KENYA: DROUGHT

appeal no: 05/97
27 February 1997

THIS APPEAL SEEKS CHF 6,185,000
IN CASH, KIND AND SERVICES
TO ASSIST 100,000 BENEFICIARIES FOR 9 MONTHS

Summary

Some 60% of Kenya is affected by severe drought with North Eastern and Eastern Provinces among the hardest hit. A recent Food and Agricultural Organisation assessment indicates that 1.6 million people require relief assistance until the next harvest in September. Authoritative predictions indicate the next rainy season, which includes the "long rains" (expected in March/June) are likely to fail.

North Eastern Kenya is subjected to regular five to ten year drought cycles leading to food deficits and livestock reduction. The food security of the people in this district has been further compounded by both climatic and economic factors making it difficult for them to exchange livestock, grow, or buy their own food. The area has not fully recovered from the 1992-1994 drought, when the Kenyan Red Cross Society and the International Federation mounted a major relief operation for 500,000 people in three districts - Garissa, Mandera and Turkana.

On 28 January, the Government of Kenya officially declared a drought emergency. The President chaired a meeting of senior Government officials and donors where an official appeal for food and non-food assistance for 2.5 million people was presented.

Based on this action, and on data gathered through several assessments Kenyan Red Cross (KRCS) and the Federation are now launching an appeal to target 100,000 people in the worst-affected areas in Garissa district, placing highest emphasis on children under five, pregnant/lactating women and the chronically ill.
The Intended Operation

KRCS and the Federation are seeking immediate financial, material and human contributions to provide and distribute food to vulnerable people in the Central division of Garissa, in 14 bullas surrounding Garissa town and to Modogashe. KRCS/Federation data collected in Central Garissa show a high prevalence of malnutrition - almost 30 per cent among children under five.

In this drought stricken area, Garissa District, the National Society/Federation will encourage the government to develop sustainable measures for the future as the Red Cross can only respond to the emergency phase of the disaster but not go into a long term food security programme.

Among the 100,000 to be assisted are several very high-risk groups. MSF-Spain in co-ordination with the KRCS/Federation, will provide nutritional rehabilitation in the form of supplementary feeding (dry rations), vitamins, mineral supplements and nutritional surveillance to assist approximately 20,000 children under five, 4,000 pregnant/lactating mothers and 2,000 chronically ill people. Health education for mothers and children will be integrated into the programme, carried out by the Red Cross. Severely malnourished children will be referred to the local hospital or to the MSF-Spain therapeutic feeding centre.

The Disaster

The recent FAO assessment mission showed some 1.6 million individuals in the drought areas are in immediate need of relief assistance until the harvest in September. Food aid will be required in the Northeast, Eastern, Central, Coast and Rift Valley provinces in areas where rainfall has been inadequate for two consecutive crop seasons. Many farming families have already eaten the seed set aside for next year's planting.

In January an assessment mission was conducted by UNICEF, the United Nations Department of Humanitarian Affairs (DHA), World Food Programme (WFP) and USAID, which found that the failure of three successive rains in north-eastern has lead to depletion of natural pasture. This has forced livestock owners to move east, north and south to find grazing for their animals, in turn putting pressure on water and grazing resources. The assessment confirmed the existence of serious drought conditions and estimated that 500,000 of the total population of 660,000, in Garissa, Isiolo, Wajir and Mandera districts are at risk.

The KRCS/International Federation will work in the most affected divisions of Central Garissa and Modogashe, where no other humanitarian organisations are providing targeted food distribution. The immediate problems facing the population are:

- Clear signs of malnutrition, compounded by micro-nutrient deficiencies due to food shortages. Cases of night blindness indicate a lack of vitamin A, skin diseases show low vitamin B, levels, while bleeding gums suggest vitamin C deficiencies. Anaemia is also common.
- The price of maize has doubled, while livestock prices have plummeted eight fold.
- Grazing land is not being regenerated due to low rainfall which also means temporary water catchments remain unfilled.
- Livestock is being moved to the south of the district; hence most of the areas with good pasture and water are overcrowded. Overgrazing, disease, theft of livestock and related conflicts are increasingly common.
Lack of security is a major problem, especially on the main routes during the rainy season. Presently in the area, administration police is assigned to the main centres. So in order to provide security for staff of the Red Cross and relief goods, security measures will be established with the authorities.

The Response so far

Government Action
After declaring an emergency on 28 January, the Government increased its relief food distributions from 7,500 mt and asked WFP to start food distribution in the pastoral districts of Garissa, Isiolo, Mandera, Marsabit and Wajir. While the Government is currently making emergency arrangements to import one million bags of maize, it is unlikely to be able to meet the increasing needs.

Red Cross/Red Crescent Action
Two assessments have been conducted by KRCS and the Federation. The first, at the beginning of October 1996, and the second in early December/January comprised of experts seconded to the Federation by the British, German and Netherlands Red Cross Societies KRCS supported by the Country Delegation. So far the local branch, supported by ICRC has distributed rice, beans and vegetable oil to 390 most vulnerable families in Central Garissa.

