

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Final Report

Kenya: Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRKE043	Glide number: FF-2018-00030- KEN
Date of Issue:	Date of disaster: February 2018
Operation start date: 1 May 2018	Operation end date: 28 February 2019
Host National Society: Kenya Red Cross Society	Operation budget: CHF 9,186,000
Number of people affected: 53,605HHs (approx. 321,630 people)	Number of people assisted: 324,213 people (54,036 households)
Project Manager: Marshal Mukuvare, overall responsible for planning, implementing, monitoring, reporting and overall compliances	National Society contact: Ayaz Manji, Director of Programmes and Operations, Kenya red Cross Society
N° of National Societies involved in the operation: IFRC, ICRC, British Red Cross, Danish Red Cross, Finnish Red Cross, Italian Red Cross, Norwegian Red Cross	
N° of other partner organizations involved in the operation: National and County Government agencies, UNICEF, UNFPA, DFID, OCHA and ECHO	

A. SITUATION ANALYSIS

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 requested for an extension of the timeframe for implementation of the EPOA to February 28, 2019. This was to enable the completion of the 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 and thus through the extension KRCS continued to support those still in need.

KRCS received up to CHF 1,449,814 through the Emergency Appeal and spent 100% of the received funding. In addition, the KRCS has mobilized approximately CHF 4.7 Million through OFDA, ECHO and DFID. Thus, the report reflects the achievements of both multilateral and bilateral contributions.

In addition, KRCS received bilateral support from partners including from the Government of Kenya, British RC, Finnish RC, USAID/OFDA, Chinese Government, Korean Government, private sector companies, and from the general public.

Through this APPEAL (including bilateral support), KRCS reached 406,731 + as detailed below:

Sector	Targeted (HHs)	Reached (HHs)
Shelter (Emergency Shelter)	53,605	30,990
Shelter Reconstruction (Recovery)	N/A	6,692
Health	53,605	54,035
WASH	53,605	35,680
Livelihoods	10,000	1,118

Description of the disaster

The March – April – May 2018 rainfall season resulted in floods in many parts of the country. The rains season ended in June 2018 in many parts of the country though some areas continued to receive rains up to December 2018. Increased in flows 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 began to spill on 17 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' access to food had been interrupted.

Access to markets in a number of counties like Garissa, Wajir and Tana River was temporarily disrupted due to infrastructural damage caused by the floods. Food security was also negatively impacted as household food stocks were swept away and at least 68,780 acres of farmland were destroyed by the floods. Incidences of landslides were also reported in a number of Counties including Nandi and Murang'a Counties. Destruction of water supply and irrigation infrastructure was reported in parts of Coast, and South Eastern parts of the country. 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 were reported in 40 counties in the country and resulted in displacement of **53,605HHs (approx. 321,630 people), with 197 lives lost during the season (M-A-M 2018).**

Summary of 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 134,000 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. In response to the floods, KRCS undertook the following 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 messages were sent out

to communities containing early warnings to allow communities adequate lead-times to take action prior to flooding events.

The sample message is 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 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) were deployed to provide initial support to affected families to provide first response which include rescue efforts, first aid and psychological first aid. The response teams were also involved in the rapid assessments. KRCS also worked with NDOC to conduct evacuations using aircrafts and boats for the 556 marooned people in Kilifi and Tana River counties.

- **Shelter**

KRCS provided emergency shelter for displaced families. Through this intervention, KRCS reached a total of 30,990HHs 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 included 2 tarpaulins, 1 kitchen set, 2 mosquito nets, 2 bar soaps, 2 blankets and 2 water jerry cans. UNICEF also provided 3,750 family kits in Kisumu and Garissa counties. 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.

The Government of Kenya, donated USD 10M to KRCS for shelter recovery programme which supported reconstruction of houses for families whose houses were destroyed by floods. Through the shelter reconstruction programme, KRCS has constructed houses for 6,692 families in 25 counties¹ across the country. The programme was implemented through a combination of in-kind distribution of construction materials as well as cash disbursements to support families procure construction services as well as labour for construction.

- **Health and Nutrition**

Integrated health and nutrition interventions were undertaken reaching a total of 324,213 (148,991 *males and* 175,222 *Females*) persons reached through health education sessions conducted through door to door, public meetings (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.

