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# Emergency Appeal Revision Kenya: Drought

 International Federation  
of Red Cross and Red Crescent Societies

(Revised) Appeal n° <b>MDRKE039</b>	<b>1,033,300 people to be assisted</b>	<b>Appeal launched 23 November 2016</b>
Glide n° DR-2016-000118- <b>KEN</b>	<b>297,808 Swiss francs DREF allocated</b>	<b>Revision n° 1 issued 12 February 2017</b>
	<b>25,062,572 Swiss francs current Appeal budget</b>	<b>Revision n° 2 issued 27 March 2017</b>
	<b>23,985,618 Swiss francs funding gap</b>	<b>Appeal ends 23 November 2017 (extended by twelve months)</b>

This revised Emergency Appeal seeks 25,062,572 Swiss francs (increased from 9,107,628 Swiss francs) to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** to support the **Kenya Red Cross Society (KRCS)** in assisting **1,033,300 people** (an increase from 340,786 people) **for twelve months**. The expanded operation will focus on the following sectors: **Health, Water, Sanitation and Hygiene (WASH), Livelihoods, Nutrition and Food Security**. It also reflects a substantial increase in the target population, number of activities, an enlarged geographic scope and timeframe for implementation. The current funding gap is 23,985,618 Swiss francs. The planned response reflects the current situation and information available now of the evolving operation, and will be adjusted based on further developments and more detailed assessments. Details are available in the Emergency Plan of Action ([EPoA](#)).

## The disaster and the Red Cross Red Crescent response to date

**March – May 2016:** During the seasonal rains, heavy flooding of the River Tana washed away crops and delayed planting amongst the communities living along the river in Garissa and Tana River, resulting in reduced household level food security and dietary intake. On the other hand, parts of arid and semi-arid (ASAL) counties started experiencing some level of drought stress due to poor performance of the March-May 2016 long rainy season.

**June 2016:** The Government's early warning system started signalling drought stress in pockets of the coastal region as early as June.

**September 2016:** The early warning information covering the month of September indicated the most drought affected counties as Kilifi, Kwale, Tana River and Taita Taveta. Others are Wajir, Mandera, Marsabit, Makeni, Kitui and Samburu. The drought and food security situation in these counties ranges from moderate to severe.

**23 November 2016:** The KRCS through the IFRC launched an Emergency Appeal for 3,844,037 Swiss francs. A total of 297,808 Swiss francs was allocated from the IFRC's Disaster Relief Emergency Fund (DREF).

**10 February 2017:** The KRCS through the IFRC revised the Appeal to 9,107,628 Swiss francs to assist 340,786 people in 13 counties.

**February 2017:** Kenya Food Security Steering Group conducted a short rains assessment. The findings indicated the population requiring emergency and humanitarian assistance had increased to 2.7 million. The government further announced the increase of affected population to three million and projected to hit four million by mid- April.



KRCS volunteer assisting in food distribution.  
Photo: KRCS

- 25 March 2017: The KRCS through the IFRC revises the Appeal for 25,062,572 Swiss francs to assist 1,033,300 people (150,424 households) in 14 counties.

The second revision of this appeal is brought on by a greater need for 1) Health and Nutrition 2) WASH and 3) Food Security and Livelihoods interventions in 14 counties, now including Laikipia county. On nutrition, there is a great increase in the number of people who require support, especially in the number of children with acute malnutrition. Some counties are reporting rates of acute malnutrition ranging between 15 per cent in Baringo to 32 per cent in Mandera based on mixed criteria - MUAC and Weight for Height. Thus, KRCS is scaling up activities in health and nutrition, cash transfer, animal destocking and slaughter programming, and distribution of foodstuffs. Furthermore, KRCS' assessments show the distance to water points is much longer than average in recent months (impacting up to 70 per cent of the community, who may be traveling three times further than average). This was noted in many counties where KRCS is responding. As such, this revised appeal seeks to increase water access through installation or rehabilitation of water points. This is critical as food security interventions should be aligned with adequate access to water. KRCS therefore sees the need to scale up the interventions, especially in the counties in the alarm phase.

