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# Emergency Plan of Action Final Report

## Kenya: Drought Appeal

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal n° MDRKE039;</b>	<b>Glide n° DR-2016-000118-KEN</b>
<b>Date of Issue:</b>	<b>Date of disaster:</b>
<b>Operation start date: 23 November 2016</b>	<b>Operation end date: 31st October 2018</b>
<b>Host National Society: Kenya Red Cross Society</b>	<b>Operation budget: CHF 29,686,126</b>
<b>Number of people affected: 3.5 Million people</b>	<b>Number of people assisted: 1,373,294 people</b>
<b>N° of National Societies involved in the operation:</b> Finnish Red Cross, British Red Cross, Danish Red Cross, Norwegian Red Cross, Netherlands Red Cross, Monaco Red Cross, Canadian Red Cross, Japanese Red Cross, and ICRC and IFRC	
<b>N° of other partner organizations involved in the operation:</b> 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.	

### A. Situation analysis

#### Description of the disaster

The Drought situation in Kenya started in October 2016 following the prolonged drought situation which was characterized by successive poor rainy seasons. Localized off-season showers had little impact on environmental conditions. The impact of the poor rains negatively affected livestock conditions as they had to travel long distances to access water and grazing/pastures, leading to further falls in productivity and in the purchasing power of pastoralists.

The drought situation continued to worsen by February 2017, with over 15 counties (Baringo, Isiolo, Kilifi, Laikipia, Mandera, Marsabit, Samburu, Tana River, Wajir, West Pokot, Narok and Kwale) in Integrated Phase Classification (IPC) 3 – Crisis.

The severe drought resulted in loss of vegetation, reduction in water levels, decrease in pasture negatively affecting the health of livestock and consequently milk productivity. The drought also saw, reduced crop production. The impact on water sources forced humans and livestock to travel, long distances in search of water, increase in return distances from grazing. Unfavorable terms of trade were observed with high prices of food products were relatively expensive. The affected counties were reporting an increase in malnutrition among children.

The government declared the drought a [National Disaster in 2017](#) following worsening drought situation that left approximately 3.5 million people in acute food insecurity.

The crisis had evolved as follows;

1. In August 2016, the long rains assessment carried out by the Kenya Food Security Steering Group (KFSSG) identified 1.25 million people in need of food assistance and this was a result of poor performance of March-April-May of 2016 rains.
2. The poor performance of the October-November-December (O-N-D) of 2016 increased short rains pressure on communities, and when the short rains assessment was done in January 2017 by the KFSSG, the population requiring food assistance had increased to 2.7 million people.
3. Following the poor performance of the long rains March-April-May (MAM 2017), the Mid-Season Long Rains Assessment carried out in May indicated that the population affected by drought had increased to 3.5 Million People. This included 2.6 million people facing severe food insecurity, of these 500,000 people already were in Emergency Status (IPC Phase 4), and 800,000 people were considered Stressed (IPC Phase 2) and were expected to fall into Crisis (IPC Phase 3) level between August to October 2017.
4. The Kenya Meteorological Department's (KMD) short rains (O-N-D) assessment for 2017 indicated poor performance of the rains. The assessment reports presented in December 2017 recommended extension of all on-going relief operations in 10 counties including those in IPC 3 Crisis i.e. Garissa, Wajir, Isiolo, Tana River, Kajiado and Kilifi as well as those in IPC 2 stressed i.e. Mandera, Marsabit, Kitui and Taita Taveta counties until April 2018.

The short rains of 2017 (October through December), brought significant improvements in some counties targeted by this Emergency Appeal including Laikipia, Baringo, Lamu, Turkana, Samburu, West Pokot and Kwale. Despite the improvement, an alert was issued by KMD indicating a high likelihood of occurrence of Heat Waves in Northern Counties including; Turkana, Samburu, Marsabit, Mandera and Wajir. This heatwave resulted in the counties experiencing some level of stability but only in the short term.

During March – April - May 2018, most Arid and Semi-Arid Lands (ASAL) counties recorded enhanced rainfall that was also fairly distributed both in time and space. In a number of counties, the cumulative amount of rainfall received in May 2018 was above normal. Some counties; Kwale, Kilifi, Makeni, Marsabit, Garissa, Baringo and Turkana the rainfall exceeded 110 percent of the long term mean for May. The good rainfall performance during the long rains season impacted positively on crop and livestock performance in most ASAL counties. In the pastoral counties, livestock body condition improved significantly as a result of availability of forage and water which saw increased milk availability and household income from higher livestock prices. In the marginal agricultural counties, improved crop performance had started.

The Appeal closed with a balance of 43,088 (see financial report attached) which will be moved to the general Appeal to support resilience activities and required technical support.

## Summary of response

## Overview of Host National Society

In November 2016, IFRC on behalf of the Kenya Red Cross Society (KRCS) launched an emergency appeal to enable KRCS to assist the drought affected people in the affected counties. The Kenya Red Cross used a combination of funding sources to meet the needs to meet the needs of the drought affected population; multi-lateral funding from the IFRC, bi-lateral funding from Partner National Societies and local resource mobilization efforts. The KRCS appeal received a 76% response through the various funding streams. The interventions focused on **Health, Water Sanitation and Hygiene (WASH), Livelihoods, and Nutrition and Food Security.**

Through these interventions, KRCS reached a total of **1,415,812 people** representing 103% of the **1,373,294** targeted population. The increased number of people reached by KRCS is mainly due to additional interventions carried out by KRCS in partnership with county governments for instance in Kitui county where KRCS partnered with the county government to drill 36 boreholes.

The table 2 below summarizes the population reached through the various interventions:

Summary Table	Households Reached	People Reached <sup>1</sup>
Cash Transfers	42,042	252, 252
Food Distributions	56,813	340,878
WASH Interventions	103 community water points	343,887
De-Stocking	29,037 sheep and goats and 1,381 cattle	400,962 <sup>2</sup>
Health interventions		77,812 <sup>3</sup>
<b>Total</b>		<b>1,415,812 people</b>

## Overview of Red Cross Red Crescent Movement in country

The Kenya Red Cross works and collaborates with various national societies with a presence in Kenya including: The American Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross and Norwegian Red Cross. The International Committee of the Red Cross (ICRC) regional delegation is also hosted in Nairobi, which serves as a hub for operations in eastern and central African countries. The International Federation of the Red Cross and Red Crescent Societies (IFRC) have a Regional Office for Africa and Country Cluster Support Team office for Eastern Africa based in Nairobi. The IFRC through the country cluster provided resource mobilization and technical support to Kenya Red Cross in the implementation of the appeal. The British Red Cross, Danish Red Cross, Finnish Red Cross and Turkish Red Crescent supported KRCS bi-laterally. The American RC, Australian RC, Austrian RC, Canadian Red Cross, China RC (Hong Kong Branch), German Red Cross, Japanese Red Cross (including contribution from Japanese

<sup>1</sup> Based on an average household size of 6

<sup>2</sup> Based on an average household size of 6, and 1 cow shared by 6 HH and 1 goat shared by 2 households

<sup>3</sup> Received health services in KRCS outreach clinics

Government), Italian RC, Luxembourg RC, Malaysian Red crescent, The Netherlands RC, Italian RC, Swedish RC, Singapore RC, Norwegian RC and Monaco Red Cross supported through the International Federation of Red Cross and Red Crescent Societies (IFRC). British Red Cross and Turkish Red Crescent also provided additional resources through the IFRC.

Through National Societies several governments also made financial contributions to the appeal including; Austrian Government, Government of Italy, Government of Japan, Malaysian Government, Canadian Government and the Royal Dutch Government. The Swedish Television provided support through the Swedish RC.

The ICRC regional delegation in Nairobi worked with KRCS on a joint project in Lamu and Tana River (Tana Delta) counties where cash transfer programming was used to support the drought affected population. The KRCS kept the Movement partners informed, individually and through joint briefings, on progress in supporting the affected communities, and further consulted several of them on the need to revise the appeal.

### **Overview of non-RCRC actors in country**

Response actions were carried out in collaboration with the national government through line ministries, the county governments through county departments, United National agencies and Local and International Non-Governmental Organizations. The European Union Humanitarian Aid (ECHO), the United States Office for Foreign Disaster Assistance (OFDA), the embassies of Bangladesh and Turkey also funded the Kenya Red Cross Society drought response operations.

Additional support and funding was also received from United Nations Agencies which engaged KRCS as an implementing partner as well as a recipient of the UN Flash appeals implemented the following;

- **UNICEF** - Nutrition outreaches targeting children, pregnant and lactating women with acute malnutrition in were carried out in 13 counties. UNICEF also provided support for child protection to KRCS and funds to support a catch-up campaign, to boost the routine immunization coverage following the protracted strike by MoH staff. UNICEF also funded rehabilitation of Communal Water facilities in Wajir County.
- **FAO** provided funding to KRCS to support the livestock sector through animal offtake in 6 counties and in distribution of animal feeds, animal vaccines and fodder seeds.
- **UNFPA** provided funding to KRCS to support Reproductive Health in Emergencies, Gender Based Violence Prevention and Response as well as strengthening obstetric referrals in 5 counties.
- **WFP** worked with KRCS in 6 counties on Chakula Kwa Jamii (Food for communities), a cash Transfer Programme that targeted 13 drought affected counties.
- **WHO** provided funding which enabled KRCS to support immunization and disease surveillance in 5 counties.

**The table below summarizes the actions taken by the government ministries:**

Agencies	Response activities	Coverage areas
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National Drought Management Authority (NDMA)	<ul style="list-style-type: none"> <li>Activated their county drought contingency plans and funds, with support from ECHO.</li> </ul>	Tana River and Garissa counties
	<ul style="list-style-type: none"> <li>Coordinated drought-related activities, including production of monthly drought early warning bulletins.</li> </ul>	23 ASAL counties
Ministry of Devolution	<ul style="list-style-type: none"> <li>Cash transfer for most vulnerable households in 19 counties.</li> <li>Food distribution in selected counties</li> </ul>	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
Hunger Safety Net Programme (HSNP)	<ul style="list-style-type: none"> <li>Cash Transfers</li> </ul>	Turkana, Marsabit, Wajir and Mandera
Ministry of Health (MoH) at national and county level, UNICEF, WFP and civil society organizations (CSOs), Non-Governmental Organizations (NGOs).	<ul style="list-style-type: none"> <li>Nutrition interventions targeting acute and chronic malnutrition were implemented 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</li> </ul>	Mandera, Wajir, Garissa, Tana River, Marsabit, Turkana, Samburu, West Pokot, Baringo
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	Carried 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 water services boards also supported with water trucking to communities.

