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# Final Report

## Kenya Floods

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Operation n° MDRKE045</b>
<b>Date of Issue: 30/04/2021</b>	<b>Glide number: FL-2019-000138-KEN</b>
<b>Operation start date: 28/10/2019</b>	<b>Operation end date: 04/12/2020</b>
<b>Host National Society(ies): Kenya Red Cross</b>	<b>Operation budget: 5 million Swiss francs</b>
<b>Number of people affected: 400,000</b>	<b>Number of people assisted: 300,000 people</b>
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> American RC, British Red Cross, Danish Red Cross, Finnish RC, Netherlands Red Cross, Japanese Red Cross, Red Cross of Monaco, Swedish Red Cross and Canadian RC.	
<b>Other partner organizations actively involved in the operation:</b> National Drought Management Authority, Tullow Oil Company and World Food Program, Italian Government, Netherlands Government, Canadian Government.	

As per the financial report attached, this operation closed with a balance of CHF 5,100. 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 regarding this balance are kindly requested to contact Kriztin Solberg [Kriztin.SOLBERG@ifrc.org](mailto:Kriztin.SOLBERG@ifrc.org), within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

<Please click [here](#) for the final financial report and [here](#) for the contacts>

## A. SITUATION ANALYSIS

### Description of the disaster

#### October – November – December 2020 Rains Season

Heavy rains were experienced in many parts of the Country following onset of the October-November-December (OND) 2019. The enhanced OND 2019 rains resulted into widespread flooding affecting 29 Counties in Kenya: Mombasa, Kwale, Kilifi, Tana River and Taita–Taveta of the Coastal region, Garissa, Wajir and Mandera of the North Eastern Kenya and Marsabit, Isiolo and Samburu of the Upper Eastern part of the Country. Other Counties include Meru, Kirinyaga and Murang'a of the Mount Kenya area while Eastern part, Counties had; Kitui, Kajiado, Machakos and Makueni being affected. The flooding did not spare Turkana, West Pokot, Trans-Nzoia, Elgeyo-Marakwet, Nandi, Narok, Kakamega, Bungoma, Siaya, Kisumu and Homa Bay either and response operations were sustained in all the Counties mentioned by the Kenya Red Cross Society (KRCS) response operation. The heaviest day's rainfall amount received was for 22 November 2019 which had the greatest flooding impact in the Country with areas hardly hit being Northern parts, Western, Central and Coastal regions.

A total of **41,417HHs (233,339 people)** were affected during the October, November, December 2019 rains season which continued into January and February 2020. In addition, **11,135HHs were displaced, 26,636** livestock deaths and **5051.5 acres** of farmland destroyed. A total of **25 fatalities** were recorded with KRCS as a result of the O-N-D rains.

#### March – April - May 2020 Rains Season

Following onset of the March – April – May 2020 rains season in March 2020, most parts of the country received more rainfall as indicated in green bars in figure 1 bellow which is compared with the rainfall amounts normally received as per the Long-Term Mam (LTM) as indicated in the orange bars. As observed in the figure most parts of the county

received rains in the first week with a significant spike in rainfall amounts experienced from the third and fourth weeks of March 2020. In parts of Western Kenya as it were in many other parts in Kenya, rainfall continued from the OND 2019 season with a short break in February and then getting into the pick of MAM in March 2020.

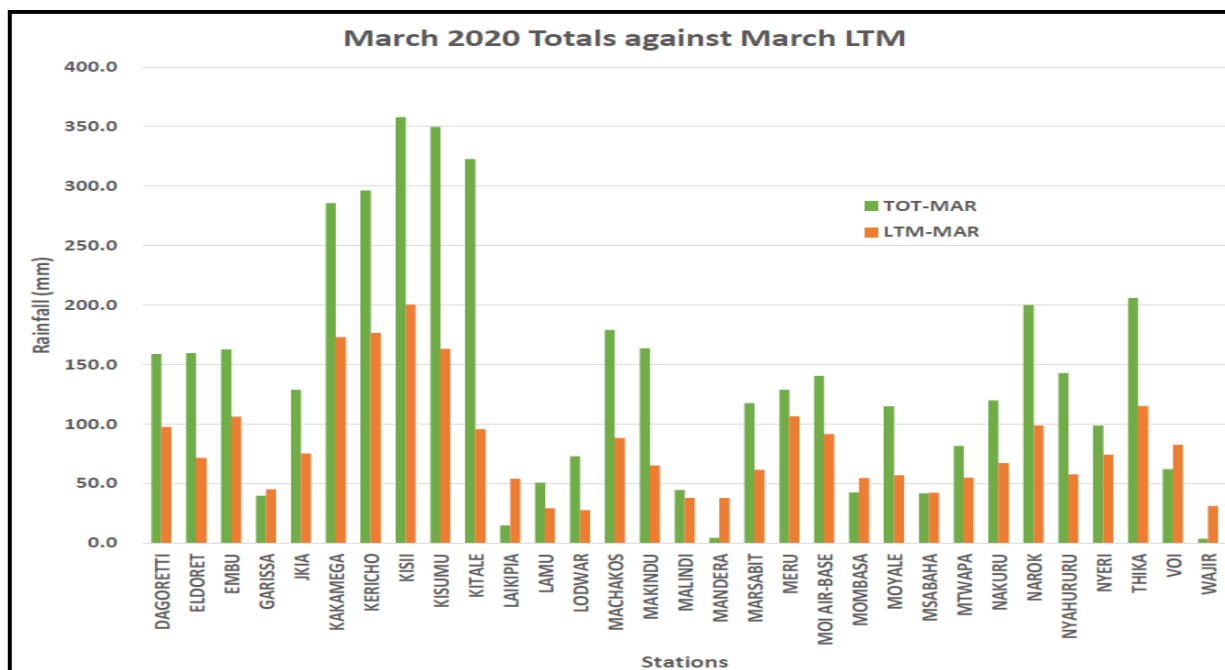


Figure 1: Total rainfall reported in March 2020 versus the Long-Term Mean (LTM). Source; KM 2020

Further, April 2020 was also marked with increased rainfall amounts starting from the third week with heavy rainfall reported over most parts of the country in the week of 19th to 25th April (Figure 2). This resulted in widespread flooding and landslides in Central, South Eastern, Western and Northeastern regions where over 150mm (Figure 2, purple shaded areas) of rainfall were recorded.

The worst incident occurred on 18 April 2020, when heavy rains resulted in landslides in West Pokot and Elgeyo Marakwet counties, leaving 19 people dead, several missing persons and extensive damage to shelter, infrastructure and livelihoods assets.

