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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: 2
Date of update: 09 September 2019	Timeframe covered by this update: 4.5 months (1 st March – 31 st August 2019)
Operation start date: 01 March, 2019	Original Operation timeframe: 6 months Extended timeframe: 31 st January 2020
Overall operation budget: CHF 8,000,000	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 World Food Program	

Kenya Red Cross Society (KRCS) is currently delivering emergency assistance and support to some 150,000 people affected by drought in Kenya, with a focus on the following sectors and implementation strategies: Livelihoods and basic needs, Water Sanitation and Hygiene (WATSAN), Health, Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA). Initially the Emergency Appeal was launched for 6 (six) months to address lifesaving needs. Since the launch of the operation, the food insecurity context has further deteriorated in an erratic rainfall. The operation needs additional time to adjust its strategies for livelihoods intervention in terms of geographical targeting and activities.

Summary of major revisions made to emergency plan of action:
<ul style="list-style-type: none"> March 2019: The Short Rains Assessment report released in March indicated a worsening food security situation, with some counties having moved to a Crisis phase (IPC3). IFRC launched a Disaster Relief Emergency Fund (DREF) operation, to support 10,000 families with a one off cash transfer with each household getting KES.3, 000. April 2019: IFRC launched an Emergency Appeal, expanding the scope of the operation in terms of areas of intervention and people to be assisted based on the worsening drought situation. June 2019: KRCS continued with monitoring of the drought situation and updating partners. Cash transfers Post Distribution Monitoring was also done in one of the Counties (Marsabit) and continued monitoring of the drought situation. August 2019: The Long Rains Assessment (August 2019) findings were released indicating a worsening food security situation in the recent past from the last three assessments. Currently the number of people <i>in Crisis (IPC Phase 3) or worse, is at 2.6 million people an increase from the estimated 1.6 million people that was established in May 2019 during the mid-season assessment.</i> NDMA bulletins indicate that 6 counties are currently in Alarm Phase (IPC 3)¹ with an additional nine counties in Alert Phase (IPC 2)².

¹ Wajir, Mandera, Garissa, Marsabit, Tharaka Nithi, and Isiolo

² Lamu, Nyeri, Laikipia, Baringo, Tana River, Makueni, Kitui, Kilifi and Embu

KRCS is seeking to extend the implementation of the current Emergency Appeal operation from September 30th to 31st January 2020. This is necessitated by the ongoing food insecurity that is expected to persist especially in the ASAL counties which will continue to experience the effects of the drought well into the October-November-December 2019 rainfall season.

The Kenyan Drought Appeal funding coverage is 22% including both bilateral and multilateral. The request for extension will allow KRCS to continue fundraising to plug the shortfall which currently stands at 78%.

A. SITUATION ANALYSIS

Description of the disaster

According to the Long Rains Assessment (August 2019), overall, the food security situation has continued worsening over the last three assessments. Currently the number of people ***in Crisis (IPC Phase 3) or worse was at 2.6 million people an increase from the estimated 1.6 million people that was established in May 2019 during the mid-season assessment.*** This is a significant increase from the 1.1 million people that had been identified in February 2019 after the short rains' assessment. The number of food insecure people includes ***2.26 million people who are in crisis drought classification (IPC 3) and 298,000 people who are in emergency drought classification (IPC 4)*** and require immediate food assistance.

This number is estimated to rise to just above three million people by October 2019, which will be the peak just before the onset of the short rains season expected in October – November in some areas. This estimation is further based on the assumption that the onset of the short rains season will be timely, and progress will be normal or above normal. Contrary to this, would lead to a third failed rain season which would exacerbate the food security situation further (SRA Findings, August 2019).

The food security situation has continued to deteriorate in the country as a result of the ongoing drought³. The onset of the March-May long rains was delayed and characterized by uneven geographical distribution and prolonged dry spells. Seasonal rainfall was depressed over most areas from March to April. This resulted in poor crop performance and even crop failure in some regions.

The pastoral counties are now experiencing the second consecutive failed season with Garissa, Tana River and Marsabit the worst hit. Pasture and browse regeneration was insufficient and their condition ranges from fair to poor and is expected to last for 1-2 months.

