



Kenya
Red Cross

Drought Appeal 2009

Alleviating Human Suffering

KENYA DROUGHT APPEAL 2009

22 JANUARY 2009

The Kenya Red Cross Society's mission is to build capacity and respond with vigor, compassion and empathy to the victims of disaster and those at risk, in the most effective and efficient manner. It works closely with the International Federation of Red Cross and Red Crescent Societies, which is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

*This Preliminary Appeal No. 01/2009 is being issued for **KES 1,870,648,275 (CHF 28,343,156)** to assist **2,627,909** drought-affected populations for 12 months. The Appeal is based on the needs described below reflecting the information available at this time. The Kenya Red Cross Society has launched the Appeal within Kenya. For further information specifically related to this operation please contact:*

- *Mr. Abbas Gullet, Secretary General, Kenya Red Cross Society, Email; gullet.abbas@kenyaredcross.org. Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax 254.20.60.35.89*
- *Dr. James Kisia, Deputy Secretary General, Kenya Red Cross Society, Email; kisia.james@kenyaredcross.org Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax 254.20.60.35.89*
- *Mr. Titus Mung'ou, Ag. Public Relations & Communications Manager, Kenya Red Cross Society, Email info@kenyaredcross.org . Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax 254.20.60.35.89*

All Kenya Red Cross Society assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning the Kenya Red Cross Society programmes or operations, or for a full description of the Society's profile, please access the Kenya Red Cross Society Website at <http://www.kenyaredcross.org> or the Federation's Website at <http://www.ifrc.org>

Introduction

Kenya is facing a major drought that has affected all regions according to the latest rapid assessment reports by Kenya Red Cross Society (KRCS), District Steering Groups (DSGs) and updates by the Kenya Food Security Steering Group (KFSSG). The Government of Kenya (GoK) figures indicate that 10 million people countrywide could face hunger and starvation after a poor harvest, crop failure and rising commodity prices. Subsequently, the government declared a state of emergency on January 9, 2009 and appealed for food aid.

The above situation has been aggravated by the effects of the post election violence in 2007/08 that affected most parts of the country. The resultant displacement left many people unable to cultivate their farms. This was further worsened after thousands of others were affected by flash floods in the later part of the year, with devastating destruction of farmlands, properties, and water and sanitation infrastructure.

This complex emergency has impacted negatively to livelihoods in most of the affected areas, with the most vulnerable groups being those living in urban slums, pastoralists and farmers in remote, arid and semi-arid lands, which amass to 80% of the Kenyan landscape.

In the pastoral areas, average walking distance to water has doubled and exerted undue pressure on existing boreholes that serve both humans and livestock. The situation has put lives and livelihoods at risk. Pasture and browse in pastoral areas are getting depleted and already distress movements of pastoralists have been reported all over the Eastern and Western rangelands thereby increasing friction between herders due to competition over pasture and water resulting in loss of lives¹. Livestock body conditions are deteriorating and diseases are on the increase. Cases of Foot and Mouth disease have already compounded the existing *Pestes des petits ruminants* (PPR) that has been affecting small stock for the past two years². In light of the current circumstances, both lives and livelihoods of affected communities are at risk unless urgent measures are taken to save lives and ensure early recovery from the devastating effects of the current drought.