As of 17<sup>th</sup> June 2020, KRCS had registered at least **42,064HHs (252,384 people)<sup>1</sup> displaced in 35 counties in Kenya**. The society also identified **79 camps** country wide where the displaced persons are staying with majority of them being in Nyanza and Western Kenya – Kisumu, Busia, Homabay and Migori – (51 camps) and Coast - mainly Tana River county with 20 camps.

ARC2 7-Day Total Rainfall (mm)  
Period: 19Apr2020 - 25Apr2020

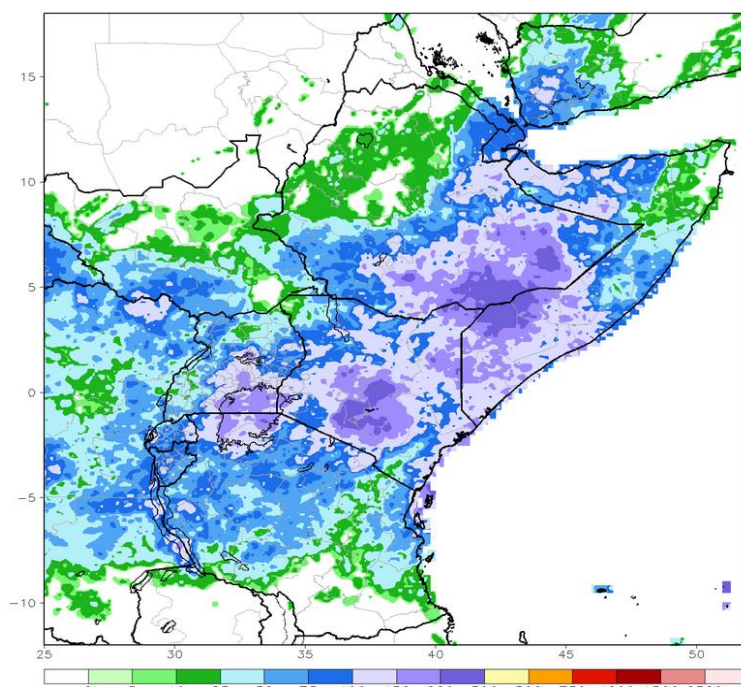


Figure 2: Total rainfall reported from 19th to 25th April 2020.

Source; NOAA

During the M-A-M rains, at least 94 loss of lives were recorded by KRCS. In addition to the widespread impact on lives lost and destruction of critical livelihood support assets and shelter, communication, and transportation between Kitale – Lodwar was significantly impacted negatively with the washing away of the Murun Bridge and dozens of community members and commuters were cut off from the rest of the World.

<sup>1</sup> Using 6\* as average size of household

Similarly, Garissa and Tana River Counties were affected in many parts as well following the bursting of banks of River Tana. This resulted into 15 people being marooned at Hadama location in Tana North Sub-county and KRCS response team registered 624 Households (HHs) cases of displacements and supported them with relief supplies.

The season also resulted in increased inflows which resulted in critical rise in water levels in Turkwel Dam which achieved the highest levels since the dam was constructed in early 1990s. At the peak of the surge in water levels in November 2020, water levels rose to 1,148.38 meters above sea level, leaving only 1.64 meters to spillage. The IFRC launched a Preparedness DREF to support KRCS roll out preparedness actions ahead of possible spillage. The operation ended when the trigger wasn't achieved due to a reduction in rainfall amounts as a result of the cessation of the O-N-D 2020 rains in Kenya.

A surge in lake water levels in many rift valley lakes in Kenya, as well as in Lake Victoria, has also resulted in displacement of families along the shores of the lakes. Displaced families continue to camp in informal settlements on the shores of the lakes as their farms and homes have been marooned by rising water levels.

### **March – April – May (MAM) 2021 Forecast**

On 18 February 2020, KMD issued the seasonal forecast for March-April-May 2021 rains season. The indicates a likelihood of above average rainfall in most parts of the country during the month of May 2020, including parts of Western, Nyanza, Central and Rift valley in Kenya. There is therefore a continued risk of flooding and landslides, resulting in renewed displacements of communities in flood-prone areas.

## **Summary of response**

### **Overview of Host National Society**

The KRCS completed review of its Multi-Hazard Contingency Plan in October 2019. During the session, floods was identified as one of the hazards expected during the September 2019 to February 2020 period. Conflict, Epidemics and to a less extent, drought were identified as the other hazards. The KRCS teams supported joint assessments in Marsabit, West Pokot, Tana River and Garissa counties with findings informing further support to affected families during the emergency and the recovery phase.

On 28<sup>th</sup> October 2019, Kenya Red Cross Society (KRCS) received a DREF loan of 306,560 Swiss francs from International Federation of Red Cross and Red Crescent Societies (IFRC) to meet the initial needs of flood affected population in 14 most affected counties in Kenya. After the launch of the Appeal on 04 December 2019, additional resources were received from partners including Finnish RC, Japanese RC, Red Cross of Monaco, Swedish RC, The Netherlands RC (from the Government of Netherlands), Canadian RC (from the Government of Canada), Danish RC, the Italian Government Bilateral Emergency Fund, European Civil Protection and Humanitarian Aid Operations (ECHO), United States Agency for International Development (USAID)/ Office of U.S. Foreign Disaster Assistance (OFDA), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), CBM, World Vision, Safaricom Foundation, Tullow Oil, Africa Oil, Total Kenya, Mabati Rolling Mills, Kenya Pipeline Co. Ltd and The West Pokot County Assembly.

With this support both in cash and in kind, KRCS carried out a number of actions to support affected population through search and rescue, distribution of Household items (HHIs), water, sanitation, and hygiene (WASH) activities, health interventions and shelter reconstruction in selected areas. Following the two floods seasons, KRCS undertook the following actions to support affected communities.

- KRCS carried out initial rapid assessments in 43 counties spread across the eight regions of Coast, West Kenya, Central, North Eastern, Upper Eastern, Central, North Rift and South Rift. Findings from the assessments established varying levels of needs among affected communities ranging from emergency shelter needs, water, sanitation and hygiene, camp management, health services, psychosocial support needs, livelihood support; and also helped inform early responses to support affected families with search and rescue, lifesaving, and emergency services.
- KRCS led in search, rescue and evacuation of people affected by floods in West Pokot, Garissa, Tana River, Turkana and Taita Taveta and other counties in coordination with County and National Government, and other humanitarian actors. A total of **278 people** were reached through search and rescue: 42 people in West Pokot, 233 people in Garissa (mainly rescued from marooned settlement) and 3 in Trans Nzoia counties.
- KRCS reached **2,804 HHs** through cash for livelihoods and basic needs. The targeted communities were in Tana River, Garissa and Turkana counties.
- KRCS distributed emergency Household kits to **26,219 households (10,146 households during O-N-D 2019 and 16,073 during M-A-M 2020 season)**. The kit consisted of; a kitchen set (which has several utensils

sufficient for a family of 6 people), 2 tarpaulins, 2 jerry cans (20 litre and 10 litre each), 2 mosquito nets, 2 bars of soap and 2 blankets. Recently KRCs has also included 2 sleeping mats per HH in the NFI kit and dignity kits are issued on case by case depending on the specific target group in question. The distributed NFI items supported the affected families to set up temporary shelter to protect their families from adverse weather effects and able to jumpstart the rehabilitation process from the emergency phase.