Other Agencies Action/International Response
DHA, WFP, and the Governments of USA and Norway have released emergency grants or foodstuffs. OXFAM (UK and Ireland) is active in Wajir, MSF-Spain in Central Mandera and Fino, while GTZ, UNICEF and WFP work in Marsabit. In Garissa District itself WFP, UNICEF, MSF-Spain, Mikono (Japan) Womankind, Action Nord Sud (France), Sisters of St Joseph, and Rotary Doctors (Sweden) are all active in various fields other than general food distribution.

Co-ordination
Under the overall guidance of the UN Resident Co-ordinator, WFP is responsible for co-ordinating activities in the food sector, while UNICEF co-ordinates water, health, and livestock interventions. UNDP and DHA jointly co-ordinate support for community groups, for relief transport and evaluations of emergency operations. The Federation/KRCS and MSF-Spain have co-ordinated their nutritional assessments and exchanged findings and data. Federation/KRCS are members of a National Food Security Committee co-ordinated by WFP and comprised of UN agencies, Government representatives and NGOs.

The Needs to be met

Assessment of needs
The prospects for improved food security and nutritional status without external assistance is minimal as it would mean depleting the remaining livestock and reserves are exhausted. Therefore the proposed intervention is in the form of a general food distribution until the onset of the long-rains, expected March/June and the short rains in November/December.

Based on a UN inter-agency assessment it was recommended to the Government that it should develop a master plan in order to strengthen existing government programmes in the field of land tenure, management of wet and dry season grazing patterns, strengthening of livestock marketing infrastructure, and drought preparedness and mitigation.
Immediate needs
The main needs identified include: a provision of daily food ration for 100,000 people, consisting of (per person per day) 200 grams of maize, 25g of beans and 15g of vegetable oil. Thus food requirements over the next nine months are estimated as follows:

<table>
<thead>
<tr>
<th>Commodity (mt)</th>
<th>Cereals</th>
<th>Beans</th>
<th>Oil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per month</td>
<td>675</td>
<td>75</td>
<td>37.50</td>
</tr>
<tr>
<td>Total (x 9 months)</td>
<td>6,075</td>
<td>675</td>
<td>337.50</td>
</tr>
</tbody>
</table>

All food items can be purchased in-country, except maize which has to be imported.

Vitamins A (20,000 tabs), B3 (100,000 tabs), and C (700,000 tabs); and iron supplements (630,000 tabs), two Landcruiser vehicles, and the recruitment of a Relief Administrator delegate.

Anticipated Later Needs
Depending on the rains the relief operation could scale down or expand beyond the targeted area. Close monitoring will be conducted and information provided on a regular basis after Phase I and II.

Red Cross Objectives
- To ensure that 100,000 vulnerable people in Central Garissa and Modogashe divisions have immediate access to food in order to prevent further deterioration of their nutritional status;
- To provide supplementary food assistance to 26,000 people during the three-month emergency period. These include all children under five (an estimated 20,000, or 20% of the population), pregnant and lactating women (four per cent of the population) and chronically ill persons (estimated at two per cent). This special intervention may continue for 12,000 people in the remaining six months depending on needs;
- To correct the micronutrient deficiency conditions observed in the vulnerable population (pellagra, scurvy, anaemia and night blindness) by providing supplements where needed;
- To monitor the impact of the intervention on the health and nutritional status of the targeted population through regular screening (fortnightly weighing and monthly measuring of the under five's);
- To provide health education to the beneficiaries and their carers on appropriate weaning methods, the importance of immunisation and the prevention and treatment of diarrhoea (personal hygiene, ORT). This will be done during the distribution of supplementary rations;
- To improve local branch existing facilities and infrastructure, (office, sanitary facilities, fencing, communication equipment, water system) so that it can respond more effectively and efficiently in the future during the operation and drought situations;
- The KRCS/Kenya Delegation supported by the Regional Delegation will conduct training sessions for the Red Cross Action Teams (RCATs) on disaster management, distribution and stress management;
- To involve the local branch in the actual operation thus improving its capacity to manage drought operations and to use early warning systems.

National Society/Federation Plan of Action
Emergency Phase I: February - May 1997
KRCS will manage the operation through its National Relief and Preparedness department managed by two full-time National Society Relief Officers, supported by 35 temporary staff recruited from the local branches of the Red Cross and four Federation Delegates. Head of Delegation and Finance/administration delegates based in Nairobi and Relief administrator and Health/nutritionist in Garissa Town.

To ensure that food distribution reaches the identified target group in a timely and effective manner, and taking into account security and road access, local transporters will be used within North Eastern Province. The entry point for the food will be Mombassa port (if the food is given in kind) and transported to a Red Cross warehouse in Garissa. The logistical capacities of KRCS will be supported by the Federation's Country Delegation and the Operations Support Unit of the Regional Delegation.

In co-ordination with MSF-S, supplementary feeding will be provided for 26,000 individuals -- all under five's (20,000), pregnant and lactating mothers (4,000), chronically ill individuals and those most at risk (2,000 people with TB, AIDS, cancer and elderly persons without teeth). A high energy ration will be distributed fortnightly (2kg per week per person, providing 1,029 kcal per day and 47g of protein per day) from four distribution centres. All cases requiring admission to a therapeutic feeding centre will be referred to MSF-Spain and/or the district hospital.