Livestock body conditions are deteriorating and diseases are on the increase

¹ Arid Land Drought Bulletin, December 2008

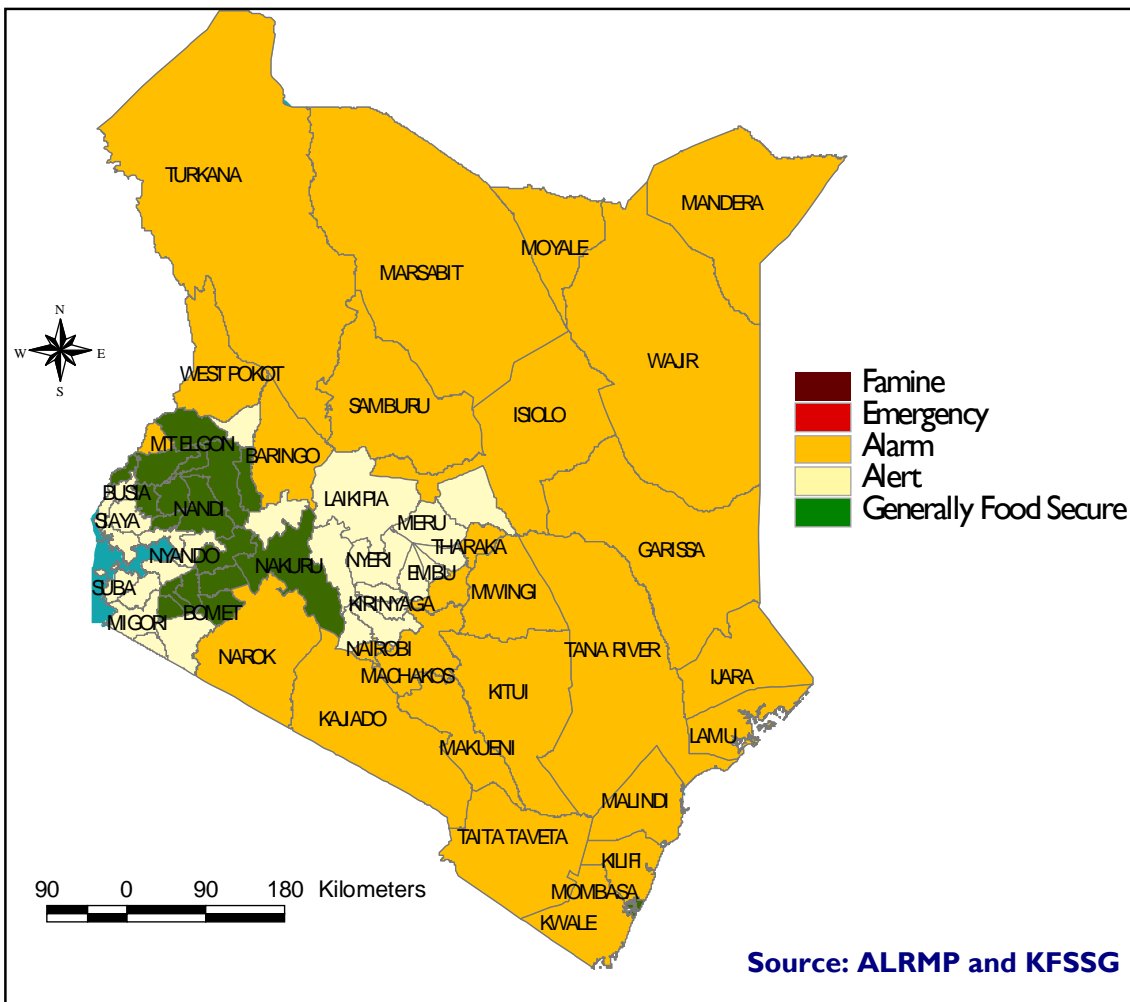
² FAO - Crop Prospects and Food Situation, No.5 December 2008

Situation Analysis

Relief

The failure of the 2008 short rains has increased food insecurity countrywide to emergency levels. Regions that have traditionally been food secure have now been rendered vulnerable. It is estimated that about 2,500,000 people in perennial drought-affected areas are chronically food insecure and will not be able to meet their minimum food requirements in the coming 6 to 12 months, if external support is not available.

According to Kenya Food Security Steering Group (KFSSG) January Food Security Update, the worst affected areas are situated in identified locations in the pastoral livelihoods of Turkana, Mandera, Samburu, Baringo, Marsabit, Wajir, Moyale and Garissa; significant areas in the agro pastoral and the marginal agricultural livelihoods in Kitui, Mwingi, Makueni, Mbeere, Malindi, Kilifi, Kwale and Tana River.



The Kenya Red Cross, in this drought appeal, targets **1,692,428** food insecure people (annex 2) including 500,000 school-going children in drought affected areas. Already 935,481 people are currently receiving food aid under the GoK/World Food Programme (WFP).

Health and Nutrition

The current drought in Kenya has impacted negatively on the health status of the affected communities, particularly the most vulnerable groups; children under five years, pregnant and lactating mothers as well as the elderly. Normal health indicators including malnutrition levels, disease prevalence/incidences and access to health services have reached emergency thresholds. This has exacerbated existing chronic conditions. General malnutrition in some areas affected by drought is above the normal national malnutrition levels of between 8% and 12% levels. For example in December 2008, Marsabit District recorded a malnutrition rate of 43% against a threshold of 15% as per³.

Immunization coverage in most of the affected areas is relatively low with districts like Turkana reporting as less as 30%. Isiolo District has immunization coverage of 82% but lacks the necessary freezers for vaccine storage⁴. Chronic diseases such as HIV/AIDS, diabetes and cancer have increased the low adherence to medication due to priority shift towards food and water. Proposed activities will involve integrated services through mobile clinics with strengthening of surveillance to assist in early outbreak detection and reporting especially at the community level. Increasing awareness to communicable disease prevention and control among the drought-affected people will be geared towards sensitization by utilizing trained KRCS volunteers.