- In West Pokot county, KRCS carried out shelter reconstruction of **225 HHs** for families whose houses were destroyed by the landslide in West Pokot county. KRCS is using a combination of cash and in-kind distribution of shelter materials in the reconstruction process.
- Risk communication and community engagement in the flood prone areas through local radio stations and local area administration officers as well as social media campaigns and mainstream media talk shows on safety during floods
- KRCS sent out **16,687,072 early warning messages** reaching **9,517,608 people** at risk of floods effects in Marsabit, Mandera, Wajir, Garissa, Lamu, Kilifi, Kwale, Mombasa, Tana River and Taita Taveta through Trilogy Emergency Relief Application (TERA) messaging. This was done in partnership with Safaricom Limited, a communication company.
- Health and hygiene promotion activities to promote healthy behaviors and prevent and control spread of epidemics (distribution of Point of Use (PoU) water chemicals and super chlorination of contaminated water points) are ongoing in Turkana, Busia, Isiolo, Marsabit, Garissa, Wajir and West Pokot reaching a total of **13,797 households (7,165 families during O-N-D 2019 and 6,632 families during M-A-M 2020 rains seasons)**.
- Cholera prevention and control interventions in Garissa, Turkana, Kisumu, Marsabit and Tana River following confirmation of cholera cases. Working through Community Health Volunteers (CHVs) and Red Cross Action Teams (RCATs) this intervention reached a total of 34,117 people (19,403 women and 14,714 men).
- KRCS supported integrated medical outreaches to provide basic health services to these populations to complement the county government overstretched services. The outreaches provided wide spectrum of primary health care services and the operation reached to a total of 147,870 people including. The outreaches were conducted in Kisumu, Garissa, Tana River, Turkana, Wajir, Tana River, Garissa, Marsabit and West Pokot Counties. Some the outreaches were conducted in IDP camps as for the case of Garissa and Tana River.
- A total of 4,874 people directly benefitted from mental health and psychosocial support services (MHPSS), offered by KRCS during the search and rescue and recovery phase across all the counties affected by floods.
- KRCS carried WASH assessments in Marsabit, Samburu, Isiolo, Busia, Turkana, West Pokot, Murang'a, Kajiado, Garissa, and Tana River counties and in total, 98 water facilities were identified as having been affected by floods and requiring rehabilitations to restore their functionality.
- Cash transfer assistance was done to **3,899HHs** in Tana River, Garissa, Turkana, Homabay and Migori counties.
- In-kind food distributions were undertaken reaching a total of **19,835 HHs** and the food distribution guidelines updated to incorporate the COVID-19 measures as outlined by the Government directives.

## Movement Coordination

Through this Appeal, KRCs received multi-lateral support from Finnish RC, American RC, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, The Canadian Red Cross Society (from Canadian Government\*) and the Netherlands Red Cross, Coca Cola Foundation, Italian Government Bilateral Emergency Fund, and On Line donations.

Danish RC provided bilateral support enabling KRCS to support communities' livelihood recovery through cash for floods affected families.

The KRCS has kept the Movement partners informed, individually and through regular updates, on progress in supporting the affected communities.

## Overview of non-RCRC actors in country

The United Nations (UN) 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 worked with in country donors including European Commission Humanitarian Aid, USAID, Department for International Development (DFID) and the European Union.

KRCS worked with the National Disaster Operations Centre (NDOC) in coordination of humanitarian emergencies, the National Drought Management Authority (NDMA) in drought management, and as co-chairs of Kenya Cash Working Group, the National Disaster Management Unit (NDMU) in disaster response. In terms of emergencies coordination and management, eight coordination hubs across the country were established as part of contingency measures prior to the general elections and continue to serve as centres for coordination meetings, logistics, storage and distribution.

Other state actors include Hunger Safety Net Programme (HSNP) that coordinates cash transfer for most vulnerable households in 4 counties as well as the ministry of health (MoH) at national and county level (responsible for implementation of nutrition interventions targeting malnourished children, pregnant and lactating women and the elderly). In food security, KRCS worked through the Kenya Food Security steering group that carries out assessment and monitoring of the food security situation in the country.

County and national government supported responses in the affected areas through deployment of disaster response teams to support search and rescue, evacuation of affected families and distribution of food to affected families. County governments also supported in management of displacement camps where displaced families have been camping. The county governments through their ministries of health, also supported management of disease outbreaks and health outreaches to prevent outbreaks of new diseases.

## **Needs analysis and scenario planning**

### **Needs analysis**

Throughout the two rains seasons (O-N-D 2019 and M-A-M 2020) most parts of the country received more rainfall than they normally receive in the October-November-December short rains season. This resulted in flooding that affected over 40 counties in the country. Following the rains, huge landslides and mudslides were reported in parts of West Pokot county, Muranga, Taita Taveta, Elgeyo Marakwet, Nandi and Meru counties resulting in loss of lives, disruption of transport infrastructure, electricity, water pipelines and livelihoods (crop and animal farming). Cumulatively, approx. 485,723 people were affected during the two rains season and a further 119 people lost their lives.

Rapid assessments were carried out by KRCS teams as well as the county and national governments in the affected areas. Findings from the assessments indicated significant damage to houses, destruction of crops with farms reported as submerged, destruction of irrigation systems, and disruption of transport networks / road infrastructure, disrupted access to markets, health care and water sanitation infrastructure.

The specific situation per sector is as below:

### **Shelter**

Following the floods, a total of **53,199 families were displaced (11,135 families during O-N-D 2019 and 42,064 during the M-A-M 2020 season)** and were in need of emergency shelter support. The displaced families were staying in various makeshift camps near the affected areas including schools and places of worship. With the reopening of schools, displaced families in some areas including Kisumu, Tana River and Garissa counties were relocated to makeshift camps in nearby villages to prevent disruption of learning in the reopened schools.

For this reason, there was a need for emergency shelter materials to provide emergency shelter to affected households whose houses had been damaged or destroyed. In addition, there was need for shelter reconstruction for families whose houses were destroyed and damaged, as part of recovery efforts.

### **Health**

This situation continued to predispose the affected populations to increased risk of disease outbreaks and further deterioration of health indicators especially for children, women and other special groups. Disconnection of access roads to critical health facilities further limited access to health services. The ministry of health remained on high alert in all the flood affected counties for cholera outbreak and other water associated diseases considering the epidemics trends in the country.

