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Emergency Plan of Action Operation Update Kenya: Drought

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRKE044	EPoA update No: 1
Date of update: 23 July 2019	Timeframe covered by this update: 3 months (1 st March – 31 st May 2019)
Operation start date: 01 March, 2019	Operation timeframe: 6 months Expected end date: 30 th September 2019
Overall operation budget: CHF 8,000,000	If Emergency Appeal, DREF amount initially allocated: CHF 385,000
N° of people being assisted: 150,000 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Kenya Red Cross Society, British Red Cross, Danish Red Cross, Netherlands Red Cross, Japanese Red Cross, Swedish Red Cross and Hong Kong Red Cross.	
Other partner organizations actively involved in the operation: National Drought Management Authority, Tullow Oil Company and WFP	

Kenya Red Cross Society (KRCS) is currently delivery assistance and support to some 150,000 people for 6 months, with a focus on the following areas and strategies for implementation: Livelihoods and basic needs, Water Sanitation and Hygiene (WASH), Health, Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA).

Summary of major revisions made to emergency plan of action:

- **March 2019:** The Short Rains Assessment report released in March indicates a worsening food security situation, with some counties having moved to a Crisis phase (IPC3) and IFRC launches a Disaster Relief Emergency Fund (DREF) operation, to support 10,000 families with a one-off cash transfer.
- **April 2019:** IFRC launches an Emergency Appeal, expanding the scope of the operation in terms of areas of intervention and people to be assisted.
- **May 2019:** KRCS continued to monitor the drought situation through joint rapid assessments, in areas showing worsening situation of the drought as well as disbursement of Cash transfers to the supported community members.
- **June 2019:** Post Distribution Monitoring of the Cash Transfers and continued monitoring of the drought situation and reported on the drought update one.

A. SITUATION ANALYSIS

Description of the disaster

In 2018, a short rainfall season across much of Kenya, which stemmed from below average rainfall from October to December, resulted in large-scale crop failure, low pasture regeneration and water scarcity, which considerably deteriorated the food security situation. However, the effects of this hazard continue to be felt by vulnerable communities. The National Disaster Management Authority (NDMA) bulletins for January 2019 indicate that **16 counties (West Pokot, Tharaka Nithi, Samburu, Nyeri (Kieni), Marsabit, Mandera, Lamu, Laikipia, Kitui, Kilifi, Isiolo, Garissa, Embu, Baringo, Turkana and Wajir)** are currently experiencing increasing food insecurity (IPC2¹) with the situation expected

¹ Integrated Food Security Phase Classification

to worsen as a result of the ongoing effects of the drought. Wajir County is the worst affected in the country with Turkana, Marsabit, Baringo, Samburu and Garissa also experiencing significant deterioration in the food security situation. Some communities in these affected counties are already in IPC 3 with the situation projected to further deteriorate. This Emergency Appeal is primarily informed by the 2019 Short Rains Assessment (SRA) (published in March 2019) <https://www.ndma.go.ke/index.php/tutorials/short-rains-assessments> which indicated that a total of 1,111,500 people are currently food insecure and require immediate food assistance in order to avoid people resorting to negative coping strategies.. This includes 843,900 people in IPC 3 and a further 267,600 people in IPC 2.

Real time observations showed that rains in the 2018 season had a late onset and early cessation, with long dry spells experienced in many places. Overall, many parts of the country including Arid and Semi-Arid lands (ASAL) recorded below average rainfall with the exception of counties such as Makueni, Taita Taveta, Kwale, Embu (Mbeere) and Laikipia, which received near normal rainfall. Counties in Western, South Eastern and Coastal regions of Kenya received average rainfall. This resulted in overall unfavourable conditions for rain-fed agriculture, surface and ground water storage recharge and pasture regeneration.

Cessation of the short rains, which were generally below-average in many areas, resulted in a warning of a decline in food, water and pasture in a number of counties. Pasture conditions have continued to deteriorate in most pastoral livelihood zones with the worst cases reported in Turkana, Baringo, Tana River and Wajir, where pastoral livelihood zones are at Alert to Alarm phase according to the five stages of drought, indicating a worsening situation. Diminished forage resources have triggered migration and concentration of livestock to dry season grazing areas. Diminishing resources increases competition for the resources, which is a major trigger of resource-based conflicts if not managed early enough.

The nutrition situation remains critical (Phase 4; GAM WHZ 15.0 - 29.9 percent) in Turkana, Samburu and Mandera counties as well as East Pokot and North Horr sub-counties while the nutrition situation in Wajir, Tana River, West Pokot, Garissa and Laisamis counties are at serious level (Phase 3; GAM WHZ 10.0 -14.9 percent)². An estimated 541,309 people (including children under 5 and pregnant and lactating mothers) require treatment for malnutrition. This is due to an observed increase in severe acute malnutrition (SAM) caseloads which rose from 85,105 cases to 113,941 cases in the above counties.

The Kenya Meteorological Department (KMD) prediction for March, April, and May indicated that counties that are worst affected by the current drought and food insecurity would be expected to receive depressed rainfall. These include parts of **Turkana, Marsabit, Isiolo, Garissa, Mandera, Tana River** and **Wajir counties**. KMD assessment of the rainfall recorded from 1st March to 30th May 2019 indicates that the rainfall performance was generally poor over most parts of the country. Several meteorological stations in the country recorded rainfall that was less than 50 percent of their seasonal Long-Term Means (LTMs) for MAM season. The seasonal rainfall was characterized by late onset and poor temporal and spatial distribution. Much of Kenya has experienced mainly hot and dry conditions in March and April 2019 with most areas reporting below average rainfall according to the Kenya Meteorological Department (KMD). March to April 2019 was amongst the driest period in some parts of the country since 1981. This is despite heavy rainfall being reported in some parts of the country within the last week of April. Parts of the Coast, South- Eastern and Northern were worst hit receiving rainfall that was well below the normal LTM. Most parts of the Coast have been receiving moderate to heavy rainfall from mid-May. However, the totals are still below what is normally received in the month of May except a few parts of Kilifi County which surpassed the normal. The most depressed rainfall has been recorded over North-western (Samburu, Turkana), North-eastern (Wajir, Garissa, Mandera) and South-eastern (Machakos, Kitui, Makueni). The KMD outlook for June-July August (JJA) indicates that the Western highlands, the Lake Victoria Basin, parts of central Rift Valley (Nakuru, Nyahururu) are likely to receive normal rainfall with a tendency to above normal (enhanced rainfall) while the Coastal strip is likely to experience depressed rainfall. The rest of the country is expected to remain generally dry.

Since most ASAL regions of the country are already under food security stress, the poor rainfall performance will not result in full recovery in most of these areas, resulting in a prolonged food insecurity that is likely to persist through to September 2019. KRCS therefore proposed to carry out cash and food interventions during this period. According to the April food security outlook issued by FEWSNET, current stressed (IPC2) outcomes are expected to be sustained through to June with significant declines in food security expected to occur from July through September, with an early start to the lean season occurring in June. FEWSNET further predicts low crop yields due to delayed and reduced rainfall resulting in increased food prices with poor households likely to be worst affected by food shortage. The June-September 2019 FEWSNET food security outlook further warns of increased food stress in pastoral zones caused by below-average terms of trade and reduced household income during the July-September dry season, coupled with heightened resource-based conflict. Tana River, Garissa, Mandera, Isiolo, Baringo, Samburu, Wajir, Marsabit, and Mandera are predicted to be pushed into Crisis (IPC Phase 3) in August

² KFSSG Short Rains Assessment Findings

Factors aggravating the drought situation

Previous droughts

Most of the areas affected by the current drought were also affected the previous droughts that have been recurring in the ASAL areas over the last few years. The 2016/2017/2018 drought affected up to 3.5 million people in the 23 ASAL counties resulting in severe disruption of livelihoods of the affected communities. The drought contributed to underlying vulnerability of communities especially in the ASAL counties which negatively impacted the capacity of populations to cope with recurring disasters. While the country witnessed good rainfall performance during the March to May 2018 rains, this did not result in full recovery from the devastating effects of the preceding drought, a situation that was compounded by the poor performance of the October to December 2018 short rain season. The delayed onset of the March to May 2019 season as a result of the formation of Tropical Cyclone Idai at the beginning of the season and the general poor performance forecasted for the MAM 2019 season is expected to exacerbate the impacts of the OND 2018 drought according to the Kenya Meteorological Department.

