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# Emergency appeal revision Kenya: Floods

 International Federation  
of Red Cross and Red Crescent Societies

Revised Appeal n°  
MDRKE043

Glide n° FF-2018-000030-  
KEN

**321,630 people to be assisted**

**480,000 Swiss francs DREF allocated**

**9.2 million Swiss francs current Appeal  
budget**

**4.4 million Swiss francs current funding  
gap**

**Appeal launched 2 May 2018**

**Revision n° 1 issued 11 Sept 2018**

**Appeal ends 31 December 2018**

**Extended two months**

This Revised Emergency Appeal seeks a total of some 9.2 million Swiss francs increased from 4.8 million Swiss francs, which reflects the overall operational plan of the **Kenya Red Cross Society**. The revised Appeal is focusing on **shelter and settlement, health and nutrition, water, sanitation and hygiene, protection, gender and inclusion** as well as **food security and livelihoods**, targeting **321,630** people or 53,605 families. The operation has been scaled up to assist an increased number of people within an extended timeframe, and an enlarged geographic scope. This is based on detailed assessments and gap analysis carried out during the implementation of the operation. These assessments report a higher number of displaced and affected population and a wider area impacted by the floods resulting in increased needs.

## The disaster and the Red Cross Red Crescent response to date

**February 2018:** The Meteorological Department forecasts normal to above normal rainfall beginning April

**April 2018:** Western, Nyanza, North Rift, South Rift, North Eastern, Upper Eastern, Central and Coast regions experience heavy downfall

**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 for 9.2 million Swiss francs for 321,630 people, to reflect the overall operational plan of the Kenya Red Cross Society. The revision also announces the timeframe extension to 31 December 2018.



Figure 1: Health outreach in Tana River County

## The operational strategy

### 1. Needs assessment and beneficiary selection

While parts of the country were still experiencing the impacts of drought, the heavy rains that commenced in March 2018 have further resulted in loss of lives, properties, disruption in access to essential health care and related

social services, destruction of livelihoods, key installations such as water, sanitation and hygiene facilities. The rains have caused flooding that has impacted the traditional livelihoods being agriculture industries and pastoralism. Impacts currently include destruction of standing crops with farms reported as submerged, destruction of irrigation systems, farm equipment, livelihood tools and inputs and disruption of transport for market access. As per the agricultural calendar, planting had commenced to coincide with the onset of the long rains, therefore resulting in large loss of standing crops and agro-based labour market and production system. The crops loss and disruption in livelihoods have led to food insecurity situation. Most affected counties reporting agriculture and livestock losses include Garissa, Tana River, Kilifi, Kisumu, Homa Bay, Elgeyo Marakwet, Turkana and Marsabit - coincidentally the majority of these counties were also affected by the drought which preceded this flooding episode. Affected households are likely to grow to require humanitarian assistance through October 2018 to meet their minimum food and basic needs, particularly due to their severely restricted purchasing power. Assistance would also be required in recovery to restore their livelihoods and stabilize life as the rains subside. This will include for rehabilitation of irrigation systems, replacement of livelihood tools, and means and opportunities for small entrepreneurship.

The floods have caused damages to at least 42 health facilities. Access to some functioning health facilities has been difficult due to damaged road infrastructure. In addition, the evacuation sites such as in Tana River are located approximately 10 km to 15 km from existing facilities hence outreach health services to include reproductive, maternal and child health, nutrition services and treatment of minor ailments will be vital. The facilities also have limitation in supplies of essential drugs serving the displaced population.

The floods caused infrastructural damage of water, sanitation and hygiene systems increasing the likelihood of the cholera outbreak worsening in the country. Ongoing disease outbreaks continue to pose a risk to communities in flood affected areas. The latest Ministry of Health Disease Outbreak Situation Report (as of 2nd July 2018) indicates that there are currently outbreaks of Cholera active in 8 counties i.e. Garissa, Turkana, West Pokot, Isiolo, Meru, Tana River, Kilifi and Mombasa. So far, the total cases reported are 5,514 with 78 deaths (CFR 1.4%). Additionally, an outbreak of Rift valley fever has affected Wajir, Marsabit, and Siaya Counties.

