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## Emergency appeal operations update

### Kenya: Drought

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal;</b> 6 months summary update	<b>Appeal n°</b> MDRKE030
<b>Date of Issue:</b> 14 May 2015	<b>Period covered by this update:</b> 29 August 2014 to 28 February 2015.
<b>Operation start date:</b> 29 August 2014	<b>Operation end date:</b> 29 May, 2015 ( <b>Timeframe:</b> 9 months)
<b>Appeal budget:</b> CHF 8,512,016 <b>Appeal coverage:</b> 10%	<b>Total estimated Red Cross and Red Crescent response to date:</b> CHF 860,851
<b>N° of people being assisted:</b> 649,175	
<b>Host National Society presence (n° of volunteers, staff, branches):</b> 30 staff, 50 volunteers in Baringo, Turkana and Marsabit Branches.	
<b>Other partner organizations actively involved in the operation:</b> Government of Kenya and UNICEF	

#### Summary

- **January 2014:** the Government of Kenya declared an impending drought with an estimated 1.6 million people affected.
- **March – May 2014:** Poor performance of the long rains.
- **Ongoing:** Increasing food prices and general inflation.
- **June - July 2014:** According to SMART survey results from the Nutrition Information Working Group (NIWG) the nutritional status in the target counties has deteriorated as compared to June 2013.
- **29 August 2014:** IFRC launches an Emergency [appeal](#) seeking CHF 8,512,016 to assist 649,175 beneficiaries for 9 months.
- **24 September 2014:** operations [update n°1](#) is issued and on **30 September 2014** operations [update n°2](#) is issued.
- This 6 months summary provides an overview of the progress of the implementation of the plan of action 6 months since its launch as well as provides an interim 6 month financial report.



A beneficiary of the cash transfer program in South Horr receiving cash. Photo/Poul Nielsen/Danish Red Cross/2014

In January 2014, the Government of Kenya declared an impending drought with an estimated 1.6 million people affected. The poor performance of the long rains (March – May 2014) in the Arid and Semi-Arid Lands (ASAL) both in pastoral and marginal agriculture livelihood zones (the North Western, Northern, North Eastern, South Eastern and parts of Coast) affected household food availability as well as livestock productivity. The situation worsened by increasing food prices (which continually erode household purchasing power) driven by increase in costs of fuel and general inflation.

Based on the levels of malnutrition, KRCS prioritized 6 counties out of the 15 drought affected counties named by the government namely Marsabit (Loiyangalani sub county(GAM 29.2%), North Horr sub county (GAM 29.2%), Turkana Central (GAM 28.7%), Turkana North (GAM 27.2%), Turkana South (GAM 24.5%), Wajir West (GAM 20.7%), Wajir East (GAM 16.8%), Samburu (GAM 17.3%), Mandera North (GAM 23.6%), Mandera West (GAM 27.3%), Mandera South (GAM 22.3%) and Baringo - East Pokot sub county (GAM of 21.1%). Other factors considered besides the high rates of acute malnutrition included general food insecurity/food scarcity, increased distances to sources of water for domestic and livestock use and difficulties in accessing markets, reduced food purchasing power and inaccessibility difficulties by a majority of other humanitarian actors due to insecurity(including conflict) and poor road network.

Due to the low funding in donor response to the appeal, a second level of prioritization was carried out to address the needs in the sector where the effects of drought were greatest. Nutrition interventions were prioritized putting on hold interventions in water supply systems rehabilitation. In Marsabit the areas targeted were North Horr and Loyangalani, while in Baringo, East Pokot and Kapedo were targeted. In Turkana County, Turkana East and parts of Turkana South were included and in Mandera and Wajir counties, Mandera North and Wajir North were selected respectively. In Samburu County, Baragoi area was selected. Interventions included Integrated Management of Acute Malnutrition (IMAM), Cash Transfer to the Most Vulnerable Households (in Marsabit County only) and school feeding.

The major donors and partners of this appeal include: American Red Cross, British Red Cross, Danish Red Cross and Danish Government, Finnish Red Cross, Red Crescent Islamic Republic of Iran, Red Cross of Monaco and VERT/WHO Voluntary Emergency Relief.

On behalf of the Kenya Red Cross Society, IFRC would like to sincerely thank all partners for their generous contributions and support.

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

## **Situation Analysis**

According to FEWSNET bulletin October-November-December (OND) 2014 short rains caused marked improvements in rangeland resources in some parts of Turkana, Samburu, West Pokot and Baringo counties, while in Wajir and Garissa the rains were below average. Most households in both the North-Western and North-Eastern pastoral areas remain Stressed (IPC Phase 2). Additional areas such as Isiolo, Wajir and Garissa have had continued deterioration of rangeland conditions since the end of last rainy season (OND). These areas are in Crisis (IPC Phase 3).The situation from January to March 2015 deteriorated even further than expected resulting in reduced availability of products like milk, and falling livestock prices leading to less household income.

