**RAPID RESPONSE - INTERVENTION application form**

**Applying organisation**: **Periamma**

**Title of the intervention**: **Drought in Kenya – Baringo County 2022**

*DERF funding to be spend in the crisis area: 96% (see budget)*

*DERF funding to benefit the crisis-affected population: 80% (see budget)*

## The humanitarian intervention (describe within max. 4 pages)

**1.1 The context:** Considering the description of the context submitted by the implementing partner (attached to this application), how have you ensured that the proposed intervention is appropriate and relevant (CHS 1) for the affected population and vulnerable groups? Describe how the proposed intervention is effective and timely (CHS 2) in relation to the described context.

An estimate of 3.1 million people *(20% of the population in Kenya’s Arid and Semi-Arid Lands (ASALs))*were classified in IPC Phase 3 (Crisis) or above acute food insecurity in February 2022. Compared to the same period in 2021, there was an increase from 1.4 million to 3.1 million people classified in IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency). The deterioration of food insecurity is attributed to multiple shocks, including dry spells from three consecutive poor seasonal rainfall performances (all below the five-year average), below-average crop and livestock production, localised resource-based conflict, and the ripple effects of the COVID-19 pandemic, which have resulted in increasing staple food prices across the country.

The following 7 counties are the most affected, representing more than 50% of the total population classified in IPC Phase 3 or above: *Marsabit, Turkana, Baringo, Wajir, Mandera, Samburu* and *Isiolo*. These areas are predominantly pastoral livelihoods. In the projection period (March to June 2022), the population in IPC Phase 3 or above is expected to increase from 3.1 million to about 3.5 million people (*23% of the population in the ASALs)*, while the population in IPC Phase 4 is likely to increase from 525,000 to 758,000 people.[[1]](#footnote-1)

In the target area of this proposal – **Baringo County** – the County Coordinator of [National Drought Management Authority](https://www.ndma.go.ke/) (NDMA), Mr. Bethuel Wafula, has stated that the worst hit sub counties in Baringo are: **Tiaty**, **Baringo South** and **Baringo North**. According to Wafula the situation deteriorating day by day since water points have dried up completely. He points out *“if no urgent measures are taking to provide food assistance, many will starve to death.”*[[2]](#footnote-2)

Tiaty, which is the specific targeted area of this proposal, is among those areas that experience an increase in the number of people in high acute food insecurity (IPC Phase 3 or above). The proposed intervention is aiming to mitigate the effects of the drought and food insecurity:

* Provide immediate relief emergency in order to save lives (food security)
* Supporting the people and the pastoral livestock by providing clean drinking water (water security)

While we are ensuring that the proposed interventions are to save lives, it is of equal priority to ensure that sustainable interventions, like rain harvesting, are implemented, that builds resilience to the drought. At the same time, it is imperative to emphasize on the need of raising awareness about the importance of building community resistance in the proposed area of Baringo County, even when the rain comes. If the proposed immediate interventions are implemented, we can reduce the impact of the drought in Baringo County.

**1.2 Content of the intervention:**

a) Describe the intervention’s activities, the results these will have and what the outcome of these will be.

|  |  |  |  |
| --- | --- | --- | --- |
| **Immediate Objective 1:  Ensure food security for vulnerable groups in the ASAL region of Kenya** | | | |
| **Activities:** | **Results:** | **Indicators:** | **Assumptions:** |
| Distribution of food | 900 vulnerable people (150 households) in the targeted area have been identified and have received the relief emergency. Reduce vulnerability to shocks among the local communities in the targeted areas. | Distributions of food in kind to 900 beneficiaries (150 HH) have been reached. | The targeted beneficiaries have been identified through local participation and involvement.  The beneficiaries have selected food and hygiene products themselves. |
| Community engagement / Participation | Relief committees have been identified in the 6 locations of Tiaty.  People with special needs are identified and have received the relief emergency.  Formation of WhatsApp groups in all the 6 locations.  Coordinating meetings in each location including village representatives - 15 members in each committee. | Each of the location has at least 7 members with all genders represented.  60 Beneficiaries people with special needs have been identified 10 from each location of Tiaty.  Each of the committee has formed WhatsApp groups and HMDS will be among the participants.  One coordinating meeting have been conducted in each location. | The committee have been formed in consultation with local leadership - Area Chief to be in lead.  Availability of motorbike for transport of these people together with their food items.  Chief from each location is the administrator of the WhatsApp groups.  The meeting will include local administration and village representatives. |
| Water and sanitation | Fill water at water point. | 6 x 10,000lts water tanks filled. | Water can be transported from Marigat. |
| Covid 19 Measures | Beneficiaries and staff have facemasks and sanitizer during the process. | 20lits of sanitize are supplied and 200 face masks provided. | Precautions on COVID 19. |

