

KENYA

RTE mission

02/10 to 13/10/2006

Final report

13/12/2006)

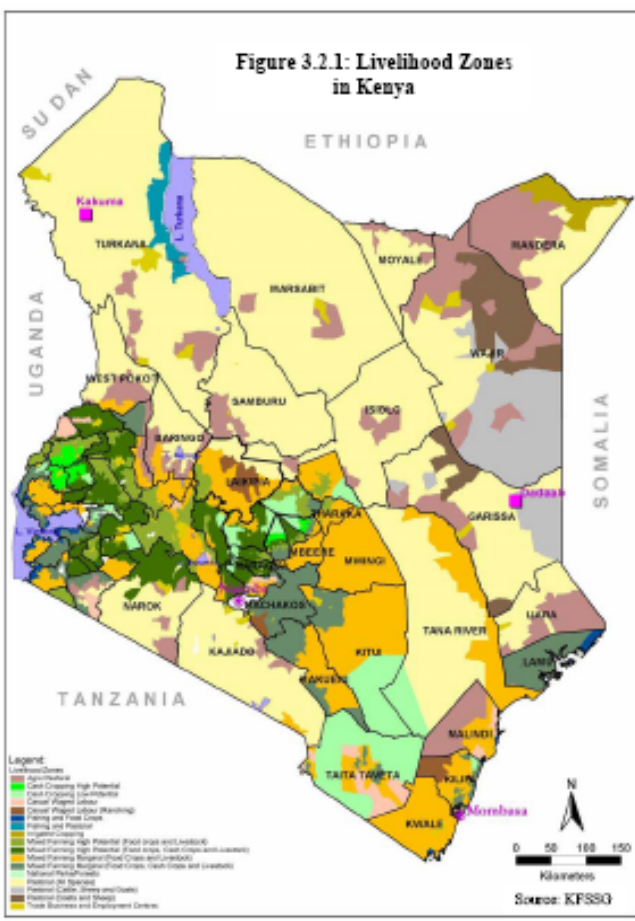
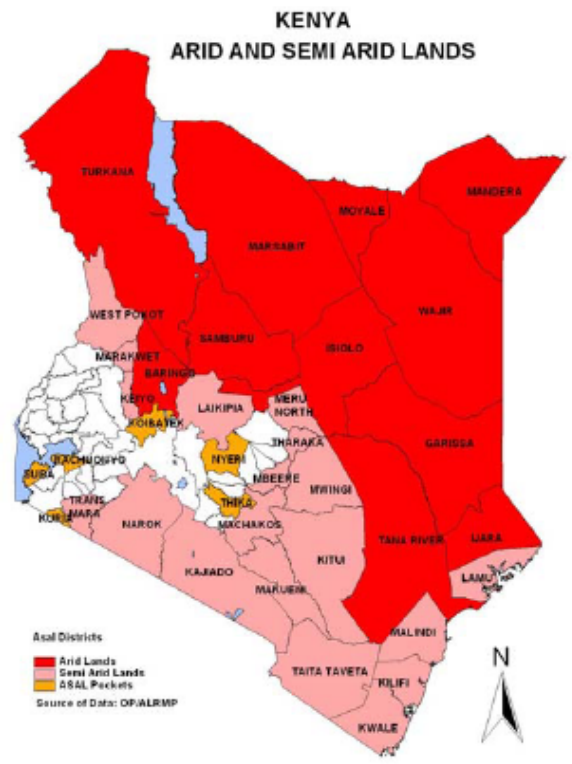
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The RTE team would like to thank all those who made this mission possible. The officials from various levels of the Kenyan administration, especially the Office of the President, ALRMP, and the Ministries of Agriculture, Livestock, Health and Water as well as those serving in the Mandera and Marsabit district administrations and members of the DSGs have been extremely committed in meeting us.

Staff from OCHA and UNICEF spared no time to ensure that our mission could proceed smoothly. All the UN, Red Cross and NGO colleagues who made time available to us despite their very heavy workload brought to us their wealth of experience.

The Kenyans encountered during field visits responded with patience to yet another visiting mission. They should also find here expression of our gratitude.

Maps of Kenya



List of acronyms

ALRMP	:	Arid Lands Resource Management Project (ALRMP)
ALSWG	:	Agriculture & Livestock Sector Working Group
ASAL	:	Arid and Semi-Arid Lands
CAHW	:	Community Animal Health Worker
CAP	:	Consolidated Appeal Process
CBTD	:	Community Based Targeting
CDF	:	Constituency Development Fund
CERF	:	Central Emergency Relief Fund
CHAP	:	Common Humanitarian Aid programming
CTC	:	Community Therapeutic Care
CSB	:	Corn Soya Blend
DSG	:	District Steering Group
DG ECHO	:	General Directorate for European Commission Humanitarian Aid
EC	:	European Commission
EDP	:	Extended Delivery Point (WFP)
EMOP	:	Emergency Operation (WFP)
EWS	:	Early Warning System
FAO	:	Food and Agriculture Organisation of the UN
FDP	:	Final Delivery Point (WFP)
FEWSNET	:	Famine Early Warning system Network
GAM	:	Global Acute Malnutrition
GFD	:	General Food Distribution
GoK	:	Government of Kenya
HC	:	Humanitarian Coordinator
HEA	:	Household Economy Approach
HRF	:	Humanitarian Response Fund
HRR	:	Humanitarian Response Reform
IASC	:	Interagency Standing Committee for Humanitarian Aid
ICRC	:	International Committee of the Red Cross
IFRC	:	International Federation of Red Cross and Red Crescent Societies
IGAD	:	Inter-Governmental Authority on Development
KFSM	:	Kenya Food Security Meeting
KFSSG	:	Kenya Food Security Steering Group
KRCS	:	Kenya Red Cross Society
LEWS	:	Livestock Early Warning System
MoA	:	Ministry of Agriculture
MoLFD	:	Ministry of Livestock & Fisheries Development
MSF	:	Médecins Sans Frontières
NCPB	:	National Cereals & Produce Board
NDMP	:	National Disaster Management Policy
NDVI	:	Normal Deviation Vegetative Index
NGO	:	Non Governmental Organisation
OCHA	:	Office for Coordination of Humanitarian Assistance
OOP	:	Office of the President (GoK)
OTP	:	Outpatient Therapeutic Programme
OVC	:	Orphans & Vulnerable Children
PDM	:	Post Distribution Monitoring
RACIDA	:	Rural Agency for Community Integrated Development Assistance
RTE	:	Real Time Evaluation
RTI	:	Respiratory Tract Infection
SFP	:	Supplementary Feeding Programme
TFC	:	Therapeutic Feeding Centre
TFP	:	Therapeutic Feeding Programme
UNCT	:	United Nations Country Team
UNICEF	:	UN Fund for Children
UNIFEM	:	UN Development Fund for Women
UNFPA	:	UN Fund for Population Activities
VAM	:	Vulnerability Assessment Mapping
WFP	:	World Food Programme of the United Nations
WHO	:	World Health Organisation of the United Nations

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EXECUTIVE SUMMARY

i. INTRODUCTION

The Real Time Evaluation (RTE) of the humanitarian response in the Horn¹ offers a mechanism for system-wide lessons learning on the humanitarian response in the context of the 2005-2006 drought with a rapid and concrete feed back on the ongoing operations.

- *The timeliness, adequacy and effectiveness of the emergency response in 2006.*
- *The performance of the emergency preparedness including early warning systems in alerting and preparing the government and the international community to better respond and mitigate the impact of the drought.*
- *Effectiveness of resource mobilization activities, including the newly established CERF.*
- *Resource mobilization during the first half of 2006 with particular emphasis on the role of the Central Emergency Relief Fund (CERF) and resource mobilization strategies.*
- *Effectiveness of the coordination within the government structure and the humanitarian actors.*
- *Links between the emergency response and the broader requirements to address vulnerability reduction and resilience strengthening in the drought prone areas of Kenya.*

The mission reviewed the large literature on drought in Kenya; interviewed key stakeholders in the Government (especially ASAL and line ministries), UN agencies, NGO and donors, visited Mandera and Marsabit districts and had extensive debriefing with the Government, UN agencies, NGO and donors.

ii. BACKGROUND

The arid and semi-arid lands of Kenya, which constitute over 80% of the landmass, are extremely susceptible to drought and disasters and inhabited by highly resilient pastoral and agro-pastoral populations. An increasing population, cyclical drought and floods and political marginalisation of the areas has led to environmental degradation and deteriorating levels of poverty. Now over 60% of pastoralists live below the poverty line. Any additional hazard brings the inhabitants to the brink of disaster. The drought during 2005-2006 was another bad year in a series of serious dry spells, and this process is probably far from over.

The marginalisation of Kenya's dry areas in the border areas of Marsabit, Turkana and all of North Eastern Province dates back well before Independence. There is a lack of infrastructure, limited access to markets, poor coverage of government services related to health, education, agriculture and livestock, and limited livelihood opportunities. Indicators of child and maternal health and well being lag behind the rest of the country as do levels of immunisation and education. Prejudice continues to prevail that affect the health and livelihoods of women and girls. Such practices include female circumcision, forced marriage and discrimination from access to land and assets.

North-east Kenya was cited as being at the epicentre of the 2005-2006 drought. Livestock losses were reported of up to 70% in some communities contributing to mass migration of pastoralists in search of water, employment and food aid. The pressure on resources led to conflict, abnormal displacement and destitution. The increased burden of households often falls on women and girls and rates of sexual and gender-based violence are known to increase during a livelihoods crisis.

¹ a multi-agency process initiated by UNICEF and small group of UN agencies (OCHA, UNICEF, FAO, and WHO)

iii. FINDINGS AND RECOMMENDATION

A series of recommendations have been elaborated on the basis of the findings of the mission:

Findings	Recommendations
Disaster preparedness and Early Warning Systems	
Disaster preparedness mechanisms are not institutionalised; contingency planning processes are not yet in place and funded	The Government of Kenya should ensure that the National Disaster Management Policy paper, including a specific commitment for contingency planning, be soon passed in the Parliament
The Kenya Red Cross Society, and the larger Red Cross movement, have been involved in different key aspects of DPP, especially in conflict areas. The KRCS has recently invested massively in trying to boost its capacity	The Kenya Red Cross should pursue its efforts in preparedness, including national training programmes.; The Red Cross movement should support these activities.
The Kenya Food Security Meeting and the Arid Lands Resource Management Programme (ALRMP) SAL have established considerable experience in EWS.	These agencies should continue to receive required financial support.
The regional overview for the Horn was limited due to political, logistical and security factors.	A regional approach for EWS, linking with Somalia's FSAU and Ethiopia's DPPA should be pursued and supported by donors, as most droughts and floods have a regional significance.
EWS include a very limited perspective on gender perspective in data collection and analysis.	More gender disaggregated data should be collected and disseminated.
Use of nutritional data in livelihood-based EWS is mixed in effectiveness. The new sentinel site nutritional monitoring system is not always well understood in the field,	Further training in use of nutritional data for EW and programming should be provided by the GoK, UN agencies and NGOs.
Early warning signals were received late in 2005, but they did not trigger an adequate level of response in the first stage of the 2005-200 drought.	Donors should be more responsive to early warning information, advocating, if necessary, within their 'home' agencies for improved funding mechanisms.
Resource mobilisation	
Resource mobilisation from the Kenya private sector and civil society was very important in early response.	
Early warnings were not followed up by sufficient resource mobilisation to engage in mitigation interventions, despite clear recognition of the cost effectiveness for mitigation	Identify and disseminate successful examples of early mitigation interventions.
National contingency funds were useful, especially for early interventions, but they were of a limited size.	Donors should ensure proactive funding for contingency plans (to support the government and the NGO capacity to respond quickly) and early funding for mitigation activities. The Kenya Government should increase the level of contingency funds and delegate a higher proportion at the district level,
A very efficient system for food mobilisation has been created, with the Single Pipeline. Community Based Targeting varies in effectiveness.	The Single Pipeline mechanism should be maintained and the CBTP monitored to ensure that
Food remains the largest sector of humanitarian assistance in Kenya, despite high needs in other sectors	Donors should be convinced of the importance of the non food sector in this type of situation
E-CERF became available in March, relatively late in the response, and has been affected by administrative difficulties within certain agencies (internal red tapes)	As it is a new mechanism, additional trials are needed to fine tune CERF procedures.
Articulation between the use of the CERF and the use of the National Appeal is unclear, especially to donors who are funding both	The "rapid intervention" and "gap filling" functions of the CERF have to be better communicated to stakeholders in the response
NGOs and other non UN humanitarian actors have access to the CERF only as sub-recipients, and are concerned about how it may affect other direct funding sources.	Mechanisms to rapidly fund non UN actors have to be further developed, such as the "primary emergency decisions" from ECHO or the Humanitarian Response Fund (HRF) in operation in Ethiopia and Somalia.
Women are key actors in the survival of families during emergencies and require specific attention in the Kenyan context	All actors should ensure that resources be specially earmarked to support women's requirements and involvement in the different facets of drought and disaster management.
Coordination	
Strong coordination mechanisms linking aid agencies have been in place through the Kenya Food Security Meeting and its various working groups. It is also well rooted at the district level with the DSG playing an important role. In view of this situation, no cluster approach was required	Donors and international agencies should support the KFSM and ASAL structures and activities.

Women's role in coordination mechanisms is often marginal	It is important that more effort be made to ensure strong participation of women staff in the coordination processes; this may increase the likelihood of gender perspectives being taken into account.
Inter-sectoral coordination of responses was limited. In particular, coordination of nutrition programmes with provision of health services was not always optimum.	The line ministries and agencies involved in implementing health, nutrition and WES activities should focus on closer coordination,
Response was frequently late. Lack of resources, high transaction costs slowed down expansion of NGO activities. Early mobilisation by ALRMP has to be commended.	Early livelihood and water interventions should be launched and carefully evaluated to ensure that their potential for early mitigation can be fully appraised.
Women are a key actor in the daily survival of the family and the children. Specific attention has to be paid to their needs, but also to their role.	Ensure that women are well represented among staff of implementing agencies, on coordination bodies such as the DSG and in the recruitment of strong Kenyan women in the teams
GoK food immediate aid interventions to supplement the ongoing EMOP were critical at the start of 2006 Food aid distributions delayed because of pipeline constraints (one month's distribution missed) Community-based targeting understood to be working reasonably well although some "sedentary" and "destitute" populations not included	More independent post-distribution monitoring with greater emphasis on understanding the utilisation and impact of food aid on targeted communities Vulnerable communities that have "dropped out" of traditional livelihoods such as pastoralism should be included in emergency interventions
Livelihoods: Late scaling up of interventions in the agriculture and livestock sector resulted in heavy loss of livestock in ASAL and increasing reliance of pastoralists on food aid. Little emphasis was placed on the inter-dependence between riverine (irrigated agricultural areas), agro-pastoral and pastoral areas to ensure greater self-sufficiency in ASAL Increasing numbers of people have become destitute and are not directly benefiting from emergency interventions	A strategy for future response should be developed by the Agriculture & Livestock Working Group of the KFSM which integrates more effectively the sectoral approach and secures the commitment of donors through contingency funding. More emphasis must be placed on interventions to support sedentary or non-rural populations that have lost traditional livelihoods but are equally affected by the impact of drought.
In health and nutrition: <ul style="list-style-type: none"> ◆ Nutritional programmes did not always follow standard protocols and coordination gaps were identified ◆ Lack of access to basic health services and low levels of education among girls and women have created a health care crisis in drought affected areas which affects child nutritional status ◆ Nutritional interventions were not always linked with commodity programming ◆ Soci-cultural factors affecting child malnutrition have been persistent in northern and NE Kenya 	The MoH should work closely with UNICEF and the KFSM working group on H/N to finalize national protocols for management of malnutrition, These should be disseminated widely.. Further work on the Food Security and Nutrition Policy should be supported to complete and act on this document. Programmes to influence child feeding and RH behaviours among women are urgently needed. These should be a priority of donors who support nutritional interventions, in emergency and post-emergency situations, Improved coordination on targeting between NGOs implementing nutritional interventions and the CBTP is needed.
In the WES, various types of programmes have been implemented by ASAL, UNICEF and NGOs, from simple shallow well chlorination to very expensive water tinkering. Hygiene education is often done, but it takes time to see an impact	The early signals in October should have triggered more early water interventions
Longer Term Vulnerability Reduction	
Linking the emergency response and longer term vulnerability reduction is important, but difficult to implement. Some interventions might even create additional difficulties in this line, as free life-saving interventions might be contradictory to longer term sustainability.	Key recommendations put forward in the National Policy for the Sustainable Development of Arid and Semi Arid Lands of Kenya include: <ul style="list-style-type: none"> - develop the road and communication networks; - develop the trade mechanisms on livestock products - direct investment to the urbanised areas in the ASAL areas, in order to absorb the population evicted from the rural sector and maintain an appropriate level of pressure on already fragile resources.; - develop a series of practical measures to protect the environment in ASAL <p>This policy document should be acted upon, while continuing to study these issues.</p>

FULL REPORT

1 INTRODUCTION

1.1 *Terms of Reference*

The Real Time Evaluation (RTE) of the humanitarian response to the 2005-2006 emergencies is a multi-agency process in which the Interagency Standing Committee (IASC) acts as an overall umbrella and other UN agencies - OCHA, UNICEF, FAO, WHO, UNIFEM and WFP – act as an evaluation steering committee, providing the institutional framework. The RTE aims at providing a mechanism for that system-wide lessons learning on the humanitarian response in the context of the 2005-2006 droughts with rapid and specific feedback on the ongoing operations. When the mission arrived in the field, many the humanitarian aid actors had by in large completed most of their drought related programmes but there where still many programmes on going in the field. In addition, many stakeholders of the drought response where extremely concerned that the situation faced during 2005-2006 might still continue.