The rate of malnutrition in 10 of the 14 selected counties is above the 15 per cent emergency threshold based on the results of nutrition smart survey done as part of the short rains assessments. Turkana North, North Horr in Marsabit and Mandera are Extremely Critical (IPC Phase 5), while Turkana Central is in Critical (IPC Phase 4) and Serious (Phase 3) in Turkana West, a slight deterioration compared to the same time last year. Analysis from neighbouring areas, East Pokot and West Pokot, has also shown deterioration with the counties classified as Critical (Phase 4) and Serious (Phase 3) respectively. Deterioration has also been noted in Tana River County, currently classified as Serious (Phase 3), Marsabit County classified as Critical (Phase 4) and Mandera, which is also classified as Critical (Phase 4). The total projected caseload until October in 23 ASALs is 268,000 children under five years of age and 34,000 pregnant and lactating women (PLW) with 60 per cent of these in just five counties of Mandera, Turkana, West Pokot, Wajir and Garissa.

Increased drop-out rates of facility deliveries for expectant mothers due to strained household income, which would facilitate transportation, often leads to increased maternal and new-born deaths. Compromised drug adherence for the individuals on long term treatment due to lack of food, increases the severity of diseases for cases such as HIV there is increased risk of transmission as the viral suppression is interfered with. High levels of malnutrition which weaken the immune system thereby predisposing vulnerable groups to infections such as measles and other common ailments. Given these alarming statistics, various health and nutrition interventions targeting acute and chronic malnutrition will be scaled up in next three to six months.

## The operational strategy

Due to poor performance of long rains in the months March to May 2016, some pastoral and marginal farming communities in the ASALs of the country are experiencing a severe drought, now classified as alert phase (10 counties) and alarm phase (13 counties). ASALs make up more than 80 per cent of the country's land mass and are home to approximately 36 per cent of the country's population. The ASALs have the lowest development indicators and the highest incidence of poverty in the country.

The Government of Kenya (GoK) declared the ongoing drought has affected 23 arid and semi-arid counties and pockets of other areas as a national disaster. Therefore, the GoK has appealed to all stakeholders, local and international partners to come in and support its efforts to contain the situation which, has not only affected human beings and livestock but also wild animals by upscaling drought mitigation programmes.

Kenya Food Security Steering Group Joint Long Rains assessment report published in August 2016, (KFSSG LRA) estimated that a total of 1,254,600 people, mainly from pastoral (750,900) and marginal agricultural areas (503,700), in 19 ASAL counties were acutely food insecure, as they were directly affected by these poor rains, as well as other existing and emerging vulnerabilities and required immediate food assistance. KFSSG has also concluded the Short Rains Assessment (October-November-December), in February 2017 and the report indicates that the population requiring emergency humanitarian assistance to have increased to 2.7 million. Of the total affected population, 2.2 million are facing food security crisis (IPC Phase 3). The GoK has further announced an increase of this population to about three million in mid-March and further projected to hit four million mark by mid-April.

The food security situation is expected to continue deteriorating in the months of March and April, with greater impacts in counties already in IPC phase 3. It is also expected that children, pregnant and lactating women as well as the aged, will be the most affected by the food scarcity and the levels of acute malnutrition will increase rapidly among these population sub groups.

## Needs assessment

The National Drought Management Authority (NDMA) carries out seasonal field assessments after the rains seasons, to assess the impact of the rains on food security and human nutrition. The NDMA is the lead in assessments (as the government agency dealing with matters of drought) and is supported by government ministries, United Nations Agencies (especially WFP and UNICEF), International and Local Non-Governmental Organisations in the assessments. The assessments involve field data collection through 138 established sentinel sites spread across the ASAL areas. The collected data is analysed and presented to the County Steering Groups (CSGs) in each of the participating counties for validation.

