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Emergency appeal Kenya: Drought

 International Federation
of Red Cross and Red Crescent Societies

Appeal n°MDRKE039	114,620 people to be assisted	Appeal launched 23 November 2016
Glide n° DR-2016-000118-KEN	297,808 Swiss francs DREF allocated	Appeal ends 23 December 2017
	3.8 million Swiss francs current Appeal budget	

This Emergency Appeal seeks a total of **3,844,037** Swiss francs to enable the IFRC to support the **Kenya Red Cross Society (KRCS)** to deliver assistance and support to some **114,620 people for 12 months**, with a focus on the following sectors: **Health; Water, Sanitation and Hygiene Promotion(WASH); Livelihoods, Nutrition and Food Security; and Disaster Risk Reduction**. The planned response reflects the current situation and information available at this time 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) [<click here>](#)

The disaster and the Red Cross Red Crescent response to date

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

June 2016: The Government early warning system starts signalling drought stress in some counties of the coastal region.

September 2016: The early warning information indicates most drought affected counties as Kilifi, Kwale, Tana River and Taita Taveta. Other affected counties are Wajir, Mandera, Marsabit, Makueni, Kitui and Samburu. The drought and food security situation in these counties ranges from moderate to severe ¹.



Kenya Red Cross Society Disaster Management Operations rolling out a four-month drought response through cash transfers in Ganze Sub County, Kilifi County, from October 2016 to January 2017: photo Credit: Kenya Red Cross

¹ NDMA Resilience Newsletter <http://www.ndma.go.ke/index.php/latest-news>

November 2016: IFRC launches an Emergency Appeal for 3,844,037 Swiss francs on the request made by KRCS with 297,808 Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF).

The operational strategy

Kenya has a complex climate that varies significantly between its coastal, interior and highland regions and from season to season, year to year, and decade to decade. Due to poor performance of the long rains in March-April-May 2016, some pastoral and marginal farming communities in the arid and semi-arid lands (ASALs) of the country are experiencing moderate to severe drought. ASALs make up more than 80 per cent of the country's land mass and are home to approximately 36 per cent of the population. The ASALs have the lowest development indicators and the highest incidence of poverty in the country. The incidence of poverty in the ASALs is 55.3 per cent compared to the national average of 45.2 per cent (IFAD 2015). Major drought incidences occur in Kenya about every 10 years, and moderate drought incidences every three to four years. Historically, these extreme climatic events have caused significant loss of life, increase in morbidities related to inadequate nutrition and lack of access to adequate, clean and safe water, and increased severity of disease that have adversely affected the national economy.

According to the Kenya Food Security Steering Group Joint Long Rains assessment report (KFSSG LRA), a total of 1,254,600 people mainly from pastoral (750,900 people) and marginal agricultural areas (503,700 people) in 19 ASAL counties² are acutely food insecure, as they were directly affected by the poor rains early 2016, as well as other existing and emerging vulnerabilities, and require immediate food assistance. This is an increase of 500,000 more people in need compared to estimates from the February 2016 short rains assessment. There are indications that the situation is likely to worsen further by January 2017.

Needs assessment

Poor hygiene practices, including consumption of unsafe water, low latrine coverage and poor health seeking behaviour have been cited as some of the underlying factors for the high levels of malnutrition in the aforementioned counties. Furthermore, in the recent past in 2015 and part of 2016, cholera outbreak affected several counties in the country including Marsabit, Wajir, Baringo and Tana River. According to the 2016 KFSSG LRA report, most of the affected communities in 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).

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.

Increased maternal and new-born deaths have been observed as a result of negative coping mechanisms, such as increased drop-out rates at health facilities, because patients can no longer afford transport to reach them. Compromised drug adherence for the individuals on long term treatment due to a lack of food increases the severity of diseases and for cases such as HIV there is increased risk of transmission as the viral suppression is interfered with.