A total of 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 2,298 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 provided 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) were distributed to expectant women in the floods affected counties and also sensitization of safe motherhood promoters and CHVs was undertaken and a referral pathway established to ensure expectant mothers have access to skilled care. KRCS coordinated 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 3,723 persons (2,652 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 was reached with information on disease prevention and control and on other essential services.

¹ Kilifi, Tana River, Garissa, Kajiado, Narok, Nakuru, Samburu, Baringo, Nandi, Busia, Migori, Turkana,

KRCS supported the running of 3 mobile clinics in Tana River and Kilifi counties, two of which were supported by the Finnish Red Cross. KRCS 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. Through this appeal, KRCS set up 12 CTCs in Tana River, Garissa, Narok, Nairobi, and Kajiado counties.

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 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 included wheelchairs, white canes were availed to affected populations to enable mobility and also ensure inclusivity during the response. These were distributed in Baringo, Kisumu, Busia and Kisumu counties. 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 a total of 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 4,000 litres per hour, while in Magarini 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 (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 operationalized, 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 carried out 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 were constructed by the affected communities – this included digging of the pit latrines and setting up of the superstructures using the tarpaulins. Mobile toilets were also set up in camps in Garissa, Tana River and Kilifi. These interventions targeted 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. During the operation, a total of 12 water supply facilities were rehabilitated benefiting a total population of 214, people.

- **Co-ordination**

Coordination of responses in various counties were carried out through committees made up of representatives from KRCS, National and County government representatives and partner agencies with presence within the various counties. The committees were 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 seven 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-RCRC 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 2013 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). The Kenya Inter-Agency Response Assessment (KIRA) were conducted in Marsabit, Kisumu, Busia, Kilifi, Tana river, Garissa, and Wajir county to support joint actions by partners in those counties.

The Ministry of Agriculture assisted in assessing the extent of destruction of farmlands in different counties. KRCS worked with the NDOC to do a one-off NFI distribution through in Isiolo County and evacuations in Malindi County where roads had been rendered impassable by floods. In both instances, NDOC provided aircrafts to support these operations. In Tana River county, the County Government provided boat and fuel for evacuation of marooned families. 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, though the response was low. The same assistance was provided to the 233 HHs 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 provided food assistance to 1,882 HHs including maize, beans and cooking oil.

Needs analysis and scenario planning

Following the cessation of the March-April –May 2018 in June 2018, no major floods incidents have been reported in the country. The October-November – December 2018 rains had indicated a possibility of above normal rainfall. However, the season was largely dry with no flooding incidents reported. However, during this time 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.

As at the end of the operation, most of the displaced families had returned to their homes their homes. To support recovery for families whose houses were destroyed, KRCS carried out an early recovery programme to support families affected by floods, through supporting reconstruction of destroyed houses, strengthening of weakened health and water facilities, and restoration of degraded environment. A community participation approach was adopted to ensure affected population are involved in key decision making in each stage of implementation. The key sectors involved were Shelter, Health, Water Sanitation and Hygiene (WASH) and Disaster Risk Management (Environmental Conservation).

The national and county governments in collaboration with KRCS and county governments led 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 ensured that the families are protected from future flooding and displacement. Through this programme, KRCS constructed a total of 6,692 houses.

Risk Analysis

Despite forecast of heavy rains during the operation period, there were no further incidents of heavy rains and thus no further displacements were experienced during the operation period. Thus KRCS operations were not disrupted by further flooding.

During the operation period, a number of disease outbreaks were experienced in areas that had been affected by floods. These included cholera, malaria, rift valley fever, bilharzia outbreaks that affected various in parts of the country. These affected KRCS operations as teams responding to flood effects also had to respond to these disease outbreaks. KRCS thus used surge teams and worked with MOH staff to successfully manage the outbreaks.