As of July 2, 2018, a total of 53,605 Households (approximately 321,630 people) had been displaced with many of them still seeking shelter in unplanned or spontaneous camps. The most affected areas included Tana River, Garissa, Isiolo and Turkana. The main needs identified are shelter support, health services including rehabilitation of health infrastructure, safe and clean water including rehabilitation of damaged water supplies, livelihoods recovery support including rehabilitation of damaged irrigation infrastructure as well as protection.

Disruption of essential services including health may result in outbreaks of water borne diseases in most of the affected areas. Increased precipitation with the warm conditions create a conducive environment for the breeding of vectors such as mosquitoes thus increasing the spread of vector borne disease such as Malaria, Rift Valley Fever, Dengue and Chikungunya. This can be prevented through health outreaches and sustained public health activities in the affected areas.

## **2. Beneficiary/community Selection**

Kenya Red Cross Society (KRCS) is prioritizing most affected counties based on identified needs in health and nutrition, water and sanitation, shelter and livelihoods. In addition, the interventions will take into consideration vulnerable groups to include displaced households, under-fives, pregnant and lactating mothers, older persons, persons with chronic illnesses and people living with disabilities. KRCS will enhance collaboration under this floods emergency operation through county and sub-county coordination forums and committees formed by affected persons to ensure targeting on level of vulnerabilities. This will be done through community-based targeting through collaboration with community relief committees, local authority and KRCS to ensure that all response and recovery activities are inclusive, relevant to the local needs and well communicated to affected people. This will be achieved through an elaborate community communication plan that will provide the communities with adequate information through the entire spectrum of the operation.

## **3. Coordination and partnerships**

KRCS is the largest humanitarian organization in Kenya, with a large presence across the country (64 branches and sub branches supporting a network of 98,000 volunteers). KRCS has a wide acceptance with a capacity to operate in areas considered hard to reach based on geographical isolation and poor humanitarian access.

The KRCS is continuously engaging with the government, in-country Movement partners and non-Movement partners including UN Agencies towards coordinated humanitarian response. The IFRC has a Country Cluster Support Team Office (for Eastern Africa) and a Regional Office for Africa, in Nairobi. KRCS is constantly in contact with the IFRC and has been giving updates as the humanitarian situation unfolds. 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 civil unrests in the country, and on broader programmes including cash transfer to drought affected counties and Safer Access. Similarly, ICRC has been supporting (both technically and financially) the KRCS's Restoring Family Links Programme which has helped to alleviate the psychological distress of affected families by reuniting and clarifying the fate of the missing family members.


There are also a number of partner National Societies (pNSs), including the British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross and Norwegian Red Cross which are based in Nairobi supporting KRCS in emergency response, including floods response and various disaster management projects. The pNSs have similarly been briefed on evolving floods situation with engagements expected to be informed by the prioritized needs on the action plan. Among these PNSs, Finnish, British and Norwegian Red Cross have provided bilateral support to the Emergency Appeal operation. In addition, KRCS has received multilateral funding through American Red Cross, Canadian Red Cross from the Canadian government, Japanese Red Cross, Red Cross of Monaco, Netherlands RC from the Netherlands government and Swedish Red Cross.

KRCS has four staff trained in Community Engagement and Accountability (CEA) and over 300 volunteers sensitized on the KRCS guidelines for handling community complaints and feedback who will support in mainstreaming CEA activities in this response and recovery phase. KRCS has an accountability framework in place to guide complaints and feedback mechanisms in an effort to promote and ensure accountability to the communities. The National Society has good capacity in logistics, finance, procurement, ICT and all other support functions requisite to the demands of this emergency appeal. A total of 1,027 Red Cross Action Teams have been trained on search and rescue and 42 trained as National Disaster Response Team. In addition, 85 KRCS staff and volunteers have been trained on emergency health and a further 30 on emergency WASH interventions.

#### 4. Summary of the current response

Since the launch, the operation has made good progress in all planned intervention areas of shelter, WASH and health. The table below provides a snapshot of progress, activities ongoing and planned.

