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Emergency Plan of Action Operation Update

Kenya: Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRKE043	GLIDE n° FF-2018-000030-KEN
EPoA update n° 02; 27 December 2018	Timeframe covered by this update: 05 June 2018 – 11 December 2018
Operation start date: May 2018	Operation timeframe: 8 months and February 2019
Overall operation budget: CHF 9,186,000	If Emergency Appeal DREF amount initially allocated: CHF CHF 480,000)
N° of people being assisted: 150,000 people (30,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC, ICRC, British Red Cross, Danish Red Cross, Finnish Red Cross, Italian Red Cross, Norwegian Red Cross	
Other partner organizations actively involved in the operation: National and County Government agencies, UNICEF, UNFPA, DFID, OCHA and ECHO	

Summary of major revisions made to emergency plan of action:

- **February 2018:** The Meteorological Department forecasts normal to above normal rainfall starting from March 2018. This is followed by heavy rainfall that results in displacement of thousands of families from their homes.
- **April 2018:** The Kenya Red Cross Society conducted rapid assessments and started to deliver non-food items to affected households.
- **May 2018:** IFRC issues Emergency Appeal for 4,746,755 Swiss francs for 150,000 people for 6 months (including a DREF loan of 480,000 Swiss francs).
- **June 2018:** operations update 1 published detailing progress and announcing the impending revision of the Appeal.
- **September 2018:** Emergency Appeal is revised to CHF 9,186,000 to support 321,630 people, following a significant increase in the number of people affected by floods. The revision also extends the implementation timeframe to 31 December 2018.
- **December 2018:** KRCS requests for an extension of the timeframe for implementation of the EA to February 28, 2019. This is to enable the completion of ongoing activities under the floods operations including health and nutrition outreaches, water, sanitation and hygiene promotion, and shelter reconstruction. A significant number of affected people are still in need of support mainly in areas of Water, Sanitation and Hygiene as well as basic health EA and thus through this extension KRCS will continue to support those still in needs. KRCS has received up to CHF 1,449,814 through the Emergency Appeal and has spent 100% of the received funding. There is thus a need for continued additional resources to support ongoing activities and reach more families in need.

A. SITUATION ANALYSIS

Description of the disaster

The March – April – May 2018 rainfall season resulted in floods in many parts of the country. The March-April-May 2018 rains season ended in June 2018 in many parts of the country though some areas continued to receive. Increased inflows resulted in dam spillages the worst being the Solai Dam in Nakuru collapsed resulting in 47 fatalities and displacement of 283 households. The Kenya Electricity Generating Company (KenGen) dams of Kiambere, Gitaru,

Kamburu, Kindaruma and Masinga dams begun to spill on the 17th May 2018 resulting into further flooding in parts of Garissa, Tana River and Kitui counties.

During the floods response and according to the Ministry of Health's Disease Outbreak situation report dated 13th November, 2018 cholera outbreak had affected a total of 20 counties since January 2018 in which a total of 5,796 cases with 78 deaths (CFR 1.3%) have been documented. Within the reporting period also outbreaks of measles (718 cases and 1 death (CFR 0.1%)), Rift valley fever with three counties of Wajir, Marsabit and Siaya reporting human cases of RVF and 12 counties reporting animal cases. There were also relatively high numbers of malaria cases in the flood prone counties in the malaria low endemic and epidemic prone areas. The affected counties also still struggle with relatively high levels of malnutrition amongst the children under-five years, pregnant and lactating mothers as access to food had been interrupted. It is worth noting that the country has active measles transmission which could be exacerbated with the compromised immunity among under-fives due to under-nutrition. Counties that have been cut off such as Wajir and Mandera are experiencing serious challenges with access to essential commodities and supplies like drugs and related pharmaceutical supplies, nutrition commodities food and other essentials.

Access to markets in a number of counties like Garissa, Wajir and Tana River has been temporarily disrupted due to infrastructural damage caused by the floods. Some of the affected population are at a risk of food shortage as they continue to survive on diminishing stocks. At least 68,780 acres of farmland has been submerged in water, destroying crops within the same counties that had been affected by drought. Incidences of landslides have also been reported in a number of Counties including Nandi and Murang'a Counties. Destruction of water supply and irrigation infrastructure has been reported in Coast province (specifically the major Baricho Water supply), Makueni County (specifically Wote Town Water Supply), Nakuru County (specifically Solai Dam), Garissa County, Tana River County & Isiolo County cutting short water supply. Irrigation systems have been reported damaged in Garissa, Tana River, Kibwezi, and Makueni Counties.

Cumulatively, floods effects have been reported in 40 counties in the country and resulted in displacement of **54,500HHs (approx. 327, 000 people), with 197 lives lost during the season (M-A-M 2018)**. KRCS teams continue with interventions in the affected counties as has been detailed in the various sections.

Summary of current response

Overview of Host National Society

Kenya Red Cross Society (KRCS) is the largest humanitarian organization in Kenya, with presence across the country with 64 branches and sub branches supporting a network of 111,247 volunteers. KRCS has wide acceptance across the country with capacity to operate in areas considered hard to reach based on geographical isolation and limitations in humanitarian access. The society is designated as the first line of response in all sudden onset disasters by the Government and the Kenya Humanitarian Partnership Team (KHPT). It has an auxiliary role to both National and County Governments in Kenya. KRCS plays a key role in providing emergency services in health, WASH, camp management, protection, recovery and reconstruction. In partnership with the national and county governments, KRCS has been providing assistance to the affected through evacuation, search and rescue, distribution of non-food items provision of emergency health services, access to safe water and sanitation as well as cash disbursement to key affected populations.