Food security situation was further affected by inter-clan conflict experienced in Mandera, Samburu, Marsabit, Turkana and Baringo counties and the attacks by Somalia based militia in Mandera. The NDMA bulletin of December 2014 recommended an upscale of preparedness activities that build resilience and facilitate implementation of drought mitigation/response. Among priority activities was the scale up of livestock feeding strategy and strengthening market linkages for accelerated commercial off take. The situation in Mandera and Wajir became more complicated following a series of terror attacks, one targeting a public transport vehicle (in which 28 people were killed), an attack on quarry workers (in which 36 people were killed barely 10 days after the bus attack incident). Both attacks occurred in Mandera County, with Al

Shabaab group claiming responsibility for the attacks. An attack in a night club in Wajir also occurred around the same time. These attacks led to mass exits of non-local civil servants, paralyzing service delivery especially in the health sector in Mandera County. The planned drought relief interventions were largely interrupted following the closure of 20 health centres and dispensaries which were coordinating outreaches and were referral points for the ongoing KRCS mass screenings.

## **Planning and rollout of Interventions**

Screening of children for malnutrition and enrolment of those with moderate and severe acute malnutrition into IMAM programmes has been on-going since October 2014 in the counties highlighted above. These interventions were complemented by a project on nutrition sector response supported by UNICEF, and the planning for the interventions had been done by the County Nutrition Forums under the leadership of the Ministry of Health (MoH) at the county level. These ensured emergency services were widely available to communities and streamlined coordination with stakeholders. The Nutrition Sector Response project was also focusing on system strengthening jointly with MoH. Similarly, county specific Emergency Response Plans had also been done for other sectors included in the first level of prioritization (e.g. WASH), with line ministries taking the lead role. The planning data was availed by partners including the National Drought Management Authority (NDMA) and was updated on a monthly basis (through Early Warning Bulletins). Information was used from the Kenya Meteorological Department who released seasonal forecasts for short rains, Short Rains Performance, forecast for El-Nino rains (which were later downgraded) and regional players including Famine Early Warning System Network (FEWS NET) and International Centre for Climate Predictions and Application Centre (ICCPAK) forecasts.

## **Coordination and Partnership**

The KRCS with the support from the IFRC and in collaboration with the county and central governments have worked towards supporting implementation of the drought relief interventions. This has been through a number of forums such as the County and National Coordination Forums, Technical Working Groups and the relevant government ministries (the ministry of Health and ministry of Education). In addition, KRCS involved local leaders in verification of beneficiaries identified as the most vulnerable for inclusion in the cash transfer programme (identification of these households was done through the IMAM programmes where households with more than two children with Acute Malnutrition were listed. However, verification was required to avoid double registration.

KRCS also held inception meetings with partners on planned drought activities and these was helpful in avoiding duplication of efforts with other actors and enhance ability of KRCS to assess impact of the actions implemented as well as ensuring that KRCS plays a complementary role to the county governments. The MoH was particularly instrumental in mapping areas where KRCS outreach interventions would focus on while the Ministry of education (MoE) supported the KRCS School Feeding Programme by providing names of Early Childhood Development Centers (ECDs) to benefit from the programme (based on coverage of school feeding by other partners including the World Food Programme (WFP) and the Government of Kenya (GoK).

At national level, KRCS has worked closely with IFRC and PNSs in resource mobilization, prioritization and implementation of drought relief activities. Information from NDMA, KMET and FEWSNET has particularly been useful for determining the most affected areas and priority activities.

## **Financial situation**

CHF 860,851 was received as funding towards this appeal against a budget of CHF 8,512,016. By end of the 6 month of the operation in February 2015, a total of CHF 793,949 has already been spent with CHF 738,999 being transferred to National Society; CHF 456 spent on general expenditure; CHF 48,064 spent

on indirect costs; and CHF 6,437 has been spent on pledge specific costs. There was a balance of CHF 66,902 by close of the period 2.

## **Objective of the Appeal**

To contribute to the reduction of high rates of acute malnutrition through provision of humanitarian assistance to the affected population in the priority counties in Kenya.