General malnutrition in some areas affected by drought is above the normal national malnutrition level

Water and Sanitation

The failure of the short rains in the country has severely affected surface water bodies particularly earth dams, subsurface dams, earth pans, ponds, streams and seasonal rivers, which have been major domestic and livestock water sources for most communities in the Arid and Semi Arid Lands (ASALs). This has exerted pressure on the existing water systems, particularly ground water systems that is likely lead to frequent breakdowns and resource-based conflict. The populations that are in dire need of water for domestic and livestock have been recorded as high as 85% in Kyuso and Mwingi districts⁵. Assessments indicate that walking distances to water sources have increased significantly, currently ranging from 15-40km in the districts surveyed.



Some surface water sources are recording remarkably low quantities of water

³ Arid Lands Drought Bulletin, December 2008

⁴ National Food Security Status and Required Interventions, January 2009

⁵ KRCS Rapid Assessment Report, January 2009

The Proposed Operation

Objective 1(a): To provide food to 1,692,428 people (1,192,428 drought-affected beneficiaries and supplementary feeding to 500,000 school-going children in affected districts); and distribute non-food items (NFIs) to 5,000 families.

Activities

- Provide general food distribution to targeted populations affected by drought.
- Provide supplementary food rations (CSB/Unimix) to the schools for 6 months (one distribution per month).
- Provide farm inputs (seeds and farm implements) to the communities to enhance early recovery.
- Purchase, transport and distribute food and non-food items to communities.

Expected Results

- Relief items both food and non food reach deserving communities affected by the drought.
- Human suffering alleviated and deaths averted among affected populations
- Improved nutritional status of affected children and retention in schools
- Communities recovered from the adverse effects of the drought.

Objective 1(b): To de-stock 15,000 livestock at risk, to save assets of pastoralist communities and provide protein supplementation through meat distribution.

Activities

- Carry out emergency de-stocking of 5,000 heads of cattle and 10,000 goats/sheep on a buy and slaughter basis in the ten most affected districts.
- Carry out slaughter of wasted livestock and dispose.

Expected Results

- Improved nutritional status of the targeted population
- Recovery of pastoral economy through cash injection and ability of pastoralist to recoup part of their assets after the drought through own purchases.
- Reduced pressure on water and search for pastures, thereby reducing the incidence of conflict

Objective 2: To contribute to reduction of morbidities and mortalities in 629,174 people in drought affected districts through provision of basic community health care services.

Activities

- Improve access to health care through mobile clinics and referral services.
- Undertake health promotion and education among the affected population.
- Support existing Ministry of Health integrated surveillance systems.
- Support Monitoring, evaluation and supervision of emergency Health activities,

- Support Ministry of Health workers trainings in emergency health care – PHE, PSP, and emergency HIV services.

Expected results

- Reduced morbidity and mortality due to communicable diseases among the affected population.
- Increased disease awareness, prevention and control in addition to other health issues amongst the affected population.
- Increased access to Reproductive Health Services, including HIV/AIDS awareness.
- Improved disease surveillance systems that enhance regular reporting and feedback.

Objective 3(a): To provide access to safe water for an estimated 1,035,583 individuals affected by drought.

Activities

- Support to rapid response teams for maintenance of boreholes and gensets.
- Undertake water trucking to various distribution points and supply service pumps
- Increase storage capacity at distribution points
- Identify and rehabilitate boreholes/shallow wells at selected sites (institutions and community centres)
- Carry out Pipeline extensions.
- De-silt earth pans/dams
- Water treatment at household level.
- Undertake quality testing at selected water points

Expected result

- Safe water provided to 1,035,583 persons as damaged systems are restored.

Objective 3(b): To provide access to sanitation and refuse management to an estimated 1,035,583 individuals affected by drought.

Activities

- Construct community demonstration VIP latrines at identified water points.
- Remove and dispose animal carcasses.

Expected result

- Access to adequate sanitation and proper refuse disposal to the affected communities

Objective 3(c): To support hygiene promotion activities for 1,035,583 individuals affected by drought

Activities

- Train volunteers on PHASTE methodologies.

- Conduct continuous hygiene promotion and awareness campaigns among the affected individuals.
- Produce and distribute generic hygiene promotional IEC materials.
- Establish/strengthen community water committees within the rehabilitated water points.
- Establish Red Cross/CTC programmes in intervention schools.

Expected result

- Improved health status of the population through behaviour change and hygiene promotion activities.

Objective 4: To strengthen the capacity of the Kenya Red Cross Society staff, volunteers and communities to effectively respond to disasters.

Activities

- Enhance volunteer capacity through refresher training in relief operations.
- Provide transport support for branches and regional offices to effectively respond to disasters.
- Initiate and implement community based multi-hazard disaster early warning system.

Expected results

- Fully trained and capacitated volunteers engaged in relief operations.
- Timely response and operations in place.
- Well-prepared communities able to manage early warning system and timely response to future disasters through early awareness.