KRCS has taken the following immediate actions:

- **Early Warning**

KRCS sent out bulk text messages through the TERA platform to communities at risk of flooding in Western region, Nairobi area, Rift valley, coastal areas and parts of Mount Kenya region. A total of 9,741,680 people were reached with early warning messages on the need to prepare for floods by moving to higher grounds. The samples messages are as below:

English: Heavy rains may result in flash floods. When flooded evacuate immediately to higher ground. In case of emergency call Red Cross on 1199. Stay Safe. STOP 20767

Swahili: Mvua inayonyesha yaweza kusababisha mafuriko. Hakikisha uko katika maeneo yasiyoweza kufikiwa na mafuriko. Nambari dharura ya Msalaba Mwekundu 1199. STOP 20767.

Following the SMS broadcast, a team of 10 volunteers were deployed to the EOC to help with management of feedback from communities. A total number of 3,226 people calls were received mostly from: Mombasa, Garissa, Isiolo, Makueni, Kisumu, Nakuru, and Siaya counties.

Most of the calls were reporting incidents of flooding in their areas and to request for assistance from KRCS following the floods. The requests were forwarded to KRCS branches in the respective counties for follow up and provision of assistance to the affected families.

- **Search and Rescue and Initial assessments**

Red Cross Action Teams (RCATs) have been present in the affected counties to provide first response which include rescue efforts, first aid and psychological first aid. The response teams have similarly been involved in the rapid assessments that continue to be conducted. KRCS has worked with NDOC to conduct evacuations using aircrafts and boats for the 556 marooned people in Kilifi and Tana River counties.

- **Shelter**

KRCS has reached 17,750 HHs with emergency shelter NFI Kits in Tana River, Turkana, Kakamega, Samburu, Garissa, Isiolo, Wajir, Mandera, Narok, Nakuru, Nyeri and Kisumu counties. The contents of the standard NFI kit distributed include 2 tarpaulins, 1 kitchen set, 2 mosquito nets, 2 bar soaps, 2 blankets and 2 water jerry cans. UNICEF has so far provided 3,750 family kits to assist communities in Kisumu and Garissa counties.

In addition, KRCS has disbursed unconditional cash to a total of 223 affected households in Solai to access safe and dignified alternative housing. The cash aimed to support affected households

- **Health and Nutrition**

Integrated health and nutrition interventions have been undertaken reaching a total of **324,213 (148,991 males and 175,222 Female)** persons have been reached through health education sessions conducted through door to door, public baraza and mass campaigns during integrated outreaches and Rift Valley fever and Cholera response interventions in Kisumu, Homabay, Siaya, Kilifi, Garissa, Wajir, Marsabit, Isiolo, Busia, Baringo, West Pokot and Tana River Counties. Since the beginning of the response to date, **372** outreaches have been conducted reaching a total of **50,973 (21,048 Male and 29,925 Female)** people with treatment of ailments inclusive of 1156 persons with disabilities.

A total of **15,019** children under five years were screened for acute malnutrition where **2298** cases of malnutrition were referred for care and management to nearest health facilities. Medical surge teams including clinical officers, nurses, Public health officers, counsellors and nutritionist in collaboration with the MoH teams have been providing of integrated package of health services to include health education and hygiene promotion, treatment of ailments, nutrition, and mental health psychosocial support. Additionally, 900 Kit 2A (individual clean delivery kit) have been distributed to expectant women in the floods affected counties and also sensitization of safe motherhood promoters and CHVs have been undertaken and a referral pathway established to ensure expectant mothers have access to skilled care.

KRCS has been coordinating with other actors on mental and psychosocial support through psychological first aid (PFA) individual and group counselling sessions to the population affected and cumulatively a total of 3723 persons (2652 males and females 322 pregnant mothers, 665 older persons 20 people with disabilities and 64 people with chronic conditions

Through the outreaches, the affected population has been reached with information on disease prevention and control and on other essential services. KRCS is supported running of 3 mobile clinics in Tana River and Kilifi counties, two of which have been supported by the Finnish Red Cross. KRCS has further coordinated with the County Health authorities in affected counties to respond to cholera outbreaks, Rift Valley fever and heightening surveillance in the rest of the flood affected counties. The counties were supported in Management of cholera treatment centres, Social mobilization and sending of bulk SMS. During the reporting period, upsurge of vector borne disease to include Rift valley fever outbreak was recorded. A total of **94** human case of Rift Valley fever have been reported with **10** fatalities giving a case fatality of 10.6%. In Wajir (82 cases), Marsabit (11 Cases) and Siaya (1 case) Counties. Wajir County was supported through community sensitization and also through TERA messaging (Bulk SMS) in which a total of 464,168 messages were sent and received in Marsabit and Tana River that had reported animal cases.

During the start of the response efforts were put in place to evacuate patients in from the affected health facilities to other hospitals in counties such as Isiolo and Marsabit. Kisumu County was supported with an Inter-agency basic health kits by KRCS to provide medical outreach to the affected in the evacuation centres.

