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# Emergency Appeal Preliminary final report

## Kenya: Drought

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Appeal n° MDRKE030</b>
<b>Issue date:</b> 31 August, 2015	<b>Operation timeframe:</b> 9 months
<b>Operation start date:</b> 29 August, 2014	Operation end date: 29 May 2015.
<b>Appeal budget:</b> CHF 8,512,016	<b>Total estimated Red Cross and Red Crescent response to date:</b> CHF 860,851
<b>N° of people being assisted:</b> 649,175 persons.	
<b>Host National Society presence (n° of volunteers, staff, branches):</b> National Society branches in the targeted areas	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> IFRC, Danish Red Cross	
<b>Other partner organizations actively involved in the operation:</b> Government of Kenya, National Disaster Management Agency, UNICEF, OCHA and WFP.	

### Appeal history:

- **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 leading to increasing food prices and general inflation.
- **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.
- **14 May 2015:** A [6 months summary update](#) is issued providing accumulative progress on the operation implementation over the first six months of the operation.
- This preliminary final report provides an overview of what was achieved during the 9 months, challenges as well as lessons learnt. The final report will be issued as soon as the final financial report is available.



KRCS Warehouse supervisor with children feeding during a monitoring visit. Photo/KRCS

IFRC would like to thank all partners including American Red Cross, British Red Cross, Danish Red Cross and Danish Government, Finish Red Cross, Japanese Red Cross, Red Cross of Monaco, Red Crescent Society of Islamic Republic of Iran and VERC/WHO Voluntary Emergency Relief for their generous support for this appeal.

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

## Summary

In January 2014 the Government of Kenya announced an impending drought with an estimated 1.6 million people affected. This was attributed to the poor performance of the long rains from March – May 2014 in the Arid and Semi-Arid Lands (ASAL) of Kenya, both in pastoral and marginal agriculture livelihood zones (the North Western, Northern, North Eastern, South Eastern and parts of Coast), affecting household food availability as well as livestock productivity. Food prices were driven up by the increased costs of fuel and general inflation, and eroded household purchasing power.

As a result of this situation, an emergency drought appeal was launched to contribute to the reduction of high rates of acute malnutrition through the provision of humanitarian assistance to the affected population in the priority counties in Kenya.

Based on the levels of malnutrition, KRCS prioritized 6 counties (out of the 15 drought affected counties named by the government) namely:

1. **Marsabit county:** Loiyangalani sub county (GAM 29.2%), North Horr sub county (GAM 29.2%),
2. **Turkana county:** Turkana Central (GAM 28.7%), Turkana North (GAM 27.2%), Turkana South (GAM 24.5%) sub counties,
3. **Wajir county:** Wajir West (GAM 20.7%), Wajir East (GAM 16.8%),
4. **Samburu county** (GAM 17.3%),
5. **Mandera county:** Mandera North (GAM 23.6%), Mandera West (GAM 27.3%), Mandera South (GAM 22.3%),
6. **Baringo County:** East Pokot sub county (GAM 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; difficulties in accessing markets; reduced food purchasing power; and inaccessibility by a majority of other humanitarian actors due to insecurity (including conflict) and poor road network.

Due to the low funding (10% appeal coverage), a second level of prioritization was carried out to address needs in the sector where effects of drought were greatest. Nutrition interventions were re-prioritized (putting on hold interventions in Water supply systems rehabilitation). In Marsabit the areas targeted were North Horr and Loiyangalani, while in Baringo, East Pokot was targeted.

**Figure 1: Second level of prioritization of counties based on level of funding**

Marsabit county	North Horr, Loiyangalani
Baringo county	East Pokot
Turkana county	East and South
Mandera county	North
Wajir county	North
Samburu county	South Horr

Interventions included Integrated Health and Nutrition Outreaches targeting inaccessible areas mainly in Marsabit and Baringo, a Cash Transfer Program targeting households with severe and moderate malnourished children under 5 years old mainly in Marsabit, and a School Feeding Programme targeting children in the early childhood development centres in all of the above mentioned counties.