Livestock body is below average with grazers being fair to poor and expected to deteriorate rapidly as distances to water and pasture increase. Milk production has declined by up to 50 percent and currently households produce 1-2 litres compared to normal of 2-3 litres.

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 Makeni, 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 now at alarm to crisis phase (IPC 3) 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 terms of trade have been on worsening trends especially in the pastoral areas where high staple food prices coupled with declining livestock prices have impacted negatively on households purchasing power with current terms of trade of 25-40 percent below the five-year average in Wajir, Mandera, Garissa and Tana River.

The nutrition situation has deteriorated significantly with the worst affected areas being in Laisamis, Turkana South and North which are at very critical levels (IPC Phase 5) and North Horr, Turkana Central & West, Mandera, Wajir, Garissa and Tiaty of Baringo which are critical (IPC phase 4). The national Emergency Nutrition Advisory Committee recommended that surge teams be deployed to Marsabit and Baringo in the sub counties which have high malnutrition

³ KFSSG Long Rains Assessment Findings

and human resource gaps. In this regard, KRCS has deployed 2 teams, each comprising 2 nutritionists and 2 nurses. The teams will support health and nutrition service delivery at health facility level based on county needs.

The high prevalence of acute malnutrition is mainly attributed to poor food availability with low milk production and consumption and increasing food prices observed in the most affected areas. This has resulted from the cumulative negative effect of the below average 2018 short rains and the late onset of the 2019 long rains. High morbidity, limited access to health and nutrition services following scale down of integrated outreaches in some areas such as Laisamis in Marsabit, poor child practices coupled with pre-existing factors such as poverty, high illiteracy and poor infrastructure have aggravated the problem.

The table below provides a summary of the current food security classifications in ASAL counties (NDMA Bulletins, July 2019).

Drought Phase	Improving	Stable	Worsening
Normal	Samburu, Kwale	Turkana, Narok, Meru, West Pokot	Taita Taveta, Kajiado,
Alert	Lamu, Nyeri, Laikipia, Baringo	Tana River	Makueni, Kitui, Kilifi, Embu,
Alarm		Wajir	Marsabit, Tharaka Nithi, Mandera, Isiolo, Garissa,

Disease outbreaks

Disease outbreaks have also been reported in including Kala Azar which affected Marsabit and Wajir, Garissa and Mandera counties, where a total of **2,323 (suspected and confirmed) cases** have been reported with 28 fatalities also recorded.

Cholera outbreaks have also been reported with a total of 10 counties being affected since the beginning of the year. Over the same period, a total of **3,847 cases** have been reported out of which **163 were confirmed**. Some 26 deaths have been reported, a case fatality rate of 0.7 percent.

Conflict

Incidences of conflicts have been reported across the cluster as a result of competition for pasture and water, cattle rustling and retaliatory attacks in the aftermath of cattle rustling (LRA, August 2019). Counties affected included Turkana, Samburu, Marsabit, Garissa, and at the border areas at the border areas of West Pokot and Elgeyo Marakwet counties. The conflicts have been a significant driver of food insecurity in the affected counties, driving more families into food insecurity as a result of deaths, injuries and disruption of livelihood activities, which in turn result in loss of income.

