

Appeal №: MDRKE049	People to be assisted: 500,000 (100,000 households)	Appeal launched: 09 Sept 2021
	DREF allocated: CHF 369,354	18 months duration
Glide №:	IFRC Funding requirements: CHF 8 million	Appeal ends: 09 March 2023

This Emergency Appeal seeks a total of 8 million Swiss Francs to enable the International Federation of the Red Cross and Red Crescent Societies (IFRC) to support the Kenya Red Cross Society (KRCS) to deliver humanitarian assistance to 500,000 people (**100,000 households**) over a period of **18 months** to address the current drought crisis in Kenya. The operation will focus on **Livelihood and Basic Needs, Health and Nutrition, Water, Sanitation and Hygiene (WASH), Protection, Gender and Inclusion (PGI) and Strengthening the Capacity of the National Society**. The planned response reflects the current situation and information available at this point of the evolving operation and will be adjusted based on further development and continued assessments.

A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE



July 2021: National Drought Management Authority (NDMA) bulletin issued, stating that twelve counties are at the stressed food.

July 2021: IFRC launches a DREF operation, to support 2,000 families with 2 months cash transfer and 1,000 families with 1-month in-kind assistance

August 2021: The Long Rains Assessment report released in August indicates alert-worsening food security and nutrition situation in 12 counties, with some 23 counties recording drought

08 September 2021: The President of the Republic of Kenya declares the drought a national disaster.

09 September 2021: The IFRC launched the EA to support the KRCS to scale up the response.



KRCS volunteers supporting communities. ©KRCS

Situation overview

The food security situation has been on a worsening trend in the Arid and Semi-Arid (ASAL) counties in Kenya attributed mainly to the poor performance of the October-December 2020 short rains and the March-May 2021 long rains. Both seasons were characterized by late onsets, below average cumulative quantities, and poor distribution both in time and space. The latest National Drought Early Warning Bulletin reports [twelve counties](#) namely Marsabit, Mandera, Garissa, Wajir, Kilifi, Tana River, Makueni, Lamu, Samburu, Kitui, Isiolo and Laikipia are in the alert drought phase as of July 2021. The OCHA humanitarian snapshot for August reports more than [2.1 million people in the Arid and Semi-Arid Lands \(ASAL\)](#) of Kenya are severely food insecure, following two consecutive poor rainy seasons that have hampered crop production. This represents an increase of about 70 per cent since February 2021,



Families are going deeper into wells searching for water due to drought and the extended dry season. ©KRCS

when an estimated 1.4 million people (10 per cent of the population in ASAL counties) were classified in Crisis (IPC 3) or worse levels of food insecurity, according to the Integrated Food Security Phase Classification analysis. In addition, the Kenyan Meteorological Department projected third consecutive [poor rainy season](#) (October – December - short rains) will result in below-average harvests and worsening livestock conditions in northern and eastern Kenya.

As the situation further deteriorates, the President of the Republic of Kenya declared the drought as a national disaster on Wednesday, 08 September 2021. It's reported that the National Treasury and the Ministry of Interior and Coordination of National Government have been instructed to spearhead Government efforts to assist the affected households including water and relief food distribution as well as livestock uptake.

Resilience is significantly weakened through damage to household economies and health as people are forced to engage in negative coping strategies to overcome acute food insecurity. In addition to the poor performance of the rainy season, other drivers of acute food insecurity include the recurrent droughts, COVID-19 pandemic and related effects, conflict and insecurity, pests and diseases, all of which drive up the staple foods and livestock prices.

Summary of Red Cross Red Crescent response to date

The KRCS is currently implementing the [Drought DREF](#) launched in August 2021 targeting 60,000 people which is now scaled up to this Emergency Appeal. The Finnish Red Cross supported KRCS to undertake a food security assessment in January 2021 covering Turkana, Marsabit and Garissa counties. Findings from this assessment have continued to inform KRCS actions in the targeted counties.

