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# Final Report

## Kenya: Drought

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Operation n° MDRKE044</b>
<b>Date of Issue:</b> 5 May 2020	<b>Glide number:</b> DR-2019-000024-KEN
<b>Operation start date:</b> 1 March 2019	<b>Operation end date:</b> 31 January 2020
<b>Host National Society:</b> Kenya Red Cross Society (KRCS)	<b>Operation budget:</b> CHF 8,000,000 DREF Allocated: CHF 385,000
<b>Number of people affected:</b> 150,000 people	<b>Number of people assisted:</b> 130,908
<b>N° of National Societies involved in the operation:</b> British Red Cross, Danish Red Cross, Netherlands Red Cross, Japanese Red Cross, Swedish Red Cross, Hong Kong Red Cross and American Red Cross.	
<b>N° of other partner organizations involved in the operation:</b> National Drought Management Authority, Tullow Oil Company and World Food Program	

<Please click [here](#) for the financial report and [here](#) for the contacts>

### Summary

The Appeal received approximately CHF1,336, 599 from different partners both unilaterally and bilateral to contribute to the drought operation. This was approximately 27 percent of the targeted amount against the budget of CHF 8,000,000. The Kenya Red Cross Society also received in-kind food donations of 130.3 metric tons from local partners to support families affected by the drought response. Approximately 130,908 people were reached with various interventions ranging from basic needs, health and nutrition, water and sanitation and protection, gender and inclusion interventions.

The key challenges of the operation included:

- Insufficient funding to implement most of the planned activities and meet a greater percent of the community needs.
- Lack of household minimum expenditure guidelines in the current guide in setting cash transfer values that meet the household needs.
- Stock outs of essential drugs and commodities in the health facilities affected treatment services at the outreach sites eg Stock outs of antigens like BCG, OPV, measles and yellow fever and essential drugs.
- Human resource gaps among the health facilities covering affected areas to provide the necessary support to outreach activities.
- Gender based violence being considered a family/community or private issue and communities resolving to sort such issues locally and privately without involving authorities.
- Insecurity in some areas like Wajir delayed the rehabilitation works for some water points.



*Community sensitization in Tana River*

### Appeal history:

- **March 2019:** The Short Rains Assessment report released indicating a worsening food security situation, with some counties already in crisis phase (IPC3).
- **March 2019:** IFRC launched a Disaster Relief Emergency Fund (DREF) operation of CHF 385,000 to support 10,000 families with a one-off cash transfer with each household getting KES.3, 000. [Dref Operation](#)
- **April 2019:** IFRC launched an Emergency Appeal for CHF 8,000,000, expanding the scope of the operation to cover Livelihoods and basic needs, Health and Nutrition and WASH interventions and increase the number of people reached based on the worsening drought situation. [Emergency appeal](#)
- **July 2019:** KRCS continued with monitoring the drought situation and updating partners. Cash transfers post distribution monitoring was done in Marsabit County. The 1<sup>st</sup> update of the EPoA also shared with IFRC. [operations Update 1](#)
- **August 2019:** The Long Rains Assessment (August 2019) findings released indicating a worsening food security situation indicating that the number of people in Crisis (IPC Phase 3) or worse is 2.6 million people an increase from the estimated 1.6 million people established in May 2019 during the mid-season assessment.
- **September 2019:** The Emergency Appeal extended from September 30, 2019 to January 31 2020. This was necessitated by the worsening food insecurity that was expected to persist with effects being experienced into the October-November-December 2019 rainfall season. [Operations Update 2](#)

## A. SITUATION ANALYSIS

### Description of the disaster

The drought situation was caused due to failed 2018 October–November–December (OND) short rains season that was further worsened by failed 2019 March-April-May (MAM) long rains characterised by late start and early cessation, depressed in amount with long dry spells experienced in many places. Many parts of the country received below average rainfall with most Arid and Semi-Arid Lands (ASAL) counties receiving depressed (below normal) rainfall. The situation resulted in overall unfavourable conditions for rain-fed agriculture, surface and ground water storage recharge and pasture regeneration that persisted through the year. The situation led to 6 counties in IPC 2 and 17 counties drifting to IPC 3, with approximately 1.6 million people in acute food insecurity across the country as shown in the table below: (National Disaster Management Authority, NDMA).

Drought Phase	Stable	Worsening	Priority
Alarm	-	Wajir, Mandera, Garissa, Marsabit, Tharaka Nithi, and Isiolo counties	Priority 1
Emergency	Kitui county	Tana River, West Pokot, Samburu, Nyeri (Kieni), Lamu, Laikipia, Kilifi, Embu (Mbeere), Baringo and Turkana counties	Priority 2
Famine	TaitaTaveta, Narok, Meru, Makueni, Kajiado counties	Kwale county	Priority 3

The situation resulted in poor nutrition status which became critical in Turkana, Samburu and Mandera counties as well as East Pokot and North Horr sub-counties (Phase 4; GAM WHZ 15.0 - 29.9 percent) and serious in Wajir, Tana River, West Pokot, Garissa and Laisamis counties (Phase 3; GAM WHZ 10.0 -14.9 percent)<sup>1</sup>. An estimated 541,309 people (including children under 5 and pregnant and lactating mothers) needed treatment for malnutrition with more increase observed in severe acute malnutrition (SAM) caseloads rising from 85,105 to 113,941.