b) Describe in a few sentences the change your intervention will bring to the people affected by the crisis. What do you expect the short-term impact to be after completion of your intervention?

The intended impact of the immediate intervention is straightforward: To provide water and food to the people in the affected area so they don’t die due to hunger/starvation thus preventing death. The aim is to protect and save lives, and to improve the nutritional status in acute humanitarian emergency targeted area. A short-term impact will be distribution of basic food ration (based on the assessment of need), correcting malnutrition with supplementary feeding for acutely affected sub-groups, and provision of clean drinking water. Secondly the affected people’s dignity will have been observed, because without food and water, your dignity is eroded with a lack of self-esteem. By including and ensuring an active participation among the representatives of the beneficiaries in the selection of food aid, we can uphold the dignity, and sense of ownership and belonging of the beneficiaries.

c) How will you measure the achievement of results and outcomes?

The overall purpose of the intervention is to increase food and water security among the most vulnerable in Tiaty. Referring to the above LFA one of the immediate objectives is to ensure water and food security for 150HH - 900 beneficiaries. Our indicator for measuring the outcome is 900 beneficiaries have received food packages and water from the school distribution points. Out of the total number of beneficiaries at least 80% are considered very vulnerable.

d) Considering the mode(s) of assistance your intervention includes (Cash Based Assistance, Voucher Based Assistance, Goods, Services), please justify the choices made. Why are you choosing one mode instead of another, or why do you combine the modes as you do?

HMDS will use goods mode in this intervention since it allows us to have control of what the beneficiaries are taking, unlike if they are given cash where they might buy what is not intended to be bought, like alcohol or sub-standard food. We will involve representatives from the beneficiaries in selection of the food items to preserve their dignity and ensure that the feeling of ownership and empowerment. Also, most markets in the affected areas are not fully functioning so this mode will make sure that food arrived as planned and distributed directly to beneficiaries. The required food will be purchased in *Nakuru*, the biggest nearby city, where all that is required can be found. Water will be transported from *Marigat*, the biggest nearby town.

e) How does your intervention consider the priorities mentioned in the DERF Call? How do you ensure that resources are managed and used in an effective, efficient, and ethical manner (CHS 9)?

To be certain the resources have been professionally managed, HMDS will have a professional human resource that follow the policies of the organization, including the financial policy that will be used on this project implementation. We will also use post-distribution monitoring mechanism to collect and get the feedback on the quality, sufficiency, utilization, and effectiveness of the intervention. It will help us to find out types of problems the beneficiaries faced during distribution and to evaluate the overall effectiveness of the distribution process. We will ask questions to obtain a general idea of the beneficiaries’ appreciation of the distribution system, the food items received, and their socio-economic situation.

f) Briefly describe how you intend to start your activities within 7 days of receiving the first transfer of funds from the DERF.

The beneficiary identification and selection process will be community-centred where we will have a relief committee of 15 people. It will comprise of 3 from HMDS and Periamma, 6 representatives of the target group, and 6 Chiefs. HMDS will guide leaders on selection criteria to ensure that the selection process is inclusive and only the most vulnerable and deserving communities are reached. The identification of the target groups will take at most 3 days. The procurement process will start immediately the funds are received; this will ensure that the beneficiaries get the needed food soonest possible. Schools will be advised accordingly, so they can be the centre point for food distribution.

**1.3 The target group:**

a) Describe the **direct target group** of the planned intervention, including their characteristics and needs. Justify how you have selected this particular target group among those affected by the crisis (i.e., which inclusion criteria did you use?). Specify also how many people will benefit from each of your main activities.

