



BRIGHT CONSORTIUM EMERGENCY APPEAL FOR DROUGHT RESPONSE

Title	Drought Emergency Response Appeal	
<i>Responding Organizations</i>	BRIGHT Consortium Partners (ACTED, Action Against Hunger (AAH), Welt Hunger Hilfe, Vétérinaires Sans Frontières –Germany)	
<i>Total Proposed Budget</i>	USD 5 million	
<i>Proposed counties of Interventions &</i>	Turkana, Mandera, Marsabit, Tana River, Samburu, Garissa, West and East Pokot (Baringo county) and Isiolo.	
<i>Target</i>	355,981 people (almost 30% of 1,213,161 people in need in 9 target counties)	
<i>Timeframe of proposed Response</i>	Start: March 2017	End: August 2017
<i>Appeal Launched</i>	20 February 2017	
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A. SITUATION OVERVIEW

Kenya is facing a devastating drought with approximately 2.6 million people in need of immediate humanitarian assistance, an increase from 1.3 million in August 2016. According to the latest Short Rains Assessment findings, significant number of these population, 1,213,161 people, lives in counties where BRIGHT consortium is present, specifically: Turkana (276,193 in need), Mandera (202, 271), Marsabit (139,653), Tana River (134, 112), Samburu (123,721), Garissa (123,352), West Pokot (96,995), East Pokot (33,741) and Isiolo (83,923)¹. As a result, on 10th February 2017 the government declared the ongoing drought affecting 23 ASAL counties and pockets of other areas as a national disaster. The National government has also sent out an appeal to local and international partners to support its efforts to mitigate the effects by upscaling drought responses. In addition the forecast by the Kenya Meteorological Department of March-April-May (MAM) Long Rains shows depressed rains in most part of the country. This will continue to erode the ability of the poor households who are already in crisis levels of food insecurity to meet their basic needs, especially in counties that are currently in IPC 3 (crisis), leading to negative coping strategies (i.e. increased sale of charcoal, reduction in number of meals per day)

The drought situation has led to increased malnutrition among children, pregnant and lactating women notably in Turkana North, Isiolo, Mandera and Marsabit Counties². Turkana North, North Horr in Marsabit and Mandera counties reported very critical nutrition situation, with GAM rates of 30.7%, 31.5% and 32.2% respectively, well above the emergency thresholds (phase 5; Global Acute Malnutrition \geq 30 percent). The situation is expected to deteriorate in the event of a prolonged dry season. It was also noted during the SRA that West Pokot, Marsabit, Mandera and Turkana Counties were the most deteriorated from the last LRA, this means they were the hardest hit counties

¹ Short Rains Assessment report, KFSSG 2017.

