

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Kenya: Drought

DREF operation n° MDRKE006

GLIDE No: OT-2008-000098-KEN

21 January 2009

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Summary: CHF 200,961 (USD 193,232 or EUR 124,434) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 1 July 2008 to support the Kenya Red Cross Society (KRCS) in delivering emergency food assistance to some 87,092 beneficiaries.

A total of 926.56 metric tonnes of relief food was distributed to 123,314 beneficiaries in the drought stricken districts of Baringo and East Pokot in the Rift Valley Province. A mobile health clinic also attended to 906 patients, while 534 children under the age of 5 years were screened for malnutrition.

This operation was conducted in collaboration with the Kenyan Government Ministry of Water, Arid Lands Resource Management Project (ALRMP) and World Vision.



Kenya Red Cross Public Health Officer conducting a medical examination on a child.

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The situation

The northwestern pastoral areas of Kenya faced an acute food and livelihood crisis due to a combination of livestock diseases, below normal rainfall and ethnic conflict. The Districts of Baringo and East Pokot were particularly hit hard by drought and were in need of emergency food assistance. Assessments conducted by the KRCS identified 87,092 persons as facing starvation. The impact of malnutrition, in addition to other health issues such as respiratory diseases, malaria and skin diseases, also presented a need for emergency health care.

Coordination and partnerships

Arid Lands Resource Management Programme was involved in mitigating the effects of drought by undertaking the following measures: Construction of tank and installation of a pump for Kolowa water project; construction of roof rain harvesting tank for Kamurio primary school; excavation of Kapsipeiwa water pan in Kipsaraman division and Cheporuswo water pan in Marigat division; laying pipes and tank construction for Karimadow borehole in Churo division; solar fencing of farms in Lemuye community in East Pokot; water harvesting and irrigation in Chesirimion, Mondri division; laying pipes for Tangelbei borehole in collaboration with the Ministry of Water; conducting soil conservation measures in Seretion community and equipping of Kapturo dispensary in Bartabwa division.

World Vision undertook a water project in Ewalel Soi Location that included extension of water supply line and construction of communal masonry tanks as the area had no access to piped water

Red Cross and Red Crescent action

After completing an initial detailed assessment of the drought situation and the impact on the districts, the KRCS initiated a relief response consisting of emergency food distribution and health care. KRCS successfully mobilized and transported relief supplies and engaged local volunteers in the two affected districts. Distribution sites were set up in various villages in order to reach targeted beneficiaries and ultimately reached an additional 35,000 beneficiaries. A mobile clinic travelled through the districts setting up in four villages and providing desperately needed medical attention. Children were screened for malnutrition and provided with appropriate medical attention such as vitamin A supplements and corn soy blend (CSB).

Progress towards objectives

Relief distributions (food and basic non-food items)

Objective 1: Provide emergency assistance to 87,092 people (14,515 families) affected by drought in West Pokot and Baringo Districts.

Activities planned

- One-off distribution of relief food (cereals, pulses, vegetable oil and unimix).

Achievements

In Baringo District, Kenya Red Cross Society distributed 442.58MT of relief food, which included cereals, pulses, vegetable oil and unimix. The food was distributed to a population of 58,993 people during the operation.

In East Pokot District, Kenya Red Cross Society distributed 483.98MT of relief food which included cereals, pulses, vegetable oil and unimix. This was distributed to a population of 64,321 people during the operation.

Objective 2: To contribute to the reduction of mortality and morbidity related to communicable diseases.

Activities planned

- Support the implementation of medical outreach in areas with poor access to health facilities, which will include treatment of common ailments, immunization, supplementation and deworming.

Achievements

Chesirimion (Mondi Division) - A mobile clinic was held at Chesirimion Primary School on 2 August 2008. The total number of patients attended to were 137 and no referrals were made. The disease morbidity for the top four diseases were as follows: respiratory diseases (38.7 percent), malaria (13.4 percent), skin diseases (11.3 percent) and rheumatism and/or joint pains (7.7 percent).

In nutrition care, a total of 70 children under 5 years were screened (**see table 1 below**).

Table 1: Number of children under 5 years in Chesirimion screened for nutrition care

Nutritional status	Number of Cases	Percentage
Severely malnourished	6	8.5
Moderately malnourished	19	27.1
At risk and/or mild malnutrition	28	40
Normal nutrition status	17	24.2

The severe and moderately malnourished persons were issued with corn soy blend and vitamin A supplement. Tracing was done to determine whether their families were registered for food rations under the relief programme and those not registered were immediately registered.

Children at risk of malnutrition and those with normal nutrition status were issued lower CSB rations. All children who attended the clinic were issued with Albendazole for deworming. Pregnant and lactating mothers were also screened.