Diminished forage resources also triggered migration and concentration of livestock in particular dry season grazing areas increasing competition for the resources like pasture and water, and triggered resource-based conflicts as well as cattle rustling and retaliatory attacks as noted in Garissa, Kitui, Garissa, Turkana, Samburu and Marsabit counties. The early onset of 2019 October–November–December (OND) short rains season in late September, resulted in flooding in most areas that were already affected by drought causing more destruction ranging from animal deaths, destruction of shelter and loss of lives. The floods also interrupted some of the planned drought response activities with focus shifting to floods response.

Disease outbreaks were also reported including Kal Azar in Marsabit, Wajir, Garissa and Mandera counties, where a total of **2,323 (suspected and confirmed) cases** and 28 fatalities recorded. Cholera outbreaks were also reported in 10 counties in the year recording a total of **3,847 suspected cases** with **163 confirmed and 26 deaths**.

## Summary of response

### Overview of Host National Society.

KRCS aligned its response activities to the government priorities and took 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 for the response. KRCS responded to the drought effects supported by the Emergency Appeal funds reaching **21,818 households (approximately 130,908 people)** affected by drought in Turkana, Marsabit, Garissa, Wajir, Mandera, Isiolo, Tana River, Samburu, Kilifi, Baringo and Kitui counties. The response interventions covered three main sectors, namely livelihoods and basic needs, water sanitation and hygiene (WASH), health and nutrition integrating protection, gender and inclusion (PGI) and community engagement and accountability (CEA).

In response to livelihoods and basic needs of the most vulnerable population affected by drought, KRCS rolled out early actions in cash preparedness including review of SOPs, orientation of staff and volunteers on the EPoA and registration of 12,200 households in readiness to carry out cash transfers. KRCS reached **11,999 households** (approximately 71,994 people) with monthly unconditional non-restricted cash transfers of KES. 3,049 for every household. Out of the number reached with cash transfers, 850 households received cash transfers in three months, while the remaining 11,149 households received cash transfers for two months due to limited funds. Another **9,819 households** (58,914 people) were reached through distribution of 334.9 metric tons of food with each household receiving food ration of 48kg of maize meal/rice, 8 kg of beans, 2 litres of cooking oil and 200g of iodized salt in a single food distribution to cover a month.



*Food distribution in Garissa*

<sup>1</sup> KFSSG Short Rains Assessment Findings

In response to the health and nutrition needs of the affected communities, KRCS carried out integrated health interventions ranging from medical outreaches, mass screening for malnutrition, referrals and case management, sensitization of community health volunteers on community based disease surveillance, hygiene promotion and awareness creation through health talks in partnership with National and County health teams. The KRCS participated in health sector coordination meetings and supported procurement of essential medicines and supplies of antibiotics and essential medicines for management of chronic ailments. A total of 2,107 children under five years and 789 expectant and lactating women were screened for malnutrition; 4,988 patients treated for various ailments/illnesses; 892 children under five years vaccinated; 593 children dewormed, and 703 under-fives given vitamin A supplements during integrated health outreaches. Twenty community health volunteers (CHVs) were reached with sensitization on community-based disease surveillance and another 20 CHVs sensitized on hygiene promotion. Thirty-two volunteers of KRCS involved in the response were also given psychosocial support.

To address the community needs for clean and safe water, KRCS conducted detailed assessments on community water points that needed rehabilitation and appraised five water points/systems that were rehabilitated based on available funds. The rehabilitation and improvement work for the five appraised water points were completed and handed over to the communities in the following sites: Malkadaka water borehole, Wikithuki water borehole, Kasaala water borehole, Buna bute water borehole and Saka borehole water supply system in Isiolo, Kitui, Wajir and Garissa respectively. The rehabilitated community water points improved access to safe water for 20,200 people, (3,367 households) with their shoats and cattle. Approximately 16,000 households received aqua tabs for water treatment.

A total of 25 KRCS volunteers (M13, F12) were trained on mainstreaming PGI and how to conduct PGI needs assessment. A series of PGI needs assessments were done as well as community sensitization on SGBV reaching approximately 40,670 people. KRCS also worked in partnership with both County and National Governments on peace initiatives in areas affected by resource-based conflicts due to the scarce grazing land caused by drought in Marsabit, Turkana, Isiolo, West Pokot, Elgeyo Marakwet and Baringo counties. The organization also distributed non-food items consisting of shelter items namely tarpaulins for shelter, blankets, mosquito nets, and kitchen nets to 745 households displaced by resource-based conflict in the ASAL counties.