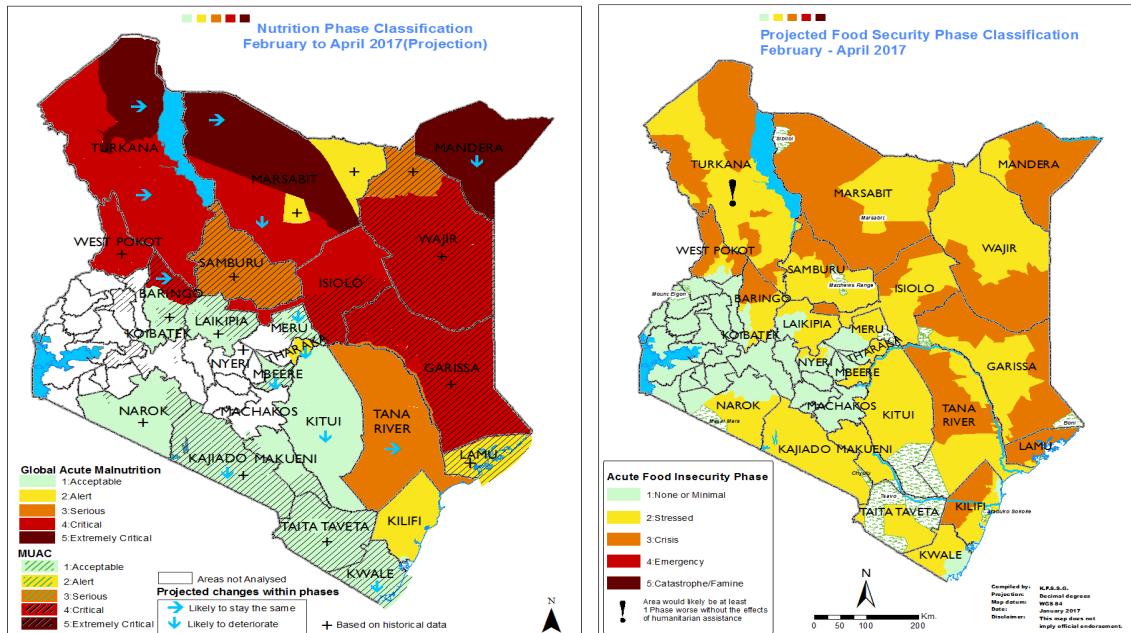
² Kenya Nutrition Situation Overview, February 2017

The high GAM rates have been associated with several causal factors including inadequate food intake, poor vitamin A coverage, below average routine immunizations (lowest in Mandera 26.5%), poor hygiene and Sanitation practices, low latrine coverage and limited access to safe drinking water leading to increased diarrhea incidence at the household level.

Food insecurity is further intensified by the worrying trend of increasing food prices. According to FAO's latest Food Price Monitoring and Analysis Bulletin³, the price of maize in the country has increased by around 30 per cent. With already diminished purchasing power, vulnerable households will have limited access to much needed food. The ongoing drought is also taking a toll on the livestock sector with livestock death already recorded in a number of ASAL counties such as Garissa, West Pokot, Samburu and Marsabit leading to loss of critical livelihood assets. Poor livestock body conditions, as a result of severe pasture and browse conditions in most ASAL counties, has meant diminished livestock prices that has further undermined much needed household income. Traders are wary of transporting weak animals to terminal markets to avoid risking losses due to deaths during transportation.⁴ Decreased livestock productivity has also resulted in reduced milk production and household milk consumption that will in turn also negatively impact on household food and nutrition security.

Additionally, most drought-affected counties are currently facing acute water shortages as well as exacerbated pressure on the few functioning strategic water sources. In Samburu, Isiolo, Turkana and Mandera, breakdown of water pumps and ebbing of strategic water boreholes due to overuse and declining water table has been reported. There are also growing fears of outbreak of waterborne diseases such as AWD, and cholera in light of declining access to safe drinking water especially in institutions such as schools and health facilities with concentration of people.

Nutrition and IPC Phase Classification February to April 2017 (Projection)



³ <https://www.standardmedia.co.ke/business/article/2001229558/un-alarmed-by-kenya-s-abnormal-maize-prices>

⁴ National Drought Early Warning Bulletin, National Drought Management Authority, Kenya, January 2017



B. RESPONSE STRATEGY

While there are ongoing efforts by national and county governments, as well as the National Drought Management Authority (NDMA) to address these needs, the scope and scale of the responses are disproportionate to the needs. The proposed interventions are well aligned to the national and county drought response strategies. At county level, consortium partners regularly participate in County Steering Group (CSG) meetings to discuss the humanitarian situation and current interventions in the county, and to identify and prioritize the needs which are not covered and also to harmonize approaches with key stakeholders. At national level, the consortium participates in key sector meetings (i.e. Wescoord, Food Assistance and Nutrition).

BRIGHT Consortium proposes a series of life-saving multi-sectorial interventions to provide immediate assistance to the most affected populations in 9 prioritized counties in Northern Kenya.