Nutrition situation

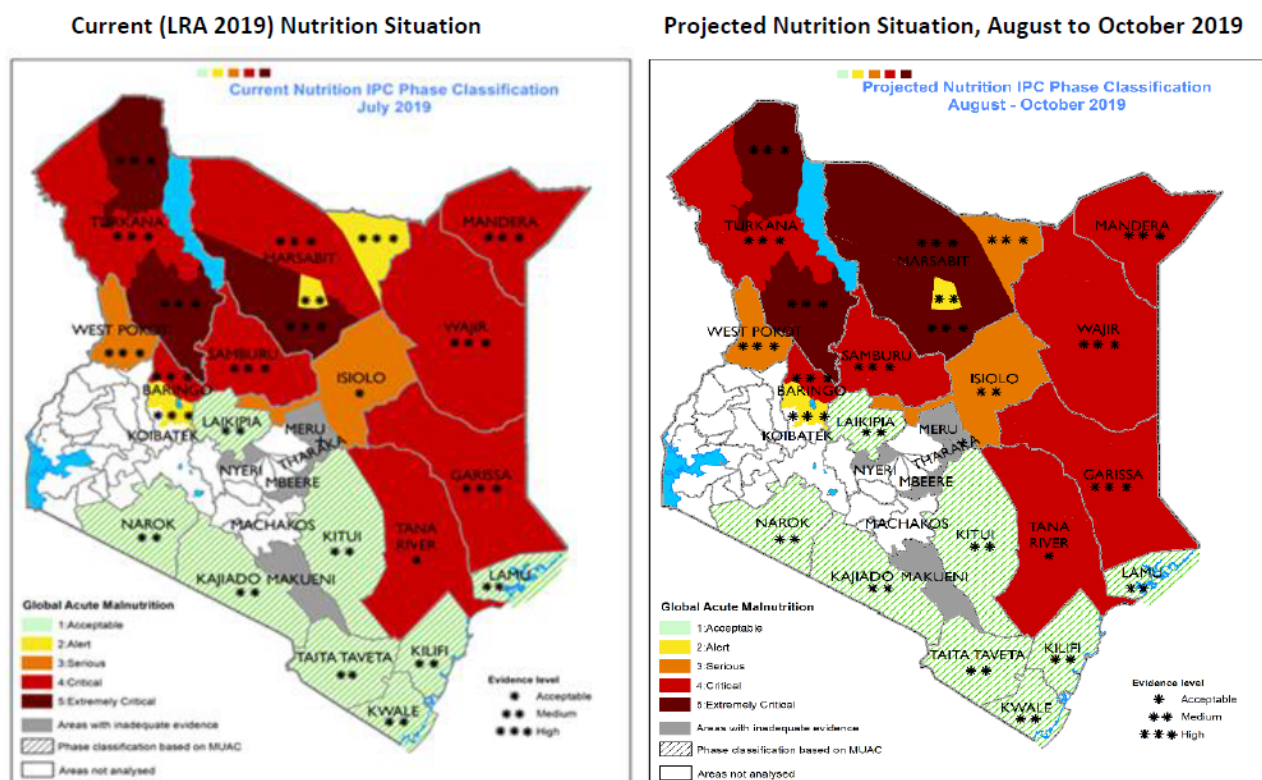


Figure 1.6: Current vs projected national nutrition

As predicted by the Kenya Meteorological Department (KMD), the country experienced poor performance of the long rains resulting in poor regeneration of forage and minimal recharge of surface water sources in pastoral livelihood zones. These include parts of **Turkana, Marsabit, Isiolo, Garissa, Mandera, Tana River** and **Wajir counties**. 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).

The October- November-December 2019 rainfall season is expected to be characterized by enhanced rainfall in most parts of the country. While this is likely to have a positive impact on the food security situation in the country, the effects of the current drought are likely to persist till at least November 2019. Communities will thus continue to require urgent lifesaving support for communities.

The key factors to monitor:

- Performance of 2019 short rains given the poor performance of the cumulative effect of the below average 2018 short rains and late onset of the 2019 long rains
- Crop production in the high and medium rainfall areas.
- High and increasing staple food prices.
- Close monitoring of the trends of malnutrition and related outcomes such as morbidity and deaths in the most affected counties.
- Disease outbreaks e.g. Cholera, Measles, Kalazaar and the rising trend of diarrhea.

During implementation of the operation, KRCS has experienced some challenges that have constrained implementation of the drought appeal. Shortfall in funding has been a key challenge for KRCS in implementing planned activities. In seeking an extension, KRCS with support IFRC and other partners intends to carry out further resource mobilization to carry out the pending activities.

Security constraints have also been a key challenge for KRCS teams due to active conflicts in some of the operation areas. To ensure safety and security of its volunteers and staff, KRCS has been carrying out continuous sensitization Safety and Security, Safe Access Framework, as well as effective engagement of communities to build trust.

The table below summarizes the number of households / beneficiaries targeted through this appeal per sector versus those reached to date.