AoF	Activities completed	Activities ongoing	Activities planned
	<ul style="list-style-type: none"> <li>▪ Detailed shelter assessment done in all the 40 most affected counties</li> <li>▪ Identification and registration completed for a total of 8,860 affected households</li> <li>▪ Supported the transportation and distribution of KRCS owned shelter NFIs (2 tarpaulins, 2 jerricans, 2 blankets, 2 mosquito nets, 2 bar soaps, 1 kitchen set) to a total of 8,860 affected households</li> <li>▪ Between March and July 2018, KRCS has reached a total of <b>24,635 households</b> with shelter NFIs, <b>15,110</b> of which have been through the <b>UNICEF support</b>.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collation and analysis of assessment data</li> </ul>	<ul style="list-style-type: none"> <li>▪ Distribution of NFIs based on the assessment report findings</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Livelihoods and Market assessment/ Mapping</li> <li>▪ Procurement of seeds, fertilizer and pesticides for distribution</li> <li>▪ Detailed assessment of destroyed irrigation systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rehabilitation of irrigation systems.</li> <li>▪ One off conditional cash transfer for livelihoods recovery in West Kenya (farm inputs, animals, seeds, small businesses).</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Hygiene promotion activities targeting a total of 680</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rapid assessment of the water, sanitation and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Disinfection of wells</li> </ul>

	<p>households in Garissa, Tana River and Kilifi counties. A total of 90 latrines were constructed in IDP camps in Garissa, Tana River and Kilifi</p> <ul style="list-style-type: none"> <li>Rehabilitation of destroyed community water systems and set up of water treatment plants in Busia and Garissa reaching a total of 141,501 people. In addition, 291,000 sachets of PUR and 220,000 sachets of aqua tabs were distributed in Garissa, Tana River, Nyeri, Busia, Isiolo and Kilifi counties.</li> <li>A total of 90 latrines constructed in IDP camps in Garissa, Tana River and Kilifi</li> </ul>	<p>hygiene situation in targeted communities</p> <ul style="list-style-type: none"> <li>Bulk water treatment using the KWAT 50</li> <li>Production of IEC materials</li> <li>Procurement of 586,335 PUR sachets and 712,670 aquatabs for point of use water treatment</li> </ul>	<ul style="list-style-type: none"> <li>Vector control and fumigation</li> <li>Rehabilitation of destroyed water systems</li> </ul>
	<ul style="list-style-type: none"> <li>Integrated health services have been offered to communities affected by the floods with 131 outreaches conducted in Busia, Isiolo, Garissa, Tana River and Kilifi counties.</li> <li>Cumulatively, a total of 129,850 (62,366 male and 67,484 Female) persons have been reached through health education sessions</li> <li>A cumulative total of 971 children have been vaccinated for the various antigens during the reporting period with 124 children receiving BCG, 153 children receiving PENTA 1, 123 children receiving PENTA 2, and 154 PENTA 3, measles 1 -176 and measles 2 -252</li> <li>Mass screening for malnutrition conducted for the under 5s as well as pregnant and lactating women attending the integrated outreaches. A total of 9,514 (2,641 PLW and 6,873 under-fives) have been reached</li> </ul>	<ul style="list-style-type: none"> <li>Health and nutrition outreaches</li> <li>Support to Health Emergencies National Level TWG and county level coordination.</li> <li>Procurement of medical supplies (pharmaceuticals and non-pharmaceuticals)</li> <li>Design and development of IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>Procurement of assistive and mobility devices</li> <li>Establishment of child-friendly spaces and community-based child protection activities.</li> <li>Training of staff and RCATs on the HHOT (Humanitarian Hands on Tool) for disability inclusion in response and recovery activities</li> </ul>

## Proposed Areas for intervention

### Overall operational objective

The operation aims to provide immediate assistance to cover the needs of 321,630 people or 53,605 families most at risk and affected by floods by providing life-saving assistance for a period of eight months.