B.1 Goal of the proposed Responses

The overall goal of the programme is to **save lives and protect critical livelihood assets of drought-affected agro-pastoral and pastoralist households.**

B.2 Target Population

Approximately 1,180,220 of the 2.6 million people in crisis are located in 9 counties where BRIGHT consortium is operational. The consortium aims to target approximately 355,981 vulnerable men, women and children with multi-sectorial interventions as disaggregated per county in the table below. The selected beneficiaries will receive one or several type of assistance (WASH, Food, Livestock or Cash) depending on the identified needs, their level of vulnerability and the actions already being implemented by other partners on the ground. During the process of beneficiaries targeting, all consortium partners will make sure to coordinate closely with the national and county government, other NGOs and development partners in order to avoid an overlap with already ongoing activities and thereby increase the impact of the proposed action. The partners will base their beneficiary selection on a pre-established list of vulnerability criteria.

B.3 Proposed Responses and Approaches

B.3.1 Immediate Support to Increase Access to Basic Food and Non-food Needs

Response: *The consortium will provide emergency support to 10,000 vulnerable households for immediate access to basic needs through cash transfers.*

Approach

Partners will use unconditional cash transfers to address critical food insecurity levels as well as other basic needs currently faced by drought-affected vulnerable households. Cash has proven to be an effective tool in supporting affected populations to not only meet their basic needs but also useful in restoring critical livelihood assets and resume economic activity. Despite ongoing efforts by key actors such as WFP, National Government (National Social Safety Net Programs) and Kenya Red cross, gaps remain in reaching people in need of food assistance⁵. The proposed intervention will aim to address these gaps in a coordinated manner to complement ongoing interventions. For instance, in HSNP targeted Counties (Mandera, Marsabit and Turkana), to avoid overlaps target beneficiaries will be drawn from the HSNP single registry beneficiary database and consortium beneficiary lists will be shared with

⁵ As assessed by the Food Assistance Sector



WFP and other key actors to avoid duplications. Additionally, targeted beneficiaries will receive Ksh 2,700 (equivalent to approximately USD26) per month which is aligned to the value of HSNP cash transfers⁶. The methodology of the cash transfer will be determined by the speed, appropriateness and preference of the target beneficiaries (i.e. whether to transfer cash through the existing HSNP beneficiary smart cards or through mobile transfers).

In non-HSNP counties⁷, community-based targeting will be used to identify the most vulnerable households. The consortium will work with existing community committees (i.e. Community Disaster Management Committees) to select beneficiaries for inclusion in the project. Vulnerability criteria will be used to select households. Households will meet at least one of the following vulnerability criteria:

- People not benefiting from WFP and HSNP (male or female);
- Households with malnourished children under 5 referred to health centres (linking with Nutrition interventions);
- Nutritionally vulnerable pregnant and lactating mothers;
- Widows, with no work and with small children;
- Men and women with disabilities and unable to work;
- Elderly (male or female).

Cash will be distributed to beneficiaries through Mpesa transfers and that will require that beneficiaries have both a sim card and identification card (and where beneficiaries have no IDs a proxy system will be employed). Payments is be made directly from the money vendor (contracted by the consortium) to the beneficiaries. To align with National Government Safety Net programs, the Consortium will provide a cash value of Ksh 2.700 per beneficiary per month (equivalent to approximately USD26)⁸. Post-distribution monitoring will be done to access the process and outcome indicators and allow for adjustments in the program as needed. Additionally, the consortium Accountability officer based at Nairobi level will conduct a random spot check with targeted beneficiaries.