## **Overview of Red Cross Red Crescent Movement in country**

The International Federation of Red Cross and Red Crescent (IFRC) Regional Office coordinated resource mobilization towards the Emergency Appeal while KRCS implemented the activities. Several updates calls were made with partner National Societies to provide situation updates as well as seek their support through resource mobilization.

The British Red Cross supported KRCS with funds (**GBP 250,000** approximately **CHF 305,000** depending on exchange rate at the time of transfer) bilaterally to roll out cash preparedness as one of the early actions to drought response. The funds were also used to support the second cash transfers to 1,095 households in Isiolo county and community engagement and accountability activities in other response counties.

KRCS also received **DKK 921,015.76** (approximately **CHF 128,942** depending on exchange rate at the time of transfer) from Danish Red Cross (DRC) bilaterally which was used to support cash transfers for 850 households for three months (March to May 2019) and another 657 households through one-off food distribution in areas where cash transfers were not feasible due to lack of payment mechanisms networks and market infrastructure. The 850 households are among the 12,200 households registered. The DRC were also involved in the cash post distribution monitoring for the 850 households in Turkana County with findings pointing to improved food security outcomes as a result of the support.

IFRC launched a DREF operation of **CHF 385,000** which become loan to the Emergency Appeal to support one-month cash transfer to 9,110 households in Garissa, Tana River, Isiolo, Turkana and Marsabit Counties. Other movement partners that supported the Appeal funding unilaterally through IFRC include Netherlands

Red Cross CHF **224,301**, Japanese Red Cross **CHF 91,296**, Swedish Red Cross **CHF 261,443**, China Red Cross – Hong Kong branch **CHF 24,877**, American Red Cross **EUR 50,000** (approximately **CHF 53,000** depending on exchange rate at the time of transfer) and Turkish Red Crescent **CHF 39,985** that have also supported cash and voucher assistance, health and nutrition support and water sanitation and hygiene actions.

The Netherlands Red Cross supported 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 includes the use of cash transfers.

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

The World Food Program (WFP) supported KRCS to reach 85,250 households with food distributions in Garissa (50,250 households) and Tana River (35,000 households) counties for eight months from March to October 2019. The food items distributed included cereals, pulses and vegetable oil. The WFP also supported supplementary feeding targeting pregnant and lactating mothers, and distributed corn soya blend (CSB), ready to use supplementary food (RUSF) and vegetable oil to 56 health facilities in Garissa and 46 health facilities in Tana River used for integrated management of acute malnutrition (IMAM). Other partners who donated food to KRCS for distribution included Bhora Community, Lutheran church and the famine relief group from Rotary and Lions Clubs of Kenya. Tullow oil company involved in drilling and mining of oil in Turkana county also supported the response through cash transfers in Turkana.

The KRCS participated actively in the Kenya Humanitarian Partnership Team (KHPT) coordination body organized for all humanitarian partners including government agencies as well as the Counties Steering Group meetings to review the drought situation and response by all actors. KRCS also took part in coordination meetings at national level including the Cash Technical Working Group and the Kenya Food Security Steering Group to ensure that all responses were coordinated.

### **Needs analysis and scenario planning**

This operation was based on the initial assessment reports that indicated deteriorating food security situation caused by evolving drought and its projections. The joint assessments done by the Government, KRCS and partners like the short rains assessment and long rains assessments confirmed that the response operations addressed the needs highlighted in the findings. Therefore, there was no need for revising the emergency plan of action.

### **Risk Analysis**

The Appeal received funds that could cover only about 27 percent of its budget and therefore most of the activities could not be implemented as planned in the EPoA. For example, the appeal intended to reach 25,000 households with monthly cash transfers for four months but due to shortage of funds, only 12,200 households were reached with at least 2 monthly cash transfers.

The early onset of 2019 October–November–December (OND) short rains in late September, resulted in flooding in most areas of operation destroying roads and hindering accessibility of some areas. The response teams nonetheless used alternative routes that were longer or waited for flood water to get down to levels that could allow vehicles to move. This caused delays in some activities. Insecurity posed by militia groups in some parts of the affected areas posed a challenge for the response teams despite KRCS using local volunteers and consequently those areas were avoided to keep safe.

## B. OPERATIONAL STRATEGY

### **Overall Operational objective:**

Contributing to reduced negative impacts of drought on vulnerable communities through provision of unconditional and unrestricted cash transfers, health services and clean drinking water.

### **Proposed strategy**

KRCS is a member of the Kenya Food Security Steering Group (KFSSG) and actively participated in the group's various activities ranging from national coordination meetings and multi-sectoral county food security situation assessments to ensure that the response teams had adequate information on the evolving drought, food insecurity, disease outbreaks and proposed interventions. The reports were used to review the emergency plan of action in consultation with IFRC to ensure that most updated information on the situation is used to support the action. Several other relevant assessment findings like the nutrition SMART surveys and NDMA bulletins were considered to update the appeal.