## **Implementation of Interventions**

Implementation of drought operations activities started in October 2014 following the launch of the appeal late August. The delay in implementation was due to delays in funding, although KRCS had already started implementation at the grass root level using reserve funds. In view of the persistently high acute malnutrition rates in some counties, KRCS built its intervention logic around response with an aim of stabilizing the nutrition status of affected groups and averting possible mortality and excess morbidity amongst most vulnerable (under-fives, pregnant and lactating women) in the prioritized counties namely Marsabit, Mandera, Wajir, Samburu, Baringo and Turkana. KRCS applied a number of strategies to maximize coverage of nutrition interventions.

These included:

- Medical outreaches in Marsabit County (Loiyangalani and North Horr as well as in Baringo (Kapedo and East Pokot).
- Screening for malnutrition and linking of beneficiaries to medical outreach sites or to nearby health facilities both in Mandera and Wajir counties (the two counties had large populations of displaced persons due to conflicts that had been going on, and there were outreaches covering such areas of population displacements).
- School feeding targeting schools in Baringo, Turkana, Mandera and Samburu and Marsabit counties
- Use of non-conditional cash transfer to improve purchasing power of the most vulnerable households (mainly those with more than two children under the age of five with acute malnutrition). This was done in Loiyangalani and North Horr in Marsabit County.

These approaches enabled KRCS and its partners to scale up access to essential lifesaving interventions to the affected populations. KRCS prioritized integrated health and nutrition outreaches, linking with the Ministry of health in target sub counties to enhance coordination, support access to services and ensure reporting of the data as part of system strengthening efforts. Understanding that socio economic vulnerability also relates with poor nutritional outcomes, the KRCS team also targeted households that have more than two malnourished children for the cash transfer programme in Marsabit. The cash transfer had soft conditionality that supports protection of the therapeutic and supplementary feeds for affected children while improving access to nutritious food for other members of the household.

## **Operational implementation**

In Marsabit county, a team comprising of 4 nurses, 2 nutritionists, 1 cash transfer officer, 2 warehouse supervisors, 1 relief officer, 1 pharmaceutical technologist and 1 psychosocial support officer were recruited and deployed to support interventions in the county. Orientation was done for the team prior to engagement with oversight support being given by the KRCS regional nutrition officer, County manager at field level as well as the technical teams at HQ. An exchange staff from Danish Red Cross was based in Marsabit to learn from the implementation of Cash Transfer Programme.

A joint field monitoring visit was done by KRCS, British Red Cross and IFRC. The purpose of the field mission was to monitor the progress against plans for the 2014 drought operation through visits to the project sites as well as meeting with key stakeholders including county officials, target beneficiaries and KRCS staff and volunteers. The team was able to visit Marsabit County, Loyangalani and North Horr.

**Table1: Summary of implementation of planned activities.**

Activity	Food Distribution		Interventions on Health						CTP (Cash Transfer Programme)			
	No. of Beneficiaries	Food MT	Treatment	Malnutrition	Immunization	Referrals	PLW	% <5	CTP : Loyangalan	North Horr		
School Feeding	19009	227.5							Normal(>13.5cm)	944	Normal(>13.5cm)	442
Baragoi	11212	42							SAM(MUAC < 11.5cm)	121	SAM(MUAC < 11.5cm)	186
Health Outreaches			22,037.00	11,724.00	2,505.00	2,729.00	474.00	53.20%	MAM (11.5-12.4cm)	573	MAM (11.5-12.4cm)	542
									At Risk (12.5-12.4cm)	429	At Risk (12.5-12.4cm)	579
									Total screened	2067	Total screened	1749
									Enrolled Into CTP	696	Enrolled Into CTP	704
<b>Total</b>	<b>30221</b>	<b>269.5</b>										<b>3,816.00</b>

## Cash Transfer Programming

Cash transfer programme was implemented using pre-determined criteria for selection of beneficiaries from households with at least two children with acute malnutrition who were enrolled in IMAM programmes (both Supplementary Feeding and Outpatient Therapeutic Feeding Programmes). The objective of cash transfer was to increase the purchasing power of the affected household's food basket, to support local markets and to reduce the risk of families with such children from selling the nutrition supplies received at IMAM sites to purchase other food commodities that can be consumed by the entire families. A household economic assessment was done to ascertain socio economic statuses of 30 households randomly sampled from the larger pool of about 1,400 beneficiary households.