The target groups of this planned intervention are the most vulnerable people in Tiaty - women, lactating mothers, pregnant women, children, disabled and elderly. The people in these areas are pastoralists, where men migrate with their livestock in search of water and pasture. Women, children, the elderly, and disabled have been left behind to survive on their own thus being exposed group. It is on these criteria that we picked our beneficiaries. HMDS and Periamma together with an Area Chief did a need assessment visit to the area:

*“The landscape is devilishly beautiful with its cacti and green trees. But the sight is deceiving - because here it is so dry that it is not possible to cultivate something that people can actually live on. The river, which used to be a guarantor of life-giving drops, has now dried up. When the soil dries out, it has difficulty absorbing water. This means that if an area is exposed to drought, the soil will not be able to absorb future rain. The rain will therefore run away as surface water, and will not be accessible to plants, animals, and humans. Close to the former river I meet some women who are preparing the meal of the day - wild green berries. One of the women bites off the shell and shows me the contents - a small green pea that I inadvertently take in my mouth. It is incredibly bitter and despite the serious circumstances, the women laugh when they see my distorted facial expression. "You can´t eat them like that - they have to be cooked for at least 12 hours," says one of them with a very understanding face. Women walk up to 40 kilometres to find water. Water in most cases is filled with so many bacteria and parasites that it causes so many diseases. "Yes, we get a stomach-ache from it and also get sick, but what should we do?" - The answer hangs in the lack of wind and I also get a stomach-ache. Not by the water, but by seeing what some people live on. People who are born into a reality that they themselves have not been involved in determining.” – Carsten J. Le Blond Willersted, Periamma*

Beneficiaries will benefit from main activities as follows: Distributions of food in kind to 150 HH - 900 beneficiaries. The households will receive 5 kgs of rice pp, 5 kgs of maize meal pp, 1 kg of cooking fat, salt, cabbages, and other vegetables.

b) Quantify your planned target group by gender and age group in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **PLANNED TARGET POPULATION (INDIVIDUALS)** | | | |
| **Age Group** | **Male** | **Female** | **Total** |
| Number of persons | Number of persons | Number of persons |
| < 5 | 60 | 80 | 140 |
| 6-14 | 42 | 106 | 148 |
| 15-24 | 40 | 115 | 155 |
| 25-49 | 30 | 135 | 165 |
| 50-64 | 74 | 132 | 206 |
| > 65 | 32 | 54 | 86 |
| **Total** | **278** | **622** | **900** |

***The population of 900 is of 150 households- It is calculated that each household has 6 people.[[3]](#footnote-3)***

c) Describe who and how many of your direct target group are **particularly vulnerable people**. How have the vulnerable groups been identified and selected (inclusion criteria), and how does the intervention address their particular needs? Also describe how the intervention addresses protection needs of particularly vulnerable groups, as relevant.

The vulnerable target groups are about 80% women and children, due to the migration of men. We anticipate that the remaining 20 % will be young boys, elderly men and disabled. We haven’t yet done baseline survey to get the exact number, because it may raise hope for them, and yet the proposal has not been approved. So, the numbers are based on the figures given by the Area Chief.

## The implementing partner (describe within max. 1,5 pages)

**2.1 Capacity, experience, and expertise:**

a) What is the capacity, experience, and expertise of the implementing partner(s) (CHS 8)? Describe also the organisational and financial capacities.

Since 2004 HMDS has been working with learning institutions, primary and secondary schools, and vocational training centres in Baringo County. The core focus is on providing quality education by providing scholastic materials, constructing classrooms and toilets, access to clean drinking water and school meals, and training the teachers and pupils in different life skills topics(sexual reproductive health rights).

HMDS has been collaborating with both local leaders and government officials since the beginning. During implementation of vocational training centres programs, HMDS collaborated closely with Ministry of Youth Affairs and Directorate of Youth Affairs offices in Nakuru and Baringo Counties. On schools HMDS are collaborating with Ministry of Education, Mogotio Offices. On ground HMDS are collaborating with chiefs, assistant chiefs, village elders, school principals, headteachers and teachers. HMDS have had involved parents during workshops and meetings in both at school and at community level. The most recently example is the construction of a borehole at Oterit Community, which HMDS and Periamma opened in February 2020. It was a joint project with international donors, teachers, parents, pupils, chiefs, community members and Ministry of Water, and was completed successfully providing clean drinking water to more than 5.000 people.