According the initial Terms of Reference (TOR), the main purpose of the RTE is to enhance learning and support management primarily in improving humanitarian action. Specific objectives of the RTE are to assess:

- The **timeliness, adequacy and effectiveness** of the emergency response in 2006.
- The performance of the **emergency preparedness** including **early warning systems** in alerting and preparing the government and the international community to better respond and mitigate the impact of the drought
- Effectiveness of resource mobilization activities, including the newly established CERF
- **Resource mobilization** during the first half of 2006 with particular emphasis on the role of the Central Emergency Relief Fund (CERF) and resource mobilization strategies.
- **Effectiveness of the coordination** within the government structure and the humanitarian actors

In addition to the above, the RTE is expected to identify issues that require more in-depth studies and evaluations.

The scope of the RTE , initially limited to the emergency response during the first half of 2006 (Jan-June) and more specifically focused on those activities funded from the humanitarian appeals, were broadened upon request from the Kenyan Authorities. A special attention was therefore paid to the issues related to linking emergency response and broader vulnerability reduction in the special case of Kenya.

This RTE is also taking place at the time certain elements of the UN Humanitarian Reform is being implemented and the Mission was requested to provide its views on them, especially on the CERF and the Cluster approach.

The TOR are presented in Annex N°1.

1.2 Methods

The RTE team was composed of three international and one national consultant with broad experience in disaster management, food security, health and nutrition and gender issues.

The methods used for the evaluation included the following:

- A review policies, strategies and operations concerning disaster management and response in Kenya;
- A review of relevant documents with specific reference to the 2005-2006 drought and earlier similar phenomenon;
- Interviews and group discussions with UN agencies, donors and NGOs at both the central, district and field levels
- Participating in a regular coordination meetings meeting under the auspices of KFSM and Mandera DSG . Special ad-hoc meetings were organised in Marsabit District by the DSG;
- Field visits in Mandera and Marsabit districts could take place, involving meeting with affected populations and physical observations of some of the programmes;
- Debriefing to a large group of stakeholders including high level representatives of the Kenyan Government, members of the UNCT, donors and NGOs representatives.

The itineraries of the mission, the list of people met as well as the consulted bibliography are presented in the annexe

1.3 Constraints and limitations

The time allocated for the RTE was not sufficient to hold in-depth discussion with all agencies (government, UN, donor and NGOs) that were directly or indirectly involved in the human response; and to have better insight into how the response impacted on the lives of the targeted population. The time allocated did not permit to cover all the areas affected: particularly missing are Turkana district and some of the more agricultural areas adjacent to the mainly pastoral North and North-east.

2 BACKGROUND

2.1 Kenya

Until the mid 1980s, Kenya has not been a country so associated with humanitarian emergencies². Unlike many countries in the region, it has maintained reasonable political stability since independence in December 1963, sound economic growth through agricultural production, tourism and trade, and in normal years is not a food deficit country.

Over 80% of the landmass of Kenya is arid and semi-arid, receiving low and highly variable rainfall. Over generations the communities in these areas have developed highly resilient pastoral and agro-pastoral systems, but in recent years the increasing population striving to make a living from the rangeland and marginal agricultural areas, has placed considerable pressure on the limited resources. In turn this has led to conflict between different groups, displacement and underlying chronic poverty. Recent studies indicate that pastoralist wealth in certain districts of Kenya has declined by more than 50% over the past ten years³ and over 60% of inhabitants live below the poverty line (subsisting on less than one dollar per day). The regular occurrence of droughts and floods are now common throughout Kenya undermining the fragile livelihoods of pastoralists and small-scale farmers in these areas. There is an increasing trend of pastoralists and agro-pastoralists falling into destitution and dependence on aid. As women traditionally bear the responsibility to feed their family and collect and manage water, the impact of the crisis has arguably hit women the hardest.

As has been the trend in many countries of the region, Kenya has long focused its attention and investment in the agriculturally productive areas of the country and neglected the arid and semi-arid areas (ASAL) given to livestock production and marginal agriculture in the north and to the east. The current situation in the ASAL is as much a governance issue as it is a population or climatic issue.

Health and nutrition conditions in Kenya's dry areas⁴ have been written about exhaustively⁵. The most important factors will be reviewed here in brief. The marginalization of northern Kenya, particularly the border districts of Marsabit and Turkana and all of North Eastern Province dates back to the colonial period. The lack of infrastructure and poor staffing of government services, low access (long distances) to health and educational facilities and limited livelihood opportunities outside of traditional pastoralism and marginal rainfed agro-pastoralism in these areas are well documented.

Both lack of access to / poor utilization of services and less than optimal child care practices have affected both maternal and child health, leading to a high background level of child malnutrition, infant mortality and illness in these areas. These are exacerbated by a general lack of development.

Indicators of maternal and child health can be derived for North Eastern Province from the 2003 DHS⁶. In other parts of northern Kenya the situation is very similar.⁷

² Until the 1980s, no more than 40,000 people were affected by drought; in 1984, 200,000 were affected; in 1992 & 1995-96 about 1.5m were affected; in 1999-2000, 4.4m were affected.

³ Oxfam facilitated household economy assessments in Turkana, northern Kenya, February 2006

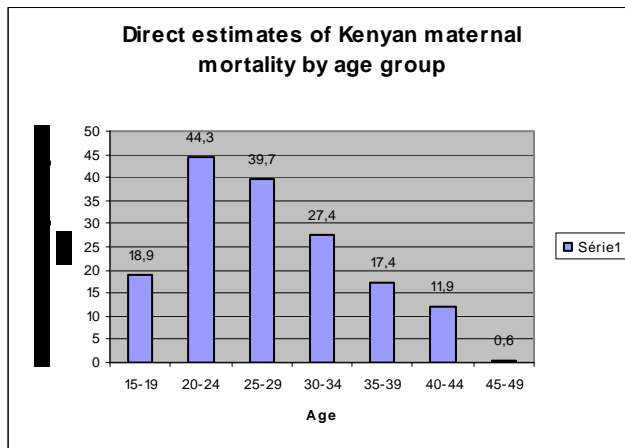
⁴ A total of 28 districts are included in the 2005-2006 emergency response. Currently, conditions are being monitored in 22 of these by the Arid Lands Resource Management Programme (ALRMP). This discussion will focus on northern Kenya.

⁵ The most recent comprehensive review is: Caroline Grobler-Tanner, *Understanding nutrition data and the causes of malnutrition in Kenya: A special report by the Famine Early Warning Systems Network (FEWS NET)*, Sept. 2006.

⁶ *Kenya Demographic and Health Survey 2003*. Central Bureau of Statistics, Ministry of Health, Kenya Medical Research Institute, National Council for Population and Development, Nairobi, Kenya, ORC Macro Calverton, Maryland, USA, Centers for Disease Control and Prevention, Nairobi, Kenya. July 2004. North Eastern Province includes the districts of Mandera, Wajir, Garissa and Ijara.

⁷ The aggregation of data across a region in other parts of the country masks the indicators at district level.

Kenya's maternal mortality ratio (MMR) is estimated at 414 deaths per 100,000 live births⁸. Available data sources reveal a high burden of unsafe motherhood in Kenya with wide regional differentials. Son preference results in women having more children and at shorter intervals, resulting into reduced chances of survival. Limited safe motherhood facilities due to lack of adequate budgetary allocation for implementation of the reproductive health policy significantly contribute to maternal mortality. Socio-cultural barriers restrict women's rights in managing their own reproductive health and access to reproductive health services or information as women are not expected to discuss sex or make decisions about sex.



Source: Johnson Tony et al. 2003, Kenya Gender Facts and Figures

In the 2003 DHS, North Eastern Province was shown to have the largest mean household size, the lowest mean educational level among both males and females, and the highest proportion of housing constructed of local 'temporary' materials⁹. Current school attendance¹⁰ was low for both boys and girls, at 51% and 26% net enrolments, while boys' attendance was twice as high as that of girls¹¹. Households lacked access to sanitation and improved water sources; < 3% used piped water while over 80% lacked latrines. The families of North Eastern Province were in the lowest quintile for wealth, and had the lowest levels of literacy (male and female) and formal employment of Kenya's eight provinces.

On most measures of child and maternal health and well being, North Eastern Province lagged behind the rest of the country. Rates of infant and child mortality were high, at 91 and 163 per 1000¹² compared with national figures of 73 and 105; neonatal mortality was the highest of all provinces. The total fertility rate was 7.0 against a national level of 4.9. Only 0.2% of women reported using contraception while 94.5% of all men interviewed disapproved¹³ of its use. Data on deliveries are ambiguous, but almost 90% of women in North Eastern Province delivered at home, with inadequate or no ante-natal or post natal care. Only 9% reported receiving care from a medical professional at birth; TT coverage was 35%. Among most recent births, 19% of infants were described by mothers as being 'very small' or 'smaller than average.'

The health status of children under five was shown to be similarly low. Breastfeeding rates were lower than in all other provinces, with 11% of children never breastfed, and the shortest median duration of breastfeeding.¹⁴ Infant feeding practices are reported to be less than optimum. Rapid weaning with a second pregnancy is widely reported. Among children under three living with their mothers, only 17.6% were reported to have eaten a food rich in Vitamin A during the previous 24 hours in North Eastern Province, as compared with 55 to 72% in the

⁸ KDHS (2003)

⁹ Mud, earth, dung and sand.

¹⁰ Net attendance: % primary age population attending school.

¹¹ The 'gender parity index' comparing girls' participation in school with boys was 0.51.

¹² These are measured for the previous 10 years; figures have a wide margin of error.

¹³ The next highest disapproval level was 21.8%.

¹⁴ This is the age at which half of all infants are reported to have been fully weaned.

rest of the country. Immunization rates were the lowest in the country. Over 47% of children 12 – 23 months had received no immunizations; only 25% had completed the OP series and 23% DPT while 37% were immunized against measles; just over 18% of mothers/ caretakers had immunization cards. For under fives. Reported rates of childhood illness – ARI symptoms and fever – were low, but care seeking rates were also low, with just over ¼ of mothers of sick children reporting having sought treatment from a health care provider in North Eastern Province when the child was last ill.

Due to their importance in understanding the emergency response in 2005-2006, it is useful to review DHS data on child nutrition collected in 2003, a year of reasonable rainfall.¹⁵ Not surprisingly, children in North Eastern Province showed very high levels of wasting (WfH) and underweight (WfA) but moderate levels of stunting.¹⁶ The percentages of children < 3 SD median [Severe Acute Malnutrition – SAM] and below 2 SD (WfH) [Global Acute Malnutrition – GAM] are 10.9% and 26.5% , both above ‘emergency’ levels.¹⁷

Small scale area based surveys undertaken in various parts of Northern Kenya over the past six years show consistently high rates of Global Acute Malnutrition (GAM) as measured by WfH, with averages over 20% in all northern districts.¹⁸ Nutritional data on children from northern Kenya must be used with care, but it is clear that any trend analysis of child nutritional status in Northern Kenya will show elevated levels of wasting among “under fives“ even in relatively good years.

While it was beyond the scope of this evaluation study to review access to health facilities throughout the affected area, some information is available on northern districts.

Table 1: Access to health by province:

District	Access to qualified doctor		Place of delivery			Population per health facility
	Total No. of doctors	Doctor/Patient Ratio	Public & private health facilities	Home	Others	
Nairobi	-	-	77.9	21.5	0.5	5,331
Central	190	1:20,715	66.9	31.9	1.1	7,742
Coast	39	1:51,155	31.2	67.4	0.8	5,883
Eastern	147	1:33,446	37.7	60.8	1.4	5,760
N. Eastern	9	1:120,823	7.7	91.9	0	13,551
Nyanza	165	1:28,569	36.2	62.2	0.9	8,819
Rift Valley	197	1:36,481	35.9	63	0.7	5,788
Western	83	1:39,554	28.4	70.6	0.6	10,834

Source: Pulling Apart: Facts and Figures on Inequality in Kenya, 2004.

In Mandera, for example, the District has 63 nurses out of a required total of 254 and 16 Clinical Officers out of 46 required. A review of health care in Garissa identified chronic shortage of manpower, lack of staff skills, difficult logistics and lack of transport, as well as lack of funds, as constraints on adequate delivery of health services. These districts, together with Mandera, Marsabit and Turkana, are among the most sparsely populated in the country, with population densities as low as 2.1 persons per km² in Marsabit. Catchment areas for some facilities have a radius as great as 70 kms. The logistical challenges of reaching small settlements and small migratory groups are hard to overstate.

¹⁵ Data collection for the DHS was carried out between April and August 2003, during the long rains and post harvest period.

¹⁶ Children in pastoralist communities have been shown to have lower rates of stunting than those in predominantly agricultural areas. See *Assessment of Child Nutrition in the Greater Horn of Africa: Recent Trends and Future Developments*. Report for UNICEF Eastern and Southern Africa Regional Office (ESARO) Nairobi by Sophie Chotard and John Mason with Nick Oliphant, Jonathan Rivers, Richard Basalirwa, Catherine Ampagoomian, Ryan Matthews, Nick Nelson, Tina Lloren, *Department of International Health & Development, School of Public Health and Tropical Medicine, Tulane University, New Orleans, LA 70112* 01 June 2006

¹⁷ This includes those < 3 SD. Levels of stunting (HfA), at 12.3% < 3 SD and 24.3% < 2 SD, are high, but the mean Z score for the whole child population, at (0.6), is the lowest of all provinces, suggesting that children under five are less stunted on the whole than those of other areas.

¹⁸ Turkana, Marsabit, Samburu, Isiolo, Moyale, Mandera, Wajir and Garissa.

Systematic institutional and legal gender imbalance and a weak gender mainstreaming capacity are an inherent part of the country's operational environment¹⁹. Research has produced evidence that there are significant differences between women and men, girls and boys in access and control over opportunities and resources. Though some progress has been made in advancing the status of women and girls, cultural practices and prejudice continue to prevail that affect the health and livelihoods of women and girls. Such practices include female circumcision, forced re/marriages and discrimination from access to land and assets. An analysis of the national planning and budgetary process reveals the challenge of non-inclusion of gender issues in the budget.