### Local Partners

KRCS engaged corporate organizations in Kenya, as well as appealing to the general Kenyan public through local campaigns; **'Embrace Family'**, **'Skip a Meal'** and **'Drive a Mile'** to mobilize resources to meet the needs of the drought affected population.

The local partners who supported the fundraising efforts included; Safaricom and MPESA Foundation, Kenya Commercial Bank Foundation, Airtel Money, Equitel Money, KRCS App, Embrace A Family, Paypal, Master Card, Rotary Club of Muthaiga, Savannah Cement, National Bank of Kenya, Jitegemea Sacco, Jitegemee Sacco, Tullow Oil Kenya, Africa Oil, Nation Media Group, Little Ride, Living Faith International, Dalbit Petroleum, Bangladesh Embassy staff, University of Nairobi Law 2008 Law Class, Terrasol Kenya Limited, Simba Net Limited, Green Kenya Corporation, Centum Group, Riaru University, London Distillers, Ismaili Counsel of Kenya, Kenya Air Force Veteran Association, Home Afrika, Kenya Airways staff, University of Nairobi, Water Trust Fund, Pambazuka National Lottery, Tegua Chapaa, Chandaria Foundation, Financial and Property Consultants Limited Group, Blue Sky Films Ltd, KEPISA, WPP Scan Group, LONGREN, African Oil Kenya, Jijenge Credit Limited, Beta Healthcare Ltd, Bonds Garden Restaurant, Modern Coast, Kenya Deposit Insurance Corporate, NIC Bank, Motogari, Ukulima Sacco, Kenya Charity Sweepstake, International school of Kenya, Parrot Universal Sound Group, Betin Kenya, Privatisation Commission, Mt. Zion 7th Day Church of God, Carmel Catholic Pri. School Utawala, Shree Hanuman Temple, Broadcom Sacco Ltd, Alfa Romeo Owners Club, Fairmont Norfolk, Japan Flexipay, Carmelvale Catholic Primary, Kenya Prisons, Central Bank of Kenya, Kenya Overseas Chinese Association, Gina Din, KCB Customer Experience Team, Members of the PR Society of Kenya, Motema Association-Kibicho, Co-op Bank Business Change Mgt Unit, United States International University, Nairobi County Board, Karichuta Construction Company Ltd, Betway (Blue Jay), GA Insurance, Muslim Women Pioneer, Insurance Regulatory Authority, Capital Markets Authority, Retirement Benefits Authority, Q1 Foundation, Wrigley, Foundation (KBFUS), Geoffrey Okumu, Coca Cola, IEM Kenya, Management University, Kenya Airlines pilots association, Rohini Hirani, Hillcrest Schools, Betika, Uber Kenya, Golden Palace Casino (Nakuru Lucky Investment Limited), Rambo Resources, Tatu City, Oxygen 8/Lotto Foundation, Shinda Washinde, Anonymous donations, African Development Bank (ADB) among other individual donations.

## Needs analysis and scenario planning

### Needs analysis

The NDMA after the rains carried out seasonal field assessments to determine the impact of the rains on food security and human nutrition. These assessments were supported by government ministries, United Nations agencies (especially WFP and UNICEF), international and local non-governmental organizations. The assessment were conducted in 138 sentinel sites spread across the ASAL areas.

NDMA reports indicated that the 2017 short rains (October-December) were characterized by late onset, poor distribution, and early cession in most parts of the 23 ASAL counties. In addition, most of the counties experienced higher than average temperatures characterized by heat waves. The higher than average temperatures resulted in rapid deterioration of pasture, as well as rapid evaporation of water in surface reservoirs, eroding the possibilities of pastoral communities to recover.

KRCS interventions focused on the following key sectors;

### Health and Nutrition

The Short Rains Assessment SRA (February 2018) pointed to a deteriorating situation, as the drought situation worsened. A total of 343,559 children in arid and semi-arid counties required treatment for acute malnutrition (MAM - 268,549 and SAM – 75,010). Malnutrition had also affected 37,223 pregnant and lactating women. The caseload had increased from August 2016 which had reported; 294,330 children (MAM- 233,700 and SAM 60,600) as well as 29,500 pregnant and lactating women. There was therefore a need to implement interventions targeting acute and chronic malnutrition.

A summary table showing Nutrition Situation Classification based on IPC. Source SRA 2017 Report, KFSSG;

Category	Threshold	Counties
Very Critical	GAM WHZ > 30%	Parts of Turkana (Turkana North), Marsabit (North Horr) and Mandera Counties
Critical	GAM WHZ 15.0% - 29.9%	Baringo (East Pokot), Turkana (Turkana South, West and Central) and Isiolo Counties
Serious	GAM WHZ 10.0% - 14.9%	Tana River County

The malnutrition rates were at very critical levels in parts of Turkana, Marsabit and Mandera counties and with the rest of the counties at alarm phase reporting serious acute malnutrition levels. The analysis conducted following the drought indicated low dietary intake and household level food insecurity, coupled with high disease burden and localized outbreaks of cholera (Mandera, Marsabit, Wajir and Tana River) were the reasons for higher rates of malnutrition.

According to the nutrition smart survey which was conducted along with the short rains assessment, the rate of acute malnutrition in 10 of the 15 targeted counties had risen above the 15% emergency threshold. Turkana North, North Horr in Marsabit and Mandera were extremely Critical (IPC Phase 5 based IPC phase classification), while Turkana Central was in Critical (IPC Phase 4) and Serious in Turkana West (IPC Phase 3). Analysis from neighboring areas, East Pokot and West Pokot, showed deterioration with the counties classified as Critical (Phase 4) and Serious (Phase 3) respectively. Tana River County was also among counties that had been affected by deteriorating nutrition situation and was categorized as at Serious level (Phase 3).

Drop-out rates at health facilities for expectant mothers were also recorded during the period which was attributed to strained household income as a result of disrupted livelihoods. The deterioration in household incomes were attributed to failure by expectant mothers to pay for transportation to health facilities and consequently increased risk of maternal and new-born deaths. The drought situation also compromised drug efficiency for the patients on long term treatment due to lack of food to support patient recovery. This enhanced the severity of diseases, and for cases such as HIV, there was an increased risk of transmission as the viral suppression was affected. High levels of malnutrition weakened the immune system thereby predisposing vulnerable groups to infections, such as measles and other common ailments.

During the implementation of the operation, a number of conflict incidents were reported/recorded in Baringo, Turkana, Isiolo, Marsabit and Wajir which experienced conflicts some quite linked/related to drought (grazing/pasture conflict) as well some inter communal clashes. KRCS also responded to Gender Based Violence (GBV). Capacity building of teams was identified as a key requirement to ensure a reduction in the risk and incidences of GBV and other protection risks.

## **Food Security and Livelihoods**

The 2016 - 2017 short rains caused modest improvements in most of the counties apart from a few in the North, Coast and South Eastern marginal agricultural counties. The drought combined with an infestation of Fall Army worm (in Baringo, Embu, Kitui, Kwale, Makueni, Nyeri, Taita Taveta and Tharaka Nithi) negatively affected people's recovery, particularly in the livestock sector and constrained their coping mechanisms. Low food commodity volumes and high prices continued to hamper household food availability and access. Crop failure coupled with other vulnerabilities including water shortages, atypical increase of staple food prices, sporadic conflict in various parts of the country, high market dependence, decline terms of trade for pastoralists and declining animal productivity had a devastating impact on food security and nutrition. Following the end of the maize subsidy program, households was expected to have a negative impact on household food security as food prices were expected to rise. Most affected counties included Kajjado, Isiolo, Garissa, Tana River, Mandera (Lafey/Mandera East), Narok, Kitui, Isiolo which received little rain.

FEWSNET and the National Drought Management Authority projected that Stressed (IPC Phase 2) outcomes would persist in some coastal marginal agricultural areas. As incomes continued to rise in pastoral areas with improved herd sizes, livestock productivity, and sales, more poor households were expected to move to Stressed (IPC Phase 2) acute food insecurity. Crisis (IPC Phase 3) outcomes were likely for some of the worst-affected pastoralists, particularly for households in Tana River (Tana North, Tana River), Mandera (Lafey, Mandera South), Garissa (Lagdera, Balambala), Wajir, and Isiolo (Merti Garba Tulla). These households were expected to continue to require humanitarian assistance through May to meet their minimum food needs, particularly due to their severely restricted purchasing power, and low milk production that reduced their consumption levels.

## **Water, Sanitation and Hygiene**

According to the NDMA Drought Early warning bulletin for January 2018, the rains received in October and November were able to replenish the open water sources to some levels in a majority of the ASAL counties and therefore the main water sources for both domestic and livestock use. In Wajir, Isiolo (Garbatula & Merti) and Marsabit counties, water shortages were already being experienced leading to overreliance of boreholes compared to the previous months. 10 In North Eastern counties such as Mandera and Wajir, trekking distances to water sources for both domestic and livestock uses continued to rise as sources dry up due to high temperatures and increased usage. As a result, livestock body conditions remained below average with cattle mostly exhibiting poor body conditions. This resulted in significantly low milk production especially from livestock. Communities in North Eastern region rely on water trucking for domestic and animal use. Similarly, the situation in Kajjado continues to worsen with poorly recharged (less than 10%) surface water sources such as pans and dams.

The counties where the situation was worsening still required rehabilitation and development of new water points to reduce vulnerability to the extended effects of the drought and reduce the time taken to access water.

## Beneficiary selection

The KRCS targeted 15 counties affected by drought in the country which were classified as counties in alarm phase of drought in 2016- 2017.

The KRCS with financial support from ECHO supported cash transfers for three months in parts of Tana River, Garissa, Wajir, Isiolo and Marsabit (also Includes Turkana), and Mandera with Kajiado covered with in-kind food distribution. Beneficiary selection was based mainly on vulnerability of affected communities. Community members covered by other humanitarian partners were excluded from KRCS interventions. The process was community driven and involved local leaders and government departments. Priority was given to the most vulnerable households which included households with severely or moderately acute malnourished children, households head with elderly, chronically ill persons, children, and single female, disabled person without income.

The KRCS enhanced collaboration under this drought emergency operation through county and sub-county coordination forums to have clear targeting criteria before roll out. This criterion was disseminated to the communities to have a better understanding and take active role in selecting the communities to be supported. Baseline and targeting assessment were conducted in the affected counties to select the most affected persons. This was done through community meetings in collaboration with relief committees, local authority and KRCS.

On food aid, KRCS worked with the local community and the Government of Kenya to reach the most vulnerable households guided by the set criteria. This took into account the demographic, social and economic indicators; the assets and wealth as well as the agricultural and other coping mechanism; families headed by women, elderly or children and those having disabled or chronically ill family members as the bread winners (household heads) were prioritized in filling other criteria.