Possible increase in breeding of mosquitoes was expected resulting in an increased risk of malaria outbreaks in Malaria prone areas. Pastoralist counties were also on alert for zoonotic disease outbreaks especially Rift Valley Fever.

The loss of property, displacements, injuries and loss of lives increased the risk of psychological trauma on the affected households, hence the need to provide basic mental health and psychosocial interventions to meet the current needs. Protection issues especially for vulnerable groups including children, women, and Persons with Disabilities especially

for the displaced populations were also prioritized. In general, the health needs of these populations increased, and targeted community-based interventions were required urgently to prevent and control water related diseases including diarrheal (cholera, and dysentery) and other vector-borne diseases (malaria, and Chikungunya).

### **Food Security, Livelihoods and Basic Needs**

Assessments indicated that the food security situation had worsened due to floods and other hazards including the COVID-19 pandemic that had disrupted livelihoods activities, further compounding the worsening food insecurity. Particularly, the flood situation resulted in destruction of food crops (crops were washed away or submerged) in advanced maturity stage and loss of food stocks that were swept away by the floods. Throughout the period of the floods, production activities severely disrupted, depriving the affected communities of their main sources of food and income. In addition, livelihoods of thousands of households were affected by the death of livestock and damage to productive agricultural land.

Most of the floods affected areas were also among the areas affected by the recent drought in Kenya. Thus, the floods effects further compounded the already poor food security status in the affected areas. As a result of the worsening food insecurity among affected communities, the Government of Kenya, through the Ministry of Interior formally requested KRCS to support affected with food to stem further deterioration in the food security situation. Through this appeal, KRCS aimed to support 10,000 families through in-kind food distribution and multi-purpose cash grants, targeting the most vulnerable households to help them cope with and recover from the effects of the floods.

### **Water, Sanitation and Hygiene**

The floods destroyed/damaged water and sanitation facilities and infrastructure and may also lead to contamination of water sources, leaving the affected populations at risk to water borne? diseases such as cholera. Damage/destruction of water and sanitation facilities resulted in inadequate access to clean and safe water as well as proper sanitation facilities in the affected areas, while damage/destruction of sanitation facilities coupled with displacement to informal camps with inadequate sanitation facilities, resulted in increased incidences of open defecation, further endangering the health of affected populations.

The proposed strategy for Water, Sanitation and Hygiene included:

- Procurement and distribution of point of use water treatment chemicals to the displaced population.
- Disinfection of shallow wells that had been affected by floods.
- Rehabilitation of water facilities to reduce the vulnerability of these communities to potential outbreaks of diseases. A total of 93 water facilities were assessed during the floods response operation
- Monitor treatment and storage of water through household visits.
- Construction of temporary sanitation facilities
- Procurement of hand washing facilities and hygiene kits
- Hygiene promotion interventions in the affected counties

### **Protection, Gender and Inclusion**

The disruption of social protection mechanisms due to displacements caused by floods, women and girls exposed them to risk to Sexual and Gender Based Violence (SGBV). This violence has serious short- and long-term consequences on women's physical, sexual and reproductive and mental health as well as on their personal and social well-being. The health consequences of violence against women and girls include injuries, untimed/unwanted pregnancy, sexually transmitted infections (STIs) including HIV, pelvic pain, urinary tract infections, fistula, genital injuries, pregnancy complications, and chronic conditions. Mental health impacts for survivors of gender-based violence include Post Traumatic Stress Disorder (PTSD), depression, anxiety, substance misuse, self-harm and suicidal behaviour, and sleep disturbances. In addition, a survivor of SGBV may also face stigma and rejection from the community and family. In addition, following the disruption from the floods, services may be inaccessible and leading to delayed access to services. The interruption to livelihoods may lead to an increase in practice of harmful traditional practices, and sexual exploitation.

To mitigate the risks of SGBV, KRCS ensured selection of households on the basis of inclusion criteria. During the implementation of interventions dignity, access, participation and safety of the affected community across all sectors was ensured. Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, were identified through assessments that included gender and diversity-related questions.

Working with the community and other organizations including disabled people organizations, actions were designed to challenge those norms, as they could have contributed to gender and other forms of inequality and SGBV.

Those at risk of SGBV were involved in designing, construction, and management of interventions. Persons of all gender identities, ages, disabilities, and backgrounds were consulted to identify risky practices and conditions as well as their needs, concerns and priorities. The information collected was used during the design and rehabilitation of all facilities and services.

Women and adolescent girls, including women and girls with disabilities and from minority groups, were consulted about norms in their community and personal preferences and practices.

SGBV and child protection specialists were consulted to identify safe, confidential, and appropriate referral pathways for survivors. Staff and volunteers involved in the response were sensitized on gender and diversity, disability inclusion, and child protection. In addition, staff and volunteers involved in the health response were provided with an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they could refer survivors of SGBV or children who reveal an incident of violence to them.

### **Community Engagement and Accountability**

Community Engagement and Accountability (CEA) has been identified as a key priority in the ongoing floods response in Kenya. The organization's CEA framework spells out effective community engagement approaches. KRCS aimed to support volunteers to effectively engage communities in displaced camps and in the affected villages through FGDs. Household visits were equally be undertaken to promote proper hand washing practices, hygiene promotion and proper use of latrines. Sector specific assessments integrated assessment of existing and trusted channels of communication and information gaps to inform messages consolidation for volunteers use in the dissemination. Radio spots and SMS platforms were used to propagate lifesaving messages including COVID-19 messages on COVID-19 to the communities.

A community-based feedback and complaint system was established and disseminated and remained accessible for persons of all gender identities, ages, disabilities and backgrounds. Clear, consistent and transparent guidance was available on people's right to healthcare to minimise the risk of sexual exploitation and abuse by humanitarian actors. Public notices in writing and with pictures or in other formats remind the affected population of their exact entitlements and that these require no money payments (or fees are clearly set out) or favours of any kind. All staff and volunteers signed the PSEA policy.

### **COVID-19 Response**

On 31 January 2020, the IFRC launched a global Emergency Appeal (further revised in February, March, and May 2020) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 outbreak with three IFRC wide operational priorities:

- Health, Water, Hygiene and Sanitation.
- Socio-Economic Impact.
- National Society Strengthening.

The global Emergency Appeal has a strong focus on National Society institutional preparedness in line with the changing humanitarian landscape due to the continuous and evolving challenges brought by the COVID-19 pandemics. The Emergency Appeal focusses on ensuring the development of effective and relevant guidance to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies are playing a strong role in supporting national COVID-19 response focused on preparedness, containment, and mitigation against the pandemic. Focus is also given to supporting National Societies to maintain critical service provision to people affected by humanitarian crises through new and ongoing Emergency Appeals, while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision. As such, the National Society actions dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and built upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO), launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response.