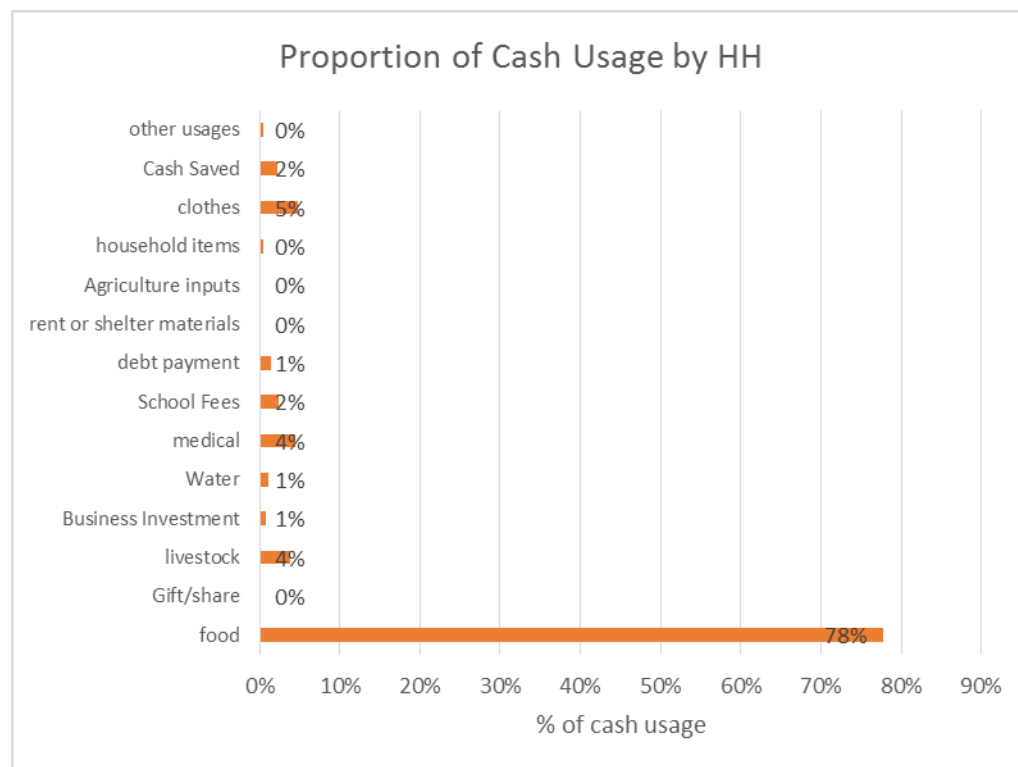
Two days sensitization of staff on cash transfer programming was conducted, with an emphasis on risk analysis, household targeting criteria, cash payment, beneficiary communication, complaints & feedback handling and reporting. The payment service provider's selection process was done through competitive bidding by potential vendors /traders within the two target sub counties. The potential bidders were required to have had a similar experience in cash transfer. An agreement was signed between KRCS and four traders selected as payment service providers for the cash transfer payments in the target areas within the two sub counties. First disbursement to beneficiaries was scheduled to take place in January; the delay was caused by the preparatory phase which involved beneficiary selection and registration, selection of payment service providers and production of materials required for the exercise. A subsequent transfer was done in February and March with each household receiving Kshs 3,000 monthly (about 30 CHF). The total number of households targeted initially was 1,000 HHs in both Loyangalani and North Horr; however the number increased to 1,400 households due to the high number of households that met the eligibility criteria.

Post Distribution Monitoring was conducted two weeks after first cash disbursement to verify on cash utilization as a way of identifying any improvement in the lives of beneficiaries in view of the outcome of baseline survey at the commencement of the project. It also intended to establish whether the intended beneficiaries received their rightful amount of cash in a timely manner, establish how funds received by beneficiaries were expended, establish whether the targeted people were able to collect their cash benefits safely looking at the security conditions and effectiveness of targeting, track changes in households' consumption patterns, availability and diversity of food and utilization of cash and intra household

relationships compared to the individual baseline and assess the accountability mechanisms in place in the program management.

The findings of the PDM indicated that beneficiaries received the right amount of cash in a timely manner and are purchasing food for the households. Of key concern to the beneficiary was the duration of the project, as the 9 months is not sufficient to realize the long term nutrition impact. The survey recommends that RC/RC movement renegotiates with the donor to have programs extended to over eight years and have more integrated approach to the programming factoring other externalities and contribute to improved health and nutritional parameters of the community.

**Table 2:A graphic analysis on the usage of cash received by beneficiaries.**



### Medical Outreaches

The main focus of the medical outreaches was identification of children with acute malnutrition and their enrolment into IMAM programmes. The outreaches have been going on in Loyangalan and North Horr in Marsabit county, Kapedo and East Pokot in Baringo county and Mandera North (Mandera county and Wajir North (Wajir county). A total of 21,882 beneficiaries have been reached so far through the different health interventions, including treatment of common ailments. Among the beneficiaries reached, 53.2% were children under five years and the most common conditions presented included diarrheal diseases, respiratory infections, pneumonia, skin diseases and eye infections. The communities reached in Marsabit were Lordapash, Larachi, Yomo, Sarima, Nakuron, Palo, Soit, Moite, Kargi, South Horr, Gatab in Loyangalani and Oltorot, Illeret, Dukana, Ghass, and Belesa in North Horr. In Baringo the communities reached included Chepkeriel, Taporara, Ngaira, Chemeyes, Katikiti, Tuwo, Chesawal, Dong'e, Nasosort and Nabukul.