In the WASH sector, KRCS prioritised water schemes that benefit the masses, the human and livestock populations, while on de-stocking, KRCS targets livestock farmers with animals that had limited chances of survival. The process of identification of beneficiaries (whose animals were purchased) and beneficiaries to receive products from purchased animals were prioritised by communities based on vulnerabilities, including homesteads with malnourished children, the aged and women. In enhancing recovery to drought, KRCS worked with targeted communities using favourable forecast for rains during the MAM season to support planting of crops and grass. KRCS collaborated with county government in the distribution of improved varieties of seeds to restore livelihoods. In addition, plans were in place to utilize cash for work in counties classified as normal and stressed to support asset creation. This was to be implemented in collaboration with County government and WFP who also implement CFW.

Intervention Area	Number of HH (Jan 2017)	Number of HH (Mar 2017)	Number of HH (February 2018)	Total Beneficiaries
Direct Cash Transfer (additional 2,042 HH)	17,500	60,000	62,042	372,252
Food Distribution including meat from livestock slaughter (additional 20,000 HH)	5,000 (including	20,300	40,980	245,880

	animal offtake)			
Animal Offtake (additional 2777 HH)		10,000	2,777	16,662
<b>Sub Total Food</b>		<b>90,300</b>	<b>105,799</b>	<b>634,794</b>
Health and Nutrition 14% of population requiring assistance in the 14 counties (14% of 1.9million)		14%		263,500
WASH, boreholes rehabilitated or drilled, Earth pans de-silted (additional 10 water points)	51 water points	90 water points	100 water points	250,000
Early Recovery and Risk Reduction and Resilience Building (New Activity)			225,000	225,000
<b>Total, WASH, Health and Nutrition, Recovery and Resilience</b>				<b>738,500</b>
<b>Grand Total</b>				<b>1,373,294</b>

## Risk Analysis

The areas targeted for drought response were also experiencing security challenges ranging from targeted attacks by suspected terrorists, cattle rustling, inter clan tensions and clashes, resource-based conflicts, amongst others. Migration of nomadic communities in counties such as Baringo and Laikipia triggered conflicts, the results being loss of human life and massive displacements. In Laikipia County, invasion of private ranches increased tensions between herder and ranchers. The government declared the two counties dangerous and disturbed, and subsequently mounted security operations to disarm the bandits. KRCS worked closely with the Government of Kenya and other agencies on the ground and participated in meetings where security and other relevant issues were discussed to mitigate against any negative impact from of these insecurity events. Orienting staff and volunteers involved in the operation on safer access and code of conduct was carried out to help in mitigating security risks, for instance, in Kilifi where members of the community were protesting the local water supply company.

During the period also, the country also experienced heightened tension and sporadic incidents of protests following protracted disputes over the presidential election results that resulted in violent clashes between the police and protesters. However, the protests had a minimal impact on the drought operations. KRCS continued to maintain continuous situation monitoring and analysis to inform activity planning as informed by the situation at the time of response.

Disease outbreaks were also a significant risk especially in the targeted counties which experience frequent outbreaks associated with water scarcity and poor sanitation, such as cholera and dysentery. Ongoing Cholera and Malaria outbreaks in parts of the country posed risks to KRCS volunteers and staff and the target community. KRCS in collaboration with MoH worked closely in monitoring of early warnings, implementation of health promotion activities and supported management of active outbreaks.

## B. Operational strategy and plan

The operation went through a number of revisions and timeframe extensions informed by the analysis of drought progression and projections.

### Overall Objective

The overall objective of the appeal was to offer continuity of life-saving services targeting 1,373,294 drought-affected persons in 15 priority counties by addressing short term household food security, management of acute malnutrition, access to safe water, hygiene and sanitation and support early recovery in selected counties

### Proposed strategy

KRCS planned to implement response actions guided by sector specific national action plans in partnership with government and stakeholders. The implementation plan was updated based on information and forecasts from the Kenya Meteorological Department (KMD), KFSSG Short Rains (2017) Impact Assessments, the NDMA assessment reports and bulletins, nutrition sector SMART Survey reports, Water and Environmental Sanitation Coordination (WESCOORD) action plans and the health sector action plan.

- Continued coordination with the two levels of government (county and national), non-state actors
- Updating Red Cross and Red Crescent Movement partners on the progress in the implementation of the drought response activities.
- Participation in nutrition SMART surveys, as well as Short Rains Impact Assessments.
- Working with the ICRC delegation to ensure safer access and use the existing internal capacities to scale up dissemination in conflict prone counties.
- Working with IFRC's Food Security and Resilience Team in the planning and implementation of recovery and resilience building plans
- Work with the affected communities for effective engagement through community meetings for programme updates and feedback which will be incorporated as part of the exit strategy.
- In the WASH sector, KRCS trained volunteers and community members to ensure continuation of the good hygiene practices as well as the monitoring of water treatment and storage of water through household visits which would be part of recovery and exit strategy.
- As part of the exit strategy, KRCS planned to lobby for some of the cash transfer beneficiaries to be absorbed in the government schemes, in addition to this, other activities will be incorporated in other long-term programming for example Health and food security and livelihood.

### Health and Nutrition Sector:

KRCS led the response in nine of the affected counties, with integrated Health and Nutrition outreaches with financial support from UNICEF. These outreaches focused on mass screening for Malnutrition, onsite case management using the Integrated Management of Acute Malnutrition (IMAM) guidelines. The mass screening and treatment of malnourished children under 5 years were done through targeted outreaches. Children with cases of severe acute malnutrition (SAM) and those with medical complications were managed in selected Nutrition Rehabilitation/stabilization centers (the Inpatient Therapeutic Feeding [ITFC]) and KRCS supported the running of such centers in North Horr, Mandera East and Turkana North East. KRCS also managed and facilitated referrals for cases that required advanced care, immunization, antenatal care, referrals for obstetric emergencies including deliveries, treatment of common ailments, referrals for GBV cases, Psychological First Aid, referrals for counselling and Health promotion. The interventions also targeted other vulnerable groups, who included pregnant and lactating mothers, people with chronic illnesses, the elderly and people living with disabilities. The interventions were supported financially by IFRC, UNICEF, UNFPA and CBM.

KRCS planned and implemented the following activities:

- Integrated nutrition outreaches (mobile outreach clinics) to support scaling up of screening and admission of children with acute malnutrition into the Programme for Integrated Management in line with national guidelines. The outreaches were jointly planned and implemented with county departments for health and focused on identification and enrolment of children with Severe and moderate acute malnutrition as well as pregnant and lactating women into treatment programmes.
- Referral of children with acute malnutrition requiring admission in stabilization centres (ITFC).
- Recruitment and deployment staff to support outreaches as well as supporting the In-Patient Therapeutic Feeding (ITFC)/nutrition stabilization centres.
- Carried out accelerated vaccinations during integrated outreaches to boost coverage for routine Expanded Programme on Immunization (EPI) initiative.
- The expanded nutrition programmes were aimed at ensuring the negative effects under-nutrition including suppression of immune systems which increases the risk of transmission of diseases such as measles and rubella in situation of low transmission.
- Transportation and distribution of Ready to Use Therapeutic Feeds “plumpy-nut” (RUTF) from operation hubs to field operations areas The RUTF were procured and supplied to KRCS by MoH and UNICEF.
- KRCS provided nutrition counselling to caregivers on the best Infant, child feeding practices.
- Carried out community level disease surveillance using clinical data from outreaches, and community level activities carried out by community health workers.
- Rolled out the Minimum Initial Service package (MISP) as part of reproductive health component of the health in emergencies package.
- Supported survivors of Sexual and Gender Based Violence (SGBV) in counties experiencing conflicts and displacements as well as areas with ongoing security operations.
- Coordinated meetings with stakeholders at national and county levels to review response actions and advocated for more support towards health and nutrition programmes.
- Increased access to essential health and nutrition services through minimum package for integrated medical outreaches in mapped hotspots in affected counties.
- Disseminated key health and nutrition messages in emergencies including, maternal infant and child nutrition.

- Conduct counselling of caregivers on the best infant and young child feeding practices.
- Enhanced capacity of health staff and community workers to ensure early detection and treatment of SAM.

### **Water Sanitation and Hygiene**

The following activities were implemented under the WASH sector:

- Rehabilitation/equipping of strategic water supply schemes in drought-hit areas
- Trainings of the water management representatives in the areas supported with water schemes.
- Carried out continuous assessment and water needs analysis.
- Desilting of earth pans (reservoir) ahead of the long rainy season to enhance storage capacity
- Drilling of new boreholes with support from the Water Services Trust Fund.9
- Servicing and repositioning of KRCS Emergency WASH Response Units.
- Procurement and distribution of point of use water treatment chemicals for household water treatment
- Procurement and distribution of fast-moving spare part kits for targeted counties.
- Procurement and distribution of water storage containers (Jerry cans, Unplasticised Poly-Vinyl Chloride (UPVC) water tanks, bladder tanks, etc.) to support water storage in hard hit areas.
- Training of selected Community Health Workers (CHWs) and KRCS volunteers on hygiene promotion using the Participatory Hygiene and Sanitation Transformation for Emergency Response (PHASTER) methodology.
- Conducted routine thematic hygiene promotion campaigns targeting institutions and communal areas in the target areas.
- Trained teachers and pupils on the School Hygiene Education Promotion Program (SHEPP) methodology for hygiene promotion in schools.
- Production and procurement of Information, Education and Communication (IEC) materials to support behavior change communication (PHASTER Toolkits).
- Supported monthly stakeholders' sensitization and advocacy meetings.
- Monitored treatment and storage of water through household visits.
- Water trucking

### **Livelihoods and Food security**

The livelihood strategy planned to apply three-pronged approach to supporting communities;

1. Direct Cash Transfers to improve the purchasing power amongst food insecure households to increase access to food (increase meal frequency).
2. Direct Food Distributions were carried out in areas where markets were not functional or did not have sufficient capacity, areas with poor access to markets and in areas where there are population displacements.
3. Livestock offtake in areas where animal deaths were being reported. The strategy included purchase of animals with deteriorating body conditions, ante mortem inspection, slaughter and distribution of meat to villages where offtake was being implemented.
4. KRCS monitored and in the event of a good start to the rains (March to May) planned to invest on pasture and fodder management as part of recovery.

In addition, KRCS planned to maximize on the long rainy season, to provide opportunities for early recovery in marginal agricultural areas such as Kwale, Kilifi and Tana River counties.