The country is also emerging from a weak culture of bottom-top approach to development which ensures consultations and involvement of communities in decision-making on issues that affect their lives. The Poverty Reduction Strategy Paper process of 2001 set the first example of nation wide bottom-top approach to community participation. Efforts aimed at strengthening community participation exist, but are still very weak. In previous droughts, affected communities benefited from resources aimed at improving their lives with little or no attempt made to involve them in the processes of articulating their problems, voicing their priorities and being fully involved in the processes of planning and subsequent response. The low or absence of women informal structures of governance meant that decisions affecting their lives were frequently done without involvement of and consultation with women²⁰.

2.2 The 2004-2006 situation

Successive failure of seasonal rains has led to a prolonged drought in Kenya. This has led to the loss of animals and livestock production throughout the arid and semi-arid lands of Kenya in the north and failure of harvests in the marginal agricultural areas of Kenya to the east. By the end of 2005 the resilience of pastoralist communities was severely undermined as livestock began to die in unprecedented numbers due to the lack of water and pasture. In the north-east of Kenya along the borders with Somalia and Ethiopia, in the epicenter of the drought, livestock losses were reported to be between 30-40% (and up to 70% in some communities) contributing to mass migration of pastoralists in search of water, employment and emergency relief aid²¹. The pressure on resources and loss of livestock has led to conflict between certain groups, displacement of populations, increased pressure at the family levels and most significantly an increasingly sedentary population who through destitution are searching for alternative livelihoods, but for the time being very dependent upon relief aid.

The performance of the February to June 2006 long rains was mixed in drought-affected pastoral and marginal agricultural areas. Whilst overall water availability, pasture and browse have greatly improved in some parts, the erosion of pastoral livelihoods means that the food security outlook remains precarious. Inadequate rains in parts of Turkana, Marsabit, Wajir, Moyale and Mandera districts has led to continued water trucking. The situation is likely to worsen considering the next short rain season will not be until October-December.

The prolonged drought placed an increasing burden on women and girls who often are faced with the gender role of ensuring that there is water, firewood and food at the household level. Women and girls, particularly in the affected rural areas had to travel longer distances, queue for longer hours and often face frequent conflict at water points. The increased burden of care work on girls often translates into their poor performance in school, inconsistent attendance and drop-out. Very destitute families may in some cases resort to commodifying their daughters and engaging in early marriage --and before the marriage, FGM if the girl is from a community that practices the ritual-- as the girls are converted into assets in exchange for some form of dowry and

¹⁹ Seeional Paper No. 2 of 2006 on Gender Equality and development, 2006, 6.

²⁰ National Commission on Gender and Development (2006), Desk Survey on Gender Issues in Kenya. Unpublished.

²¹ Oxfam, UK Press Release. Update on the East Africa Food Crises. 9 May 2006

accompanying economic gains that can see the family through difficult times. Very destitute female headed households experience the economic strain that comes with drought differently from male headed households. Because of their low economic status and prevailing social and cultural practices such as polygamy, widow inheritance and sex for economic gain, women may enter into economic arrangements that secure food, shelter, water and other basic needs out of destitution.

Sexual and gender-based violence is known to go up in the face of livelihoods crisis. Women and girls from drought hit areas were reported to be raped especially when they were out in the bush collecting firewood or on their way to collect water or look for food, although the Police is still enquiring if the phenomenon is a raw increase of case or an increase of reported cases, as women and girls felt more encourage to report instances. In rare instances destitute families force especially girls and young women into commercial sex work as a coping strategy.

3 DESCRIPTION OF THE RESPONSE

3.1 *Time of the response*

In order to help the reader and to facilitate understanding the course of events, the following time line has been prepared:

31 July 2004 : Drought Emergency Operation was approved to 2.3 million people affected by drought in Kenya for six months
August 2004 : GoK/CAP Appeal was launched
October 2004 : EMOP began
February 2005 : Kenya Appeal was reviewed and updated
March 2005 : EMOP was extended for an additional six months
September 2005 : EMOP was extended for an additional six months
October 2005 : Deterioration of nutritional status in some ASAL districts
November 2005 : National Early Warning System alerted the GoK and partners that the long rains were poorly distributed
November 2005 : Referendum on the Constitution diverted national attention from the drought
November-December 2005 : Short Rains Assessment conducted by GoK, UN and NGOs
14 December 2005 : UN/GoK convened meeting to consider scale of the response (source: KRCS)
24 December 2005 : GoK officially declared the emergency (source: KRCS)
26-27 December 2005 : President Kibaki visits drought affected areas in north-east Kenya
02 January 2006 : KRCS launched appeal and began interventions immediately in Kajiado, Wajir, Mandera, Marsabit and Garissa
February 2006 : GoK mobilizes additional food aid from the National Grain Reserve
08 February 2006 : GoK launched Kenya Appeal for Emergency Food & Non-Food Assistance , Food aid estimates were determined by district/division
March 2006 : New six month EMOP began providing general food distribution to 3.1m beneficiaries through over 2000 relief committees
March 2006 : Regional CAP for the Horn of Africa launched
March 2006 : Kenya Agriculture & Livestock Working Group Consolidated Sector Appeal
April 2006 : CERF funding mobilized in Kenya (?)
July-August 2006 : Long Rains Assessment conducted by GoK, UN and NGOs

3.2 Food Aid

A drought emergency programme was launched by the Government of Kenya (GoK) in pastoral districts back in October 2003, but a full declaration of a drought emergency operation was not approved until 31 July 2004. Subsequently, a WFP Emergency Operation (EMOP) began in September 2004 which targeted food assistance to 2.3 million people (including 500,000 school children) affected by drought declining to 1.2 million (mostly pastoral households) by September 2005 following the long rains assessment. It was anticipated that the operation would draw to a close following the short rains, but the seasonal rains during October and November 2005 failed in all pastoralist districts. Food insecurity in pastoral and agro-pastoral areas fast deteriorated and by December 2005 it was estimated that 3.5 million pastoral and farming people (including 500,000 school children) in 25 districts of Kenya were affected and in need of emergency assistance to sustain lives and protect livelihoods²². WFP distributions of 10,714 MT of food aid to an estimated population of 1,139,159 people in 18 affected districts as part of the existing EMOP were scheduled through January 2006, prior to the full assessment

Since the EMOP could not be scaled up before March 2006, the GoK initiated an increase in the general food distribution (GFD) from the national strategic grain reserves at the beginning of 2006, increasing the food distributed in February from 8,802mt (in January) to 24,155mt targeting over 2.3 million beneficiaries²³. Since March 2006, the Emergency Operation (EMOP) for drought-affected populations in Kenya is being implemented in 25 districts under a one year budget revision through to February 2007. In March 2006 WFP scaled up the EMOP to target 3,113,000 people under the general food distributions (GFD)²⁴ with beneficiaries in the 9 arid districts receiving 75% ration of 2,100 kcal/person/day (cereals, pulses, oil and CSB) and beneficiaries in semi-arid districts receiving 50% ration (cereals, pulses and oil). A supplementary feeding programme targeting 40,000 beneficiaries is operated in the six pastoral districts to malnourished children, pregnant and lactating mothers. Since May 2006 over 537,000 school children in 1,377 schools are targeted under the expanded school feeding programme (ESFP)²⁵.

²² GoK Appeal for Emergency Food and Non-Food Assistance (8 February 2006)

²³ GoK contribution to the GFD between February-August 2006 amounts to about 80,000mt

²⁴ Actual distribution figures are lower at 2,862,730 (March), 3,010,773 (April), 3,028,292 (May), and 3,035,412 (June): source WFP Kenya

²⁵ World Food Programme Kenya Fact Sheet (updated 31 August 2006)

3.3 Water

Mitigating the water deficit for human consumption, crop production and livestock rearing was one of the most vital part of the response to the crisis. It took several forms, from the rapid but expensive provision of water through tinkering to the more sustainable rehabilitation of wells and boreholes.

The Kenya government was first to react and the Arid Land teams in the different districts used the limited Contingency funds available to them to set up emergency water distributions brigades. Key factor was the existing in certain areas of high yielding boreholes either in operation or requiring urgent repair. Parts of the contingency funds were used to rehabilitate these funds, an effort which received additional attention from UNICEF and NGOs. Rehabilitation of hand dug wells, reservoirs (of various sides) also took place, most of the time at a later stage of the response later in 2006. Management of surface and underground water sources remained a key challenge as the drought is far from over.

Crops were also affected and in the few areas where irrigation is possible, various types of emergency programmes were launched including emergency supply or subsidies to the increasingly expensive fuel for the pumps.

3.4 Health and Nutrition

In the area of health and nutrition, the response to the drought in 2005-2006 was organized around measures to increase access to basic health services and interventions to respond to increasing rates of malnutrition. These included support to Supplementary and Therapeutic Feeding Programmes (SFPs, TFPs)²⁶ among under fives, pregnant and lactating women, expanded coverage of health services, extended measles immunization, and greater attention to environmental sanitation and access to water. Increased attention was given to coordination (more below) and coverage through the health/ nutrition sector at district level.

Between January and July 2006 UNICEF signed partnership agreements with 7 NGOs to support Supplementary and Therapeutic Feeding Programmes (SFPs and TFPs), providing nutrition supplies to 12 SFCs and 14 TFCs and supported 43,065 children in supplementary feeding programmes (SFP) and 1,846 in therapeutic feeding (TFP).

In addition 17 fixed outreach posts were established to provide basic health services in 4 districts. Supplies, including cold chain equipment and Contingency Emergency Health Kits were provided to 10 districts. The employment of an additional 156 health workers and nutritionists in 10 districts was in process by July 2006.

These interventions were broadly based on components of the UNICEF 2004 – 2008 Country Programme Action Plan, include training health workers in North Eastern Province on emergency obstetric care [EOC] and ARH, increase in ARH services; improved immunization coverage for infants under 12 months; improved community knowledge and practices in child nutrition: exclusive breastfeeding and Vitamin A..

²⁶ With the introduction of community based care, components of TFPs are now described more precisely according to the type of care provided.

3.5 Agriculture and Livestock

A number of interventions were undertaken between January to March 2006 by the Ministry of Agriculture, the Ministry of Livestock & Fisheries Development and NGOs active in these sectors, but resources were extremely limited and interventions were therefore quite isolated. Interventions included small-scale destocking, provision of hay, feed supplement, seed distribution and borehole rehabilitation (for both human and livestock watering).

A consolidated appeal for the agriculture and livestock sector was launched by the KFSM in March 2006 totalling \$12.5 million (later revised to \$16.7 million). Only 33% funding (largely through FAO projects²⁷) was committed to this appeal supporting interventions that included emergency livestock off-take, livestock marketing, animal health, livestock redistribution, forage and drought resistant seed production, emergency seed provision. The interventions are widespread throughout the drought affected districts and undertaken through both government departments (MoLFD, MoA) concerned with agriculture and livestock, ALRMP, research institutes and NGOs²⁸. However, the numbers of livestock targeted remain relatively small²⁹. For example, the FAO supported projects supported the deworming and immunisation of about 750,000 animals; and the redistribution of almost 10,000 livestock to 646 households which were purchased from 4,500 community members. An ongoing FAO project of longer duration (one year from June 2006) aims to immunize a further 620,000 animals benefiting 30,000 households.

There have been a number of innovative initiatives, particularly relating to cash transfer programming during the course of the year.

Oxfam GB have been implementing a cash transfer programme to particularly vulnerable households in Turkana district to complement the general food distribution of the EMOP.

The Children's Department of the Ministry of Home Affairs with support from UNICEF has been managing a cash transfer programme in 17 districts benefiting 10,500 children with the aim of scaling up the programme to reach 300,000 of the most vulnerable children (OVC) in Kenya by 2011. The programme particularly targets children from poor families in ASAL areas, urban poor in major cities, and marginalized coastal areas, as well as districts with a high prevalence of HIV/AIDS.

DFID will support both the OVC cash transfer programme and a new Hunger Safety Net Programme initiated this year through the Special Programmes department of the Office of the President targeting 120,000 beneficiaries in two or three ASAL districts³⁰. The objective of the programme is to establish a government-led national system for regular and predictable resource transfers to poor and vulnerable households in Kenya, with the aim of reducing severe poverty in Kenya. DFID intends this initiative to be complementary to emergency response systems especially in the case of slow onset emergencies such as drought.

²⁷ Of the \$5,595,105 pledged, approximately 50% was funded through FAO projects (supported by CERF, Government of the Netherlands & SIDA)

²⁸ NGO partners receiving FAO project support include Farm Africa (Marsabit, Moyale), VSF Belgium (Turkana), VSF Suisse (Isiolo, Wajir, Mandera), Practical Action (Samburu), Vet Aid (Machakos, Makueni, Kitui, Tana River), Terra Nuova (Garissa, Ijara), and DVS (Baringo).

²⁹ A GoK 2000 estimate of livestock in 13 pastoralist districts is 3,668,800 cattle; 925,000 camels; 3,749,000 sheep; 5,758,300 goats; totalling 14,101,100 head of animals.

³⁰ Phase 1 of DFID support which includes these two cash transfer programmes as well as donor coordination mechanisms and institutional support, is estimated to cost approximately £24 million over three years.

4 EARLY WARNING AND PREPAREDNESS

A broad forum established in 2000, known as the Kenya Food Security Meeting (KFSM) including representatives from over 50 different organisations (GoK departments, UN agencies, donors and NGOs), meets monthly in the Office of the President to share information on early warning, food security analysis and emergency interventions.

Reporting to the KFSM is the Kenya Food Security Steering Group (KFSSG) which comprises three GoK departments, three UN agencies, three NGOs and two donors responsible for coordinating a multi-agency early warning, food security status monitoring and assessment system for Kenya (see organogram in Annex ? to this report). The KFSSG is responsible for undertaking the seasonal assessments that are undertaken at the end of the short rains (normally undertaken November-December) and the long rains (normally undertaken July-August) as well as emergency rapid assessments as required.

4.1 Drought Early Warning System

Since the conception of the Arid Lands Resource Management Project (ALRMP) in 1996, ALRMP with the support of World Bank funding, has assumed responsibility for coordinating the collection and monitoring of key data contributing to an early warning system for drought affected areas. ALRMP works in close collaboration with the Ministry of Agriculture (MoA), WFP/VAM and FEWSNET to collect monthly early warning data on key agricultural, livestock, economic, social and climatic indicators. Livelihood profiles have been developed throughout ASAL areas with technical support from FEWSNET. The EWS has in recent years been expanded from 11 to 27 districts with FAO technical support and now includes five coastal districts where data collection is the responsibility of MoA.

The ALRMP publishes a monthly Food Security Update as well as conducting regular briefings for the Kenya Food Security Coordination System (KFSCS). In addition ALRMP conducts both rapid and seasonal assessments in collaboration with other GoK line ministries, UN and NGOs to determine the appropriate response. There are two seasonal assessments undertaken each year, one after the short rains (normally in December), the other after the long rains (normally in August).

The Early Warning System (EWS) operated by ALRMP is arguably one of the best established in sub-Saharan Africa. It's strength is that it draws upon community-based information, in each district it generates consistent and comparable information, it is now well institutionalised within government, and requires minimal external technical assistance. ALRMP is a critical source of information for the District Steering Group (DSG) - comprising other line ministries and NGOs - which has the mandate to evaluate a situation and recommend action to be taken.

If there are any weaknesses in the system, they are the line of communications between the DSG and the Kenya Food Security Steering Group (KFSSG) at national level. There is a strong perception at district level that reaction to information sent up to national level is slow. This might be because it is difficult to distinguish clearly the deterioration in the situation from the warning stages since the ASAL have been in a state of chronic poverty and drought for so long. It is also because districts cannot mobilise resources to respond to disasters without approval and support at national level.

