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Emergency Appeal Operation: 6 months Update

Kenya: Drought

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRKE039	GLIDE n° DR-2016-000118- KEN
EPoA update n° 3	Timeframe covered by this update: 23 November 2016 – 23 May 2017
Operation start date: 23 November 2016	Operation timeframe: 12 months 23 November 2016 – 23 November 2017
Overall operation budget: CHF 25,062,572	DREF amount initially allocated: CHF 279,632
N° of people being assisted: 1,033,300 people (68,157 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Finnish Red Cross, British Red Cross, Danish Red Cross, Norwegian Red Cross, Netherlands Red Cross, Monaco Red Cross, Canadian Red Cross, Japanese Red Cross, ICRC and IFRC.	
Other partner organizations actively involved in the operation: National and County Governments, World Food Programme, UNICEF, Food and Agriculture Organization, MSF, Norwegian Refugee Council, World Vision, Aga Khan Foundation, German Agro Action and Plan International, Safaricom Foundation, National Drought Management Authority, Kenya Ports Authority, KCB, Nation Media Group and members of the public across the country.	

Summary of major revisions made to the Emergency Plan of Action

This update provides an overview on Kenya Red Cross Society actions for the first 6 months of response. The Emergency Appeal has been revised twice. The first revision was as a result of the increased scope of drought increasing the appeal budget from 3.8 million Swiss Francs to 9.1 million Swiss Francs to support 340,786 people, an increase from 114,620 people.

The severity of the drought continued increasing with number of people affected increasing to 3 million in mid-March 2017. This necessitated a second appeal revision, increasing the budget to 25,062,572 Swiss Francs and target beneficiaries to 1,033,300 on 27 March, 2017. The Emergency Appeal is currently 17% funded (CHF 4,161,794).

For detailed information please refer to the [revised Emergency Appeal](#), [operation update 1](#) and [operation update 2](#) on the progress.

A. SITUATION ANALYSIS

Description of the disaster

The current drought in Kenya is an extreme event, and is a result of consecutive seasons of poor rains performance during the March-April-May 2016, and October – November – December 2016 rain seasons. Due to this, some pastoral and marginal farming communities in the Arid and Semi-Arid Lands (ASALs) of the country are experiencing drought, now classified as alert phase (11 counties) and Alarm Phase (12 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 Kenya Government declared the ongoing drought affecting 23 arid and semi-arid counties and pockets of other areas a national disaster. Thus, the government appealed to all stakeholders, local and international partners to come in and support its efforts to contain the situation which, had not only affected human beings and livestock but also wild animals by upscaling drought mitigation programmes.

Analysis of March-May (MAM) 2017 seasonal rainfall indicates that most parts of the country recorded poor rains especially in the ASALs. While the amount of rain increased significantly in May, the rains were below the seasonal average ranging between 25 – 75 percent of normal, and were poorly distributed both in time and space (KMD May 2017). The rains have had a positive impact on food security in some areas with livestock body conditions and milk production on an improving trend. As of April 2017, 15 counties were at Alarm Phase while another 7 were at the Alert Phase, with the drought situation expected to deteriorate due to the poor performance of the March-April-May 2017 rain season.

The table below provides a summary of the current food security in ASAL counties (NDMA Bulletins, April 2017).

Table 1: Food security situation in ASAL counties

Alarm	Lamu, Baringo, Marsabit, Kitui, West Pokot, Mandera, Wajir, Garissa, Samburu, Tana River, Isiolo, Laikipia, Kwale, Kilifi and Turkana
Alert	Taita Taveta, Makueni, Narok, Embu (Mbeere), Meru (North), Tharaka Nithi and Nyeri (North)

Major drought incidences occur in Kenya about every 10 years, and moderate drought incidences every 3 to 4 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. KRCS has long term disaster risk reduction and food security programs that provides a good link to resilience and educating the community on how to mitigate risks.

Please refer to the [EPoA](#) for more details.

Summary of current response

Overview of Host National Society

Following the launch of the Emergency Appeal, KRCS has so far provided emergency interventions in 14 targeted counties: 13 counties are in Alarm phase, while 1 county (Baringo) is in emergency Phase. Besides

the drought, KRCS is also supporting counties affected by conflicts including Baringo, parts of Laikipia and Isiolo. The interventions focus on 5 key areas as follows:

- Nutrition Outreaches to treat malnourished children, Pregnant women and lactating mothers in 10 counties. Some 263,500 people are targeted
- Direct Cash Transfers to the most food insecure households, and where markets are functional. 60,000 Households targeted
- General Food Distribution also targeting the most food insecure Households where cash is not an option. 20,000 HH targeted
- Rehabilitation of Key Communal Watering points, where increased water pumping is causing breakdowns; 90 community water projects targeted
- Animal Offtake and Slaughter targeting the weak animals likely to die off. This will make meat available and cushion farmers from massive losses

KRCS is also engaging corporate organizations in Kenya, and the general Kenyan public to support this appeal as a local resource mobilization strategy. In line with this, KRCS has initiated several local campaigns including *Embrace Family*, *Skip Meal and Drive Mile*, to meet the needs of Kenyans in these counties.



Figure 1 KRCS staff educating food handlers on proper hand washing

Overview of Red Cross Red Crescent Movement in country

Participating National Societies have supported in the drought response either through the appeal or through bilateral support to KRCS (specific areas of bilateral support are indicated in the table below). The British RC, Danish RC and Finnish RC have been supporting KRCS bilaterally. American RC, Australian RC, British RC, China Red Cross, Hong Kong Branch, Canadian RC, German RC, Italian Government, Italian Red Cross, Japanese Govt, Japanese Red Cross, Monaco Red Cross, Luxembourg RC, Norwegian RC, Singapore RC, Swedish RC and Netherlands RC have supported through the International Federation of Red Cross and Red Crescent Societies (IFRC).

The International Committee of the Red Cross (ICRC) has also provided bilateral support to KRCS on cash transfer in Lamu and Tana delta.

The table below shows the areas of support by different partners providing bilateral support to KRCS.

Table 2: Areas of support by PNS supporting KRCS bilaterally

Partner	Areas of support
Finnish Red Cross	<p>Targeted 1,000HHs with cash transfer in Ganze sub county in Kilifi county for 4 months. All beneficiaries have received all their 4 months of cash transfers. Kshs 6,000 (approximately CHF 60) was provided for each transfer. The project team conducted an after-action review meeting in April 2017 after project closure.</p> <p>Finnish RC will support multilaterally cash transfer to 4,020 households in Turkana East sub county.</p>
Danish Red Cross	<p>Targeted 900HHs in North Horr and Laisamis sub county in Marsabit county for cash transfers. Payments have been taking place through 5 local vendors through electronic voucher payment system using compulynx technology. The first payment covered 798 households, the second 829 households and the third, 830 households. Each household received Kshs 3,000 (approximately CHF 30). The fourth payment is ongoing.</p> <p>In addition, Danish RC supports rehabilitation of 3 watering points in Isiolo.</p>
International Committee of Red Cross (ICRC)	<p>As a result of the drought situation, through the Ecosec project targets to support 6,024 HHs in Lamu and 2,263 HHs in Tana Delta which are food insecure households to improve their food consumption seeking to cover 40-50% of the essential household food needs for three months. Following a comprehensive food and market assessment in both counties support was provided through cash transfer (M-pesa). The cash transfer calculated for food basket differed in the mainland and islands and ranged from Kes 5,782 - 3,666/= per household per month which is calculated between 40-50%.</p> <p>A total of 8,287 HHs have so far been reached through cash and 1,395 HHs (465 HHs in Assa and Kone in Tana Delta and 930HHs Boni forest in Lamu) through food aid in both target counties. In addition, the households received food and seeds and will in July receive agro-tools.</p>
British Red Cross	<p>Supports ongoing cash transfer operation for drought in West Pokot (1,200 HHs), Turkana south (1,200HHs), Kaloleni (1,300HHs) and Kwale (1,200 HHs). Each household receives monthly transfers of Kshs 3,000 through a SAFARICOM mobile money transfer application called MPESA. The above-mentioned operations are at different stages but all of them are likely to conclude in July 2017.</p> <p>BRC secured HIP funding of 1M EUROS from ECHO for drought emergency cash transfers. BRC implements this action in Marsabit county through Kenya Red Cross Society. So far KRCS has undertaken a rapid assessment for markets to inform on market performance. The first transfer would take place in the month of July and the last one in November 2017.</p>

Overview of non-RCRC actors in country

Response actions are ongoing in some of the affected counties by the national and county governments. The activities are supported by three ministries; Ministry of Water and Irrigation, Ministry of Devolution and Planning and the Ministry of Agriculture, Livestock and Fisheries.