The March-April-May 2018 Floods Effects

The effects of the current food insecurity have also been contributed to by the March-April-May 2018 heavy rains and the resultant floods that disrupted livelihoods in the country. Cumulatively, a total of 54,500 households were displaced during the floods. Among the worst affected counties included Tana River, Garissa, Kilifi, Isiolo and Marsabit which are similarly the worst affected by the current drought.

Local Conflicts

Local conflicts among communities in ASAL counties are a key driver of food insecurity. Tensions over grazing and browsing lands and water points have recently been reported in Marsabit, Wajir, Garissa Baringo, West Pokot and Turkana counties and these are common incidences in these Counties during dry seasons. The ICRC has economic security programs for micro-economic initiatives targeting small business for economic security in Garissa and Lamu some of the ASAL Counties.

The most recent conflict was in the border areas between Turkana, West Pokot and Baringo counties which resulted in loss of lives, livelihoods, injuries and disruption of access to basic services such as health and access to markets. These have a compounding negative effect on community food security situation. Acute water shortages have also been reported in parts of Turkana, Wajir, Garissa, Marsabit, Samburu and Baringo counties. This is due to drying up of open water sources in many of these counties.

Due to the deteriorating situation, KRCS seeks to scale-up its drought response operation in support of affected families through interventions in the three following sectors; **1) Livelihoods and Basic needs, 2) Health and Nutrition and 3) WASH.**

The table below summarizes the number of households / beneficiaries to be reached per sector and some of the beneficiaries might access support from more than one sector based on the needs but not cash transfers and food distribution at the same time from this intervention. Food distribution will target households in areas without systems to support cash transfers;

Intervention Area	Number of HH	Total number of people	Period
Direct Cash Transfers	25,000	150,000	4 months
In-Kind Food Distributions	10,000	60,000	4 months
Livelihood	1,500	9,000	6 months
Health and nutrition	25,000	150,000	6 months
Water Sanitation and Hygiene	25,000	150,000	6 months

Summary of current response

KRCS has rolled out a cash preparedness as one of its preparedness activities to drought response, with support from British Red Cross (**GBP 125,000**). Through the programme, KRCS is currently carrying out registration of 25,000 households to be supported through cash. Orientation of KRCS cash focal points in counties has already been completed in eight counties with the remaining counties set to be completed in a week's time.

KRCS has also received **DKK 921,015.76** from Danish Red Cross for roll out of cash transfers for 850HHs in Turkana County for three months (March to May 2019) and another 657 households through one off food distribution in areas without market infrastructure. Registration of these beneficiaries is ongoing following completion of orientation for staff as well as presentation of project plans at the Turkana County Steering Group.

KRCS is receiving support from the IFRC through the DREF funding of **CHF 361,372** to support 10,000 HHs with one-off cash disbursements in the eight most affected counties and bilateral contributions from British Red Cross of **GBP 125,000** to support in beneficiary registration in readiness to disburse cash in the affected Counties and Danish Red

Cross contribution of **DKK 900,323** to support cash transfers and food distributions in Turkana County from 1st March to 31st June 2019. This Appeal will build on the DREF by expanding the number of households targeted as well as the sectors to be covered.

KRCS, with support from the World Food Program (WFP) is carrying out in-kind food distributions targeting a total of 85,250 households in Garissa (50,250HHs) and Tana River (35,000HHs) counties for eight months from March to October 2019. Areas being covered in Garissa include Mbalambala, Fafi, Lagdera, Modogashe and Garissa Central while in Tana River County, areas being covered include Tana North, Bura and Tana Delta. Households in the two counties are receiving a 75% food rations for two months (February and March 2019). Food items being distributed include Cereals, pulses and vegetable oil. In addition, through the Supplementary feeding program that primarily targets pregnant and lactating mothers, Corn Soya Blend (CSB), Ready to Use Supplementary Food (RUSF) and vegetable oil has been dispatched to 56 Health facilities in Garissa and 46 Health facilities in Tana River for Integrated Management of Acute Malnutrition IMAM. The programme will continue up to February 2020.

KRCS has therefore supported peace initiatives from the national and county governments in areas affected by the resource-based conflict due to the scarce grazing land as a result of drought in the supported communities. (The support has been through active participation in such peace fora in Marsabit, Turkana, Isiolo, West Pokot, Elgeyo Marakwet and Baringo counties). Distribution of NFIs has also been a key action by KRCS in response to resource-based conflict in the ASAL counties. In January 2019, KRCS responded in Marsabit County, distributing NFIs to **745 households** displaced by conflict in the areas – 315HHs in Shur, 350HHs in Qubi Kallo, and 80HHs in Jaldesa.

In addition, KRCS has taken part in coordination meetings with Government agencies including the NDMA and other humanitarian actors to review the status of the drought and develop joint plans of actions of the drought response. On 14th February 2019, KRCS organized a meeting to update partners on the evolving drought situation, as well as to appraise and seek their support on its planned course of actions in support of affected communities. KRCS has actively been represented in the Kenya Humanitarian Partnership Team (KHPT) monthly updates meetings organized by the Government as well as the Counties Steering Group meetings to review the drought situation and response by all actors.

Overview of Host National Society

Kenya Red Cross Society has over 134,000 volunteers across the country, supported by about 580 staff in eight Regional offices, 47 County Branches across Kenya. KRCS HQ is in Nairobi, with capacities in both emergency and developmental programming at both national and field levels. The National Society is designated as the first line of response in all sudden onset disasters by the Government and the Kenya Humanitarian Partnership Team (KHPT).

The KRCS disaster management operations has skilled staff with experience in managing drought response operations, working with different skilled sector leads in WASH, Health and Nutrition, and Livelihoods. KRCS has staff and volunteers trained in Cash transfer programs (CTP) who can roll out cash transfers effectively within a short period of time. The staff and volunteers have also been trained on Community Engagement and Accountability (CEA) to support in mainstreaming CEA activities, including promotion of meaningful engagement and participation of communities and developing complaints and feedback mechanisms to ensure greater accountability to the communities in all KRCS responses. KRCS has elaborate capacity in logistics, finance, procurement, ICT and all other support functions requisite to the demands of this operation.

KRCS has responded to drought in the past from October 2016 to October 2018 with support from Movement partners. In 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 15 affected counties that were in IPC3. The Kenya Red Cross used funding from various sources to meet the needs of the drought affected population; multi-lateral funding from the IFRC, bilateral funding from Partner National Societies and local resource mobilization efforts. 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 (approx. 235,968³ households) representing 103% of the 1,373,294 persons (228,882 households). 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.

Despite the above efforts, the recovery of communities was impeded by floods during the 2018 March – May rainfall season which resulted in the destruction of livelihoods in 41 out of 47 counties. Communities which had prepared for the planting season, in anticipation of the rainfall, did not manage to harvest as crops were washed away. Water logging was experienced in farms and damages experienced in farm infrastructure. In addition, livestock was also impacted due to diseases. Further weakening the recovery, were the depressed rains in OND 2018 that impacted on the planting season and vegetation cover for livestock, leading to a further deteriorating food security situation.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) has a Country Cluster Support Team (CCST) for Eastern Africa and the Regional Office for Africa, based in Nairobi. The IFRC, through the CCST, provides

³ Six (6) persons per household

resource mobilization and technical support to Kenya Red Cross in implementation of emergency response operations as well as long-term programming. The KRCS works and collaborates with various partner National Societies (PNS) present in Kenya including; American Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, Italian Red Cross and Norwegian Red Cross Societies. The International Committee of the Red Cross (ICRC) has a regional delegation also hosted in Nairobi, which serves as a hub for operations in eastern and central African countries.

KRCS has been providing timely updates to IFRC on the drought situation as well as general emergency updates on the humanitarian situation in the country. British Red Cross and Finnish Red Cross, through the disaster management strengthening programme, have been supporting the KRCS in various aspects of disaster management, including contingency planning for various hazards, standardization of practices in response preparedness, capacity development of response teams, policy regulations and learning from preparedness and response actions.

The Netherlands Red Cross is currently supporting a Forecast-based Financing (FbF) project to build the capacity of KRCS and other Government agencies to use real time data to predict disasters and trigger early actions that include the use of cash transfers.