The recently concluded Short Rains Assessment (SRA) is indicative of a deteriorating situation, the effects of which are mirroring the drought of 2011. The report by NDMA classifies 10 counties to be in the alert phase and an additional 13 counties to be at alarm phase of drought. A total of 343,559 children in ASALs require treatment for acute malnutrition (MAM - 268,549 and SAM – 75,010), as well as 37,223 PLW. This is an increase from August 2016 when the equivalent figures were 294,330 (MAM- 233,700 and SAM 60,600) and 29,500 PLW. The current caseloads were calculated using the revised projected population for 2016. Various nutrition interventions targeting acute and chronic malnutrition are underway in all counties and should be scaled up if the worst possible malnutrition outcomes are to be avoided in the next three to six months.

The ongoing drought is already threatening learning amongst pupils with the risk of closure of schools due to a lack of water, and the reported pipeline break by WFP which supports the School Meals Programme<sup>1</sup>. Although the government is looking to kick-start school feeding, this had not taken off by the second week of March.

The rate of malnutrition is above emergency levels in some areas and in other parts have serious acute malnutrition levels. Further analysis indicates low dietary intake and household level food insecurity, coupled with high disease burden and localized outbreaks of cholera (Mandera, Marsabit, Wajir and Tana River) are the reasons for higher rate of malnutrition. Furthermore, in the recent past in 2015 and part of 2016, cholera outbreaks affected several counties in the country including Marsabit, Wajir, Mandera, Garissa, Baringo, Samburu, Isiolo and Tana River. According to the 2016 KFSSG LRA report, most of the affected communities in the north-eastern parts of the country have very low latrine coverage. Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys in June 2016, showed that water treatment is equally low, at less than 20 per cent. Hand-washing practices are poor (less than 30 per cent wash their hands at the critical times).

KRCS is leading the response in nine of the affected counties, with integrated Health and Nutrition outreaches with financial support from UNICEF although this requires a significant scale up. These outreaches focus on Mass screening for Malnutrition, onsite case management using the Integrated Management of Acute Malnutrition (IMAM) guidelines. Children with severe acute malnutrition and with medical complications are managed in selected Nutrition Rehabilitation/stabilisation centres (the Inpatient Therapeutic Feeding (ITFC)) and KRCS will support the running of such centres especially in North Horr, Mandera East and Turkana North East. Referrals of cases that need advanced care, immunization, antenatal care, referrals for obstetric emergencies including deliveries, treatment of common ailments, referrals for GBV cases, Psychological First Aid, referrals for counselling and Health promotion will also be undertaken. With mass screening being done through targeted outreaches and treatment of the malnourished children under five years. The interventions are also targeting other vulnerable groups, which include pregnant and lactating mothers, people with chronic illnesses, the aged and people living with disabilities. The interventions are being supported financially by UNICEF, UNFPA and CBM.

## Summary of response to date

Since the launch of the Emergency Appeal in November 2016, the KRCS has made the following progress towards the outcomes:

- KRCS has been managing SAFARICOM M-PESA platform as a corporate user for close to five years now. The platform which is based at the KRCS headquarters has been used as an effective mechanism for the delivery of cash for this operation and previous Cash Transfer Programmes. Staff and volunteers are paid their subsistence allowances through this platform as well.
- 2,300 households in Kilifi have received their second cash transfers (third transfers are planned for March 2017) while 1,000 households in Tana River have received their second disbursement. 3,900 households in Marsabit have received their second cash disbursement, 1,200 households have

<sup>1</sup> The school feeding programme is run by the Kenya government to support children in primary schools with free mid-day meals mainly comprising of porridge and maize and beans.

received their first round of cash transfer, 1,546 in Baringo have received two rounds of cash transfers and 3,250 in Turkana have received their first round of cash transfers.