The table 3 below summarizes the actions by these ministries and other actors:

Table 3: A table showing interventions implemented by other actors

Agencies	Response activities	Coverage areas
National Drought Management Authority (NDMA)	<ul style="list-style-type: none"> Activated their county drought contingency funds, which are supported by ECHO. 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
Hunger Safety Net Programme (HSNP)	Cash transfer for most vulnerable households in 19 counties.	Marsabit, Turkana, Samburu, Isiolo, Mandera, Garissa, Wajir, Tana River, West Pokot, Baringo, Makueni, Kitui, Embu (Mbeere), Kilifi, Kwale, Taita Taveta, Meru (North) and Nyeri (Kieni) counties.
World Vision in partnership with World Food Programme (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 (FAO)	<p>Livestock vaccination in partnership with Ministry of Livestock</p> <p>Livestock destocking, animal health services, drought tolerant seeds and animal feeds in partnership with KRCS</p>	Garissa, Tana River, Marsabit, Samburu, Turkana and Mandera
Norwegian Refugee Council (NRC)	Shelter, food security, education, Water, Sanitation and Hygiene (WASH)	Dadaab, Garissa county
German Agro Action	Sustainable food and nutrition security	Tana River
Ministry of Health (MoH) at national and county level, UNICEF, WFP and civil society organizations (CSOs), Non-Governmental Organizations (NGOs).	Nutrition interventions targeting acute and chronic malnutrition are ongoing in all counties and 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
Ministry of Agriculture	Animal Offtake, Livestock feeds, and provision of seeds	1,800 livestock targeted for offtake, 732 metric tons (MT) of seeds under procurement, procurement of hay and molasses ongoing
Ministry of water	Carrying out water trucking activities in 15 counties, provision of collapsible tanks and repair and rehabilitation of boreholes	Repairs done through water services boards. The same boards are supporting water trucking

Ministry of devolution	Food relief distribution and Cash transfers (HSNP; regular and scale up)	Distributions were done in November and December
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Needs analysis and scenario planning

Needs analysis

KRCS are implementing lifesaving interventions in the 14 counties classified to be in the alarm phase. This is further reinforced by the indicative rates of acute malnutrition (based on MUAC assessments), reports of human starvation and increased reports of loss of livestock in these counties. The counties include Mandera, Samburu, Isiolo, Marsabit, Turkana, Wajir and Baringo. The counties selected also includes areas with limited humanitarian access, based on several parameters including poor roads network, banditry attacks, prevalence of inter-ethnic violence and external aggression by militants from neighbouring countries (which have been in protracted conflicts). Counties in this category include Mandera, Garissa, Wajir, Lamu, West Pokot, Turkana and Tana River. The third criteria are those with Extreme Vegetation Deficit (based on VCI as reported by NDMA) and includes Kilifi, Kwale, Garissa and Lamu.

A real-time evaluation conducted in May, 2017 showed KRCS response as relevant in addressing the needs of those affected. 91% of respondents reported the drought having caused loss of livestock; 91% scarcity of water; 77% water related diseases; 64% malnutrition; 58% conflict over resources and 32% dropped out of school. KRCS' drought response focuses on nutrition outreaches, direct cash transfers, general food distribution in areas where cash is not an option, rehabilitation of key communal watering points and animal offtake and slaughter.

Beneficiary selection

The beneficiaries were selected as outlined in the EPOA. KRCS implemented lifesaving interventions in 14 counties classified to be in the alarm phase. Beneficiary selection was determined by needs and vulnerability.

Risk Assessment

The areas targeted for drought response have been experiencing security challenges ranging from targeted ('terror') attacks, cattle rustling, inter clan tensions and clashes, resource based conflicts, amongst others. Conflict is one of the drivers of food insecurity and has led to deterioration of humanitarian situation in Baringo county where the two warring communities have been fighting for several months now. Some pockets of Tiaty sub county in Baringo county is under emergency phase of the drought. Situation is expected to worsen up until the general elections in August and beyond. KRCS presence maybe needed there.

To mitigate against any negative impact that might be caused by any of these insecurity events, KRCS will work closely with the Government of Kenya and other agencies on the ground, and participate in meetings where security and other relevant issues are discussed. KRCS has been working with the government and other partners in election preparedness. A DREF has also been submitted to IFRC for election preparedness.

Orienting staff and volunteers involved in the operation on safer access and code of conduct will also help in mitigating security risks, for instance, in Kilifi where members of the community are protesting the local water supply company. KRCS has an election preparedness plan in place, which is being implemented. Some other mitigation measures for insecurity includes monitoring and continuous analysis of events to detect early warnings and indicators to inform preparedness and response plans.

Scenario Planning

The March- April - May 2017 rains have ceased in most parts of the country with the exception of West Kenya and the Coastal strip. During the rainy season, the country experienced some heavy rains that resulted in havoc in some parts of the country, with the worst affected being in Northern (Mandera, Wajir, Marsabit and Narok) and Coastal (Kilifi, Mombasa, Taita Taveta and Kwale) parts of Kenya. This resulted in huge livestock losses and damage to crops in Marsabit, Wajir and Turkana counties, negatively impacting food security.



Figure 2: Situation in Northern Kenya after rains



Figure 3: Situation before rains in Northern Kenya

There has been a slight improvement in pasture and water resources in some parts of the country following rains in these areas. This also resulted in improved water quality as well as a slight reduction in distances in search of water and pasture for some areas that received good rains. However, acute water shortages persist in parts of the country including in Isiolo, Kitui, Kilifi, Baringo, Lamu, Mandera and Wajir counties.

The vegetation condition is still below normal ranges despite the near-normal rainfall in April with significant improvement recorded in all sub-counties particularly in the counties of Taita Taveta, Baringo and Lamu.

Livestock body condition and milk production is showing slight improvement especially in counties that received moderate rainfall such as Kwale where 89% of the households claimed it was fair. The mortality rate of livestock also reduced by a significant margin in the counties of Garissa, Isiolo, Laikipia and Lamu.

Following the below-average rains, low harvest is expected due to a high probability of inadequate rains during the season. The late onset of the rains and its erratic performance points to poor production of the long rains crop and inadequate livestock recovery (FEWSNET, May 2017).

Nutrition Situation

The nutrition situation has deteriorated across arid and semi-arid counties. High levels of malnutrition are prevalent across the arid and semi-arid lands. The number of acutely malnourished children under the age of 5 years has more than doubled, risen to 343,559 children as of May 2017, (Kenya Nutrition Situation Overview for the Arid and Semi- Arid Areas, May 2017). The most affected counties include; Marsabit, Turkana, Mandera, West Pokot, Isiolo, Garissa and Baringo.

The deteriorating situation is attributed to poor food consumption due to a steep increase in food prices and inadequate household stocks due to poor harvests in the previous seasons. The situation is expected to deteriorate further due to the projected poor harvests from the March – April – May 2017 rains season, which depressed.

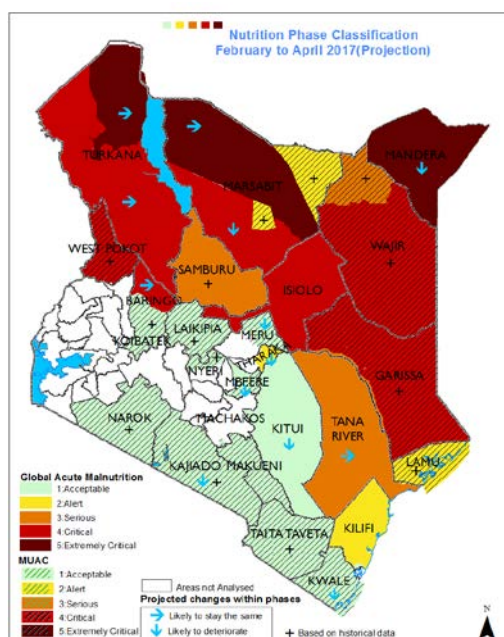


Figure 4 Nutrition phase classification

The following factors are exacerbating food insecurity;

Crop Diseases and Pests

Crop production has been significantly affected due to the outbreak of Fall Armyworm in parts of the high and medium potential areas of Kitui, Kwale, Makeni, Tharaka Nithi, Bungoma, Trans Nzoia and West Pokot. The pest has been spreading rapidly and can cause 100 per cent loss in a wide range of crops, such as maize, rice, pasture, sorghum, millet, cotton and some vegetables. These, when coupled with head smut disease, which affected maize in Nandi, Elgeyo Marakwet, Trans Nzoia, and Uasin Gishu counties last year, continue to hurt national food security and exacerbate the effects of severe drought and rising food prices resulting in a worsening food security situation.