Activities carried out in different sectors or focus areas were planned together to leverage on each other and reduce logistical costs for example in places like Tana River, Garissa, Wajir and Turkana where there was either cash transfers or food distributions alongside health outreaches or rehabilitation of community water projects. These activities were planned in such a way that staff carried out monitoring visits for activities in two different areas of focus funded by the Appeal. Cash transfers for example were done to target households from different donors since one donor funds contribution could not support all the households. The communities were also informed of other KRCS activities in the area or county and where possible the new projects leveraged on the already existing networks and systems created by KRCS in past or current projects.

KRCS embraced coordination and partnerships with local stakeholders to complement the Appeal funds. This was realised in the amount of food donations received as in-kind from local donations and distributed alongside the food procured from the Appeal funds thereby increasing the number of people reached. The specific intervention sites were determined through joint coordination mechanisms at the county levels.

Targeting criteria was designed and reviewed together with the affected communities to ensure that the most vulnerable people were reached. The criteria were based on factors that may increase vulnerabilities such as age, gender, health condition, livelihood sources, and disability. KRCS disseminated its toll-free line to communities for complaints and feedback purposes. These were complemented with community meetings to collect feedback and direct contact to the local community leaders and RC volunteers living with the communities to reach KRCS. All the feedback received were acted upon and feedback given to the beneficiaries.

The choice on cash transfer and food distributions was seen as best interventions to promote early recovery since they cushioned communities from turning to negative coping mechanisms that would further worsen the effects of drought. The cash transfer was made un-restricted to allow the households spend on priority needs ranging from basic needs to savings for spending on household productive assets that would promote early recovery. Health interventions were organized with the existing structures of the Ministry of Health (MoH) and community structures to ensure sustainability of the interventions. The community water systems rehabilitated were installed with modern solar systems that are easy to maintain and the projects handed over to an already existing community water committees who would continue to manage the assets to serve community for longer period of time.

## C. DETAILED OPERATIONAL PLAN



### Livelihoods and basic needs

**People reached: 130,908**

Male: 64,145

Female: 66,763

#### **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 people (M:74,250) (F:75,750)	130,908 people (M:64,145) (F:66,763)

#### **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 people (M:74,250) (F:75,750)	71,994 people (11,999 households)
Number of people reached through food distribution	60,000 people (10,000 households)	58,914 people (9,819 households)

#### Narrative description of achievements

The early warnings for the drought were used to inform early actions and preparedness activities supported by funds received through the Emergency Appeal contributions. The preparedness activities included sensitization of KRCS response teams, assessments, activation of coordination structures at different levels, and review of guidelines and contracts as well as resource mobilization. Through this Appeal, KRCS reached a total of 11,999 households (71,994 people) with unconditional un-restricted cash assistance of 3,049 shillings to meet their basic needs. Out of the number of households reached with cash transfers, 850 households received three monthly cash transfers, while the remaining 11,149 households received only two monthly cash transfers due to limited funds. The cash transfers were made through mobile money using MPESA. Targeting of households for cash transfers was coordinated between KRCS and National Hunger Safety Net Program to target group 2 households and contribute to horizontal scale up of the GoK social protection cash transfers in Turkana, Marsabit, Mandera and Wajir Counties where the programme is implemented.

Another 9,819 households (58,914 people) were reached through distribution of 334.9 metric tons of food with each household receiving food ration of 48kg of maize meal/rice, 8 kg of beans, 2 litres of cooking oil and 200g of iodized salt in a single food distribution cycle in areas that did not have cash transfer infrastructure like payment system networks and functional markets. The food ration was enough to support the households for 1 month according to the WFP and Sphere Standards. The food was procured from the funds received from the Appeal as well as in-kind quantities from well-wishers. The registration of households was done using redrose which is a system for data management and distribution.

For both cash and food distributions, KRCS engaged partners and communities in selecting the most vulnerable people affected by drought. 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 met the selection criteria that had been agreed upon.

Findings from the post distribution monitoring, done in Turkana county indicated that the food consumption score for most of the households was between 38% (acceptable) to 35% (borderline) with households

reporting consuming an average of 2 meals per day after the cash transfers. This was an improvement from 1 meal or less per household prior to the roll out of the Cash Transfers. The report further points out areas that needed improvement as need for effective communication plan on the cash transfer dates, increasing the cash transfer value and extending the number of months for support, inclusion of transport costs for those travelling long distances to the encashment points.

A total of 5,000 stickers with messages on the response and toll-free line for complaints and feedback were procured and distributed in the communities and also pinned at strategic points in the 8 Counties to enhance communication between KRCS and the communities.