Furthermore, in Mandera and Wajir counties health and malnutrition interventions were conducted. However due to the various insecurity incidences experienced towards the end of 2014, such as the Al-Shabaab attacks and other inter clan conflicts, many implementing agencies withdrew affecting service delivery in Mandera as most of the skilled personnel fled the place. As a result KRCS responded through the provision of health services across the health facilities in provision of mass malnutrition screening, and basic health care services. Among the beneficiaries reached were 2,074 children under five years who were screened for malnutrition in Wajir, out of which 906 were referred to the nearby health facilities for therapeutic feeding. While in Mandera through the medical treatment a total of 17,303 persons were reached of which 6,773 were children under five years of age.

**Table 3: Under 5 malnutrition screening in Wajir**

	Total	MAM	SAM
<i>Male</i>	976	364	56
<i>Female</i>	1,098	429	57
<b>Total</b>	<b>2,074</b>	<b>793</b>	<b>113</b>

**Table 4: Summary of children with nutrition vulnerability by gender by age**

Sub county		Gender		Total
		Boys	Girls	
Loiyangalani	Total screened	918	1,149	2,067
	Normal(>13.5cm)	434	510	944
	SAM(MUAC < 11.5cm)	57	64	121
	MAM(11.5-12.4cm)	219	354	573
	At Risk(12.5-13.4cm)	208	221	429
	Enrolled Into CTP	276	418	694
North Horr	Total screened	784	965	1,749
	Normal(>13.5cm)	206	236	442
	SAM(MUAC < 11.5cm)	99	87	186
	MAM (11.5-12.4cm)	237	305	542
	At Risk (12.5-13.4cm)	242	337	579
	Enrolled Into CTP	336	392	728

KRCS with support from MoH (in terms of supplies) continued to scale up routine immunisations as part of the component of the health outreaches. The immunisation followed the Kenya Expanded Programme on Immunisation (KEPI) immunisation schedule and targeted eligible children under the schedule. A total of 2,505 (1,167 Baringo and 1,335 Marsabit) eligible children were vaccinated against childhood vaccine preventable diseases.

### Support to School Feeding

Procurement and distribution of foodstuff was done to support school feeding in Masarbit, Baringo, Turkana, Samburu and Mandera counties. The tables below show the food quantities procured and delivered per county for school feeding beginning January once the schools reopened. A total of 227.537 metric tonnes of assorted food comprising of maize meal, beans, vegetable oil and salt were procured for distribution to a total of 19,009 students in 175 Early Childhood Development schools in Baringo (East pokot), North Horr, Loiyangalani, Laisamis sub counties in Marsabit, Samburu and Turkana East, South

and Central sub counties. The programme is meant to increase enrolment and promote retention in ECDs since many students drop out of schools due to hunger during drought periods at the same time reduce malnutrition levels amongst children under 5 years attending the target schools. The intervention targeted centres or schools not targeted by other partners in areas with high global acute malnutrition rates. Other ongoing activities include selection of secondary transporters and visiting of sampled schools to check storage facilities. Feeding commenced towards the end of January.

**Table 5: A summary of foodstuffs procured for school feeding activity per county**

<b>Wajir County</b>				
<b>Type</b>	<b>No.</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit of Measure Code</b>
Item	FOOD0022	Rice	21,288	KG
Item	FOOD0013	Beans	6,174	KG
Item	FOOD0015	Vegetable Oil	3,087	LT
Item	FOOD0023	Salt	515	KG
<b>Mandera County</b>				
<b>Type</b>	<b>No.</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit of Measure Code</b>
Item	FOOD0022	Rice	46,020	KG
Item	FOOD0013	Beans	13,347	KG
Item	FOOD0015	Vegetable Oil	6,674	LT
Item	FOOD0023	Salt	1,112	KG
<b>Turkana East sub county</b>				
<b>Type</b>	<b>No.</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit of Measure Code</b>
Item	FOOD0009	Unga Maize Meal	77,153	KG
Item	FOOD0013	Beans	15,431	KG
Item	FOOD0015	Vegetable Oil	3,858	LT
Item	FOOD0023	Salt	2,315	KG
<b>Baringo County</b>				
<b>Type</b>	<b>No.</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit of Measure Code</b>
Item	FOOD0009	Unga Maize Meal	30,502.50	KG
Item	FOOD0013	Beans	6,100.50	KG
Item	FOOD0015	Vegetable Oil	1,525.13	LT
Item	FOOD0023	Salt	915.075	KG
<b>Samburu County</b>				
<b>Type</b>	<b>No.</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit of Measure Code</b>
Item	FOOD0022	Cereals- Maize Flour	36,000	KG
Item	FOOD0013	Pulses (Beans )	4,000	KG
Item	FOOD0015	Vegetable oil	2,000	LT
<b>Marsabit County</b>				
Item	FOOD0022	Cereals- Maize Flour	31500	KG
Item	FOOD0013	Pulses (Beans )	6300	KG
Item	FOOD0015	Vegetable oil	1575	LT