In order to determine the impact of food distribution and supplementary feeding, and to define whether there will be a need to extend services beyond the emergency phase, all beneficiaries will be weighed on admission to the programme and every two weeks before collection of their ration. All children will have their height measured on admission and again every month. Monthly mortality data will be collected for the under five population and a nutritional survey will be conducted at the end of the three month period.

All beneficiaries will be screened for micronutrient deficiencies and supplements will be provided as needed. Vitamin A will be provided to all children aged between six months and five years; Vitamin C and Vitamin B3 will be provided as a curative treatment to those showing signs of deficiency and iron and folic acid to all pregnant women and those showing signs of anaemia (8,400 people).

In close co-operation with the Ministry of Health, Red Cross health staff will assist in the provision of EPI coverage. All children will receive all necessary immunisations on admission to the supplementary feeding programme. Vaccines will be obtained from the Ministry using their existing cold chain facilities.

Phase II: June - October 1997
The activities to be conducted during the emergency phase will continue throughout the operation. A full nutritional survey will be carried out towards the end of the operation to assess its impact on the affected population.

The performance of the KRCS and the Federation will be assessed during the operation with an external evaluation conducted in the end of a 6 months programme.

Capacity of the National Society
The operational capacity of the National Society has been strengthened as a result of the 1992-1994 drought operation and the coastal refugee operation. KRCS has 35 Branches, 50,000 volunteers, 60 full time staff, 12 vehicles and two warehouse complexes.

**Present Capacity of the Federation Delegation in the Country**
Since 1992, the KRCS/Federation has been running the Somali refugee operation on the cost of Kenya. Currently the country delegation consists of an HOD, Finance/Administration Delegate and Health Delegate. With the planned scaling down of the coastal refugee operation in 1997 both human and material resources, such as vehicles, telecommunication and computer equipment can be transferred to the drought operation.

**Monitoring of the situation and Evaluation of the operation**
Monitoring will focus on nutritional surveillance, service delivery and evolution of the situation. Reporting on financial implementation will follow standard Federation procedures and will be facilitated by the Finance/Administration Delegate. At the end of the operation a series of workshops on lessons learned will take place and an external evaluation will be pursued.

**Immediate Action**
- Relocate the Head of Delegation from Mombasa to Nairobi in order to co-ordinate the drought response with the National Society and establish working relations with the Government, UN and other agencies.
- Set up an operational base in the Garissa Town, with the KRCS Branch, and reinforce the existing warehousing capacity at branch level.
- Identify 35 qualified staff within the NS for the operation and train the local Red Cross Action Teams in Disaster Management. (The Red Cross Action Team is a special unit of well selected, trained and devoted volunteers who can assist the Branches at short notice. A one week training course will cover dissemination of Red Cross knowledge, setting up of distribution centres, distribution techniques, First Aid, community mobilisation and sensitisation and general disaster management).
- Liaise with the Government, WFP and relevant NGOs. The KRCS/Federation will identify and become actively involved in the relief co-ordination meetings at branch level also participate in the National Food Aid Security Committee meetings at headquarters level.
- At the field level prepare logistics, define distribution points and identify supplementary feeding centre sites.

**Conclusion**
Successive assessment missions have clearly demonstrated that the situation facing Eastern and North-eastern Kenya is serious. Most precarious is the state of affairs in the Modogashe division, where no humanitarian interventions have yet been carried out in response to the current drought. The Federation and the Kenyan Red Cross Society believe that large-scale food aid is not only warranted, but essential to save the lives of 26,000 highly-at-risk persons. In all, 100,000 people will be helped to nutritional recovery and given the assistance and advice they require to survive until the next harvest. Prompt support for this appeal is vital, given the severity of the circumstances.
George Weber  
Secretary General

Margareta Wahlström  
Under-Secretary General  
Disaster Relief and  
Operations Co-ordination
NEEDS IN KIND (OR CASH)

Cereals (Maize): 6,075 MT. 2,686,000.00
Oil: 337.5 MT. 597,500.00
Pulses (Beans): 675 MT. 688,500.00

Medical Supplies: (Vitamin supplements) 43,000.00
Vehicles:
"4WD" HZJ 75 (2) 73,000.00

TOTAL NEEDS IN KIND (OR CASH) 4,088,000.00

NEEDS IN CASH

Capital equipment 85,000.00
Transport, storage & vehicle costs 1,362,000.00
Personnel (delegates) 198,000.00
Personnel (local staff) 147,000.00
Travel & communications 42,000.00
Information 5,000.00
Administrative, office & general expenses including evaluation and monitoring 58,000.00

Secretariat operational support 200,000.00

TOTAL NEEDS IN CASH 2,097,000.00

TOTAL APPEAL CASH & KIND 6,185,000.00

LESS CASH ON HAND 0.00

NET REQUEST CASH & KIND 6,185,000.00

Note: all items, except maize, can be purchased locally