Interventions	Target Populations	Number of Families reached	Planned Duration (Months)	Achievements
Cash and Voucher Assistance	25,000 (150,000 people)	12,200 (73,200)	4	Two (2) disbursement cycles have been completed
Food distributions	10,000 (60,000 people)	10,889 (65,336 people)	4	One (1) food distribution cycle has been completed
Health interventions	25,000 (150,000 people)	8,214 (49,284 people)	6	These were reached through
WASH	25,000 (150,000 people)	8,993 (53,958 people)	6	One (1) water facility completed with three (3) others currently ongoing. Completed water facility will serve 3,300 families. Through distribution of water treatment chemicals, KRCS has reached 5,693 families

Summary of current response

KRCS has continued to provide vital support to emergency response in counties affected by drought with funding from partners such as IFRC, British RC, Danish RC, Finnish RC, Japanese RC, Swedish RC, Turkish RC, Netherlands RC, Chinese Red Cross – Hong Kong branch, and American Red Cross. Additional support has also been received from UNICEF and Tullow Oil.

KRCS rolled out a cash preparedness as one of its preparedness activities to drought response, with support from British Red Cross (**GBP 250,000**). Through the support, KRCS carried out an orientation to its response team on the EPoA and registered 12,200 households out of the targeted 25,000 households. The funds were also used to support the second cash transfers to 3,000 households. The registration of beneficiaries was staggered based on the available funds to avoid registering communities without funds to transfer. The 12,200 households registered have received the first and second cash transfers of Ksh. 3,000 each in May and July 2019. KRCS will continue to expand the number of targeted beneficiaries until the targeted number of 25,000 households is reached.

KRCS also received **DKK 921,015.76** from Danish Red Cross which was used to support 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. The 850 households are among the 12,200 registered and received monthly cash transfers for three months. A post distribution monitoring was done for the 850 households in Turkana County with findings pointing to improved food security outcomes as a result of the support.

Through the DREF, KRCS received CHF 385,000 through the DREF which supported one-month cash transfer to 10,000 households.

In total, through cash, a total of 12,200 households have been reached in Garissa (1,500HHs), Mandera (1,500HHs), Samburu (1,000 HHs), Wajir (2,000HHs), Turkana (2,200HHs), Marsabit (2,000HHs), Tana River (1,000HHs) and Isiolo (1,000HHs). Each household has received two (2) disbursements.

With funding support from UNICEF, KRCS reached a total of 15 counties with blended services including early identification and treatment of acute malnutrition among children aged 6-59 months and pregnant and lactating mothers, response coordination at county and sub county levels, maintenance of supply chain for Ready to Use Therapeutic Foods used in treatment of Severe Acute Malnutrition and capacity mapping and enhancement for the MoH and KRCS Red Cross Action Teams. A total of 24,378 children 6-59 months were screened for malnutrition with 1,454 being found to be severely malnourished, 4,660 moderately malnourished while 2,296 pregnant and lactating out of the 7,479 who were screened had moderate malnutrition (Mid Upper Arm Circumference of < 21 cms). At national level, KRCS supported review and development of policies related to nutrition in emergencies as well as participation in high level response coordination fora.

KRCS has also deployed surge teams to be deployed to Marsabit and Baringo in the sub counties which have high malnutrition and human resource gaps. The teams 2 teams, comprise of 2 nutritionists and 2 nurses and will support health and nutrition service delivery at health facility level in the two counties.

KRCS, with support from the World Food Program (WFP) continues to carry 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 also works in partnership with both County and National Governments on peace initiatives 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.

The KRCS continues to mobilize for resources to deliver assistance to communities affected by the ongoing drought.

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. 235,968⁴ 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 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.

⁴ Six (6) persons per household

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

According to findings from the Long Rains Assessment (LRA) 2019, the overall food security in the Arid and Semi-Arid Lands Counties has worsened since the drought appeal was developed. A total 2.6 million people still require immediate food assistance.

The poor performance of the long rains resulted in poor crop and livestock performance exposing communities to increasingly severe food insecurity.