- **Protection, Gender and inclusion**

A total of 102 Assistive devices which include wheelchairs, white canes have been availed to affected populations to enable mobility and also ensure inclusivity during the response. The needs of the aged and people with disability were identified and taken into consideration during the response. Safe spaces for children in the displaced population camps have been created and some playing materials provided to the children. Child therapy sessions including play therapy has been initiated in all the counties affected by the floods.

- **Water and sanitation**

During the Emergency operation at least 307,969 sachets of PUR and 363,691 sachets of aqua tabs were distributed in Garissa, Tana River, Nyeri, Busia, Isiolo and Kilifi counties. Emergency water treatment plants were also deployed in Garissa, Tana River, Makueni and Kilifi Counties. In Garissa and Tana-River counties KRCS deployed the SETA emergency water treatment plant which is part of the WASH-ERU with each having a capacity of 4000 litres per hour, while in Kilifi and Makueni the town water supplies were completely destroyed by the flood resulting in a major water crisis. In response to this crisis KRCS designed and deployed a new emergency mass water treatment plant (termed the KWAT50) with a capacity of 50,000 litres per hour giving a total of 1,200,000 litres per day, which is able to serve up to 60,000 people at a rate of 20litres per person per day. (In the immediate emergency in Makueni, KRCS deployed a seta unit which operated until the new KWAT50 was deployed and operationalize, since it was first designed and piloted in Kilifi County). A population of 85,120 was reached with water treated by KRCS emergency water treatment plants.

In addition to these interventions, Hygiene and sanitation promotion activities, were in the severely affected counties, namely Garissa, Tana River and Kilifi with plans to roll out in Busia, Mandera, Wajir, Nakuru, Kisumu and Marsabit. In order to improve the sanitation situation, latrines have been constructed by the affected communities – this includes digging of the pit latrines and setting up of the superstructures using the tarpaulins. Mobile toilets have also been set up in camps in Garissa, Tana River and Kilifi. These interventions have been targeted to all displaced people in the above-mentioned counties.

As the floods subsided, the focus shifted to longer term solutions that included rehabilitation of community water supply facilities that had been damaged by the floods. So far, a total of 12 water supply facilities have been rehabilitated benefiting a total population of 69,500 people.

There works still ongoing on 10 other community water supply facilities with a population of 100,800 set to benefit once the works are completed.

- **Co-ordination**

Coordination of responses in various counties have been ongoing through committees made up of representatives from KRCS, National and County government representatives and partner agencies with presence within the various counties. The committees have been key in overseeing initial rapid assessment and providing initial population estimates which have been used as a basis for the initial emergency interventions which will continue to be updated as per continued detailed assessments findings.

Overview of Red Cross Red Crescent Movement in country

ICRC has a regional delegation in Nairobi, from which it supports operations in a number of countries in Eastern and Central Africa. ICRC has been working with KRCS on preparedness and on response to localized conflicts in the country, and on broader programmes including on cash transfer to drought affected counties, capacity development and Safer Access. Over the last year, several initiatives have been undertaken aimed at developing capacity of response teams including; First Aid in conflict which targeted 420 volunteers in selected counties, Emergency Health, MISP trainings WASH trainings, communication, mental health, seminars with KRCS and leading media firms regarding social media platforms and dissemination to journalists. Similarly, ICRC has been supporting (both technically and financially) the KRCS's Restoring Family Links Programme which has helped alleviate the psychological distress of affected families by reuniting and clarifying the fate of the missing family members.

The IFRC has a cluster Office (for Eastern Africa and Indian Ocean Islands) and a regional office for Africa, in Nairobi. There are also a number of Partner National Societies (PNS) supporting regional operations from Kenya, and these include the British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross and the Norwegian Red Cross. KRCS is in contact with the IFRC and has been giving progress updates as the humanitarian situation unfolds.

British Red Cross and Finnish RC through the disaster management strengthening programme have been supporting the KRCS in various aspects of disaster management, which also includes contingency planning for various hazards, standardization of practices in response preparedness, capacity development of response teams, policy regulations and learning from preparedness and response actions. The PNSs have similarly been briefed on the situation with engagements expected to be informed by the prioritised needs on the action plan.

The KRCS has four staff trained in Community Engagement and Accountability (CEA) who support in mainstreaming CEA activities in this response. KRCS has an accountability framework in place to guide complaints and feedback mechanisms in an effort to promote and ensure accountability to the communities.

Overview of non-KRCS actors in country

The United Nations has strong presence in Nairobi for country and regional programmes. The UN Agencies working in partnership with KRCS include UNHCR (Refugee Programmes), UNICEF (Nutrition, Epidemics and child protection), UNFPA (Reproductive Health and Gender Based Violence), UN-OCHA (coordination of partners and Trainings on Kenya Interagency Rapid Assessments), UN Women, Food and Agriculture Organization (Programmes on Livestock including vaccination, Animal Offtake, distribution of hay), and the International Organization for Migration (Shelter sector partnership). The Non-Governmental Organizations include CBM (Focus on Disability and Aged mainstreaming in emergencies), World Vision, International Rescue Committee, Danish Refugee Council and Norwegian Refugee Council.

KRCS also works with in country donors including European Commission Humanitarian Aid, USAID, DFID and the European Union. KRCS also works with the National Disaster Operations Centre (NDOC) in coordination of humanitarian emergencies, The National Drought Management Authority (NDMA) in drought management, and as co-chairs of Kenya Cash Working Group, the National Disaster Management Unit (NDMU) in disaster response. In terms of emergencies coordination and management, eight coordination hubs across the country were established as part of contingency measures prior to the general elections and continue to serve as centres for coordination meetings, logistics, storage and distribution. Other state actors include Hunger Safety Net Programme (HSNP) that coordinates cash transfer for most vulnerable households in 4 counties as well as the Ministry of Health (MoH) at national and county level (responsible for implementation of nutrition interventions targeting malnourished children, pregnant and lactating women and the elderly).