KRCS provided integrated health and nutrition outreaches services such as general treatment of common ailments, immunization and malnutrition screening. The cash transfer program targeted households with malnourished children under the age of 5 years; with 1400 households receiving 3,000 Kenya Shillings each in every distribution (2 distributions were done). The cash transfer applied soft conditionality where cash recipients mainly mothers attended nutrition education sessions on behaviour change. School feeding program targeted Early Childhood Development (ECD) centers that were not covered by WFP and other organizations. KRCS distributed 227.537 metric tonnes of food to these ECD centers.

An end term evaluation was conducted from 27 July to 1 August, 2015 to assess the impact of the drought operation. The report will be shared once finalized.

## The situation

The 2014 FEWSNET bulletin indicated that the October-November-December (OND) 2014 short rains caused marked improvements in rangeland resources in some parts of Turkana, Samburu, West Pokot and Baringo counties. In Wajir and Garissa the rains were below average. Most households in both the North-Western and North-Eastern pastoral areas remained Stressed (IPC Phase 2). Additional areas such as Isiolo, Wajir and Garissa had continued deterioration of rangeland conditions since the end of the previous rainy season (OND). These areas were in Crisis (IPC Phase 3). It was predicted that between January and March 2015, situation in these areas was likely to deteriorate 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 terror attacks by Somalia based militia in Mandera. The situation in Mandera and Wajir became more complicated following a series of terror attacks, one targeting a public transport vehicle in late 2014 (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. The security situation still remains volatile in northern Kenya. This posed greater challenge in implementation of appeal activities in addition to the minimal funding (appeal coverage). As such interventions were limited in worst hit areas as highlighted above.

## Coordination and Partnership

The KRCS with the support from the IFRC and in collaboration with the county and central governments worked towards supporting implementation of the drought relief interventions. This was 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 the verification of beneficiaries identified as the most vulnerable for inclusion in the cash transfer program.

KRCS also held inception meetings with partners on planned drought activities, this was helpful in avoiding duplication of efforts with other actors and enhanced ability of KRCS to assess impact of the actions implemented as well as ensuring that KRCS indeed played a complementary role to the county governments. The Ministry of Health 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 Centres (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 worked closely with IFRC and PNS's in resource mobilization, prioritization and implementation of drought relief activities. Regular meetings were held to share information and progress and funding levels and gaps. Information from NDMA, KMET and FEWSNET particularly was useful for determining the most affected areas and priority activities.

The Nutrition interventions were complemented with the nutrition sector response supported by UNICEF, which was in line with the planning for interventions done by the County Nutrition Forums and Ministry of Health (MoH). These ensured Nutrition emergency services were widely available to communities and streamlined coordination with stakeholders.

The Nutrition Sector Response project focused 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), the Kenya Meteorological Department (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.

## Financial situation

CHF 860,851 (10% appeal coverage) was received as funding towards this appeal against a budget of CHF 8,512,016. A total of CHF 848,268 has already been spent: CHF 33 on logistics, transport & storage; CHF 781 on consultants & professional fees; CHF 927 on general expenditure; CHF 3,328 on operational provisions; and CHF 51,266 on indirect costs. CHF 783,641 was transferred to the national society. The balance of CHF 12,583 will offset the costs of the final evaluation that was concluded in early August following the closure of the operation.

## Red Cross and Red Crescent action

The drought operation aimed to contribute to the reduction of high rates of acute malnutrition through the provision of humanitarian assistance to the affected population in the priority counties in Kenya through realisation of the following 2 outcomes:

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

Due to the low appeal coverage, activities under this outcome were listed in the second level of priority and as such were not implemented. Funding received from CERF supported WatSan activities in conflict related interventions and not drought operation.