Objective 5: To enhance advocacy, communication and awareness

Activities

- Produce information bulletins and updating KRCS website.
- Share drought related information with other stakeholders.
- Field trips for media coverage and documentation.
- Produce and air radio/TV spots; and publication of newspaper adverts.
- Field communication.

Expected Results

- Awareness creation among affected communities and stakeholders
- Effective media coordination and reporting.

Partnership and Coordination

The Kenya Red Cross is a member of Kenya Food Security Meeting, which is the main organ for coordination of food security matters. The National Society is also the lead agency in emergency operations in affected areas. In fulfilling its mandate of alleviating human suffering, the National Society works closely with the Government and other humanitarian organizations in all food security matters. At the district level, the Branches are members of the District Steering Group (DSG) and are involved in carrying rapid assessments.

The Society co-chairs the Rapid-Onset Disaster Committee with the Office of the President. The Committee is a body that also comprises international NGOs, UN agencies and Government ministries. The Government has food stocks that will be mobilized to assist people in the affected areas, while the Kenya Red Cross may seek local donor support to meet the needs of the displaced and affected people.

Kenya Red Cross has built up its preparedness and response capacity from challenges and experiences of past disaster operations. All mitigation programmes are designed with sufficient consultation at community level, using and enhancing community structures where possible, and ensuring an equal representation of men and women at decision-making bodies.

The Kenya Red Cross Headquarters, with the support of its volunteers and Branch staff across the country will coordinate the drought operation activities, including distribution of food and delivery of relief items to affected populations. The National Society has been involved in several similar operations in the recent years, as the leading humanitarian agency in Kenya, mandated to coordinate humanitarian response during disasters such as floods and droughts in parts of the country.

The Kenya Red Cross will provide timely information bulletins on its website to ensure sensitization and advocacy on the plight of affected population.

Budget Summary

Table 1: Budget summaries per intervention sector

DESCRIPTION OF INPUTS	TOTAL COST (Kshs)
Emergency Relief	
Purchase of Relief Food	771,881,140.80
Non Food items	24,550,000.00
De-stocking	35,000,000.00
Transport and Handling cost of Food and NFIs	91,813,500.00
TOTAL-RELIEF	923,244,640.80
Health	
Support Medical Outreaches	226,000,000
Nutrition	1,801,600
Health Education and Promotion	66,393,600
Health Trainings	1,120,000
Staff Salary and other related costs - Medical Contribution	100,080,000
Supervision, field visits and M&E tools	6,600,000
Equipment	18,015,000
Logistics	8,000,000
Total-Health	428,010,200
Water and Sanitation	
Access to safe water	124,490,000
Access to sanitation and refuse management	4,150,000
Capacity building, M&E	46,234,500
TOTAL - WATSAN	174,874,500
Capacity Building	
Capacity Building	67,608,000
Training	24,000,000
Networking and Coordination	73,400,000
Monitoring and Evaluation	3,350,000
TOTAL-HCOD	168,358,000
Communications	
Communication and Awareness	6,102,000
Total Communications	
Total	1,700,589,340.80
Admin 10%	170,058,934.88
Grand Total	KES 1,870,648,274.88
	CHF 28,343,155.68

Target Population per Intervention

Table 2: Target population per drought-affected districts in Kenya

North Rift	Total Population	Targeted Population
Turkana	435,286	43,529
West Pokot	406,936	40,694
East Pokot	326,042	32,604
North Rift Total	1,168,264	116,826
South Rift		
Kajiado	484,615	48,462
Laikipia	418,118	41,812
South Rift Total	902,733	90,273
North Eastern		
Mandera	357,576	28,606
Wajir	444,915	35,593
Garissa	460,215	36,817
Ijara	87,437	6,995
North Eastern Total	1,350,143	108,011
Upper Eastern		
Moyale	60,212	6,021
Marsabit	136,772	13,677
Isiolo	131,740	13,174
Samburu	166,306	16,631
Igembe - North and South	147,228	14,723
Tharaka	132,707	13,271
Tigania - East and West	153,597	15,360
Mbeere	192,976	19,298
Upper Eastern Total	1,121,538	112,154
Central		
Nyeri	152,216	19,788
Muranga	354,334	46,063
Maragwa	395,595	51,427
Central Total	902,145	117,279
Lower Eastern		
Mwingi	377,679	113,304
Kitui	628,208	188,462
Machakos	1,160,475	348,143
Makueni	974,375	292,313
Lower Eastern Total	3,140,737	942,221
Coast		
Tana River	245,260	24,526
Lamu	90,774	9,077
Kilifi	719,466	71,947
Malindi	374,194	37,419
Kwale	626,936	62,694
Coast Total	2,056,630	205,663
Total	10,642,190	1,692,428

Population projections derived from district development plans