A. THE OPERATIONAL STRATEGY

Needs assessment

Findings from Long Rains Assessments conducted by the Kenya [Food Security Steering Group \(KFSSG\) released in August 2021](#) and further KRCS continuous field assessments, indicate that the food security situation is set to deteriorate even further within counties facing drought conditions, including those currently facing IPC 3 and above outcomes. The worsening trends include deteriorating vegetative conditions, increased distances to water sources, worsening livestock conditions, reduced milk production and increased number of children at risk of malnutrition. The underperformance of the long rains means that pasture and browse conditions are below average for this time of year.

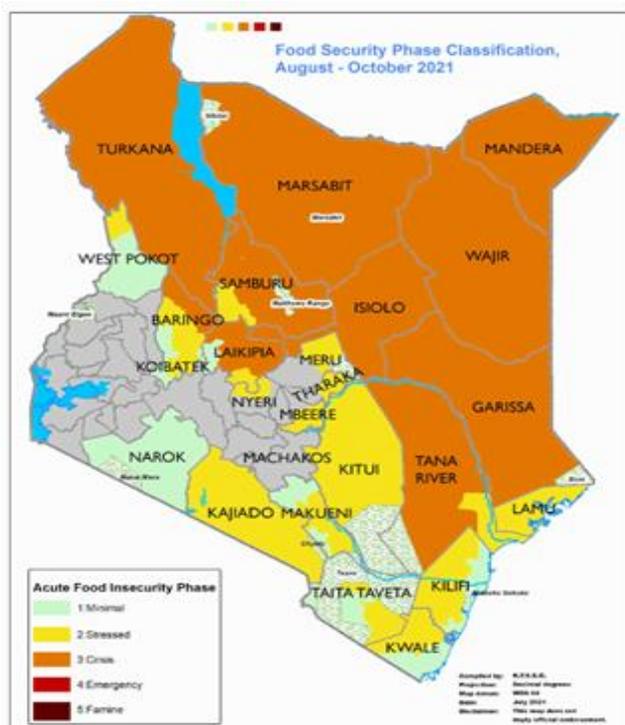
The below-average conditions of pasture and browse have already affected the condition of livestock – and their condition is likely to worsen due to increasing distances that they must cover in search of water and pasture, and the anticipated increase in livestock diseases and deaths. Distance to water sources has increased already to about 40% further than the June 2021 average, the recharge of open water sources is already at 30-45% below average, and the cost of water in the pastoral livelihood zones has increased by 40%. The below-average rain season has come at a challenging time where farmers and agro-pastoral households are still recovering from the damage caused by the desert locust invasions, especially in northern pastoral areas.

Water: Failure of the two rainy seasons has resulted in extreme water shortage, migration of pastoral communities and widespread reliance on water trucking. High-water prices have been reported in most pastoral and agro-pastoral livelihood zones. With movement of livestock to strategic water points and limited access to productive land for farming and grazing, there is already increasing local tensions which could trigger further inter-communal conflict in parts of the Country. The cost of vended water has increased in some areas by 50 % during the critical drought period. There is an increase in distance to household water sources because of the drying water sources.

Health and Nutrition: The OCHA reports the 2.1m most affected include 523,364 children under five years malnourished and in need of treatment with 111,141 severely malnourished as well as 96,480 pregnant and lactating women malnourished and in need of treatment. Acute malnutrition has surpassed the emergency threshold in many areas, affecting between [15 per cent and 30 per cent of children in most affected eight counties](#). According to the [Kenya Nutrition Situation Overview August 2021](#) the drought and insecurity have negatively affected access to essential health and nutrition services due to community migrations in search of livestock pasture and water observed in several affected counties. This has also indirectly impacted household care practices since more burden has been placed on women who are the caregivers at household level. There are increased risks of outbreaks of diseases like cholera, acute watery diarrhoea, measles, COVID -19 and other zoonotic associated diseases within counties at risk. The drivers of acute malnutrition include reduced livestock productivity, reduced milk consumption, poor infant and young child feeding practices, poor hygiene and sanitation, stock outs for essential commodities for the management of acute malnutrition and other morbidities. Water scarcity also increases the risk of several diseases including cholera and AWD, and scabies.