Overview of non-RCRC actors in country

The United Nations has strong presence in Nairobi for country and regional programmes. The UN Agencies working in partnership with KRCS include UNHCR (Refugee Programmes), UNICEF (Nutrition, Epidemics and child protection), UNFPA (Reproductive Health and Gender Based Violence), UN-OCHA (coordination of partners and Trainings on Kenya Interagency Rapid Assessments), UN Women, Food and Agriculture Organization (Programmes on Livestock including vaccination, Animal Offtake, distribution of hay), and the International Organization for Migration (Shelter sector partnership). The Non-Governmental Organizations that KRCS works with include Christian Blind Mission (CBM) which focusses on Disability and Aged mainstreaming in emergencies, World Vision, International Rescue Committee, Danish Refugee Council and Norwegian Refugee Council. KRCS also works with in country donors including European Commission Humanitarian Aid (ECHO), USAID/OFDA, DFID and the European Union. The UK Space Agency is supporting KRCS in developing space satellite technology for response preparedness and planning.

KRCS also works with the National Disaster Operations Centre (NDOC) in coordinating humanitarian emergencies, the National Drought Management Authority (NDMA) in drought management, and as co-chair of Kenya Cash Working Group. In terms of emergencies coordination and management, eight (8) coordination hubs across the country were established as part of contingency measures prior to the general elections and continue to serve as centres for coordination meetings, logistics, storage and distribution. Other state actors include Hunger Safety Net Programme (HSNP) that coordinates cash transfer for most vulnerable households in four (4) counties as well as the Ministry of Health (MoH) at national and county level (responsible for implementation of nutrition interventions targeting malnourished children, pregnant and lactating women and the elderly). Other Government Ministries like Ministry of Water, Ministry of Agriculture, among others, also support in the drought assessments.

The government through the NDMA has also rolled out interventions in 12 counties (Turkana, Mandera, Garissa, Baringo, Kilifi, Tana River, West Pokot, Marsabit, Makueni, Kajiado, Kwale, and Isiolo), focussing on key interventions that include;

- Food and Safety net – **KES. 601,196,000** (6,035,951 Swiss francs)
- Support to household irrigation water storage program (excavation of small water pans) – **KES. 600,000,000** (6,023,944 Swiss francs)
- Support water trucking, maintenance and rehabilitation of water facilities – **KES. 150,000,000** (1,505,965 Swiss francs)

KRCS, in collaboration with UNOCHA and other humanitarian partners, operates eight (8) regional hubs (Nairobi, Mombasa, Kisumu, Lodwar, Eldoret, Garissa, Isiolo and Nakuru) in the country for coordination and efficiency of response. KRCS teams will coordinate response activities with other partners in the hub structure. KRCS also works in partnership with UNICEF during emergencies.

In view of the various ongoing interventions, KRCS will work with other partners at county and at national level to ensure there is no duplication of efforts. KRCS will present its programme plans through the Country Steering Group (CSG) for consideration and allocation of geographical areas in coordination with other partners. Continuous updates and information sharing will be carried out throughout the programme implementation period.

KRCS will also take part in coordination meetings at national level including the Cash Technical Working Group, the Kenya Food Security Steering Group, among others to ensure all responses are coordinated.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Food Security and Livelihood

While marked improvement in food security was reported in many parts of the country driven mainly by the good performance of the M-A-M 2018 rains season, many of the ASAL counties are experiencing severe food insecurity classified as IPC 2 (*stressed*) and IPC 3 (*crisis*) in some areas. According to the SRA 2018 findings, a total of 1,111,500 people are currently food insecure and require immediate food assistance. This includes 843,900 people in IPC 3 and a further 267,600 people are in IPC 2 (see annexed report).

The situation, specifically in ASAL counties is expected to deteriorate further due to the depressed rainfall expected in South-eastern Kenya, the Coastal strip and parts of North-eastern Kenya during the March-April-May (MAM) 2019 rains season. As the food security situation worsens, community livelihoods are likely to be impacted significantly and will possibly result in adoption of negative coping strategies like selling productive assets to meet their food, health, and other basic needs. Education is also likely to be disrupted as families pull their children out of schools.

Incidents of conflict are likely to increase as a result of influx of pastoralist in certain dry season grazing areas where conflicts over scarce resources could increase. Pastoralist communities have begun experiencing poor terms of trade as food prices increase against reducing livestock prices due to diminishing body conditions of cattle. Recent conflicts reported include border conflict in Turkana, Baringo, and Elgeyo Marakwet counties in which 16 people lost their lives and another displaced as a result of insecurity. Sporadic conflicts have also been reported in Marsabit, Mandera and Wajir counties.

Most areas experiencing food insecurity are in the Arid and Semi-arid (ASAL) areas in Kenya. In these areas, communities practice mainly agro-pastoralism and pastoralism thus depend on meat and milk for nutrition and income. With forecast of depressed rains in south eastern and north eastern Kenya, there is need to support the farmers with early maturing and drought tolerant crops in order to reduce the risks and ensure good yields. There is minimal germination of vegetation cover as a result of the little rainfall observed within the long rains season. This is not likely to last due to increased temperature and due the minimal rainfall observed. As a result, there has been migration of livestock to areas with greater pasture. This increases the risk of spreading of diseases that could result in loss of livestock. There is need to ensure that the livestock remain healthy through surveillance for early detection and also provision of treatment.

Health and Nutrition

As the drought situation worsens, the health, nutritional and psychosocial status of the affected population is negatively impacted especially for families already in IPC phase 3 (*crisis*) (SRA, 2019).

There is also a risk of increased disease outbreaks due to scarce availability of clean drinking water. Since January 2019, Cholera outbreak has been reported in Eleven (11) Counties; Narok, Kajiado, Nairobi, Garissa, Mandera, Machakos, Embu, Wajir, Mombasa, Kirinyaga and Muranga Counties. Cumulative cases reported are 2315 with 116 confirmed and 14 deaths (CFR 0.7%). Cholera outbreak is currently active in Nairobi, Garissa, Kajiado, Mandera, Wajir and Mombasa counties. The situation is likely to be exacerbated or persist in view of the current long rains especially in the high-risk areas attributable to some of the risk factors of poor sanitation and hygiene practices and contamination of water sources by surface runoff.

According to the Short Rains Assessment done in March 2019, some of the ASAL counties Turkana, Samburu, Mandera, Baringo (East Pokot) and Marsabit (North Horr) were classified in the critical phase while Wajir, Tana river, West Pokot and Garissa counties were at serious phase with over 1,000,000 people in need of humanitarian assistance.⁴ The estimated caseloads of children 6-59 months, pregnant and lactating women requiring treatment is 472,756 and 27,959 respectively.⁵ Nutrition situation was projected to remain stable due to the positive impacts of the 2018 long rains. The delayed onset of March to May long rains and the poor rainfall performance has aggravated shortage of water and pasture and also has had an adverse effect on farming activities across ASAL counties. By end of April, the number of counties in the alarm drought stage had increased to 10 Counties from 5 Counties in the month of March 2019.

The movement in search for pasture and water also has implication on access to essential health services and nutrition commodities that are static facilities. An integrated approach to providing lifesaving interventions has been adopted to ensure that the affected population have access to an array of life saving interventions through integrated outreaches to supplement the services at the static facilities. As part of the response and promotion of psychosocial wellbeing, psychosocial support services will also be integrated as part of the KRCS interventions.

KRCS in collaboration with MoH continues to monitor the disease trends across the affected counties to ensure the disease outbreaks are detected early and responded to quickly to minimize spread and reduce morbidities and mortalities.

⁴ Short Rains Assessment Report 2019

⁵ Nutrition Information Working Group update March 2019

In the most affected counties, a total of **541,309⁶ children** require treatment for acute malnutrition with more increase observed in severe acute malnutrition (SAM) caseloads. There is therefore a need for urgent action to support families with children under 5 and prevent further deterioration in the nutrition situation.