Challenge	How it was handled
1. Limited funding towards the drought Appeal especially to support early actions	1. Increased advocacy for early actions to reduce the impact of such climate related disasters that can easily be forecasted. KRCS also used local capacities to begin its response actions riding on its regular community projects.
2. High number of affected population with high expectation from community members	2. KRCS coordinated the response with both Government and NGO partners to cover as many affected populations as possible.
3. Very low transfer value for the cash transfers	3. KRCS as the co-chair of the Kenya CWG, has led the discussion and efforts by all partners to jointly develop a household minimum expenditure basket which can be used to review the cash transfer value for future responses.

#### Lessons Learned

- i. Food distributions require heavy logistical costs and cash transfers will be given priority in cases where the needs are food and basic needs where cash is feasible. Cash transfers are quick and easy to administer once proper targeting is done. It also promotes local economy and offers high dignity by giving the affected people powers to address their own needs.
- ii. The concept of forecast-based financing which proposes early actions upon receiving early warnings has not been conceived by many donors and actors. There is need to increase advocacy on forecast-based financing.



#### Health

**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%	33%
Number of Assessments conducted	8	8

#### **Output 1.1: The health situation and immediate risks are assessed using agreed guidelines**

Indicators:	Target	Actual
Number of health assessments carried out	16	8
Number of review meetings supported	16	10
Narrative description of achievements		

The KRCS response teams worked within the existing Government coordination structures for health activities working in close partnership with MoH and supporting some of the health planning and review meetings with logistical and technical contributions. Integrated outreaches and mass screening for malnutrition were conducted in partnership with MoH and UNICEF in counties worst affected by drought. A total of eight rapid assessments were done to detect cases of malnutrition among children and pregnant or lactating women in Marsabit, Turkana, Tana River, Wajir, Garissa, Kilifi and Baringo counties as flagged by the coordination group. KRCS supported the teams through social mobilization, logistics in terms of vehicles transporting assessment teams, allowances for the outreach teams, therapeutic and supplementary food donated by UNICEF.

Review meetings, county steering group meetings and nutrition coordination forums both at national, county and sub county levels were held to track progress of the ongoing interventions and provide the necessary support to the response teams.

The assessment and response also covered the rising cases in drought related diseases outbreak like cholera and kal-azaar in 13 counties. KRCS responded to the increase in disease outbreak through community sensitization to promote prevention measures, health outreaches to improve access to treatment and other prevention measures like mass household spraying. A total of 39,086 people (<5yrs Males 10,825;<5yrs Females 11,200; >5yrs Males 8,161; >5yrs Females 8,900; People with disabilities 22) were reached during the health outreaches.

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

<i>Indicators:</i>	<i>Target</i>	<i>Actual</i>
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

**Narrative description of achievements**

KRCS operates through eight regional hubs in the country and six had few counties affected by the drought. These were pre-equipped with health and nutrition supplies which were replenished any time they got exhausted. Through the Appeal funds, essential medicines and antibiotics were procured for management of chronic ailments to supplement the MoH treatment during the health outreaches. The table below indicates the medicines procured:

<b>Description</b>	<b>Unit of measure</b>	<b>Quantity</b>
Erythromycin 250 mg, tab.	tabs	4,000
Ampicillin/cloxacilin Caps 500 mg	pack	4,000
Doxycycline 100mg cap	pack	4,000
Amoxicillin 500mg cap	pack	4,000
Cotrimoxazole tabs 480mg	pack	4,000
Diazepam 5 mg injection	ampoules	100

Health surge teams were deployed in the wave of cholera outbreak in several counties to support the counties' department of health in managing the outbreak. Surge teams were deployed in Nairobi, Mandera, and Wajir to support cholera treatment and management of patients in the cholera treatment centers. The surge capacity consisted of clinical officers, public health officers and nurses. KRCS volunteers with health background also supported the teams and over 591 line-listed cholera cases were successfully managed.

KRCS also supported the MoH to conduct community-based health outreaches in hard to reach remote areas where communities cannot easily access health services. A total of 4,988 patients (1,440 males and 3,548 females) were treated for various illnesses ranging from upper tract infections (UTI), skin diseases

and rashes, fever as well as immunization, micronutrient supplementation with vitamin A and deworming, antenatal and post-natal care and sexual reproductive health through family planning. A total of 892 children under five years vaccinated; 593 children dewormed, and 703 under-fives given vitamin A supplements during integrated health outreaches.