Food Security: Household food access is expected to remain constrained as staple food prices remain above average and livestock to maize terms of trade remain below average. As a result, critical ([GAM WHZ](#)) 15-29.9 percent nutrition outcomes will persist in children under five years of age. Households are also likely to increase consumption-based coping strategies like reducing the number of daily meals, eating less preferred foods, limiting adult intake for children to eat, borrowing food from friends and relatives and sale of more livestock than normal.

Protection Gender and Inclusion: Just like in many emergency-affected contexts, women, and girls in affected by drought face the risk of multiple forms of gender-based violence (GBV), including sexual violence, intimate partner violence and forced marriages. Other vulnerable groups include people living with HIV, people living with disabilities, and children under five among others. The emergency has also placed additional burden on women in terms of responsibilities around household food consumption, water collection and household care responsibilities, which expose them to greater risks.



[Food Security Outlook Update](#)

Poor crop and livestock production and COVID-19 restrictions drive food insecurity August 2021

Targeting

KRCS aims to support 500,000 people (100,000 households) in the 12 affected counties; **Garissa, Wajir, Mandera, Samburu, Isiolo, Kilifi, Laikipia, Tana River, Makueni, Lamu, Kitui and Marsabit** which have at least 5% of their population in IPC 4 as per the Kenya Food Security Steering Group classification. Assistance will be targeted at the worst affected sub-counties in the above affected counties which are currently not supported by any partner. KRCS has been able to undertake a gap analysis taking into consideration actions by other actors and will target populations not covered by other assistance.

A community-based targeting approach will identify people who will receive cash assistance. These will include female headed households with children under 5 years; pregnant or lactating mothers with children under 5 years; female headed families with no source of income; families with severely or moderately malnourished children or child (under 5 years); households headed by persons living with disabilities with no source of income and child headed households.

Global COVID-19 pandemic:

As of August 30, 2021, Kenya has confirmed 235,298 COVID-19 cases since March 2020, with a daily positivity rate of 9.7 percent. Since the start of vaccinations six months ago, the Nairobi County Department of Health reported that around 10 percent of the population in Nairobi County are vaccinated compared to an average of 2 percent across the rest of the country. Kenya has continued its vaccination drive, with a seven-day rolling average of 48,580 doses administered per day by August 30. This operation is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. The National Societies' response to COVID-19 is supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision while adapting to COVID-19. The National Societies will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and movement of National Societies volunteers and staff. For more information, please consult the [COVID-19 operation page IFRC Go platform](#).

Coordination and partnerships

Overview of Red Cross Red Crescent Movement Actions in-country

The KRCS works and collaborates with IFRC and various partner National Societies (PNS) present in Kenya including American Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, Italian Red Cross and Norwegian Red Cross Societies.

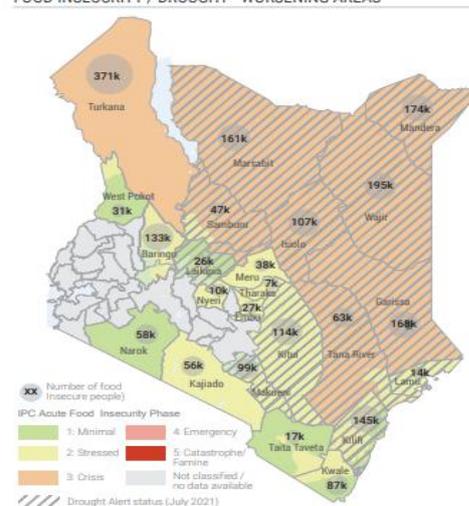
The IFRC has an in-country presence in Kenya, through its Africa Regional Office and the Country Cluster Delegation for Kenya and Somalia both based in Nairobi. IFRC supports KRCS in the implementation of emergency response operations as well as long term programmes through provision of close technical support and guidance. Through IFRC's DREF and in addition to the drought response mentioned earlier, the KRCS is currently implementing operations on (i) [Dengue fever](#) launched in May 2021 and (ii) [March April May Floods](#) launched in April 2021.

