

*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 22 February 2012 to 6 March 2012. The next report will be issued on 19 March 2012.*

## Highlights:

**KENYA** - Relocation efforts for refugees settled in the outskirts of Dagahaley continues in Dadaab.

**KENYA** - IOM, Kenya Red Cross attends to over 2,000 patients in Ifo 2 East in February 2012

**KENYA** - IOM completes the targeted livelihood interventions for the refugee host communities in Dadaab.

**ETHIOPIA** - IOM continues with health information campaign in Melkadida and Bokolmany Camps in Dollo Ado.

**KENYA & ETHIOPIA** – IOM has transported **107,555** refugees in Ethiopia and Kenya as of 5 March 2012.



A child peers inside a poorly constructed shelter in Dagahaley outskirts.

## Kenya Operations

### Transportation Assistance

**Relocation efforts for refugees settled in the Outskirts of Dagahaley continues in Dadaab** – Efforts to relocate self-settled refugees from the outskirts of the Dagahaley Refugee Camp to Ifo 2 East Camp have resumed. IOM, in collaboration with UNHCR, has re-settled **30,413** refugees to Ifo 2 East Refugee Camp. Since 6 February over 3000 refugees have been targeted for relocation, to date approximately 2000 of them have been moved.

IOM's migration health physicians are working with the movement team to carry out pre-departure medical assessment for the refugees. Of the 2,000 refugees relocated in February, 108 have been treated by IOM doctors and a further 98 patients were referred for further medical treatment.

### Health Response

**IOM, KRC Attend to over 2,000 Patients in Ifo 2 East in February 2012** – IOM medical team in collaboration with the Kenya Red Cross (KRC) attended to a total of **2,328** patients from Ifo 2 East Refugee Camp in the month of February. Since November of 2011, a total of **5,761** Ifo II residents have received medical attention for various illnesses. The illnesses include lower and upper respiratory tract infections, anaemia, diarrhoea, urinary tract infections, and skin, eye and ear infections are brought about by as a result of poor living conditions in the camp.

### **IOM Completes the targeted Livelihood interventions for the refugee host communities in Dadaab** – IOM

has achieved the earmarked goals in livelihood support for the Dadaab host communities. Under the CERF funded livelihood response for drought affected communities in northern Kenya, IOM has carried out a livestock destocking exercise benefiting 251 households and 995 individuals in Daadab and Fafi districts.

Additionally, approximately 186 pastoralists in north-eastern Kenya received training on pasture conservation and storage. Over 110 beneficiaries from Dadaab and Fafi Districts received camels in a restocking exercise that saw IOM distribute 330 camels. Other successful interventions include the renovation of a water kiosk set up by the local community in Alijungur, Fafi District.

The water Kiosk provides water for both human and animals in the area. The livelihood team also initiated training for the host community in water services and management and distributed 8 water tanks to the communities in both Daadab and Fafi districts. Lastly, the livelihood team held host community trainings focused on livestock health and community reporting on livestock illnesses.

## Ethiopia Operations

### Health Response

**IOM carries out Health Education Campaign in Melkadida and Bokolmany Camps** – IOM health team is carrying out a health education campaign in Melkadida and Bokolmany Camps in Dollo Ado. Under the direct supervision of IOM’s health team, the trained health workers are conducting health promotion sessions in both camps and cascading valuable health information such as breast feeding and nutrition, prevention of TB, family planning, diarrhoea and malnutrition among others.

Additionally, IOM has conducted orientation sessions for community health leaders and Administration for Refugee and Returnee Affairs (ARRA) health workers on various health issues. A total of **11,484** refugees have received the health education in both camps.

### Movement:

As of 5 February 2012, IOM transported 19,515 refugees from the Dollo Ado Reception Centre to the Transit Centre and 14,063 refugees from the Transit Centre to Buramino Camp. According to UNHCR reports, movement of refugees from the Reception Centre to the Transit Centre has slightly increased to 743 this week as compared to 734 last week.

Meanwhile, IOM continues to provide transportation for refugees to Buramino camp with 515 refugees transported during this reporting period.

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

PROJECT	ACTIVITIES	FEBRUARY 7– 20	FEBRUARY 21–4 March	TREND	CUMULATIVE TOTAL
EMERGENCY TRANSPORTATION	<b>Transportation from Dollo Ado Transit Centre to Hilaweyn Camp</b>				
	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
	<b>Transportation from Dollo Ado Reception Centre to Transit Centre</b>				
	No of Individuals	764	884	↑	19,515
	No of Families	153	177	Movements increased due to due to new arrivals.	3,903
	<b>Transportation from Dollo Ado Transit Centre to Buramino Camp</b>				
	No of Individuals	2,215	515	↓	14,063
	No of Families	443	103	Movement decreased this week	2,813
FAMILY REUNIFICATION	<b>Family Reunification</b>				
	No of Individuals	143	135	↓ Family reunification decreased this week as there were few	2,331
HEALTH	<b>Medical Assessments</b>				
	Total Screened	3,122	1,534	↓	34,619
	No of Medical Referrals	26	55	Medical referrals increased this week with more vulnerable cases identified.	667
	No of Unfit to Travel	26	55		678
<b>CUMULATIVE TOTAL</b>					<b>59,570</b>

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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 ARRA, the Ethiopian government refugee agency.)*