Another weakness is that the ALRMP drought monitoring does not take into account the particularly vulnerable sedentary populations in northern Kenya who have abandoned pastoralism or agro-pastoralism and live in settled populations in rural areas or in peri-urban areas and are an increasing phenomenon. These populations (including refugees and displaced populations) are excluded from the livelihoods analysis and yet the need to understand how to respond to their situation is of growing concern.

Systematic collection and analysis of gender disaggregated data within the EWS remain a key challenge. There are however some attempt to collect gender specific information in the data collection tools. The little information that is collected gets lost in the analysis. Also, the information generated from female respondents is often gathered under patronage, raising questions on whether camera consultations with women could produce the same information³¹.

Where as the EWS is strong in the use of community-based information in the process of collection of data, the system is weak in post-analysis feed-back to communities. Dissemination of the findings often reaches the DSG as the last point on the information pipeline. Participating communities feel that there is a de-link in their access to findings once the assessments have been conducted as there is no system in place on how and where they can access the findings as public information.

However, the progressive erosion of pastoral livelihoods in the region in the latter part of 2005 was well documented both by the ALRMP Early Warning System (EWS) as well as FEWSNET. By October 2005 the situation was reported to be deteriorating and by November 2005, there were clear warnings of “pervasive pre-famine conditions with the potential for widespread famine in pastoral areas”. The time-line developed by the RTE mission (SEE ANNEX ???) then indicates that there were many delays in terms of : (i) determining and designing appropriate interventions; (ii) formal appeals; (iii) resource mobilisation; and (iv) start-up of interventions.

By early December, it was clear that the short rains had failed and that the emergency would continue and intensify in the first half of 2006. While Early Warning systems did not produce dramatic evidence of widespread child malnutrition at that point, agencies and Government were well aware of the implications of the drought. Early estimates of additional food aid needed, based on a combination of nutritional data and other food security indicators, including reported livestock deaths, were available in December, prior to the full January inter-agency assessment.

Given the high ‘background’ levels of GAM across northern Kenya over the past 5-6 years, and the ‘late’ response of child nutritional status to overall food availability, it is acknowledged that child nutritional data have limitations as indicators of the severity of the food security situation.

The Early Warning System in place, operated under the Arid Lands Resource Management Programme, uses a ‘sentinel site’ approach to nutritional monitoring, measuring a small number of children using MUAC on a monthly basis. Over time this is intended to provide timely data on changes in nutritional status of vulnerable groups. Materials have been developed providing guidance on measurement and analysis.³² As noted by Tanner and others, this is a relatively new system and until recently it did not provide sufficient contextual information to guide district staff on interpreting the numbers obtained. In addition district staff often lack the technical background to interpret nutritional data in conjunction with other early warning indicators. NGOs implementing nutritional programmes may be unaware of the collection of related data by ALRMP.

Elevated levels of child malnutrition were discussed in the Health and Nutrition Working Group of the KFSM as early as August of 2005, via regular reports on nutritional monitoring in vulnerable divisions of districts affected by the ongoing drought. By November 2005 the WG described severe food insecurity, high levels of GAM and SAM and elevated under five and crude mortality rates (U5MR, CMR) in Wajir, Tana River and Garissa Districts; additional training of district MOH staff from five northern districts on management of severely malnourished children and mass nutritional screening in Wajir were underway. Discussion was ongoing on how to optimize coordination with food distribution activities to ensure inclusion of families with malnourished children. Donors reported being well aware of the seriousness of the nutritional situation late in 2005, before the

³¹ Recent consultations with women on the constitution on camera and under patronage with the same groups produced different feedback for the same set of questions.

³² See OXFAM (for ALRMP), *Nutrition, Malnutrition & Nutritional Status in EWS; Nutrition in the Early Warning System: Implementation Tool; Analysis of Nutrition Data in the EWS, Sampling Framework and Guidelines*, as well as detailed methodological guidance on measurement of MUAC, training, field follow up.

declaration of emergency by the President. In some northern districts with strong NGO nutritional programmes monthly screening was well established. Nutritional status data reported in the Short Rains Assessments released in January of 2006 showed a mixed picture. The use of MUAC identified large numbers of children 'at risk' (MUAC < 135 mms) who did not yet show signs of GAM or SAM, with, however, an upward trend in these indicators from late in 2005.

Timely health status information was available on measles cases. Diarrheal disease, which increased greatly in April and May in some areas, was a later indicator.³³ Due to the presence of cases in neighbouring Somalia, polio remained a major concern, with established surveillance systems in place.

4.2 Disaster Preparedness

A critical failure of the Kenya drought management system is its inability to respond early and effectively. A lack of rapidly deployable resources in preparedness, especially at a decentralised level, is the main factor in preventing a timely response. The main components of the system are:

- A strategic grain reserve is expected to maintain three million bags of 90kg (270,000mt) in physical stock;
- A National Contingency Fund of some Ksh2 billion (equivalent to \$25 million); and
- A contingency fund for emergencies operated by the ALRMP (Ksh500m).

The significance of drawing upon the strategic grain reserve was demonstrated early in 2006 to substantially increase the food aid distribution before a revised EMOP could be implemented. In total 80,000mt was allocated to the GFD between February and August 2006. The National Contingency Fund however is expected to cover every public need throughout the country that has not already been budgeted for, and demands of up to 300% beyond its capacity are made on it annually³⁴, so it cannot always play a significant part in the drought response. ALRMP contingency funds (established in 2001-02) are linked to district level Strategic Drought Management & Contingency Plans and have proved very effective at a decentralised level, but the amount is still very small (approximately 3% of the Kenya National Appeal in February 2006).

The government has now drafted a National Disaster Management Policy (November 2004) which reflects the GoK commitment towards formulating a coherent strategy in preparing for, and addressing disaster issues in a more proactive manner, with a focus on reduction of risk to communities and their vulnerabilities. The policy introduces some of the innovative strategic options recommended for implementation including disaster contingency plans, strategic food and non-food stockpiles, diversification of livelihood sources, creation of a Disaster Trust Fund and insurance initiatives. It is critical that the government puts such measures into place in conjunction with the longer term investment plan for ASALs outlined in the ambitious, but very credible National Policy for Sustainable Development of Arid & Semi-Arid Lands of Kenya (January 2006). It is explicit in the Kenya Humanitarian Appeal (February 2006) that emergency interventions should support ongoing development approaches including investment in infrastructure, health, water and sanitation as well as the protection of livelihoods.

In general, Government structures are probably better prepared for drought response rather more than rapid onset disasters. The Kenya Red Cross Society (KRCS) is however developing its emergency preparedness capacity³⁵ in this area to complement GoK and this should be better reflected in the NDMP.

³³ Some confusion was created by reports which associated an outbreak of shigella with contamination due to animal carcasses

³⁴ Nyangada, J., Swift, J., and Wekesa, M., Feasibility Study for the Establishment of a National Drought Contingency Fund, submitted to the European Commission and the Government of Kenya 2005.

³⁵ KRCS now has the preparedness and capacity to respond to 10,000 households affected by sudden onset emergencies

5 RESOURCE MOBILISATION

Critical to the humanitarian response were the Appeal for Emergency Food and Non-Food Assistance launched by the Government of Kenya and the United Nations on 8 February 2006 and the Consolidated Appeal Process (CAP) for the Horn of Africa launched in March 2006 in which Kenya participated along with Djibouti and Eritrea.

5.1 Resource mobilisation by the Kenyan Authorities

5.1.1 Kenyan Authorities:

The Kenyan government is in a very strong position to contribute to the emergency response. It has a strong economy which has a projected GDP growth of 5.1% during 2006-07 and a tax revenue of Ksh7 billion in 2005³⁶. Significantly, the Government of Kenya (GoK) is the largest food aid provider to Kenya after USAID. Between February and August 2006 GoK contributed 80,000mt of food aid and will continue that commitment through 2006. Due to a very good cereal harvest in other areas of Kenya (in particular the Rift Valley agricultural belt), it is predicted that by the end of 2006 Kenya will have a cereal surplus of 150,000mt.

During November and December, the Government of Kenya distributed food commodities, including maize, beans, vegetable oil to 9 affected districts, and had allocated KES 340 million to support livestock offtake programmes.

Following the official declaration of the emergency at the end of December 2005, the GoK was one of the first actors to respond with funding made available through line ministries at the national level and release of contingency funding (through ALRMP) at the district level. The Ministry of Water made a significant contribution (water trucking and borehole rehabilitation) working in close collaboration with partner organizations, and the Ministry of Livestock undertook destocking and fodder interventions.

There were also constituency development funds available introduced by the new government appointed in 2002. Each parliamentary constituency is allocated between \$500,000 to \$800,000 per year for development activities (representing about 2.5% of the annual government budget) that are determined by a committee elected from within each constituency. The RTE team noted during its field mission that these funds have been useful at local level in funding road improvements, school and health facilities even though they are not specifically drought related.

5.2 Resource mobilisation at the UN, Red Cross and NGO level

5.2.1 United Nations:

UN agencies are funded through contributions from donors as a response to the Annual Appeal, from their specific fund raising efforts and from the Central Emergency Response Fund (CERF). In view of the timeline presented earlier, it is obvious that, globally, the resource mobilisation process took off only late in the crisis dynamics.

Some agencies, however, started earlier their internal and external efforts for resource mobilization, taking into account the growing seriousness of the situation in the North and Northern parts of Kenya. As early as October 2005 UNICEF appealed for \$4 m for the second half of 2005 (through Feb. 06), with roughly \$2 m for health and nutrition, and a specific allocation for polio. This appeal was re-issued on Dec. 19. Much later in the emergency, in mid-May, a major appeal for \$80 m for health and nutrition interventions in the Horn of Africa was launched.

³⁶ Source: UNICEF Kenya Country Office

The National Appeal, launched on 8 February, following the inter-agency assessment, focused on food aid, with a national requirement of \$ 221 m. estimated for the period through Feb. 2007. Requirements in water and sanitation (WES), health and nutrition were estimated at \$12 million, of which \$2.3m represented the shortfall in health and nutrition. Major interventions included technical and material support to targeted supplementary and therapeutic feeding for children in 10 districts and establishment of outreach/ mobile services to provide a basic package of child health services including immunization. These funds were mobilized slowly, including cash needed to support costs of distribution of food aid.

The Horn of Africa CAP, issued on 3 April 2006, included relatively little for Kenya – a total of \$18,298,670, including may have included assistance to commodity programmes. Regional funding operated by organisations like FAO, or contingency funding at the district level which is still very limited.

The CERF, introduced in March 2006, has been used by several agencies, including WHO, FAO and UNICEF. CERF represents 10% of the resources mobilised in response to the Kenya drought (source: UNICEF).

A major limitation of CERF is the three month timeframe for the utilization of one allocation. Even if CERF resources can be tapped several time by one agency, this 3 month utilization timeframe does not suit non-implementing agencies like FAO who are targeting critical animal health, destocking and redistribution interventions through government services or NGO partners which require sufficient mobilization time and capacity building. CERF is much more suitable for rapid responses such as water trucking and supplementary or therapeutic feeding. Due to the late introduction of this funding mechanisms, agencies could not use it during the peak of the needs. UNICEF benefited late from CERF funding, in April and May, obtaining a total of \$2.1 m for health, nutrition and WES. WHO utilized an additional \$730,000 in March to support immunization activities and UNFPA were able to get resources for reproductive health via collaboration with WHO. Funds were dispersed within a week of approval.

5.2.2 Red Cross Movement:

The Kenya Red Cross Society was able to mobilize considerable corporate and public support and to use Red Cross/ Red Crescent fund raising mechanisms effectively. An appeal for \$ 12.7m. was released on 4 January, one month before the national Appeal. Almost \$300,000, including over 500MT of food, was mobilized by late January from public and corporate donors, with an eventual total of 1200 MT of privately donated commodities. The KRCS raised €5m in kind and cash within Kenya between December 2005 and April 2006 assisted by the national media In a public-private partnership, the KRCS organized four medical camps in Northern Kenya in late January staffed by volunteer physicians from the Kenya Medical Association while other resources, including medical kits, logistical support, food and accommodation, were provided by the National Health Insurance Fund and the KRCS. By early March, and substantial pledges had been made by other Red Cross/ Red Crescent Societies to the KRCS Appeal. It got additional support for intervention in the conflict prone districts from ICRC, and a much more limited on from the International Federation of the Red Cross.

5.2.3 Non Governmental Organisations:

The ancient presence of an active network of International and National NGO is a important feature of Kenya, where a vivid civil society is a component of the Kenyan democracy. Many NGO have strong development programmes. Some NGOs have internal emergency funding mechanisms to respond quickly to emergencies. However, these mechanisms often are limited in scale and operate as revolving funds which require replenishment through emergency grants secured at a later stage. Few donors are ready to fund activities retroactively. Outside their own funding mechanisms, NGOs depend upon funding from either bilateral donors.

CERF funding which is only accessible through a UN agency, in the case the NGO becomes the “implementing partner” of this agency. If in many cases, it could work well, the political position of the UN system and the perceived subsidiarity of the Humanitarian agenda to the political and development ones makes it sometimes problematic for NGOs to position themselves as implementing agencies of the UN system. There is no multi-donor emergency funding mechanism³⁷ at national level which is accessible directly to NGOs thereby encouraging new, but experienced, actors to fill gaps in the response programme.

5.3 Donors response

When the early warning information became available in November 2005, even before the launch of the National Appeal by the Government of Kenya, the reaction of the donor community was of a mixed quality: some donors showed a high level of reactivity, whilst others decided to wait for the National Appeal, possibly demonstrating a certain degree of “donor fatigue”.

Most donors still wait for a decline in the situation to the point when nutrition indicators show a deterioration in human health and nutrition. This becomes an issue when responding to a population that is already facing chronic poverty. In October 2005 nevertheless, initial move took place among key donors: ECHO, DFID and USAID/OFDA had an informal meeting to assess the situation. It was then decided to wait for the long rain assessment (end of 2005).

Some donors still separate humanitarian response from longer term development programming and do not recognize the “connectedness” between the two. This has significant programming implications for operational agencies who are then expected to deliver short-term emergency interventions without the security of longer term funding as well as often being inappropriate to the situation where chronic poverty is the underlying cause to vulnerability.

In general, funding for non-food interventions, including those in health and nutrition, came late and was below estimated needs. It is even more difficult to get resources for interventions that support livelihoods in an emergency context. The Agriculture & Livestock Sector Working Group (ALSWG) of the Kenya Food Security Meeting (KFSM) raised only \$0.5m raised directly from a donor³⁸ out of \$17m requested through its strategic plan for the sector and this was through the regional Horn of Africa proposal developed by FAO (the sector received only \$5.5m, and this funding was sourced from GoK and CERF).

In most instances, donors committed funds to a diversified panel of actors from the UN and NGOs. In January 2006 the US Ambassador declared an emergency and \$350,000 was committed by OFDA to UNICEF for health and nutrition activities, while Food for Peace pledged \$10 million in wheat in a swap through the GOK released maize to the national pipeline, late in 2005. During the first 6 months of 2006 DfID planned an allocation of up to £ 6.8 million to the drought. By the end of January, £ 2.3 million has been allocated to WFP for the transport of food, £ 0.8 through UNICEF for emergency health and nutrition and £ 1.7 million through NGOs (Merlin, Oxfam and ACF) for health, nutrition and cash for work. Sweden has also pledged SEK 17,000,000 (EUR 1.8 million). 2 million SEK (EUR 212,000) to UNICEF and 10 million SEK to WFP to assist with the associated costs of the transport of GoK food, and 5 million SEK to FAO.