Targets:

- Number of Households assisted through unconditional cash transfers, by sex (target: 10 000 HH)

B.3. 2 Access to safe drinking water

Response: *The consortium will provide immediate water trucking along with sustainable solutions by rehabilitating 10 strategic water supply infrastructure to provide reliable and sustained access to safe drinking water for affected populations.*

Approach

The consortium partners will first deliver emergency water trucking and implement this activity in key buildings such as schools or centers that are not targeted by county authorities. Complementing this emergency approach and leading the path towards sustainability, 10 Boreholes will then be identified and rehabilitated in collaboration with key stakeholders among them the county Department of Water. The rehabilitation will include among others: replacement of existing water pumping systems to solar power; repairs of identified borehole breakdowns items; provision of fast moving spare parts; and provision / repair of borehole water storage tanks. For strategic boreholes that are serving animals but do not have functional water troughs, the consortium will consider rehabilitating or constructing them to ensure livestock has also access to water. The strategic boreholes are currently under stress due to prolonged water pumping durations, and to ensure that these boreholes continuously meet water needs of the communities, it is proposed that fast moving spare parts are provided. All the equipment and materials required for rehabilitation of

⁶ In light of the current inflation, the consortium will also conduct a market survey in targeted areas prior to response to determine the price of key commodities and adjust the value to the cash accordingly, and in close consultation with members of the food sector (WFP, NDMA/HSNP, Kenya Red Cross)

^{7 7} Isiolo, Garissa, Tana River, Samburu, West Pokot

⁸ Value to be modified following market assessment and consultations with Food Assistance Sector.



boreholes are typical found in Kenya and are readily available. To speed up implementation, materials supply and installations will involve a well-established private service provider – Davis & Shirliff (<http://www.dayliff.com/>) that has operated in Kenya since 1946. The private service provider is a global leader in innovative water solutions. More so where possible Davis & Shirliff will remotely monitor the water points 24 hours a day 7 days a week. This will provide additional support to the water managers in flagging any operation and maintenance issues. Water testing for human consumption will be done by BRIGHT team with technical support and in collaboration with the County Water Departments. To ensure sustainability of interventions, existing water management committees will be provided refresher trainings and where none exists the consortium, with the support of the community and county government, will be identified.

There is a major correlation between communal and household sanitation and hygiene practices and nutrition outcomes and hence the need to integrate the two. The hygiene promotion activities will aim at changing attitudes and behavior while building on local knowledge to prevent water, hygiene and sanitation related diseases. This activity will utilize known and tested promotion approaches including PHAST, CHAST where applicable. It will be carried out in sites where other activities are ongoing, at school institutions and health clinics. Hygiene promotion activities will be extended in schools and the empowerment of children as they will act as agents of change within their families and communities. The promotion will include activities on appropriate hand washing, Effective water treatment, safe water storage, safe disposal of faeces, solid waste management, control of pests at households and institutions. Hygiene messages will be disseminated in community barazza, street theaters, digital media and other locally available and acceptable communication channels. This intervention will prioritize the most at risk households (e.g with under 5yrs children), who will be provided with NFI hygiene kit comprised of e.g water treatment tablets (Aqua tab/PUR etc), water filter, water storage jerry cans, soap etc. Handwashing facilities will be provided at health clinics and schools and communities will be trained on construction of tippy tap handwashing facilities using locally available materials. Households with malnourished children will also be prioritized for hygiene promotion and distribution of Hygiene kits.

Targets

- Number of hygiene sessions conducted
- Number of water infrastructures rehabilitated/constructed (target: 10)
- Number of households directly benefitting from the water supply infrastructure program (target: 20,000 HH approximately 140,000 people)

B.3. 3 Reducing morbidity and mortality associated with acute malnutrition

Response: *The consortium will increase the number of children enrolled in treatment centers to reduce mortality and morbidity associated with malnutrition.*

Approach

In collaboration with county government and other humanitarian actors in the focus counties, the consortium will conduct targeted screening in the pockets confirmed to be hot spots where many caseloads of malnutrition are identified. Active and adaptive case finding will be enhanced to increase detection, classification and referral of the cases for treatment. Community Health Volunteers (involving men and women) will be engaged to conduct defaulter tracing at community level. The action will target to screen 36,000 children in the 9 target counties.