The KRCS also planned to work with communities in Turkana North, Turkana South and Garissa, where food security programmes had been ongoing but had been disrupted by the drought. These areas were predicted to receive good amounts of rain in the long rainy season and could therefore support crop production and restore a level of household food security. KRCS aimed to reach 2,000 farmers in these counties where 50% would be farmers from existing food security and livelihood integrated programs being implemented in the areas and the other 50% as identified jointly with the County Governments.

Activities would include protection of livelihood assets through the rehabilitation and repairs of irrigation systems which have been damaged during the drought period and this will be used to support the provision of water to the farms during the planting season. In line with advice from the Ministry of Agriculture, KRCS planned to purchase seeds and agro-chemicals for 2,000 farmers in the six counties and support them in the planting cycle through the provision of an agronomy and livelihood officer. The officer would work closely with agriculture extension officers to reach the farmers who were not beneficiaries in the ongoing livelihood projects. Farmers within the projects are organized into cooperatives and KRCS continued to support and strengthen the structures to promote effective operations during and after planting. All farmers would be reached with trainings on smart agricultural and sustainable land management practices and post-harvest.

### **Direct Cash Transfer**

Different delivery mechanisms were used in different places. In communities where there was good access to and good usage of mobile phones, the cash delivery mechanism was the KRCS Safaricom M-PESA platform used on their mobile phones. In counties where alternate transfer system exists, such as Hawala, KRCS planned to engage such local remittance companies as a delivery mechanism. This system is popular in Garissa, Mandera, Wajir, and to some extent, Isiolo counties. KRCS had also been using bank agents in counties where Hunger Safety Net Programme was operating especially in Turkana, Mandera, Wajir and Marsabit. Due caution was taken through involvement of local authorities and local communities while targeting beneficiaries to avoid any incidents of double registration (capturing of HSNP beneficiaries. In this case, KRCS received the full beneficiary list of those targeted by HSNP to ensure they were not re-targeted).

The value of cash transfer to every household was calculated based on percentage of average food basket cost which closely matched transfer value provided by other programmes in the country by other partners such as Hunger Safety Net Programme (HSNP), government of Kenya's Orphans and Vulnerable Children ([OVC] and Elderly Cash Transfers), WFP (Cash for Assets). KRCS held several consultative meetings with HSNP Team at their headquarters regarding beneficiary selection in Counties where HSNP was carrying out cash transfers and it was agreed that KRCS would make use of their targeting data (from online database) to ensure that there was no double targeting. This was an additional criterion besides the selection and validation that involved county coordination structures (County Steering Group) and village committees.

### **Food Distribution**

To address the acute food needs at household level, KRCS proposed to target 40,980 households (approximately 245,880 people) in counties where cash was not feasible. These households would be reached through community- based targeting

approach. In this approach, the project stakeholders including the county leadership, the sub county leadership and the target beneficiaries were mobilized and sensitized on what the project entails, the targeting criteria, complaints and feedback channels and details about the assistance that was to be provided.

Through this approach, KRCS personnel targeted, registered and distributed needed food to the target beneficiaries.

## Operational support services

### Human resources (HR)

A total of 167 people comprising staff, volunteers and other surge team members were engaged for a period of up to six months to support the implementation of the planned response activities. These were as below:

Position Title	Quantity	Sector	
Clinical Officers (1 per team)	10	Health and Nutrition	Management of illnesses including children
Nursing Officers (3 per team; Immunization, ANC, General Nursing)	30	Health and Nutrition	Vaccination, Ante Natal Care, general nursing, including midwifery, supporting ITFC
Nutrition Officers (1 per team)	10	Health and Nutrition	Screening and enrolment of children into Community Management of Acute Malnutrition (CMAM)
Full time Doctors (Support ITFC in 3 counties)	3	Health and Nutrition	Hygiene Promotion, community surveillance
Pharmaceutical Technologists	10	Health and Nutrition	Treatment of children with malnutrition and medical complications
Public Health Officers (1 per team)	10	Health and Nutrition	Management of pharmaceutical inventories
Medical Officers (1 per team), on Locum terms	10	Health and Nutrition	Dispensing of prescriptions
Nurses/Nutritionists (2 per team)	20	Health and Nutrition	Overall coordination and technical guidance
Counsellors (2 per team) for 3 areas	6	Health and Nutrition	In charge of Psychosocial Support Services and mainstreaming of Gender and inclusion in drought emergencies
Provision for Night-Call for ITFC Doctors and Nutrition Nurses (Volunteers)	9	Health and Nutrition	Overall coordination of Protection and GBV interventions in the response
Emergency Health Manager	1	Health and Nutrition	Overall coordination, & representation in WESCORD at national level

WASH Emergency Officers	10	Water and Sanitation	Support emergency and recovery phase.
Water Facilities Managers/Engineers	2	Water and Sanitation	Supervision of Water supply works
Cash Transfer Officers	3	Food Security and Nutrition	Supervise targeting, beneficiary registration and verification
Cash Transfer Data Handling Officer	1	Food Security and Nutrition	Managing CTP data
Cash Transfer Programme Manager	1	Food Security and Nutrition	Overall planning and coordination of cash disbursement
National Cash Coordinator	1	Food Security and Nutrition	Coordination of cash activities
WASH Emergency Focal person-HQ	1	Water and Sanitation	Overall coordination, & representation in WESCORD at national level
EOC Officer	1	All sectors	Monitoring of EOC data and analysis of EOC reports
Regional Reporting Officers	4	MEAL	Consolidation and review of response reports
Finance Manager	1	Finance	Overall in all financial management and reporting
Communication Assistant	1	Communication	Handling response related communications
Audio Visual Volunteer	1	Communication	Documentation of response activities
Photographer, Media liaison person	1	Communication	Documentation of response activities
Advisor, Resource Mobilization and External Comms	1	Communication	Overall communication and documentation
Regional Nutritionists (50%)	2	Food Security and Nutrition	Coordination and on emergency nutrition responses
Monitoring, Evaluation, Accountability and Learning Officer	1	MEAL	Monitoring and evaluation of response activities including RTEs, PDMs, end lines and project visit with donors
DM Operations Advisors Salary (60%)	1	Overall	Overall management of the operation
Operations Manager	1	Overall	In charge of the drought operation, supervision and reporting.
EOC volunteers	7	Emergency Operations	Day to day monitoring and reporting of drought situation
Regional Managers (60%)	4	Organization Development	Coordination of responses at the regional offices including participation in regional meetings

DRR & Livelihood Officers	3	DRM	Coordination DRR and Recovery activities
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### Logistics and supply chain

Logistics activities aimed to effectively manage the supply chain, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. All procurements were conducted locally by KRCS.

The supply chain of the operation was based on the National Society's capacity to conduct procurement locally, based on the availability of items in the national/local markets. All procurement related to this appeal followed the IFRC's standards and procurement procedures.

The KRCS procured emergency supplies that were used in health and nutrition outreaches. The supplies were procured locally, and the process was done centrally. A number of regional hubs were operationalized to support operations in counties. The local procurement also included goods and services required for rehabilitation of boreholes and other community water sources, as well as fast moving spare parts. Following the procurement process the supplies were transported to the regional hubs, where they were stored temporarily, and released on demand.

The KRCS logistic and warehousing availed light 4x4 vehicles to support field operations especially for movement of staff during registration of beneficiaries for cash transfer, identification and vetting of vendors as well as transportation of staff involved in borehole repairs and nutrition outreaches.

Transportation of supplies was supported by KRCS fleet of trucks and setting up temporary satellite warehouses where deemed necessary to support in storage.

### Information Technologies (IT)

KRCS ICT officers, supported in developing and broadcast of the TERA SMS to send various messages to communities that had been affected by drought and disease outbreaks. The messages included health messages on how to prevent disease outbreaks and manage active outbreaks.

KRCS ICT team also worked closely with Safaricom to ensure cash transfer on the M-PESA platform was possible. KRCS and Safaricom worked closely to register community members who did not have telephone lines that allow use of M-Pesa. The teams also worked on mapping areas without network coverage for possible expansion of network coverage by Safaricom.

## Communications

KRCS together with the IFRC and partner national societies (including BRC, Finnish RC among others) provided timely communication to various stakeholders (media, public, donor community, corporates, the government) to support realization of the emergency appeal objectives.

KRCS worked closely with the IFRC and PNS to highlight the needs of the drought-affected people and the Red Cross response through proactive media outreach in Kenya and with international media.

This was done through the following;

- Production of regular information bulletins, key messages, etc. and shared with relevant stakeholders, including beneficiaries and partners supporting the operation.
- Field visits with media teams to document the drought situation and response operation.
- News releases and factsheets were developed and made available to the media and key stakeholders.
- Procurement of video camera and accessories for documentation of the drought response effort photography and videography.
- Issuing of media advisories, press releases, Op-eds and organizing press conferences and briefings.
- Organising media tours to areas affected by the drought, as well as engaging in-studio radio and TV interviews and location interviews.
- Production of IEC materials: Banners (landscape, roll up, backdrop) and folders.
- Maintain a social media presence throughout the operation, utilizing KRCS sites such as Facebook, Twitter, LinkedIn, Instagram, Flickr, blogs, among others.
- Posting articles and stories on the KRCS and IFRC websites.
- Conduct media monitoring to gauge impact of the drought and media pulse.
- Build communications capacity of the KRCS communication team, including Red Cross Action Team (RCAT) members through communication training and appropriate equipment if needed.
- Recruitment of a Communication Assistant to support the drought operation.

## Security

Counties targeted under the revised appeal had been experiencing security challenges from inter-communal conflicts (mainly resource-based) and terror attacks. To minimize these risks, KRCS ensured engagement of local staff and volunteers as applicable and continue with security surveillance and using opportunities provided by existing public goodwill and its acceptability approach to ensure successful implementation of the proposed activities. Volunteers and staff deployed for field activities were required to have undergone training on safe access and basic security in the field. In addition, the teams were provided with appropriate PPEs. The headquarter-based security manager carried out continuous review of the security situation in the implementation areas and provided advice to teams periodically as the situation demanded. Through the implementation period, KRCS teams sought to promote the acceptance of the KRCS and respect for the RC emblem and principles by the affected population. The team leaders in the respective operation areas linked with local authority officials and community leaders to ensure safety of the of the target population throughout operations implementation.

## Planning, monitoring, evaluation, & reporting (PMER)

The KRCS MEAL and DM Operations technical staffs based at the headquarters ensured efficient, effective, relevant and timely implementation of the proposed actions in each of the targeted counties. The monitoring framework was developed by the MEAL team to address adherence to minimum standards in humanitarian service delivery, compliance and alignment to humanitarian principles guiding the Movement's humanitarian operations and code of conduct, timeliness in delivery of aid to the affected households, coordination mechanisms, accountability, accuracy, completeness and timeliness of reporting both internally and externally.