Integrated package of essential health services is being provided based on assessments findings from NDMA and also based on the health and nutrition situation in the affected counties as provided by the MOH. The interventions are targeting at pregnant and lactating women, and children under 5, owing to decline in household food security manifesting in increased malnutrition. In addition, the interventions are aiming at preventing childhood illnesses associated with declining nutrition status

KRCS continues to monitor disease situation as it evolves to ensure that appropriate response mechanism is put in place to respond appropriately to outbreaks. Currently, a total of (11) Counties; Narok, Kajiado, Nairobi, Garissa, Mandera, Machakos, Embu, Wajir, Mombasa, Kirinyaga and Muranga counties have reported cholera outbreaks and KRCS has supported in containing outbreaks in Narok, Kajiado, Mandera, Kirinyaga and Murang'a and currently KRCS is supporting response in Mombasa, Nairobi and Wajir. During the same period, Kalazaar Outbreak has been recorded in Leisamis and Wajir in which a response has been conducted in close collaboration with the National MoH and the county MoH, WHO, KEMRI and DNDi to respond to the cases. The interventions have been tailored s to ensure the needs are met across the population cohorts with special consideration to vulnerable groups.

Access to safe drinking water will be important for sustenance of life and averting of disease outbreaks at a time when communities are at their most vulnerable. Proposed wash interventions will include rehabilitation and improvement of community water supply systems, hygiene promotion and distribution of point of use water treatment chemicals.

In areas where available water sources during the driest periods are not chemically fit for human consumption, we propose pre-paid token based conditional cash transfer with prepaid water meters being installed in designated hubs. Each trucker will set up a hub which KRCS will equip with a prepaid water meter. The targeted households will each be given a token which will be pre-loaded. The trucker will then be paid for volume of water disbursed. This will allow real time monitoring of household water use in each targeted area while payment to the truckers will be based on volume of water sold.

Outbreak of Kalazar (Visceral Leishmaniasis) has been reported in Marasabit and Wajir counties; This has been mainly being exacerbated by the hot and humid conditions causing increase in vectors. In Marsabit, 910 cases have been reported with a total of 7 deaths recorded, a case fatality rate of 0.8%. A total of 192 cases have been reported in Wajir since the outbreak. The case fatality rate is 3.1% with a total of 6 deaths recorded. Indoor residual spraying is recommended to reduce the spread of the vectors.

Water Sanitation and Hygiene

In the eight affected counties, pans and dams recharged to far less than their expected recharge based on data and observations from previous years attributed mainly to the poor performance of the OND 2018 rainy season.

Drying of open water sources has been reported in many of the ASAL counties including Turkana, Marsabit, Wajir, Garissa, and Samburu which increase pressure on permanent sources, such as boreholes, leading to longer waiting times and the risk of breakdown. The National drought update for May 2019 indicates that the delayed onset of March to May long rains and the poor rainfall performance has aggravated shortage of water due to poor or no-recharge of water bodies.

Average distances to water for both households and livestock increased in April compared to March mainly attributed to drying up of most surface water sources such as rivers, water pans and dams as a result of the prolonged dry spell. More than 70 per cent of the pans and seasonal rivers are reported to be dry in some parts of the country Turkana, Garissa, Wajir, and Marsabit counties.

During past drought situations, cholera outbreaks were reported in areas in the affected areas, and this was attributed to use of contaminated water and poor sanitation. Low latrine coverage in the ASAL counties results in poor sanitation increasing the risk of disease outbreaks. These risks are worsened by water shortages during drought. Cholera outbreak is currently being reported in 6 counties attributed to poor sanitation and hygiene practices as well as contamination of water sources. While the outbreak has been on since January, the conditions is expected to increase as a result of the rains.

Lessons drawn from previous interventions indicate that effective community engagement is valuable to ensure sustainability of KRCS WASH interventions including management of rehabilitated water facilities. In this response, KRCS will work to ensure communities are involved in all phases of the programme to strengthen community ownership.

Under WASH, this Appeal will seek to rehabilitate 20 community water facilities and drill five new water points. KRCS aims to reach a population of **75,000 people (12,500 HH)** through the rehabilitation of water infrastructure and a further

⁶ Kenya Nutrition Situation Overview in Arid and Semi-Arid Areas (ASAL), February 2019

75,000 people (12,500 HH) with distribution of HH water treatment chemicals. Hygiene promotion will cut across two activities.

In total, **120,000 beneficiaries** will be targeted through our WASH interventions. The sites will be selected based on the magnitude of need in the area while pre-design feasibility for new sites will be carried out before final selection of site and design.

Targeting

Based on the NDMA drought assessments, the most affected Counties are West Pokot, Tharaka Nithi, Samburu, Nyeri (Kieni), Marsabit, Mandera, Lamu, Laikipia, Kitui, Kilifi, Isiolo, Garissa, Embu, Baringo, Turkana and Wajir.

KRCS will concentrate its interventions in the worst affected sub counties of these Counties which are currently not supported by any partner. The decision on the specific sub-counties to be supported will be reached through discussion with the County Steering Group (CSG). This operation is targeting a total **150,000 people (25,000 households)** people with multi sector response (WASH, Nutrition, Health, CEA among others).

Beneficiary households will be selected through a community-based targeting approach to identify the most vulnerable for cash transfers. These will include widows or divorced women heads of households with children under 5 years; pregnant or lactating mothers with children under 5 years; widows or divorced women headed families with no source of income; families with severely malnourished children or child (under 5 years); households headed by people with disabilities with no source of income; and children-headed households.

The most vulnerable will be prioritized as described above, the elderly, children and persons with disability or chronically ill family members as the bread winners. Since there are other interventions ongoing in limited scale in the targeted counties, this operation will work with other partners to avoid duplication and gap.

Operation Risk Assessment

Many of the ASAL counties targeted for drought response often experience security challenges ranging from targeted militant attacks, cattle rustling, inter clan tensions and clashes, resource-based conflicts, amongst others. Migration of nomadic communities in counties such as Baringo and Laikipia have already triggered conflicts, the results being loss of human life and massive displacements.

To date, 54 deaths and 62 injuries have been reported since January as a result of resource-based conflict. The resource-based conflict has been reported in Baringo, Elgeyo and Marakwet. KRCS has been working with other partners to respond to those affected as a result of these clashes. At least 500HH have been displaced and integrated with other communities for fear of further skirmishes. KRCS has been working in coordination with the Government of Kenya and other agencies on the ground in security meetings to discuss and address issues around the increased insecurity. KRCS has also been involved in peace and dialogue efforts to try and restore the situation. Adherence to safer access and code of conduct has been useful in mitigating security risks.

Cholera has been reported in 6 counties. The case fatality rate is 3.1% with a total of 6 deaths recorded. The cumulative cases reported since January 2019 is at 2315 with 116 confirmed and 14 deaths recorded (CFR 0.7%). Kalaazar has also been reported in Marsabit and Wajir counties. A total of 910 cases have been reported in Marsabit with a total of 7 deaths recorded, a case fatality rate of 0.8%. A total of 192 cases have been reported in Wajir since the outbreak. In addition, there have been reports of measles outbreak in Garissa and Kajiado, with 70 cases listed out of which 10 have been tested positive. This has further increased the vulnerabilities of the communities already coping with the drought situation.

KRCS continues to provide context analysis of the developing situations in the conflict affected areas. Further to this, KRCS has been conducting safer access within the conflict prone areas. Through the security function, KRCS has continued to monitor the situation in the country and providing briefs for all teams prior to deployment. KRCS also continues to prioritize dissemination of its mandate and the humanitarian principles to increase understanding and acceptance by communities.

Scenario planning

March, April, May 2019 Long Rains Forecast

The Kenya Meteorological Department's March-April-May (MAM) long rains 2019 forecast indicated that much of the country and especially the Western and Central Highlands including Nairobi, were likely to experience normal to above

normal rainfall, i.e. the Long-Term Mean (LTM). On the other hand, parts of South Eastern, Coast and North Eastern Kenya were likely to experience generally depressed rainfall as compared to the LTM.

March to May 2019 Long Rains Observations

Contrary to the predictions made, much of Kenya has experienced mainly hot and dry conditions in March and April 2019 with most areas reporting below average rainfall. March to April 2019 was amongst the driest period in some parts of the country since 1981. This despite heavy rainfall being reported in some parts of the country within the last week of April. Parts of the Coast, South- Eastern and Northern were worst hit receiving rainfall that was well below the normal LTM.