The consortium will also work closely with UNICEF and WFP to strengthen the capacity of county Ministry of Health (MOH) in quantification and forecasting based on the worsening nutrition situation and thereafter support in the redistribution to health facilities and outreach sites. This will avoid any stock outs for RUTF and RUSF resulting from inadequate or late ordering by the health facilities during the response period. The consortium will continue in monitoring the IMAM surge approach across the targeted health facilities that have either rolled-out Surge or are preparing to start the roll out to ensure that whenever set thresholds are surpassed necessary support outlined in the



package of actions is available on time. The action will enhance skills and competencies of 50 health facilities in-charges the high MAM/SAM caseloads admissions.

The consortium will engage the MOH to map out hard to reach areas that are not covered by other actors to support integrated bi-monthly outreaches. The activities within the outreach sites will include; screening for and treatment of malnutrition among children under 5 years, pregnant and lactating women. Other services offered in the integrated outreach includes medical services such as treatment of minor illness, immunization, ANC clinic for pregnant mothers and health education targeting key issues of concern including maternal infant young child practices, hygiene and sanitation, dietary diversity among others. The response action will treat 10,800 malnourished children in the target counties.

Priority interventions to protect and support the nutritional needs of both breastfed and non-breastfed infants and young children will also be implemented to minimize the risks of artificial feeding and enabling appropriate and safe complementary feeding. These may include ensuring IYCF issues are integrated/assessed in the initial assessments (KIRA) and systematically evaluated throughout the emergency phases; monitoring of Code/BMS Act violations (use of Breastmilk substitutes, use of bottles and teats; information by infant formula industries to mothers, health workers, general public and interaction of infant formula salespersons with health workers); sensitizing managers and health workers to adhere to Code/BMS Act/policies/guidelines/legislations. Activities will focus on mothers and caregivers of the malnourished children.

Targets

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- Number of malnourished children screened and referred (target: 36,000)
- Number of health facilities benefitting from support (target: 50) Number of malnourished children treated (target: 10,800)
- Number of mothers and caregivers benefitting from protection and support (target: 10,800)

B.3. 4 Animal Health and protection of critical livelihood assets amongst drought-affected households

Response: *The consortium will support vulnerable households in reducing losses of livelihood assets and subsequently support household food security and nutrition*

Approach

Partners will support households through slaughter de-stocking. Pastoralist households will be engaged in undertaking slaughter destocking of the weak livestock so that the carcasses passed as fit for human consumption can be distributed to vulnerable households for consumption. This will save livestock owners from the impending losses, reduce pressure on pasture and water resources and improve nutrition to most vulnerable households. The project proposes to destock sheep and goats which are worse hit by drought, targeting approximately 5 shoats per household. This activity will take place where the key actors (Government, Red Cross or the NDMA) are not conducting off take activities to ensure complementarity and increase coverage. Additionally, the consortium will also provide animal feeds and feed supplements to core breeding stock in order to protect critical livelihood assets. Given the poor nutritive value of forage and pastures or its unavailability there is need to supply feeds supplementation in the form of hay and some concentrate blocks to stocks left at the households which also act as the breeding stock to ensure retained reproduction past the drought period. Feeds and supplements provision for household herds would also ensure survivability of herds and also continued milk production for household use. Acknowledging that women are often left behind during drought, the intervention will also prioritize female-headed households. Where appropriate, the consortium will explore market-based interventions to respond (i.e. providing vouchers to vulnerable households to access animal feed produced by local farmers).