³⁷ Such as the Humanitarian Response Fund (HRF) administered by OCHA in Ethiopia and Somalia or specific NGO emergency funds administered by GOAL on behalf of USAID/OFDA in Ethiopia

³⁸ The Royal Netherlands Government

6 COORDINATION

6.1 *Coordination of the Humanitarian system*

The Kenya Food Security Meeting (KFSM) established in 2000 is the main coordination forum for Government, NGOs and the United Nations. It is co-chaired by the Arid Lands Resource Management Project (ALRMP) of the Office of the President (OOP) and the World Food Programme (WFP). Reporting to the KFSM, is the Kenya Food Security Steering Group (KFSSG) which comprises a small number of GoK departments, UN agencies and NGOs³⁹ responsible for coordinating a multi-agency early warning, food security status monitoring and assessment system for Kenya. Under this umbrella are a number of working groups, dealing with specific sectors including: health & nutrition; water & sanitation; agriculture and livestock; and emergency education. In addition there are three working groups focusing on: data & information management; disaster management; and food aid estimates. The structure is replicated at district level in the most food insecure areas through a District Steering Group which coordinates local responses and maintains communications with the national level Kenya Food Security Steering Group (KFSSG). An organigram is presented in Annex ?? to this report.

The operation of a single food aid pipeline in Kenya is a significant achievement and has gone a long way to ensure a coordinated, collaborative approach drawing upon the resources and expertise of different humanitarian actors, both governmental and non-governmental.

Coordination mechanisms are perceived to work well at both national and district levels. The RTE was particularly positive about the inclusion (a good cross section of actors) and commitment of DSG in the visited districts. In effect sectoral coordination is already institutionalized in Kenya and there has not been much call for a restructuring of the humanitarian coordination mechanism. However, WFP and GoK have intentions of undertaking an evaluation of the coordination structure later this year.

Coordination among agencies and with government in the implementation of activities in health and nutrition and with Government was generally good. Mechanisms in place through the Kenya Food Security Steering Group, including the Health and Nutrition Working Group of the KFSM, functioned as intended. The WG met monthly, discussed critical issues and reported regularly, fulfilling its mandates to promote coordination, early warning data collection and contingency planning. UNICEF supported nutritional assessments in 9 districts; trained staff, provided health kits and supplies. UNICEF, WHO and NGOs worked with the MOH on outreach campaigns, including expanded measles immunization and Vitamin A distribution, in at least four districts, both before and during the current emergency.

At district level use of resources was rationalized in some districts through planning based on health zones and frequent meetings of the District Health Management Team. The Health and Nutrition programmes of UNICEF are now working closely together on the identification and development of more effective health outreach strategies with the MOH. The incorporation of nutritional monitoring into the EWS, while not a direct response to this drought, is an important initiative in the direction of more closely integrating food security and nutritional assessment, especially at district level. The posting by UNICEF of Emergency Field Officers in two districts, with two others planned, is an effort to strengthen local coordination mechanisms with the UN system, and to ensure technical standards. An interesting instance of coordination was mentioned in Mandera, bordering on both Ethiopia and Somalia, where agreements were developed with Somalia-based NGOs⁴⁰ to treat patients from Somalia. Both clinical and nutritional services were reported to be providing care to large numbers of children, up to 35% of total caseload, from Ethiopia and Somalia.

³⁹ The Kenya Food Security Steering Group (KFSSG) currently comprises: the Office of the President, line-Ministries, Famine Early Warning System Network (FEWS Net), World Food Programme (WFP), Food & Agriculture Organisation (FAO), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), CARE, CRS, Oxfam and World Vision International (WVI).

⁴⁰ For logistical reasons, some organizations operating in Gedo Region of Somalia have staff based in Mandera.

Despite these efforts, areas of concern were evident. In both districts visited weak liaison between some INGOs and the District Health Management Team was reported. Standards for provision of other health services, particularly immunization, were apparently not always followed by NGO field staff and in one isolated area an inappropriate commodity programme was being implemented with no supervision. Deployment of community members with limited training was a concern of district health staff, while NGO managers mentioned difficulties in accessing participation by MOH staff for joint field activities.⁴¹ In one notable case, an international NGO initiated and then terminated after three months a therapeutic feeding programme in a district without, apparently, having disclosed the temporary nature of their commitment to the DSG. The MOU process was not always effective.⁴² There is a perception at district level that some INGOs are more responsive to requirements of their Nairobi headquarters than local realities; donor pressures on NGOs to maintain vertical nutrition programmes, denied by donors, were also mentioned by district health staff.

The coordination of food aid targeting and supplementary and therapeutic feeding programs was difficult, as the Community Based Distribution Mechanism used by WFP/GOK for commodity programmes does not ensure that households of children enrolled in supplementary feeding programmes are provided with a family ration. This was still being worked on in some districts at the time of the evaluation. Additionally, peri-urban families not considered to be drought-affected, might not be eligible for any food aid assistance, even if children were moderately or severely malnourished.

The assessment process, which provided an example of good coordination, was nevertheless criticised on grounds that the contributions of non-WFP staff participating at district level were not acknowledged on the report.

While the distribution committees attempt to address unequal representation of women in the structures, they are at different levels and face different challenges. The inclusion of women in the relief structures is a positive step towards addressing inclusivity. A key challenge that will need to be addressed is securing the effective participation of females in the committees against a background of a strong culture of their non-participation in public decision-making and allocation of public resources. Also another challenge that will need to be addressed is how to sustain the participation of women, particularly from female headed households in the committees so that they engage in the structures as well as attend to their other multiple roles without creating conflict.

A number of key issues arose during the RTE which are worthy of careful consideration:

- With World Food Programme acting as co-chair of the KFSM there is inevitably a strong focus within the forum on the food aid agenda and not enough emphasis on interventions to mitigate food insecurity through a broader livelihoods approach;
- The sectoral working groups (in some cases) do not have the capacity or the information to develop an overview or identify strategic gaps (geographic and programme interventions) in the humanitarian response;
- Linkages between the sectoral working groups is not effective and cross-cutting issues such as protection, HIV/AIDS and gender are marginalized;
- The District Steering Groups (DSG) are functioning without TOR or any legal status which means that they effectively have no mandate and cannot hold operational partners to account; and
- It's unclear what the role of the "lead agency" is in each district; do they perform a multi-sectoral role or distinctly a food aid role?

⁴¹ One SF programme was found to be distributing powdered milk. Some staff of another programme had not followed MOH [WHO] protocols on immunization, allowing for 'missed opportunities'. Both District authorities and staff of NGOs expressed a desire for improved communication and coordination.

⁴² The DMO in one district mentioned that an MOU with an NGO operating several feeding programmes had been pending for several months.

7 QUALITY OF THE RESPONSE

7.1 *Timeliness*

One senior government respondent noted that after “20 years of work [interventions in the north of Kenya], what has this really produced in terms of reducing vulnerability? There has to be a strategic change.” Yet, despite a well informed early warning system, a well coordinated food security sector, the GoK/UN Kenya Appeal for Emergency Food and Non-Food Assistance (February 2006) still came too late for livelihood interventions to mitigate the impact of drought, and consequently relied heavily on food aid which constituted well over 90% of the budget of the appeal.

This is not to say that there were no earlier interventions related to livelihoods and services. The GoK mobilized resources in both the water and livestock sector in December and January; the Kenya Red Cross launched their own appeal in January 2006 and began emergency interventions (rehabilitation of boreholes, dam desilting, water trucking, destocking, fodder, medical camps/kits etc) immediately, as did a number of NGOs who could draw on internal emergency funds or secure bilateral grants. However, much of the work relating to agriculture and livestock was not funded until the onset of the long rains, in fact the consolidated appeal of the sectoral working group was not launched until March 2006.

7.1.1 Food:

WFP had been operating an EMOP since September 2004, so the issue with the general food distribution and school feeding was to scale up the food aid from 1.2 million beneficiaries to 3.5 million beneficiaries based on the findings and recommendations of the short rains assessment undertaken between November-December 2005. WFP required three months to adjust the pipeline and secure additional funding for distribution to 25 districts. GoK was able to respond immediately drawing upon the national strategic reserves, although donor support was necessary to cover transport and distribution costs. Consequently, the food aid response was timely and one which Kenya has become particularly adept at handling.

Due to pipeline problems and the irregular flow of certain commodities (oil and pulses in particular), the distribution cycles have not corresponded with the months during 2006⁴³. During the RTE mission, the August cycle was still being distributed in some areas and the July cycle had been missed completely. The hope was that the September cycle would be distributed before the rains, but it was unlikely that the October cycle could be completed before certain roads became impassable. The challenges facing the logistics of food aid distribution were only too apparent in both Mandera and Marsabit (which the RTE team visited) where distances of up to 500km existed on poor roads (in Marsabit) between the Extended Delivery Point (EDP) where WFP delivers the food and the Final Distribution Points (FDPs) where NGOs are responsible for transporting and distributing food through Relief Committees (RCs).

7.1.2 Health and nutrition:

The mobilization of resources – human and material – to implement activities responding to needs in health and nutrition was heavily dependent on the capacities of programmes already in place as well as availability of funds. Where earlier programmes had ‘wound down’ in the expectation of improving conditions or in the face of limited funding, as in several of the SFPs and TFPs, scaling up or expansion would require recruitment and training of staff, procurement of equipment and supplies, community screening and evaluation, and coordination with the MOH, UNICEF and other agencies at district level. One donor reported having asked an NGO to provide a proposal for expanded nutritional programming within 48 hours to obtain guaranteed funding; this was not possible although the programme later scaled up with funds from the same source.

⁴³ WFP Kenya August Distribution Monitoring Report

The lack of players in the fields of health and nutrition and the weakness of the MOH structures and staffing in place undoubtedly contributed to delays in implementing these activities. Agencies with activities in place were able to respond more quickly. One long established organization funded in part sponsorship of children from poor households was able to scale up an existing ‘child development’ programme to ensure that all school children and under fives in programme areas received a package of health interventions with supplementary feeding.

Several nutritional programmes were established or scaled up during the long rainy season, from April onward. While they are filling an ongoing need, they were not in place to respond when nutritional needs may have been greatest in late 2005 and early 2006. One NGO characterised the uncertainty of funding as a ‘vicious cycle’ of opening and closing programmes.

Supplementary feeding and feeding of vulnerable populations including those in hospitals and schools was carried out or supported early by several organizations. These interventions were simpler to establish quickly, especially in those organizations able to draw on prepositioned commodities or headquarters resources which could be repaid when funding became available. WFP commodities were available from late 2005; agencies with logistical capacity were able to establish or scale up some types of feeding programmes.

7.1.3 Water and sanitation

It was essential to ensure rapid water availability for humans as much as for livestock. During the peak of the drought, ensuring a minimal for survival for all was more important than having the optimal for a few. Even in “normal” periods, water resources are limited in the arid lands. Societies living in arid and quasi-desertic areas have managed over centuries to survive in these conditions where 5 liters of water per day was frequent and 10 liters a luxury. Before the rains arrived, water scarcity rapidly reached extreme levels, bringing with it a very real threat to life. In the worst affected areas, individuals have had access to as little as 1 litre of water per day⁴⁴, just a fraction of the SPHERE standards of 15 litres per day⁴⁵. The early mobilization by the GoK and NGO already operating in the affected areas was essential, but unfortunately too thinly spread. Indeed, the recent trends of the politically motivated multiplication of small settlements living on unsustainable surface water resources increased the number of distribution points, multiply the costs of distribution and diminished the quantity of water rapidly available.

Hygiene and sanitation are the dark side of the water problem and their impact on health can be maximum. Many of the water intervention encompassed a hygiene education component, but in time of emergency, when survival is at stake (including food and water fetching), there is very little time to implement correctly these types of programmes. Some of the actors involved mentioned the limited attention given to these issues by populations for which hygiene education was not high in the agenda, despite several diarrhea outbreaks.

It is worth mentioning here the rapidly implemented programme under the leadership of ASAL and Ministry of Health for the disposal of animal carcasses. Funds and guidelines were quickly made available to volunteers in each village for collection and burning of these dead animals immediately after a serious diarrhea outbreak, partly associated with shigellosis (although the links between shigellosis and carcasses remains to be proven).

⁴⁴ Turkana household economy assessment, Oxfam GB, January 2006

⁴⁵ Oxfam GB paper “Making the case. This might indicate that these SPHERE norms are unaffordable goals in the desert.

7.1.4 Agriculture and pastoral early recovery and rehabilitation:

Much argument has been made over the need to intervene early in the cycle of the drought to mitigate the erosion of assets and support livelihoods. Timeliness of the intervention directly relates to its relevance. A good example of this in pastoralist areas is destocking of livestock which is now being more widely encouraged and practiced in the sub-region. There are opportunities during the cycle of the drought to practice livestock off-take, when the weakest animals are purchased and slaughtered, either for marketing or to redistribute meat to particularly vulnerable households to supplement relief food. In the current crisis, off-take should have been scaled up during the last quarter of 2005 before the peak in animal deaths in the driest period from December to February 2006. National guidelines indicated that in November an off-take rate of 10% was needed, but in reality the MoA reported livestock off-take at less than 2% in January 2006 (undertaken by MoLFD and NGOs). An earlier and more substantial intervention to purchase vulnerable stock would have stimulated local markets and possibly prevented an early reliance on food aid. It would have provided an environment where cash transfer, in place of or supplementary to reduced food aid, could have been effective as long as local markets remained functional. It could also have helped to preserve breeding stock and reduced competition on scarce resources to the benefit of the rest of the stock. This opportunity was largely lost, most animals were left to deteriorate and die, losing their cash value, and becoming a health hazard to the environment. Some destocking interventions were funded so late that the project shifted its emphasis from destocking to redistribution of livestock assets⁴⁶ which proved a more appropriate response following the long rains. The result has been a dramatic increase in reliance on food aid amongst pastoralist herders.

7.2 Appropriateness

7.2.1 Food:

The Kenya Appeal for Emergency Assistance estimated in February 2006 that 3.5 million people (3 million general population and 500,000 school children) in 25 districts were in need of food assistance requiring 396,525mt of food aid between March 2006 and February 2007. In the nine arid districts each person receives a food basket of cereals, pulses, oil and blended food (15.200kg) representing a 75% ration of 2,100 kcal/person/day. In the 16 semi-arid areas each person receives a food basket of cereals, pulses and oil (8.475kg) representing a 50% ration of 2,100 kcal/person/day. The supplementary feeding programme (blended food and oil) is targeting 40,000 malnourished children, pregnant and lactating mothers in the pastoral districts. Each of the districts is allocated food aid according to the findings of the long rains assessment determined through the Food Aid Estimates working group. The District Steering Group will then determine the food allocation to each of the Final Distribution Points managed by the local Relief Committees who determine the population to be targeted.

Due to problems with the pipeline and transportation, lead agencies at district level were facing difficulties with respect to food aid being delivered at the EDP on time and not in sufficient quantities (often pulses and oil were short supplied). Generally the community-based targeting mechanism works well, although the food is normally redistributed (especially in the Somali culture) to all members of the community. In one community the RTE visited (Guticha Borehole, Mandera district) the women pointed out that there are pastoralists who never get “registered” for food aid because they live far from settlements; however, if they lose their livestock and later join the settlements in search of other livelihoods, they remain outside the relief food chain.

This leads to the bigger issue of the increasing sedentary population in pastoralist areas and growing urban communities comprising people who have left traditional livelihoods and become destitute. These populations are not necessarily included in livelihood profiles, assessments or analysis, they are considered not to be “drought affected” and in theory are not beneficiaries of food aid. However, due to the intervention of the

⁴⁶ FAO Regional Project (Somalia, Kenya, Ethiopia, Eritrea & Djibouti) for Immediate Support to Pastoral Communities as a Drought Mitigation Response (OSRO/RAF/604/CHA) funded through CERF1

District Steering Group (in the case of Mandera district where the situation is particularly acute) 20% of the urban population are now allocated food aid.