The International Committee of the Red Cross (ICRC) has a regional delegation hosted in Nairobi, which serves as a hub for operations in eastern and central African countries. In partnership with the KRCS, the ICRC supports RFL/Tracing, economic security and water and habitation projects in Lamu and parts of Garissa and enhancing operational safety and security through Safer Access Framework.

Overview of other actors' actions in-country

KRCS works with the National Disaster Operations Centre (NDOC) in coordinating humanitarian emergencies, the NDMA in drought management, and as co-chairs of Kenya Cash Working Group. In terms of emergencies coordination and management, eight coordination hubs across the country were established as part of contingency measures prior to the general elections and continues to serve as centres for coordination meetings, logistics, storage and distribution. Other state actors include Hunger Safety Net Program (HSNP) that coordinates cash transfers for the most vulnerable households in four counties as well as the Ministry of Health (MoH) at national and county level (responsible for implementation of nutrition interventions targeting malnourished children, pregnant and lactating women and the elderly).

FOOD INSECURITY / DROUGHT - WORSENING AREAS



FOOD INSECURITY / DROUGHT - WORSENING AREAS

Other Government Ministries like Ministry of Water, Ministry of Agriculture, among others, also support in the drought assessments.

Capacity analysis, risk analysis and scenario planning

KRCS has over 216,000 volunteers spread across the country, supported by about 580 staff in 8 Regional offices and 47 County Branches across Kenya. KRCS HQ is in Nairobi, with capacities in both emergency and developmental programming at both national and field levels. The National Society is designated as the first line of response in all sudden onset disasters by the Government and the Kenya Humanitarian Partnership Team (KHPT) with a mandate to support the first 150,000 people affected by disasters in the country.

Operational risks

Inter- communal conflicts also pose a risk to KRCS operations as they may interrupt access to some areas making it difficult for KRCS teams to access targeted population in affected areas. To minimize the risk of disruption of activities, KRCS will work with all stakeholders including the communities to ensure ownership of the interventions and safety of the response teams. Security orientation and briefing for all teams prior to deployment will also be undertaken to help ensure safety and security of response teams.

COVID-19 will continue to pose a risk to KRCS' operations activities. There is a risk of a substantial increase in the number of cases reported in the country resulting in more restrictions to manage the outbreak. KRCS will review its operational strategy as the situation evolves. KRCS will always ensure compliance with Ministry of Health (MoH) guidelines for management of COVID-19. In addition, KRCS teams will integrate COVID-19 messaging and sensitization in all activities undertaken under this operation.

Scenario Planning

Scenario	Humanitarian impact	Potential Response
Scenario 1: Albeit late, rainfall is recorded in sufficient quantity in the next six weeks.	<ul style="list-style-type: none"> Adequate rainfall during the August and September 2021 as well as the October-November-December 2021 seasons to recharge water sources and support growth of crops and pasture and improve livestock condition. Markets will have adequate food supply recharged by good crop yields with affordable food market prices. Less than 3% of drought prone counties in need of food assistance. Animal and human health and nutrition indicators within acceptable growth ranges. 	<ul style="list-style-type: none"> Monitor the rains and support agricultural and livelihood initiatives. Conduct periodic market assessments. Support communities in need of food (social cases). Execute routine health nutrition and community engagement activities.
Scenario 2: The crisis persists and worsens within next 2 months	<ul style="list-style-type: none"> Target areas receive below average rainfall - with low crop yield and reduced pasture regeneration. Less than average soil moisture Longer dry spells Inadequate food stocks and high prices in the local markets Increased cases of malnutrition among the affected population Increase in water shortage related diseases such as dysentery Out of 23 ASAL counties in stressed phase classification, 10 are in IPC 3 and above 	<ul style="list-style-type: none"> Implement activities planned in the Emergency Appeal.
Scenario 3: The crisis persists, and a cholera outbreak emerges due to poor WASH conditions, in addition to already raging COVID-19 pandemic.	<ul style="list-style-type: none"> Severe drought situation with most ASAL Counties in crisis and emergency where all indicators are outside of normal ranges with above 11 counties at Alarm phase of drought. More than 3 million people are food insecure and cannot meet their basic dietary requirements and therefore in need of food assistance. Increase in acute malnutrition rates with at least 50% of counties where nutrition surveys conducted with GAM rates of >15% Livestock deaths reported in some of the ASAL counties. Substantial increased cases of resource-based conflict among the communities Upsurge of water borne diseases 	<ul style="list-style-type: none"> Based on the detailed assessment, consider scaling up the operation.