KRCS engaged the services of county based project officers to support the implementation of response activities, collate, consolidate and submit operations updates - as and when needed – to the headquarters. In addition, volunteers per county were recruited (on a need basis) to support in community sensitization, targeting, data verification and data collection during periodical reviews. Prior to the response inception, the DM operations team convened a two days' orientation meeting for the project officers in which they were inducted on the relevant project documents as well as the reporting requirements. Data collection tools were printed and bound into registers for each of the targeted counties for the officers' use. These teams were later trained in use of Kobo for data collection paving way for use of the system in all the major activities during the drought response.

KRCS' guidelines for handling community complaints and feedback helped promote inclusion of the most vulnerable, enhance community ownership and track efficiency and quality of the ongoing interventions through the feedback and complaints received. With support from the volunteers and other community members, the project officers documented and reported the complaints and feedbacks emanating from the community (see section 4.1.3.).

KRCS's emergency operations community tracker was used to collect data of the targeted and verified beneficiaries and information then used to guide the intervention. Reporting tools such as field activity reporting template, Situation reporting templates were also used by the field teams to collect information for continuous planning.

A brief update of ongoing interventions was provided on a weekly basis which then was consolidated to form part of the overall drought operation report for sharing with the donors.

The KRCS Standard Operating Procedures (SOPs) namely the emergency assessment, response analysis, cash transfer and livestock destocking guidelines were referred to from time to time to ensure quality interventions. The progress of the operation was assessed through monthly encashment monitoring, Post Distribution Monitoring following each cash transfer, to track utilization of the funds at the household level as well as regular internal reflective sessions focused on preparedness and response actions. Similarly, After Action Reviews were conducted to draw lessons from ongoing responses and make recommendations to improvement, review how the KRCS accountability standards have been applied in the operation and determine key lessons learnt to inform the rest of the operation. KRCS worked closely with the IFRC EAIOI Country Cluster PMER and programme team to strengthen the implementation of the operation through among other things, the joint monitoring visits on a need basis.

While a final external evaluation had been planned, this was not carried out due to funding shortfalls. Instead, KRCS carried out a number of After Action reviews and one real-time evaluation to inform to draw lessons and inform ongoing and future KRCS interventions.

## C. DETAILED OPERATIONAL PLAN

### Health and Care

**Needs analysis:** Health effects related to drought include death, illness (related to hygiene and sanitation and complications arising from SAM), nutrition related effects (malnutrition, micro nutrient deficiency etc.); water related disease including cholera and dysentery; vaccine preventable disease outbreaks such as measles due to lowered immunity caused by nutrients deficiency among others. Further, loss of livelihoods due to drought was expected to cause increased financial barriers to access health services, which would lead to reduced or delayed access to treatment and care, increasing risks of complications and case fatality rates. Pastoralists were already moving massively with their livestock due to un-sustaining livelihoods. Resettlement may expose the people to new infections, which may result into disease outbreaks and increased mortality rates. Migration may lead to congestion, spread of infectious diseases due to poor sanitation, hygiene, unsafe water supply and sexual abuse and gender-based violence.

**Population to be assisted:** The total number of people targeted under this appeal was 1,373,294 people in 15 selected counties. Services to be provided under health services included health and nutrition outreaches, targeting primary groups that are vulnerable to effects of acute malnutrition. The general population was mobilized, and health messages delivered to them in their most preferred channels.

Health and Care
<p><b>Outcome 1: Reduced risks of drought related disease outbreaks and other negative consequences in key health outcomes</b></p> <p><b>Output 1.1. Basic essential health care provided to the target population</b></p> <p><b>Activities</b></p> <p>1.1.1. <i>Sensitize community health workers on epidemic preparedness and community level surveillance</i></p> <p>1.1.2. <i>Conduct health education and awareness sessions with a key focus on nutrition and prevention of common ailments of epidemic potential.</i></p> <p>1.1.3. <i>Conduct integrated Health and nutrition outreaches (screening, onsite management, referrals, transportation of RUTF to local stabilization centres)</i></p> <p>1.1.4. <i>Participate in sub county, county and National level coordination forums and Technical working groups.</i></p> <p>1.1.5. <i>Support SMART surveys and Rapid assessments (continuous monitoring of MAM and SAM levels). Covered by UNICEF</i></p> <p><b>Output 1.2. Minimum initial package for reproductive health services to target population is provided</b></p> <p><b>Activities:</b></p>

1.2.1. *Facilitate referrals for emergency obstetric care*

1.2.2. *Distribute reproductive health kits*

1.2.3. *Procure reproductive health kits*

1.2.4. *Conduct community awareness sessions on Gender Based Violence (GBV) prevention, response and reporting mechanisms*

1.2.5. *Conduct Protection and SGBV Rapid assessment covered by UNFPA*

1.2.6. *Map, establish GBV referral pathways and support GBV referrals.*

### **Output 1.3. Psychosocial support provided to the target population**

1.3.1. *Engage counsellors to provide Psychological First Aid to the affected population.*

1.3.2. *Organize for safe spaces for children and other groups for counselling*

1.3.3. *Train social workers on child protection in emergencies to provide psychosocial support to children and their families*

1.3.4. *Conduct debrief sessions with health teams, Staff and Volunteers involved in response.*

### **Output 1.4. Epidemic prevention measures is carried out**

1.4.1. *Intensify community-based surveillance for possible outbreaks*

1.4.2. *Procure essential supplies for outreaches and epidemic preparedness supplies (IEHK 12), and local procurement of essential drugs*

1.4.3. *Organize for temporary storage of medical supplies and equipment*

### **Achievements**

1.1.1. Kenya Red Cross Society (KRCS) supported the Ministry of Health (MoH) personnel (disease surveillance officers, sub county public health officers, public health nurses, clinical officers, Medical Officers and lab technologists) in the targeted counties (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 was expected that vital information relating to epidemic preparedness will help improve surveillance starting from the lowest and most basic levels, the community.

1.1.2. – 1.1.3. KRCS supported the MoH to conduct integrated medical and nutrition outreaches in the catchment sites the health facilities in each of the 15 targeted counties. A total of **398 outreaches** were conducted in 15 counties with high malnutrition rates. The services offered included immunizations, deworming, treatment of minor illnesses, screening and management of malnutrition cases among the under-five.

A total of **70,360 people** were reached through health outreach programmes. Similarly, public health sessions on hygiene and disability sensitization sessions on rights, needs and services were also delivered by the health care workers. Interventions were informed by the outcomes of the outreach services including supplementary feeding for children under-five, pregnant and lactating mothers.

1.2.1. – 1.2.3. Reproductive health kits were procured and distributed in Kilifi, Malindi, Isiolo, Eldoret, Garissa, Kisumu, Nairobi, and Turkana counties. In addition, 12 tents were procured and used for SGBV and Child protection.

The teams targeted community elders (kraal leaders) in Turkana and elders in Baringo, Administrative leader and religious leaders (Imams) in Kilifi. Three schools: Kainuk Girls Primary School, Koputiro Primary School and Philadelphia Primary were reached for sensitization on SGBV. Community health volunteers were sensitized in Kainuk, Turkana for further sensitization to the community through household visits. Community Sensitization sessions focused on GBV prevention and response as well as violence prevention looking at other forms of violence, reporting and referral mechanisms for medical, psychosocial support, legal and judicial services.

- 1.2.4. With support from UNFPA, 190 community awareness sessions on GBV were conducted in the target counties reaching a total of **7,452 (4,889 females and 2,563 males)**. A total of 1,066 (611 females, 455 males) reached in Turkana, 115 (30m, 85f) in Kilifi, 225 (162 females, 63 males) in Marsabit and 6,046 (2,015 males and 4,031 females) in Baringo.
- 1.2.5. With regard to the provision of psychosocial support services, KRCS engaged five 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 under-five, 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.

A total of 138 volunteers (Turkana -17, Marsabit - 20, Baringo - 20, Kilifi - 19, Marsabit - 20, Samburu- 20 and Tana River- 22) were trained in psychological support/first aid.

A total of 3,018 people has been reached with psychosocial first aid; 1,108 people (1,942 Females and 1,076 males) were reached with PFA services by the trained volunteers. The services were integrated with other activities such as the medical outreaches.

In addition, a total of 1,910 people were reached in 38 sites within Baringo, Turkana, West Pokot, Marsabit, Isiolo, Garissa, Samburu, Lamu, Kilifi, Kwale, Mandera, Wajir and Tana River. The counselling teams conducted 238 individual sessions and 48 group therapy sessions. These sessions contributed to positive individual well-being as confirmed in subsequent visits by the counsellors in areas where ongoing drought effects had been compounded with community conflicts.

KRCS provided play materials; 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

KRCS trained a team of 22 volunteers on basic counselling for follow up and ensure sustainability of sessions. Essential medicines and supplies were procured to complement the MoH stocks and were utilized during the role out of for integrated outreaches

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

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

Through all interventions in health, KRCS reached **a total of 77,812 people**.

### Challenges

Migratory nature of the population in the target counties affected service delivery during health and nutrition outreaches. Collaboration with the local administration and health care service providers enabled KRCS to reach communities in areas they had moved to.

Overlap between the drought and floods operations exacerbated the humanitarian needs and stretched KRCS resources for response since in some cases the same staff required for floods response were also engaged for the drought response. There is need for increased coordination among partners for effective response to disaster effects.

Climatic patterns changed, that resulted in shift of operation from drought to flood response and thus heightened humanitarian needs especially with escalation in disease outbreaks to include cholera that in 2018 had affected 20 counties.

### Lessons learned

Joint programming in implementation of the drought response efforts was one the key result achieved.

## Water, Sanitation and Hygiene Promotion

**Needs analysis:** In most of the drought affected counties, distances to water for both people and livestock had still been increasing, outside the normal trends at the end of the rainy season. As open water sources dried up, the pressure on permanent sources such as boreholes increased, leading to longer waiting times and the risk of breakdown. There was a decrease in water availability and quality in the livelihood zones due to poor or no-recharge of water bodies. More than 80 per cent of the pans and seasonal rivers had been reported to have dried.

**Population to be assisted:** A total of 250,000 people were to be targeted for WASH interventions in the target counties. Priority had been given to rehabilitation of communal water points, and promotion of hygiene towards prevention of disease outbreaks. Water trucking was to be carried out in some areas, based on the needs, and as a last resort.