item		Salt	945	KG
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## Summary of interventions

Planned interventions	Implementation (%)
<b>Water, sanitation and hygiene promotion</b>	
<b>Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>	The activities under this objective had been listed in the second level of priority due to limited funding that was received in the first 4 months of the operation
<b>Output 1.1: Daily access to safe water which meets sphere and WHO standards in terms of quantity and quality is provided to target population</b>	KRCS has just received funding from the Central Emergency Response funds to implement Water supply rehabilitation in Mandera, Baringo and Lamu.
<b>Activities Planned</b>	
<ul style="list-style-type: none"> <li>Identify water points for rehabilitation with Ministry of Water</li> <li>Procure stocks for Point of Use Water treatment chemicals for 60,000 beneficiaries for household water treatment</li> <li>Train volunteers and beneficiaries on use of water treatment chemical during distributions</li> <li>Conduct household level monitoring visits to ensure proper use</li> <li>Rehabilitate and upgrade 18 water supply schemes that have boreholes to reduce the load on current system</li> <li>Reconstitute and capacity building water management committees to manage the constructed/rehabilitated water facilities</li> </ul>	
<b>Output 1.2: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>	Activities had been moved to the second list of priority
<b>Activities planned</b>	
<ul style="list-style-type: none"> <li>Construct 36 latrines in areas of watering points</li> </ul>	The CERF funding has provision for construction of latrines and the works are now scheduled to begin.
<b>Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>	Activities had been pushed to the second list of priorities
<b>Activities Planned</b>	To be implemented through the CERF funding.
<ul style="list-style-type: none"> <li>Train 120 trainer on applicable hygiene promotion techniques.</li> <li>Conduct hygiene promotion campaigns targeting institutions, communal areas, in the target / migration areas</li> <li>Adapt and produce information, education and communication materials on hygiene promotion</li> <li>Disseminate information, education and</li> </ul>	