The operation has received funding through multilateral and bilateral channels. As of 24 August 2018, the funding coverage from multilateral (CHF 1.5 million) and bilateral (CHF 3.3 million) sources combined reached approximately

CHF 4.8 million. The bilateral funding is earmarked to activities mentioned in the table below. Further the narrative on implementation of activities will be reflected in the Emergency Appeal operations updates and reports.

## Areas of Focus



### Shelter

**People targeted: 321,630**

Male: 157,599

Female: 164,031

**Requirements (CHF): 1,380,000**

**Needs analysis:** The flooding situation in the country has led to destruction of houses resulting in displacement of communities. So far, a total of 53,605 Households (321,630 people) have been displaced in different parts of the country. Most of the displaced populations are staying in temporary unplanned or spontaneous settings such as schools, churches and chiefs' camps and require essential shelter support services.

**Population to be assisted:** KRCS aims to reach 53,605 HHs with shelter and NFIs. To date, 22,676 HHs have been reached through distribution of NFIs. KRCS continues to engage a number of partners and donors to help address the gap of 30,929 NFI kits. Through this appeal KRCS will procure 16,470 shelter kits (6,470 kits for distribution and 10,000 for replenishment of stocks).

**Shelter 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**

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

#### Activities Planned

- Detailed shelter assessment in the affected areas
- Review emergency shelter strategy in line with the floods emergency
- Identification and registration of beneficiaries for both emergency shelter, repair/rehabilitation and transitional shelter options
- Procurement/transportation of NFIs materials (tarpaulins, blankets, jerry Cans, kitchen sets, mosquito nets, bar of soaps)
- Distribution of NFIs to targeted households
- Post distribution monitoring for shelter NFIs



### Livelihoods and basic needs

**People targeted: 60,000**

Male: 29,400

Female: 30,600

**Requirements (CHF): 1,250,000**

**Needs analysis:** The displaced population both integrated and in unplanned or spontaneous settings are experiencing food shortages due to loss of livelihood, low purchasing power and temporary disruption of some markets. Before the communities could barely recover from the effects of drought, the floods have worsened the situation of the affected communities with deteriorating food security status. Crop farms, irrigation infrastructure, shoats, chicken and other sources of livelihoods have been swept away in the flooding water exposing the affected communities to further food insecurity and destroyed livelihoods sources.

**Population to be assisted:** Floods affected households that have lost their livelihoods sources and exhibit other vulnerabilities like households headed by persons with severe disabilities, by children, by persons with chronic illness, by single parents, by elderly persons and do not have alternative source of income or source of livelihoods will be targeted with conditional restricted cash transfers to re-establish their source of livelihoods in West Kenya

counties, among other areas. The main focus will be on restocking of goats, sheep and chicken using vouchers. Others will be targeted with full recovery activities through distribution of farm inputs and rehabilitation of farm irrigation systems in Garissa, Makueni, Tana River, Kilifi and Kisumu Counties because of their riverine based livelihoods. Some of these irrigation schemes had been established by the communities with support from KRCS.

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

#### **Food Security and Livelihood Output 1.1: Household income is maintained where income sources are disrupted**

##### **Activities Planned**

- Beneficiaries identification, selection and registration through Community Based Targeting approach
- Identification and contracting of local traders to supply productive assets
- Design, print vouchers and set up the commodity wallets in RedRose platform
- Voucher transfers to beneficiaries
- Post Distribution Monitoring

### **Food Security and Livelihoods Outcome 2: Critical nutritional status of the targeted community is improved**

#### **Food Security and Livelihood Output 2.1: Sufficient nutritious food accessed by children under 5 in vulnerable households/communities**

##### **Activities Planned**

- KRCS volunteers / MoH conduct screening and referral of malnourished children under 5
- Provision of safe spaces for breastfeeding