Kenya Inter-Agency Response Assessment (KIRA) has been conducted in Moyale in Marsabit County to ascertain the needs of the communities. The Ministry of Agriculture is assisting in assessing the extent of destruction of farmlands in different counties. KRCS has worked with the NDOC to do a one-off NFI distribution through in Isiolo County and evacuations in Malindi County where accessibility by road has been rendered impossible after roads to affected areas were cut off. In both instances, NDOC provided aircrafts to support these operations. In Malindi NDOC evacuated families County Government of Tana River have provided boat and fuel for evacuation of marooned families in Tana River County.

County and national government supported the affected families with emergency supply of maize/ beans /rice in Kisumu and initiated appeal for food donations and NFIs from public and well-wishers, but response was low. The same assistance has been provided to the 233 HH affected in Nandi county which included 30 bundles of 2 kg maize flour, 50 cartons of milk, while in Turkana the Central and County Governments has provided food assistance to targeting 1,882Hs including maize, beans and cooking oil.

KRCS in collaboration with UNOCHA and other humanitarian partners operate 8 regional hubs (Nairobi, Mombasa, Kisumu, Lodwar, Eldoret, Garissa, Isiolo and Nakuru) in the country for coordination and efficiency of response. KRCS teams will coordinate response activities with other partners in the hub structure. KRCS also works in partnership with UNICEF during such emergencies. So far UNICEF has provided 3,750 family kits to assist the communities in Kisumu and Garissa.

Needs analysis and scenario planning

Needs analysis

Since cessation of the March-April –May 2018, no major floods incidents have been reported in the country. Forecasts for the October – November – December 2018 had indicated a possibility of above normal rainfall. However, the season has been largely dried with no flooding incidents reported. KRCS teams continue to respond to the effects of the MAM 2018 rainfall season through shelter reconstruction, rehabilitation of water facilities, livelihood support, integrated health and nutrition outreaches; and disease outbreak management.

While most of the displaced families have returned to their homes after flood waters receded, needs persist in areas of health, shelter reconstruction, livelihood support, and water and sanitation interventions. The national and county governments in collaboration with KRCS and county governments have been leading efforts to move communities from flood-prone areas to elevated areas. The Shelter reconstruction programme provided an opportunity to advocate for relocation of families from flood-prone areas as KRCS sought to construct the houses in areas that are safe from flooding. This is aimed at ensuring the families are protected from future flooding and displacement. While a huge number of houses were destroyed or damaged during floods, KRCS with support from GoK is currently supporting reconstruction of 6,692 houses leaving other equally deserving families in need of shelter support.

Recent assessment by KRCS teams have established an ongoing need for clean drinking water in Tana River, Kilifi, Garissa and Mandera.

In addition, health continues to be a priority need as disease outbreaks have been reported in areas that had been affected floods. Access to health services is still a challenge in many areas where health facilities were affected by floods highlighting the need for sustained health interventions to support affected families.

Operation Risk Assessment

According to the Kenya Meteorological Department forecast for March - April – May (MAM), rainfall will be expected to continue into June 2018 in the following regions: Counties in the lake basin and in highlands west of Rift valley; Central Rift valley; Southern Coastal strip and Northern coastal strip. In addition to this, the ICPAC forecast for June to September 2018 indicates that the Northwestern part of the country is more likely to get enhanced to average rainfall. This is likely to cause more displacement of populations living around flood risk areas particularly in the coastal and Western parts of the country. Floods come with other risks including outbreak of waterborne diseases like cholera, bilharzia and other vector borne diseases like malaria among others which will further complicate the situation of the affected population. Other risks will include inaccessibility to the affected areas, insecurity in some areas and sudden landslide.

Many areas in the flood zones are cut off and have been rendered inaccessible and may hinder response interventions in reaching the affected communities. KRCS will work with the Government of Kenya both at national and county levels to ensure that resources are mobilized to deliver much needed aid and at the same time monitor the situation as it unveils.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective- The operation aims to provide immediate assistance to cover the needs of 30,000 households (HHs) (150,000 people) displaced in 15 counties (Tana River, Garissa, Turkana, Wajir, Isiolo, Kilifi, Mandera, Marsabit, Kajiado, Kitui, Kisumu, Taita Taveta, Homa bay, Makueni and Baringo) by providing life-saving assistance for a period of six months. The operation implementation will be coordinated by KRCS HQ emergency operations department and county coordinators. KRCS volunteers will play a key role in implementation of delivery of the emergency assistance. KRCS will consider recruitment of new staff and deployment of surge teams where needed to complement and strengthen implementation of response activities in areas where technical support is needed and those where volunteer's capacity is low. KRCS will also carry out continuous assessments in the affected areas that will inform the key sector programming options. Assessment reports from partner agencies including the government will also be used to inform in the design of responses for the various sectors. Due to the significant infrastructural disruptions that have critically affected market access in targeted areas, KRCS will be providing emergency relief supplies in kind for the initial part of the response. However, cash transfers will be considered if further assessments establish better market functionality and access.