Many areas in the flood affected parts of the country had been cut off due to damaged roads. County and national government supported KRCS operations to deliver assistance through air in cases where roads had been completely damaged and in some cases, in some cases to repair sections to the roads that had been damaged to allow for delivery of assistance to affected communities.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective- The operation aimed to provide immediate assistance to cover the needs of 54,500HHs (approx. 327, 000 people) that had been 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 eight months. The operation implementation was coordinated by KRCS HQ emergency operations department and county coordinators. KRCS volunteers played a key role in implementation of delivery of the emergency assistance. KRCS deployed surge teams to complement and strengthen implementation of response activities in areas where technical support was needed and those where volunteer's capacity was low. KRCS carried out assessments in the affected areas that informed ongoing changes to the operation.

Assessment reports from partner agencies including the government were also used to inform the design of responses for the various sectors. Due to the significant infrastructural disruptions that critically affected market access in targeted areas, KRCS provided emergency relief supplies in kind for the initial part of the response. However, cash transfers were used to support the recovery phase of communities once market functionality had been resumed in many areas. KRCS used Cash to deliver livelihood support in parts of West Kenya and also for shelter reconstruction in 25 counties.

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 the following initiatives:

- A robust complaints and feedback mechanism put in place based on the existing KRCS accountability frame work to promote accountability to the affected communities. This promoted active engagement with the communities to handle any issues regarding the floods, response and related activities.
- Community participation was also 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 were used to ensure all the affected communities had 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 were sensitized on how to maximize on community engagement and accountability during the response.

Shelter

A total of 53,605 HHs were displaced in different parts of the country. Most of the displaced populations were staying in temporary unplanned camps, schools, churches and chiefs' camps and required urgent emergency shelter support. Through this appeal, KRCS aimed to reach 10,000 HHs with emergency shelter support. This included 9,000 HHs to be supported with Shelter NFI kits and 1,000 HHs with construction materials and technical support for construction of transitional shelter. KRCS also aimed to provide technical training to the 1,000 HHs who were targeted under the transitional shelter category (this included training of volunteers who would support the community in construction and the targeted community).

Health

The floods across the country led to damages on sanitation facilities and contamination of water sources that risked exuberated the prevailing cholera situation in the country. Particularly at risk were counties which had active cholera outbreaks including Turkana, Tana River, Isiolo and Garissa which called for cholera prevention and control strategies

to be employed to minimize spread. A total of 10 health facilities had been submerged in Nyando (4), Muhoroni (2) and Tana River (4) which resulted in disruption of health services in these areas.

In Isiolo county and Marsabit counties a total of 12 and 20 health facilities respectively were inaccessible owing to damages on the road infrastructure by flash 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 were thus vital in improvement of the health status of the displaced population. The facilities also had limitation in supplies of essential drugs serving the displaced population. An upsurge of mosquito-borne diseases to include dengue fever, Chikungunya and malaria were anticipated to rise as the rains subsided. Intervention to address the psychosocial needs of the affected population were required especially for the bereaved families and other groups that were to be targeted 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 were implemented across the country. The activities included 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, KRCS aimed to provide dignity kits containing essentials supplies such as sanitary towels for menstrual hygiene. People living with disabilities and older persons were also targeted with tailor made disability and age-friendly services. Due to the displacements, there was a risk of increase in cases of sexual and gender-based violence in the different counties. Sensitization for prevention of SGBV as well as development and dissemination of referral pathways for any cases was thus planned to be conducted to enhance accessibility to services within the shortest time possible. Children were also at risk of getting separated from their guardians during displacement, efforts were 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 targeted 30,000 HHs.

Water, sanitation and hygiene

This appeal also sought to address the challenges that affected women and children who often had to walk long distances to access safe water. Hygiene promotion (including menstrual hygiene management) is 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 was prioritized 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. KRCS thus prioritized rehabilitation of critical community water supply systems that were affected by floods. In readiness for any future floods occurrence, KRCS pre-positioned house hold water treatment chemicals in regional warehouses in counties that were most prone to flooding. Emergency water treatment equipment's were serviced and deployed to support provision of clean drinking water in some areas.

Livelihoods and basic needs (including food security)

Immediate and mid-term food needs were assessed through a food security assessment including market assessments to provide 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 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) were targeted in the intervention. 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 2,170.