Had earlier livelihood interventions been supported to mitigate the erosion of household assets (in particular livestock) and prevented the depletion of water and rangeland resources, then a “food emergency” amongst pastoralist communities and destitution on an increasing scale might have been avoided without necessitating a costly and larger scale “food emergency”. Furthermore, the food aid would not have acted as a disincentive to riverine farmers (along the Dawa River in Mandera) who have “opted” to sell off their maize crop as livestock feed since the market price of cereals is very subdued and fodder has been in considerable demand.

7.2.2 Health and Nutrition:

The appropriateness & effectiveness dimensions will be analyzed jointly, as they are closely related in the 2005-2006 assessment of the response. Two dimensions: the inter-relation of health, including child care and feeding, with nutrition and the effect of the socio-cultural context on the effectiveness of nutritional interventions affected the quality of the response.

Nutritional support to children and pregnant and lactating women are necessary to any response to a food security emergency, but their effectiveness is restricted in a context of poor child feeding practices and limited access to MCH services. The failure of 20 to 30 years of food aid in the Horn of Africa to achieve a significant reduction in child malnutrition, made repeatedly during the RTE, is an indication of this.

Short term nutritional interventions and programmes lacking basic child health components were nevertheless found in place during this response. Widespread use of lay staff, with limited training, was a feature of some programmes, as was a ‘vertical’ model, focusing on nutritional supplementation without the basic child health services. Specialist NGOs found that the support needed from district health staff to provide this component either was not sought or stretched already limited resources. Stronger efforts should nevertheless be made to ensure that all children in SFPs or OTPs had access to existing facilities and services.

Current measures by UNICEF to more closely link health and nutrition activities at district level are essential to increasing the effectiveness of nutritional interventions. Increases in staff and innovative health outreach models may strengthen this response. In one district, for example, outreach activities are carried on at weekends to ensure that static facilities are staffed during periods of greatest use. In addition to lack of staff, the emphasis on training of NOH staff frequently removed them from their duty posts for prolonged periods of time.

The lack of national protocols for management of malnutrition and the limited numbers of professional nutritionists in the MOH have made it difficult to ensure programme standards and provide technical support. Inappropriate targeting and choice of commodities was observed in situation where staff with little training were required to manage field operations.⁴⁷

The move toward community based models of therapeutic feeding (CTCs, OTPs) was evident everywhere. This is particularly appropriate to the environment of Kenya’s drought-prone areas, given the problems of access to fixed facilities or even to outreach sites. The OTP model, however, requires close supervision by qualified and experienced staff for screening and home visiting where children fail to thrive or drop out of the programme. OPTs generally require the backup of a Nutritional Rehabilitation Unit (NRU) or Stabilization Centre (SC), a referral facility to treat severely ill children in the programme.

⁴⁷ In one centre staff had been instructed to admit well children up to 17 years of age if they failed to meet the NCHS standards for weight for height.

Programme failures – non-responders and deaths in TFCs – were reported in some areas, as was a high rate of re-admission. These concerns highlight one effect of the socio-cultural environment. The intra-household sharing of rations – both general distribution commodities and supplementary foods – was reported to be almost universal. This is believed to be resulting in what was described as “huge leakage” from SFPs. The conjunction of large family size, closely spaced births and lack of basic preventive care puts children of 12 –23 months at particular risk. In one riverine community just 7 kms from the district headquarters, the pregnant mother of a malnourished two year old reported that 6 of her 8 living children shared this child’s unimix ration of 2 kgs every three weeks. This child would have been weaned several months earlier, in an environment with no milk-bearing animals and a very limited choice of alternative weaning foods. Another young mother in the same village had a well nourished 18 month old who was still breastfeeding; models of ‘positive deviance’ can be found and should be integrated into efforts to encourage changed child feeding behaviors.

Field visits illustrated another element, the difficulties in linking general family rations to rosters for SFPs. On this, field practice varied widely, from programmes which fed all children in a household to two which proactively liaised with lead agencies to reconcile the lists. WFP reported that it was initially assumed that the CBTD system would ensure inclusion of poor households with undernourished children. The beneficiary selection criteria do not mention this.⁴⁸ The separation between households eligible for EMOP distributions and those considered eligible for longer term relief may also raise the potential for malnourished children, found in large numbers in peri-urban areas considered to be less affected by the Some therapeutic feeding programmes had not ensured a linkage with SFPs for children being ‘graduated’ out. There is a risk of families maintaining children in supplementary feeding programmes in order to receive supplementary rations. This could not be verified in the field. The ‘handing over’ of an OTP in one district after three months of operation with no transition plan for children in the programme illustrates this gap in the system.

The adequacy of the response in terms of reaching malnourished children was only partial. Enrolment in programmes was only a fraction of the estimated number of children below an acceptable level. Coverage for pregnant and lactating women was even more limited. With large numbers of children outside the reach of these programmes, it is not possible to estimate either child deaths or lives saved as a result of health and nutrition interventions.

7.2.3 Water and sanitation

Among other challenges response on water failed to take into account women’s specific (reproductive health) need for water. In Marsabit it was confirmed that women who went for delivery at the district hospital had to carry their own water for use during delivery. While the tinkering of water did manage to ease the burden of finding water among girls and women, the failed to address wider issues of their access, protection and easing the labour of transporting water. Future interventions could seek to address these challenges by having a gender responsive strategy for access, protection and investing in labour saving technology to ease the labour of transporting water.

Access rights of people with disability, children, the elderly, and women to water during the drought come into question. Where water tinkering was available these groups reported inequalities and difficulties in access. In Marsabit for example, respondents confirmed that there was no queuing at all and where the queuing system was in place, it failed to respond to the needs of the disabled, children, the elderly and women.

⁴⁸ See Government of Kenya and World Food Programme, Community Based Food Aid Targeting and Distribution in Kenya, Field Manual, Revised September 2004.

7.2.4 Agriculture and pastoral early recovery and rehabilitation

Due to the late response in the cycle of the drought, most of the agricultural and livestock activities were introduced during or after the long rains between February to June 2006 which in large were favourable to arid and semi-arid lands. Some destocking activities, fodder and seed distribution took place initiated by the MoA, MoLFD and NGOs on a relatively small and localised scale prior to the rains. All the interventions included in the Agriculture & Livestock Working Group consolidated sector appeal (March 2006) took place from April. As mentioned earlier, the full scale of the response was limited by funding, since commitments to the appeal only reached 33%. Nevertheless there was broad geographical coverage of animal health (deworming and immunisation), redistribution of livestock (primarily sheep and goats) and seed distribution even if the scale of interventions was small. However, one of the difficulties in determining interventions in the ASAL is the lack of overall understanding of the potential capacity of the rangelands with respect to water sources, pasture and livestock numbers, so interventions are not carried out within the framework of a well informed overall strategy.

Without such a strategy, shortcomings are more difficult to identify, but the RTE made the following observations:

- Destocking interventions were inadequate during the last quarter of 2005 and as a result there was a significant and unnecessary loss of assets to the most vulnerable of agro-pastoral and pastoral communities;
- Animal health interventions (including deworming and immunisation) were also late and the first phase (750,000 animals) covered between 5 to 10% of the estimated livestock in the affected areas (depending on exact losses); and
- Little emphasis was placed on promoting a stronger inter-dependence between riverine (irrigated agricultural areas), agro-pastoral and pastoral areas to ensure that there is greater self-sufficiency in ASAL to produce fodder crops and sustain quality livestock in sufficient numbers.

7.3 Efficiency

7.3.1 Health and Nutrition

This dimension is very difficult to address without cost data on programmes in the field. However, the cost of any outreach or service delivery in this environment is extremely high. The closure and re-opening of nutrition programmes are scaled down or close and then re-opened, The DMO in one district reported that the fuel bill for his monthly health outreach activities was KES 500,000 [\$7000]. The recent decision of Government to restrict use of vehicles with large engines, over 3000 cc., will make it almost impossible for essential health outreach and support supervision activities to be carried out in the ASAL districts. The difficulty of attracting staff to the northern districts may also raise programme costs. If, however, there is a serious commitment to improved health and nutrition standards in this fragile environment, the costs must be budgeted for.

7.3.2 Agriculture & Livestock

There is a strong argument that early interventions in ASAL to prevent the erosion of livelihood assets, such as pastures, livestock and agricultural potential, is not just a moral prerogative of the humanitarian aid community, but is also far more cost affective, even in the short-term, than a food aid programme which ultimately absorbs nearly 94% of the humanitarian budget⁴⁹. Furthermore, such interventions endeavour to sustain existing livelihoods which continue to contribute to the economic welfare of the country, and avoid large sectors of the population falling into poverty and destitution which has enormous social and economic costs to the State in the long-term.

⁴⁹ In the Kenya Appeal for Emergency Food and Non-Food Assistance (February 2006) food aid represented over \$221m of the \$34m requested.

7.4 Addressing the root causes

Inequality in economic structures and policies, in all forms of productive activities and in access to resources affect the ability of women, who constitute over 50% of the poor in Kenya, to feed themselves and their families during drought. Land is a vital resource for livelihoods. Women's rights to property are unequal to those of men in Kenya. Less than 5 % of the holders of land titles are female, while the remaining 95% male (Kameri-Mbote & Mubuu 2002). A complex mix of factors underlies women's property rights violations in Kenya, particularly discriminatory laws and customs. The devastating effects of property rights violations - including poverty, disease, violence on women, and homelessness harm women, their children translates into the inability over 50% of poor Kenyans to secure livelihoods and food security. Independent and effective land rights for women have been identified by researchers and policy makers as vitally important for family welfare, food security, gender equality, empowerment, economic efficiency and poverty alleviation (Agarwal 1994, 2002). Unequal ownership and control of land is a critical factor which creates and maintains differences between women and men in relation to economic well-being, social status, empowerment ultimately, the ability to engage in sustainable livelihoods and food security.

Lack of respect for and inadequate promotion and protection of the human rights of women and children and persistent discrimination and violations of the rights of girls affect their social, economic and political status and translates into persistent and increasing burden of poverty on women, inequalities and inadequacies in unequal access to education and training, violence against women and girls, unequal power-sharing and inequalities and inadequacies in access to health and related services in Kenya.

Measures aimed at addressing the country's preparedness to food and livelihoods security must of necessity address women's unequal access and ownership of land and productive resources among other gender issues. The World Bank policy research report *Land policies for growth and poverty reduction* points to evidence that increased control by women over land and other assets could have 'a strong and immediate effect on the welfare of the next generation and on the level and pace at which human and physical capital are accumulated' (WB 2003:38). Commitments towards this end will need to be followed by effective strategies (as spelt out in Sessional Paper No. 2 of 2006) that ensure that women are protected against the indirect or direct discrimination that are consequences of gender and context-insensitive land laws, policies and practices.

The health and nutrition interventions carried out during the 2005-2006 response provide a very short term foundation for tackling the root causes of poor health and nutritional status in the ASAL districts. As DHS and other data have shown, the health status of Kenya's dry areas, their access to services and the long term nutritional status of children constitute a 'chronic' crisis. The prioritization of these areas in allocation of resources, as well as improvements in household incomes through economic growth, will have some effect on the health and nutrition of women and children. Improvements in the educational status of girls, whose enrolment and access have shown encouraging changes during the current emergency, will in the long term have an impact on the health of children and women. The commitment to a more coherent joint response in health and nutrition within UNICEF and in Government, made during the drought, is also a move toward a more explicit recognition of the inter-dependence of these needs.

8 Evaluative conclusion

8.1 Did the Early Warning system function? (Timeliness)

The national EWS functioned well, but was not necessarily listened to, in a context of a situation of chronic vulnerability and a recurrent series of drought. Some donors were ready to engage early, but did not always fund actors ready and able to engage in the affected areas.

8.2 Did we coordinate properly ? (connectedness)

The coordination mechanisms in place are functioning quite well, although sometimes perceived as too “food focused”. The district level is seen as absolutely vital, as long as it links properly with the central level.

8.3 Were the interventions relevant ? (relevance)

In most instances, the palette of intervention was diversified and covered all the required sectors: food, water and sanitation, livelihood, education, etc.

8.4 Did we save lives ? (Impact)

Only a limited number of sectors have a “life saving” impact (nutrition, health). In most instances, people would move or relate to different survival mechanisms and not wait for the situation to reach life threatening levels.

Aid programmes had an impact in the areas where they were implemented. Apart from food aid, interventions were nevertheless in most sectors patchy with a limited impact.

8.5 Did we reach the people in need ? (Effectiveness)

Due to limited geographic extension, aid reaches only a fraction of the population in need. In addition, even in the areas covered, lack of gender sensitivity probably limited the access of women to the aid programmes.

8.6 Did we link emergency response and resilience strengthening (connectedness)

In many instances, the two sectors were not credibly linked. They require different types of know-how and approaches. Yet any intervention that could prevent asset depletion and additional migration could facilitate linking emergency, rehabilitation and development.

9 RECOMMENDATIONS

9.1 Early warning and disaster preparedness

Findings	Recommendations	Remarks
Disaster preparedness mechanisms are not institutionalised; contingency planning processes are not yet in place and funded	The Government of Kenya should ensure that the National Disaster Management Policy paper, including a specific commitment for contingency planning, be soon passed in the Parliament	A lot of progress has been made over the last few years in government capacities
The Kenya Red Cross Society, and the larger Red Cross movement, have been involved in different key aspects of DPP, especially in conflict areas. The KRCS has recently invested massively in trying to boost its capacity	The Kenya Red Cross should pursue its efforts in preparedness, including national training programmes.; The Red Cross movement should support these activities.	It participates already in diffusion of IHL to armed forces
The Kenya Food Security Meeting and the Arid Lands Resource Management Programme (ALRMP) SAL have established considerable experience in EWS.	These agencies should continue to receive required financial support.	One unsolved question is that of the influence of the co-chairing by WFP on the overall approach
The regional overview for the Horn was limited due to political, logistical and security factors.	A regional approach for EWS, linking with Somalia's FSAU and Ethiopia's DPPA should be pursued and supported by donors, as most droughts and floods have a regional significance.	Political sensitivity has to be high.
EWS include a very limited perspective on gender perspective in data collection and analysis.	More gender disaggregated data should be collected and disseminated.	Cultural sensitivity, but also institutional courage are at stake
Use of nutritional data in livelihood-based EWS is mixed in effectiveness. The new sentinel site nutritional monitoring system is not always well understood in the field.	Further training in use of nutritional data for EW and programming should be provided by the GoK, UN agencies and NGOs.	
Early warning signals were received late in 2005, but they did not trigger an adequate level of response in the first stage of the 2005-2009 drought.	Donors should be more responsive to early warning information, advocating, if necessary, within their 'home' agencies for improved funding mechanisms.	CNN effect still predominant in many decision making processes.