In the months of November, December 2020, and January 2021, HMDS and Periamma was able to provide relief emergency food to 153 Households–1160 beneficiaries in total – in Baringo County, Mogotio Subcounty. The schools were the centre point of collection, and we did this food distribution in collaboration with area chiefs and school management. This was our first time in relief activities in the communities of Baringo County and it was successfully implemented and managed to save lives of these household. We also delivered a she-goat per family for sustainability of the family afterwards. The project was successful even in terms of sustainability – in the feedback we have received 60% of the goats have given birth to 2 goats, and others have given birth to 1 goat.

HMDS has 6 permanent and competent staff; Director has Advanced Diploma in Project Management, and she has experience of 15 years; Finance Officer has master’s degree in Accounting and Finance being Certified Public Accountant holder with experience of over 17 years; he has an Accountant Assistant who holds Certificated in Accounting with 3 years’ experience, 3 of other permanent staffs have Advanced Diploma in Social Work and Community Development. We have 12 temporary employed staff in field of 2 Mediators, 3 Trainers, 2 Public Health Workers and 5 Community Social Workers. Additionally, we have 12 volunteers, 6 of them being interns and 6 from the schools and the local communities, in order to implement the interventions.

Regarding the financial capabilities HMDS has managed different projects with funding from *Co-operaid, Switzerland; Icare, Australia; InterAid, 100% for Children, and Periamma, all from Denmark.* HMDS has in 2017 in collaboration with Periamma been administering a CISU-funded civil education project called ***Participating in Peaceful Election[[4]](#footnote-4)***. HMDS was also administering the pilot project in *Sexual Reproductive Health Rights* 2018/19[[5]](#footnote-5) and the on-going-project ***Breaking the Silence[[6]](#footnote-6)*** through 100% for children.

b) How does the organisational set-up ensure access to the people at-risk, including particularly vulnerable people?

HMDS has been working in the area for more than 17 years and is very well conversant with the area and people. Having worked with youth through learning institutions and schools in the community, and being well socialising with the community people, it is believed that the implementation of the project will deliver the proposed humanitarian intervention. Also, the close working relationship HMDS have had with the local administration and religion leaders have giving them the civil society legitimacy, which will be of an added value and speed the process of getting to particular vulnerable people in the area.

**2.2 The partnership:**

a) Kindly explain whether you have entered into partnership agreement(s) the main features of such agreement(s) and whether the agreement(s) were developed with the local partner.

The current partnership consists of 2 organizations: Periamma and HMDS. Periamma and HMDS has been working together since the establishment of HMDS in 2004 (in the period 2004-2011 it was InterAid Denmark – merged with Periamma in 2012). During the years we have experienced a strong cooperation in terms of the combination of components within service delivery, capacity building, and advocacy. As partners, we experiment with innovative dialogue-based approaches that aim at shifting from a “beneficiary” relationship to the active involvement of our target groups. In 2018 Periamma and HMDS partnered with 100% for Children in the CISU-funded project *“Breaking the Silence”[[7]](#footnote-7)*, which is still running.

b) Describe the contributions, roles, and areas of responsibilities of all partners (including the Danish CSO) within this intervention.

Periamma is the applying lead Danish partner, and Carsten J. Le Blond Willersted, Periamma’s Country Director in Kenya, will be responsible for all financial and narrative reporting to CISU. HMDS will be the implementing partner in close collaboration with Periamma’s Country Director. Furthermore, Periamma will be responsible for monitoring the project implementation and the overall fiscal management. HMDS will report narratively and financially on fortnightly basis and be responsible for ensuring that the learnings from this intervention is systematized, documented, and shared both with the local partners, but also embedded in the participating organisations for synergies with project-collaborations in the future. This will be done through 2 workshops. Furthermore, HMDS will be responsible for producing communication material for SoMe platforms and newsletters for the participating partners.

## Local strengthening (describe within max. 1 page)

**3.1 How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

As part of this project, a focus is given to collaborate closely with local stakeholders, which includes chiefs, assistant chiefs, headmen, religion leaders, headteachers, community members and pupils. Schools will be the centre point, where the beneficiaries will be collecting food items and drinking water. So far, we have been able to meet representatives of the beneficiaries during our need assessment in the area and they have provided us with information of their actual need. This was to mitigate the negative effects during and after implementation. During this need assessment, it was discussed and agreed upon by Area Chief, that community members will be involved in distribution of food items, which will boost their self-esteem and respect, and thus eliminating negative effects from the beneficiaries during the exercise. Some food items mentioned in the budget which may be available locally, like salt, will be purchased from the area thus avoiding negative effects and at the same time strengthening the local capacity.