As at May 22, 2019, most parts of the country had received rainfall that is below the LTM for May (Figure 2). Parts of South Eastern (Machakos & Makindu) and Northern (Lodwar, Garissa, Wajir & Marsabit) received way below what they normally receive. The seasonal rainfall was characterized by late onset and poor temporal and spatial distribution. Most of the seasonal rainfall occurred during the last decade of April and in May. The other parts of the country remained generally sunny and dry in March and most of April 2019 with most parts of the Coast receiving moderate to heavy rainfall from mid-May. However, the totals are still below what is normally received in the month of May except for Mtwapa in Kilifi County which had surpassed the normal.

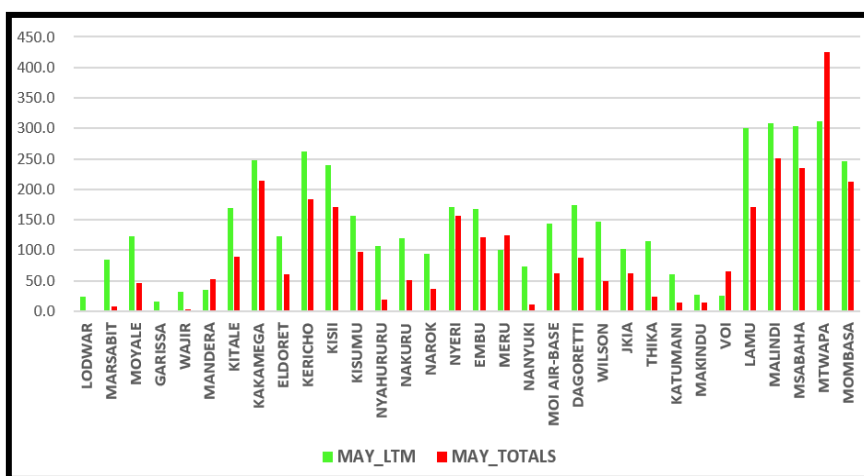


Figure 2: KMD: May 2019 rainfall totals versus May Long Term Mean (LTM)

June-August 2019 Forecast

The KMD outlook for June-July August (JJA) indicates that the Western highlands, the Lake Victoria Basin, parts of central Rift Valley (Nakuru, Nyahururu) are likely to receive normal rainfall with a tendency to above normal (enhanced rainfall) while the Coastal strip is likely to experience depressed rainfall. The rest of the country is expected to remain generally dry.

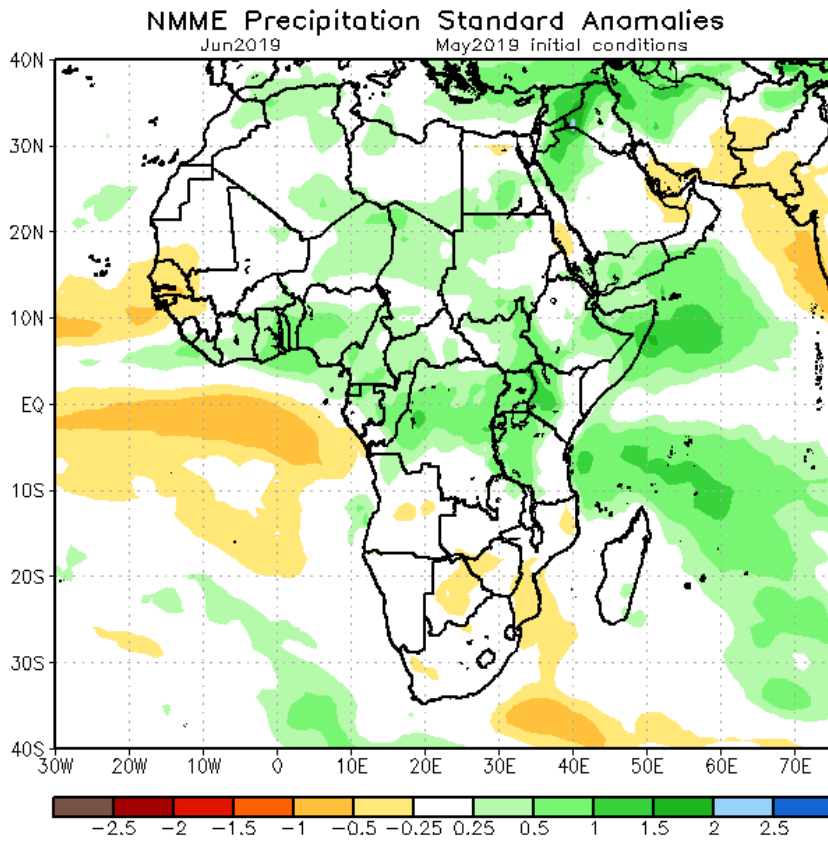
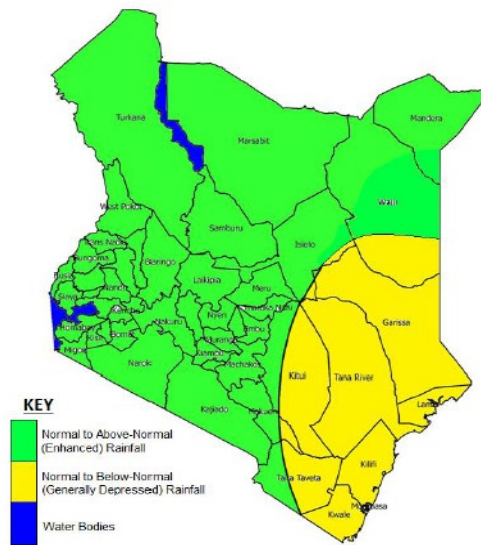


Figure 3: Rainfall forecast for June

2019



B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective: Contributing to reduce the negative impacts of drought on vulnerable communities through provision of unconditional and unrestricted cash, health services and safe drinking water.

The choice of unconditional and unrestricted cash grants is driven by the Hunger Safety Net program (HSNP) of the Kenyan Government, to which all humanitarian partners are aligned.

KRCS will implement response actions guided by the national sector specific action plans and continue to inform its plans based on information availed from forecasts by the KMD, KFSSG Long and Short Rains Impact Assessments, the NDMA Bulletins, nutrition sector SMART Survey reports and subsequent action plans and the health sector action plan.

KRCS will:

- Continue to coordinate with the two levels of government and non-state actors and through this, update the Movement partners on the progress being made in curbing the effects of drought. The table below indicates the coordination mechanisms in various sectors.
- Participate in nutrition SMART surveys, as well as other assessment that may be undertaken during the operation period.
- Monitoring drought situation through joint rapid assessments, in areas showing rapid deterioration of the drought emergency.

Sector	Coordination mechanism	Members	Lead Agency
Health and Nutrition	Health & Nutrition Technical Working Group both at National and County levels	UNICEF, WHO, KRCS, MOH (Disease Surveillance and response unit) and other NGOs working in health sector in the Counties	MOH
WASH	Water & Environmental Sanitation Coordination Mechanism (WESCOORD) – A technical arm of the Kenya Food Security Steering Group	UNICEF, KRCS, Ministry of Public Health and Sanitation, All NGOs in WASH interventions	National level – UNICEF County levels – KRCS & Other NGOs in other Counties depending on strong presence in WASH activities in the County
Livelihoods	National level: Kenya Food Security Steering Group County levels: Food Security and Nutrition Working Group	FAO, KRCS, (GOK) NDMA and other NGOs in the livelihoods sector	Co-chaired by IGAD Climate Predication & Application Centre (ICPAC) and FAO

The below table highlights the various areas where Movement and External partners are planning to provide support to the National Society in the Drought operation:

Partner	Support to be provided to KRCS in response
IFRC	Launch of an Emergency Appeal, with start-up fund from the DREF through this operation, targeting 10,000 households for using cash modality.
British Red Cross	Providing support in capacity building of cash focal points to conduct targeting, registration and verification of beneficiaries who will be reached through the DREF/EA.
Danish Red Cross	Support 850HHs through cash transfers for three months and another 657 households through one off food distribution in areas without market infrastructure, in addition to those reached through DREF.
WFP	Supporting in-kind food distribution through the Protracted Relief and Recovery Operation (PRRO), targeting 35,000HHs in Tana River (35,000HHs) county as part of a longer-term project.
UNICEF	UNICEF Flexi – Epidemic preparedness and Responses Nutrition in Emergencies in the Drought affected Counties WASH Interventions including distribution of preposition Commodities
UNFPA	SRH in Emergencies and commodities supplies