9.2 Resource Mobilisation

Findings	Recommendations	Remarks
Resource mobilisation from the Kenya private sector and civil society was very important in early response.		It is only now that the national generosity is more understood
Early warnings were not followed up by sufficient resource mobilisation to engage in mitigation interventions, despite clear recognition of the cost effectiveness for mitigation	Identify and disseminate successful examples of early mitigation interventions.	Donors have shown signs of donor fatigue, but also a certain reluctance in engaging in early mitigation
National contingency funds were useful, especially for early interventions, but they were of a limited size.	Donors should ensure proactive funding for contingency plans (to support the government and the NGO capacity to respond quickly) and early funding for mitigation activities. The Kenya Government should increase the level of contingency funds and delegate a higher proportion at the district level.	Good auditing systems should also be put in place in parallel to ensure transparency and accountability
A very efficient system for food mobilisation has been created, with the Single Pipeline. Community Based Targeting varies in effectiveness.	The Single Pipeline mechanism should be maintained and the CBTP monitored to ensure that	Kenya de facto became one donor in the international response in its own country
Food remains the largest sector of humanitarian assistance in Kenya, despite high needs in other sectors	Donors should be convinced of the importance of the non food sector in this type of situation	Positive convincing experience seems still to be missing

E-CERF became available in March, relatively late in the response, and has been affected by administrative difficulties within certain agencies	As it is a new mechanism, additional trials are needed to fine tune CERF procedures.	Donors have expressed both interest and some worries about CERF
Articulation between the use of the CERF and the use of the National Appeal is unclear, especially to donors who are funding both	The “rapid intervention” and “gap filling” functions of the CERF have to be better communicated to stakeholders in the response	
NGOs and other non UN humanitarian actors have access to the CERF only as sub-recipients, and are concerned about how it may affect other direct funding sources.	Mechanisms to rapidly fund non UN actors have to be further developed, such as the “primary emergency decisions” from ECHO or the Humanitarian Response Fund (HRF) in operation in Ethiopia and Somalia.	NGO and Red Cross are not “implementing agencies for the UN”. They have analysis, approaches and thoughts on their own and do not necessarily want to be engaged under the UN banner.
Women are key actors in the survival of families during emergencies and require specific attention in the Kenyan context	All actors should ensure that resources be specially earmarked to support women’s requirements and involvement in the different facets of drought and disaster management.	A high level of cultural sensitivity is required to support gender perspectives

9.3 Coordination

Findings	Recommendations	Remarks
Strong coordination mechanisms linking aid agencies have been in place through the Kenya Food Security Meeting and its various working groups. It is also well rooted at the district level with the DSG playing an important role. In view of this situation, no cluster approach was required	Donors and international agencies should support the KFSM and ASAL structures and activities.	Full ownership of the Coordination mechanisms by the National Authorities is an asset, as long as this done not obstruct independent and impartial humanitarian action.
Women’s role in coordination mechanisms is often marginal	It is important that more effort be made to ensure strong participation of women staff in the coordination processes; this may increase the likelihood of gender perspectives being taken into account.	
Inter-sectoral coordination of responses was limited. In particular, coordination of nutrition programmes with provision of health services was not always optimum.	The line ministries and agencies involved in implementing health, nutrition and WES activities should focus on closer coordination,	UNICEF efforts in trying to support coordination have here to be commended

9.4 Quality of the response

Findings	Recommendations	Remarks
Response was frequently late. Lack of resources, high transaction costs slowed down expansion of NGO activities. Early mobilisation by ALRMP has to be commended.	Early livelihood and water interventions should be launched and carefully evaluated to ensure that their potential for early mitigation can be fully appraised.	There is a certain scepticism about early mitigation which should be dealt with by a thorough evaluation work done in due time
Women are a key actor in the daily survival of the family and the children. Specific attention has to be paid to their needs, but also to their role.	Ensure that women are well represented among staff of implementing agencies, on coordination bodies such as the DSG and in the recruitment of strong Kenyan women in the teams	High level of commitment, but also a lot of cultural sensitivity is required. Bulldozer approach will only cause security incident.
Food aid GoK food immediate aid interventions to supplement the ongoing EMOP were critical at the start of 2006 Food aid distributions delayed because of pipeline constraints (one month’s distribution missed) Community-based targeting understood to be working reasonably well although some “sedentary” and “destitute” populations not included	More independent post-distribution monitoring with greater emphasis on understanding the utilisation and impact of food aid on targeted communities Vulnerable communities that have “dropped out” of traditional livelihoods such as pastoralism should be included in emergency interventions	The risk of community and institutions becoming “dependant” on food aid has to be kept in mind.

<p>Livelihoods: Late scaling up of interventions in the agriculture and livestock sector resulted in heavy loss of livestock in ASAL and increasing reliance of pastoralists on food aid. Little emphasis was placed on the inter-dependence between riverine (irrigated agricultural areas), agro-pastoral and pastoral areas to ensure greater self-sufficiency in ASAL Increasing numbers of people have become destitute and are not directly benefiting from emergency interventions</p>	<p>A strategy for future response should be developed by the Agriculture & Livestock Working Group of the KFSM which integrates more effectively the sectoral approach and secures the commitment of donors through contingency funding.</p> <p>More emphasis must be placed on interventions to support sedentary or non-rural populations that have lost traditional livelihoods but are equally affected by the impact of drought.</p>	
<p>In health and nutrition:</p> <ul style="list-style-type: none"> ◆ Nutritional programmes did not always follow standard protocols and coordination gaps were identified ◆ Lack of access to basic health services and low levels of education among girls and women have created a health care crisis in drought affected areas which affects child nutritional status ◆ Nutritional interventions were not always linked with commodity programming ◆ Soci-cultural factors affecting child malnutrition have been persistent in northern and NE Kenya 	<p>The MoH should work closely with UNICEF and the KFSM working group on H/N to finalize national protocols for management of malnutrition. These should be disseminated widely.. Further work on the Food Security and Nutrition Policy should be supported to complete and act on this document. Programmes to influence child feeding and RH behaviours among women are urgently needed. These should be a priority of donors who support nutritional interventions, in emergency and post-emergency situations, Improved coordination on targeting between NGOs implementing nutritional interventions and the CBTP is needed.</p>	<p>Some of the remote areas are so difficult that it is very difficult to attract good quality health staff to work there.</p>
<p>In the WES, various types of programmes have been implemented by ASAL, UNICEF and NGOs, from simple shallow well chlorination to very expensive water tinkering. Hygiene education is often done, but it takes time to see an impact</p>	<p>The early signals in October should have triggered more early water interventions</p>	<p>Attention should be paid in ensuring proper balance between the creation of water resources and the carrying capacity of the grazing lands</p>

9.5 Long term vulnerability reduction

Findings	Recommendations	Remarks
<p>Linking the emergency response and longer term vulnerability reduction is important, but difficult to implement. Some interventions might even create additional difficulties in this line, as free life-saving interventions might be contradictory to longer term sustainability.</p>	<p>Key recommendations put forward in the National Policy for the Sustainable Development of Arid and Semi Arid Lands of Kenya include:</p> <ul style="list-style-type: none"> - develop the road and communication networks; - develop the trade mechanisms on livestock products - direct investment to the urbanised areas in the ASAL areas, in order to absorb the population evicted from the rural sector and maintain an appropriate level of pressure on already fragile resources.; - develop a series of practical measures to protect the environment in ASAL <p>This policy document should be acted upon, while continuing to study these issues.</p>	<p>Manu of these recommendations have been made by other observers and in fact were just underlining the degradation from the situation of a few decades ago, when many of these things were in place</p>

ANNEXES

ANNEX N°1: Terms of Reference

1) Background and context

Pastoralist and agro-pastoralist communities in the countries of the Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya and Somalia) experience extreme insecurity in terms of water, food and access to health care, as a result of historically poor investment in social services in the most remote areas of these countries. Pastoralist communities have suffered significant asset depletion and reduced capacity to cope with drought including restrictions on their nomadic movements. The long-term crisis in their livelihoods makes them particularly vulnerable to erratic rainfall and drought as well as to socio-economic marginalisation, political disenfranchisement, poor access to health and education, and violent conflict, which result in high morbidity and mortality. In 2006, more than 8 million people were identified as in need of immediate humanitarian assistance in the Horn of Africa, of whom 1.6 million are children below the age of five years threatened mainly by malnutrition and preventable diseases, which are the main causes of illness and death during drought (CAP 2006).

Since the beginning of 2006, and in Kenya's case since late 2004⁵⁰, the countries of the Horn of Africa have engaged in broad resource mobilization from the donor community. In Ethiopia and Kenya, the process was led by the respective governments and supported by UN agencies and other partners. In February 2006, the Kenyan Government made a joint appeal with WFP, UNICEF and FAO for emergency assistance (including a major food requirement) for USD 222,000,000. Djibouti, Eritrea, Kenya and Somalia also took part in a separate regional mechanism: the Consolidated Appeal Process (CAP) in early 2006. The 2006 CAP requested USD 425,747,076 for 2006, of which USD 99,029,036 in support of regional programmes and country-specific projects in Djibouti, Eritrea and Kenya.

Humanitarian action in 2006 has made use of the UN Central Emergency Response Fund (CERF). The CERF was recently revamped with the addition of a grant component to enable more timely and reliable humanitarian assistance to victims of natural disasters and armed conflicts. The CERF is intended to complement – not substitute – existing humanitarian funding mechanisms such as the UN Appeals. It is mainly geared to life-saving and time-critical programmes in the early months after a disaster or for under-funded complex emergencies with a limit of USD 30,000,000 for any one emergency with an obligation to implement programmes within six months. This maximum amount was made available in the Horn of Africa as a grant, and it funded initiatives in water and sanitation, health and nutrition, as well as food and livelihood security. The CERF grant had also an added value in focusing the attention of the governments and humanitarian actors in the Horn of Africa on the plight of otherwise chronically underserved minority groups and geographical areas, and on the regional dimension of disaster management and in particular the mitigation of negative migration patterns and coping strategies.

UN Country Teams were also encouraged to make use of the cluster approach or alternative sectoral coordination mechanisms where these were established. The architecture of clusters, sectors and leadership at the country level is meant to be adaptable to the context specific issues and capacities. Hence configurations may vary from one crisis to another, at the discretion of the UN Humanitarian Coordinator and inter-agency agreements. Kenya has an established coordination structure under the auspices of the Kenya Food Security Group which is led by the Office of the President.

2) Purpose and timing of the Real-Time Evaluation (RTE)

Real-time evaluations, as currently practised by several UN agencies, NGOs and other partners are meant to provide quick and practical evaluative feedback to country teams and other levels of humanitarian organizations during current emergency responses. The emphasis is on consultation with agency staff, other humanitarian actors and, to the extent possible, with beneficiaries; short and action-focused reports; particularly rapid dissemination of conclusions and recommendations; and immediate management responses and action. Their main purpose is to enhance learning and support management primarily at country level in improving the performance of humanitarian action.

- The core purpose of Kenya evaluation is to assist the Government of Kenya and the main stakeholders to review the current response to the drought and develop a strategy for mitigating the effects of recurrent drought by addressing chronic poverty in urban areas and resource management and access to basic services in rural areas. The evaluation will take into consideration the emergency response prior to 2006, i.e. the whole duration of the drought crisis.
- Additionally, the evaluation will inform stakeholders at country level as to what action needs to be taken in the short and medium term to achieve goals of humanitarian action; e.g. related to emergency preparedness with emphasis on early warning systems, as well as timeliness, adequacy effectiveness and coordination of the response. The evaluation will also provide an assessment of the effectiveness of resource mobilization including in particular the CERF, and make recommendations for improvement.

The proposed timing of the RTE is closely related to the purpose of understanding what the potential requirements for 2007 will be and whether emergency appeals will be needed in 2007. In consultation with the Kenyan Government, a decision will have to be made concerning the need for resource mobilization in Kenya by October 2006. Findings and recommendations will be presented to various regional workshops in mid-October 2006. Major conclusions and recommendations of the RTE Kenya should therefore be available by mid-October 2006. The Kenyan evaluation would thus need to take place between the 2nd and the 15th October, 2006.

In Kenya, the RTE will benefit from the results of the Long-Rains Assessment which will become available in September 2006.

3) Scope and objectives of the Real Time Evaluation (RTE)

⁵⁰ Following a Government of Kenya emergency declaration in August 2004, an emergency food relief programme (EMOP) was initiated in September, targeting a total of 2.3 million people in the arid and semi arid areas of the country. This period will be included in the evaluation.

The RTE will focus on the emergency response during the first half of 2006 and more specifically on activities funded from humanitarian appeals launched in Kenya, as well as through the regional CAP at the end of 2005 and during the first half of 2006.

The RTE will thus focus on the timeliness, adequacy and effectiveness of the emergency response during the first half of 2006, i.e. assess preparedness (including early warning functions), short-term life-saving activities as well as actions aiming at protecting and avoiding further degradation of livelihoods. In terms of sectors and themes, special emphasis will be given to food security, nutrition, health (including reproductive health) and water with adequate attention to gender as a cross-cutting issue.

Within this framework, the RTE will provide an assessment and recommendations for improvement with regard to:

- Timeliness, adequacy and effectiveness of the emergency response during the first half of 2006.
- Performance of emergency preparedness management including early warning systems in alerting and preparing the Government of Kenya and the international community to better respond and mitigate the impact of the drought.
- Resource mobilization during the first half of 2006 and resource mobilization strategies.
- Effectiveness of the current co-ordination mechanisms

Another task of the RTE will be to identify issues and programmes that require a more in-depth evaluation after the RTE, notably those that are related to structural causes of vulnerability due to recurrent drought and food insecurity and challenges to strengthen resilience and livelihoods. In the region, food insecurity caused by environmental degradation, drought, conflict and chronic poverty is an increasingly recurrent phenomenon threatening the livelihood of the population. Longer-term trends and how international aid addresses them cannot be evaluated in an adequate manner during an RTE, but should be examined in more in-depth exercises as from October 2006. These evaluations could also provide information and analysis to the planned meeting on structural causes of vulnerability scheduled to take place at the end of 2006 or in early 2007.

4) Key evaluation questions

a) Overall appropriateness of the short term response

- What overall results have been achieved through life-saving and livelihood protection/bolstering related activities, especially in nutrition and health, water and sanitation as well as food and livelihood security? What were the specific results for the affected communities, with special attention to girls and women and other often neglected groups such as the elderly and the disabled?
- To what extent does the overall response address the underlying structural issues that cause vulnerability to drought?
- What factors have been conducive to the achievement of results? What have been the major bottlenecks that have impeded the achievement of results (e.g. lack of funding, human resources, supplies, telecommunications; coordination; access problems etc.)?
- How effectively were issues related to access and security addressed (including respect of humanitarian principles)?
- Review the humanitarian/recovery implementation capacity at district level.
- To what extent was the emergency response built on existing structures and programmes?
- Was funding information shared with all respective stakeholder groups (donors, government, and affected population)?
- How were the numbers of beneficiaries established and negotiated, and what might be done to improve the targeting system?

b) Early warning systems and emergency preparedness

- Examine the analysis of both the Short and Long Rains Assessments and assess their appropriateness of the methodology for early warning?
- How could the early warning /response system in Kenya be strengthened: including the idea of an emergency contingency fund?
- To what extent did the early warning systems in Kenya provide complete, timely and gender-specific information and allow for adequate emergency preparedness and early response that address specific needs of women and men / girls and boys? To what extent were factors considered that trigger livelihood degradation? How were HR as well as gender/protection issues taken into account?
- With hindsight during the early response, how adequate and useful have emergency preparedness plans proved to be? To what extent did Early Warning lead to early and timely action? What facilitated/impeded early action and preparedness initiatives?
- What were the mechanisms in place to respond adequately and quickly to the emergency? To what extent did coordination and cooperation happen between the Government of Kenya UN Agencies, Red Cross and NGOs?
- What lessons can be drawn from this experience for risk-reduction, preparedness and contingency planning in general? How can it be made more gender-sensitive?

b) Resource mobilization

- Review the poverty reduction framework and overall resource potential.
- Review potential private sector involvement.
- To what extent did CERF funding (a) promote early action and response to reduce loss of life, (b) enhance response to time-critical requirements, and (c) strengthen core elements of the overall humanitarian response?
- Which sectors were successful in attracting funding? What delays were there?
- How has Kenya performed in regards to resource mobilisation compared to Ethiopia and Somalia? Which approaches succeeded in raising the necessary funds? How did the non-food sectors perform in resource terms across the 3 countries?
- How were project proposals for CERF funding prioritized at the field level?