### Outcome 2: Reduced food insecurity among affected households.

The implementation of the drought operation activities under this outcome started in October 2014 with a focus two outputs highlighted. This was as a result of low appeal coverage to undertake other activities in other outputs. The intervention included:

- Medical outreaches in Marsabit County (Loiyangalani and North Horr sub counties) and Baringo (Kapedo and East Pokot sub-counties).
- 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 experienced there).
- School Feeding, targeting Early Childhood Development (ECD) centres in Baringo, Turkana, Marsabit, Mandera and Samburu counties.
- Cash Transfer to the most vulnerable households in Loiyangalani and North Horr in Marsabit County.

### Output 2.2: Critical nutritional status of the targeted community is improved

The main focus of the medical outreaches was the identification of children with acute malnutrition and their enrolment into IMAM programmes. The outreaches were conducted in Loiyangalani and North Horr (Marsabit County), Kapedo and East Pokot (Baringo county), Mandera North (Mandera county) and Wajir North (Wajir County). A total of 50,546 beneficiaries were reached through the different health interventions, including the treatment of common ailments.

**Table 2: Medical services provided during outreaches**

Medical service	County	Number of persons reached
General treatment	Wajir/Mandera	17,303
	Baringo	22,376
	Marsabit	1,647
Immunization <5yrs	Baringo/Marsabit	2,502
Malnutrition screening	Marsabit	2,476
	Wajir	2,074
	Baringo	2,168
<b>Total</b>		<b>50,546</b>

Among the beneficiaries reached, 45.5% (23,551) were children under five years. The most common conditions treated included diarrheal diseases, respiratory infections, pneumonia, skin diseases and eye infections. A total of 2,476 children were screened for malnutrition in Marsabit of which 727 were referred to SFP and OPT programs in the nearby health facilities.

Furthermore in Mandera and Wajir counties, health and malnutrition interventions were also conducted. Due to the various insecurity incidences experienced towards the end of 2014, by the Al Shabab attacks and other inter clan conflicts, various implementing agencies' staff left Mandera affecting service delivery. As a result KRCS responded through the provision of health services across the health facilities such as 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. In Mandera through the medical treatment a total of 17,303 persons were reached of which 6,773 were children under five years.

**Table 3: Malnutrition screening in Wajir**

	<b>Total</b>	<b>MAM</b>	<b>SAM</b>
<b>Total U5</b>	<b>2074</b>	<b>793</b>	<b>113</b>
Male <5	976	364	56
Female <5	1098	429	57
<b>Totals</b>	<b>2074</b>	<b>793</b>	<b>113</b>

KRCS through the support of the Ministry of Health (MOH), who contributed supplies, scaled up routine immunizations as part of the component of the health outreaches. The immunization followed the Kenya Expanded Programme on Immunisation (KEPI) immunisation schedule and targeted eligible children under the schedule. A total of 2,502 (1,167 Baringo and 1,335 Marsabit) eligible children were vaccinated against childhood vaccine preventable diseases. Moreover a total of 2168 children were screened for malnutrition of which 280 were referred to the nearest health facilities for OTP and SFP programs.

Furthermore in Baringo county medical outreaches were conducted in 11 centres reaching to a total of 22,376 beneficiaries, of which 12,87 (54%) were children under five years. Based on the evaluation preliminary findings the following outcomes were achieved:

- Integrated medical outreaches were relevant in that they helped address a number of health problems
- The children were able to get food and at the same time be treated for identified ailments
- A large section of the community are normally left out in government projects due to limited financial resources, these interventions therefore helped bridge the gap.
- The emergency response meetings held has resulted into effective information sharing and coordination among the partners.
- Nutritional technical forums that KRCs supported are now providing platforms for sharing nutritional intervention progress.
- Few cases of duplication of activities are now being reported since partners are able to share responsibilities by mapping out their areas of interventions.
- Increased knowledge of beneficiaries on their health as a result of health and Nutrition education sessions conducted. As a result more community members are now beginning to seek health care services at the dispensary unlike before when they would opt for traditional treatment.