### **Food security and livelihood Outcome 3: Reduced food insecurity among affected households**

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

##### **Activities Planned**

- Procurement and distribution of agricultural tools and equipment to farmers
- Rehabilitation of farm land through land preparation
- Procurement and distribution of drip lines to affected farms
- Distribution of high quality seeds, fertilizer and fodder
- Rehabilitation of irrigation systems
- Conduct farmer trainings on agriculture best practices
- Selection of Cash For Work (CFW) communities - develop selection criteria
- Identification and design of community selected projects
- Selection and registration of CFW beneficiaries
- Cash Transfers to beneficiaries
- Post Distribution Monitoring

#### **Food Security and Livelihoods Output 3.2: Support provided to help restore access to market goods and services**

##### **Activities Planned**

- Conduct market assessments
- Mapping out of affected small business
- Support small businesses with cash grant



## **Health**

**People targeted: 321,630**

Male: 157,599

Female: 164,031

**Requirements (CHF): 1,123,000**

**Needs analysis:** The ongoing floods across the country have led to damages on sanitation facilities and contamination of water sources that may exacerbate the prevailing cholera situation in the country. According to recent SitRep by the Ministry of Health there is ongoing cholera outbreak in the country with active cholera cases in 8 counties including Garissa, Meru, Turkana, West Pokot, Isiolo, Nairobi, Kiambu and Elgeyo Marakwet. First aid services will be essential in addressing trauma and as lifesaving interventions for the persons who suffer injuries during the crisis.

Due to loss of property and deaths there is increased emotional stress and trauma necessitating the need for psychological support among affected population. This is to prevent the affected population from developing Post Traumatic Disorders (PTSD). Interventions 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.

**Population to be assisted:** Priority interventions targeting vulnerable groups to include pregnant and lactating women, children under five years and people with disabilities will be implemented across the affected counties.

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

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

##### **Activities Planned**

- Train 60 volunteers on community based surveillance in coordination with MoH and county and Sub county health teams

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

##### **Activities Planned**

- First Aid services are provided during search and rescue of the affected population
- Integrated medical outreaches conducted in displaced camps through deployment of mobile medical teams
- Procurement of essential medicines for medical outreaches (including first line drugs for NCDs, NCD screening equipment and antivenom)
- Procurement of cholera Kits, ORP kits and kit 5 and Interagency Emergency Health Kits and assistive devices
- Institute/re-establish follow up, care and support mechanisms for all persons with chronic conditions through the m-health platform and the Community Health Volunteers and link facilities network
- Refresher training for all the RCATS on First Aid and health in Emergencies
- Conduct targeted training and sensitization of health workers on management of snakebites.

#### **Health Output 1.3: Epidemic prevention and control measures carried out.**

##### **Activities Planned**

- Sensitization of displaced and affected population on disease prevention and control with focus on epidemic potential diseases (Malaria, Cholera and AWD, RVF, Dengue fever and Chikungunya)
- Support distribution and demonstration on the use of LLIN
- Conduct vector control activities for at risk population
- Community mobilization for immunization of all the under-fives
- Conduct targeted PIRI (Periodic Intensification of Routine Immunization) in the affected counties
- Support in the roll out of CBS (event reporting and data analysis and use)
- Training of front line health workers on data demand and use for disease surveillance

#### **Health Output 1.4: Psychosocial support provided to the target population**

##### **Activities Planned**

- Engage counsellors for psychosocial support
- Set up a PSS On Call service at the EOC that will be manned 24 Hrs by professional counsellors.
- Safe spaces for children and other groups for counselling (play items and child therapy sessions)
- Identification of referral linkages for advanced care
- Training of 2 members of each RCATs as counsellors on Psychological First Aid
- Sensitization of all the RCATs on Do no harm principles

- Train social workers on child protection in emergencies to provide psychosocial support to children and their families (training package)
- Conduct debriefing sessions for the response teams
- Facilitate the incorporation of counsellors in all the outreaches (mainstreaming PSS at primary Health care level)
- Support Mental Health and PSS TWGs meetings