- A beneficiary communication mechanism has been developed for Kilifi county. Reports on the complaints are being tracked by trained volunteers on a monthly basis.
- 381 goats were purchased and slaughter meat distributed to 9,358 people. The animals were purchased from 442 herders in Tana River county. Likewise, 4,501 goats and 297 cattle were purchased and slaughtered in Ijara county. Lastly, 5,864 people received meat from animals purchased from 440 farmers in Garisa county.
- A total of 2,000 nutrition outreach sessions have been conducted in Loiyangalani and North Horr county.
- Seven boreholes have been rehabilitated in Kwale, five in Isiolo and one in Garissa county.
- In Kilifi 500 households received food assistance in December 2016. In Baringo 3,300 households (19,800 people) received food rations for two months in February and March 2017. In Kwale 3,800 households (19,000 people) received food in December 2016 and 2,500 households received food rations (1,550 in Turkana east and south, and 950 in Turkana north) in February and March 2017. In Samburu, 917 households received food in December 2016 and in Lamu 443 households (2,215 persons) received food in February 2017.

### **Beneficiary selection**

Interventions will be aligned with the IFRC-minimum standard commitments to gender and diversity in emergency programming, for example the selection of beneficiaries has been based on their level of vulnerability, including: households that have lost their source of livelihoods (loss of crops and animals), the chronically ill, elderly, female-headed households, lactating mothers and under-five children (malnourished), pregnant women, and/or people with disabilities. The KRCS has been working closely with the GoK, stakeholders and other agencies to ensure that there will be no duplication of interventions.

### **Overall objective**

The overall objective of this revised appeal is to meet the immediate needs of **1,033,300** drought-affected persons in 14 priority counties by scaling up nutrition interventions and basic health services, access to water, hygiene and sanitation and food security. This is an increase from 340,786 people in 13 counties targeted in the previous appeal launched in February 2017.


### **Coordination and partnerships**


Participating National Societies (PNSs) hosted by the KRCS include: the American, Austrian, British, Danish, Finnish, German, Japanese and Norwegian Red Cross. The International Committee of the Red Cross (ICRC) regional delegation is also hosted in Nairobi, which serves as a hub for operations in eastern and central African countries.

Through this appeal, the British Red Cross, Danish Red Cross and Finnish Red Cross have been supporting KRCS bilaterally, while the American Red Cross, Canadian Red Cross, Austrian Red Cross, German Red Cross, Japanese Red Cross (including contributions from the Japanese Government), the Netherlands Red Cross, Italian Red Cross, Swedish Red Cross and Monaco Red Cross have supported through the IFRC. British Red Cross has also provided additional resources through the IFRC. The ICRC regional delegation in Nairobi has also provided support, and has pledged to support Lamu and Tana River (Tana Delta) counties. KRCS has kept the Movement partners, individually and through joint briefings, updated on progress in supporting the affected communities, and further consulted a number of them on the need to revise the appeal.

Response actions have been initiated and are ongoing in nine of the affected counties by the national and county governments. The activities are supported by various ministries; Ministry of Agriculture and Irrigation, Ministry of Devolution and Planning and the Ministry of Agriculture, Livestock and Fisheries and the Ministry of Health. Other agencies involved include; National Drought Management Authority (NDMA), Hunger Safety Net Programme (HSNP), World Food Programme (WFP), Food Agriculture Organisation (FAO), Norwegian Refugee Council (NRC), German Agro Action (GAA). For more of their specific actions kindly refer to the [EPoA](#).

