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DREF Final report Kenya: Civil Unrest

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRKE029 ;Glide n° OT-2014-000078-KEN
Date of issue : 22 December, 2014	Operation timeframe: 3 months
Operation start date: 16 June, 2014	Operation end date: 13 September, 2014
DREF amount allocated: CHF 215,491	N° of people being assisted: Approximately 5,000 people (989 households)
Host National Society presence: 2 branches, 13 Staff, and 17 volunteers.	
Red Cross Red Crescent Movement partners currently involved in the operation: none	
Other partner organizations currently involved in the operation: Government of Kenya	

A. Situation analysis

Description of the disaster

Since October 2011, Kenya has experienced a series of attacks, following the government's decision to deploy defense forces into Somalia. The attacks have largely affected the coastal town of Mombasa, the capital city of Nairobi, and the expansive north-eastern region, specifically the counties of Garissa, Mandera and Wajir. Between 15 June and 18 July 2014, up to 94 people lost their lives as a result of a series of attacks, which affected Mpeketoni, Lamu County in the north-east of Kenya. On 15 June 2014, heavily armed gunmen attacked Mpeketoni; a small town located about 40km from the Indian Ocean coastline in Lamu County, which resulted in the destruction of property, and led to 49 deaths. On 16 June 2014, there were further attacks in the village of Mporomoko, 18 km from the Mpeketoni town, which led to nine deaths. On 19 June, two more bodies were recovered near Witu, bringing the death toll to 60. On 23 June 2014, further attacks led to five deaths at Kaiseri near Lamu, which were followed by attacks on 5 July 2014, which led to 22 deaths (13 people in Kibiboni and nine in Gamba at Tana Delta). On 18 July 2014, a commercial bus was attacked in Witu, which led to seven more deaths. Due to this increasing insecurity, a total of 989 households were displaced, from Lamu and Mpeketoni towns to other areas in search of safety households, and sought refuge in three camps (225 to Mavuno Kitale, 259 to Kipini and 505 to Hindi Prison).



A medical treatment session being conducted in Mpeketoni. Photo/KRCS

On 27 June 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 166,297 from the Disaster Relief and Emergency Fund (DREF) to support the Kenya Red Cross Society (KRCS) to provide immediate assistance to 900 households (5,000 people) affected by attacks in Mpeketoni, Lamu County, for a period of 1 month. On 20 August, a second allocation of CHF 49,194 was made from the DREF in order to extend the operation by two months (until 16 September). In total, CHF 215,491 was allocated to assist Kenya Red Cross Society provide support to those affected.

The Netherlands Red Cross/ Silent Emergencies Fund and Tsunami Residual Funding contributed towards a partial replenishment of the DREF allocated for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

IFRC on behalf of KRCS would like to thank all partners for their continued support.

[<click here for the final financial report and here for the contact details >](#)

Summary of response

Overview of Host National Society

The Kenya Red Cross Society (KRCS) responded immediately; evacuating the victims of the attacks to the nearby health facilities as well as providing medical outreach, psychosocial support, water supply, sanitation and hygiene promotion services for the affected population. Medical outreach services were conducted in various strategic locations, specifically: Malele, Pandanguo and Witu, which were essential as the increasing insecurity restricted people's access to health facilities, and the attacks depleted stocks. Furthermore, there was a shortage of health service providers as some of the attack victims were health personnel, hence some facilities' staff capacity was low. Psychosocial support services were offered targeting school going children, parents, the health workers and those families that were affected by the attacks. In addition, water supply, sanitation and hygiene promotion services were also provided in the three camps in Hindi, Mpeketoni and Witu.



PSS child group therapy session in Mavuno. Photo/ KRCS

Overview of Red Cross Red Crescent Movement in country

The International Committee of Red Cross (ICRC) supported the KRCS with tracing services in the affected areas of Mpeketoni, as well as provided body bags and body preservatives. The ICRC in collaboration with the ICRC also carried out Safe Access training; and endeavored to apply the lessons shared during the workshop to ensure opportunities for safer access are identified and maximized. The IFRC East Africa regional representation in Nairobi provided technical assistance to the KRCS to ensure the effective implementation of the DREF operation, as and when requested.