Projected Outlook to January 2020

The severity of food insecurity is expected to intensify through the peak of the lean season in October (Fews Net, August 2019). Crisis (IPC Phase 3) outcomes are expected to persist in Turkana, Marsabit, Isiolo, Wajir, Mandera, Garissa, and Tana River, as well as in parts of Baringo and Samburu counties due to below-average household food and income sources. Household stocks across majority of the marginal areas will be depleted by the end of August driving increased dependence on markets for food commodities. Staple food commodity prices are expected to remain above average from August through October reducing food access and heightening household food insecurity as low food availability and income constrain household purchasing power.

Livestock body conditions are expected to deteriorate further due to worsening water scarcity and declining pasture and forage availability. Declining body conditions negatively impact livestock productivity further compounding the food insecurity situation.

During this period, households are likely to increasingly apply consumption coping strategies like reduction of meal portion sizes, skipping meals and adults skipping meals in favor of children.

The food security situation is expected to continue to deteriorate in the through to October 2019, with greater impacts in counties already in IPC phase 3. The effects will particularly worse for children, pregnant and lactating women as well as the aged, with the levels of acute malnutrition rising rapidly among these population sub groups as they are most vulnerable to the effects of drought.

The October- November-December 2019 rainfall season is expected to be characterized by enhanced rainfall in most parts of the country. While this is likely to have a positive impact on the overall food security situation in the country, the effects of the current drought are likely to persist till at least November 2019. Communities will thus continue to require urgent lifesaving support to recover fully from the effects of the current drought. KRCS thus will continue to deliver assistance to affected families focusing on emergency cash and voucher assistance, emergency in-kind food distribution for areas where market functionality has been disrupted, health and nutrition interventions focused mainly on disease outbreak management and rehabilitation of key water facilities. These interventions will focus on Wajir, Mandera, Marsabit, Tharaka Nithi, Mandera, Isiolo, Garissa which are currently in IPC 3.

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 Murang'a 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.⁵ The estimated caseloads of children 6-59 months, pregnant and lactating women requiring treatment is 472,756 and 27,959 respectively.⁶ 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

⁵ Short Rains Assessment Report 2019

⁶ Nutrition Information Working Group update March 2019

to supplement the services at the static facilities. As part of the response and also 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.

In the most affected counties, a total of **623,814 Children**⁷ 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. Since January 2019, a total of (10) Counties; Narok, Kajiado, Nairobi, Garissa, Machakos, Mandera, Embu, Wajir, Mombasa and Turkana Counties. Cumulatively a total of **3,847 cases** have been reported out of which **163 were confirmed**. There have been **26 deaths** with a case fatality rate of **0.7 percent**. The outbreak remains active in Nairobi, Garissa, Wajir, Mandera and Turkana Counties. KRCS has supported in containing outbreaks in Narok, Kajiado, Wajir and Mandera, and currently KRCS is supporting response in Mombasa, Nairobi and Wajir.

During the same period, Kalazaar Outbreak was recorded in Marsabit and Wajir in which a response was conducted in close collaboration with the National MoH and the county MoH, WHO, KEMRI and DNDi to respond to the cases. The interventions were tailored 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 house hold 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 Marsabit 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.

⁷ Kenya Nutrition Situation Overview in Arid and Semi-Arid Areas (ASAL), February 2019

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 **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

The risks and mitigation activities identified remain the same as highlighted in the [Emergency Plan of Action \(EPoA\)](#).

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 22 May 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 dekad of April and in May. The part 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.

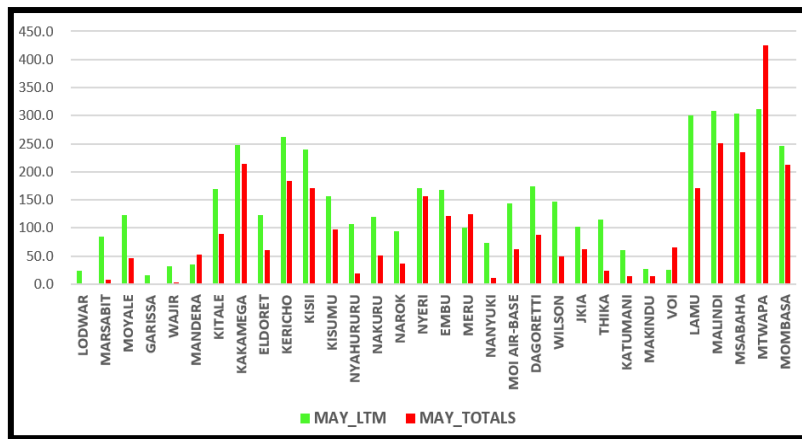


Figure 2: KMD: May 2019 rainfall totals versus May Long Term Mean (LTM)

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.