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

<i>Indicators:</i>	<i>Target</i>	<i>Actual</i>
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	39,086

**Narrative description of achievements**

Through the Appeal funds, KRCS supported the MoH to strengthen health delivery at tier 1 through capacity building. A total of 20 community health volunteers (9 male;11 female) were given brief trainings on Community Based Disease Surveillance (CBDS) from 11<sup>th</sup> to 13<sup>th</sup> September in Bura, Tana River to build their capacity in preventive and promotive health service delivery and improve early detection of diseases for referral. The training was facilitated by the Sub County Disease Surveillance coordinator and Sub County Public Health Officer (SCPHO) covering the following topics:

- Introduction to community health strategy and community based disease surveillance.
- Communication skills
- Detection of priority disease using case definition and key messages
- IDSR priority diseases
- Diseases of public health importance
- Reporting of Community Based Disease Surveillance

Another group of 20 Community Health Volunteers (12 males and 8 females) and 15 ministry of health workers (10 males and 5 females) were also sensitized on hygiene promotion at Madogo, Tana River County to support in hygiene promotion to prevent and control the spread of diseases. The sensitization was facilitated by the County Health Promotion Officer and Sub County Public Health Officer covering the following topics:

- Introduction with key definitions and how to conduct community engagement
- Risk communication,
- ACSM Strategies,
- Hygiene promotion,
- Checklists for CHAs/CHVs and
- Cholera outbreak investigation

The trained team of CHVs conducted hygiene promotion sensitization sessions and distributed water treatment chemicals in 57 villages and two schools.

A total of 50 KRCS volunteers supported the MoH teams in disease outbreak response for Kalazaar, and Cholera Nairobi, Wajir, Marsabit and Mandera counties. The volunteers were sensitized on disease prevention and control before deployment. KRCS also supported measles mop-up campaign in Kilifi county reaching 910 children under-five years at Ramada sub-location in Adu ward, magarini sub-county.

**Output 1.4: Psychosocial support provided to the target population**

<i>Indicators:</i>	<i>Target</i>	<i>Actual</i>
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
Narrative description of achievements		
<p>During the response, safe spaces for children were set up to ensure dignity and privacy in service provision and ensure interventions are responsive to the needs of the affected population. Tents were procured together with play toys and used to set up safe spaces for children in the medical camps.</p> <p>In the course of their work, volunteers and staff encounter situations that possibly have direct effect on their psycho-social well being on their day to day work and lives and thus the importance to intermittently debrief the team to assist them in balancing their psychological and mental health. Some of the response team members experience traumatizing events like dead body recovery, first aid for casualties and unsightly scenes which they would not encounter under normal life situation, with consequent effects on their emotional and psychological health. Therefore, debriefing and psychosocial support sessions were done to 32 KRCS volunteers (13 males, 19 females) involved in the response.</p> <p>KRCS also provided a toll free line to the communities affected by the drought who would call and receive tele-counselling from qualified professional counsellors. Many community members now use the toll free line whenever they are affected by crisis to report and ask for assistance, some of the callers are so depressed and require such counselling services even as KRCS arranges for physical response.</p> <p>KRCS supported and also took active part in various county mental health and PSS technical working group meetings in Tana River, Kilifi and Baringo Counties.</p>		
<b>Output 1.5: Acute Malnutrition is addressed in the target population.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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	N/A	None
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	2,153
Number of pregnant and lactating women referred with malnutrition	N/A	686
Narrative description of achievements		
<p>During the integrated outreaches conducted across the counties, the cases of acute malnutrition identified were enrolled in the nutrition programmes and managed at the outreach sites and linked up with the nearest health facility. Mass screening for malnutrition was carried reaching a total of 10,196 children under-five (5,228 males and 4,968 females) and 2,868 pregnant and lactating women. Out of those screened, 2,153 children under-five (1,077 males and 1,076 females) and 789 pregnant and lactating women were found to be malnourished and were immediately admitted in the Integrated Management of Acute Malnutrition (IMAM) programme.</p> <p>The MoH manages Outpatient Therapeutic Program (OTP) which provides Ready to Use Therapeutic Food (RUTF) to severe acute malnutrition (SAM) cases and Supplementary Feeding Program (SFP) that provides Ready to Use Supplementary Food (RUSF) to moderate acute malnutrition (MAM) cases. This programme is managed by the Government of Kenya through Kenya Medical Supplies Agency (KEMSA) and supported by UNICEF through KRCS.</p> <p>As per data generated during the assessments conducted through outreaches and mass screening, severe acute malnutrition accounted for 5.4% of the total number of children below five years screened for acute malnutrition while moderate acute malnutrition accounted for 15.6% of the total. As per new WHO/ UNICEF</p>		

standards, this is rated as very high (above emergency threshold) and that confirmed the need to conduct mass screening for malnutrition in most of the drought affected counties.

There were no **violations** reported on the Breast Milk Substitutes act within the period under review across the counties.

**Output 1.6: Minimum initial maternal and neonatal health services provided to target population**

<i>Indicators:</i>	<i>Target</i>	<i>Actual</i>
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

**Narrative description of achievements**

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.

<b>Challenges</b>	<b>How it was handled</b>
1. Lack of adequate funds to conduct planned activities and in a timely manner	1. Integration of some of the activities into the KRCS existing programs.
2. Stock outs of essential drugs and commodities in health facilities affected treatment services at the outreach sites eg Stock outs of antigens like BCG, OPV, measles and yellow fever and essential drugs as seen in Baringo and Tana River counties	2. KRCS supplemented the essential drugs procured through the Appeal funds however other drugs not procured could not be found easily.
3. Human resource gaps across the health facilities affected provision of the necessary support to outreach activities in East Pokot and Tiaty East sub counties.	3. KRCS deployed medical surge teams and volunteers with health education to support the outreaches alongside the few health staff available.
4. Gender based violence is considered a family/community or private issue and communities tend to hide cases from authorities and handle them among themselves in a manner that might promote increase of cases.	4. Sensitization of local communities and capacity building of local CHVs on referral pathways for gender-based violence cases like rape.