Overview of non-RCRC actors in country

The Government of Kenya donated a 102 metric tonnes (MT) of food items (beans, cooking oil and rice), which was distributed by the KRCS to the affected population, as well as 800kgs of "nutripap" (nutritional supplement for children) to two health facilities (Mpeketoni sub district and Mwamarani dispensary), in support of the malnutrition referral cases. In addition, security personnel from the Kenya Defence Force officers were deployed to protect the communities at risk. Other supporting partners included the Catholic Diocese, which donated 70 litres of formalin to support body preservation of the deceased victims, since the nearby district hospital morgue capacity was limited. The Ministry of Health donated 510 mosquito nets, which were distributed to the affected population. Furthermore, the Devki Steel Ltd Company donated 1,000 pieces of iron sheets and 1,350 bags of cement to support 51 households to rebuild their destroyed houses. On 18 September 2014, the KRCS supported the distribution of these items in The KRCS supported the distribution of the items in the Hindi, Mpeketoni and Witu areas.

Needs analysis and scenario planning

Since the onset of the emergency, the KRCS continued to conduct assessments to identify the areas of assistance needed to support the affected population. Based on these assessments, the components for the DREF operation were identified as:

1. Food security, nutrition and livelihoods;

2. Health and Care;
3. Water, sanitation and hygiene promotion;
4. Shelter and settlements (and Non-Food Items);
5. Restoring Family Links.
6. Areas Common to All Sectors

Risk Analysis

Due to the nature of the operating environment, the KRCS applied all necessary measures to ensure the safety and security of staff and volunteers engaged in this operation and it was prioritized. Collection of information and working closely with security institutions to receive briefings and advice, which continued to be used in the assessment and management of risks in the field. Given that there were at least three attacks in one week, the security situation in the camps were of a significant concern for the displaced population as well as KRCS staff and volunteers. Provisions were made for staff and volunteers to be transported to and from their residences on a daily basis. In terms of security provision within the camps, as noted, the Government of Kenya deployed additional personnel to create a secure environment for the displaced population. Under scenario planning, there were additional assessments planned and implemented as part of this DREF operation which enabled the articulation of different scenarios and allow adjustments of the operations to suit the changing situation on the ground. IFRC was part of the follow-up assessments with the KRCS.

B. Operational strategy and plan

Overall Objective

The overall objective of the operation was to provide immediate humanitarian assistance up to 900 households displaced by the attack in Mpeketoni and surrounding villages in Lamu County along the Kenyan Coastline.

Proposed strategy

The DREF operation planned was in response to the initial needs that were identified, which was then expanded following further assessments to ensure that support could continue to be provided to the affected populations, which remained in the camps.

KRCS initiated immediate humanitarian assistance based on the rapid assessments and information immediately available regarding the affected populations. KRCS continued to carry out rapid assessment followed by inter-agency detailed assessment (or detailed assessment using the inter-agency, multi sector tools). During the assessments participation of the community in needs identification were more practical as emotions had stabilized.

The delivery of humanitarian assistance was guided by the SPHERE standards as applicable across all sectors. In the camps, KRCS took the earliest opportunity, to establish sectorial committees to allow for participation of the beneficiaries in planning and review of plans as well as their participation in managing the operation.

Operational support services

Human resources (HR)

The KRCS supported the DREF operation through the employment of staff on short contracts in the sectors of health. These staff (nursing officers, clinical officers, a medical officer, a pharmaceutical technologist) were responsible for delivery of basic health care to displaced and host families. KRCS continued to seek and re-engaged staff who had worked in dynamic environments by retrieving records of such staff in existing databases. One other staff was employed in the water supply, sanitation and hygiene promotion sector. KRCS continued to utilize the existing capacity (existing staff) to the largest extent possible, to back up the actions of volunteers in the field.

Logistics and supply chain

KRCS continued to utilize the existing assets (motor vehicles and trucks) as well as existing procurement system to manage the logistics and procurement needs. The DREF operation supported the running costs of such assets. The tasks delivered by the supply chain team include;

- Managing procurement processes for relief supplies including Non-food Items (NFIs) and Interagency Emergency Health kits (IEHK).
- Provide primary transportation of relief supplies from the central and regional warehouses to Mpeketoni.
- Provide secondary transportation services as may be required from the sub county branch in Mpeketoni to the IDP camps.