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

	<p>Shelter People reached: 185,940 Male: 91,111 Female: 94,829</p>	
<p>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</p>		
Indicators	Target	Achieved
% of households living in shelters meeting Sphere standards	100%	58%
Number of households provided with emergency shelter assistance which meet Sphere standards	53,605	30,990
<p>Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households</p>		
Indicators	Target	Achieved
Number of people reached with technical support, guidance and awareness building in safe shelter design and settlement	1,000	6,692
<p>Progress towards outcomes</p> <ul style="list-style-type: none"> • Following the floods, KRCS through its response teams (RCATs) conducted search and rescue operations and initial rapid assessments to determine the immediate needs of the affected population. As a result of the rapid assessments, KRCS were able to identify basic needs required such as NFIs. • Priority targeting was given to vulnerable groups which included pregnant and lactating women, families with children below the age of five and people with disabilities. KRCS ensured that the target population included: <ul style="list-style-type: none"> • displaced households, • households with severely or moderately acute malnourished children, • households headed by elderly, • Chronically ill persons, children, single female and disabled persons without income. • This criterion were disseminated to the communities which enabled them to take active roles in selecting the population to be supported. The KRCS coordinated its targeting through county and sub-county coordination forums, and through community-based targeting at community meetings in collaboration with community relief committees, local authority and KRCS. • In addition, KRCS identified local volunteers attached to the KRCS County Branches as shelter champions. The KRCS provided debrief and training sessions for volunteers and staff involved in the floods response. These sessions were held in Tana River, Garissa, Kisumu and Busia counties where a total of 320 volunteers took part. The sessions aimed at providing volunteers with necessary skills and knowledge to support beneficiaries with necessary temporary shelter construction techniques. • Based on the needs identified during the assessments, KRCS responded using its stocks to the shelter needs reaching a total of 30,990HHs with shelter NFIs kits in the counties that were adversely affected by the floods. The contents of the standard NFI kit distributed included 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.

- A total of 6,692 households also benefitted from the shelter reconstruction programme that was funded by the Government of Kenya. The number was reached significantly higher than the number targeted due to additional support of CHF 10 million that KRCS received from the Government of Kenya. In the initial stages of the reconstruction programme, 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

- No PDM was carried out following distribution of NFIs. After Action Reviews were however carried out for the flood response as detailed in the section on strengthening National Society Capacity.

Challenges

Delay in the procurement of NFIs attributed to the unintended effects of using cash programming. Because KRCS had been responding to disasters through cash, none of the local providers had readily available stocks for delivery to KRCS. Most of the items were sourced internationally. This resulted in delays during the procurement process that delayed delivery of NFIs in some cases. This was however addressed through support from UNICEF who had prepositioned family kits in parts of the country in readiness for floods.

Lessons Learned

- Future projects should ensure that all target people are biometrically registered and follow up conducted on the use of the RedRose system or other systems established to enable ease in follow up of beneficiaries and other programmatic issues
- KRCS volunteers were key in monitoring of the shelters in the counties. The constant visits ensured issues at community level were resolved in a timely manner. Communities were more dedicated whenever there were constant visits.
- It is more useful to think of best management practice as an adaptive learning process rather than a fixed set of rules or guidelines. This approach to best practise focuses on fostering improvements in quality and promoting continuous learning.



Livelihoods and basic needs

People reached: 27,090

Male: 13,275

Female: 13,815

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	2,500	3,278
Number of beneficiaries reached through vouchers	2,500	12,060

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.	8,500	12,000
Number of safe spaces for breastfeeding created	4	4