**3.2 Describe strategies for informing and involving affected people in the intervention (CHS 4)**

HMDS will use a participation strategy to inform and involve the affected regarding this intervention. We will use the local administrative leaders; 6 chiefs, 3 assistant chiefs and 3 religious’ leaders for consultation as far as the beneficiaries should be and to inform them of the objectives of the intervention. Through the collaboration with these leaders, we will have engaged the affected people. We intent to have a relief committee, which will entail, apart from local leaders, 4 persons (representatives of women, elderly, youth and disabled) from each benefiting village for them to be part of the process. It’s also from these village representatives that we will be able to get on ground information as far as variances to be done and any complain that may arise can be channelled through these village representatives.

* 1. **Environment marker (only for monitoring purposes)**

Before providing relief emergency, we will consider how much transport is required to deliver the items and from where, in order to reduce the negative impact on the environment as much as possible. We will also consider the packaging of the items and provide information to the beneficiaries for them to reduce waste.

a) Choose which of the following three descriptions best characterises your intervention (tick only one box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MARK |  | DESCRIPTION |  | EXPLANATION |
| ☐ | → | **The intervention includes environmentally harmful components without incorporating mitigation measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful without being able to apply substantiated remedial action (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |
| ☐ | → | **The intervention includes environmentally harmful components and incorporates some mitigation measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and applies some substantiated remedial action (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |
| X | → | **The intervention includes environmentally harmful components and incorporates significant mitigation and environmental enhancement measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and includes significant substantiated remedial action as well as environmental enhancement components (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |

b) Briefly explain your answer.

Food to be purchased for this intervention is seasonal food product which is not processed and also its not greenhouse-heated product thus the intervention reduces negative environment effects. The food will be packaged in environmentally friendly bags (NOT polythene bags) which are easily disposable.

## 4. Risk Management & MEAL (describe within max. 1 page)

**4.1 Describe the intervention’s risk management approach and which systems and mitigation measures are applied.** Describe how the chosen risk management approaches are appropriate in the specific context?

|  |  |  |
| --- | --- | --- |
|  | **RISK REGISTER** | **MITIGATION EFFORTS** |
| 1. | Risk that old, physically disable, pregnant women, and women with babies, are not able to carry food package to their homes. | We have arranged for old and physically challenged people to have transport from home to collection centres and back home with their packages. Motorbikes will be available to assist the very vulnerable. |
| 2. | Covid risk. | There will also be made provisions of PPEs, like masks and sanitizers, to protect people and ourselves from COVID-19. |
| 3. | Insecurity risk. | We have talked to local administration about the insecurity, and they have guaranteed our security during delivery and distribution of food. |
| 4. | Overwhelming number of people in need/situation with limited resources. | Use the area chief for identifying the neediest beneficiaries. |

**4.2 Describe the implementing partner(s) approach to monitoring, feedback, and accountability systems (CHS 5), including the contextual complaint mechanisms.**

The project indicators have been formulated in dialogue with the local leaders and implementing partner organisation. All parties easily understand these, and we feel the anticipated results are easily monitored. HMDS have a high legitimacy in the area and is a trusted organisation in the communities. HMDS also has documented experienced from various development interventions in developing contextualised baseline studies, where the communities are active involved in analysing the data. In discussion with the local leaders, who will actively participate in this intervention, it has been decided to create a WhatsApp group, as a complaint mechanism, where beneficiaries can complaint anonymously. This will be a new approach for HMDS but is inspired by a method *“The Anonymous Mailbox*“ currently being implemented with success in similar communities[[8]](#footnote-8). HMDS and Periamma will develop a documentation system for complaints through WhatsApp. These will then be shared with the respective local leaders, and HMDS will follow-up on the correction of complaints in the scheduled coordination meetings. Furthermore, the intervention will engage local branches of APDK (Association for the Physically Disabled in Kenya) and the local branch of NMDA to strengthen the accountability and transparency in the target group selection process to minimize any family, tribe, religious or ethnic bias. In collaboration with HMDS, these stakeholders will also ensure awareness of the process among all recipients and will monitor the feedback from the target groups.