Inter-communal clashes over cattle and resources are common in periods of drought in Kenya. Recently, about 300 households have been displaced following fighting between Pokot and Marakwet communities. Other fighting incidents were experienced in Isiolo, Tana River and Marsabit (Buluk), raising protection concerns. Conflicts over resources and insecurity mostly in pastoral areas continue unabated causing loss of lives and livelihoods in affected areas and exacerbating food insecurity. There is a need to partner with other agencies in supporting communities in the areas of conflict resolutions and promoting peace through community dialogues and monitoring areas of potential conflict.

² Turkana, Wajir, Mandera, Garissa, Marsabit, Samburu, West Pokot, Tana River, Isiolo in Arid areas; Baringo, Makueni, Kwale, Kitui, Kilifi, Taita Taveta, Mbeere, Meru North, Kieni, Lamu in Semi-Arid areas

Beneficiary selection

In total, the operation aims to target an initial 114,620 affected persons with 27,680 persons in Garissa, 11,025 people in Tana River, 34,490 people in Makueni, 28,965 people in Kilifi and 12,460 people in Kwale. KRCS will ensure that the target population will be households with severely or moderately acute malnourished children, elderly, chronically ill persons, children, female single-headed families and persons living with disabilities without income.

KRCS will ensure that interventions are aligned with its own as well as IFRC minimum standard commitments to gender and diversity in emergency programming, for example by targeting women-headed households, pregnant or lactating women, men and boys made vulnerable by the disaster, families that have not received any or sufficient assistance from the government or other organizations, those belonging to the socially vulnerable households and those who lack relevant resources to cope with basic humanitarian needs on their own. These groups will be considered according to level of impact

Overall objective: To meet immediate urgent needs of 114,620 drought-affected persons in five priority counties namely; Garissa, Tana River, Kwale, Kilifi, and Makueni counties, by improving their health, WASH, nutrition and food security conditions.

KRCS will implement this response by monitoring the drought situation through joint rapid assessments; implementing health and nutrition activities; undertaking targeted water and environmental sanitation activities; commercial livestock destocking and providing cash transfers to improve food security by enhancing households' purchasing power.

Coordination and partnerships

In response to the ongoing drought, the Finnish and British Red Cross Societies are currently supporting a drought emergency cash transfer programme for 1,000 vulnerable households with malnourished children in Ganze, Kilifi county. The cash transfer of 6,000 Kenya shillings (60 Swiss francs) per household is meant to support the families purchase food and cope with drought through the lean season which is expected to end in February 2017. In addition, the IFRC will be supporting the KRCS to respond to the drought through this Emergency Appeal.

The Government of Kenya is responding to the drought through continuous monitoring of the weather patterns (post El Niño season) through Kenya Meteorological Department (KMD) and producing daily, monthly and quarterly forecast reports³.

The National Drought Management Agency (NDMA) is an agency of the Government of Kenya mandated to establish mechanisms which ensure that drought does not result in emergencies and that the impacts of climate change are sufficiently mitigated. The NDMA produces early warning bulletins on a monthly basis, focusing on the food security situation in the country through which the KRCS can monitor changes and developments of the drought emergency. The Hunger Safety Net Programme (HSNP) is supporting vulnerable households in the poorest four arid counties of Turkana, Mandera, Wajir and Marsabit (though these are not targeted by this Appeal). The NDMA is also responding to food security emergencies in the country through the Government funded HSNP II. The overall objective of HSNP is to reduce extreme hunger and vulnerability by delivering regular and unconditional cash transfers of KShs. 5,400 every two months (starting from 5th July 2016) to targeted households⁴.