#### **Health Output 1.5: Severe Acute Malnutrition is addressed in the target population.**

##### **Activities Planned**

- Conduct Rapid assessments in the affected counties for early identification and referral for appropriate management of health facilities
- Nutritional screening and referral services for PLW and <5 years
- Procurement of emergency nutrition supplies – Vitamin A, De-wormers, Iron Folic Acid supplements (IFAs) and Micronutrient Powders (MNPs)
- Provide supplementary feeds for moderately malnourished Under-fives and PLWs
- Provided supplementary feeds for special at-risk groups (Aged, PWDs and persons with Chronic illnesses)
- Support coordination at County and Sub County level for review of available data and the situation and response gaps

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

##### **Activities Planned**

- Facilitate referrals for Emergency Obstetric care
- Procurement of Reproductive Health kits and Dignity kits to be distributed during health outreaches
- Community awareness on GBV prevention, response and reporting mechanisms
- Mapping, establishment and support of GBV referral pathway
- Refresher training of RCATs on MISP

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

#### **Health Output 2.1: The health situation and immediate risks are properly assessed**

##### **Activities Planned**

- Assessment of the floods damage on health infrastructure
- Assessment of the health care systems readiness to respond to epidemics and health emergencies
- Support revision of County Emergency preparedness and response plans to include comprehensive Health and nutrition response.
- Support Health Emergencies National Level TWG and county level coordination.

#### **Health Output 2.2: Gaps in medical infrastructure of the affected population filled**

##### **Activities Planned**

- Repairs/equipping of damaged health facilities
- Training of Front line Health workers on Emergency preparedness and response



### **Water, sanitation and hygiene**

**People targeted: 321,630**

Male: 147,650

Female: 153,676

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

**Needs analysis:** Provision of clean water has been identified as a key need for both the displaced population as well as populations whose water supply systems have been damaged by floods. Hygiene promotion (including menstrual hygiene management) will be critical to maintain healthy standards and reduce risks for possible water borne disease outbreaks. In areas such as Garissa and Tana River, sanitation facilities have been compromised and there is a need to provide adequate temporary sanitation to reduce fecal oral transmission. Provision of point of use water treatment chemicals will be provided for the larger part of the displaced population. There is also a need to disinfect contaminated wells. In the schools and other evacuation

centres and spontaneous settings where people do not have adequate sanitation, basic latrines will be provided to reduce risks for diseases. The damaged water supply infrastructures require rehabilitation to reduce risk of potential disease outbreak.

**Population to be assisted:** KRCS will assist 53,605 HHs in the evacuation camps through the provision of clean drinking water by operating the emergency water treatments plants, distribution of household water treatment chemicals, latrine facilities, conducting hygiene promotions. In order to aid in recovery, KRCS is targeting the rehabilitation of 28 community water facilities in affected counties.

### **WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities**

#### **WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities**

##### **Activities Planned**

- Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments
- Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities
- Continuously monitor the water, sanitation and hygiene situation in targeted communities
- Coordinate with other WASH actors on target group needs and appropriate response

#### **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**

##### **Activities Planned**

- Rehabilitate 28 water supply systems
- Disinfecting of contaminated wells and other water sources
- Routine water quality testing at source and at household level
- Procure Aqua tabs for prepositioning to affected counties and HQ
- Procurement and distribution of point of use water treatment chemicals
- Setup and operation of emergency water SETA provide safe drinking water to affected populations
- Supply and deploy 2 KWAT 50 Emergency bulk water treatment units
- Operate and Maintain KWAT 50 water treatment equipment

#### **WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population**

##### **Activities Planned**

- Procure, distribute and install 500 Sanitation Platforms in Tana River, West Kenya, Garissa, Coast and North Rift Areas. These will target camps, schools, health facilities and affected households.
- Rehabilitate sanitation facilities in key institutions within vulnerable communities affected by the flood
- Ensure toilets are clean and maintained through community mobilization
- Equip toilets with hand washing facilities, anal cleansing material or water and menstrual hygiene disposals and ensure they remain functional.
- Procure and use assorted vector control chemicals and protective gear and carry out spraying in displaced areas, targeting Coast, Tana River, Garissa and West Kenya

#### **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**

##### **Activities Planned**

- Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.
- Conduct hygiene and health campaigns (hand washing, food prep, water treatment, sanitation, vector control, MHM etc)
- Design/Print IEC materials
- Procure and distribute sanitary towels to girls and young women
- Assess progress and evaluate results.
- Procure and distribute water storage containers