- Provide transportation services for staff and volunteers within the operational area.
- Carry out procedures for procurement of services centrally and also in the field.

Communications

The KRCS also utilized the existing capacities at the branches to support the operations. These include computers, mobile phones, satellite phones, HF and VHF radios. In addition, KRCS ICT team provided the necessary technical support without major input from the DREF funds.

Security

The KRCS continued to collaborate with existing security institutions to collect information, carry out analysis and reconnaissance, as well as maximize on the good relations with beneficiaries to gather information that informed security assessment and decisions regarding security of staff and volunteers. As noted, the KRCS in collaboration with the ICRC also carried out Safer Access training.

Planning, monitoring, evaluation and reporting (PMER)

Monitoring of the activities was carried out by a team comprised of officers from Lamu and Malindi branches, with support from the regional hub in Mombasa. The governance team at the sub-branch in Mpeketoni from both Lamu and Malindi branches also participated in overseeing the implementation of the planned activities. The beneficiaries participated in the identification of needs as well as monitoring implementation and review of planned initiatives based on evolving situation. Monitoring was carried out per sector, and the teams were supported by the regional management and governance teams. Technical support was provided by the operations team at the headquarters, with field visits as may be necessary. The national level monitoring was conducted by the KRCS monitoring and evaluation unit, as well as by the IFRC PMER unit.

C. DETAILED OPERATIONAL PLAN

Food security, nutrition and livelihoods

Needs analysis: KRCS rapid assessments indicated that local markets were not in operation since the population is refraining from daily activities in the fear of being attacked – as such food and nutritional assistance was required.

Population to be assisted: Up to 900 households affected.

Food security, nutrition and livelihoods

Food security, nutrition and livelihoods	
Outcome: Food rations have been distributed to up to 900 households displaced and affected by attacks.	
Output	Activities planned
<ul style="list-style-type: none"> • Food donated by the government is distributed to displaced and affected families. 	<ul style="list-style-type: none"> • Registration of displaced persons is completed and the registers are maintained and updated on a daily basis. • Distribution of food is done in two IDP camps and host families.
Impacts	
<p>During the DREF implementation period, a total of 1,678 households (10,068 beneficiaries) were registered for food distribution, which 989 displaced households and 689 house households records were maintained and updated in order to see an effective coverage of activities based on the needs.</p> <p>While within the period under review, in a bid to curb the deteriorating food situation in the affected areas, the national Society received food donation from the Kenyan Government which included; 102 MT approx. of food items (54.1 metric tons (MT) of rice, 22.65 MT of beans and 25.56 MT for cooking oil), the Items were distributed by the Kenya Red Cross Society to the affected population whereby each household received a food ration of 5kgs of rice, 4kgs of beans and 2.5 litres of cooking oil. In total, 1,678 households, (10,068 beneficiaries) received food, of which 989 were displaced households, this indicates a 109 per cent achievement from the target (900 households) planned to be reached.</p> <p>In total, 112 children under five years old were screened for malnutrition, of which four were found to be moderately malnourished, and five at risk. In addition, 25 children were immunized against Recombinant DNA Hepatitis B vaccine (HepB) Haemophilus influenzae type b conjugate vaccine (Hib) Yellow Fever viral vaccine (for routine use only; not for</p>	

outbreak control).and 70 were referred for vitamin A supplements. The Government of Kenya also donated 800kgs of “nutripap” to two health facilities (Mpeketoni sub district and Mwamarani dispensary), in support of the malnutrition referral cases. Nutrition health education was carried out with 102 lactating mothers, which provided sensitization on the importance of exclusive breast feeding. Of the pregnant, 13 of them were referred to the nearby health facilities for antenatal care services (ANC). In total, 227 beneficiaries were reached by these activities across the three camps.

Table 1: Malnutrition screening and pregnant/lactating women reached.

Type of screen	No. reached
Children <5 years screened	112
No of pregnant women referred for ANC	13
No. of mothers lactating mothers reached	102
Total	227

Challenges

Despite continued insecurity situation as well as inaccessible roads posing as a challenge, through the vast experience and capacity of the National Society through its Network, Volunteers and Staff Kenya Red Cross managed to reach all the affected beneficiaries in Mpeketoni.