Conflicts

Conflicts have been experienced in parts of Isiolo, Baringo, Turkana, Laikipia, Marsabit, Kitui, Meru and Tana River counties due to competition for rapidly diminishing resources especially in areas affected by drought. This has negatively affecting food security in these counties due to displacements, loss of lives and disruption of livelihoods. The increasing trend of attacks by aggressors from neighboring countries in North Eastern Kenya, also constrains access by humanitarian agencies to areas affected by drought. This hampers delivery of lifesaving assistance to communities faced by drought worsening food security in these areas.

Disease Outbreaks

Recent disease outbreaks including Cholera, Measles, Dengue Fever, and Kala-azar have affected a number of counties as outlined below;

a) Cholera

An ongoing cholera outbreak has affected at least 8 counties in the country including Garissa, Nairobi, Vihiga, Kiambu, Mombasa, Murang'a, Kericho and Turkana Counties. This includes Dadaab and Kakuma refugee camps. Summaries of report cases so far are in the table 4 below:

Table 4: Cholera cases reported in various counties

County	Total Cases	Confirmed Cases	Deaths
Garissa	107	67	0
Nairobi	42	13	1
Vihiga	9	9	2
Mombasa	2	2	0
Murangá	16	16	2
Kiambu	1	1	0
Turkana	50	19	0
Kericho	1	1	0
Total	228	128	5

b) Measles

Measles outbreaks have been reported in Dagahaley, Dadaab and IFO refugee camps in Garissa County. A total of 14 cases (8 confirmed) and zero deaths have been reported from the refugee camps. The date of onset of the index case was on 21st March 2017. No new case was reported in the last one week.

c) Dengue Fever

Cases of Dengue Fever have been reported in Mombasa and Wajir counties. The latest Sitrep from MOH indicates that a total of 686 cases and one death have been reported in Mombasa county, while in Wajir county, a total of 37 cases (19 confirmed) have been reported.

d) Kala-azar

A Kala-azar outbreak has been reported in Marsabit County affecting mainly areas near the border with Garissa County. At least 60 cases and 1 death (child under 5) have been reported since the outbreak began in April 2017. Kala-azar is caused by a protozoa parasite *Leishmania* species and is transmitted through the bites of infected female *phlebotomine* sandflies.

The risk factors include malnutrition, population displacement, poor housing and a weak immune system and lack of resources. Sandflies are attracted to crowded insanitary areas and easily bite those sleeping outside or on the ground. The county through the County Steering Group (CSG) has called for support in managing the outbreak.

The ongoing disease outbreaks impact negatively on household food security due to disruption of livelihoods, loss of lives, loss of employment opportunities and reduced food utilization. KRCS staff and volunteers have been supporting the various counties in management of the outbreak to prevent further spread of the diseases.

B. OPERATIONAL STRATEGY AND PLAN

Overall objective

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.

Proposed strategy

The proposed strategy remains the same as in the [EPoA](#).

The population reached by KRCS through the drought response is as shown in the summary table below:

Summary Table	Beneficiaries Reached (HH)	Beneficiaries Reached (individuals)	Explanatory Notes
Cash Transfers	38,858 HH	233,148 persons (based on an average household size of 6)	These are households that are in the KRCS system and are receiving cash monthly. Majority have received at least cash for one month and are continuing to receive based on the monthly calendar.
Food Distribution	33,091 HH	198,546 people have been reached with food	These are households that have received food since November, 2016. Procurement of food for 1,600 households in Turkana East and 2,500 households in Turkana North is ongoing.
WASH Interventions	25 Community water points completed, works on 6 more are ongoing	96,599 people and approx. 218,000 animals	Out of the targeted 91 communal water points, 30 have already been completed and functioning again. This includes 4 water pans that were de-silted in Garissa county. This also includes 14 boreholes that have been solarized and 3 more are ongoing.
De-Stocking	8,052 sheep and goats and 798 cattle	125,352 people based on a family size of 6, and 1 cow shared by 6 households and 1 goat shared by 2 households	These are animals that have been purchased and slaughtered in 5 counties; Mandera, Wajir, Marsabit, Garissa and Tana River.
Health interventions	64,319	64,319 persons who have received health services in our outreach clinics	These are people who have been reached through the ongoing medical outreaches in 13 counties

Table 5: Beneficiaries reached through various interventions

Operational support services

The operational support services provided remained unchanged as indicated in the [EPoA](#).

C. DETAILED OPERATIONAL PLAN

Health & care			
Outcome 1: Reduced risks of drought related disease outbreaks and other negative consequences in key health outcomes	Outputs		% of achievement
	Output 1.1. Basic essential health care provided to the target population		30%
	Output 1.2: Minimum initial package for reproductive health services to target population is provided		30%
	Output 1.3: Psychosocial support provided to the target population		30%
	Output 1.4: Epidemic prevention measures is carried out		30%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1. Sensitize community health workers on epidemic preparedness and community level surveillance	x		30%
1.1.2. Conduct health education and awareness sessions with a key focus on nutrition and prevention of common ailments of epidemic potential.	x		30%
1.1.3. Conduct integrated health and nutrition outreaches	x		30%
1.1.4. Participate in sub county, county and national level coordination for and technical working groups.	x		50%
1.1.5. Support SMART surveys and rapid assessments (continuous monitoring of MAM and SAM levels)	x		50%
1.2.1. Facilitate referrals for emergency obstetric care	x		50%
1.2.2. Distribute reproductive health kits		x	0%
1.2.3. Procure reproductive health kits		x	0%
1.2.4. Conduct community awareness sessions on Gender Based Violence (GBV) prevention, response and reporting mechanisms		x	0%

1.2.5. Conduct protection and SGBV rapid assessment covered by UNFPA	x		20%		
1.2.6. Map, establish and support GBV referral pathway	x		30%		
1.3.1. Engage counsellors for psychosocial support		x	0%		
1.3.2. Organize for safe spaces for children and other groups for counselling	x		50%		
1.3.3. Train social workers on child protection in emergencies to provide psychosocial support to children and their families		x	0%		
1.3.4. Conduct debrief sessions with health teams, staff and volunteers involved in response	x		50%		
1.4.1. Intensify community based surveillance for possible outbreaks	x		5%		
1.4.2. Procure essential supplies for outreaches and epidemic preparedness supplies, and local procurement of essential drugs		x	0%		
1.4.3. Organize for temporary storage of medical supplies and equipment	x		100%		
Progress towards outcome					
<p>1.1.1. Kenya Red Cross Society supported the MoH in the targeted counties¹ (disease surveillance officers, sub county public health officers, public health nurses, clinical officers and lab technologists) to conduct sensitization sessions on epidemic preparedness and community level surveillance that targeted community health volunteers (CHVs). The sessions included prompt reporting of any suspected disease occurrence for routine disease surveillance systems. These were delivered as part of the ongoing integrated health and nutrition outreaches. With the sensitization of the CHVs, it's expected that vital information relating to epidemic preparedness will help improve surveillance starting from the lowest and most basic levels, the community.</p> <p>1.1.2 & 1.1.3 KRCS supported MoH to conduct integrated medical and nutrition outreaches in the catchment sites of the health facilities in each of the 13 targeted counties. As at reporting time, 398 outreaches had been completed in 13 counties with high malnutrition rates. The services offered included immunizations, deworming, treatment of minor illnesses, screening and management of malnutrition cases among the under 5s. A total of 64,319 people (32,803 females, 31,516 males) have been reached with the ongoing health outreaches. This figure included 46,363 children under 5, 10,082 pregnant and lactating mothers, 133 elderlies, 2,537 people living with disabilities and 10 people with chronic illnesses. Similarly, public health sessions on hygiene as well as disability sensitization sessions on rights, needs and services were also delivered by the health care workers. Some key interventions have been informed by the outcome of the outreach services including supplementary feeding programmes for the under 5s and pregnant & lactating mothers. With the outreaches expected to continue, more cases are expected to be managed while at the same time using the malnutrition data to inform appropriate health and nutritional interventions.</p>					
<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">INTERVENTION</td> <td></td> </tr> </table>				INTERVENTION	
INTERVENTION					