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	10,000	1,108

Number of households reached with productive assets (tools, animals etc.) (Distribution records – see also FWRS guidelines)	2,500	2,170
Number of irrigation schemes rehabilitated	10	11
Number of people reached through Cash Transfer Programmes	12,060	12,060
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		
<ul style="list-style-type: none"> A total of 4,515 households with approximately 27,090 people affected by floods were supported with livelihood recovery interventions. This included 2,345 HH getting supported with repairs of irrigation systems, distribution of planting seeds and fertilizers/pesticides. Another 160 households with approximately 960 people were supported with sets of water pumps, irrigation water pipes and knapsack sprayers for irrigation farming in West Kenya. An additional 2,010 households with approximately 12,060 people receiving unconditional cash to restore their livelihoods assets. For the Cash transfer aspect, post distribution monitoring showed that approximately 97.8% of the beneficiaries understood the targeting and selection process, with satisfaction levels at 99.7%. The process was participatory targeting the neediest cases and 99.8% of the interviewed beneficiaries reported that there were no cases of favouritism or any form of corruption to be included in the program. All the respondents (100 percent) confirmed that they received Ksh. A total of 13,162 which confirms the amount transferred to them by KRCS. Of the target people interviewed, 80.85% spent less than 1 hour to and from MPESA agents for encashment while 99.3% felt they were safe at the cash distribution points. Approximately 87% of the interviewees, considered cash to be the most preferred form of assistance over in-kind. 3,278 Farmers 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 household 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 2,170. Further intervention will carry on to the year 2019 targeting community irrigation schemes that were affected by the floods. 		
Challenges		
Continued rains during to the interventions slowed the progress of the intervention.		
Lessons Learned		
No lesson learnt.		



Health

People reached: 324,213

Male: 148,991

Female: 175,222

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	150	120
# of patients treated in health facilities and outreaches	45,000	50,973
# of children vaccinated	4,000	3523
# of health kits delivered	1,200	900
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		

Indicator	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	150	120
Number of patients treated in health facilities and outreaches	45,000	50,973
Number of children vaccinated	4,000	3,523
Number of health kits delivered	1,200	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		
Indicator	Target	Actual
# of people reached by psychosocial support	3,000	3,723
Output 1.5: Acute Malnutrition is addressed in the target population.		
Indicators	Target	Actual
# of malnourished children	2,000	2,298
# of PLW referred	1,000	736
Output 1.6: Minimum initial maternal and neonatal health services provided to target population		
Indicators	Target	Actual
# of clean delivery kits distributed	1,200	900
# of midwife delivery kits distributed at health facilities	42	20
# of mothers referred for Emergency Obstetric care	600	532
Progress towards outcomes		

Cumulatively a total of 324,213 (148,991 *males* and 175,222 *females*) 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 *males* and 29,925 *females*) 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 15,019 <5Years). A total of 2,298 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	42
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		
<ul style="list-style-type: none"> 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. 		
Challenges		
<ul style="list-style-type: none"> Continued rainfall during the initial stages of the intervention led to inaccessibility of some of the areas of health interventions. Disease outbreaks increased as opposed to the projections of the intervention. 		
Lessons Learned		
<ul style="list-style-type: none"> The communities are receptive to the medical outreaches and those available turn up for treatment and screening. 		

	Water, sanitation and hygiene People reached: 214,080 people Male: 104,899 Female: 109,181	
Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:	Target	Actual
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%	100%
Output 2.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		

Indicators	Target	Actual
Number of people reached with hygiene promotion activities	321,630	133,068
Progress towards outcomes		
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
<ul style="list-style-type: none"> • KRCS carried out initial assessments in counties that had been affected by floods including Garissa, Kilifi, Isiolo, Baringo, Kitui, Makueni, Tana River, Taita Taveta and Kirinyaga to identify key community water points destroyed by floods for repair. Following this assessment, a total of 11 key community water points destroyed by flood and needed rehabilitation to provide clean and safe water to the affected communities were identified through a participatory process that involved community meetings. The County government Water Engineers were involved in the detailed assessment to estimate the scope of works and costs for each sit. • 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. 		
WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
<ul style="list-style-type: none"> • KRCS deployed 2 KWAT 50 and 3 SETA Emergency bulk water treatment units to Makueni and Kilifi counties, Busia and Tana River. These supported provision clean and safe drinking water for Wote and Magarini whose water supply systems had been destroyed by floods. Through action, KRCS reached a total of 18,320 hose holds. • A further 214,080 people were reached through the rehabilitation of flood damaged water supply facilities and distribution of water treatment chemicals (PUR and Aqua tabs). 		
WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
<ul style="list-style-type: none"> • KRCS improved sanitation in IDP camps by constructing a total of 92 latrine facilities in Garissa, Tana River and Kilifi. 600 toilet slabs were procured and 472 were distributed to assist in the re-construction of latrines in areas where household latrines were affected by the floods. • Disinfection of household wells was carried out in Busia with a total of 586 wells being disinfected. Water samples were also tested. • Vector control was also carried out in Busia in areas where people were living near flooded areas. 		
WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
<ul style="list-style-type: none"> • Volunteers were trained on hygiene promotion and were deployed in ID camps and surrounding communities. • Hygiene promotion was carried as the first line mitigation against hygiene related infections in all the counties affected by floods mainly targeting IDP camps in Garissa, Tana River and Kilifi. Hygiene promotion activities have also been rolled out to reach communities living near camps and those whose water facilities had been affected by floods such as in Busia. • A total of 133,068 women, men and children were reached with hygiene promotion messages and the activity is being scaled up to reach those who are going back to their homes. A total of 250,895 PUR and 343,395 Aqua tabs have been distributed alongside hygiene promotion messages and community education on how to use the chemicals safely. Hygiene promotion has also targeted schools in Tana River and Busia. 		
Challenges		
<ul style="list-style-type: none"> • Inaccessibility of the affected areas due to continued rains in the initial stages of the intervention. • Delays in procurement of the WASH items. 		
Lessons Learned		
<ul style="list-style-type: none"> • The supplies of the WASH items should be pre-identified to reduce the duration of procurement. 		