communication materials	
<b>Food security, nutrition, and livelihoods</b>	
<b>Outcome 2: Reduced food insecurity among affected households</b>	
<b>Output 2.1</b> Productive assets/inputs for primary production provided in accordance with the seasonal calendar, via in-kind distribution, cash grants or vouchers	Activities pushed to the second list of priority, to be included for early recovery
<b>Activities Planned</b>	To be implemented as part of early recovery when funding is available
<ul style="list-style-type: none"> <li>Procure and distribute seeds and fruits for fast maturing crops</li> </ul>	
<ul style="list-style-type: none"> <li>Procure and distribute fodder seeds</li> </ul>	
<ul style="list-style-type: none"> <li>Procure and distribute replanting kits for farmers with greenhouses and nettings</li> </ul>	
<b>Output 2.2: Critical nutritional status of the targeted community is improved</b>	
<b>Activities Planned</b>	
<ul style="list-style-type: none"> <li>Participate in sector coordination and technical forums for nutrition at county and national levels</li> </ul>	3 technical county forums (monthly) were attended in each county
<ul style="list-style-type: none"> <li>Procure commodities for supplementary feeding</li> </ul>	Foodstuffs were procured and transported to the counties to support school feeding
<ul style="list-style-type: none"> <li>Identify vulnerable beneficiaries to be included in the cash transfer programming</li> </ul>	(1400 HHs with malnourished children <5 years were targeted and registered for cash transfer)
<ul style="list-style-type: none"> <li>Train community health workers and volunteers on health education and promotion messages</li> </ul>	18 personnel were trained on how to conduct the cash transfer activities (4 nurses, 2 KRCS staffs 2 nutritionist, and 10 CHWs)
<ul style="list-style-type: none"> <li>Conduct health education sensitization sessions with focus water related infections, early case detection and treatment</li> </ul>	Baringo health education sessions were conducted
<ul style="list-style-type: none"> <li>Identify, adapt, produce and distribute information, education materials on nutrition</li> </ul>	Group sessions have been ongoing
<ul style="list-style-type: none"> <li>Provide linkages and referral service for children requiring nutrition stabilization (in-patient therapeutic feeding)</li> </ul>	Linkages for severely malnourished children were provided to the nearest health facilities and 2789 children have been referred so far
<ul style="list-style-type: none"> <li>Conduct regular outreach services in partnership with the Ministry of Health</li> </ul>	Regular health out reaches have been conducted in collaboration with the MoH reaching <b>21,882</b> beneficiaries.
<b>Output 2.3: Cash transfers are provided to households to purchase food</b>	
<b>Activities planned</b>	
<ul style="list-style-type: none"> <li>Conduct rapid market and household economic assessment</li> </ul>	Rapid market assessment and household economic assessments were conducted
<ul style="list-style-type: none"> <li>Training staff and volunteers on cash based programming</li> </ul>	6 staff and 12 volunteers were trained.
<ul style="list-style-type: none"> <li>Register and enrol beneficiaries</li> </ul>	1400 beneficiaries were registered and issued with ration cards to use during cash collection
<ul style="list-style-type: none"> <li>Establish complaint and feedback mechanisms</li> </ul>	1 complaints & feedback mechanism was established
<ul style="list-style-type: none"> <li>Establish beneficiary communication systems</li> </ul>	A beneficiary communication system established
<ul style="list-style-type: none"> <li>Implement planned cash disbursements</li> </ul>	The first cash disbursement was done at the end of January 2015
<ul style="list-style-type: none"> <li>Carry out post distribution monitoring of the cash transfer activities</li> </ul>	A post distribution monitoring was conducted after two weeks of cash disbursement
<b>Output 2.4: Sufficient nutritious food accessed by children at schools</b>	

<ul style="list-style-type: none"> <li>Identify schools to benefit in collaboration with education boards school feeding coordinators and World Food Programme</li> </ul>	175 ECDs have been identified with a target population of 19,009
<ul style="list-style-type: none"> <li>Procure and distribute food supplements to schools</li> </ul>	227.537 metric tonnes of food have been procured and distribution commenced in February. The activity will be conducted for 3 months
<ul style="list-style-type: none"> <li>Monitor implementation to ensure compliance on recommended rations per child and adherence to hygiene practices</li> </ul>	KRCS monitors the school feeding to ensure children receive right rations and hygiene standards are maintained.
<b>Output 1.5:</b> Key advocacy messages and lessons learnt are shared and endorsed to improve Kenya Red Cross systems to slow onset disasters.	
<b>Activities planned</b>	
<ul style="list-style-type: none"> <li>Develop an advocacy strategy using a participatory methodology</li> </ul>	No funding hence this has not been done
<ul style="list-style-type: none"> <li>Produce key advocacy and policy documents to share lessons learnt and best practices on early actions on building community resilience</li> </ul>	No funding hence this has not been done
<ul style="list-style-type: none"> <li>Organize events with key stakeholders and decision makers to improve emergency operations</li> </ul>	This activity is currently ongoing
<ul style="list-style-type: none"> <li>Support operational research and document best practice and lessons learnt</li> </ul>	This will be done at the end of the operation through an internal evaluation.
<ul style="list-style-type: none"> <li>Participate and contribute to national coordination mechanisms</li> </ul>	This is ongoing.

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## Contact information

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

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- IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; phone; +254 731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)

### For Resource Mobilization and Pledges:

- IFRC Zone:** Penny Elghady, Acting Resource Mobilization Coordinator; phone: +251-93-003 4013; fax: +251-11-557 0799; email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org)

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

- IFRC Zone Nairobi, Kenya:** Robert Ondrusek, PMER Coordinator, phone +254 20 283 5000; email: [robert.rondrusek@ifrc.org](mailto:robert.rondrusek@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 (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.