WHO confirmed the COVID-19 outbreak as a pandemic, on 11 March 2020 and the number of cases continues to increase in Africa, including Kenya. Targeted countries have already taken international and domestic travel restrictions which, alongside other variables had a significant impact on the implementation of activities of the operation. KRCS reviewed its implementation strategy to include undertaking most activities virtually and ensuring strict adherence to MoH guidelines for management of COVID-19 in Kenya.

## Operation Risk Assessment

Several operational risks identified in the scenario planning were experienced which could have hampered the timely response:

The COVID-19 outbreak was the primary focus KRCS and the government and had a significant impact on operations through limiting activities bringing together a large number of community members. KRCS reviewed its implementation strategy and ensured compliance with all Ministry of Health guidelines to reduce the risk of spread of the disease. During all relief operations, KRCS integrated messaging around prevention of COVID-19 and included distribution of PPEs and handwashing facilities to communities in the affected areas to help curb the spread of the disease.

Limited resources to implement all the responses. Due to Covid travel restriction and avoidance of public places the response had only a few staff and volunteers who could provide the humanitarian aid need by the community. The funds also were available to support a certain percentage of the total population hence the need to only register and target the most vulnerable within the communities. In certain areas due to continued floods and lake backflows, it made it impossible to access the area. There was delay in response due to damage of roads hampering the transportation of support to these areas.

Security challenges ranging from terror attacks, cattle rustling inter clan tensions and clashes, resource-based conflicts also posed a significant risk. To mitigate the risk, KRCS worked closely with the Government and other agencies on the ground and participated in meetings where security and other relevant issues are discussed. Orienting staff and volunteers involved in the operation on safer access and code of conduct also helped in mitigating security risks. Additional mitigation measures for the insecurity included monitoring and continuous analysis of events to monitor early warnings and indicators to inform appropriate actions by KRCS. Effective community engagement and accountability and monitoring of security briefs from key actors in the country including the government also supported to mitigate security risk for staff and volunteers involved in the operation.

## B. OPERATIONAL STRATEGY

### Proposed strategy

**Overall Operational objective:** The operation aimed to provide immediate assistance and early recovery support to 50,000 households (approximately 300,000 people) affected by floods for a period of twelve (12) months. The operation implementation was coordinated by KRCS HQ emergency operations department and county coordinators in their areas of responsibility. KRCS volunteers will play a key role in implementation of delivery of the emergency assistance.

At the onset of the operation, rapid needs assessments were conducted by respective branches. Findings from the assessment supported informed review of the operation. Stakeholders' consultation meetings and identification of the key personnel required for the operations followed ahead of roll out of response activities. Local community members were involved in assessment, registration and during all distribution. Community engagement and accountability was identified as a key priority in the response in Kenya, including enhancing awareness and use of KRCS complaints and feedback mechanisms. This was made possible by the volunteers and staff who conducted questionnaires to the displaced community on their feedback about the ongoing response. A toll-free line was also shared with the community where they continued to communicate on their feedback.

Details on proposed strategies per area of focus can be found in the [EPoA](#).

## C. DETAILED OPERATIONAL PLAN



### Shelter

People reached: 157,314

Male: 77,084

Female: 80,230

**Outcome 1: 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**

Indicators:	Target	Actual
% of households living in shelters meeting Sphere standards (Target 90%)	100%	85%
<b>Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households</b>		
Indicators:	Target	Actual
Number of households provided with emergency shelter assistance which meet Sphere standards (6,000HHs)	6,000HHs	26,219HHs
<b>Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</b>		
Indicators	Target	Actual
Number of people reached with technical support, guidance and awareness building in safe shelter design and settlement	36,000 people	157,314 people
<b>Progress towards outcomes</b>		
<p>KRCS distributed emergency Household kits to <b>27,359 households</b> (10,146 households during O-N-D 2019 and 16,073 during M-A-M 2020 season). The higher number of beneficiaries reached than those that had been targeted is mainly of critical flooding and additional support that KRCS received from other partners (including UNICEF, UNFPA, IOM, World Vision among others) both in cash and in-kind to support the shelter needs of the affected populations.</p> <p>The kit consisted of; a kitchen set (which has several utensils sufficient for a family of 6 people), 2 tarpaulins, 2 jerry cans (20 litre and 10 litre each), 2 mosquito nets, 2 bars of soap and 2 blankets. Recently KRCs also included 2 sleeping mats per HH in the NFI kit and dignity kits are issued on case by case depending on the specific target group in question. The distributed NFI items supported the affected families to set up temporary shelter to protect their families from adverse weather effects and set them on a path towards recovery.</p> <p>The distribution targeted the most vulnerable households displaced in areas affected by floods and landslides with particular focus on groups with special needs including the elderly, people living with disability, people living with HIV among other groups.</p> <p>During the distribution exercise, community members were sensitized on safe shelter awareness by trained KRCS staff and volunteers. This focused on shelter specifications, space, height and how to use the shelter materials. KRCS volunteers also supported with emergency shelter construction for vulnerable families in need of assistance.</p> <p>In West Pokot county, KRCS carried out shelter reconstruction <b>225 HHs</b> for families whose houses were destroyed by the landslide in West Pokot county. KRCS used a combination of cash and in-kind distribution of shelter materials in the reconstruction process.</p>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>- Delays in procurement of relief items slowed down delivery of assistance for affected populations. The delay was more pronounced due to the effect of the COVID-19 pandemic which disrupted the flow of commodities especially importation of commodities.</li> <li>- Damage to infrastructure affected KRCS' ability to deliver assistance to affected communities in some areas that had been cut off. KRCS engaged the county and national governments agencies including the military who provided aerial support for delivery of assistance to affected communities.</li> </ul>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>- Delays in procurement of NFIs due to the lengthy importation process, KRCS will consider enhanced use of cash to provide shelter and NFI assistance to future disaster affected households.</li> </ul>		