### **Output 2.3 Cash transfers are provided to households to purchase food**

Cash transfer programme was implemented using pre-determined criteria for selection of beneficiaries. Households with at least two children with acute malnutrition enrolled in IMAM programmes (both Supplementary Feeding and Outpatient Therapeutic Feeding Programmes) were eligible for the cash transfer. 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. A two days sensitization workshop of staff on cash transfer programming was conducted, with an emphasis on risk analysis, household targeting criteria, cash payment, beneficiary communication, complaints & feedback mechanism and reporting. Also the payment service provider's selection process was done through competitive bidding by local vendors /traders with experience in cash transfer within the two target sub counties.

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. The cash transfer amount was calculated based on the market value of 25% in line with Sphere Standards for food ration basket (comprised of maize meal, rice, beans, vegetables, cooking oil, sugar, fruits and milk) for a household of 6 people, including transportation costs for accessing an available market and adjustment for seasonal changes in prices This was also mapped with the other partners who were doing cash transfer e.g. the NDMA and Concern worldwide. Each household therefore received Kshs. 3,000 (approximately CHF 30) monthly. Although initially the cash transfer program had targeted 1,000 beneficiaries, 1,400 beneficiaries were identified as vulnerable and were all targeted. This is in turn meant the distribution could only take place twice due to the limited funding. Initially the beneficiaries were to receive the cash transfer 3 times. The first disbursement to beneficiaries which was scheduled to take place in January delayed due to delays during the preparatory phase which involved beneficiary selection and registration, selection of payment service providers and production of materials required for the exercise.



A beneficiary of the cash transfer program in South Horr receiving cash. Photo: Paul Nielsen/Danish RC/2014

**Table 4: summary of the nutrition vulnerability screenings done in Marsabit by gender of children**

Sub county		Gender		Total
		Boys	Girls	
Loiyangalani	<b>Total screened</b>	<b>918</b>	<b>1149</b>	<b>2067</b>
	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	<b>Total screened</b>	<b>784</b>	<b>965</b>	<b>1749</b>
	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

Post distribution monitoring was also done with the main aim of establishing if the intended beneficiaries received their rightful amount of cash and whether they got the cash transfer on time as well as finding out how the funds received were used and whether the targeted population was reached. An end term evaluation was also conducted in early August to measure the outcome/impact of the drought operation. Based on the evaluation preliminary findings the following outcomes were achieved:

- Cash Transfer project ensured that the beneficiary households could now have the purchasing power and prioritize the items they felt were immediate needs.

- Household members could now afford balanced diet unlike before when they only could purchase rice. In Marsabit, some households had their children who had been enrolled in OTP and SFP recovered and their children removed from the programs.
- Some members of the household have started some income generating activities where they sell mandazi (a type of snack) in schools and for patients attending the dispensary.

#### Output 2.4: Sufficient nutritious food accessed by children at schools

Procurement and distribution of foodstuff was done to support school feeding in Marsabit, Turkana, Wajir and Mandera counties. A total of 227.537 metric tonnes of assorted food comprising of maize meal, beans, vegetable oil and salt were procured and distributed to a total of 30,376 students in Early Childhood Development Centres. The Early Childhood Development (ECD) centres reached were in Marsabit, Baringo, Turkana, Samburu and Mandera counties.

In addition to reducing malnutrition among children under 5 years in school, feeding program sought to increase enrolment and promote retention in ECDs since many students dropped out of schools, due to hunger during drought periods. Selection criteria used for ECD schools was by identifying the centres or schools not targeted by other partners in areas with high global acute malnutrition rates.



ECD children in Turkana washing hands before school feeding. Photo/KRCS

Table below provides a summary of food quantity distributed in counties for SFP which was calculated as per the Sphere standards and WFP guidelines. The ratio was done based on the number of children in class.