Inclusion and Protection

People reached: 6,711

Male: 3,288

Female: 3,423

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
Number of people reached	10,000	6,711
Output 1.1: : KRCS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors		
Number of people reached	10,000	6,711
Output 1.1: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children		
Number of people reached with sexual-and gender-based violence	10,000	656

Progress towards outcomes

Referrals of GBV Cases

Up to, 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

A number of 4432 older persons and 296 persons with disabilities were referred for further medical attention.

Protection

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

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

Output 1.1.1 National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
Number of insured volunteers engaged in the operation	320	320
Number of volunteers sensitized on safety and wellbeing	320	320
Number of volunteers reached the psychosocial first aid	320	320
Output 1.1.2. NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities		
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)	60	60
End line Evaluation recommendations	1	0

Narrative description of achievements

- 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 framework 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.
- County Complaints and Feedback Committees have been set up in all the 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 870 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, 808 have been successfully addressed representing 93% of all complaints received.
- Endline Evaluation was not carried out. However, KRCS carried out AAR for the floods response. The MEA&L unit and other sectors involved in the floods response operations conducted reflective sessions between 6th – 15th December 2018. The AAR was focused on the general flood response activities, to reflect on the way the floods response operation was conducted. The reflective session process particularly helpful to the KRCS teams who participated to learn quickly from their successes (good practices) and failures (lessons learned) and share their learning. Subsequent reflection exercise was carried out with the HQ team. The AAR involved KRCS teams with support from BRC and was cascaded to the community. The following were the key immediate outcomes of the floods intervention as brought out by the AAR in the counties:
 - Through provision of emergency NFIs shelter kits to displaced population, the communities were able to sustain themselves into recovery from the effects of the floods after they lost the basic household/shelter NFIs. The communities are grateful to the KRCS and the donors for the provision of the NFIs that has benefited them in many ways.
 - By increasing access to safe water through rehabilitation of community water points, the communities have had access to clean water for domestic use and this has reduced cases of disease outbreaks. They have also gained ownership of some of the newly rehabilitated water points within their communities.
 - There have been medical outreaches in the village levels and this has really been appreciated by the communities since the vulnerable in the society were able to access to basic health services.
 - A livelihoods assessment was carried out in order to inform the type of livelihoods assets destroyed/lost by the affected communities, the extent of destruction/loss, coping strategies, need for support to re-establish livelihood and market functionality as well as capacity of market to provide inputs required as well as community preference, this has therefore been part of great support to the affected communities to recover their livelihoods sources.

Challenges

- There is slow response by other departments in KRCS to embrace CEA.
- High turnover, affects the retainability of the CEA knowledge thus need for more trainings across the KRCS branches.