B. PROPOSED AREAS FOR INTERVENTION

STRATEGIC PRIORITIES



Livelihoods and basic needs

People targeted: 125,000 (25,000 households)

Male: 62,120

Female: 62,880

Requirements (CHF): 4,500,000

Proposed intervention: Communities, especially in disaster and crisis-affected areas, restore, and strengthen their livelihoods

KRCS aims to support people identified as the most vulnerable households currently not benefitting from any of the ongoing government programmes. The communities will be consulted on criteria for the selection of households for support. A feasibility study for cash and food intervention will be carried out to inform transfer modalities, appropriate targeting, and monitoring of intended use.

KRCS will target families headed by vulnerable groups like women, the elderly, or children and or persons with disability or chronically ill family members as the bread winners will be prioritized. Project teams will consult all adult members of households on which member to target as the primary recipient of the assistance on behalf of the household. Since there are other interventions ongoing in limited scale in the targeted counties, the communities who are participating in any other/similar activity including the Government HSNP and those with stable source of income or remittances from relatives will not be included in this programme. The families meeting multiple inclusion criteria will be prioritized for assistance. However, to be eligible for the assistance the targeted people must be in drought-stricken areas.

KRCS plans to support up to 25,000 households through a combination of multipurpose cash grants and in-kind assistance over a three-month period in 12 counties to the most affected, vulnerable communities. KRCS also plans to support targeted households with maturing and drought tolerant crops, livestock supplementary feeds and support animal husbandry activities.

Activities Planned:

- Conduct inception meetings with local stakeholders including county steering group and communities
- Selection and orientation of cash focal persons (including community-based volunteers) in counties affected and those at risk of being affected by drought
- Verification and validation of the targeted households in consultation with the Government HSNP to avoid duplication
- Cash disbursement (Cash intervention based on E-Cash and unrestricted cash) to the most vulnerable communities already facing the effects of drought and post distribution monitoring.
- Procurement and distribution of food to affected families including the protection ration for households which have malnourished children, pregnant and lactating women, people with disabilities or other at-risk categories
- Procurement and distribution of early maturing and drought tolerant crops and livestock supplementary feeds, grass seeds for fodder.
- Facilitate periodic animal and zoonotic disease surveillance, treatment, and vaccination of livestock.



Health and Nutrition

People targeted: 500,000 (100,000 households)

Male: 251,500

Female: 248,500

Requirements (CHF): 754,000

Proposed intervention: The immediate risks to the health of affected population are reduced and the psychosocial impacts of the emergency are lessened

This Emergency Appeal will support the provision of continuous access to health and nutrition services to 500,000 community members affected by drought in the 12 target counties. The integrated package of essential health and nutrition services will be offered based on the NDMA assessment findings, KRCS' assessment findings as well as the MoH health and nutrition situation updates. Health Services to be integrated include Nutrition screening, immunization, treatment of minor ailments, deworming, Vitamin A supplementation, Antenatal and postnatal Care

services for pregnant women, Nutrition education and Health promotion across the age course. The Government of Kenya is currently facing a lack of stock of nutrition commodities for the management of acute malnutrition due to delay in the procurement through the Government system. This intervention may seek to fill the supply chain gaps for Ready to Use Therapeutic Food (RUTF) if the gap persists and in coordination with other agencies (UNICEF and WFP) and the government. Mental Health and Psychosocial Support interventions will be integrated through the community level health outreach activities.