#### Livelihoods and basic needs

People reached: **119,010 people**

Male: 58,315

Female: 60,695

#### **Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods**

Indicators:	Target	Actual
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Percentage of those assisted for whom food consumption is equal or greater than the minimum food basket equivalent (Survey of assisted beneficiaries) (Target 60%)	60%	70%
<b>Output 1.1: Households are provided with multipurpose cash grants to address their basic needs</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of people/households reached through multi-purpose cash grants (Target 5,000HHs)	5,000HHs	3,899HHs
<b>Output 1.2: Appropriate food rations are distributed to 7,000 vulnerable households</b>		
Number of households reached through in-kind food distributions (Target 7,000HHs)	7,000HHs	19,835HHs
<b>Progress towards outcomes</b>		
<p>Cash transfer assistance was done to <b>3,899HHs</b> in Tana River, Garissa, Turkana, Homabay and Migori counties. Consultations were made with Counties' stakeholders, and project sites that were affected by floods were chosen. The selection was focussed on areas receiving no other support from other actors. It was agreed that Tana River, Garissa, Turkana, Homabay and Migori counties be supported with cash since they were among areas that were worst affected by floods and also the recent drought in Kenya.</p> <p>Staff and volunteers were sensitized on the project design in a one-day long session. Volunteers were sensitized on the project design, activities, budget items, timelines and outputs expected. The sensitization meeting was also used to refresh the volunteers on cash transfer programming key steps, risk mitigation, community engagement strategies, proposed targeting criteria and use of RedRose platform for registration of beneficiaries and data management for successful implementation.</p> <p>The field teams carried out targeting and registration of vulnerable beneficiaries based on the following criteria:</p> <p><b>Inclusion Criteria</b></p> <ul style="list-style-type: none"> <li>• Household affected by floods</li> <li>• Widows or divorced women heads of households with children under 5 years.</li> <li>• Pregnant or lactating mothers with children under 5 years.</li> <li>• Widows or divorced women headed families with no source of income.</li> <li>• Households headed by people with disabilities, chronically ill or elderly with no source of income.</li> <li>• Children-headed households.</li> </ul> <p><b>Exclusion Criteria</b></p> <p>Any household meeting the below characteristics were not be targeted even if they met the above criteria for inclusion:</p> <ul style="list-style-type: none"> <li>• Household with source of income (remittances, wages, business)</li> <li>• Household benefiting in any Hunger safety net programme</li> <li>• Household benefiting from World food programme and GOK food aid</li> </ul> <p>The registered beneficiaries were validated and a total of 3,899 HHs received their cash assistance for livelihoods and basic needs support. KRCS also undertook in-kind distribution of food reaching a total of 19,835HHs. The distribution of food was preceded by needs assessment to identify affected people's need, capacities and gaps and finally selected 5000 households to receive assistance in terms of food. Aside from procured through this appeal, KRCS received significant food stocks from well-wishers who partnered with KRCS to support the communities displaced.</p>		



Food distribution in Western Kenya region

The need for food security support was exacerbated by the COVID-19 pandemic in Kenya which critically disrupted livelihoods activities due to market closures in many areas, border closures, movement restrictions, and curfews. In addition, the floods affected farming and all agriculture related activities where according to the Emergency operation centre (EOC) data 27,000 acreage of land with crops was destroyed. Pastoralists were also affected through loss of their animals that were swept away by floods.

The locust invasion in the country has been a significant driver of food insecurity in affected counties due to destruction of pasture and browse as well as crops by the locusts.

**Challenges**

- There was a lot of data mismatch from the register which took longer to verify. The list of beneficiaries which came from the local authorities was verified by KRCS to ensure that the targeted beneficiary was affected by floods.

**Lessons Learned**

- Food distribution to be done should be of a family size of 4 to 6 people in a household. In case the registered have a family size of more than that, then the household should be considered for a second share of the food being distributed.
- Registration and beneficiary targeting should be made and verified within a given stipulated time. The food security assessment should guide agencies, donor and national society on food beneficiary identification and registration. They are in charge of doing food surveys, targeting and Registration.



**Health**

**People reached: 147,870**

Male: 72,456 people

Female: 75,414 people

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

Indicators:	Target	Actual
Number of people reached by KRCS with services to reduce relevant health risk factors (Target: 150,000 people)	150,000	147,870 people

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

Indicators:	Target	Actual
Number of volunteers trained in epidemic control (Target: 300)	300	310

**Output 1.3: Epidemic prevention and control measures carried out**

Indicators	Target	Actual
Number of people reached with community-based epidemic prevention and control activities (Target: 150,000 people)	150,000 people	147,870 people

**Output 1.3: Acute Malnutrition is addressed in the target population.**

Indicators	Target	Actual
Number of people reached with nutrition sensitization messages (Target; 150,000 people)	150,000 people	72,271

KRCS spearheaded assessments to determine the health needs of communities affected by floods in all the flood-affected counties. The assessments were conducted immediately in the aftermath of floods but also continued passively as the impact of floods on the health of victims continued to increase. The main health needs identified included:

1. Access to treatment/management for minor ailments including injuries, acute respiratory disease, skin conditions and diarrhoea.
2. SRH commodities with women having limited access to sanitary pads while men needed condoms.
3. Continuum of care and support for chronic conditions i.e., Diabetes, Hypertension, AIDS and TB. Over 527 people reported having chronic conditions and their routine medication had been destroyed by floods, their communities cut off from health facilities or didn't have money to buy drugs.
4. Cases of cholera had been reported in flood affected communities and cholera prevention and control needs were identified in Kisumu, Mandera, Turkana, Tana River, Wajir and Kisumu.
5. Increased morbidity for malaria were also recorded in the aftermath of floods in Baringo, Turkana and Marsabit counties. Dengue fever cases also increased in Mombasa county during this period.
6. MYCN assessments determined high number (>5000 cases) of moderately and acute malnourished children and PLWs especially in ASAL counties.

To respond to these health needs KRCS conducted expanded health promotion campaigns and integrated health outreaches that have reached **147,870 people (72,456 men and 75,414 women)**.

A team of volunteers including CHVs and RCATs were sensitised/trained on ECV to facilitate community-based cholera prevention and control interventions in the affected counties. A total of 310 volunteers were trained. KRCS supported case management for cholera by establishing CTCs at Dandu in Mandera where 21 cases were managed, in Kalobeyei-Turkana where 57 cases have been managed and in Dertu of Garissa where 60 cases were managed.

Malaria outbreak response were supported in East Pokot and Tiaty Sub-counties in Baringo with integrated medical services providing a comprehensive health package of services comprising of, malaria tests, treatment drugs, malaria education, nutrition and ANC services. Over 320 people were reached including 180 children below 5 years. A total of **99 adults and 28 children tested positive** for malaria and were treated. Access to LLTNs still remains a challenge for the residents of the two most affected sub-counties of Baringo. Marsabit, Isiolo, Turkana and Tana river counties have reported a mild increase in malaria cases and KRCS is closely monitoring the situation.

A total of 4,000 male and female dignity kits were distributed to vulnerable children and women living in displacement camps due to the floods. Similarly, a total of 8,133 packets of sanitary pads were distributed to girls and women aged 15-49 years living in displaced camps in Isiolo, Garissa and Tana River counties. KRCS closely worked with the respective county departments of health to ensure access to condoms and other family planning commodities as well as SRH education in all the displacement camps in Tana river, Garissa, Taita, Kisumu, Migori and HomaBay. In addition, a total of **4,874 people** were reached with Mental Health and Psychosocial support in the affected areas.

**Challenges**

- Frequent go-slows and union action in the health sector continue to affect programme implementation and hamper sustainability of health actions beyond emergency operations.