## Protection, Gender and Inclusion

**People targeted: 301,326**

Male: 147,650

Female: 153,676

**Requirements (CHF): 49,000**

**Needs analysis:** The displacements have resulted in people losing their clothes and other personal effects. Dignity kits will be provided to displaced populations who have lost their personal effects. Children, people living with disabilities and older persons are also at risk of being left behind as people move to higher grounds. Targeted support will be provided to ensure that they are supported in the evacuations. Cases of sexual and gender-based violence may increase in the different counties due to the breakdown of the social structures. Steps will be taken to ensure prevention for those at risk and also ensure that those who are violated are able to access services.

**Population to be assisted:** Female and child headed households will be given first priority in access to protection services. Other community members at risk of stigma and discrimination will also be provided with safe spaces, culturally appropriate livelihood and NFIs so as to ensure their safety and dignity. All the affected communities are carefully provided access to services by creating safe and enabling environment.

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

**Inclusion and Protection Output 1.1: KRCS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.**

### Activities Planned

- Support response teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning
- Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data

**Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.**

### Activities Planned

- Include messages on preventing and responding to SGBV in all community outreach activities
- Integrate a ½ day session on addressing SGBV in response teams trainings
- Map and make accessible information on local referral systems for any child protection concerns
- Provide psychosocial support to children
- Provide essential services (including reception facilities, RFL, and access to education, health, shelter, and legal services) to unaccompanied and separated children and other children on their own
- Establish child-friendly spaces and community-based child protection activities, including educational ones

## Strategies for Implementation (CHF 2,502,000)

The Strategy for Implementation-1 (SFI 1) includes necessary trainings of volunteers to undertake activities in a systematic manner. In addition, the emergency appeal ensures safety and security measures for volunteers involved in the operation. The SFI 1 also focuses on context specific community engagement and accountability for

participation of community members, especially women, elderly and other challenged groups in needs assessment, selection of beneficiaries and providing suggestions to improve quality of programme.

**S1.1: 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 S1.1.1: National Societies have effective and motivated volunteers who are protected**

**Activities Planned**

- Ensure that volunteers are insured
- Provide complete briefings on volunteers' roles and the risks they face
- Provide psychosocial support to volunteers – debrief sessions for volunteers
- Ensure volunteers are aware of their rights and responsibilities
- Ensure volunteers' safety and wellbeing
- Ensure volunteers are properly trained
- Ensure volunteers' engagement in decision-making processes of respective projects they implement

**Output S1.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities**

**Activities Planned**

- Initial assessment to determine community preferred channels for communication, feedback mechanism and key messages. The assessment will further inform on community perspective on how they should participate in the response.
- Set up/establish communication channels and activities that will keep the community informed of operational plans and progress and will ensure communities have information to make informed decision (This will include use of local radio stations, mobile cinemas and magnet theatres)
- Monthly Coordination and Review Meetings for the Floods response management team including headquarters and regional representatives
- The Kenya Red Cross complaints and feedback systems will be disseminated to communities and used to track community feedback including rumors on the operation. These include the Toll free line set up at HQ, Monthly community engagement forums, WhatsApp platforms at the branches targeting the youth and Feedback desks set up during activities e.g. NFI distribution and within temporary IDP camps.
- Community relief committees will be formed to facilitate community based targeting
- Accountability to Communities (AtC) training is provided for KRCS Volunteers/RCATs and Staff
- Reporting on CEA activities.
- Real Time Evaluation
- After Action Review
- End of Operation Evaluation

***Funding requirements***

SHELTER	1,380,000
LIVELIHOODS AND BASIC NEEDS	1,250,000
HEALTH	1,123,000
WATER, SANITATION AND HYGIENE	2,882,000
INCLUSION, GENDER AND PROTECTION	49,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	2,136,000
ENSURE A STRONG IFRC	366,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>9,186,000</b>

**Elhadj As Sy**  
Secretary General

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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.