Nangarua village (Churo Division) - A mobile clinic was held at Nangarua Primary School on 4 August 2008. A total of 167 patients were attended to and no referrals were made. The disease morbidity for the top four diseases was as follows: respiratory diseases (33 percent), rheumatism and/or joint pains (13.2 percent), pneumonia (6.9 percent) and malaria (5.7 percent).

In nutrition care, a total of 86 children under 5 years were screened (**see table 2 below**).

Table 2: Number of children under 5 years in Nangarua village screened for nutrition care

Nutritional status	Number of cases	Percentage
Severely malnourished	3	3.5
Moderately malnourished	22	25.5
At risk and/or mild malnutrition	31	36.1
Normal nutrition status	30	34.9

A total of 96 children were issued with vitamin A supplement and 150 children dewormed.



A pharmacy staff dispensing drug

Plesian village (Churo Division) - A mobile clinic was held at Plesian Primary School on 5 August 2008. A total of 159 patients were attended to and no referrals were made that day. The disease morbidity for the top five diseases was as follows: respiratory diseases (26 percent), rheumatism and/or joint pains (18 percent), malaria (10 percent), eye infections (10 percent) and malnutrition (2 percent).

In nutrition care, a total of 209 children under 5 years were screened (**see table 3 below**).

Table 3: Number of children under 5 years in Plesian village screened for nutrition care

Nutritional status	Number of cases	Percentage
Severely malnourished	17	8.1
Moderately malnourished	50	23.9
At risk and/or mild malnutrition	75	35.9
Normal nutrition status	67	32.1

A total of 169 children were issued with vitamin A supplement and 240 children dewormed.

Natan Village (Mondi Division) - A mobile clinic was held at Natan centre on 7 August 2008. A total of 443 patients were attended to and two referrals were made on that day. The disease morbidity for the top four diseases was as follows: respiratory diseases (37.6 percent), malaria (14.7 percent), eye infection (8.1 percent) and rheumatism and/or joint pains (6.6 percent).

In nutrition care, a total of 169 children under 5 years were screened (**see table 4 below**).

Table 4: Number of children under 5 years in Natan village screened for nutrition care

Nutritional status	Number of cases	Percentage
Severely malnourished	30	17.8
Moderately malnourished	51	30.2
At risk and/or mild malnutrition	45	26.6
Normal nutrition status	43	25.4

A total of 180 children were issued with vitamin A supplement and 350 children dewormed. At least 71 mosquito nets were distributed to pregnant and lactating mothers.

Challenges

The challenges identified during the course of this project included: Inadequate nutritional supplements such as CSB and energy biscuits to improve the nutritional status of malnourished children; inadequate staff to cope with the large number of patients attending clinic for medical services; rough terrain and lack of bridges made some areas inaccessible for mobile clinics; language barrier called for constant translation thus slowing down the activities; breakdown and late arrival of trucks due to poor inaccessible road network; loss of food as a result of spillages and lack of storage facilities in the community; poor communication network interfered with coordination of the operation; interference from community leaders and politicians during food distribution and late arrival of beneficiaries at distribution points due to vast distances of trekking.

Conclusion

There is need to strengthen KRCS presence in Baringo through additional volunteer recruitment, this will facilitate interventions targeting the vulnerable members. KRCS need to enhance preparedness measures through early pre-positioning of relief food and other items in the region. There is a need to strength communication system through installation of radios in all vehicles as well as improving road networks. There is also a need to initiate risk reduction, long term recovery and livelihood programmes in the area to reduce their levels of vulnerability.

How we work	
<p><i>All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</i></p>	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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International Federation of Red Cross and Red Crescent Societies

MDRKE006 - Barindo & East Pokot Drought

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/6-2008/11
Budget Timeframe	2008/6-2008/11
Appeal	MDRKE006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	200,961					200,961
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
Voluntary Income	200,961					200,961
C5. Other Income	200,961					200,961
C. Total Income = SUM(C1..C5)	200,961					200,961
D. Total Funding = B + C	200,961					200,961
Appeal Coverage	100%					100%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	200,961					200,961
E. Expenditure	-200,962					-200,962
F. Closing Balance = (B + C + E)	-1					-1

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	200,961					200,961		
Supplies								
Food	132,554						132,554	
Total Supplies	132,554						132,554	
Transport & Storage								
Transport & Vehicle Costs	41,512						41,512	
Total Transport & Storage	41,512						41,512	
Personnel								
National Society Staff	13,833						13,833	
Total Personnel	13,833						13,833	
Contributions & Transfers								
Cash Transfers National Societies		187,899				187,899	-187,899	
Total Contributions & Transfers		187,899				187,899	-187,899	
Programme Support								
Program Support	13,062	13,063				13,063	-0	
Total Programme Support	13,062	13,063				13,063	-0	
TOTAL EXPENDITURE (D)	200,961	200,962				200,962	-0	
VARIANCE (C - D)		-0				-0		