Activities Planned:

- Preposition health and nutrition supplies in the regional hubs (including MUAC (mid-upper arm circumference) tapes, weight scale and height measuring boards, kits, Dignity kits and assorted pharmaceutical supplies for KRCS clinics).
- Comprehensive KRCS surge team activation such as properly trained nurses, health officers, etc.
- Train volunteers on communicable disease
- Conduct community MHPSS sessions, engaging local associations and community platforms including religious and education stakeholders. This will be psychosocial First Aid (PFA) done through group and individual one on one sessions based on needs identified by professional PFA providers.
- Conduct nutrition integrated health outreaches in the 12 priority counties. This refers to mobile health and nutrition clinics held at community level.
Sensitize community Health Volunteers per county on community nutrition surveillance through the Family MUAC approach. Training and sensitization of 400 caregivers per county on Family MUAC and referrals.



Water, sanitation, and hygiene

People targeted: 500,000 (100,000 households)

Male: 251,500

Female: 248,500

Requirements (CHF): 878,000

Proposed intervention: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

It is globally recognized that food security challenges cannot be met until safe drinking water, sanitation, and hygiene (WASH) are available in the poorest communities. Considering the risk that people are exposed to intake of unclean water, the KRCS and the IFRC plan to embark on extensive campaigns and sensitization on community hygiene promotion to households and strengthening WASH knowledge and best practices. Community hygiene promotion will be done using the CEA approach in the communities in the target states.

Activities Planned

- Train hygiene promoters as Trainer of Trainees for participatory hygiene and sanitation transformation emergency response (PHASTER) methodologies
- Sensitize Community Health promoter/volunteers on hygiene & sanitation promotion.
- Conduct thematic hygiene promotion campaigns targeting, institutions, communal areas in the target areas Water, Sanitation and Hygiene
- Identify, integrate in scenario based triggered-action plans and when feasible immediately implement preparedness actions aimed at reducing the risk of water-borne diseases, vector-borne diseases, and hydrogeological risks
- Procurement and distribution of Point of Use water treatment chemicals for household water treatment
- Distribute, train and sensitize communities on the use of water treatment chemicals and monitor their utilization
- Procurement of soap for household and public spaces for COVID-19 prevention
- Procurement and distribution of sanitary materials for young girls and women for Menstrual Hygiene management.
- Rehabilitate/Build key water supply schemes in strategic acute drought hit areas and training of the water management representatives
- Support community access to water through pre-paid tokens from water vendors using pre-paid water metering
- Construction of community water point and Installation of prepaid water meter
- Sensitization on construction of household tippy-tap systems for improving hygiene and availability of water
- Water Trucking activities to the most affected sub counties



Protection, gender, and inclusion

People targeted: 500,000 (100,000 households)

Male: 251,500

Female: 248,500

Requirements (CHF): 126,000

Proposed intervention: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable

Emergencies affect people differently based on gender, age, religion and other social cultural considerations. Based on the drought compounding effects like insecurity, access to water, access to food, women, girls, boys and men are affected differently. For instance, women and girls have to walk long distances in search of food and water while boys and men have to equally walk long distances in search of pasture and water for livestock use. Physiological vulnerability (elderly, persons with disability) are also vulnerable since they are normally easily left out with humanitarian assistance. The intervention will seek to engage all at risk groups to ensure equitable access to humanitarian assistance.

Planned activities

- Organize training of trainer's sessions on minimum standards for protection, gender and inclusion in emergencies, Prevention and Response to Sexual Exploitation and Abuse (PSEA), and IFRC's policy on PSEA (headquarter and regional/provincial staff).
- For sexual and gender-based violence (SGBV) identify and share safe referral pathways at local level with volunteers, staff and communities.
- Collect and analyse sex-age and disability disaggregated data in the need's assessments and any other collection of information.
- Develop community-based information, education, and communication initiatives and materials on culture of non-violence and peace (discrimination, violence, and exclusion, including SGBV and Child Protection) and develop individuals' ability to address them.