¹ Baringo, Turkana, West Pokot, Marsabit, Isiolo, Garissa, Samburu, Lamu, Kilifi, Kwale, Mandera, Wajir, Tana River,

	PRIORITY POPULATION REACHED					
	<5yrs	Pregnant and Lactating Mothers	The Elderly (60 + years)	People living with disabilities	People with Chronic Illness	Total
Basic Health Care and Nutrition screening services.	36,512	7,777	97	2436	10	52,026
Case Management for Mal nutrition - Supplementary Feeding Programme, Outpatient Therapeutic Programme and Food by prescription	7,941	2,305	36	101	0	10,383
Referrals for GBV cases	0	0	0	0	0	0
Referrals for Obstetric Emergencies	N/A	0	0	0	0	0
People reached with Psychosocial First Aid	1910					1,910
TOTAL						64,319

1.1.4. The Kenya Red Cross Society (KRCS) and IFRC have continued coordinating with both Movement and Non-Movement partners through coordination meetings and regular sharing of information. Coordination at county level is done through the County Steering Group (CSG) and brings together agencies involved in disaster response at county level.

1.1.5. SMART surveys and rapid assessments (continuous monitoring of MAM and SAM levels) are ongoing given the high malnutrition rates in the ASAL counties. This is done jointly with MoH.

1.2.1 So far the NS has not received cases on Obstetric that requires referral.

1.2.2. & 1.2.3 The procurement of the reproductive health kits is in progress. Distribution of the same will be done once the procurement process is completed by IFRC.

1.2.4 GBV awareness is being conducted as an integrated approach.

1.2.5, 1.2.6. & 1.3.1. With regard to the provision of psychosocial support services, KRCS has engaged 5 counsellors drawn internally to conduct counselling sessions targeting the school going children, adolescent girls and boys, pregnant and lactating mothers, people living with disabilities and the elderly. Issues discussed included mild levels of stress and non-achievement of physiological milestones among the U5, depression, loneliness and anxiety among the elderly and desire for family planning hindered by cultural issues for pregnant and lactating women. Child sessions were conducted through play therapy, art therapy, and music. To date, 1910 people have been reached in 38 sites within Baringo, Turkana, West Pokot, Marsabit, Isiolo, Garissa, Samburu, Lamu, Kilifi, Kwale, Mandera, Wajir and Tana River. The counselling teams have conducted 238 individual sessions and 48 group therapy sessions. These sessions

are already contributing to positive individual well-being as confirmed in subsequent visits by the counsellors in areas where ongoing drought effects have been compounded with the raging community conflicts.

1.3.2. KRCS provided play materials that include 4 skipping ropes, 16 hand-made foot balls, 10 crayons and 10 coloring pencils to support children in play sessions. This was done in Eldume IDP camp and Tangulbei and Yatya communities.

1.3.3 KRCS trained a team of 22 volunteers were trained on basic counselling for follow up and sustainability of sessions.

1.3.4 KRCS does regular debriefing sessions with the staff due the workload for the staff.

1.4.1 KRCS is doing community surveillance, still however they are in consultation on a proper structure to adopt on tools to Intensify community based surveillance for possible outbreak.

1.4.2. Procurement of more essential supplies for integrated outreaches planned for the next implementation phase.

1.4.3 Temporary storage has been allocated at KRCS Warehouses (located at the HQ and selected Regional offices) for all drought response items including medical supplies and equipment.

Livelihoods, Nutrition and Food security

Outcome 1: Improved food needs of the drought affected populations are met	Outputs		% of achievement
	Output 1.1: Cash transfers are provided to households to purchase food		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Send an alert for KRCS national disaster response team members	x		100%
1.1.2 Deploy qualified NDRT for a one and half month CT operation.	x		100%
1.1.3 Identify and contract payment service provider	x		100%
1.1.4 Print and distribute vouchers	x		100%
1.1.5 Identify and train suitable vendors	x		100%
1.1.6 Target and register beneficiaries	x		70%
1.1.7 Develop beneficiary communication plan and roll out	x		100%
1.1.8 Develop and implement appropriate complaints and feedback mechanisms	x		60%
1.1.9 Disburse cash using appropriate cash transfer delivery mechanism	x		100%
1.1.10 Conduct post distribution monitoring	x		60%

1.1.11 Conduct after action review exercise and document the CTP process using appropriate tools as provided in cash in emergencies toolkit (CiE).	x		20%
Progress towards outcomes			
<p>1.1.1 – 1.1.2</p> <p>KRCS sent a request for application to the national disaster response team (NDRT) members through email notifying them of the intention to deploy two NDRTs for drought response. The required qualifications included possession of relief /cash transfer skills, demonstrated competence in community based activities, coordination, communication and report writing. Application were received and decision on deployment based on the competency levels and past experiences with the emergency response.</p> <p>With the review of applications completed, 9 NDRT members/Focal persons were deployed as cash focal persons to support drought response operations in Marsabit, Garissa, Wajir, Mandera, Kwale, Samburu, West Pokot and Turkana and Baringo counties. Their duties included participation in respective county steering group meetings, community mobilization, targeting, registration of beneficiaries, following up with the cash disbursements, monitoring encashment and participation in post distribution monitoring. Other duties included regular briefs to both CSG and HQ team on the ongoing operation. The teams have since participated in the encashment monitoring, post distribution monitoring as well as the just concluded real time evaluation.</p> <p>1.1.3 KRCS has been using three main delivery mechanisms to reach the targeted communities namely; M-Pesa, commercial bank agents for example Equity and E-Vouchers. M-Pesa remains the most efficient and effective mode of delivery of cash to the intended beneficiaries within the shortest time. This has only been possible in areas with reliable network coverage. KRCS has used M-pesa to deliver cash in Kilifi, Kwale, Tana River, Lamu, Samburu, Baringo, Turkana, West Pokot, Isiolo, Garissa, Wajir, Mandera, and Kitui counties. In Marsabit County however, KRCS used Electronic Cash Vouchers to deliver cash assistance to affected communities. This allowed communities to access cash from identified vendors who would then be reimbursed by KRCS.</p> <p>1.1.4 Electronic cards were procured and distributed to beneficiaries in Marsabit County. The electronic cards are being used to deliver cash assistance to communities affected by drought. Several traders have been identified in each of the affected villages where communities receive the cash and may buy food items from the shops. As at reporting time, 3,800 households had received their second cash disbursement with another 4,685 households in line to receive their initial cash transfers following the completion of registration and verification.</p> <p>1.1.5 A total of 11 vendors were identified through competitive bidding process in Marsabit County for Cash Transfer Programming. The vendors were the trained by KRCS team on the objectives of the CTP, principles of the red cross movement and code of conduct, and operation of the point of sale machine. This payment technology has been provided by Compulix Company at a 10% the transfer value to ensure accountability during and after payments. A total of 3,800 droughts affected families have since received their initial and second payments through the same platform.</p> <p>1.1.6 Targeting and registration and verification of the final list of beneficiaries has been completed in Baringo, Marsabit, Kilifi, Isiolo, Garissa, Mandera, Wajir, Lamu, Kwale, Turkana, West Pokot, Tana Delta, Kitui (Mwingi) and Tana River counties. Another 4,700 households will be targeted in Marsabit following a bilateral engagement between KRCS and ECHO through the British Red Cross. Inception meeting with the Marsabit county steering group has taken place in which the new funding was brought to the attention of the county leaders. Rapid Assessment of markets is currently ongoing which when completed will pave way for the selection and registration. KRCS used community based targeting system to identify beneficiaries to be</p>			

targeted by the program in the different counties. This ensured that the program received full community support and confidence since they understood the targeting criteria²