**Table 5: Summary of foodstuffs procured for school feeding per county**

County	Description	Quantity	Unit of Measure Code
<b>Wajir</b>			
	Rice	21,288	KG
	Beans	6,174	KG
	Vegetable Oil	3,087	LT
	Salt	515	KG
<b>Mandera</b>			
	Rice	46,020	KG
	Beans	13,347	KG
	Vegetable Oil	6,674	LT
	Salt	1,112	KG
<b>Turkana</b>			
	Unga Maize Meal	77,153	KG
	Beans	15,431	KG
	Vegetable Oil	3,858	LT
	Salt	2,315	KG
<b>Marsabit</b>			
	Cereals- Maize Flour	31500	KG
	Pulses (Beans )	6300	KG
	Vegetable oil	1575	LT
	Salt	945	KG
<b>Baringo</b>			
	Unga Maize Meal	30,502.50	KG

	Beans	6,100.50	KG
	Vegetable Oil	1,525.13	LT
	Salt	915.075	KG

The following results were achieved:

- The SFP had increased enrolment of learners and attendance in ECD centres. In Kargi Muslim ECD centre, the enrolment increased from 41 to 85 following introduction of SFP. In Ruso ECD and Gas ECD enrolment increased from 54 to 71 and 17 to 60 respectively.
- In Gas ECD centre, due to the increase in enrolment following the introduction of SFP, the county government built ECD classrooms, and provided furniture and other learning materials.
- Increased awareness on KRCS and its mandate as well as acceptance within the community. This was achieved through the SFP sensitization meetings with communities.
- According to the head teachers, the nutritional status of learners also improved as well as concentration in the classrooms.

### Summary of planned interventions and implementation status:

Water, sanitation and hygiene promotion	
<b>Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>	
Output	Planned activities
<ul style="list-style-type: none"> <li>• Daily access to safe water which meets sphere and WHO standards in terms of quantity and quality is provided to target population</li> </ul>	<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>
<ul style="list-style-type: none"> <li>• Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</li> </ul>	<ul style="list-style-type: none"> <li>• Construct 36 latrines in areas of watering points</li> </ul>
<ul style="list-style-type: none"> <li>• Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</li> </ul>	<ul style="list-style-type: none"> <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 communication materials.</li> </ul>
<b>Impacts:</b> Due to the low appeal coverage, activities under this outcome were listed in the second level of priority and as such were not implemented. Funding received from CERF supported WatSan activities in conflict related interventions and not drought operation.	
Food security, nutrition, and livelihoods	
<b>Outcome 2: Reduced food insecurity among affected households</b>	
Output	Planned activities
<ul style="list-style-type: none"> <li>• Productive assets/inputs for primary production provided in accordance with the seasonal calendar, via in-kind distribution, cash grants or vouchers</li> </ul>	<ul style="list-style-type: none"> <li>• Procure and distribute seeds and fruits for fast maturing crops</li> <li>• Procure and distribute fodder seeds</li> <li>• Procure and distribute replanting kits for farmers with greenhouses and nettings</li> </ul>
<b>Impacts:</b> Due to the low appeal coverage, activities under this output were listed in the second level of priority	