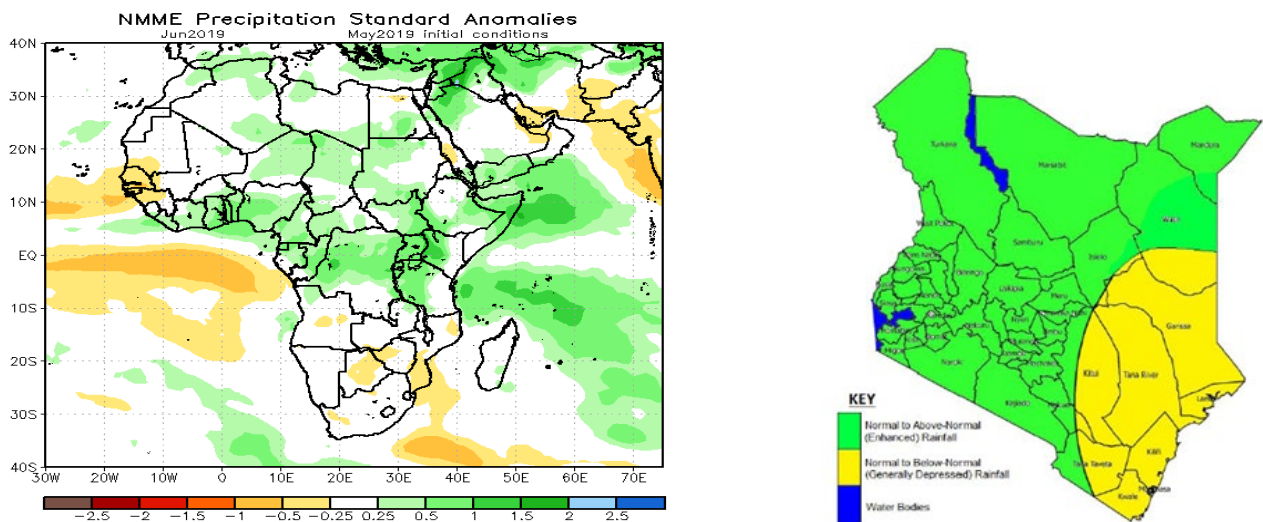


Figure 3: Rainfall forecast for June 2019

B. OPERATIONAL STRATEGY

Proposed strategy

The proposed strategy relatively remains the same as highlighted in [Emergency Plan of Action \(EPoA\)](#) and [operation update 1](#).

Operational support services

Operational support services provided remains the same as indicated in the [operation update 1](#).

Exit Strategy


This Emergency Appeal builds 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 to 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>		
Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
Indicators:	Target	Actual
Number of people reporting improved food outcomes as a result of KRCS interventions	150,000, (M: 74,250, F: 75,750)	73,200 Male: 36,234 Female: 36,966
Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
Indicators:	Target	Actual
Number of people reached through cash transfers	150,000, (M: 74,250, F: 75,750)	73,200 people (12,200 households)
Number of people reached through food distribution	60,000	65,336 people
Progress towards outcomes		
<p>Through this Emergency Appeal, KRCS has reached a total of 73,200 people through cash assistance. Findings from the post distribution monitoring, carried out in Turkana county indicated that the food consumption score for most of the households between (38% - acceptable and 35% - borderline) after cash transfers with households consuming an average of two meals a day after the cash transfers. This was an improvement from one meal or less per household prior to the roll out of the Cash Transfers.</p> <p>The report goes further to points the out areas that need for improvement as need for effective communication plan on the cash transfer dates, increasing the cash transfer value & period and a consideration of including transport costs for those travelling long distances to encashment points.</p> <p>As will be noted, the number of beneficiaries has not changed from the previous caseload since KRCS opted to reach the same beneficiaries with the resources received as opposed to expanding the caseload. KRCS continues to mobilize for resources to reach more beneficiaries, as only roughly half of the targeted beneficiaries have received support.</p> <p>Prior to roll out of the programme, KRCS trained a total of eight County Coordinators alongside eight CTP field project officers and 90 volunteers 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 in 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>		

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.