In summary, other agencies responding to the drought include:


Agencies	Response activities	Coverage areas
NDMA	<ul style="list-style-type: none"> Activated their county drought contingency funds. Coordinate drought-related activities, as well as produce monthly drought early warning bulletins. 	<ul style="list-style-type: none"> Tana River and Garissa counties 23 ASAL counties

³ www.meteo.go.ke

⁴ <http://www.hsnp.or.ke/index.php/component/content/article?id=33>

HSNP	Cash transfer of KShs. 5400 every two months for most vulnerable households.	Marsabit, Turkana, Mandera and Wajir counties.
World Vision in partnership with WFP	Asset creation activities	Kilifi
KRCS in partnership with WFP	Asset creation activities	Magarini and Malindi sub counties in Kilifi; Makueni, Tana River and Garissa counties
Food and Agriculture Organization	Livestock vaccination in partnership with Ministry of Livestock	Garissa and Tana River
Norwegian Refugee Council	Shelter, food security, education, WASH	Dadaab, Garissa county
German Agro Action	Sustainable food and nutrition security	Tana River
The Ministry of Health at both national and county level, UNICEF, WFP and civil society organizations, NGOs.	Nutrition interventions targeting acute and chronic malnutrition are on-going in all counties that include mass screening, increase in outreaches and treatment sites. Scaling up emergency nutrition interventions targeting over 100,000 undernourished children, pregnant and lactating women.	Garissa, and Tana River
County Government of Kilifi	Livestock offtake	Kilifi county

Proposed sectors of intervention

 Health
Outcome 1: The immediate risks to the health of affected populations are reduced
Output 1.1: Community based disease prevention and health promotion is provided to the target population
<p>Activities planned:</p> <ul style="list-style-type: none"> • Mobilise communities through local authorities and other preferred media for disease prevention and health promotion activities • Procure and distribute assorted Information Education Communication (IEC) materials to support health education by health promotion teams • Train Red Cross Action Team (RCAT) members on health situation assessment and health messaging • Conduct community based epidemic prevention and control activities • Develop beneficiary communication plan and roll out
Output 1.2 Minimum initial package for reproductive health services to target population
<p>Activities planned:</p> <ul style="list-style-type: none"> • Distribute Reproductive Health(RH) kits to 431 visibly pregnant women in Tana River and Garissa counties • Develop beneficiary communication plan and roll out
Output 1.3: Psychosocial support provided to the target population
<p>Activities planned:</p> <ul style="list-style-type: none"> • Organize for safe spaces for children and other groups for counselling • Provide psychosocial support to traumatized people due to drought conditions • Train social workers on child protection in emergencies to provide psychosocial support to children and their families • Reunite families through tracing activities including separated and unaccompanied minors
Output 1.4: Epidemic prevention measures carried out for the 5 target counties
<p>Activities planned:</p> <ul style="list-style-type: none"> • Distribution of IEC materials for epidemic controls as a preparedness measure in case of any disease outbreak



Water, sanitation and hygiene

Outcome 2: Immediate reduction in risk of waterborne and water related diseases in the targeted communities

Output 2:1: Hygiene promotion activities which meet SPHERE standards in terms of the identification and use of hygiene items provided to target population

Activities planned:

- Train selected 50 RCAT members on appropriate methodologies of conducting hygiene promotion in emergencies
- RCAT members are involved in hygiene promotion activities
- Procure and distribute water treatment chemicals
- Procurement and distribution of water tanks in Kilifi
- Train population of targeted communities on safe water storage, safe use of water treatment products
- Monitor treatment and storage of water through household surveys and household water quality tests.
- Develop beneficiary communication plan and roll out



Livelihoods; Nutrition; Food security

Outcome 3: Immediate food, non-food needs and income needs of the disaster affected populations are met through cash transfers

Output 3.1: 19,103 households are provided with monthly cash transfers meet their food needs

Activities planned:

- Identify and contract payment service provider
- 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 Cash Transfer Programming (CTP) process using appropriate tools as provided in cash in emergencies toolkit

Outcome 4: Reduced food insecurity among the affected households

Output 4.1: Livelihoods are protected and negative coping mechanisms reduced among affected pastoral communities/households

Activities planned:

- Mobilize targeted communities for destocking
- Undertake destocking

Outcome 5: Excess mortality, morbidity related to nutritional distress in emergencies prevented, targeting children under five years, pregnant and lactating women and other special Groups

Output 5.1: Increased access to essential health and nutrition services for target vulnerable groups


Activities planned:

- Conduct active case finding in identified hot spots in the counties and refer them to appropriate structures

Output 5.2: information regarding better infant and young child feeding practises is made available and applied to mothers of children under 5 and/or of malnourished children

Activities planned:

- Community mobilization through radio and mass communication activities for nutrition messaging
- Conduct a one-day orientation of RCATs on nutrition in emergencies and infant feeding in emergency
- Disseminate key messages on Infant Feeding in Emergency (IFE) through the Mobile health platform (mhealth platform).
- Develop beneficiary communication plan and roll out

	Disaster risk reduction
Outcome 6: The national society and other relevant stakeholders are provided with timely and synthesized drought early warning information for informed decision making purposes	
Output 6.1: Early warning information from various stakeholders are analysed and disseminated	
Activities planned: <ul style="list-style-type: none"> • Collection, analysis and dissemination of secondary data information on drought situation • Disseminate important information to affected communities on the drought and its related effects • Dissemination of operation related activities through community meetings and Participatory Education Theatre 	

In addition to the sectors above, the operation will be underpinned by a commitment to **quality programming** that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the programme.
- Ongoing process of adjustment based on these assessments.
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, disaster-affected people.
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation.

The detailed plan of action under quality programming is as follows:

Quality programming (areas common to all sectors)
Outcome 7: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation
Output 7.1: Initial needs assessment are conducted
Activities planned: <ul style="list-style-type: none"> • Hold an inception meeting with key stakeholders • Participate in joint assessments • Undertake joint rapid assessments where need be
Output 7.2: The emergency plan of action is updated and revised as necessary to reflect needs
Activities planned: <ul style="list-style-type: none"> • Update the preliminary drought emergency appeal
Outcome 8: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation
Output 8.1: Management of the operation is informed by a comprehensive monitoring and evaluation system.
Activities planned: <ul style="list-style-type: none"> • Develop a monitoring and evaluation plan for this operation • Conduct an after-action review during and after the operation • Conduct monthly internal coordination meetings with other involved departments such as health, nutrition, water and sanitation and food security etc. • Conduct an external evaluation for the drought response • Review beneficiary communication, complaints and feedback reports • Conduct post distribution monitoring for health and WASH supplies

Programme support services

To ensure effective and efficient technical coordination, the following programme support functions will be put in place: **human resources, logistics and supply chain; communication; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; finance and administration; legal and risk management.** More details are in the [Emergency Plan of Action](#).

Budget

See attached IFRC Secretariat budget for details.

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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.

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**.

EMERGENCY APPEAL OPERATION

21/11/2016

MDRKE039 KENYA :DROUGHT

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Seeds & Plants	500,000			500,000
Water, Sanitation & Hygiene	12,600			12,600
Utensils & Tools	37,136			37,136
Cash Disbursements	2,390,931			2,390,931
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	2,940,667	0	0	2,940,667
Distribution & Monitoring	6,500			6,500
Transport & Vehicle Costs	45,575			45,575
Total LOGISTICS, TRANSPORT AND STORAGE	52,075	0	0	52,075
International Staff	0			0
National Staff	23,788			23,788
National Society Staff	51,180			51,180
Volunteers	156,360			156,360
Total PERSONNEL	231,328	0	0	231,328
Consultants	20,000			20,000
Professional Fees	3,000			3,000
Total CONSULTANTS & PROFESSIONAL FEES	23,000	0	0	23,000
Workshops & Training	39,560			39,560
Total WORKSHOP & TRAINING	39,560	0	0	39,560
Travel	7,140			7,140
Information & Public Relations	22,900			22,900
Communications	22,440			22,440
Financial Charges	1,824			1,824
Other General Expenses	237,612			237,612
Shared Support Services	30,877			30,877
Total GENERAL EXPENDITURES	322,794	0	0	322,794
Programme and Supplementary Services Recovery	234,613			234,613
Total INDIRECT COSTS	234,613	0	0	234,613
TOTAL BUDGET	3,844,037			3,844,037