Community engagement and accountability- (CEA) will be streamlined throughout the response process to ensure active and meaningful participation of the affected communities. This will be achieved through the following initiatives:

- A robust complaints and feedback mechanism will be put in place based on the existing KRCS accountability frame work to promote accountability to the affected communities. This will help in promoting active engagement with the communities to handle any issues regarding the floods, response and related activities.
- Community participation will be embraced during registration through community-based targeting, formation of community relief committees with representation of various community groups to take part in the selection of the most affected and vulnerable beneficiaries,
- Different channels of communication will be used to ensure all the affected communities have access to the required information about the floods and response activities as well as coordination with both Government and other non-state factors.
- KRCS volunteers involved in the response will be sensitized on how to maximize on community engagement and accountability during the response.

Shelter

A total of 33,081 HHs have been displaced in different parts of the country. Most of the displaced populations are staying in temporary unplanned camps, schools, churches and chiefs' camps and require urgent emergency shelter support. It is expected that the number of people in need of shelter support will continue to increase over the month of May as the rains are expected to continue up to May 2018. Through this appeal, KRCS aims to reach 10,000 HHs with emergency shelter support. This shelter NFIs include kitchen sets, tarpaulins, mosquito nets, jerry cans, soap, sleeping mats, timber and nails. Out of these 10,000 HHs, 1,000 most affected HHs will be provided with reconstruction materials to repair

their homes. This includes 9,000HHs to be supported with Shelter NFI kits and 1,000HHs with construction materials and technical support for construction of transitional shelter. KRCS will provide technical training to the 1,000HHs who will be targeted under the transitional shelter category (this will include training of volunteers who will support the community in construction and the targeted community).

Health

The ongoing floods across the country has led to damages on sanitation facilities and contamination of water sources that may exuberated the prevailing cholera situation in the country. The counties that are still having active cholera outbreaks including Turkana, Tana River, Isiolo and Garissa may experience increased incidence of the outbreak and cholera prevention and control strategies will be employed to minimized spread. A total of 10 health facilities have been submerged in Nyando (4), Muhoroni (2) and Tana River (4) and thus rendered inaccessible for health services. In Isiolo county and Marsabit counties a total of 12 and 20 health facilities respectively Page | 9 are inaccessible owing to damages on the road infrastructure by flush floods hindering delivery of supplies. In addition, the evacuation sites such as in Tana River, are located approximately 10 to 15 Km from existing facilities and outreach health services to include reproductive, maternal and child health, and nutrition services and treatment of ailments will be vital in improvement of the health status of the displaced population. The facilities also have limitation in supplies of essential drugs serving the displaced population. An upsurge of mosquito-borne diseases to include dengue fever, Chikungunya and malaria are anticipated to rise as the rains subside. In October 2017, Marsabit, Lamu, Turkana, Baringo, lower West Pokot and Turkana Counties reported Malaria outbreaks and targeted vector control strategies coupled with community public health interventions on disease prevention and health promotion will be of priority. Intervention to address the psychosocial needs of the affected population will be required especially for the bereaved families and other groups as may be determined during the process of health service provision. Priority interventions targeting vulnerable groups to include pregnant and lactating women, children less than five years and people with disabilities will be implemented across the country. The activities will include assessment, training of volunteers on disease surveillance, case management, epidemic prevention, psychological support, Reproductive Health, infrastructure repair and equipping.

Protection, Gender and Inclusion

To preserve the dignity of affected population especially the girls and women, dignity kits shall be provided containing essentials supplies such as sanitary towels for menstrual hygiene. People living with disabilities and older persons shall also be targeted with tailor made disability and aged friendly services. Due to the displacements, cases of sexual and gender-based violence may increase in the different counties. Sensitization for prevention of SGBV as well as development and dissemination of referral pathways for any cases will be done to enhance accessibility to services within the shortest time possible. Children are also at risk of getting separated from their guardians during displacement, efforts will be put in place to reunite any displaced children as well as set up safe spaces for use by anyone at risk of being stigma and discrimination or any violence so as to enhance their safety. The Protection, Gender and Inclusion activities will target 30,000 HHs.

Water, sanitation and hygiene

This appeal has directly addressed the challenges that affected women and children who often had to walk long distances to access safe water. Hygiene promotion (including menstrual hygiene management) will be critical to maintain healthy standards and reduce risks for possible water borne disease outbreaks. Provision of water purification tablets that will be provided for the larger part of the displaced population. Disinfection of shallow wells that have been affected by floods will also be done. Hygiene promotion will be critical to promote and enhance the safe water chain and reduce the risks for possible outbreak of water related and vector borne diseases. The water supply infrastructure in different locations across the country, were damaged by the flooding and required rehabilitation to reduce the vulnerability of these communities to potential outbreaks of diseases. Moving forward, attention has shifted to rehabilitation of critical community water supply systems that were affected by floods. In readiness for any future floods occurrence, KRCS has pre-positioned house hold water treatment chemicals in regional warehouses in counties that are most prone to flooding. Emergency water treatment equipment's have been serviced and are ready for any future deployment.

There remains a gap for key Wash officers in the regions with lack of salary support for regional wash officers hindering preparedness.