**Lessons Learned**

- There are several paramedic procedures to be followed in any evacuation. A suggestion to have a team of volunteers undergo the training on paramedic to improve the medical evacuation process to the affected communities.



### Water, sanitation and hygiene

People reached: **83,874HHs**

Male: 41,098 people

Female: 42,776 people

#### **Outcome 1: 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 (Target: 10,000HHs)	10,000 HHs	13,979HHs

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

Indicators:	Target	Actual
Number of households reached with awareness raising activities on improved treatment and safe use of wastewater (Target: 10,000HHs)	10,000HHs	13,979HHs

#### **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**

Indicators:	Target	Actual
Number of people provided with safe water (according to WHO standards) (Target: 60,000 people)	60,000 people	83,874 people

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

Indicators	Target	Actual
Percentage of population provided with knowledge on and access to improved excreta disposal (Target; 80%)	80%	90%

#### **Output 1.4: Dignified handling of mortal remains of all recovered bodies**

Indicators	Target	Actual
Number of people reached with hygiene promotion activities (Target: 60,000 people)	60,000 people	83,874 people

#### **Progress towards outcomes**

- KRCS carried WASH assessments in Marsabit, Samburu, Isiolo, Busia, Turkana, West Pokot, Murang'a, Kajiado, Garissa, Taita Taveta, Migori Homabay, Kisumu and Tana River counties and in total, **98 water facilities** were identified as having been affected by floods and requiring rehabilitations to restore their functionality.
- A total of 12 water facilities were rehabilitated during the floods operation.
- Health and hygiene promotion activities to promote healthy behaviours and prevent and control spread of epidemics (distribution of Point of Use (PoU) water chemicals and super chlorination of contaminated water points) are ongoing in Turkana, Busia, Isiolo, Marsabit, Garissa, Wajir and West Pokot reaching a total of 13,797 households (7,165 families during O-N-D 2019 and 6,632 families during M-A-M 2020 rains seasons).

#### **Challenges**

- Due to often occurrence of floods in the areas of interventions, communities have over time developed high expectations from National, County Governments and other actors on the ground during the response phase.
- Inadequate IEC materials to compliment community health education and hygiene promotion sessions.
- Community ownership to water and sanitation structures and facilities is still an issue and as such the sustainability of these actions will need to be strengthened on an ongoing basis.
- Due to stringent measures to prevent spread of the COVID-19 not all planned outreach activities could be undertaken in person, so KRCS staff were forced to undertake some activities through calling beneficiaries and over-reliance on IEC materials.
- Resource limitations are a result of the COVID-19 outbreak in Kenya

#### **Lessons Learnt**

- Multi-sectoral approach is the best in emergency response, National and County Government relevant departments need to be more proactive in coordinating the other actors on the ground especially from the onset of an emergency.
- The collaboration and networking relationship between KRCS, National, County Government and other actors need to continue being enhanced all the time for improved response during future interventions.
- Continuous interaction with communities during hygiene and sanitation promotion messages dissemination usually leads to communities **owning** the ‘**good practices**’ as the process is usually participatory and the communities have the opportunity to make **informed choices**.
- Hygiene promotion enabling factors such as emergency latrines and soap may only be available from organizations during emergency response and as such, local substitutes should always be encouraged for continuity



**Protection, Gender and Inclusion**

**People reached: 8,221**

Male: 4,028 people

Female: 4,193 people

**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 targeted/reached with PGI actions (Target 30,000 people)	30,000 people	8,221 people

**Output 1.1: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.**

Indicators	Target	Actual
Number of people reached with support against sexual- and gender-based violence (Target 30,000 people)	30,000 people	8,221 people

**Progress towards outcomes**

- With support from CBM disability inclusive integrated health services were conducted in Turkana West and Turkana Central reaching over **3,347 people**. Among these beneficiaries are 226 people that were clinically assessed for disability. A total of 100 PWDs have been identified and will further benefit with assorted assistive devices.
- A total of **4,874 people** were reached with Mental Health and Psychosocial Support Services (MHPSS), offered by KRCS during the search and rescue and recovery phase across all the counties affected by floods. Triggers for the distress cases attended to was lot of loved ones, homes and livelihoods. PS counsellors held several counseling sessions with over 117 survivors/relatives of landslide in West Pokot and Collapsed building in Nairobi all of whom occurred due to the acute effects of heavy rains and flooding in the country. At the EOC, tele counseling services offered to a total of 442 victims of flooding impact in the country since October 2019. These services were provided around the clock through KRCS’ emergency toll free line.
- In total, KRCS reached 8,221 people with PGI interventions. The low number reached is mainly due to the fact that those reached with PGI services also received other assistance and have been counted in other sectors. Those listed here are those specifically targeted outside the general affected population.
- KRCS Staff and volunteers were sensitized on Protection, Gender and Inclusion and relevant PGI policies including the Protection from Sexual Exploitation and Abuse. This aimed to ensure KRCS volunteers and staff are able to provide effective support to affected communities, be protected from abuse and were able to identify and address key protection risks among the affected populations. The sensitized KRCS staff and volunteers were thus able to mainstream PGI into other interventions during the floods response operation.

**Challenges**

- The number of frontline volunteers trained in PGI remains low in many areas hampering their ability to deliver quality programmes to affected populations.

**Lessons Learnt**

- There is need to further improve the skills of KRCS staff and volunteers especially those in the field in gender, protection, and inclusion sector. This will ensure quality implementation and also support ensure gender-and-protection sensitive programmes.

<b>Strengthen National Society</b>		
<b>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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers insured (target 400)	400	400
<b>Output 1.1: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers briefed on their roles and rights (target 400)	400	400
<b>Progress towards outcomes</b>		
<ul style="list-style-type: none"> <li>- Four hundred (400) volunteers are involved in the floods operations. The volunteers underwent sensitization sessions covering safety and security, their roles, assessments, emergency shelter construction, beneficiary targeting and registration and hygiene messaging and social mobilization.</li> <li>- The volunteers were insured to cover for accidental death and injury during response operations.</li> </ul>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>- COVID restrictions significantly affected trainings and field work.</li> </ul>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>- KRCS was able to identify alternate means of undertaking certain activities including PDMs through use of virtual mechanisms as a result of restrictions on face-to-face meetings.</li> </ul>		