To be able to reach all the targeted population this phase aimed to provide the time and resources to close the gap that was not realized due the budget constraints that were experienced. This phase was also planned to concentrate on sustainability enhancement of the rehabilitated facilities, which would include innovative technologies e.g. solar pumping, solar desalination plants, and prepaid metering as well as development of larger scheme that would serve larger population and would be managed by the established water service providers.

Due to the sporadic cholera outbreaks that had been experienced in some of the affected counties, KRCS planned to enhance the sanitation and hygiene in interventions targeted on the cholera hotspots in these counties. This entailed

procurement and distribution of HH water treatment chemicals, promotion of hygiene and sanitation as well as prevention of water contamination while on transit to the households.

## Water, sanitation and hygiene promotion

### **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:**

- 2.1.1. *Train hygiene promoters on hygiene promotion as Trainer of Trainees for participatory hygiene and sanitation transformation emergency response (PHASTER) methodologies*
- 2.1.2. *Production and procurement of IEC materials to support behaviour change communication (PHASTER toolkits)*
- 2.1.3. *Recruitment of WASH officers*

#### **Output 2.2: Hygiene related goods (NFIs) which meet SPHERE standards are provided to the target population**

##### **Activities:**

- 2.2.1. *Procurement of Point of Use water treatment chemicals for household water treatment*
- 2.2.2. *Train and Sensitise communities on the use of water treatment chemicals and monitor their utilisation*
- 2.2.3. *Procure storage containers; UPVC water tanks, bladder tanks to support water storage in hard hit areas*
- 2.2.4. *Distribute storage containers; UPVC water tanks, bladder tanks to support water storage in hard hit areas*
- 2.2.5. *Monitor treatment and storage of water through household surveys and water quality tests, including continuous assessments. partly covered by WSTF*

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

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

##### **Activities:**

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

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

- 1.2.1. *Conduct thematic hygiene promotion campaigns targeting; institutions, communal areas in the target areas*
- 1.2.2. *Train teachers on the SHEPP (School Hygiene Education Promotion Program) methodology for hygiene promotion in schools*

### 1.2.3. Cascade SHEPP through formed school hygiene clubs

#### Achievements

- 2.1.1. 32 out of 50 planned Red Cross Action Team members were trained on appropriate methodologies of conducting hygiene promotion in emergencies
- 2.1.2. IEC materials were procured and used to support behavior change communication
- 2.1.3. Two WASH officers were recruited and deployed to Garissa, Kilifi, Tana River, Marsabit, Turkana West Pokot and Baringo counties. KRCS also utilized in-house human resource to support WASH promotion activities
- 2.2.1. UNICEF donated 100,000 pieces of aqua tabs to be used for water treatment chemicals for affected households. These were distributed to communities during hygiene promotion activities in Wajir counties reaching a total of **21,455 people**.
- 2.2.2. KRCS carried out training of communities affected by drought on use of water treatment chemicals. These were carried out through demonstration and sensitization during hygiene and sanitation outreaches as well during household visits. Populations reached through this activity are as described in **1.1.2 to 1.1.3**
- 2.2.3. Nine bladder tanks were procured to support water storage in Garissa and Wajir counties.
- 2.2.4. The water containers procured were then distributed to communities in the two counties to support water storage in hard hit areas. Each household received two (20 20 litre jerry cans for water storage. A total of 1,576HHs were reach with this support.
- 2.2.5. Monitoring of water treatment and storage through household surveys and water quality tests, was done bi-monthly by KRCS health and sanitation officers in Garissa, Kilifi, Tana River, Marsabit, Turkana West Pokot and Baringo counties. In cases where assessments showed poor water quality, KRCS distributed water treatment chemicals. The number through distribution of water treatment chemicals is as indicated in **2.2.1. above**.
- 3.1.1. KRCS through its field-based WASH officers, carried out assessment of water points in the affected areas in which all water points requiring repair and/or rehabilitation were identified. These were then prioritized based the number of community members and livestock depending on livelihood, with those used by a higher number of community members and livestock being repaired first.
- 3.1.2. In total, KRCS rehabilitated a total of **103 water points** in Garissa, Wajir, Turkana, Marsabit, Baringo, West Pokot, Kitui, and Samburu counties and subsequently trained water representatives in the same areas. Through the rehabilitations, KRCS reached a total of **379,586 people** who use the boreholes to access water for domestic use.
- 3.1.3. KRCS deployed emergency 3 water treatment plants in in Garissa, Tana River and Isiolo counties.
- 3.1.4. Eight (8) boreholes in Turkana (1), Baringo (1), Marsabit (1), Garissa (2), and Wajir (3) were drilled and reaching **21,200 people**.

- 3.1.5.** Four earth dams/pans were desilted in Garissa county, reaching a total population of **9,300 people**.
- 3.1.6. Water trucking was carried out for one month in Kilifi county which had been severely affected by the drought situation. Water trucking in the rest of the affected counties was carried out by NDMA in collaboration with county governments in the affected areas.
- 3.1.7. Forty-six (103) thematic hygiene promotion campaigns were conducted in the sites where the boreholes were rehabilitated. The messaging targeted community members as well as institutions in the affected areas.
- 3.1.8. 20 schools were trained on School Hygiene Education Promotion Program (SHEPP)
- 3.1.9. Following the SHEPP training which was done in 20 schools, KRCS also established hygiene clubs in 20 schools

#### Challenges

Water trucking during the emergency phase was costly meaning KRCS could not meet the demand for all communities requiring urgent support with water.

#### Lessons learned

Strategic partnerships and collaboration with other agencies results in sharing of response areas, which results in increased reach

## Food Security, Nutrition and Livelihoods

### Needs analysis:

Many households in pastoral communities in north eastern, northern, coast parts of the country were experiencing food gaps due to depleted incomes and were at acute food security state. Latest updates on food security situation in the target counties indicated that there was poor regeneration of forage and water resources, low livestock productivity and below average crop production to poor short rains received in 2017. Below average terms of trade severely restricted purchasing power. This resulted in more households moving into Crisis (IPC Phase 3) and potentially some of the most vulnerable moving to Emergency (IPC Phase 4). Crisis (IPC Phase 3) outcomes were likely for some of the worst-affected pastoralists, particularly for households in Kajiado, Kilifi, Tana River (Tana North, Tana River), Garissa (Lagdera, Balambala), Wajir, and Isiolo (Merti, Garba Tulla). These households continued to require humanitarian assistance. The GAM prevalence given as being more than 20% is attributable to household food insecurity caused by low milk availability and high food prices as well as from high morbidity. Also, chronic factors such as poor child feeding practices, prevalent poverty, inter community conflict, low literacy and limited access to health facilities also played a role in the worsening food security. Due to these, underlying vulnerabilities of the population made a majority of households unable to afford some essential expenditures without engaging in negative coping strategies.

**Population to be assisted:** A total of 62,042 households were targeted for direct cash transfers, 245,880 households for food distribution, 2777 households for livestock offtake and 225,000 under recovery.

## Food security, nutrition and livelihoods

**Outcome 4: Improved food needs of the drought affected populations are met****Output 4.1 Cash transfers are provided to households to purchase food****Activities:**

- 4.1.1. Target and register beneficiaries
- 4.1.2. Develop beneficiary communication plan and roll out
- 4.1.3. Implement appropriate complaints and feedback mechanisms
- 4.1.4. Disburse cash using appropriate cash transfer delivery mechanism
- 4.1.5. Conduct post distribution monitoring
- 4.1.6. Conduct after action review exercise and document the CTP process using appropriate tools as provided in cash in emergencies toolkit (CiE)
- 4.1.7. Capacity building of 30 members of the Kenya Cash Working Group

**Output 4.2.: Appropriate food rations are distributed to vulnerable households (where markets cannot meet need)****Activities:**

- 4.2.1. Target and register beneficiaries
- 4.2.2. Develop beneficiary communication plan and roll out
- 4.2.3. Implement appropriate complaints and feedback mechanisms
- 4.2.4. Procure food
- 4.2.5. Conduct food distribution
- 4.2.6. Conduct after action review exercise and document good practises

**5. Outcome 5: Reduced food insecurity among the affected households****5.2. Output 5.1 Livelihoods are protected, and negative coping mechanisms reduced among affected pastoral communities/household****Activities:**

- 5.2.1. Conduct inception meetings with local stakeholders including county steering group and community
  - 5.2.2. Mobilize, target and register beneficiaries through selected community committee
  - 5.2.3. Form livestock destocking committees in target and registration of beneficiaries with formed committees
  - 5.2.4. Purchase livestock, slaughter, inspect and distribute meat
  - 5.2.5. Conduct after action review with all stakeholders
6. Outcome 6: Reduced food insecurity among the affected households through cash for work activities

**6.2. Output 6.1: Productive assets/inputs for primary production provided in accordance with the seasonal calendar via in kind production****Activities:**

- 6.2.1. Identification of work/assets to create/improve
- 6.2.2. Procurement and distribution of tools, and farm inputs
- 6.2.3. Monitoring of asset creation activities

**Output 6.2: Purchase of food stuffs (50% ratio)****Activities:**

- 6.2.1. Cereals, Legumes, cooking oils, high energy biscuits,
- 6.2.2. Distribution costs for volunteers
- 6.2.3. Logistics assistants
- 6.2.4. ware house storage costs

### **Output 6.3: Early recovery in Marginal agricultural counties**

#### **Activities:**

- 6.3.1. Procurement of materials for rehabilitation of the drips and irrigation schemes.
- 6.3.2. Procurement of seeds for farmers
- 6.3.3. Procurement of seeds for farmers for short and long rains as per the seasonal calendar
- 6.3.4. Cash for work community driven water pans de-silting
- 6.3.5. Procurement of farm implements and inputs

#### **Achievements**

### **Output 4.1.**

- 4.1.1. Following completion of assessments in the target areas, KRCS carried out targeting and registration of beneficiaries in the affected areas. Targeting of households to be supported was done with support from the CSG and from relevant government administration officials at Sub-county and Ward and location levels. Geographical targeting was used in identifying priority areas based on ranking the different areas (sub-counties and/or wards) by their food insecurity and vulnerability compared to others. This was followed by community-based targeting in which community members, after mobilization, were guided through the project objectives and oriented on the inclusion and exclusion criteria allowing them to select the most vulnerable among themselves who were then supported through the program.
- 4.1.2. A beneficiary communication/community engagement and accountability plan was developed and rolled out in all the CTP programmes. The plan was widely shared and adapted for all the targeted counties where the CTP programmes were implemented. The plan outlined key messages under each aspect to be communicated including KRCS mission and mandate, programme 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 target communities through increasing community understanding of programme components such as the implementation period, transfer value, frequency of transfers and complaints and feedback mechanisms.
- 4.1.3. During the drought operation, KRCS established a number of complaints and feedback mechanisms anchored on the organization accountability to community's framework. The mechanisms used during the drought response included a toll-free telephone line, SMS, Community committees, and red cross staff and volunteers. The toll-free line is open 8 - hours a day (8am to 5pm) and is operated by HQ based accountability officer. Dissemination and sharing of the toll-free line has been ongoing and is now used for all KRCS programmes.