Lessons learned

Through innovative approach to community mobilization, local system strengthening, volunteer involvement and continuous collaboration with local leaders and stakeholders as well as integrating with peace building approaches, the National Societies was able to achieve maximum impact in food and Nutrition interventions despite limited resources. This is in the Case of the first one month of the DREF Operation in Mpeketoni area.

Health and Care

Needs analysis: The affected population was forced from homes following the attacks bringing very limited items with them – as such there was a need to provide psychosocial support to survivors; as well as provide primary health facilities and essential medical services for the communities, which had been disrupted.

Population to be assisted: Up to 900 households affected.

Health and Care

Outcome: The basic health care and psycho-social support needs are met for up to 900 households displaced and those affected by attacks in Mpeketoni and surrounding villages.

Output	Activities planned
<ul style="list-style-type: none"> • Psychosocial support is provided to survivors, family members, friends and relatives as well as first responders. • Basic Health services are availed to the displaced and affected populations 	<ul style="list-style-type: none"> • Provide psycho-social support services • Procurement and deployment of a basic Inter-Agency Emergency Health Kit and assorted essential items. • Integrated primary health care services through mobile outreach in two IDP camps that will be established. Service to be done in partnership with Ministry of Health. • Conduct health promotion activities in IDP camps and in villages. • Support surveillance of diseases with epidemic potential, including diarrheal and vaccine preventable diseases. • Support routine reporting through integration of outreach data into the county Health Management Information System.

Impacts

In total, 5,155 people (2,591 male; 2,564 female) were reached through psychosocial support services. Beneficiaries of these services included the families of the victims, children, health workers and people whose businesses destroyed in Mpeketoni town. Psychosocial issues handled included trauma, anger, grief and lost.

Table 2: Beneficiaries reached through psychosocial support services

Male		Female		Total		Total
<15yrs	>15yrs	<15yrs	>15yrs	<15yrs	>15yrs	
1,345	1,246	1,315	1,249	2,660	2,495	5,155

In addition to the psychosocial support services, peace initiatives were carried out in collaboration with national and county Government targeting various community groups' leaders, women, youth and men. The peace initiatives were intended to promote community cohesion and religious integration in areas where suspicion between the Muslims and Christians had emerged following the attack. Following community meetings a peace commitment agreement was signed and witnessed with both the community, county and national leaders to enhance synchronization among the communities.

Procurement and deployment of a basic Inter-Agency Emergency Health Kit and assorted essential items. One IEHK kit was procured; which were used during the medical outreaches. The medical health conducted reached a total of 4032 beneficiaries. 3 nurses, 1 clinical officer and 1 public health officer supported carrying out the interventions. In addition, KRCS provided 100 litres of formalin, 20 boxes of normal saline, 200 IV giving sets, and 50 boxes of gloves and evacuated all the deceased victims to the temporary mortuary where the first 48 people were preserved.

In total, 4,032 people (2,112 males; 1,920 females) were reached with the primary health care services, which comprised immunization, HIV/AIDS, malnutrition screening, nutritional education, voluntary counselling and testing (VCT), and other services as required. Of those reached, 26 per cent (1,050) were children under 5 years old, and 47 per cent (1,920) were women. Major conditions handled included upper respiratory, skin infections, and diarrhea. Primary health care services areas were carried out in the areas of Mavuno Lamu, Mpektoni, Mporomoko and Witu. In total, 110 children under the age of 5 years participated in a de-worming session in Sendemke to curb intestinal worm infestation. Other services provided included health/hygiene and sanitation promotion at household level, as well as community participation in health management.