and as such were not implemented.	
<b>Output</b>	<b>Planned activities</b>
<ul style="list-style-type: none"> <li>Critical nutritional status of the targeted community is improved</li> </ul>	<ul style="list-style-type: none"> <li>Participate in sector coordination and technical forums for nutrition at county and national levels</li> <li>Provide linkages and referral service for children requiring nutrition stabilization (in-patient therapeutic feeding)</li> <li>Procure commodities for supplementary feeding</li> <li>Identify vulnerable beneficiaries to be included in the cash transfer programing</li> <li>Train community health workers and volunteers on health education and promotion messages</li> <li>Conduct health education sensitization sessions with focus water related infections, early case detection and treatment</li> <li>Identify, adapt, produce and distribute information, education materials on nutrition</li> <li>Provide linkages and referral service for children requiring nutrition stabilization (in-patient therapeutic feeding)</li> <li>Conduct regular outreach services in partnership with the Ministry of Health</li> </ul>
<p><b>Impacts:</b> Up to 3 technical county forums (monthly) were conducted in each county. A total of 6,718 children were reached through malnutrition screening (2,476 Marsabit, 2,074 Wajir-Mandera &amp; 2168 in Baringo) and a total of 1913 were referred to the nearest health facilities for outpatient therapeutic feeding and SFP.</p> <p>In total 227.537 metric tonnes of food was distributed to ECD learners in the school feeding program and 18 personnel were hired to conduct medical outreach (4 nurses, 2 KRCS staffs 2 nutritionist, &amp;10 CHWs). Health education sessions were conducted in Baringo, Marsabit, Wajir and Mandera counties and linkages for severely malnourished children were provided to the nearest health facilities and 1,913 children were referred.</p> <p>Regular health out reaches were conducted in collaboration with the MoH reaching out to 50,546 beneficiaries out of 649,175 initially targeted.</p>	
<b>Output</b>	<b>Planned activities</b>
<ul style="list-style-type: none"> <li>Cash transfers are provided to households to purchase food</li> </ul>	<ul style="list-style-type: none"> <li>Conduct rapid market and household economic assessment</li> <li>Training staff and volunteers on cash based programming</li> <li>Register and enrol beneficiaries</li> <li>Establish complaint and feedback mechanisms</li> <li>Establish beneficiary communication systems</li> <li>Implement planned cash disbursements</li> <li>Carry out post distribution monitoring of the cash transfer activities</li> </ul>
<p><b>Impacts:</b> One rapid market assessment and household economic assessments were conducted and 6 staff and 12 volunteers were trained in cash transfer programming. Up to 1,400 beneficiaries were registered and issued with ration cards to use during cash collection and a complaint feedback mechanism established. A beneficiary communication system was established where the beneficiaries would feedback to the community volunteers regarding the program. A total of 1,400 HHs cash transfer beneficiaries were reached and 1 post distribution monitoring exercise conducted.</p>	
<b>Output</b>	<b>Planned activities</b>
<ul style="list-style-type: none"> <li>Sufficient nutritious food accessed by children at schools</li> </ul>	<ul style="list-style-type: none"> <li>Identify schools to benefit in collaboration with education boards school feeding coordinators and World Food Programme</li> <li>Procure and distribute food supplements to schools</li> <li>Monitor implementation to ensure compliance on recommended rations per child and adherence to hygiene practices.</li> </ul>
<p><b>Impacts:</b> A total of 282 ECDS identified with a target population of 43,802 students were reached and 27.537</p>	

metric tonnes of food procured and distributed to 282 ECD schools (94 Marsabit, 60 Wajir, 61 Turkana and 67 in Baringo). Monthly monitoring visits were conducted at the county level by KRCS county managers.

Output	Planned activities
<ul style="list-style-type: none"> <li>Key advocacy messages and lessons learnt are shared and endorsed to improve Kenya Red Cross systems to slow onset disasters</li> </ul>	<ul style="list-style-type: none"> <li>Develop an advocacy strategy using a participatory methodology</li> <li>Produce key advocacy and policy documents to share lessons learnt and best practices on early actions on building community resilience</li> <li>Organize events with key stakeholders and decision makers to improve emergency operations</li> <li>Support operational research and document best practice and lessons learnt</li> <li>Participate and contribute to national coordination mechanisms</li> </ul>

**Impacts:** Due to the low appeal coverage, activities under this output were listed in the second level of priority and as such were not implemented. However an end term evaluation was conducted (27 July to 1 August 2015) to measure impact and document best practices for learning.