KRCS also used community review meetings which allow communities KRCS staff and volunteers to engage in face to face discussions with community members. Feedback and complaints were received through questions from community and addressed at the meetings while those that could not be addressed at the meeting were forwarded to the relevant staff for resolution.

Through the various feedback and complaints mechanisms, KRCS **registered a total of 745 complaints and feedback during the operation period**. 736 (99%) were fully resolved and feedback given to the community. Complaints mainly related to non-receipt of monthly entitlement due to errors in their payment details or problems with their M-Pesa lines, delays in cash disbursements, or complaints from those who had been excluded as they did not fit the selection criteria as well as complaints related to delays in cash disbursements. These were addressed by informing community of the selection criteria and why not everyone was included in the programme. KRCS also carried out subsequent disbursements during consistent times to ensure communities were aware when to expect cash.

The remaining 1% were mainly feedback from community thanking KRCS for the interventions.

- 4.1.4. KRCS used three main delivery mechanisms to reach the targeted communities; Mobile Money (M-Pesa), payment through banks (Equity Bank's HSN Platform); and E-Vouchers through Compulynx payment system. M-pesa was the most widely used by KRCS due to its widespread usage in the country. This was however only possible in areas with reliable network coverage. KRCS 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. Use of the HSNP platform was marred with payment difficulties forcing KRCS to revert to M-Pesa to assist affected families. Through the different payment systems, KRCS reached a total of **252,252 people (42,042HHs)** with cash.

- 4.1.5. & 4.1.6.: Following the drought response operation, KRCS carried out Post Distribution monitoring and real-time evaluation (RTE) was conducted in 12 counties (Kwale, Kilifi, Lamu, Tana River, Samburu, Isiolo, Marsabit, Turkana, Wajir, Garissa, Mandera and Baringo). Findings from the post distribution monitoring (PDM) and RTE were published in the [CaLP Website](#). Findings from the RTE indicated that 95% of the beneficiaries felt that the selection process was fair and 74% (2,281) stated that the cash was useful to meet their needs. The 26% who felt the cash was not sufficient recommended a median amount of Kshs. 8,000 per month. The priority expenditure of the CTP cash grant was food (87%) while others were education, water, clothing, debt, and shelter. 2 KRCS Drought response RTE report Most (92%) households interviewed indicated that they get their households items from the local market. The decision on how to spend the CTP money is mainly made by the direct beneficiary (61%). 99.5% of the HHs had not experienced, witnessed or heard of any conflict between household members or family. 11% had complaints raised around the use of alternates, delay/missed disbursement, increment in amount, increment on targeted number of beneficiaries to be reached. The implementation was found to be in line with the RCRC code of conduct.

Detailed findings are available [here](#).

KRCS carried out capacity building of the build capacity of government actors and non-government actors implementing Cash Transfer Programs through Cash Transfer Programming Level II trainings in Samburu, Isiolo, West Pokot, Turkana, Marsabit, Garissa, and Wajir, counties. The trainings took place in November 2017 with support from ECHO through the British Red Cross. The cash working groups at county level were established under the drought response programme to support improved coordination. A total of 171 participants (127 males and 44 females) were reached through the trainings.

#### Output 4.2.

- 4.2.1. KRCS carried out assessments in areas affected by drought. In areas where market functionality had been disrupted, KRCS used in-kind food distribution to support families affected by acute food insecurity. Targeting and registration of beneficiaries followed a similar process as in the cash process where the most vulnerable households were selected with support from communities through community-based targeting.
- 4.2.2. KRCS then developed a communication plan detailing all the information to be communicated to communities. These included the food ration that each household is entitled to, the number of people to be targeted under the program, distribution points frequency of distributions, how communities can support the process, available complaints and feedback mechanisms. These ensured two-way communication between KRCS and the communities which contributed to improved community satisfaction with KRCS programmes as articulated by communities during After Action Reviews, evaluations and post distribution monitoring.
- 4.2.3. Complaints and feedback mechanisms were put in place as detailed under **Activity 4.1.3**.
- 4.2.4. KRCS procured food for affected families with support from partners including the IFRC, African Development Bank, KCB Foundation, Safaricom and both the national and county governments.
- 4.2.5. KRCS carried out food distributions in Kilifi, Samburu, Kwale, Baringo, Lamu, Turkana, Isiolo, Mandera, Laikipia and Kajiado counties. In some of these areas, markets were not functioning at optimum levels due to conflicts in some areas and in some cases, inadequate number of payments service providers. Through the in-kind food distributions KRCS reached a total of **56,813 HHs (approx. 340,878 people)** based on an average of 6 people per household.
- 4.2.6. Following distribution of food, KRCS carried out After Action Review (AAR) exercises in the affected areas. Findings from AAR indicated some good practices implemented by KRCS teams during operations which included establishing and maintaining close relations with community members and obtaining reliable information from trusted persons before any movements contributed to the general safety of response teams when delivering assistance in insecure areas. It also noted that increased communication and dissemination to communities of KRCS' mandate is important in improving relations between KRCS and communities and management of community expectations.

## 5.1. Output 5.1.

5.1.1. Inception meetings were held in 13 counties where KRCS implemented 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.

Inception meetings were also carried out for FAO de-stocking programme and ECHO CTP programmes that were launched as part of the drought response. The inception meetings enhanced information exchange and improved coordination which resulted in the reduction of overlapping and duplication of efforts between agencies working in the same counties.

County Steering Group meetings were held in the target counties to agree on the areas to be targeted based on the budget. The Stakeholders considered areas with high livestock populations that had been most affected by the drought and had little or no access to markets.

5.1.2. After areas had been selected, public community meetings (popularly known as Barazas) were held at each of the centre. The KRCS staff explained the project plans to the community and sought the community's thoughts on the same. Following acceptance by the community, KRCS together with the community agreed on the price range that would be offered for the cows, goats and sheep was quoted as 15,000-10,000, 5,000-3,000 and 3,000-1,500 for cows, sheep and goat respectively.

Targeting was carried out through community-based targeting with support of community committees as was the case with the other KRCS interventions. With support from the community committees, KRCS registered the most vulnerable households who would benefit from meat distribution. These included the elderly, people living with disability, orphans, widows and child headed households. In addition to vulnerable households, selected institution including schools were also targeted through the programme.

In addition, sellers were registered by the committee members. They had to confirm that they agreed to sell within the ranges of prices provided. The number of livestock per household was limited to three in order to benefit as many households as possible. Most of the sellers were attributed to the fact that these were patriarchal communities where property was viewed as belonging to the men.

Vendors who would buy the livestock on behalf of KRCS were also selected. The vendors were identified through competitive bidding for destocking programmes 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 programmes under FAO in Turkana, Samburu, Marsabit, Tana River, Garissa and Wajir counties.

- 5.1.3. Community committees were formed during the public meetings and worked with the community members and KRCS in targeting and registration of the most vulnerable households who would receive meat from the destocking exercise as well as livestock farmers who would sell their animals to KRCS.

During the Barazas, community members selected a committee that would spearhead the beneficiary targeting and registration

The actual de-stocking began in December 2016 in two initially targeted counties that had experienced 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.

- 5.1.4. 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 those living with disability. Through the destocking programme, a total of **54,343HHs** (326,058 people) were reached through meat distribution. A total of **21,726 animals** were slaughtered. Other interventions under the destocking programme include livestock vaccination, feed distribution and distribution of fodder seeds to support establishment of strategic fodder reserve for livestock.
- 5.1.5. KRCS carried out livestock destocking from December 2016 beginning initially with Marsabit and Tana River that had been experiencing severe effects of drought resulting in huge livestock losses. This was expanded to Garissa, Mandera, Samburu, Turkana and Wajir counties as the drought situation worsened in these counties. In total, **400,962 people** were reached through the destocking programme. These included **306,954 people** who were reached through meat distribution, **52,254 livestock sellers**, **16,682 recipients of livestock feeds**, **22,348 who were supported through livestock treatment programme**, **4,872 people** who were supported with fodder seeds.



Figure 1: Photos from livestock destocking programme in Tana River County (Photos courtesy of KRCS PR team)

### Safety controls

The destocking exercise was carried out with Government Officers from the line ministries in the team including the ministry of Agriculture and the ministry of health. The livestock Officer would inspect the livestock after pricing and declare it either safe or unfit for consumption.

Ante-mortem was carried out prior to purchase and slaughter of animals. This was done by a livestock officer from the ministry of Agriculture. After slaughter, livestock meat was also inspected to determine fitness for human consumption. It is only after clearance by the public health officer that meat was distributed to the targeted families.

The animal would then be given back to the seller to slaughter and then either bury or skin it depending on the Livestock Officer's assessment. In cases where an animal was declared unsafe for human consumption after slaughter, the animal remains were buried and the owner paid. Only 2 cows and 1 goat were declared unsafe and during the whole operation.

5.1.6. After Action reviews were carried out together with AAR for other KRCS interventions. Lessons are as highlighted in **sections 4.1.5, 4.1.6 & 4.2.6.**

#### Output 6.1.

6.1.1. Quick maturing seeds were procured and distributed in Marsabit, Garissa, Kilifi, Makueni and Kwale counties. The seeds comprised of maize, butternut, water melon, green peas, green grams, cow peas, onions, and kales.

6.1.2. In Kitui county, KRCS and the county government of Kitui have partnered to distribute green grams seeds to support community livelihoods. The programme aims to reach 200,000 households in the county. Currently, the process of registration of eligible farmers is ongoing and is scheduled to end by mid-November 2017.

#### Output 6.2.

6.2.1. – 6.2.4. Activities covered under **Output 4.2** above.

#### Output 6.3.

6.3.1. – 6.3.5: No activities were carried out under this output due to funding constraints.

#### Challenges

During livestock off take, community member felt that the prices for livestock were too low and thus tended to provide young animals. However, sensitization of the community on reduced livestock prices as a result of poor body conditions and the need to encourage communities to destock through available markets helped address the problem.

The destocking project required multiple visits to the community during every slaughtering cycle which was carried out monthly. This resulted in increased programme management costs than had been anticipated during the planning phase. KRCS adjusted the budgets during subsequent buying and slaughter of animals.

Delay in distribution of cash to beneficiaries as planned due to delay in beneficiary targeting, and registration affected the cash transfer programme. This was addressed through the use of beneficiary data from the NDMA hunger safety net programme database for counties implementing the programme.