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**

MDRKE030 - Kenya - Drought

Timeframe: 29 Aug 14 to 29 May 15

Appeal Launch Date: 29 Aug 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/2	Programme	MDRKE030
Budget Timeframe	2014/8-2015/5	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
<b>A. Budget</b>		<b>8,512,016</b>				<b>8,512,016</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>American Red Cross</i>		282,543				282,543	
<i>British Red Cross</i>		306,038				306,038	
<i>Danish Red Cross (from Danish Government*)</i>		77,085				77,085	
<i>Finnish Red Cross</i>		60,295				60,295	
<i>Japanese Red Cross Society</i>		87,579				87,579	
<i>Red Crescent Society of Islamic Republic of Iran</i>		9,627				9,627	
<i>Red Cross of Monaco</i>		36,185				36,185	
<i>VERF/WHO Voluntary Emergency Relief</i>		1,500				1,500	
<b>C1. Cash contributions</b>		<b>860,851</b>				<b>860,851</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>860,851</b>				<b>860,851</b>	
<b>D. Total Funding = B + C</b>		<b>860,851</b>				<b>860,851</b>	

\* 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>B. Opening Balance</b>							
<b>C. Income</b>		860,851				860,851	
<b>E. Expenditure</b>		-793,949				-793,949	
<b>F. Closing Balance = (B + C + E)</b>		66,902				66,902	

## Disaster Response Financial Report

MDRKE030 - Kenya - Drought

Timeframe: 29 Aug 14 to 29 May 15

Appeal Launch Date: 29 Aug 14

Interim Report

### Selected Parameters

Reporting Timeframe	2014/8-2015/2	Programme	MDRKE030
Budget Timeframe	2014/8-2015/5	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	
<b>BUDGET (C)</b>			<b>8,512,016</b>			<b>8,512,016</b>		
<b>Relief items, Construction, Supplies</b>								
Food	818,526						818,526	
Seeds & Plants	213,684						213,684	
Water, Sanitation & Hygiene	1,754,352						1,754,352	
Medical & First Aid	991,655						991,655	
Teaching Materials	5,684						5,684	
Cash Disbursement	988,493						988,493	
<b>Total Relief items, Construction, Sup</b>	<b>4,772,394</b>						<b>4,772,394</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	4,737						4,737	
<b>Total Land, vehicles &amp; equipment</b>	<b>4,737</b>						<b>4,737</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	87,663						87,663	
Distribution & Monitoring	56,421						56,421	
Transport & Vehicles Costs	586,705						586,705	
<b>Total Logistics, Transport &amp; Storage</b>	<b>730,789</b>						<b>730,789</b>	
<b>Personnel</b>								
International Staff	135,000						135,000	
National Society Staff	773,588						773,588	
Volunteers	250,331						250,331	
<b>Total Personnel</b>	<b>1,158,919</b>						<b>1,158,919</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees	10,526						10,526	
<b>Total Consultants &amp; Professional Fees</b>	<b>10,526</b>						<b>10,526</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	131,444						131,444	
<b>Total Workshops &amp; Training</b>	<b>131,444</b>						<b>131,444</b>	
<b>General Expenditure</b>								
Travel	16,526		333			333	16,193	
Information & Public Relations	308,383						308,383	
Office Costs	47,053						47,053	
Communications	65,700		39			39	65,660	
Financial Charges	26,316						26,316	
Other General Expenses	719,716		84			84	719,632	
<b>Total General Expenditure</b>	<b>1,183,694</b>		<b>457</b>			<b>457</b>	<b>1,183,237</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			738,991			738,991	-738,991	
<b>Total Contributions &amp; Transfers</b>			<b>738,991</b>			<b>738,991</b>	<b>-738,991</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	519,513		48,064			48,064	471,449	
<b>Total Indirect Costs</b>	<b>519,513</b>		<b>48,064</b>			<b>48,064</b>	<b>471,449</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			6,237			6,237	-6,237	
Pledge Reporting Fees			200			200	-200	
<b>Total Pledge Specific Costs</b>			<b>6,437</b>			<b>6,437</b>	<b>-6,437</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>8,512,016</b>		<b>793,949</b>			<b>793,949</b>	<b>7,718,066</b>	

**Disaster Response Financial Report**

MDRKE030 - Kenya - Drought

Timeframe: 29 Aug 14 to 29 May 15

Appeal Launch Date: 29 Aug 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/2	Programme	MDRKE030
Budget Timeframe	2014/8-2015/5	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	
<b>BUDGET (C)</b>			<b>8,512,016</b>			<b>8,512,016</b>		
<b>VARIANCE (C - D)</b>			<b>7,718,066</b>			<b>7,718,066</b>		

**Disaster Response Financial Report**

MDRKE030 - Kenya - Drought

Timeframe: 29 Aug 14 to 29 May 15

Appeal Launch Date: 29 Aug 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/2	Programme	MDRKE030
Budget Timeframe	2014/8-2015/5	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
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Food security	8,512,016		860,851	860,851	793,949	66,902	
Subtotal BL2	8,512,016		860,851	860,851	793,949	66,902	
<b>GRAND TOTAL</b>	<b>8,512,016</b>		<b>860,851</b>	<b>860,851</b>	<b>793,949</b>	<b>66,902</b>	