Lessons Learned

- There is still a lot to be done and the MEA&L department is calling upon all other departments for support by ensuring that all the projects incorporate CEA within their activities.
- Through engaging the communities using the CEA approaches, the communities feel they are part of the project and thus ownership of the KRCS interventions

D. THE BUDGET

This operation closed with total expenditure of CHF 1,433,829 which represent 15.8% of the total appeal budget and 98% of the total income which was 1,449,814. As per the financial report attached, this operation closed with a balance of CHF 15,985. The International Federation seeks approval from its donors to reallocate this balance to the general cluster appeal which will aid in monitoring of subsequent Kenya interventions. Partners/Donors who have any questions in regards to this balance are kindly requested to contact Marshal Muvare marshal.muvare@ifrc.org, within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated”.

Reference documents



Click here for:

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

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

Kenya Red Cross Society:

- Dr. Abbas Gullet, Secretary General; email: gullet.abbas@redcross.or.ke, phone: +254 722740789

IFRC East Africa CCST Office:

- Andreas Sandin, Emergency Operations Coordinator, email: andreas.sandin@ifrc.org, phone; +254 732 508 060
- Marshal Mukuware, Disaster Management Delegate, email: marshal.mukuware@ifrc.org, phone: +254780930280

IFRC Office for Africa Region:

- Adesh Tripathee, Head of Africa DCPRR, email: adesh.tripathee@ifrc.org, phone: +254 731 067 489
- Khaled Masud Ahmed, Regional Operations Coordinator; email: khaled.masud@ifrc.org; phone: +254 731067286

In IFRC Geneva:

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Francisca Kilel, Ag Head of Partnership and Resource Development, Nairobi, email: francisca.kilel@ifrc.org, phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- **IFRC Africa Regional Office: Fiona Gatere**, PMER Coordinator, email. fiona.gatere@ifrc.org, phone: +254 780 771 139

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.

www.ifrc.org

Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/05-2019/04	Operation	MDRKE043
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 23 May 2019

All figures are in Swiss Francs (CHF)

MDRKE043 - Kenya - Floods

Operating Timeframe: 01 May 2018 to 28 Feb 2019; appeal launch date: 01 May 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	1,380,000
AOF3 - Livelihoods and basic needs	1,250,000
AOF4 - Health	1,123,000
AOF5 - Water, sanitation and hygiene	2,882,000
AOF6 - Protection, Gender & Inclusion	49,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,136,000
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	366,000
Total Funding Requirements	9,186,000
Donor Response* as per 23 May 2019	1,449,814
Appeal Coverage	15.78%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	559,275	1,421,230	-861,955
AOF3 - Livelihoods and basic needs	10,650	0	10,650
AOF4 - Health	317,425	1,692	315,734
AOF5 - Water, sanitation and hygiene	331,508	0	331,508
AOF6 - Protection, Gender & Inclusion	6,390	0	6,390
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	211,874	340	211,534
SFI2 - Effective international disaster management	7,766	10,599	-2,833
SFI3 - Influence others as leading strategic partners	0	44	-44
SFI4 - Ensure a strong IFRC	3,828	0	3,828
Grand Total	1,448,716	1,433,904	14,812

III. Operating Movement & Closing Balance per 2019/04

Opening Balance	480,000
Income (includes outstanding DREF Loan per IV.)	969,814
Expenditure	-1,433,904
Closing Balance	15,910
Deferred Income	0
Funds Available	15,910

IV. DREF Loan

* not included in Donor Response	Loan :	480,000	Reimbursed :	480,000	Outstanding :	0
----------------------------------	--------	---------	--------------	---------	----------------------	----------

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/05-2019/04	Operation	MDRKE043
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 23 May 2019

All figures are in Swiss Francs (CHF)

MDRKE043 - Kenya - Floods

Operating Timeframe: 01 May 2018 to 28 Feb 2019; appeal launch date: 01 May 2018

V. Contributions by Donor and Other Income

Opening Balance							480,000
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	496,613				496,613		
DREF Allocations				-480,000	-480,000		
Japanese Red Cross Society	89,642				89,642		
Red Cross of Monaco	34,801				34,801		
Swedish Red Cross	224,096				224,096		
The Canadian Red Cross Society (from Canadian Gov	149,196				149,196		
The Netherlands Red Cross (from Netherlands Govern	455,466				455,466		
Total Contributions and Other Income	1,449,814	0	0	-480,000	969,814	0	
Total Income and Deferred Income					1,449,814	0	