## Challenges and recommendations

- High turnout in numbers of the affected population during medical outreach activities affected service delivery as there were few health staff and limited resources to cater for all. As such, there is need to allocate more health staff in future interventions to allow proper coverage.
- Delay in distribution of cash to beneficiaries as planned due to delay in beneficiary selection was witnessed. There is need to allocate more time in selection of beneficiaries. This will also allow all vulnerable persons to be identified, as some were left out due to the limited time.
- There was not exit strategy for the drought operation. A clear exit strategy should be put in place and communicated to beneficiaries in future operations.
- In school feeding program, the long distance that had to be covered and poor road condition increased transportation costs yet there was little funding available. An increase in number of learners in ECDs following the introduction of the feeding program also increased implementation costs. This should be factored during the planning of school feeding programs in future.

## Report Annexes

These report annexes are available on request.

- Cash transfer post distribution monitoring report.
- Case study: drought cash transfer programme in Marsabit county
- Cash transfer step by step photo book.

## Contact information

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

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### For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Fidelis Kangethe, Partnership and Resource Development Coordinator, Addis Ababa, phone: +251 (0) 930 03 4013; Email [fidelis.kangethe@ifrc.org](mailto:fidelis.kangethe@ifrc.org)

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

- **In IFRC Zone Nairobi, Kenya:** Robert Ondrusek, PMER Coordinator, phone +254 283 5000, email: [Robert.ondrusek@ifrc.org](mailto:Robert.ondrusek@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	2014/7-2015/7	Programme	MDRKE030
Budget Timeframe	2014/7-2015/7	Budget	BUDGET9
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>		8,512,016				8,512,016	
<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>		-848,268				-848,268	
<b>F. Closing Balance = (B + C + E)</b>		12,583				12,583	

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Split by funding source	Y	Project	*
Subsector:	*		

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### 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		33			33	586,672	
<b>Total Logistics, Transport &amp; Storage</b>	<b>730,789</b>		<b>33</b>			<b>33</b>	<b>730,756</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>								
Consultants			781			781	-781	
Professional Fees	10,526						10,526	
<b>Total Consultants &amp; Professional Fees</b>	<b>10,526</b>		<b>781</b>			<b>781</b>	<b>9,745</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		816			816	15,710	
Information & Public Relations	308,383						308,383	
Office Costs	47,053						47,053	
Communications	65,700		50			50	65,650	
Financial Charges	26,316		-24			-24	26,339	
Other General Expenses	719,716		84			84	719,632	
<b>Total General Expenditure</b>	<b>1,183,694</b>		<b>927</b>			<b>927</b>	<b>1,182,767</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			783,641			783,641	-783,641	
<b>Total Contributions &amp; Transfers</b>			<b>783,641</b>			<b>783,641</b>	<b>-783,641</b>	
<b>Operational Provisions</b>								
Operational Provisions			3,328			3,328	-3,328	
<b>Total Operational Provisions</b>			<b>3,328</b>			<b>3,328</b>	<b>-3,328</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	519,513		51,266			51,266	468,247	
<b>Total Indirect Costs</b>	<b>519,513</b>		<b>51,266</b>			<b>51,266</b>	<b>468,247</b>	
<b>Pledge Specific Costs</b>								

**Disaster Response Financial Report**

MDRKE030 - Kenya - Drought

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Interim Report

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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>		
Pledge Earmarking Fee			6,692			6,692	-6,692	
Pledge Reporting Fees			1,600			1,600	-1,600	
<b>Total Pledge Specific Costs</b>			<b>8,292</b>			<b>8,292</b>	<b>-8,292</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>8,512,016</b>		<b>848,268</b>			<b>848,268</b>	<b>7,663,748</b>	
<b>VARIANCE (C - D)</b>			<b>7,663,748</b>			<b>7,663,748</b>		

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MDRKE030 - Kenya - Drought

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Split by funding source	Y	Project	*
Subsector:	*		

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**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	848,268	12,583	
Subtotal BL2	8,512,016		860,851	860,851	848,268	12,583	
<b>GRAND TOTAL</b>	<b>8,512,016</b>		<b>860,851</b>	<b>860,851</b>	<b>848,268</b>	<b>12,583</b>	