Table 3: Beneficiaries of health and care services

Registered	< 5 years		> 5 years		Total
	Female	Male	Female	Male	
Diarrhea Diseases	76	69	97	82	324
Pneumonia	5	2	4	5	16
Other Respiratory Disease	240	231	314	342	1,127
Anemia	0	14	17	2	33
Dysentery	1	0	1	2	4
Intestinal Worms	40	38	82	62	222
STI	0	2	37	49	88
UTI	1	3	147	96	247
Eye Infections	21	27	38	39	125
Ear Infections	10	9	10	25	54
Bilharzia	1	0	8	6	15
Malnutrition	10	7	0	0	17
Dis. Of Circulatory System	0	0	12	3	15
Dis. Of Blood and Blood forming System	0	0	34	17	51
Dental Disorder	2	7	46	69	124
Skin Diseases	73	86	171	166	496
Rheumatism, Joint Pain	0	0	133	159	292
Burns	1	0	4	2	7
Accidents, Fractures	0	1	7	4	12
TB	0	0	0	2	2
Sore throat	0	3	41	10	54
Gastritis/Peptic Ulcer	0	1	212	112	325
MCH Antenatal and Postnatal Care	0	0	43	2	45
All Other Diseases	36	29	134	132	331
Referrals Out	2	2	1	1	6
TOTAL	519	531	1,593	1,389	4,032

Challenges

There were difficulties in accessing the displaced beneficiaries who moved to central province and other parts of Kenya from the target areas to stay with their relatives after the displacement. The areas affected by the conflict were vast as well as had impassable roads.

Lessons learned

Through integrated Health outreaches, it is easy to mitigate on Health Issues as opposed to facility based approaches to Health Service and PSP provision.

Water, Sanitation and Hygiene Promotion

Needs analysis:

The affected population has had limited access to water supply and sanitation facilities in the camps – as such to meet the immediate these needs, water treatment chemicals (PUR) and jerry cans for water storage were required; and 50 emergency latrines installed.

Population to be assisted: Up to 900 households.

Water, sanitation and hygiene promotion

Outcome: Access to safe water and adequate sanitation amenities is enhanced to reduce the risk of outbreak of waterborne and water related diseases in established IDP camps in Mpeketoni and surrounding villages.

Output

- Access to safe water is improved.
- Adequate sanitation amenities are provided in IDP camps
- The capacity of volunteers to carry out hygiene promotion activities is enhanced and hygiene promotion carried out

Activities planned

- Procure and distribute water treatment chemicals
- Support construction of 50 units emergency communal latrines to expand existing sanitation facilities in established IDP camps.
- Purchase and install garbage collection pits for solid waste management in the IDP camps.
- Distribution of hygiene promotion kits.
- Train hygiene promoters on Participatory Hygiene and Sanitation Transformation in Emergency Response (PHAST-ER).
- Conduct hygiene promotion activities in the IDP camps and in hosting communities to increase hygiene and sanitation awareness, as well as to keep the community engaged in management of wastes in the camps and in their surroundings.
- Procure vector control agents and carry out vector control activities in the camps.

Impacts

A total of 270 sachets of water treatment chemicals (each sachet contains 24 tabs; 6,480 in total)) and 180 jerry collapsible cans (for water storage) were distributed to 90 households. This was in Hindi Prison grounds where the 90 HHs were the most vulnerable and needed urgent support to this items hence 90HHs with each of them receiving 3 sachets per house hold and 180 collapsible jerry cans of which 2 per every house hold were distributed. Each household received three sachets, two collapsible jerry cans, and received training on their use. The distribution of water treatment chemicals was necessary to prevent possible outbreaks of water borne diseases by ensuring the affected population in the camps had access to safe water supply.

Through identified community needs, up to 14 latrines(8 in Hindi Prison grounds, 6 in Mavuno Kitale) were constructed the and expanded facilities in this camp to seven (including one existing latrine). Hand washing facilities were also installed in all the seven latrines in Mavuno Kitale camp as well as at all strategic points in the camp. In Kipini camp, a dissemination session was done to ToTs were supporting hygiene promotion and health activities were implemented. The Hygiene promotion campaigns were conducted within the camp. In total, 15 volunteers participated in a Trainer of Trainers (ToT) session, which enabled them carry out hygiene promotion campaigns within the camps. A dissemination session was conducted for 15 volunteers in support of hygiene promotion campaigns within the camps focusing on the safe water chain, i.e. specific focus on water supply, excreta disposal, personal hygiene and environmental sanitation. Also in mitigating the water borne disease spread as well as possible outbreak of diseases due to the conditions in the camps, house hold water treatment chemicals (mainly aqua tabs and PUR) were distributed. The other interventions conducted were sensitization on hygiene and sanitation at household level and drinking of clean and safe water, reaching out to 277 HHs among the displaced population in the camps.