**Lessons Learned**

Strengthening community health structures is effective in community health delivery. The community units were formed under the MoH however there is low capacities that calls for capacity building and incentivise the community health volunteers.

Hygiene promotion and cholera preparedness activities were very useful to the communities and additional sensitization sessions should be allocated to reach more community members living in hard to reach areas.

There is massive need for sensitization on SGBV to everyone in the community through CHVs and RCAT to enhance awareness, response and referral mechanisms as first line responders. Support to community through creating additional livelihood options would contribute to eradication of sexual exploitation.



## Water, sanitation and hygiene

**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

Indicators:	Target	Actual
Number of people reached with hygiene promotion	120,000	20,688
<p>Narrative description of achievements</p> <p>Based on the assessments carried out, KRCS conducted hygiene promotion activities in areas where displaced populations caped, areas reporting upsurge or at risk of cholera. The activities included health talks including key messages on behaviour change reaching 20,688 people and distribution of water treatment chemicals 16,000 households with aqua tabs and pur. A total of 916,000 aqua-tabs and 200,000 sachets of pur were procured and distributed.</p> <p>Community health volunteers (CHVs) and KRCS volunteers were trained on hygiene promotion to support response in cholera hit counties.</p> <p>The number of people reached through hygiene promotion was 17% of the targeted population. The low number of the people reached was due to low funding coverage.</p>		

### Outcome 2: Improved access to safe water by communities

Indicators:	Target	Actual
Number of households accessing safe drinking water	20,000	20,200

<p>Narrative description of achievements</p> <p>KRCS conducted detailed assessments on community water points that needed rehabilitation and appraised five water points/systems that were rehabilitated based on available funds. The rehabilitated community water points improved access to safe water for 20,200 people, (3,367 households) with their goats and cattle. Routine water quality testing was also done in partnership with MoH public health officials in major community water points to ensure safe water used by communities. KRCS team also carried out disinfection of wells in Busia, Tana River, Turkana and Garissa counties.</p>		
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### 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/rehabilitated	20	5
Number of communities supported with access to water through pre-paid tokens from water vendors	5	0

<p>Narrative description of achievements</p> <p>KRCS engaged various county government water engineers to conduct assessment of existing water points, and appraisal before any rehabilitation works could begin. The priority was given to already existing non-functional community water points they required repair. Another consideration was on the possibility of the water point to serve large population in the drought-stricken areas. Five water points were therefore identified jointly and appraised for rehabilitation. These included Saka water supply system in Garissa,</p>		
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Wikithuki borehole and Kasaala borehole in Kitui, Malkadaka borehole in Isiolo, Buna bute borehole in Wajir.

Rehabilitation and improvement work for the five identified water points were completed and handed over to the communities.

None of the communities were supported with access to water through prepaid tokens from water vendors. This was mainly because there was due to the prioritization of other activities due to funding constraints.

County	Site	Description of works	GPS co-ordinates	No.of households reached
Garissa	Saka Water Supply	Rehabilitation of Saka Rising Main.	0°49'27.55"S, 35°18'10.68"E	5,800
Kitui	Wikithuki	Rehabilitation of Wikithuki Borehole in Kitui County.	0° 5'5.38", 33°58'29.12"E	600
Kitui	Kasaala	Solar Equipping of Kasaala Borehole.	2° 32.830'S, 36° 47.251'E	5,500
Isiolo	Malkadaka	Solar Equipping of Malkadaka Borehole.	0° 52' 21.1109" N, 38° 28' 54.5944" E	5,000
Wajir	Bute	Drilling works and equipping	3° 21' 48.1324" N, 39° 25' 7.3277" E)	3,300

Challenges	How it was handled
Drilling new boreholes is quite expensive	Rehabilitation of already existing non-functional boreholes.
Insecurity in some areas like Wajir delayed the rehabilitation works	KRCS worked with local authorities and contractors to assess security situation and carry out works when it was safe.

#### Lessons Learned

Use of solar power to pump water (solarisation of water systems) is effective since it does not require communities to incur costs for fuel and therefore more sustainable.

Involvement of communities in the rehabilitation works fosters ownership and promotes sustainability of the water systems.