1.1.7 – 1.1.8

A beneficiary communication plan has been developed and rolled out in all the CTP programs. This has been widely shared and adapted for all the targeted counties where the CTP program is implemented. The plan outlines key messages under each aspect to be communicated including KRCS mission and mandate, program objectives, selection criteria, targeting process, geographical coverage, duration of assistance, conditionality and entitlements, communication channels, transfer value, fraud and its consequences. This improved organizational accountability to beneficiaries through increasing community understanding of program components such as the implementation period, transfer value, frequency of transfers and complaints and feedback mechanisms,

The approved KRCS guidelines for handling community complaints and feedback were shared among the response teams. Besides the implementation of the complaints and feedback mechanism such as the use of beneficiary committees, the chiefs, and KRCS field volunteers and staff. KRCS acquired a toll-free line (0800720577) from Safaricom and set at HQ to facilitate collation and response to complaints and feedback from the community members. This is now open to any community member who would wish to escalate their complaints to the headquarters. Dissemination and sharing of the line is ongoing among staff and volunteer networks with the public relations department also expected to support in the sensitization of communities on the same. Through these mechanisms, KRCS has received and acted on feedback received from communities mainly relating to exclusion of very deserving beneficiaries, non-receipt of the cash grants paid through M-Pesa. These were resolved through registration of the deserving beneficiaries into the program as there were some reserved from this purpose and corrections of payment details for beneficiaries who did not receive the cash due to errors in their payment details.

While there seems to be a considerable progress with regard to implementation of the complaints and feedback guidelines, the findings from the just concluded real time evaluation noted the need for KRCS to intensify efforts in implementing the guidelines since a high of 84% of the employees interviewed reported not to have been informed on where and how their complaints would be handled.

1.1.9 A total of 4 monthly cash disbursements have been done in Kilifi (2,300HHs), Tana River (1,000HHs), 3 disbursements in Baringo (1,187HHs), Marsabit (5,570HHs), 2 disbursements for Garissa (3,800HHs), Wajir (3,800HHs), Mandera (4,000HHs), Isiolo (3,800HHs), Samburu (3,750HHs), Turkana (7,720HHs), Kwale (1,200HHs) and further single disbursements for Lamu (7,000HHs), West Pokot (1,200HHs), Mwingi (376HHs) and Tana Delta (2,533HHs) counties. In all the targeted counties, the decision to use cash to deliver aid was informed by the cash feasibility assessment findings. Transfer values varied³ in some counties with a value of Kshs.3, 000 being the agreed figure in majority of the targeted counties.

1.1.10 Post Distribution monitoring and RTE was conducted in 12 counties (Kwale, Kilifi, Lamu, Tana River, Samburu, Isiolo, Marsabit, Turkana, Wajir, Garissa, Mandera and Baringo).

Findings

A total of 3097 households were reached in 12 counties whereby women were 74% and men 26%. Majority were women since they were the main beneficiaries of the program. Majority of respondents (77%) were aged between 25-59 years. An average number of members per household across all the counties was seven and 49% of households' members were children aged between 0 to 12 years

² The most vulnerable households not targeted under any other safety net project, Households, with orphans not targeted by any other program, Households with critically ill persons who are, not targeted by any other program, most vulnerable households with elderly persons, Child headed households

³ Transfer value was calculated at Kshs. 3,000 except for Kilifi (Ganze) which was Kshs. 6,000 and Lamu (Kshs. 4,800 for mainland and Kshs. 5,700 for Island)

Selection criteria: 95% of the respondents (2933) stated that the process was fair since there were selection criteria which had been set while 5% felt that it was not. The selection criteria were based on the extent of vulnerability. Out of the households selected, 85% had vulnerable people (children U5, pregnant/lactating mother or elderly) while 15% were households with disable person, poor households.

During the sensitisation, the beneficiaries were informed as to how much they would be receiving

Amount received: 90% of the household beneficiaries from Kwale, Kilifi, Turkana, Baringo, Marsabit, Isiolo, Samburu, Wajir, Garissa, Mandera and part of Tana River (Tana North) received Ksh. 3,000, 9% mainly from Lamu county and Tana Delta in Tana River county received Ksh. 5000 (supported by ICRC) while 1% received amount below Ksh 3,000

From the household survey, 99% of the households reported no cases of corruption at any phase of the program to pay any fee, or give a favour in return while 1% reported to have been asked or paid fee was to either the chief, M-Pesa attendant and or committee member

Accessing CTP Distribution Point: Overall, most respondents **take less than 1 hour (64%)** to access distribution point; 25% take 1 to 3 hours while those who take more than 3 hours were 11%

Main mode of transport was on **foot 74%** followed by motor vehicle 24% and bicycle 2%. Others, animal and boat had <1%

For those who used money in transport, mean cost of accessing distribution point was **Ksh. 499**; lowest cost 20 and highest 4000. The 4,000 was one case from Wajir county

Safety during accessing money: 99% of the respondents felt completely safe at the distribution point while 1% felt somewhat safe. This was due to insecurity, crowding at M-pesa agent and distance from home

"There have been no reports of people being conned or any theft at Mpesa points", Female FGD Marsabit

Cases of corruption in the Program: From the household data, 99% reported no cases of corruption at any phase of the program to pay any fee, or give a favour in return. The 1% reported to have been asked or paid fee was to:

- Chief
- Mpesa attendant
- Committee member

Priority Expenditure for the cash: Food was the first priority of expenditure (87%) followed by education (5% where people paid fee balances and bought scholastic materials for the children)

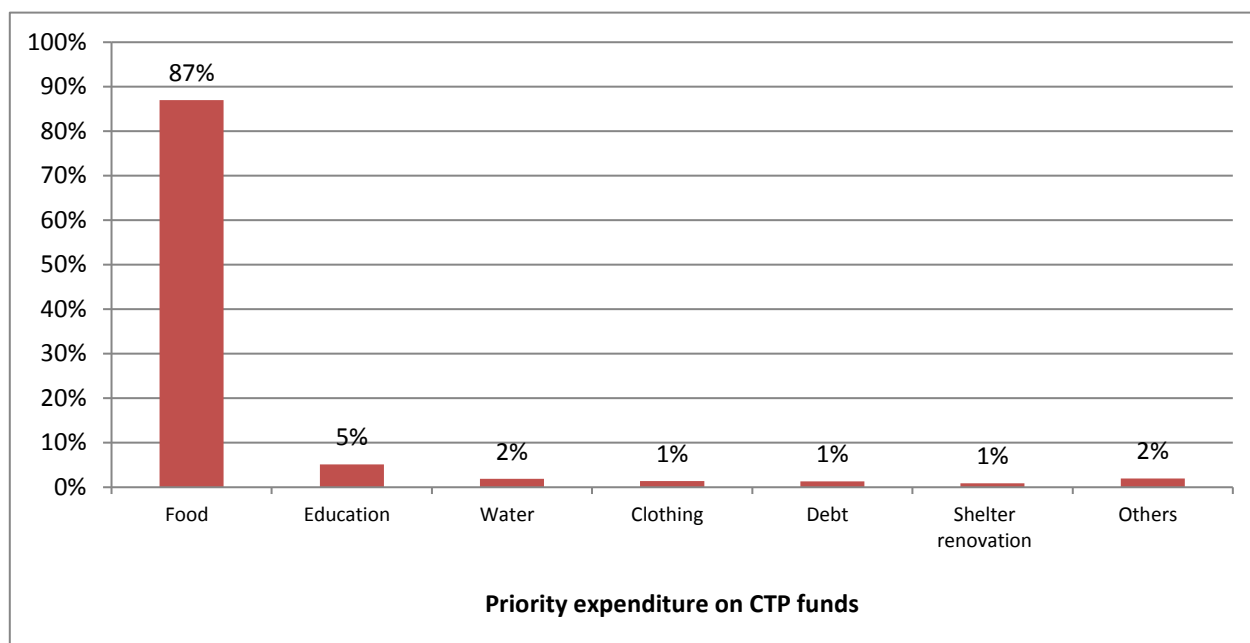


Figure1: Priority Expenditure on CTP

"I went to the shop to get goods on credit, the shop keeper refused to lend me as I had a pending credit with him, however, at around 12 pm I received a message from Mpesa that I had received Money from Red cross; this was a very happy moment for me. I bought 5 kg of sugar, 5 kg of rice, 5 kg of wheat flour and a tin of powder milk and oil" **Female FGD, Elsafara village, Mandera county.**