Disaster Risk Reduction

People targeted: 12,000

Male: 5,000

Female: 7,000

Requirements (CHF): 208,000

Proposed intervention: Communities in high-risk areas are prepared for and able to respond to disaster

The operation will contribute to disaster preparedness of communities through community-based disaster risk reduction activities that will be carried out through the mobilization of communities (and communities' resilient committees) to conduct risk assessment for prevalent risks and provide mitigation strategies. This community led approach will contribute towards risks identifications, development of preparedness action plans and empowering of the community resilience committees. KRCS will roll out the established multi-hazard early warning systems that will contribute to reducing risks and enhancing the community's preparedness. KRCS will also utilize the lessons learnt from previous drought responses into implementing the action taking into the considerations the needs identified by the communities.

Planned activities

- Identify potential disaster risk reduction measures in the targeted communities.
- Support communities' resilience into identification of risks and mitigations/plan of action for DRR.
- Train communities' resilience communities in the development of early warning mechanisms/actions.
- Facilitate the mitigation and preventive activities for identified risks

ENABLING ACTIONS

Influencing others as strategic partners

Requirements (CHF): 158,000

Coordination with the authorities and humanitarian actors: IFRC and KRCS are part of the Humanitarian Country Team (HCT) and a member of the InterCluster Coordination Team (ICCT), and relevant inter-agency working group meetings/forums, including the Food Security Cluster. Cluster and working group members include NGOs, UN agencies and public authorities. The IFRC Zero Hunger Pan African Initiative will be the enabler for further

engagement with other food insecurity initiatives and partners present in Kenya, in order to streamline efforts and work jointly to address chronic hunger with a long term perspective.

Strengthening Coordination and Accountability

Requirements (CHF): 650,000

Community Engagement and Accountability (CEA): The KRCS Strategic Plan 2021-2025 main focus is the community. The core values - community centered and accountability indicates the commitment KRCS has in the next five years while facilitating the communities to respond to the humanitarian emergencies. KRCS will engage the communities at all levels of the drought response using the various CEA approaches to capture the community feedback and continuous analysis to allow timely addressing of gaps and ensure efficiency of the intervention. Prior to this, KRCS volunteers will be provided two-day sensitization on CEA approaches during the project inception stages. The CEA mechanisms that will be used during the drought operation include toll free phone calls, community feedback desks manned by CEA team during activities, Community review meetings, household visits, focus group discussion, and radio talk shows. The data will be entered in the CEA database where it is summarized, analyzed and presented in the dashboards that will be shared on a routine basis. The findings will be incorporated in the response and will be closely linked with planning, monitoring and the evaluation processes in order to build an environment of transparency and accountability to the communities.

Human Resources: A total of 360 KRCS volunteers will be engaged for a period of up to 18 months to undertake various activities for the success of this operation. In addition, 36 management and technical staff of health, WASH, cash-based intervention, finance and CEA will manage the operation. The number includes surge capacity that will be deployed on a need-basis and will consist of nutritionist, clinical officers, public health officers, nurses and counsellors. They will carry out targeted intervention which includes screening and treatment of acute malnutrition at community level. IFRC delegation will provide support to the National Society alongside other departments such as logistics, HR, finance, PMER, security and specific sectors.

Planning, Monitoring, Evaluation, & Reporting (PMER): The KRCS' Monitoring, Evaluation, Accountability and Learning (MEA&L) unit will develop a Monitoring and Evaluation Plan, Logical Framework and Indicator Tracking Tool. The KRCS will conduct surveys, including market assessments and targeted population needs assessments in the targeted Counties, through the Branch RCATs to analyse developing situations, community needs, preferred communication channels and stakeholder. Additionally, the KRCS will conduct Post Distribution Monitoring, after the Cash Disbursements to the affected communities. The project team will also conduct supervisory visits to activity locations and compile monitoring reports for each stage of response. At the end of the operation, KRCS will conduct final evaluation internally in selected project areas to assess the contribution of the project intervention against the set project objectives.