### **Proposed sectors of intervention**

 <b>Health</b>
<b>Outcome 1: Reduced risks of drought related disease outbreaks and other negative consequences in key health outcomes</b>
<b>Output 1.1 Basic essential health care provided to the target population</b>
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Sensitize community health workers on epidemic preparedness and community level surveillance</li> <li>• Conduct health education and awareness sessions with a key focus on nutrition and prevention of common ailments of epidemic potential</li> <li>• Conduct integrated Health and nutrition outreaches</li> <li>• Participate in sub county, county and National level coordination forums and Technical working groups</li> <li>• Support SMART surveys and Rapid assessments</li> </ul>
<b>Output 1.2: Minimum initial package for reproductive health services to target population is provided</b>
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Facilitate referrals for emergency obstetric care</li> <li>• Distribute reproductive health kits</li> <li>• Procure reproductive health kits</li> <li>• Conduct community awareness sessions on Gender Based Violence (GBV) prevention, response and reporting mechanisms</li> <li>• Conduct Protection and SGBV Rapid assessment</li> <li>• Map, establish GBV referral pathways and support GBV referrals.</li> </ul>
<b>Output 1.3: Psychosocial support provided to the target population</b>
<b>Activities Planned</b> <ul style="list-style-type: none"> <li>• Engage counsellors to provide Psychological First Aid to the affected population</li> <li>• Organize for safe spaces for children and other groups for counselling</li> <li>• Train social workers on child protection in emergencies to provide psychosocial support to children and their families</li> <li>• Conduct debrief sessions with health teams, Staff and Volunteers involved in response</li> </ul>
<b>Output 1.4 Epidemic prevention measures is carried out</b>
<b>Activities Planned</b> <ul style="list-style-type: none"> <li>• Intensify community based surveillance for possible outbreaks</li> <li>• Procure essential supplies for outreaches and epidemic preparedness supplies</li> <li>• Organize for temporary storage of medical supplies and equipment</li> </ul>

 <b>Water, sanitation and hygiene</b>
<b>Outcome 2: Immediate reduction in risk of waterborne and water related diseases in the targeted communities</b>
<b>Output 2.1: Hygiene promotion activities which meet SPHERE standards in terms of the identification and use of hygiene items provided to target population</b>
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Train hygiene promoters on hygiene promotion as Trainer of Trainees for participatory hygiene and sanitation transformation emergency response (PHASTER) methodologies</li> <li>• Production and procurement of IEC materials to support behaviour change communication (PHASTER toolkits)</li> <li>• Recruitment of WASH officers</li> </ul>
<b>Output 2.2: Hygiene related goods (NFIs) which meet SPHERE standards are provided to the target population</b>
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Procurement of Point of Use water treatment chemicals for household water treatment</li> <li>• Train and Sensitise communities on the use of water treatment chemicals and monitor their utilisation</li> <li>• Procure storage containers; UPVC water tanks, bladder tanks to support water storage in hard hit areas</li> <li>• Distribute storage containers; UPVC water tanks, bladder tanks to support water storage in hard hit areas</li> </ul>

- Monitor treatment and storage of water through household surveys and water quality tests, including continuous assessments.

### **Outcome 3: Sustainable reduction in risk of waterborne and water related diseases in target communities**

#### **Output 3.1: Community managed water sources giving access to safe water is provided to target population**

##### **Activities Planned**

- Procure and distribute fast moving spare part kits for target water systems
- Rehabilitate/equipping of key water supply schemes in strategic acute drought hit areas and training of the water management representatives
- Repair and deploy KRCS emergency response units
- Drilling of new boreholes
- Desilting of earth pans/earth dams
- Water trucking for one month

#### **Output 3.2: Hygiene promotion activities are provided to the entire affected population**

##### **Activities planned**

- Conduct thematic hygiene promotion campaigns targeting; institutions, communal areas in the target areas
- Train teachers on the SHEPP (School Hygiene Education Promotion Program) methodology for hygiene promotion in schools
- Cascade SHEPP through formed school hygiene clubs



## **Livelihoods; Nutrition; Food security**

### **Outcome 4: Improved food needs of the drought affected populations are met**

#### **Output 4.1 Cash transfers are provided to households to purchase food**

##### **Activities planned:**

- Send an alert for KRCS national disaster response team members
- Deploy qualified NDRT for a one and half month CT operation
- Identify and contract payment service provider
- Print and distribute vouchers
- Identify and train suitable vendors
- Target and register beneficiaries
- Develop beneficiary communication plan and roll out
- Develop and implement appropriate complaints and feedback mechanisms
- Disburse cash using appropriate cash transfer delivery mechanism
- Conduct post distribution monitoring
- Conduct after action review exercise and document the CTP process using appropriate tools as provided in cash in emergencies toolkit (CiE)

### **Outcome 5: Reduced food insecurity among the affected households**

#### **Output 5.1 Livelihoods are protected and negative coping mechanisms reduced among affected pastoral communities/households**