- What was the time gap between the submission of proposals and disbursement (between CERF and UN agencies and between UN agencies and NGOs)?
- To the extent that CERF provided seed funding during the early response, how successful was fund-raising for the subsequent stages? How was the coordination with CAP and country-specific resource mobilization activities?
- What is the perception of agencies on the ground regarding the suitability of the Government Appeal, CERF and CAP mechanisms, speed of disbursement, value added and local processes?
- To what extent does the overall resource mobilization strategy give adequate attention to both short-term needs and more structural causes of poverty and vulnerability?

c) Coordination of response

- What were the modalities of the decision-making processes within the Government led coordination structures? Are these structures, which primarily had a development function, sufficiently flexible to oversee humanitarian interventions?
- How relevant and efficient was the configuration of the sector architecture to the issues? Should it be adjusted and if so how?
- How were inter-sectoral issues such as gender and protection addressed?
- To what extent did sector coordination result in a more efficient and complete response (including at regional and district levels)?
- What recommendations can be made for immediate course correction and what lessons can be learned for responses to similar emergencies?
- How can the response be made more gender-sensitive and better address challenges related to gender equity and equality?

In addition to the above evaluation questions, the team will identify issues related to structural causes of vulnerability and challenges to strengthen resilience and livelihoods

- *Analyse the main recommendations from the Long Rains Assessment.* What are the other major sources of information and existing studies and evaluations that should be consulted and used when dealing with structural causes of vulnerability and challenges to strengthen resilience to natural disasters, food security and nutrition, health care, water and protection etc.
- Which issues in this regard need to be studied and which programmes need to be evaluated in the near future to prepare and improve the overall appropriateness and effectiveness of the response to the drought crisis in Kenya?
- To what extent are existing institutional mechanisms and arrangements in the inter-agency context adequate to conduct systematic studies and evaluations of the appropriateness and effectiveness of the response in this regard and how could these mechanisms and arrangements be improved?

5. RTE process, outputs and methods

RTEs intervene at a time when field teams are burdened with programmatic and operational activities. They should therefore have a light footprint and draw as much as possible on existing documentation and make use of on-going processes (e.g. meetings, field trips etc.) to the greatest possible extent. This implies a small team of highly qualified evaluators. The evaluation team will be composed of three international consultants and two national consultants in each of the three countries. The profiles of the different members of the team will be:

- The (international) team leader will coordinate the activities of all team members and deal with overall issues related to the appropriateness and effectiveness of the response since early 2006. S/he will notably cover aspects related to early warning systems, emergency preparedness, resource mobilization, access and security and operational activities, as well as access to drinking water and water use for hygiene and sanitation. S/he will also be primarily responsible for the identification of issues that will require more in-depth studies and evaluations. S/he should have extensive experience in humanitarian action (preferably in the UN, Red Cross and NGOs), have a good record in humanitarian evaluation, and possess proven communication, facilitation and writing skills. S/he should have experience with the pastoralist and agro-pastoralist environment and livelihood, preferably in the Horn of Africa.
- The (international) nutrition and health expert will deal with all issues related to a) nutrition and access to food aid and feeding programmes, notably for children, b) health practices and access to preventive and curative health care as well as reproductive health. S/he will be responsible for the interpretation and analysis of relevant data and other information on nutrition, health and water in the early warning systems and for the identification of possible gaps in these systems. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.
- The (international) food security, vulnerability and early warning expert will deal with self-reliance aspects related to food security, i.e. food production (pastoralist, small-scale agriculture and fisheries), availability and affordability of food on local markets, the role of food aid in protection and recovery, the resilience of different strata of the population in terms of securing short-term and long term livelihoods including credit, savings, income, remittances and other assets. S/he will be responsible for the interpretation and analysis of relevant data and other information in particular on predominant livelihood systems in the region such as agro-pastoralism in the early warning systems and for the identification of possible gaps in these systems. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.
- In each of the three countries, a (national) gender and community participation expert. S/he will deal with all aspects related to the gender-sensitivity of the early warning systems, the emergency preparedness and the different aspects of the response, assess the degree to which women and girls / men and boys participated in and had access to delivery of aid at the community level. S/he will contribute to the interpretation and analysis of relevant data and other information in the early warning systems and for the identification of

possible gaps in these systems. S/he should also review how information and accountability mechanisms functioned throughout the system, in particular in view of to what extent communities were consulted, involved and informed on the planning and implementation of the response. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.

One UN staff member, who has in-depth knowledge of the Kenya emergency programmes, will be asked to guide the evaluation team at the request of the Office of the President.

All members of the team should be established experts in their respective fields and have an excellent knowledge of evaluation norms, standards and approaches (especially UNEG Norms and Standards⁵¹) as well as of quantitative and qualitative methods of evaluation. They should be familiar with SPHERE standards. They should all be highly gender sensitive and have extensive field experience in humanitarian action, preferably with the UN System and/or INGOs. Experience with pastoralist and agro-pastoralist environment and livelihoods (preferably in the Horn of Africa) would be an advantage. Excellent knowledge of English (oral and in writing) is essential and knowledge of any of the national and local languages of the three countries would be an advantage.

The team will work under the supervision of a small Evaluation Management Team composed of evaluation staff of contributing agencies (UNICEF, OCHA, FAO, UNFPA, WHO). UNICEF's Evaluation Office at New York Headquarters will lead the overall management of the evaluation. With the exception of the food security expert who will be recruited by FAO, UNICEF's Evaluation Office will contract the evaluation team. All members of the team will report to the team leader who will report to the Evaluation Management Team, which will in turn report to the newly created Regional Directors' Team (RDT) for Eastern Africa

The evaluation team will produce the following outputs:

- A brief RTE report for Kenya (not exceeding 5-10 pages) according to a format approved by the management team during the briefing at the beginning of the overall RTE process. The evaluation team will present their draft findings to the Kenya Food Security Meeting and the UN's Horn of Africa Scenario Planning meeting on the conclusion of the country visit, including provisional recommendations. Other regional workshops will be targeted.
- A brief synthesis report on the basis of the country-specific reports (not exceeding 20 pages) as well as a PowerPoint presentation for the workshop summarizing main findings, conclusions, recommendations and lessons learned.

Principal conclusions and recommendations of the RTE will be available before the regional workshop that will be organized after completion of the country visits. The final versions of these four reports will be available within 15 days after the workshop.

In each country, the UN Humanitarian Coordinator will create a Learning Group composed of interested stakeholders who will be briefed and debriefed during entry and exit meetings. At the regional level, there will be a Learning Group composed of representatives of the IASC teams as well as regional and headquarter staff of participating organizations who will attend the final workshop.

Methods will include an extensive review of documents before and during the field visits (previous evaluations, Government assessments, CAP, CERF grant requests, country plans and reports, project documents, sitreps, progress reports, minutes of meetings etc.); direct observations techniques (e.g. attending regular meetings; accompanying scheduled field trips); and key stakeholder group and individual meetings (including interviews and focus group discussions with people affected by the humanitarian crisis, especially vulnerable groups). All information will be triangulated and validated to the greatest possible extent and the analysis will adhere to UNEG Norms and Standards, ethical standards and reporting guidelines of participating organizations.

At the beginning of each country visit, the Evaluation Team will make a quick selection of programmes funded from humanitarian appeals launched in the three countries as well as through the regional CAP at the end of 2005 and during the first half of 2006. This selection should allow the team to limit the scope of the assessment and provide concrete and well-illustrated answers to the evaluation questions. The UNDRT will provide Management Responses and Action Plans within 15 days after the completion of the four reports. The implementation of accepted recommendations will be monitored through regular reporting mechanisms. At the global level, a Virtual Reference Group will be created composed of representatives of evaluation offices of IASC members, which will be involved in the review of draft reports.

6. Assumptions and requirements

Although the burden on the country teams will be kept to a strict minimum, it is assumed that the evaluation team will have access to all relevant documentation and can take part in relevant meetings and field trips.

RTE does require interaction between field staff and the evaluation team if it is to meet the challenge of being an opportunity for learning and performance improvement. Entry and exit meetings with the learning groups of the UNCT are deemed extremely important in this context. Comprehensive briefing and debriefing sessions with the evaluation management team are equally essential as will be the regional workshop.

⁵¹ <http://www.uneval.org/docs/ACFFC9F.pdf>

ANNEX N°2: Itinerary of the mission

- 02/10/2006: Meeting with OCHA
Meeting at ALMP
Meeting at ministry of Water
- 03/10/2006: Meeting with UNCT
Meeting with ALMP
Meeting with UNICEF
- 04/10/2006: Meeting With NGO
Meeting with WFP
- 05/10/2006: Field visit Mandera
- 06/10/2006: Field visit Mandera
- 07/10/2006: Field visit Mandera
- 08/10/2006: Departure Marsabit
- 09/10/2006: Field visit Marsabit
Meeting with ASLM, DSG
Departure to Khor
- 10/10/2006: Field visit to Khor
Return to Nairobi
- 11/10/2006: Meeting with French Embassy
Team meeting
- 12/10/2006 Meeting with USAID
Meeting with FAO
Debriefing with UN CT
- 13/10/2006: Debriefing to IASC and government partners
Report drafting
- 14/10/2006: Preparation of UNDP intergovernmental conference on drought prevention,
- 15/10/2006: Africa Drought prevention conference
Team meeting
- 16/10/2006: Meeting with UNICEF
Meeting with OCHA
Meeting with UNICEF
- 17/10/2006: Team meeting
Debriefing with donors
- 18/10/2006: Final meeting with OCHA

ANNEX N°3: List of people met

Name	Position	Date
NAIROBI		
Pierre Ngom	Regional M&E Officer, UNICEF ESARO	2/10/06
Ben Henson	Emergency Coordinator ,UNICEF Kenya CO	2/10/06
Roger Pearson	Senior Programme Officer, UNICEF Kenya CO	2/10/06
Andrew Timpson	Head, Human, Unit, Office of the UN Res Coord in Kenya OCHA Nairobi	2/10/06
Ibrahim A. Maalim	Under Sec., Disaster Emergency Response Co-Ordination, Office of the President, Special Programmes	2/10/06
Maboob Maalim	Permanent Secretary, Ministry of Water & Irrigation	2/10/06
Fred K. Mwango	Snr. Dep. Dir – Water, Ministry of Water & Irrigation	2/10/06
Dr. Sharif	Director of Medical Services, Ministry of Health	2/10/06
Abbas Gullet	Secretary General, Kenya Red Cross Society	3/10/06
XXXXXXX	Staff, KRCS	3/10/06
XXXXXXX	Staff, KRCS	3/10/06
James Oduor	Arid Lands Resource Management Programme	3/10/06
Annie Sparrow	Health & Nut. Coordinator, CRS ERT	3/10/06
Charles Byamigisha	Disaster Response Manager, IFRC	3/10/06
Josie Buxton	Oxfam UK	3/10/06
XXXXXXX	FARM Africa	3/10/06
Lainie Thomas	Goal	3/10/06
Simon Mansfield	Regional Conflict & Humanitarian Advisor, Central & East Africa, DFID	4/10/06
André Vermeer	Netherlands Dev. Cooperation, Netherlands Embassy	4/10/06
Faith XXXXX	ECHO	4/10/06
Fatuma S. Abdikadir	National Co-ordinator, Arid Lands Resource Management Project, Office of the President	4/10/06
Calum McLean	FAO Project Manager, Support to Emergency Preparedness & Response in Kenya	4/10/06
UNDRT	[many names]	4/10/06
Denise Brown	XXXXXXXXXXXXXXXXXXXX, WFP	
Simon Cammelbeeck	EMOP Logistics Coordinator, WFP	
MANDERA DISTRICT		
Awil Bashir	Planning, Monitoring & Eval Officer, UNICEF	5/10/06
Aden Mohamed	Head, ALRMP	5/10/06
Mohamed Abdi	District Water Coordinator	5/10/06
Omer XXXX	District Officer, Mandera	5/10/06
Warren Kimani	District Commissioner, Mandera	5/10/06
Dr. Boniface Musila	DMOH	5/10/06
Ibrahim Sheikh	KRCS Branch Chairman	5/10/06

Adam Mohamed	District Senior Public Health Officer	5/10/06
Mario XXXXX	Action Against Hunger (AAH)	5/10/06
XXXXXXXXXX	AAH	5/10/06
XXXXXXXXXX	Islamic Relief	6/10/06
Adan Mohamed Sheikh	SFC Supervisor, AAH	6/10/06
Mohid Farah	Officer in Charge, Dispensary Khalilio	6/10/06
Ashford Mbiuki	Field Monitor WFP	6/10/06
Raphael Ngumbi	Field Monitor WFP	6/10/06
Silvester Nzuki	Monitoring & Evaluation Officer WFP	6/10/06
Stephen Ngige	Logistics Assistant WFP	6/10/06
Samuel Nguriathi	Security Assistant WFP	6/10/06
Abdullah	District Livestock Production Officer, Mandera	7/10/06
DSG	[ca. 20 attending]	7/10/06
MARSABIT DISTRICT		
Joyce Meme	Emergency Project Officer, UNICEF	8/10/06
Mutea Iringo	District Commissioner, Marsabit	9/10/06
DSG	[ca. 12 staff of GoK, NGOs present]	9/10/06
Kevina Ratono	Health Coordinator, Food for the Hungry Int. (FHI)	9/10/06
Mohamed Abdinoor	Project Manager, KRCS Marsabit	9/10/06
Tear Fund staff	Korr, Marsabit District	10/10/06
??	Head, ALRMP	
Mohammed	Kenya Red Cross Society	
NAIROBI		
Jack Myer	Principal Regional Advisor, USAID	11/10/06
Noreen Prendiville	Chief, Nutrition Section, UNICEF Kenya	12/10/06
Augusta Abate	Assistant FAO Representative Kenya	12/10/06
Calum McLean	FAO Project Manager, Support to Emergency Preparedness & Response in Kenya	12/10/06
Bruno Minjauw	FAO Regional Livestock Adviser	12/10/06
Imaitha	Ministry of Agriculture	12/10/06
Osanya	Ministry of Agriculture	
UN Team [de-brief] incl. Marion Read	Dep. CD, WFP	
Roger Pearson (2 nd int.)	UNICEF Kenya	18/10/06
John Hayward [with J. Myer and S. Mansfied]	Head of Regional Support Office, Central, Eastern and Southern Africa, European Commission	18/10/06
Marilyn McDonagh [with N. Prendiville]	Chief, Health Section, UNICEF	17/10/06
Nancy Estes	Director, Office of Food for Peace, REDSO/ESA, USAID	23/10/06

ANNEX N°4 : Consulted bibliography

Agarwal, B. 1994. *A field of one's own*. Cambridge: Cambridge University Press.

Agarwal, B. 2002. *Are we not peasants too? Land rights and women's claims in India*. New York: Population Council. (SEEDS series; no. 21.)

WB (World Bank). 2003. *Land policies for growth and poverty reduction: A World Bank policy research report*. Oxford: World Bank and Oxford University Press.

Kameri-Mbote, P & Mubuu, K. 2002. *Women and Property Rights in Kenya: A Study on Trends in Ownership, Control and Access to Land and Productive Resources in Agricultural Communities in Select Districts*. Paper documenting findings of a Study commissioned by FIDA (Kenya) as a background to a revised Matrimonial Causes Bill. Kameri-Mbote, P & Mubuu, K. 2004.

GoK (Ministry of Gender, Culture Sports and Social Services), Sessional Paper No. 2 of 2006, on Gender Equality and development. Government Printer, Nairobi.

Government of Kenya (28 June 2006), National Food & Nutrition Policy;

Government of Kenya & UNEP 2006: Kenya Drought: impacts on agriculture, livestock and wildlife;

UNICEF Kenya ; 2006; Evolution of the Government of Kenya Cash Transfer Programme for Vulnerable Children between 2002-2006 and Prospects for Nationwide Scale-up; Pearson, R; Alviar, C

Government of Kenya (January 2006); National Policy for the Sustainable Development of Arid and Semi-Arid Lands of Kenya;

Government of Kenya (November 2004); National Disaster Management Policy;

KFSSG (15 September 2006); Kenya Long Rains Assessment Report;

Oxfam International (May 2006); Making the Case: a national drought contingency fund for Kenya;

FEWSNET (September 2006); Understanding Nutrition Data and the Causes of Malnutrition in Kenya: a special report by FEWSNET