In the Mavuno Kitale camp, the affected population was mobilized to construct a solid waste pit; while in Hindi Prison camp,

the affected population used the existing solid waste disposal system that was in place. Distribution of hygiene promotion kits and assorted kits for MHM and reproductive health was done through the support of UNFPA. Clean up campaigns to enhance environmental cleanliness and proper solid waste management were also carried out in the camps as well as vector control activities.

Lessons learned

Through Community mobilization sessions it is possible to implement an integrated Sanitation programme. Case of disposal pit which was dug in Mavuno-Kitale.

Community involvement and participation is essential in triggering and implementing hygiene programmes. This is seen through continuous feedback and suggestions from all the camps on suitable approaches they felt is best for them.

Shelter and Settlements

Needs analysis: Basic shelter (tarpaulins and mosquito nets) for most of the affected population who are in the camps and since they left their homes with little to no belongings, there was an additional need to provide households with essential house hold items (kitchen sets, blankets, jerry cans and soap).

Population to be assisted: Up to 900 households

Shelter and settlements

Outcome: Shelter and Non-Food Items needs are sufficiently covered for up to 900 households displaced by attacks in Mpeketoni and surrounding villages.

Output	Activities planned
<ul style="list-style-type: none"> Shelter materials and basic NFIs are distributed to displaced families. 	<ul style="list-style-type: none"> Mobilization and distribution of shelter and basic NFIs. Continually assess security situations and reconnaissance and provide regular security briefs to staff and volunteers involved in the operation.

Impacts

At the onset of the operation a total of 400 households received NFIs in the areas of Kaisari, Mavuno, Mikinduni, Nyatha Pangani, Poromoko and and Poromoko B. Each household received a tarpaulin and two mosquito nets. As noted, the MoH donated 510 mosquito nets, of which 350 of them have been distributed to 175 households (two per households) (125 HHs at Mavuno Camp; 50 HHs in Mikinduni). Each target HH received 2 nets i.e. 400HHs *2 the nets were given to HHs with children and pregnant women i.e. the most vulnerable and at risk of Malaria which is endemic in the area. The nets were under KRCS own stocks pre-positioned in various malaria endemic areas. The other NFIs were provided through the support of the DREF.

Security in the affected areas was heightened through the deployment of security personnel from the Kenya Defence Force, for a period of three months.

Table 4: Summary of households reached with NFIs

Area	No. of HH	Tarpaulin	Mosquito nets
Kaisari	76	76	152
Mavuno	51	51	102
Mikinduni	60	60	120
Nyatha	50	50	100
Pangani	49	49	98
Poromoko A	55	55	110
Poromoko B	59	59	118
Total	400	400	800

Restoring Family Links

Needs analysis:

Psychological suffering of families who have lost contact with their family members as a result of man-made (international and internal armed conflicts, internal disturbances) and natural disasters by restoring and maintaining the family links in Kenya.

Population to be assisted: Missing cases reported.

Restoring family links	
Outcome: Tracing and restoration of family links carried out.	
Output	Activities planned
Tracing services provided to vulnerable populations.	Support tracing services for restoration of family links among the displaced; establish protection services for unaccompanied minors.
Impacts	
The KRCS in collaboration with the ICRC provided tracing services in the affected areas, specifically in Mpeketoni.	
Through Support from the International Committee of Red Cross (ICRC), the National Society was able to continue to provide Tracing services in the affected areas of Mpeketoni. The Committee also provided body bags and body preservatives targeting the deceased people. The Society also conducted safer access training with support of ICRC and endeavoured to apply the lessons shared during the workshop to ensure opportunities for safer access are picked and maximized on.	

Finance Summary:

At the close of the operation a small balance of funds CHF 2583 was unutilized and has been returned to DREF.

Contact information

For further information specifically related to this operation please contact:

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

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

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

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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.