Targets

- Number of livestock slaughter destocked (target: TBD)
- Number of livestock protected through provision of feeds (Target: 25,000)
- Number of people benefiting from livestock support activities (Target: 5,000)

C. BRIGHT CONSORTIUM GEOGRAPHICAL COVERAGE

	Food Sec/Cash	WASH	Nutrition	Livestock	Information Management
Technical Lead	ACTED	WHH	ACF	VSF-G	REACH⁹
Isiolo	ACF	ACF	ACF	ACF	
Mandera	ACTED	ACTED	ACF	ACTED	
Marsabit	VSF-G	VSF-G	Other actors	VSF-G	
Samburu	ACTED	ACTED	ACF	ACTED	
Tana River	WHH	WHH and ACF	WHH	WHH	
Turkana	VSF-G	VSF-G	Other actors	VSF-G	
West Pokot	ACTED	ACF	ACF	ACTED	
East Pokot	ACTED	ACTED	Other partners	Other partners	
Garissa	WHH	WHH	WHH	WHH	

D. LINKAGES WITH BRIGHT RESILIENCE PROGRAMME AND OTHER ACTORS

With a collective presence of over 15 years in transformative humanitarian and development programming, the BRIGHT consortium has positioned itself as one of the main actors in disaster risk management, emergency response and resilience building in Kenya, implementing multi-sectoral programs. The consortium, with funding from ECHO, was at the forefront in providing emergency response in Kenya during the 2011 Horn of Africa drought.

In light of this, the proposed interventions will both build on the partners resilience activities as well as implemented within the consortium ongoing Resilience Programming in the same areas. Under its Resilience Strategy, the Consortium has a series of Strategic Objectives, namely: 1) *Strengthen gender-responsive Early Warning Systems to support communities and institutions to anticipate and prepare for shocks* ; 2) *Enhance timely, coordinated and quality Early Actions for food and nutrition insecure households*; 3) *Strengthen adaptive capacities of communities and institutions to be resilient to shocks*; 4) *Enhanced community cohesion through conflict prevention and mitigation and*; 5) *Enhance knowledge management on best practices in resilience building*.

In addition, the proposed interventions will be implemented in close collaboration with other actors operating in the target counties based on mutual complementarity especially where they are gaps that requires a joint long-term effort of all other stakeholders. To promote sustainability, the interventions will engage targeted communities and county government technical departments in the design, implementation and monitoring of the response actions to ensure they equitably meet the needs of women, girls, men and boys across all ages and diversities.

⁹ The REACH initiative is a joint initiative created by ACTED and IMPACT, specialized in information management and could be deployed to support the above mentioned activities, in areas such as evaluation of response outcomes and best practices. For more information please refer to <http://www.reach-initiative.org/>.



E. CONFLICT SENSITIVE APPROACH IN THE RESPONSE

Acknowledging that emergency response can cause or aggravate tensions and conflicts and compromise the realization of the objectives of humanitarian action, the consortium will integrate the principles of conflict sensitivity in its emergency responses and practices. The consortium partners will employ conflict-sensitive practice and also mainstream conflict sensitivity in the responses which often does not require any major extra investment. Through this, it hopes to mitigate conflict risks arising from the response as well as enhance accountability, strengthen programme quality and increase the overall effectiveness of aid interventions.

F. INDICATIVE BUDGET

Budget line	Outcome 1 - CASH	Outcome 2 - WASH	Outcome 3 - NUTRITION	Outcome 4 - LIVESTOCK	TOTAL (USD)
Human Resources	237,543.75	183,468.75	139,050.00	135,187.50	695,250
Travel and Transportation	31,672.50	24,462.50	18,540.00	18,025.00	92,700
Programme Supplies	1,029,356.25	795,031.25	602,550.00	585,812.50	3,012,750
Other Direct Costs	158,362.50	122,312.50	92,700.00	90,125.00	463,500
Implementing partners¹⁰	126,690.00	97,850.00	74,160.00	72,100.00	370,800
TOTAL Direct Costs	1,583,625.00	1,223,125.00	927,000.00	901,250.00	463,500
Indirect Costs	124,708.33	96,319.44	73,000.00	70,972.22	365,000
TOTAL	1,708,333	1,319,444	1,000,000	972,222	5,000,000

¹⁰ To be confirmed or removed at proposal stage