Livelihoods and basic needs (including food security)

Immediate and mid-term food needs were assessed through a food security assessment including market assessments provided the data used to determine the assistance required by communities. The assessments were used to inform market functionality and availability of food over the response period. Livelihood recovery was designed based on the assessment within affected communities on how to overcome the impact of the disaster and restart their means of living. In addition, the strategy ensured sufficient nutritious food is accessed by children under 5 in vulnerable households/communities. A total of 3,278 Households have benefited from livelihood interventions that were funded through the appeal. During the period, 10 community irrigation schemes that were adversely affected by the floods were identified for rehabilitation. A total of 1,108 farmers (each representing a house hold will have benefited from the rehabilitated system). In western Kenya, cash transfer was used to help communities recover their livelihoods. A total of 2,010 farmers were identified and supported with cash to restore their livelihoods. An additional 160 farmers were provided with petrol engine pumps, pipes and accessories to support their recovery bringing the total to 2170.

KRCS also worked towards supporting livelihoods recovery of the affected communities through DRR, restoration of farm and off-farm livelihoods, support for food security, the restoration of basic social services (health, education,

protection, WASH, nutrition, etc.) shelter, and community infrastructure, through participatory community-based approaches.

Specific initiatives entailed

1. supporting the community and Government recovery initiatives that included shelter restoration, livelihoods regeneration, the restoration of community basic infrastructures and public services, and the restoration of local level capacities to recover from the floods. This was in terms of:
 - Providing agricultural tools and equipment to farmers
 - Rehabilitating farm land and distribution of seeds and fertilizer
 - Rehabilitating damaged infrastructure (e.g. repairing and cleaning of irrigation systems, service and repair of irrigation pumps, purchase of irrigation equipment)
 - Enhancing the capacity of health systems in the areas that were affected to restore health service provision
 - Supporting the government in shelter reconstruction through building back better methodologies such as PASSA.
 - Targeted support to persons living with disability and aged to restore back their livelihoods and their mobility ability.
2. Supporting Disaster Risk Management, including Disaster Risk Reduction actions, building local capacities and helping communities to be safer, more resilient, and better prepared in the event of a disaster. This will be carried in tandem with other operational activities during the response.
3. Establishing foundations for longer-term recovery through joint planning with national and county government.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 185,940

Male: 91,111

Female: 94,829

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Indicators:	Target	Actual
% of households living in shelters meeting Sphere standards	100	58%
Number of households provided with emergency shelter assistance which meet Sphere standards	53,605HHs	30,990HHs

Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households

Indicators:	Target	Actual
Number of people reached with technical support, guidance and awareness building in safe shelter design and settlement	1,000 HHs	6,692 HHs

Progress towards outcomes

Output 1.0.

KRCS has reached 30,990HHs with emergency shelter NFI Kits in the counties that were adversely affected by the floods. The contents of the standard NFI kit distributed include 2 tarpaulins, 1 kitchen set, 2 mosquito nets, 2 bar soaps, 2 blankets and 2 water jerry cans. In addition, KRCS disbursed unconditional cash to a total of 223 affected households in Solai to access safe and dignified alternative housing. The cash aimed to support affected households.

KRCS through the GoK has received funds for recovery phase of the floods response. In the initial stages of the recovery phase, technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques was provided to affected population in different Counties countrywide. This was done through Community Engagement using the PASSA – Participatory Approach for Safe Shelter Awareness by: Training of various focal persons per county/region; Communication to the communities and formation of PASSA groups; Implementation of PASSA in the respective areas through the reconstruction of shelter to 6,692 affected HHs



Livelihoods and basic needs
People reached: 19,668
Male: 9,637
Female: 10,031
Requirements (CHF): 1,250,000

Outcome 1: Livelihoods are protected, and negative coping strategies reduced among affected populations/households

Output 1.1: Household income is maintained where income sources are disrupted

Indicators:	Target	Actual
Number of suppliers contracted to supply productive assets		
Number of beneficiaries reached through vouchers		

Outcome 2: Critical nutritional status of the targeted community is improved

Output 2.1. Sufficient nutritious food accessed by children under 5 in vulnerable households/communities

Indicators	Target	Actual
Number of children under 5 reached through with nutrition interventions.		
Number of safe spaces for breastfeeding created		

Outcome 3: Reduced food insecurity among affected households

Output 3.1: Productive assets/inputs for primary production provided in accordance with the seasonal calendar, via in-kind distribution, cash grants or vouchers

Indicators	Target	Actual
Number of people reached through distribution of seeds, fertilizer and fodder	N/A	1,108
Number of households reached with productive assets (tools, animals etc.) (Distribution records – see also FWRS guidelines)	N/A	2,170
Number of irrigation schemes rehabilitated	10	10
Number of people reached through Cash Transfer Programmes		

Output 3.2: Support provided to help restore access to market goods and services

Indicators:	Target	Actual
Number of businesses reached with small grants		

Progress towards outcomes

3,278 Farmers have benefited from livelihood interventions that were funded through the appeal.

- During the period, 10 community irrigation schemes that were adversely affected by the floods were identified for rehabilitation. A total of 1,108 farmers (each representing a house hold will have benefited from the rehabilitated system)
- In western Kenya, cash transfer was used to help communities recover their livelihoods. A total of 2,010 farmers were identified and supported with cash to restore their livelihoods. An additional 160 farmers were provided with petrol engine pumps, pipes and accessories to support their recovery bringing the total to 2170.
- Further intervention will carry on to the year 2019 targeting community irrigation schemes that were affected by the floods.