**4.3 Describe how learning and reflection will be applied in terms of improving future humanitarian interventions (CHS 7)?**

The partners in this intervention have never implemented a humanitarian project through DERF funding before. This intervention will form the platform of our first shared learnings, which we will be able to analyse with all parties involved in the budgeted 2 learning workshops. In this way, all the partners will benefit from the learnings, just as they of course also contribute to the learnings. The results from these workshops will be shared with CISU in the final report. It is anticipated that this intervention will provide fruitful learnings that can be applied in the ongoing UI intervention[[9]](#footnote-9) currently being implemented in similar communities in Baringo County. The distances in the project area can be quite demanding in time and resources. Therefore, this intervention wishes to explore the WhatsApp calls as a monitoring method. During Covid-19 lockdown the use of WhatsApp worked very well for the partners. Therefore, we would like to adopt this method to the local context. It will also ensure responsiveness on the ground to modify or change in the needs, as identified through the proposed complaint-system, from feedback from the formal stakeholders, the distribution points and by the selected local leaders. The learnings by using this method will be shared with the local organisations by HMDS.

## 5. Coordination (describe within max. 0,5 page)

**5.1 Describe how the intervention complements the humanitarian and/or development efforts of the national and local authorities, as well as those of other stakeholders?**

The proposed intervention in Tiaty is a part of a greater national and international response to the effects of the ongoing drought. Due to lack of funding the focus from the national government authorities has predominately been on the 5 counties in the alert drought phase, and thus with a risk of overlooking bordering county areas like our targeted areas. Our proposed intervention should in this context be considered as a complement to the national effort and as active contribution in an area which is hard hit.

**FAO** (UN’s Food and Agriculture Organization) in collaboration with **NDMA** have provided bags of livestock supplements in Tiaty, Baringo North and Baringo South. Besides, **NDMA** have installed water tanks at 7 centre points. **Kenya Red Cross** and **Central Rift Valley Water Works Development Agency** have also intervened, repaired, and rehabilitated 30 boreholes in Tiaty, and improved hygiene and sanitation facilities in Baringo South. **WFP** (World Food Program) have restocked a nutrition commodity programme benefitting 8.000 children under-five years and 1.200 pregnant and lactating women in Tiaty. Baringo County’s Deputy Governor, Jacob Chepkwony, recognizes and appreciates the support by those organizations, but call on other partners to come forward and assist: *“There is an urgent need for emergency support in the area of water tracking because all the shallow wells, temporary sources and rivers have completely dried up. The situation especially in Tiaty is dire.”[[10]](#footnote-10)*

**5.2 Describe how the implementing partner(s) participate in relevant coordination mechanisms?**

NDMA has welcomed us to the area and are assisting us with relevant information to improve the quality of our work. HMDS and Periamma have already had meetings with the County Coordinator, Bethuel Wafula, and have agreed we can utilize 6 of the water tanks NDMA have installed at different centre points in Tiaty. Furthermore, we discussed how we coordinate in order to increase complementarity in responses, reduce duplication, and lead to better humanitarian response for those with whom, and for whom, we work.

1. *IPC Food Security & Nutrition Snapshot Acute Food Insecurity: February-June 22; Acute Malnutrition: February-May22.* [↑](#footnote-ref-1)
2. *Https://www.kenyanews.go.ke/baringo-asal-residents-stare-at-starvation/* [↑](#footnote-ref-2)
3. *Area Chief Mr. Isaac K. Localia* [↑](#footnote-ref-3)
4. *Journalnummer 16-1908-MP-sep* [↑](#footnote-ref-4)
5. *Journalnummer 16-2229-MI-jun* [↑](#footnote-ref-5)
6. *Journalnummer 19-2448-UI-sep* [↑](#footnote-ref-6)
7. *Journalnummer 19-2448-UI-sep* [↑](#footnote-ref-7)
8. *Journalnummer 19-2448-UI-sep* [↑](#footnote-ref-8)
9. *Journalnummer 19-2448-UI-sep* [↑](#footnote-ref-9)
10. *Https://www.kenyanews.go.ke/baringo-asal-residents-stare-at-starvation/* [↑](#footnote-ref-10)