##### **Activities planned:**

- Conduct inception meetings with local stakeholders including county steering group and community
- Identify payment mechanism
- Mobilize, target and register beneficiaries through selected community committee
- Purchase livestock, slaughter, inspect and distribute meat
- Conduct after action review with all stakeholders
- Procurement and distribution of seeds

### **Quality programming (areas common to all sectors)**

#### **Outcome 6: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation**

##### **Output 6.1 Initial needs assessment are conducted**

<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Inception Meeting with key stakeholders</li> <li>• Participate in joint assessments</li> <li>• Undertake joint rapid assessments where need be</li> </ul>
<b>Outcome 7: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation</b>
<b>Output 7.1 Management of the operation is informed by a comprehensive monitoring and evaluation system.</b>
<b>Activities planned</b> <ul style="list-style-type: none"> <li>• Develop a monitoring and evaluation plan for this operation</li> <li>• Conduct an after-action review during and after the operation</li> <li>• Conduct monthly internal coordination meetings with other involved departments such as health, nutrition, water and sanitation and food security etc.</li> <li>• Conduct an external evaluation for the drought response</li> <li>• Review beneficiary communication, complaints and feedback reports</li> <li>• Establish dialogue platforms, including at community level through the volunteers (KRCS has an established and funded system in place)</li> <li>• Activate a local hotline (KRCS has an established and funded system in place)</li> </ul>

## Programme support services

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: **human resources, logistics and supply chain; information technology support (IT); communications; community engagement and accountability; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.** More details are in the Emergency Plan of Action.

## Budget

See attached Revised budget for details.

Garry Conille  
Under Secretary General  
Programmes and Operations Division

Elhadj As Sy  
Secretary General

## Contact Information

### For further information specifically related to this operation please contact:

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### For IFRC Resource Mobilization and Pledges support:

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace.**

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**EMERGENCY APPEAL OPERATION**