"...we are thankful of Kenya red cross cash intervention. Though the project duration is short, we have been able to have decent meals and take our kids back to school." **Male FGD, Kilifi**

"...others were able clear debts and where allowed to take more debts," **KII, Samburu**

Market availability and Inflation: 92% of Households got items from their local market

59% of the respondents however indicated that there has been increase in price change in the market after the disbursement of cash grant mainly on the food items. Similarly, results from FGDs (64%) indicated increase in food price

"We mainly consume rice and the prices are currently too high. One dozen of maize flour was 1200 before drought but now it is Ksh. 2,200. Sugar was Ksh.70 per Kg and now it is Ksh 200." **Male FGD, Karbuna village, Garissa county**

Decision on spending: 61% of the decision on how to spend the money was made by the direct beneficiaries while 38% by spouse (wife/husband)38% and 1% by relatives

"In most cases since the women received the cash, they decided on how it would be used as they knew the needs of the family. But they had to consult men to some extent on the same to avoid quarrels and violence", **Male FGD, Garissa**

"...for us who have been involved during sensitization have no issues with women receiving cash, but some feel it could have been prudent to serve equally. I heard some people say those who their wives received cash on their behalf were weak..." **Male FGD, Kilifi**

Community and household power dynamics and security: 99.5% of the targetted households had not experienced, witnessed or heard of any conflict between household members or family

The <1% conflicts that were highlighted were

- Alternate used/deducted part of the money
- Husband wanted part of the money to spend on his needs
- Wife did not spend the money as expected

In the households survey, 97% reported that the cash grant has not created tension in the community. The 3% who reported that the cash grant had caused community tension was due to many people who wanted to be included as beneficiaries and thus kept borrowing from those that had received money.

Complaints and feedback mechanism: 89% of the households had no complaints raised during the operation period, 11% had complaints raised around the use of alternates, delay/ missed disbursement and so forth. Highest complaints raised were in Kwale county. 84% of beneficiaries who took part in the survey were not informed of where and how they could raise their complaints

Number of meals in household per day: 58% of the households are now able to have three or more meals with the highest being Lamu county where 96% of the sample population was able to have three and above meals daily

Alignment to the RCRC code of conduct and its application: The operation adhered to the code of conduct

Recommendation

1. Recommendation proposed by the beneficiaries:

- Increase the CTP amount to cover transport, family sizes and increased food prices
- Ensure that payments are done on time and taken as an emergency
- Increase the target numbers
- Increase the program scope to cover livelihood components because of ongoing effect of drought

2. Recommendation proposed by stakeholders:

- Increase the amount disbursed
- Increase the number of target beneficiaries
- Increase on period of response
- Sharing regularly with the chief/committee the schedule of payment or when payment has been made
- Sectoral involvement and engagement of stakeholder
- The KRCS team should embark on documenting C&F and ensure that there is sufficient follow up of complaints from the beneficiaries

1.1.11 After action reviews will be conducted at the end of the program. Documentation of the CTP process is ongoing with support from the public relations and communications department. Video footages of the CTP process have been taken in Marsabit and Tana River Counties. The recordings will be uploaded on KRCS website highlighting the key steps in the CTP process and feedback from beneficiaries of the CTP process. Besides, case study documentation is ongoing for the cash based interventions in Marsabit and Turkana counties. Once completed, the evidence based case studies will be presented in cash learning fora and later published.

Outputs

% of achievement

Outcome 2: Reduced food insecurity among the affected households	Output 2.1: Livelihoods are protected and negative coping mechanisms reduced among affected pastoral communities/households		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	50%
2.1.1 Conduct inception meetings with local stakeholders including county steering group and community	x		100%
2.1.2 Identify payment mechanism	x		50%
2.1.3 Mobilize, target and register beneficiaries through selected community committee	x		50%
2.1.4 Purchase livestock, slaughter, inspect and distribute meat	x		50%
2.1.5 Conduct after action review with all stakeholders		x	0%
2.1.6 Procurement and distribution of seeds		x	0%
Progress towards outcomes			
<p>2.1.1 Inception meetings have been carried out in 13 counties where KRCS has been carrying out drought interventions. These were done through the CSG meetings at county level. During the inception meetings, KRCS highlighted the targeting criteria, transfer value, the project period and areas to be covered. The target areas and the transfer values were harmonized during the inception meetings. Through these meetings, KRCS together with other agencies developed joint plans of actions guided by the county government that include areas of operations thereby avoiding duplication of roles and double targeting of beneficiaries.</p> <p>2.1.2 16 vendors were identified through competitive bidding for destocking programs in Tana River (2), Marsabit (11), Wajir (1), Mandera (1) and Garissa (1) counties. The vendors supported KRCS in buying weak livestock to help farmers salvage some capital from weak livestock affected by drought to protect farmers from heavy losses. More vendors have since been contracted for the destocking programs in Mandera and Wajir counties.</p> <p>2.1.3 The actual de-stocking began in December 2016 in two initially targeted counties that have been experiencing huge livestock losses (Garissa and Tana River Counties). Community mobilization in these counties was carried out followed by initial meetings with stakeholders meant to give exact locations where the destocking exercise. This intervention has been replicated (based on the needs assessment report) in Mandera, Wajir and Marsabit.</p> <p>2.1.4 In order to cushion the community members from the effects of livestock losses and respond to increased food insecurity and malnutrition risks, KRCS intensified livestock off take interventions in which cattle and shoats with deteriorating body conditions were purchased for immediate local slaughter and distribution of the meat (upon certification as fit for consumption by a qualified meat inspector) with priority being given to families with malnourished children, under-fives, elderly and</p>			

those living with disability. To date a total of 8,052 sheep and goats as well as 798 cattle have been purchased, slaughtered and meat distributed to 125,352 people (20,892 households) in Mandera, Wajir, Marsabit, Garissa and Tana River counties. Meat distribution ratios were **2 households per goat/sheep and 6 households per cow**. To achieve the overall quality of the intervention, KRCS ensured that prices of both shoats were agreed upon and set by the relevant government officers from the line ministries, community local leaders in the presence KRCS teams. This intervention is ongoing in Wajir and Mandera counties and KRCS will continue to monitor and report on the entire process to inform similar interventions in future.

2.1.5 After action review (AAR) is planned at the end of the drought operation program.

2.1.6 Procurement of seeds has not been done due to the failure of long rains to sustain cultivation.

Water, sanitation, and hygiene promotion

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in the targeted communities	Outputs	% of achievement
	Output 1.1: Hygiene promotion activities which meet SPHERE standards in terms of the identification and use of hygiene items provided to target population	56%
	Output 1.2: Hygiene related goods (NFIs) which meet SPHERE standards are provided to the target population	62%

Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1. Train hygiene promoters on hygiene promotion as Trainer of Trainees for participatory hygiene and sanitation transformation methodologies	x		64%
1.1.2. Production and procurement of IEC materials to support behavior change communication (PHASTER toolkits).	x		70%
1.1.3. Recruit of WASH officers		x	0%
1.2.1. Procurement of point of use water treatment chemicals for households	x		70%
1.2.2. Train and sensitize communities on the use of water treatment chemicals and monitor their utilization	x		60%
1.2.3. Procure storage containers; UPVC water tanks, bladder tanks to support water storage in hard hit areas		x	60%
1.2.4. Monitor treatment and storage of water through household surveys and water quality tests, including continuous assessments: <i>partly covered by WSTF</i>	x		60%

Progress towards outcomes

- 1.1.1. 32 out of 50 planned Red Cross Action Team members have been trained on appropriate methodologies of conducting hygiene promotion in emergencies
- 1.1.2. IEC materials have been procured to support behavior change communication.
- 1.1.3. Recruitment of WASH officers has not been done. However, KRCS are currently using the RCAT trained in WASH.
- 1.2.1. UNICEF donated 100,000 pieces of aqua tabs to be used for water treatment chemicals for households.
- 1.2.2. Seven (7) communities have been trained and sensitized on the use of water treatment chemicals and monitor their utilization
- 1.2.3. Nine (9) bladder tanks to support water storage were procured and distributed in Garissa and Wajir counties. UPVC, water tanks, bladder tanks were distributed in Garissa to support water storage in hard hit areas.