#### Protection, Gender and Inclusion

People reached: 130,908

Male: 64,145

Female: 66,763

**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
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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%
Narrative description of achievements		
<p>The targeting criteria for cash transfers and food distributions was developed and reviewed with the communities to develop a common understanding on the vulnerabilities that would allow one to be enrolled for the assistance. The selection criteria were based on various vulnerability and protection issues around disabilities, age, gender and socio-economic vulnerability.</p> <p>A total of 25 KRCS volunteers (M13, F12) were trained on mainstreaming PGI and how to conduct PGI needs assessment. A series of PGI needs assessments were done as well as community sensitization on SGBV reaching approximately 40,670 people. KRCS also worked in partnership with both County and National Governments on peace initiatives in areas affected by resource-based conflicts due to the scarce grazing land caused by drought in Marsabit, Turkana, Isiolo, West Pokot, Elgeyo Marakwet and Baringo counties. The organization also distributed non-food items to 745 households displaced by resource-based conflict in the ASAL counties.</p>		
<b>Challenges</b>	<b>How it was handled</b>	
Low awareness of protection, gender and inclusion among implementing teams with inclusion and protection being realized by default on the basis that most vulnerabilities targeted in humanitarian response are premised on some of the PGI considerations.	Deliberate sensitization of the response teams on PGI and development of clear systems to monitor and measure deliberate efforts towards inclusion and protection.	

<b>Strengthen National Society</b>		
<b>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</b>		
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers insured	100	100
Number of community review meetings carried out	16	20
Number of IEC materials distributed	N/A	9,000
Narrative description of achievements		
<p>Five thousand stickers were procured and distributed at strategic places in the community. About 4,000 fliers on hygiene promotion were also distributed to community members during hygiene promotion sessions.</p> <p>There was no target set for the number of IEC materials distributed. The IEC materials were developed and disseminated as ready reference for hygiene promotion campaigns in the communities.</p>		

## **D. THE BUDGET**

The overall funding requirement for this Appeal was CHF 8,000,000. The Appeal coverage was at CHF 1,493,218 which represented 27% including bilateral support. The expenditure against the budget was at CHF 1,336,699 representing 90%.

## Contact information

### Kenya Red Cross

- Dr. Asha Mohammed, Secretary General ; email: [mohammed.asha@redcross.or.ke](mailto:mohammed.asha@redcross.or.ke); phone: +254 701812658

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### For In-Kind donations and Mobilization table support:

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

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

- IFRC Africa Regional Office: Philip Kahuho, mobile phone: +252 732203081 PMER Coordinator; email: [philip.kahuho@ifrc.org](mailto:philip.kahuho@ifrc.org)

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

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

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/3	Operation	MDRKE044
Budget Timeframe	2019/3-2020/1	Budget	APPROVED

Prepared on 30 Apr 2020

All figures are in Swiss Francs (CHF)

## MDRKE044 - Kenya - Drought

Operating Timeframe: 01 Mar 2019 to 31 Jan 2020; appeal launch date: 04 Apr 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	5,170,000
AOF4 - Health	1,030,000
AOF5 - Water, sanitation and hygiene	383,000
AOF6 - Protection, Gender & Inclusion	82,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	880,000
SFI2 - Effective international disaster management	455,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>8,000,000</b>
<b>Donor Response* as per 30 Apr 2020</b>	<b>1,108,218</b>
<b>Appeal Coverage</b>	<b>13.85%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	18,973	18,973	0
AOF3 - Livelihoods and basic needs	1,431,626	1,445,905	-14,279
AOF4 - Health	0	0	0
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,716	2,266	-550
SFI2 - Effective international disaster management	21,786	2,195	19,591
SFI3 - Influence others as leading strategic partners	3,414	3,414	0
SFI4 - Ensure a strong IFRC	15,703	17,615	-1,912
<b>Grand Total</b>	<b>1,493,218</b>	<b>1,490,368</b>	<b>2,850</b>

### III. Operating Movement & Closing Balance per 2020/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,493,218
Expenditure	-1,490,368
<b>Closing Balance</b>	<b>2,850</b>
Deferred Income	0
Funds Available	2,850

### IV. DREF Loan

* not included in Donor Response	Loan :	385,000	Reimbursed :	0	<b>Outstanding :</b>	<b>385,000</b>
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# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2020/3	Operation	MDRKE044
Budget Timeframe	2019/3-2020/1	Budget	APPROVED

Prepared on 30 Apr 2020

All figures are in Swiss Francs (CHF)

## MDRKE044 - Kenya - Drought

Operating Timeframe: 01 Mar 2019 to 31 Jan 2020; appeal launch date: 04 Apr 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	489,834				489,834		
China Red Cross, Hong Kong branch	24,877				24,877		
DREF Allocations				385,000	385,000		
Japanese Red Cross Society	91,222				91,222		
Red Cross of Monaco	16,541				16,541		
Swedish Red Cross	261,443				261,443		
The Netherlands Red Cross (from Netherlands Govern	224,301				224,301		
<b>Total Contributions and Other Income</b>	<b>1,108,218</b>	<b>0</b>	<b>0</b>	<b>385,000</b>	<b>1,493,218</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>1,493,218</b>	<b>0</b>	