Food Security and Livelihoods

Under the Food Security and Livelihoods sector, KRCS plans to implement a three thronged approach that includes;

- **Direct Cash** Transfers to the most vulnerable affected communities to improve the purchasing power amongst food insecure households and increase access to food (increase meal frequency). Through monthly cash transfers of Ksh. 3000, KRCS aims to reach 25,000 households in 16 counties already experiencing increasingly severe food insecurity.
- **Direct Food Distribution** targeting the most vulnerable communities in areas where cash is not feasible. This will aim to reach 10,000 households with monthly food distribution ration based on resource availability. Under this sector, an additional 4,050 children under 5 and 1,500 pregnant and lactating women at risk of malnutrition will be targeted through a supplementary feeding programme.
- **Livelihoods** support dry season livelihood through one-off distribution of early maturing and drought tolerant seeds and fodder seeds to 1,500 households and safeguard pastoralists assets through provision of support for treatment and vaccination of 900,000 livestock to prevent diseases and further weakening

The registration of beneficiaries will be done through the RedRose data management system to enhance accountability and also improve data management in KRCS CBI processes. The action will ensure consultation and comparing registers from the Government Safety nets as well as programmes being implemented by other partners to prevent double targeting.

Health and Nutrition

KRCS in collaboration with the county government, MOH and other partners will continuously monitor and conduct rapid assessment to ensure the response interventions are appropriate and meets the needs of the affected population. Population affected are being engaged in every step of the response to ensure their full participation and feedback has been used to inform and adjust implementation plans and strategy of the response.

Specific activities will include;

- Community disease prevention and hygiene promotion
- Integrated medical outreaches
- Capacity building of health staff and community workers for early detection and treatment of SAM.
- Provision of psychosocial support

Water Sanitation and Hygiene

The proposed strategy will also build to recovery phase and will include the following key activities:

- Rehabilitation/equipping of key strategic water supply schemes in acute drought-hit areas and training of the water management representatives.
- Continuous assessment and water needs analysis.
- Drilling of five (5) new boreholes
- Procurement and distribution of point of use water treatment chemicals for household water treatment
- Training of selected Community Health Workers (CHWs) and KRCS volunteers on hygiene promotion in emergencies using participatory approaches such as PHAST methodology
- Conduct routine thematic hygiene promotion campaigns targeting institutions and communal areas in the target areas.
- Support monthly stakeholders' sensitization and advocacy meetings.
- Monitor treatment and storage of water through household visits.
- Pre-paid vouchers to support household access to clean and safe water.
- Train teachers on the SHEPP (School Hygiene Education Promotion Program) methodology for hygiene promotion in schools

Operational support services

Human Resources

A total of **55 staff** and about **240 volunteers** will be engaged for a period of up to six months to undertake various activities for the success of this operation. The number includes surge capacity that will be deployed on a need-basis and will consist of nutritionist, clinical officers, public health officers, nurses and counsellors. They will carry out targeted intervention which includes screening and treatment of acute malnutrition at community level.

Position	Quantity	Sector	Times (months)	Specific roles, responsibilities, tasks
Director for Programmes	1	1	6	Strategic management of the drought operation

and DM Operations @50% FTE				
Operations manager	1	All sectors	6	Overall leadership of the drought operation, supervision and reporting
Emergency Health Manager	1	Health and Nutrition	6	Emergency health manager will provide the overall coordination for the health, nutrition and psychosocial support interventions integrated during outreaches.
PSS Counsellors PSS/GBV Coordinator	2		6	PSS Counsellors PSS/GBV Coordinator shall provide the technical support in protection, gender and inclusion aspect of the response
Regional Nutritionists	4		6	Regional Nutritionist shall provide oversee and provide coordination support with GOK actors and other partners in the response.
WASH HOD (50%)	1	WASH	6	Overall coordination, & representation relevant coordination meetings at national level
WASH Manager	1		6	Supervision of Water supply works Support emergency and recovery phase.
WASH Officers	4		6	Support for field WASH activities
National Cash Transfer Focal Point	1	Food security and Livelihoods	6	Cash Transfer Focal Point, Cash Transfer Programme assistant and Cash Transfer Field Officers will lead overall planning and coordination of cash disbursement
Cash Transfer Programme	1		6	They will also supervise targeting, beneficiary registration and verification Overall funds management and accountability
Cash Transfer Field Officers	8		6	
Livelihood Manager	1		6	Livelihood Manager and Livelihood Officers will support livelihood interventions in the programme.
Livelihood officers	3		6	
Reporting Officer	1		6	Will support all reporting activities
Finance Manager	1		6	The team will support with overall financial management of the operation
Finance Officer	1		6	
County Coordinators @50%	10		6	County level coordination with stakeholders, overall supervision of teams working in each county and management of partnerships at county level.
Regional MEAL officer	4		6	The RMEA&Ls will consolidate and ensure quality and timely reporting of the sectoral operations reports internally. Using the mobile data platform, the officers will ensure that quality data is collated at the field level covering all emergency activities undertaken and submitted to the Regional and HQ level in a timely manner and give regular feedback to the emergency operations teams. They will support the implementation of CEA activities within the operations undertaken
EOC Assistants	2		6	Support continuous situation monitoring and analysis and day to day running of the EOC.

Community Engagement and Accountability (CEA)

Community Engagement and Accountability (CEA) will be integrated throughout the response process to ensure active and meaningful participation of the affected communities. Trained RCATs will engage the communities at all levels of the response using the existing KRCS tools and CEA approaches to capture the community feedback and continuous analysis to allow timely addressing of gaps and ensure efficiency during the interventions. Prior to this, volunteers will be sensitized on CEA during the project orientation session. The use of the CEA approaches will also be important in sensitizing the affected communities regarding the operation, thus a provision of information and two-way engagement with the affected population is a key consideration during the drought response operation. The KRCS interventions, therefore, can be adjusted according to the expectations, needs and concerns of affected communities. Community engagement tools and mechanisms will be incorporated in the response and will be closely linked with planning, monitoring and the evaluation processes in order to build an environment of transparency and accountability to the communities. Communication channels to be used during the operation will be determined after assessment and discussions with affected communities. It is important to note that KRCS has an institutional complaints and feedback toll free line (0800 720 577) that supports KRCS engagement with communities. This will also be used for this operation

Logistics and supply chain

Logistics support to the Emergency Appeal operation will include delivering a range of relief items in line with operational priorities and activities. These will include:

- Procurement of service providers for the CBI interventions including the RedRose system which KRCS will use to register and manage beneficiary information throughout the period.
- Procurement, transport and distribution of in-kind food distributions for areas where CBI is not feasible.
- Procurement of emergency water treatment chemicals
- Local transportation of water treatment chemicals, hygiene promotion materials and IEC materials in line with IFRC and KRCS guidelines.
- Transportation of teams to final distribution points and service delivery points to affected communities.

The operation will rely on KRCS' capacity to conduct logistics and supply chain management capacity to ensure smooth operation. Several regional hubs will be operationalized to support operations in counties. The procurement will also involve supplies required for rehabilitation of boreholes and other community water sources, as well as fast moving spare parts. After procurement, the supplies will be transported to the regional hubs, where temporary storage will occur, and release will be done based on demand.

KRCS logistic and warehousing will avail light vehicles to support field operations especially movement of staff during community mobilization, targeting, registration of beneficiaries for cash transfer, food distribution (where cash is not feasible) and post distribution monitoring following all distribution (cash and in-kind).

Transportation of supplies will be supported by KRCS fleet of trucks and will also include use of the KRCS regional warehouses where deemed necessary to support in storage.

Information technologies (IT)

The KRCS ICT team will play an important role in supporting the operation, ensuring the necessary ICT support is available for the operations team.

ICT will support the registration of beneficiaries using the RedRose systems including collection of biometric data for selected beneficiaries. The system is expected to result in improvement and data management as well as enhanced accountability in KRCS CBI operations. ICT officers will thus lead in orientation of volunteers on the use of the RedRose system to allow for roll out of the registration and overall beneficiary data management.

Following up on previous discussion to expand network coverage, KRCS will continue to engage Safaricom to expand network coverage in areas to be covered under the CBI programme to ensure communities are able to access cash in the easiest and cost-efficient way possible.