1.2.4. Monitoring of water treatment and storage of water through household surveys and water quality tests, is done bi – monthly.				
Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in target communities	Outputs		% of achievement	
	Output 2.1: Community managed water sources giving access to safe water is provided to target population		58%	
	Output 2.2: Hygiene promotion activities are provided to the entire affected population		57%	
Activities		Is implementation on time?	% progress (estimate)	
		Yes (x)	No (x)	
2.1.1.	Procure and distribute fast moving spare parts kit for target water systems	x		40%
2.1.2.	Rehabilitate/equipping of key water supply schemes in strategic acute drought hit areas and training of water representatives	x		40%
2.1.3.	Repair and deploy KRCS emergency response units	x		70%
2.1.4.	Drilling of new boreholes	x		50%
2.1.5.	Desilting of earth dams/pans	x		50%
2.1.6.	Water trucking for one month	x		100%
2.2.1.	Conduct thematic hygiene promotion campaigns targeting institutions, communal areas in the target areas	x		70%
2.2.2.	Train teachers on SHEPP (School Hygiene, Education Promotion program methodology	x		50%
2.2.3.	Cascade SHEPP through formed school hygiene clubs	x		50%
Progress towards outcomes				
<p>2.1.1. Two spare parts kits have been purchased for target water systems.</p> <p>2.1.2. 31 boreholes have been rehabilitated in strategic acute drought hit areas and training of water representatives done respectively.</p> <p>2.1.3. KRCS have deployed the response teams.</p> <p>2.1.4. Six (6) boreholes have been drilled and they are serving 2500 households.</p> <p>2.1.5. Four (4) Desilting of earth dams/pans.</p> <p>2.1.6. Water trucking for one month was done in one county due to the lack of water to serve the community.</p> <p>2.2.1. Twenty-one (21) thematic hygiene promotion campaigns have been conducted in the sites where the boreholes were rehabilitated. The messaging targeted institutions and communal areas.</p> <p>2.2.2. Five schools have been trained on SHEPP (School Hygiene, Education Promotion Program methodology)</p> <p>2.2.3. Following the SHEPP training which was done in 5 schools, KRCS have been able to reach 5 school in hygiene clubs.</p>				

Quality programming / Areas common to all sectors			
Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	Output 1.1 Initial needs assessment are conducted		50%
	Output 2.2: Target communities are able to provide feedback, complaints and influence decisions that affect them		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1. Inception meeting with key stakeholders	x		50%
1.1.2. Participate in joint assessments	x		50%
1.1.3. Undertake joint rapid assessments where need be	x		50%
2.2.1 Strengthen the system for collecting and analyzing rumors and feedback, including through frontline volunteers and insights into media and social media.	x		100%
2.2.2 Review beneficiary communication (CEA), complaints and feedback reports including comprehensive beneficiary perceptions and satisfaction surveys as part of the monitoring strategy	x		100%
Progress towards outcomes			
1.1.1. Reported under 2.1.1, food security section			
1.1.2. KRCS has participated in joint assessments with other stakeholders in Garissa, Kilifi, Tana River, Kwale, Marsabit, Lamu, Turkana, Garissa, Isiolo, and Samburu counties. The results of these assessments have been used to inform programming options in these areas. Joint nutrition assessments have also been carried out in Turkana, Marsabit, Tana River, Kilifi and Lamu counties. The assessments have helped identify the most vulnerable children in need of support such as supplementary feeding programs and case management of malnutrition cases. Findings from these assessments helped in enrolment of cases to the relevant nutrition programs that include Supplementary feeding programs and outpatient therapeutic programs.			
1.1.3. Joint rapid assessment was conducted in Baringo County where ethnic conflicts left over 4000 households displaced. Following the assessments, KRCS has carried out a number of interventions that include distribution of non-food items (NFIs) to 821 households (comprising of blankets (1841), mosquito nets (1436), collapsible jerry cans (1477), kitchen sets (812), and Tarpaulins (163)), food to 11,000 households (comprising Maize flour, green grams, cooking oil, salt) and carried out medical outreaches in the affected. KRCS is also leading dialogue and peace initiatives between the warring communities with the aim of bringing			

about sustainable peace in areas affected by the conflict. The situation has improved though cases of sporadic attacks continue to persist

The World Food Program Vulnerability Assessment and Mapping and Food Security Outcome monitoring reports as well as the county specific short rains assessments, NDMA early warning bulletins provided some basic market information which has informed the Cash Transfer programs in Marsabit and Tana River counties.

The Rapid Assessment of Markets study is currently ongoing in Marsabit, the findings of which will provide information on price trends, type and quality of commodities being stocked by both retailers and wholesalers, availability of key commodities and access of the physical markets.

2.2.1 & 2.2.2. Please refer to activity 1.1.8 under food security and livelihoods. During the reporting period, KRCS intensified efforts towards the implementation and use of the approved guidelines for handling community complaints and feedback. Village committees consisting of approximately 5 people have been formed in each target village under the community based targeting system to perform among other duties, receiving and handling community complaints. Complaints beyond their ability to resolve are then handed over to KRCS volunteers and staff to resolve as stipulated in the guidelines

Complaints received so far have ranged from non-receipt of cash grants by community members due to problems with their payment details and in some cases exclusion of deserving community members. These were handled by correcting the payment details and inclusion of the vulnerable members within the targeted populations by KRCS. Beneficiary satisfaction was also measured through the real-time evaluation.

Outcome 2: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	Output 2.1: Management of the operation is informed by a comprehensive monitoring and evaluation system.		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.1.1. Develop a monitoring and evaluation plan for this operation	x		100%
2.1.2. Conduct an after-action review during and after the operation		x	0%
2.1.3. Conduct monthly internal coordination meetings with other involved departments such as health, nutrition, water and sanitation and food security etc.	x		60%
2.1.4. Conduct an external evaluation for the drought response		x	0%
Progress towards outcomes			

- 2.1.1. A monitoring and evaluation plan was developed and the dissemination was conducted on the same to the team members. KRCS recently convened a planning and review meeting for all the cash focal persons in the 13 target counties in which the plans were disseminated and copies of the same shared.
- 2.1.2. After Action Review, has not been carried out for this operation. This is planned to be undertaken in mid and at the end of the operation. The initial after-action review session will be for Baringo conflict response.
- 2.1.3. KRCS taken part in coordination meetings both at county and at national levels.

At national level, KRCS has been actively involved in the food sector meetings aimed at ensuring sharing information on ongoing responses and coverage areas to ensure that responses do not duplicate what other agencies are doing. Other meetings included the Kenya Humanitarian Partnership Meetings (KHPT) organized by the UN, the monthly food security and nutrition working group (FSNWG) meetings, and Nutrition sector working group meetings

At county level, KRCS teams took part in County Steering Group (CSG) meetings which brought together all humanitarian and state agencies in each county together for coordination of emergency responses for each specific county. Areas targeted by the various KRCS programs and each specific agency were agreed and allocated through the CSG taking into consideration the strengths and mandates of each agency.

KRCS has attended CSG meetings in Turkana, Kilifi, Marsabit, Lamu, Tana River, Garissa, Mandera, Wajir, Samburu, Kwale, Isiolo, and West Pokot counties where the drought situation has been on a deteriorating trend and Baringo county which is affected by both drought and conflict.

KRCS participated in the Water and Environmental Sanitation Coordination Meeting (WESCOORD) that was chaired by the principal Secretary, State Department of National Water Services. During the meeting, the chair reiterated the government's commitment in supporting a number of drought mitigation programmes that include water tracking, boreholes rehabilitation and drilling. Members were informed that the government had spent one billion Kenya shillings in support of 23 counties worst hit by drought. Operational presence update map for April on the current drought response was also shared by the information management expert. Humanitarian agencies that presented their progress updates included UNICEF, KRCS, Nor Kenya, CRS, World Vision, Acted, Malteser International, Plan International, Food for the Hungry, Samaritan Purse and UNHCR. Key action points from the meeting included;

- Continued liaison with partners to support future workshops
- Filling of the 5Ws template by partners to capture activities
- Partners to subscribe to the new mailing list
- Application of funds by partners under the Flash Appeal and CERF

The KRCS Operations Manager attended the Kenya Humanitarian Partners Technical meeting in which KRCS provided an update on the progress towards the implementation of drought appeal. According to the updates, KRCS is working closely with NDMA in cash targeting and delivery as well as in beneficiary targeting with the use of Hunger Safety Net Programme (HSNP) platform in Turkana, Wajir and Mandera for distribution of cash transfers. Funding coverage was indicated to be at 37%. Other presentations included the general drought response status and projections by NDMA as well as progress in election preparedness (presented by NDOC). There were also sector updates on nutrition, WASH, health, agriculture & livestock, education and food.

