and tuberculosis.

Movement:

As of 21 January, 2012 IOM has provided transportation assistance to **58,171** refugees from the Dollo Ado Reception Centre to the Transit Centre and from the Transit Centre to Hilaweyn Camp and Buramino Refugee Camps. Meanwhile, IOM is continuing with the relocation of refugees to from the Transit Centre to Buramino Camp with a total of **13,548** refugees transported so far. UNCHR reports indicate that there has been a slight decrease in the number of new arrivals in the Dollo Ado Reception Centre with 734 refugees arriving in this reporting period compared to 771 refugees during the last reporting period.



Completed health post and Acute Watery Diarrhea ward in Bokolmanyo camp

The table below presents IOM’s drought response in Dollo Ado in relation to movement assistance, primary health care and family reunifications.

PROJECT	ACTIVITIES	JANUARY 23 – FEBRUARY 6	FEBRUARY 7–20	TREND	CUMULATIVE TOTAL
EMERGENCY TRANSPORTATION	Transportation from Dollo Ado Transit Centre to Hilaweyn Camp*				
	No of Individuals	0*	0*	↔	25,992*
	No of Families	0**	0**	There was no movement to Hilaweyn Camp as the camp is	5,198**
	Transportation from Dollo Ado Reception Centre to Transit Centre***				
	No of Individuals	1203	836	↑ Movements increased slightly this week due to new arrivals.	18,631
	No of Families	240	3,573**		3,726**
	Transportation from Dollo Ado Transit Centre to Buramino Camp****				
	No of Individuals	1,987	3,284	↑ Movement increased this week as relocations were mainly devoted to this camp.	13,548
No of Families	397	2,267**	2,710**		
FAMILY REUNIFICATION	Family Reunification				
	No of Individuals	140	84	↑ Family reunification increased this week as there were more cases identified.	2,196
HEALTH	Medical Assessments				
	Total Screened	3,330	3,904	↓ Medical referrals decreased slightly this week.	34,619
	No of Medical Referrals	33	31		612
	No of Unfit to Travel	30	28		623
CUMULATIVE TOTAL					58,171

IOM thanks France, ECHO, PRM, UNHCR, UNICEF and UN-CERF for their contributions in support of life-saving interventions in the areas of emergency transportation, shelter, health care and livelihoods. IOM also wishes to acknowledge the support of CANADEM and the Canadian International Development Agency (CIDA) for the temporary deployment of emergency personnel during this crisis.

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IOM’s Drought Response builds on its substantial capacity and implementation of over 30 programmes in the Horn of Africa countries of Djibouti, Somalia, Kenya and Ethiopia. IOM prioritizes its work with lead agencies, partners and government counterparts to develop a transportation network to bring vulnerable populations arriving at border crossing points and informal settlements to better-serviced camps, ensuring medical screening and lifesaving referral services as part of transport assistance. IOM is also working with stakeholders to fill gaps identified in needs assessments related to shelter (with UNHCR); livelihood programmes; and medical assistance, capacity-building and primary care services (in support of ARRRA, the Ethiopian government refugee agency.)