KRCS will also rely on ICT support to ensure relevant communication equipment, including radio and satellite phones where relevant are functional to ensure efficient communication between teams in the field are able to communicate with each other, and relevant offices both at national, regional and county level. This will also contribute to enhanced security for the various response teams.

Planning, Monitoring, Evaluation, & Reporting (PMER)

The KRCS Monitoring, Evaluation, Accountability and Learning (MEA&L) unit will develop a Monitoring and Evaluation Plan, Logical Framework and Indicator Tracking Tool for use in the Drought Operation. The KRCS Headquarters and the County teams will conduct surveys, including markets assessments and beneficiaries needs assessments in the targeted Counties, through the Branch Red Cross Action Teams (RCATs) on mobile data platforms in order to analyze developing situations, community needs, preferred communication channels and stakeholder analysis.

Additionally, the KRCS HQ and the County teams will conduct Post Distribution Monitoring, through the mobile data collection PDM tools in the KoBo, after the Cash Disbursements to the affected communities. The project team will also conduct supervisory visits to activity locations and compile monitoring reports for each stage of response. The Assessment, Encashment, CEA, Post Disbursement, and Project Performance reports will be received, analyzed by the Headquarters operations team to ensure standardized interventions and beneficiary accountability during the drought operation. An after-action review will be carried out at end of the operation in order to capture lessons learned from the drought response action with the aim of harnessing learning and improving future performance. At the end of the operation, KRCS will conduct final evaluation internally in selected project areas to assess the contribution of the project intervention against the set project objectives.

Community Engagement and Accountability (CEA) will be integrated throughout the response process to ensure active and meaningful participation of the affected communities. Trained RCATs will engage the communities at all levels of the response using the existing KRCS tools and CEA approaches to capture the community feedback and continuous analysis to allow timely addressing of gaps and ensure efficiency during the interventions. Prior to this, volunteers will be sensitized on CEA during the project orientation session. The use of the CEA approaches will also be important in sensitizing the affected communities regarding the operation, thus a provision of information and two-way engagement with the affected population is a key consideration during the drought response operation. The KRCS interventions, therefore, can be adjusted according to the expectations, needs and concerns of affected communities. Community engagement tools and mechanisms will be incorporated in the response and will be closely linked with planning, monitoring and the evaluation processes in order to build an environment of transparency and accountability to the communities. Communication channels to be used during the operation will be determined after assessment and discussions with affected communities. It is important to note that KRCS has an institutional complaints and feedback toll free line (0800 720 577) that supports KRCS engagement with communities. This will also be used for this operation.

Reporting on the operation will be done in accordance with the IFRC minimum reporting standards. One update will be issued during the operation's timeframe and a final report within three months of the end of the operation

Exit Strategy


This Appeal will build on the ongoing DREF which aims to support 10,000 households with a one-off cash disbursement. The Emergency Appeal seeks to increase the number of beneficiaries targeted as well as the number of disbursements to affected communities. Aside from supporting communities access cash, the cash will also support communities recover from the effects of drought and contribute to strengthened and diversified livelihoods by affected communities. Implementation of cash interventions will also be carried out in line with other existing programmes to avoid distorting ongoing programmes by the government and other partners.

Rehabilitation of water facilities will support communities access clean drinking water beyond the drought operation. To ensure sustainability, KRCS will ensure community engagement throughout the project cycle including involving communities in selection of sites to be rehabilitated, setting community water committees, and involvement of other actors including county governments throughout the operation period.

Implementation of health and nutrition interventions will be carried out through existing ministry of health structures ensuring that communities supported through these services are linked to longer term services through the existing health facilities.

KRCS will also continue working with its traditional Movement and external partners such as OFDA and affected County Governments amongst others, to source for more funds to implement DRR and resilience programs.

C. DETAILED OPERATIONAL PLAN

	<p>Livelihoods and basic needs People targeted: 150,000 (74,250 males and 75,750 females) People reached: 73,200 Male: 36,234 Female: 36,966</p>	
<p>Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>Number of people reporting improved food outcomes as a result of KRCS interventions</p>	<p>150,000, (M:74,250, F:75,750)</p>	<p>73,200 Male: 36,234 Female: 36,966</p>
<p>Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities</p>		

Indicators:	Target	Actual
Number of people reached through cash transfers	150,000, (M:74,250, F:75,750)	67,200
Number of people reached through food distribution	60,000	65,336
Progress towards outcomes		
<p>A total of eight County Coordinators alongside eight CTP field project officers and 90 volunteers were given orientation on the drought response intervention using cash transfers between 19th and 27th March 2019 in eight Counties namely Turkana, Marsabit, Isiolo, Samburu, Mandera, Wajir, Garissa and Tana River. The response was introduced to all the Counties through County Steering Group meetings where KRCS was allocated sites of intervention based on areas that were affected and not receiving any assistance to avoid duplication of efforts.</p> <p>The communities were mobilized through various community social systems like schools, social groups, local administration and faith-based institutions for targeting and registration. The community-based targeting approach was used where communities actively participated in identifying those who meet the selection criteria agreed upon.</p> <p>Targeting of beneficiaries is being coordinated between KRCS and Hunger Safety Net Program to target group 2 beneficiaries and contribute to horizontal scale up the GoK HSNP cash transfers especially in Turkana, Marsabit, Mandera and Wajir Counties.</p> <p>A total of 5,000 stickers with messages on the complaints and feedback toll free line were procured and distributed in the communities and pinned at strategic points in the 8 Counties to enhance communication between KRCS and the communities. A total of 14,839 households (89,034 people) were registered through RedRose biometric system. A total of 11,200 households (67,200 people) have received the first tranche of cash transfer of Ksh. 3,000 for each household. Out of this number another 2,194 households have received the second tranche and another 850 households have received the third tranches of cash transfer through mobile (MPESA). All the beneficiaries who have received second and third transfers are all from Turkana County, and the disparity has been due to funds earmarked for specific Counties.</p> <p>A total of 392.11 metric tons of food have been distributed to 7,967 households including children's homes in Baringo, Turkana, Marsabit, Tharaka Nithi, Samburu and Isiolo counties. 7,967 households. The food ration given by KRCS was enough to support the households for 1 month according to the WFP and Sphere Standards allocating 48kg of maize meal; 8kg of beans; 2 litres of vegetable oil and 200gms of salt to every household of 6 persons per month.</p>		



Health

People targeted: 150,000

People reached: 49,284

Male: 24,149

Female: 25,135

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
Number of people reached	150,000	49,284
% of target population reached disaggregated by gender age and disability	100%	32.9%
# of assessments conducted	8	8

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines Activities planned

Indicators:	Target	Actual
Number of health assessments carried out	16	8
Number of review meetings supported	16	8

Progress towards outcomes

Response activities conducted in the counties within this period were characterized by bimonthly integrated outreaches and mass screening in the flagged counties as well as capacity building and prepositioning of supplies through KRCS teams in collaboration with MoH and other stakeholders. As per data generated during the assessments conducted (outreaches and mass screening) Severe acute malnutrition accounts for 5.4% of the

total number of children below five years screened for acute malnutrition while moderate acute malnutrition accounts for 15.6% of the total. As per new WHO/ UNICEF standards, this is rated very high (previously above emergency threshold) which means there is still need to continue embarking on more community level response actions.

A total of 10,176 children under 5 (5,228 males and 4,968 females) and 2,868 pregnant and lactating women underwent nutrition assessments. Out of these, 557 under-fives (313 males & 244 females) had severe acute malnutrition while 1,596 under-fives (764 males and 832 females) and 686 PLWs had moderate acute malnutrition and were admitted into the nutrition programs for management.

As part of review of progress, response review meetings, County Steering group meetings and nutrition coordination forums both at county and sub county level were held in the counties to track the progress of the ongoing interventions and provide the necessary support to the implementation teams appropriately.