- 2.1.4. An external evaluation for the operation will be carried out at the end of the operation.

Outcome 3: Target people and communities in the selected areas access timely, accurate and trusted information that enable them to access services,	Outputs	% of achievement
	Output 3.1: Target households have access to life-saving information that helps them to access the most needed services (cash, shelter, livelihood) and	100%

prevent diseases and take action about their safety, health and wellbeing and engage with the Red Crescent to influence and guide decisions (linked to output 2.2)	engage in recommended hygiene and nutrition practices (in consultation with health and WASH) Output 3.2: Target communities are able to provide feedback, complaints and influence decisions that affect them (linked to output 2.2)		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
3.1.1. Develop CEA strategy, plan and tools	x		100%
3.1.2. Production and procurement of IEC materials to support behaviour change communication (PHASTER) toolkits – same as output 1.1.2 in WASH	x		70%
3.1.3. Establish dialogue platforms (call-in radio programmes), including at community level through the volunteers (KRCS has an established and funded system in place for this)	x		50%
3.2.1. Activate a local hotline (KRCS has an established and funded system in place for this)	x		100%
Progress towards outcomes			
<p>3.1.1. Please refer to 1.1.7 under food security and livelihoods</p> <p>3.1.2. IEC materials have been designed and procured for behavior change communication.</p> <p>3.1.3. KRCS are using existing mechanisms</p> <p>3.2.1. A local hotline is in use as reported under 1.1.8 under food security and livelihoods.</p>			

D. Budget

The appeal coverage as at May stood at 14% (CHF 3,522,551) of which CHF 3,402,019 has been spent. This represents 97% expenditure of the amount received.

KRCS received funds for the drought response through 3 mainstreams; multilateral through the IFRC, bilaterally (directly to KRCS by PNS, ICRC and UN agencies), and through corporate organizations and individuals.

The table below shows the funding received by KRCS in Swiss Francs as at 2nd June, 2017. This is updated regularly.

International Support	Expected Remittance	Amount received	Utilization	Committed Funds
Movement Support - Multilateral	3,754,510	2,974,200	3,207,220	(233,019)
Bilateral Support	5,958,080	2,362,420	1,286,220	1,076,210
	9,712,590	5,336,620	4,493,440	843,191
Local Support				
Corporate & Individuals	2,422,010	864,926	291,126	573,800
Totals Pledges	12,134,600	6,201,546	4,784,566	1,416,991
Appeal Budget	25,062,572	51%	77%	23%
Funding Coverage		48%		
Funding GAP		52%		

Contact Information

For further information specifically related to this operation please contact:

In Kenya Red Cross

- Dr. Abbas Gullet, Secretary General; mobile phone: +254 722 740789; email: gullet.abbas@redcross.or.ke

In the IFRC EAIOI Country Cluster

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In the IFRC Africa Regional Office

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For Resource Mobilization and Pledges in the Africa Regional Office:

- Kentaro Nagazumi, Partnership and Resource Development Coordinator, Nairobi, mobile phone: +254 714026229; email: kentaro.nagazumi@ifrc.org

For In-Kind donations and Mobilization table:

- **IFRC Regional Logistics:** Rishi Ramrakha; mobile phone: +254 733888022; fax: +254202712777; email: rishi.ramrakha@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator; Nairobi; email: fiona.gatere@ifrc.org

Disaster Response Financial Report

MDRKE039 - Kenya - Drought

Timeframe: 23 Nov 16 to 23 Nov 17

Appeal Launch Date: 23 Nov 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/11-2017/5	Programme	MDRKE039
Budget Timeframe	2016/11-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		25,062,572				25,062,572	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		492,980				492,980	
Australian Red Cross		45,636				45,636	
British Red Cross		253,482				253,482	
China Red Cross, Hong Kong branch		25,698				25,698	
German Red Cross		107,376				107,376	
Italian Government Bilateral Emergency Fund		532,225				532,225	
Italian Red Cross		108,995				108,995	
Japanese Government		495,875				495,875	740
Japanese Red Cross Society		87,398				87,398	
Luxembourg Red Cross		32,699				32,699	
Norwegian Red Cross		139,422				139,422	
Red Cross of Monaco		21,459				21,459	
Singapore Red Cross Society		19,967				19,967	
Swedish Red Cross		158,655				158,655	
Swedish Red Cross (from Radiohjälpen (Sveriges Television (SVT) Foundation*))		71,975				71,975	
The Canadian Red Cross Society (from Canadian Government*)		75,014				75,014	
The Netherlands Red Cross (from Netherlands Government*)		853,695				853,695	
C1. Cash contributions		3,522,551				3,522,551	740
C. Total Income = SUM(C1..C4)		3,522,551				3,522,551	740
D. Total Funding = B + C		3,522,551				3,522,551	740

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		3,522,551				3,522,551	740
E. Expenditure		-3,402,019				-3,402,019	
F. Closing Balance = (B + C + E)		120,532				120,532	740

Disaster Response Financial Report

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Selected Parameters

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Budget Timeframe	2016/11-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			25,062,572			25,062,572		
Relief items, Construction, Supplies								
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	
Cash Disbursement	9,568,000						9,568,000	
Total Relief items, Construction, Sup	18,565,620						18,565,620	
Land, vehicles & equipment								
Computers & Telecom	23,600						23,600	
Office & Household Equipment	52,500						52,500	
Total Land, vehicles & equipment	76,100						76,100	
Logistics, Transport & Storage								
Storage	48,000						48,000	
Distribution & Monitoring	156,120						156,120	
Transport & Vehicles Costs	326,240						326,240	
Total Logistics, Transport & Storage	530,360						530,360	
Personnel								
National Staff	34,000		4,807			4,807	29,193	
National Society Staff	1,476,770						1,476,770	
Volunteers	378,370						378,370	
Total Personnel	1,889,140		4,807			4,807	1,884,333	
Consultants & Professional Fees								
Consultants	55,800						55,800	
Total Consultants & Professional Fees	55,800						55,800	
Workshops & Training								
Workshops & Training	108,450						108,450	
Total Workshops & Training	108,450						108,450	
General Expenditure								
Travel	10,000		11			11	9,989	
Information & Public Relations	118,435						118,435	
Communications	29,000						29,000	
Financial Charges	1,200		0			0	1,200	
Other General Expenses	2,133,690						2,133,690	
Shared Office and Services Costs	15,136		6,025			6,025	9,111	
Total General Expenditure	2,307,461		6,036			6,036	2,301,426	
Contributions & Transfers								
Cash Transfers National Societies			3,169,184			3,169,184	-3,169,184	
Total Contributions & Transfers			3,169,184			3,169,184	-3,169,184	
Indirect Costs								
Programme & Services Support Recover	1,529,641		206,702			206,702	1,322,939	
Total Indirect Costs	1,529,641		206,702			206,702	1,322,939	
Pledge Specific Costs								
Pledge Earmarking Fee			15,290			15,290	-15,290	
Total Pledge Specific Costs			15,290			15,290	-15,290	
TOTAL EXPENDITURE (D)	25,062,572		3,402,019			3,402,019	21,660,553	

Disaster Response Financial Report**MDRKE039 - Kenya - Drought**

Timeframe: 23 Nov 16 to 23 Nov 17

Appeal Launch Date: 23 Nov 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/11-2017/5	Programme	MDRKE039
Budget Timeframe	2016/11-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			25,062,572			25,062,572		
VARIANCE (C - D)			21,660,553			21,660,553		

Disaster Response Financial Report**MDRKE039 - Kenya - Drought**

Timeframe: 23 Nov 16 to 23 Nov 17

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Interim Report

Selected Parameters

Reporting Timeframe	2016/11-2017/5	Programme	MDRKE039
Budget Timeframe	2016/11-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	25,062,572		3,522,551	3,522,551	3,402,019	120,532	740
Subtotal BL2	25,062,572		3,522,551	3,522,551	3,402,019	120,532	740
GRAND TOTAL	25,062,572		3,522,551	3,522,551	3,402,019	120,532	740