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 12,200 households (73,200 people) have received the first and second tranches of cash transfers of Ksh. 3,000 for each household.

A total of 392.11 metric tons of food have been distributed to 7,967 households 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.



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 & 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		
<p>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.</p> <p>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.</p>		

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		
<p>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.</p> <p>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 39,108 being reached at the moment.</p> <p>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.</p>		

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		
<p>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</p> <p>Debriefing sessions are being undertaken during the response period with the teams in the respective regions</p>		

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 and 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 house hold 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 these areas.

Activities already carried out

KRCS has prioritised areas with Cholera upsurge in Mandera, Wajir, Kajiado and Nairobi. 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 Aqua tabs.

KRCS has also carried out rehabilitation of four (4) key water facilities in Kitui (Kasaala Sump and Wikithuki borehole) Isiolo (Malkdaka Borehole) and Wajir (Bute Borehole). Works have been completed in Bute water facility in Wajir county with the rest of the water facility currently in different stages of progress.

Any challenges the National Society may have met, and what they are doing to deal with these 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 household accessing safe drinking water	20,000	3,300
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 Finnish 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
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 was 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:

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In IFRC Geneva:

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Francisca Kilel, Ag Head of Partnership and Resource Development, Nairobi, email: francisca.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:** Illah Ouma, Acting PMER Coordinator, email: illah.ouma@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.

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/03-2019/07	Operation	MDRKE044
Budget Timeframe	2019/03-2019/09	Budget	APPROVED

Prepared on 02/Aug/2019

All figures are in Swiss Francs (CHF)

MDRKE044 - Kenya - Drought

Operating Timeframe: 01 Mar 2019 to 30 Sep 2019

I. Summary

Opening Balance	0
Cash Contributions	601,916
China Red Cross, Hong Kong branch	24,877
Japanese Red Cross Society	91,296
Swedish Red Cross	261,443
The Netherlands Red Cross (from Netherlands Government*)	224,301
Funds & Other Income	385,000
DREF Allocations	385,000
Expenditure	-695,137
Closing Balance	291,779

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter		5,799	-5,799
AOF3 - Livelihoods and basic needs	884,229	684,541	199,688
AOF4 - Health	11,928		11,928
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	896,157	690,340	205,817
SFI1 - Strengthen National Societies	59,542	-34	59,576
SFI2 - Effective international disaster management	1,065	4,831	-3,766
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	31,948		31,948
Strategy for implementation Total	92,555	4,797	87,759
Grand Total	988,712	695,137	293,576

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/03-2019/07	Operation	MDRKE044
Budget Timeframe	2019/03-2019/09	Budget	APPROVED

Prepared on 02/Aug/2019

All figures are in Swiss Francs (CHF)

MDRKE044 - Kenya - Drought

Operating Timeframe: 01 Mar 2019 to 30 Sep 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	803,640		803,640
Food	53,640		53,640
Cash Disbursement	750,000		750,000
Logistics, Transport & Storage	20,400		20,400
Transport & Vehicles Costs	20,400		20,400
Personnel	62,565	5,993	56,571
National Staff	18,035	5,993	12,041
National Society Staff	2,000		2,000
Volunteers	42,530		42,530
Workshops & Training	14,372		14,372
Workshops & Training	14,372		14,372
General Expenditure	27,392	4,088	23,304
Travel		120	-120
Information & Public Relations	1,000		1,000
Office Costs	2,178		2,178
Communications		12	-12
Financial Charges	12,250	-32	12,282
Shared Office and Services Costs	11,964	3,988	7,976
Contributions & Transfers		640,356	-640,356
Cash Transfers National Societies		640,356	-640,356
Indirect Costs	60,344	42,270	18,074
Programme & Services Support Recover	60,344	42,270	18,074
Pledge Specific Costs		2,430	-2,430
Pledge Earmarking Fee		2,430	-2,430
Grand Total	988,712	695,137	293,576