Health
People reached: 324,213
Male: 148,991
Female: 175,222
Requirements (CHF): 1,123,000

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by KRCS with services to reduce relevant health risk factors	301,326	324,213
# of people reached by First Aid services	N/A	120
# of patients treated in health facilities and outreaches	N/A	50,973
# of children vaccinated	N/A	3523
# of health kits delivered	N/A	900

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
Number of volunteers trained in epidemic control	60	60

Output 1.2: Target population is provided with rapid medical management of injuries and diseases

Number of people reached by First Aid services	N/A	120
Number of patients treated in health facilities and outreaches	N/A	50,973
Number of children vaccinated	N/A	3,523
Number of health kits delivered	N/A	900

Output 1.3: Epidemic prevention and control measures carried out.

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	301,326	324,213
# of mosquito nets distributed	50,000	17,750

Output 1.4: Psychosocial support provided to the target population

Indicators:	Target	Actual
# of people reached by psychosocial support	N/A	3,723

Output 1.5: Acute Malnutrition is addressed in the target population.

Indicators:	Target	Actual
# of malnourished children	N/A	2,298
# of PLW referred	N/A	736

Output 1.6: Minimum initial maternal and neonatal health services provided to target population

Indicators:	Target	Actual
# of clean delivery kits distributed	N/A	900
# of midwife delivery kits distributed at health facilities	N/A	20
# of mothers referred for Emergency Obstetric care	N/A	532

Progress towards outcomes

Cumulatively a total of **324,213 (148,991 male and 175,222 Female)** persons have been reached through health education sessions conducted through door to door, public baraza and mass campaigns and during integrated outreaches and Rift Valley fever and Cholera response interventions in Kisumu, Homabay, Siaya, Kilifi, Garissa, Wajir, Marsabit, Isiolo, Busia, Baringo, West Pokot and Tana River Counties. Since the beginning of the response to date, **372** outreaches have been conducted reaching a total of **50,973 (21,048 Male and 29,925 Female)** people with treatment of ailments as shown in Table 1 below.

Table 1: Persons reached Health (OPD) and Nutrition services

Sub-Group	Male	Female	Total
0-5yrs	8,853	9,151	18,004
6-49yrs	9,052	16,128	25,180
50yrs and above	2,565	4,068	6,633
Persons with Disability	578	578	1,156
Total	21,048	29,925	50,973

OPD services

Consultations were made at the OPD clinic with the leading cause of ill health being ARI (URTI), Others (Eye Infections, UTIs, and chronic conditions), Diarrhea, Malnutrition, Skin Diseases, Fever, and Malaria.

Immunization

Cumulatively, a total of **3,523** have been vaccinated for various antigens as shown in the table below.

Table 2: Cumulative number of Children Vaccinated

Immunization	Total Vaccinated
BCG	532
Penta I	600
Penta II	383
Penta III	417
Measles I	518
Measles II	1,073
Total	3,523

Deworming and Vitamin A supplementation

A total of **19,968** (**13,252** dewormed and **6,716** Vitamin A) persons benefitted from deworming and vitamin A supplementation during the reporting period as show in the table below.

Table 3: Cumulative persons reached with Vitamin A and Deworming

Deworming	
Sub group	N°
1-5 Years	7,285
>5 years	5,967
Total	13,252
Vitamin A Supplementation	
Sub-Group	N°
6 – 11 months (100.000iu)	1,416
12 – 59 months (200.000iu)	5,300
Total	6,716

Nutrition assessments

Mass screening to all under-fives, pregnant and lactating women was conducted in all the outreach sites visited reaching a total of **20,385** (5366 PLW and **15019** <5Years). A total of 2298 children were malnourished and were enrolled in the various nutrition programs onsite and referral for those not treated onsite.

Table 4: Cumulative Nutritional Assessment and Screening data

Sub Groups	Total
No. of below 5years normal growth	12,721
6-59 Months who have severe acute malnutrition (SAM) referred/admitted to OTP	512
6-59 Months who have moderate acute malnutrition (MAM) referred/admitted to SFP	1,786
PLW Attended	5,366
MUAC <21 cm	736
MUAC 22-23cm	1,223
MUAC above 24cm	3,186
Lactating	3,672
Pregnant	1,550

Referrals

Cumulatively, a total **3,193** referrals to health centers and sub county referral hospitals have been made as shown by the table below. This included referrals for integrated management of acute malnutrition as well as referrals for chronic conditions.

Table 5: Cumulative Referrals made during Outreaches

Sub-Groups	Totals
0 month-5 years	1,921
6 years -14 years	226
15 years- 49 years	827
Elderly	219
Total	3,193

ANC, Referrals for Obstetric Emergency and PNC

Safe motherhood promoters and Community health volunteers continue to monitor and sensitize pregnant women on the importance of seeking skilled assistance at the time of delivery.

A total of **1,090** ANC women clients were provided antenatal care services within the week and cumulatively as shown in the table below.

Table 6: Cumulative Number of Women Receiving Antenatal Care

ANC VISITS	Total
ANC 1	388
ANC 2	273
ANC 3	232
ANC 4	197
Total	1,090

Outcome 2: The medium-term risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of health facilities assessed and supported	42	0

Output 1.1: The health situation and immediate risks are properly assessed

Indicators:	Target	Actual
# of health facilities assessed	42	0

Output 1.2: Gaps in medical infrastructure of the affected population filled

Indicators:	Target	Actual
# of local health facilities supported	6	0

Progress towards outcomes

- A total of 42 health facilities had been reported to be affected by the floods. KRCS has been carrying out health and nutrition outreaches in the affected areas to ensure continuity in access to health services in the affected areas.