Information Management: The KRCS will support the registration of targeted population using the Red Rose systems including collection of biometric data for selected targeted population. The system is expected to result in improvement and data management as well as enhanced accountability in KRCS CBI operations. Volunteers will be trained on the use of the Red Rose system for the registration and overall targeting population data management. KRCS will also ensure communication equipment including radio and satellite phones are functional to ensure efficient communication between teams in the field and relevant offices. This will also contribute to enhanced security for the various response teams.

Logistics: responsibilities will include sourcing the most urgent and relevant relief items, delivered and distributed equitably to those in need, in a timely, transparent, and cost-efficient manner. Local procurement will be carried out in accordance with the IFRC and National Society's standard procurement procedures with support of IFRC Regional Logistic Unit in Nairobi. Fleet assets will be deployed as and where requested, assessments of logistics capacity and systems (including procurement, transport, warehousing, and fleet management) will be carried out where possible to enhance National Society' logistics infrastructure on hardware, software, capacities, and preparedness.

Finance and Administration: The IFRC will provide necessary support to the operation to review and validate budgets, bank transfers, technical assistance to the National Society regarding expense justification procedures and the review and validation of operational invoices. All transfers should be done at least two days before the scheduled activity starting day to enable the Branches to request and secure approval from their respective Branch governance for onward planning.

Communications and advocacy: Support will be provided to the National Society to increase their outreach and advocacy. At regional level, the Communications team will continue to engage the media and use social media with a view to position the IFRC as a key player in the response. International media attention has been focused on the eruption itself, and limited coverage has been given to people's needs. Angles such as overlapping crises (COVID-19

and malnutrition), regional impact, and population movement will be highlighted. To support volunteers in their mission and the visibility of Red Cross actions on the ground, protection and visibility items will be provided as needed.

Security: Security orientation and briefing for all teams prior to deployment will also be undertaken to help ensure safety and security of response teams. Standard security protocols about general norms, cultural sensitivity and overall code of conduct will be put in place. The minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations will successfully complete prior to deployment the respective IFRC security e-learning courses (i.e., Stay Safe Personal Security, Security Management, or Volunteer Security). The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.

Strengthening National Societies

Requirements (CHF): 726,000

Operational Support Services: Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; PMER; partnerships and resource development; and finance and administration. A focus will be given to support Branch development incorporating the current ongoing Branch Organizational Capacity Assessment. More details are in the Emergency Plan of Action.

National Society preparedness and response capacity: KRCS is working in strengthening its response capacity, using the National Society Preparedness for Effective Response (PER) approach with the support from IFRC and Canadian RC. Recently the capacity assessment phase was finalized, and the National Society organized working groups that are discussing the potential actions and prioritizing the preparedness measures that need to be in place by different areas/departments of the National Society. Some of the identified topics are related to the National Society role, mandate and law, DRM strategy, Hazard context and risk analysis and early warning, Information Management, information technology and communications, search and rescue, health in emergencies, Technological hazard preparedness, and branch capacity strengthening. The National Society is also using this approach in support to their epidemic and pandemic preparedness actions at institutional level, considering that it is a multi-hazard approach, that can provide a systematic way of working and inform different short, mid-long-term operations and initiatives. Activities supported by this Emergency Appeal will be based on the National Society's response capacity priorities and contribute to the current operational and strategic plans of the KRCS.

C. FUNDING REQUIREMENTS

EMERGENCY APPEAL

Kenya: Drought Hunger Crisis

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	208,000
LIVELIHOODS AND BASIC NEEDS	4,500,000
HEALTH	754,000
WATER, SANITATION AND HYGIENE	878,000
PROTECTION, GENDER AND INCLUSION	126,000
INFLUENCING OTHERS AS STRATEGIC PARTNERS	158,000
STRENGTHENING COORDINATION AND ACCOUNTABILITY	650,000
STRENGTHENING NATIONAL SOCIETIES	726,000
TOTAL FUNDING REQUIREMENTS	8,000,000

Contact information

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

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For IFRC Resource Mobilization and Pledges support

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Reference documents

Click here for: [Appeals and updates](#)

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 Organisations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate, and always promote 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.

Jagan Chapagain

Secretary General