Disaster Response Financial Report

MDRKE029 - Kenya - Civil Unrest Mpeketoni

Timeframe: 26 Jun 14 to 26 Sep 14

Appeal Launch Date: 26 Jun 14

Final Report

Selected Parameters

Reporting Timeframe	2014/06-2014/11	Programme	MDRKE029
Budget Timeframe	2014/06-2014/09	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		215,491				215,491	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		215,491				215,491	
C4. Other Income		215,491				215,491	
C. Total Income = SUM(C1..C4)		215,491				215,491	
D. Total Funding = B +C		215,491				215,491	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		215,491				215,491	
E. Expenditure		-212,908				-212,908	
F. Closing Balance = (B + C + E)		2,583				2,583	

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Reporting Timeframe	2014/06-2014/11	Programme	MDRKE029
Budget Timeframe	2014/06-2014/09	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						215,491	215,491	
Relief items, Construction, Supplies								
Shelter - Relief	11,368							11,368
Clothing & Textiles	11,368							11,368
Water, Sanitation & Hygiene	22,379							22,379
Medical & First Aid	14,632							14,632
Utensils & Tools	20,842							20,842
Other Supplies & Services	2,632							2,632
Total Relief items, Construction, Sup	83,221							83,221
Logistics, Transport & Storage								
Transport & Vehicles Costs	38,213							38,213
Total Logistics, Transport & Storage	38,213							38,213
Personnel								
National Society Staff	50,322							50,322
Volunteers	12,664		300			300		12,364
Total Personnel	62,986		300			300		62,686
Workshops & Training								
Workshops & Training	2,000							2,000
Total Workshops & Training	2,000							2,000
General Expenditure								
Travel	2,356							2,356
Information & Public Relations	3,000							3,000
Office Costs	2,000							2,000
Communications	3,500		776			776		2,724
Financial Charges	63							63
Other General Expenses	5,000							5,000
Total General Expenditure	15,919		776			776		15,143
Contributions & Transfers								
Cash Transfers National Societies			198,838			198,838		-198,838
Total Contributions & Transfers			198,838			198,838		-198,838
Indirect Costs								
Programme & Services Support Recove	13,152		12,994			12,994		158
Total Indirect Costs	13,152		12,994			12,994		158
TOTAL EXPENDITURE (D)	215,491		212,908			212,908		2,583
VARIANCE (C - D)			2,583					2,583

Disaster Response Financial Report

MDRKE029 - Kenya - Civil Unrest Mpeketoni

Timeframe: 26 Jun 14 to 26 Sep 14

Appeal Launch Date: 26 Jun 14

Final Report

Selected Parameters

Reporting Timeframe	2014/06-2014/11	Programme	MDRKE029
Budget Timeframe	2014/06-2014/09	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	215,491		215,491	215,491	212,908	2,583	
Subtotal BL2	215,491		215,491	215,491	212,908	2,583	
GRAND TOTAL	215,491		215,491	215,491	212,908	2,583	

MDRKE029 :Kenya - Civil Unrest Mpeketoni

Kenya Red Cross DREF expenditure report

Financial Report	Budget CHF	Expenses in CHF	Variance	% Utilization
Shelter - Relief	11,368	11,364	4	100%
Clothing & Textiles	11,368	11,271	98	99%
Water, Sanitation & Hygiene	22,379	22,286	93	100%
Medical & First Aid	14,632	14,635	-3	100%
Utensils & Tools	20,842	20,644	198	99%
Other Supplies & Services	2,632	2,588	43	98%
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	83,221	82,788	433	
Transport & Vehicle Costs	38,213	38,223	-10	100%
Total LOGISTICS, TRANSPORT AND STORAGE	38,213	38,223	-10	
National Society Staff	50,322	50,645	-323	101%
Volunteers	12,664	13,213	-549	104%
Total PERSONNEL	62,986	63,859	-873	
Workshops & Training	2,000	1,930	70	97%
Total WORKSHOP & TRAINING	2,000	1,930	70	
Travel	2,356	2,258	98	96%
Information & Public Relations	3,000	3,026	(26)	101%
Office Costs	2,000	1,988	12	99%
Communications	3,500	3,410	90	97%
Financial Charges	63	61	2	97%
Other General Expenses	5,000	4,795	205	96%
Total GENERAL EXPENDITURES	15,919	15,539	380	
Programme and Supplementary Services Recovery	13,152	0	13,152	0%
Total INDIRECT COSTS	13,152	0	13,152	
TOTAL BUDGET	215,491	202,339	13,152	