Water, sanitation and hygiene

People reached: **321,630**

Male: 147,650

Female: 153,676

Requirements (CHF): **2,882,000**

Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
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Number of households provided with safe water services that meet agreed standards according to specific operational and programmatic context	30,000	42,816
Output 2.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
# households reached with awareness raising activities on improved treatment and safe use of wastewater	321,630	26,614
Output 2.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
Number of people provided with safe water (according to WHO standards)	321,630	214,080
Output 2.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
% of population provided with knowledge on and access to improved excreta disposal	100%	88%
Output 2.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Number of people reached with hygiene promotion activities	321,630	133,068
Progress towards outcomes		
<ul style="list-style-type: none"> Activities already carried out; Hygiene promotion has been carried out in Garissa, Tana River and Kilifi and Busia and reaching a total of 133,068 women, men and children. A total population of 214,080 have been reached with safe drinking water with 102,000 being reached with water treated by KRCS emergency water treatment units. A further 214,080 people have been reached through the rehabilitation of flood damaged water supply facilities and distribution of water treatment chemicals (PUR and Aqua tabs) 		



Protection, Gender and Inclusion

People reached: 6,711

Male: 3,288

Female: 3,423

Requirements (CHF): 49,000

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
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Number of people reached	N/A	6,711
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Output 1.1: KRCS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

Indicators:	Target	Actual
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Number of people reached	N/A	6,711
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Output 1.1: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

Indicators:	Target	Actual
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Number of people reached with sexual-and gender-based violence	N/A	656
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Progress towards outcomes

Referrals of GBV Cases

In the reporting period, 16 community GBV awareness sessions were conducted in sub counties supported by sensitized CHVs reaching a total of **656** people (**292 Males** and **364 Females**). Key information passed during the

awareness sessions was definition of GBV, causes of GBV, effects of GBV and existing referral systems. 8 cases of GBV were identified during the outreach sessions in which a total of 6 were counseled and 2 referrals made.

Linkage to Care and treatment for Persons living with Chronic Conditions

A total of 1327 persons (**456 males & 871 females**) with chronic conditions were seen at the OPD clinics at the various outreach sites and referred for further support at the sub county referral hospitals. The common conditions noted include hypertension, diabetes, asthma in which the clients were linked to care and treatment.

Linkage to Care and support for PWDs and Older Person

In the reporting period 432 older persons and **296** persons with disabilities were referred for further medical attention.

Protection

In the reporting period, child protection services were integrated during the outreaches in which safe spaces for children were established and the children engaged in child therapy sessions across all the counties. The sessions were interactive and ensured the children were continuously engaged and also help in identification of children in need of further support.

Strengthen National Society		
Requirements (CHF): 2,502,000		
<i>Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform</i>		
<i>Output 1.1.1 National Societies have effective and motivated volunteers who are protected</i>		
Indicators:	Target	Actual
Number of insured volunteers engaged in the operation	N/A	320
Number of volunteers sensitized on safety and wellbeing	N/A	320
Number of volunteers reached the psychosocial first aid	N/A	320
<i>Output 1.1.2. NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities</i>		
Percentage of complaints and feedback received and addressed through the various KRCS channels	100%	91%
Number of community relief committees formed	47 counties	39
Number of staff and volunteers training on Accountability to Communities (AtC)	N/A	60
End line Evaluation recommendations	1	0
Progress towards outcomes		
<ul style="list-style-type: none"> Community engagement and accountability (CEA) was streamlined throughout the response process to ensure active and meaningful participation of the affected communities. This was achieved through robust complaints and feedback mechanisms being put in place to utilize the existing KRCS accountability frame work and promote accountability to the affected populations. The MEA&L department conducted rigorous trainings to enhance the capacity of staff and volunteers at the Headquarter and Regional level. The main objective of this training was to equip staff and volunteers with an in depth understanding of the major CEA approaches in community participation and transparent communication and facilitation skills in CEA activities. KRCS has been providing debrief and training sessions for volunteers and staff involved in the floods response. The sessions were held in Tana River, Garissa, Kisumu and Busia counties with a total of 320 volunteers taking part in the sessions. The sessions aimed at providing volunteers an opportunity to review responses and sharing experiences including the need for support if needed. The MEA&L department conducted rigorous trainings to enhance the capacity of staff and volunteers at the Headquarter and Regional level. The main objective of this training was to equip staff and volunteers with an in depth understanding of the major CEA approaches in community participation and transparent communication and facilitation skills in CEA activities. A training of trainers (ToT) training was carried out reaching a total of 60 Participants (38 male and 22 female). County Complaints and Feedback Committees have been set up in a 39 out of the total 47 counties in the Country. These committees comprise of the County Coordinator who acts as the chair, a member of the County board and a project officer. This committee is to meet on a weekly basis at the County branch office to carry out a thorough analysis of the complaints received and call any relevant staff to check on the status of the complaints received. The team should be ready with feedback to the complainants within three working days from the day of the initial C&F analysis team. 		

- A total number of 687 complaints have been received in the since the start of the floods operation through the KRCS toll free line and branch offices. Out of these, 625 have been successfully addressed representing 91% of all complaints received. The remaining 9% are currently in the process of being addressed by the relevant Programme managers.

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.