The operation being conducted in a politically charged season (repeat presidential general elections), there was hesitations and suspicions during the beneficiary's registration process in most areas leading to refusal to producing IDs and causing lower registration numbers than expected, with the impending beginning of the rains, the operation kicked off with a higher pace thereby necessitating a combination of distribution of not less than 6 villages in a day and Kitui is a vast county which resulted in covering longer distances and taking more time out in a day in the field. It was also observed that poor road network as most of the roads in the interior were impassable during the rainy season leading to delays in distribution and both staff/ volunteers and communities staying out for long.

#### Lessons learned

Slaughter and distribution of meat periodically, for example monthly or after every two weeks, helped improve nutrition outcomes as opposed to one-off slaughter and distribution of meat.

### Disaster preparedness and risk reduction

**Needs analysis:** Some of the issues constraining drought risk reduction in the affected counties have included county government and communities with lack of capacity in risk identification, monitoring and early warning systems, lack of capacity to respond adequately and communities with no local action plans to respond to disasters. This has led communities to be dependent solely on emergency response repeatedly due to lack of preparedness. This calls for a more pro-active approach in addressing disaster risk reduction issues

**Population to be assisted:** This will also target a total population of 225,000 beneficiaries also targeted under drought recovery

#### Disaster preparedness and risk reduction

#### **Outcome 7.: Improved capacities of communities and county government in preparedness and response to drought**

#### **Output 7.1. Improved dissemination of drought early warning and identification of early action**

##### **Activities:**

- 7.1.1. Identify gaps in terms of risk information generation, risk monitoring and warning capacities, communication and early actions
- 7.1.2. Roll dissemination of EW to target counties
- 7.1.3. Identification of cost effective early actions

#### **Output 7.2 Communities implementing basic risk reduction and adaptation measures that would help them recover better**

- 7.2.1. Training Volunteers and staffs on VCA
- 7.2.2. Conducting VCA
- 7.2.3. Community development of risk reduction and adaptation plans
- 7.2.4. CMDRR group established/strengthened and trained
- 7.2.5. Support Implementation of community action plans – link with recovery initiatives

Achievements
<i>No activities were carried out under this outcome as no funding was received.</i>
Challenges
N/A
<b>Lessons learned</b>
N/A

### Quality Programming / Areas Common to all Sectors

Needs assessment
<p><b>Outcome 8: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation</b></p> <p>Output 8.1 Initial needs assessment are conducted</p> <p>Activities</p> <p>8.1.1. Inception Meeting with key stakeholders</p> <p>8.1.2. Participate in joint assessments</p> <p>8.1.3. Undertake joint rapid assessments where need be</p> <p><b>Outcome 9: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation</b></p> <p><b>Output 9.1 Management of the operation is informed by a comprehensive monitoring and evaluation system.</b></p> <p>9.1.1. Develop a monitoring and evaluation plan for this operation</p> <p>9.1.2. Conduct an after-action review during and after the operation</p> <p>9.1.3. Conduct monthly internal coordination meetings with other involved departments such as health, nutrition, water and sanitation and food security etc.</p> <p>9.1.4. Conduct an external evaluation for the drought response</p> <p><b>Output 9.2 Target communities are able to provide feedback, complains and influence decisions that affect them.</b></p> <p>Activities:</p> <p>9.2.1. Strengthen the system for collecting and analyzing rumours and feedback, including through frontline volunteers and insights into media and social media.</p> <p>9.2.2. Review beneficiary communication (CEA), complaints and feedback reports including Comprehensive beneficiary perceptions and satisfaction surveys as part of the monitoring strategy</p>

**Outcome 10. Target people and communities in the selected areas access timely, accurate and trusted information that enable them to access services, 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)**

**Output 10.1. Target households have access to life-saving information that helps them to access the most needed services (cash, shelter, livelihood) and engage in recommended hygiene and nutrition practices (in consultation with health and WASH)**

**Activities:**

10.1.1. Production and procurement of IEC materials to support behaviour change communication (PHASTER toolkits) – same as output 1.1.2 in WASH.

10.1.2. 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)

**Output 10.2.: Target communities and are able to provide feedback, complains and influence decisions that affect them (linked to output 2.2)**

**Activities:**

Activate a local hotline (KRCS has an established and funded system in place for this)

**Achievements**

Reported under Reduced food insecurity among the affected households 1.1.1

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 informed programming options in these areas. Joint nutrition assessments were carried out in Turkana, Marsabit, Tana River, Kilifi and Lamu counties. The assessments helped identify the most vulnerable children in need of supplementary feeding programmes and case management of malnutrition. Findings from these assessments helped in enrolment of cases to the relevant nutrition programmes that include Supplementary feeding programmes and outpatient therapeutic programmes.

A joint rapid assessment was conducted in Baringo County where ethnic conflicts left over 4,000 households displaced. Following the assessments, KRCS implemented a number of interventions including distribution of non-food items (NFIs) to **821 households** {comprising of blankets (1,841), mosquito nets (1,436), collapsible jerry cans (1,477), 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 facilitated 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 since improved though cases of sporadic attacks continue to persist.

The World Food Programme 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 informed the Cash Transfer programmes in Marsabit and Tana River counties.

The Rapid Assessment of Markets provided useful 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.

Please refer to activity 1.1.8 under food security and livelihoods.

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.

After Action Review for the Baringo Operation was carried and findings from the AAR pointed out a number of good practices implemented by KRCS which include;

- WASH interventions initiated in East Pokot apart from providing access to water resources for households also help reduce competition for such resources between communities hence offsetting a key trigger for conflicts in Baringo County.
- There is need for KRCS to develop conflict management and response SOPs to guide response to and management of conflicts.
- Community-based targeting (CBT) methodology was effective in identifying the most vulnerable households since most community members had better information about household needs and could identify deserving cases. However, CBT must be balanced with the possibility of influence by some non-deserving community members e.g. by committee members.
- Effective management of community complaints and feedbacks improves relations between KRCS and the community thus contributing to the overall success of the operation.
- Capacity building to volunteers improves the quality of response by creating a pool of volunteers who are able to offer diverse support during response operations.
- Constant monitoring of community perception is a critical component of ensuring the safety of response teams.

KRCS took part in coordination meetings both at county and at national levels.

At national level, KRCS was 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 programmes and each specific agency were agreed and allocated through the CSG taking into consideration the strengths and mandates of each agency.

KRCS attended CSG meetings in Turkana, Kilifi, Marsabit, Lamu, Tana River, Garissa, Mandera, Wajir, Samburu, Kwale, Isiolo, and West Pokot counties where the drought situation had continued to deteriorate trend and Baringo county which was 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 regularly took part in the monthly Kenya Humanitarian Partners Technical meeting in which agencies provided updates on ongoing programmes including the drought response.

KRCS was co-Chair and continues to co-chair the Cash Working Group at the National level and supported cash coordination in 6 counties (Isiolo, Samburu, Marsabit, Turkana, West Pokot, Wajir and Garissa). Through these forums, coordination among agencies improved through close collaboration and increased exchange of information which reduced duplication. Some of the issues discussed in these forums included, harmonization of transfer values, coverage of beneficiaries once a particular partner's project ended/closed (differing project timelines) and creation of beneficiary data banks to be hosted by the social protection department (Government of Kenya).

#### Challenges

The time taken for assessments in counties with huge geographical areas meant delayed the process of targeting and registration and subsequent delivery of assistance to communities affected by drought.

#### Lessons Learned

Joint programming in implementation of the drought response efforts enhances the effectiveness of programmes across all the sectors.

## D. THE BUDGET

### Contact information

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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 (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.



# Emergency Appeal

DRAFT FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/11-2019/07	Operation	MDRKE039
Budget Timeframe	2016/11-2019/07	Budget	APPROVED

Prepared on 23 Aug 2019

All figures are in Swiss Francs (CHF)

## MDRKE039 - Kenya - Drought

Operating Timeframe: 23 Nov 2016 to 31 Jul 2018; appeal launch date: 23 Nov 2016

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	29,686,126
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>29,686,126</b>
<b>Donor Response* as per 23 Aug 2019</b>	<b>7,947,070</b>
<b>Appeal Coverage</b>	<b>26.77%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	7,964,577	7,886,804	77,773
AOF4 - Health	0	0	0
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	0	0	0
SFI2 - Effective international disaster management	11,537	11,630	-93
SFI3 - Influence others as leading strategic partners	5,547	5,547	0
SFI4 - Ensure a strong IFRC	0	0	0
<b>Grand Total</b>	<b>7,981,661</b>	<b>7,903,981</b>	<b>77,680</b>

### III. Operating Movement & Closing Balance per 2019/07

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	7,947,070
Expenditure	-7,903,981
<b>Closing Balance</b>	<b>43,088</b>
Deferred Income	0
Funds Available	43,088

### IV. DREF Loan

* not included in Donor Response	Loan :	595,616	Reimbursed :	595,616	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

DRAFT FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/11-2019/07	Operation	MDRKE039
Budget Timeframe	2016/11-2019/07	Budget	APPROVED

Prepared on 23 Aug 2019

All figures are in Swiss Francs (CHF)

## MDRKE039 - Kenya - Drought

Operating Timeframe: 23 Nov 2016 to 31 Jul 2018; appeal launch date: 23 Nov 2016

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	589,423				589,423		
Australian Red Cross	45,636				45,636		
Austrian Red Cross (from Austrian Government*)	1,117,976				1,117,976		
British Red Cross	253,482				253,482		
China Red Cross, Hong Kong branch	25,698				25,698		
Finnish Red Cross	284,790				284,790		
German Red Cross	107,376				107,376		
Italian Government Bilateral Emergency Fund	532,225				532,225		
Italian Red Cross	108,750				108,750		
Japanese Government	496,615				496,615		
Japanese Red Cross Society	87,398				87,398		
Malaysian Government	1,155,830				1,155,830		
Norwegian Red Cross	260,366				260,366		
Red Cross of Monaco	21,459				21,459		
Singapore Red Cross Society	19,967				19,967		
Swedish Red Cross	234,353				234,353		
Swedish Red Cross (from Radiohjälpen (Sveriges Tele	106,316				106,316		
The Canadian Red Cross Society (from Canadian Gov	75,014				75,014		
The Netherlands Red Cross	685,175				685,175		
The Netherlands Red Cross (from Netherlands Govern	1,729,221				1,729,221		
Turkish Red Crescent Society	10,000				10,000		
<b>Total Contributions and Other Income</b>	<b>7,947,070</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,947,070</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>7,947,070</b>	<b>0</b>	