An increase in disease outbreak to include Cholera and Kalazaar was also recorded during the month of April and May 2019 in which a total of 13 Counties have been affected, though, the support KRCS has been able to respond in in five counties reaching a total population of 39108 (<5yrs Males 10,825;<5yrs Females 11,200; >5yrs Males 8,161; >5yrs Females 8,900; People with disabilities 22)

Output 1.2: Target population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual
Number of hubs with prepositioned health and nutrition supplies (including RUTF, MUAC tapes, RH kits, Dignity kits, IEHK kits and assorted pharmaceutical supplies)	8	8
Number of health staff deployed as surge support to counties	27	14
Progress towards outcomes		
All the KRCS regional hubs maintained prepositioned health and nutrition supplies especially in the regions and counties of focus in this appeal. This ensured that in the period of heightened health service provision, deteriorating health and nutrition status and increased cases of morbidity and malnutrition, the target population would still be able to access health services and commodities as needed.		
During the wave of Cholera outbreaks witnessed in several counties since beginning of the year, surge teams have deployed to support the county departments of health to manage the outbreaks. In Nairobi County, Mandera, Wajir a surge team was deployed to Mama Lucy Kibaki Hospital, Kutulo Sub County Hospital, Wajir County Referral hospital where a CTC and Isolation units had been set up for management of cholera cases. This surge team, constituting of Clinical officers, Public Health officers, and nurses and supported by volunteers, had 14 team members and was able to support management of over 591 line-listed cholera cases.		

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
Number of volunteers trained on volunteers on communicable disease surveillance	140	50
Number of people reached by health education and hygiene promotion sessions	150,000	39,108
Progress towards outcomes		
A total of 50 volunteers from Nairobi, Wajir, Marsabit and Mandera have been able support the MOH in disease outbreak response for Kalazaar, and Cholera. The volunteers were sensitized on disease prevention and control before deployment.		
The volunteers have been active and supported in disease outbreak control in Mandera and are currently supporting Wajir the latest county to report the outbreak with a total population of 39108 being reached at the moment.		
In the reporting period also, Kenya being part of the eight countries supported through USAID/IFRC to enhance epidemic and pandemic preparedness and response in four focus counties of West Pokot, Tharaka Nithi, Narok and Bomet. Disease outbreak of Anthrax were experienced in Narok West and supported through the project by trained volunteers in Epidemic control for volunteers reaching 6000 people.		

Output 1.4: Psychosocial support provided to the target population Activities Planned

Indicators:	Target	Actual
Number of safe spaces provided for vulnerable groups	8	4

Number of debriefing sessions conducted for responders	8	1
Number of mental health and PSS TWGs meetings supported	8	1
Progress towards outcomes		
During the response safe spaces for children were enhanced to ensure dignity and privacy in provision of service to ensure interventions are responsive to the needs of the affected population		
Debriefing sessions are being undertaken during the response period with the teams in the respective regions		
Output 1.5: Acute Malnutrition is addressed in the target population. Activities Planned		
Indicators:	Target	Actual
Number of county teams (KRCS and MoH) sensitized on Maternal Infant and Young Child Nutrition in Emergencies	8	0
Number of violations reported on the Breast Milk Substitutes Act		
Number of malnutrition cases referred to health facilities for management	N/A	0
Number of children <5 admitted in Integrated Management of Acute Malnutrition program	N/A	2153
Number of pregnant and lactating women referred with malnutrition	N/A	686
Progress towards outcomes		
During the integrated outreaches conducted across the counties, the cases of acute malnutrition identified were not referred to health facilities. Instead, they were admitted into the nutrition programs and managed at the outreach sites, which are linked to the nearest health facility. Out of the children who underwent screening for malnutrition, 2,153 (1,077 males & 1,076 females) were admitted in the IMAM program. In addition, 686 pregnant and lactating women were also enrolled in the program for management of moderate acute malnutrition.		
There were no violations reported on the Breast Milk Substitutes act within this period across the counties. Within this period, there was no sensitization conducted on Maternal Infant and Young Child Nutrition in Emergencies.		
Output 1.6: Minimum initial maternal and neonatal health services provided to target population Activities planned		
Indicators:	Target	Actual
Number of women accessing EMONC	50	0
Number of mothers accessing health services including Ante Natal Care (ANC), Post Natal Care (PNC) and Family Planning (FP) Services	3,400	1,449
Progress towards outcomes		
During the outreaches conducted, integrated health services were offered which included antenatal care, post-natal care as well as family planning services. A total of 1,449 mothers were able to access these services at the outreach sites.		



Water, sanitation and hygiene

People targeted: 120,000

People reached: 20,688

Male: 10,241

Female: 10,447

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in the targeted communities

Indicators:	Target	Actual
Households with access to household water treatment chemicals	20,000	5,693
Output 1.1: Hygiene promotion activities which meet SPHERE standards in terms of the identification and use of hygiene items provided to target population Activities Planned		
Indicators:	Target	Actual
People reached with Hygiene Promotion	120,000	20,688

Progress towards outcomes

Needs analysis and population to be assisted:

KRCS has mapped out areas with Cholera upsurges and prioritised on hygiene promotion in this area.

Activities already carried out;

KRCS has prioritised areas with Cholera upsurge in Mandera, Wajir, Kajiado and Nairobi. With funding from OFDA, KRCS has reached people in affected areas with hygiene messages and distribution of household water treatment chemicals. activities being carried out are as follows;

- Community Health Workers (CHWs) and KRCS volunteers were trained on hygiene promotion in the counties of Nairobi, Wajir, and Mandera in response to Cholera emergencies
- One school has been reached with hygiene promotion in Nairobi
- In response to Cholera outbreaks, KRCS have been supporting monthly stakeholders' sensitization and advocacy meetings.
- KRCS has continued to support household water treatment through promotions in targeted areas of Nairobi and Wajir

KRCS has prioritised areas with Cholera upsurge in Mandera, Wajir, Kajiado and Nairobi. With funding from OFDA, KRCS has reached people in affected areas with hygiene messages and distribution of household water treatment chemicals.

It is suspected that the community water sources (shallow wells) in Wajir County have been contaminated with faecal matter. KRCS has since begun to disinfect wells in addition to the distribution of Aquatabs.

Challenges

The resources available are insufficient to meet the needs on the ground. KRCS is soliciting for more funds from various donors in order to support community access to clean water and promote behaviour change through hygiene promotion.

Outcome 2: Improved access to safe water by communities

Indicators:	Target	Actual
Number of households accessing safe drinking water	20,000	5,693

Progress towards outcomes

Output 2.1: Community managed water sources giving access to safe water is provided to target population

Indicators:	Target	Actual
Number of community water points constructed	20	1
Number of communities supported with access to water through pre-paid tokens from water vendors	5	0

Progress towards outcomes

One borehole has been drilled in Habasweini with another being drilled in Bute, both in Wajir County.

Activities already carried out;

A number of hydrogeological assessments have been carried out in Habaswein, Wajir County, Kotile and Hara in Garissa county. A needs analysis has also been carried out in the counties of Samburu, Isiolo, Baringo and West Pokot and sites have been mapped and prioritized and will be attended to once funds are available.

With Funding from the Finish Red Cross KRCS is undertaking a livelihood and water supply project in Habaswein targeting to benefit 800 persons with water and improve livelihoods. The works are ongoing.

A drought contingency PCA is being prepared to avail UNICEF funding towards drought mitigation in the county of Bomet.



Protection, Gender and Inclusion

People targeted: 67,200

People reached: 67,200

Male: 33,264

Female: 33,936

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
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Percentage of people with special needs within target population, reached by KRCS through CTP	100%	100%
Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
Number of assessments of specific needs conducted as per minimum standard commitments	1	5
Percentage of activities reviewed after assessment to address PGI	20%	8%
Progress towards outcomes		
The targeting criteria was developed and reviewed with the communities to agree on the most vulnerable and disadvantaged community members to be enrolled in the relief interventions. The selection criteria were based on various vulnerability and protection issues around disabilities, age, gender and socio-economic vulnerability.		

Strengthen National Society		
S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Activities Planned		
Indicators:	Target	Actual
Number of volunteers insured	100	100
Number of community review meeting carried out	16	8
Number of IEC materials distributed		0

D. BUDGET

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

Kenya Red Cross Society:

- Dr Abbas Gullet, Secretary General; email: gullet.abbas@redcross.or.ke, phone: +254 722740789

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- Khaled Masud Ahmed, Regional Operations Coordinator, khaled.masud@ifrc.org, +254 731067286

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Franciscah Kilel, Ag Head of Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: fiona.gatere@ifrc.org; phone: +254 780 771 139

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

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



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



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



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