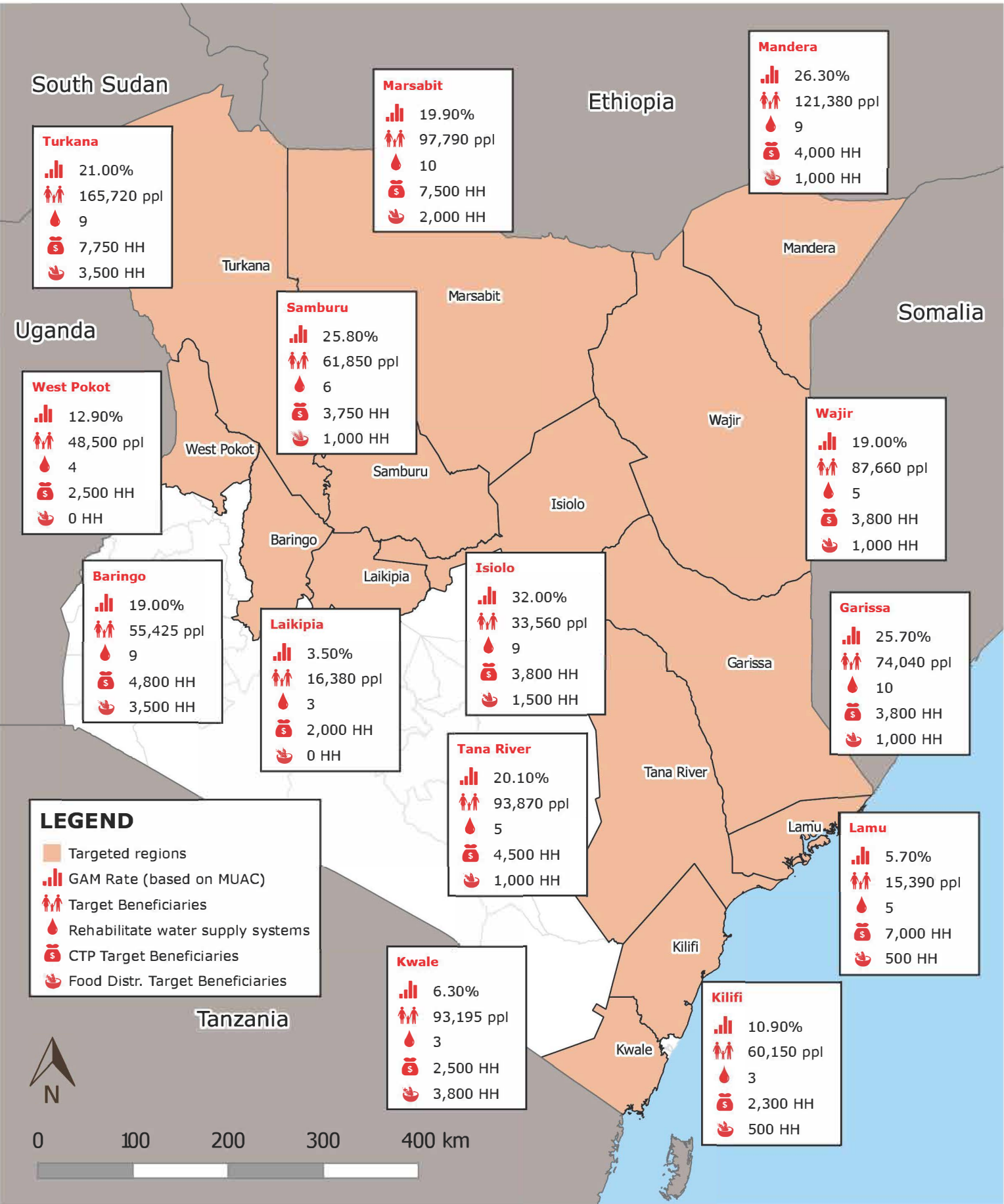
27/03/2017

MDRKE039: Kenya Drought

<b>Budget Group</b>	<b>Multilateral Response</b>	<b>Budget CHF</b>
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	620,500	620,500
Seeds & Plants	2,050,000	2,050,000
Water, Sanitation & Hygiene	5,917,120	5,917,120
Medical & First Aid	410,000	410,000
Teaching Materials	0	0
Utensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	9,568,000	9,568,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>18,565,620</b>	<b>18,565,620</b>
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	23,600	23,600
Office/Household Furniture & Equipment	52,500	52,500
Medical Equipment	0	0
Other Machinery & Equipment	0	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>76,100</b>	<b>76,100</b>
Storage, Warehousing	48,000	48,000
Distribution & Monitoring	156,120	156,120
Transport & Vehicle Costs	326,240	326,240
Logistics Services	0	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>530,360</b>	<b>530,360</b>
International Staff	0	0
National Staff	34,000	34,000
National Society Staff	1,476,770	1,476,770
Volunteers	378,370	378,370
<b>Total PERSONNEL</b>	<b>1,889,140</b>	<b>1,889,140</b>
Consultants	55,800	55,800
Professional Fees	0	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>55,800</b>	<b>55,800</b>
Workshops & Training	108,450	108,450
<b>Total WORKSHOP &amp; TRAINING</b>	<b>108,450</b>	<b>108,450</b>
Travel	10,000	10,000
Information & Public Relations	118,435	118,435
Office Costs	0	0
Communications	29,000	29,000
Financial Charges	1,200	1,200
Other General Expenses	2,133,691	2,133,691
Shared Support Services	15,136	15,136
<b>Total GENERAL EXPENDITURES</b>	<b>2,307,462</b>	<b>2,307,462</b>
Programme and Supplementary Services Recovery	1,529,641	1,529,641
<b>Total INDIRECT COSTS</b>	<b>1,529,641</b>	<b>1,529,641</b>
<b>TOTAL BUDGET</b>	<b>25,062,572</b>	<b>25,062,572</b>
<b>Available Resources</b>		
Multilateral Contributions		0
Bilateral Contributions		0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>25,062,572</b>	<b>25,062,572</b>



# Kenya: Drought



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
 MAP DATA SOURCES: GADM, IFRC