<b>Ensure effective international disaster management</b>		
<b>Output 1.1: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of Community Engagement and Accountability (CEA) approaches and activities.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Percentage of needs assessments and post distribution monitoring with feedback from communities (Target: 100%)	100%	100%
<b>Output 1.2: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Percentage of targeted people reached with messages on risks associated with floods including through social media (Target: 100%)	100%	100%
<b>Progress towards outcomes</b>		
<p>Community engagement and accountability (CEA) activities have been undertaken in the areas affected by floods and has been continually mainstreamed throughout the response activities in all sectors to ensure active and meaningful participation of the affected communities. The floods response included CEA activities that aimed at provision of key information to the affected communities to bridge information gaps in personal safety and security during floods, protection, disease prevention, weather information, among other. The KRCS toll free line number was disseminated to the affected community members, through which the community members gave 83 feedback ranging from reporting of floods effects, request for support and need to be included in the support criteria, whereas 29 of the callers gave feedback of appreciation on the quick and continuous response by the KRCS to respond to the floods.</p> <p>There were also community feedback desks set up across the floods response areas, especially in the camps and during distribution of aid within the communities. The feedback desks are set up with consideration of gender in terms of the volunteers manning the feedback desks since some of the community members would only feel comfortable giving feedback to specific gender with the label of the feedback desk also translated into the local language in order to ease the understanding by the community members.</p> <p>A total of 1169 community feedback were received from the feedback mechanisms set up across the regions, whereby in West Kenya (132), Lower Eastern (294), North Rift (309) and Coast regions (373). Most of these community members in the camps gave feedback of appreciation towards the interventions by the KRCS since the floods began (Search and Rescue, NFIs distribution and information sharing. Other feedback indicated that there was need for increased support to the community members since they feel the NFIs is not sufficient thus suggesting that the NFIs distribution can be</p>		

accompanied with Cash Transfers, WASH interventions, targeting of more affected population and consideration of shelter reconstruction.

The feedback received were categorised by regions as indicated in the table below:

West Kenya	South Rift	Central	Upper Eastern	North Eastern	Lower Eastern	North Rift	Coast	Total
132	5	11	18	27	294	309	373	1169



**Photo 1: KRCS personnel manning a Community Feedback Desk in Nadoto, Turkana County**

The MEA&L team also carried CEA activities in the flood affected and operational areas in order to give information towards behavior change to the community members. The CEA activities conducted in and with the communities included 10 mobile cinemas on Cholera prevention and Malnutrition Management; 18 Focus Group Discussions (FGDs); 12 Community review meetings and a forum theatre in the floods response areas as indicated in the table below. Through these approaches, the communities have been able to receive helpful information from the KRCS and also share their feedback with the KRCS in regard to the ongoing floods operation.

The community members noted key Cross cutting needs during floods, which included: Sanitary towels, food, shelter, medical services, clean and safe drinking water, dignity kits for both men and women, tarpaulin and kitchen set. Food aid need was the most common in all areas. On the mediums of receiving information on floods the community indicated SMS as the main source of information from Organizations including KRCS. Other sources include community health volunteers, through KRCS sensitization sessions, radio, from local community leaders, through social media and from religious leaders. Communication of climate related early warning through Radio spots and use of local stations in the counties.

In Kisumu the session took 45 minutes at Radio Nam Lolwe FM with a listenership of over 400,000 in Nyanza Region that was facilitated by KRCS staff, Kenya Meteorological Department County director – Kisumu. During the call-in session

most of whom appreciated the KRCS for always being the first to respond and giving messaging on preparedness. Other community members who called enquired on the criteria for interventions during the flood's operations where the KRCS officer gave a clear outline of how responses flow and dependent on availability of resources to intervene as a factor on the interventions.

In Garissa, the talk show session took 30 minutes at Star Radio FM with a listenership of over 100,000 in North Eastern Region. The session was facilitated by the Kenya Meteorological Department County director – Garissa, County Special Programmes Director and a Kenya Red Cross staff. In Garissa Three calls and SMS were received from listeners asking on how the seven fork dams operate and the reason why water is released back to river Tana that has a negative impact to them. In Response, it was explained that as a precaution measure the water has to be released to avoid the dams breaking or bursting as it would cause more grave effects.

In Tana River the radio show was held at Tana FM with a listenership of 25,000 for 1hr 30 minutes facilitated by two KRCS staff and chief officer for special programs, Tana River county. The main topic of discussion was on disaster response and in particular floods with a focus on past floods incidences and preparedness for the OND rains and floods intervention procedures. The key questions raised were feedback from community, expressing dissatisfaction with some KRCS interventions Cash transfer program implementation, floods assessment and response and the need to improve on community engagement.

REGION	County	CEA Activities Carried Out
COAST	TANARIVER	1 Community review meeting for Medical outreach beneficiaries (in Madogo)
		1 Radio spot on floods preparedness and response
		2 Mobile cinemas on Malnutrition and Cholera Prevention (Sala)
	TAITA-TAVETA	1 Forum Theatre (Madogo)
		2 Focus group discussion (Voi)
		Mobile cinema on malnutrition (Vanga)
N/EAST ERN	GARISSA	2 Focus group discussion (IFO Camp 1)
		1 Mobile cinéma on Cholera Prévention (@ Camp 2)
	KWALE	2 Community review meeting for medical outreach beneficiaries
		1 Radio spot on floods preparedness and response
W/KENYA	SIAYA	Community Review meetings at Nyalhoma
	HOMABAY	2 Focused Group discussions with floods affected population at Osodo Primary Sch. - Camp)
		Community Review Meeting (Kochia & Kobala)
	KISUMU	Focused Group Discussion (in Nyando)
		1 Radio spot on floods preparedness and response
	MIGORI	Community Review Meeting (Kabonyo)
		Community Review Meeting (Komotobo & Central Sakwa)
N/SOUTH RIFT	WEST POKOT	Community Review and FGD discussions (Lower Kadem & Central Kadem)
	TRANSZOIA	4 Mobile Cinemas (8 Camps)
	TURKANA	1 Mobile Cinema (Kitale)
	BARINGO	1 Mobile Cinema (Turkana West)
		1 Mobile Cinema (Baringo)

The MEA&L unit also supported the teams in Kisumu, Migori, Homabay, Siaya, Busia, West Pokot and in Marsabit counties in conducting a KIRA assessment of the landslides and floods that was triggered by the heavy rains. In order to collect statistically significant data for each of the most affected areas in West Pokot and Marsabit counties, a total of 62 community group discussions, 24 Key informant interviews and 77 direct observations were conducted. The data was mainly captured in the KoBo collect platform and note taking by the enumerators which was later exported to STATA software (STATA) for further analysis. The KIRA reports gave detailed recommendations and needs for the affected community members which then informed the course of action and interventions during these ongoing floods response.



**Photo 2: Community Feedback Management Meeting in Kerio, Turkana**

The KRCS MEA&L unit also conducted PDM exercise which assessed the use of accountability framework, coping strategies employed by the communities and the satisfaction levels of the communities who were affected by floods and supported by the KRCS. The PDM thus provided tangible and realistic recommendations to various sectors of the floods response to improve the efficiency of the intervention as well as contribute to the realization of the project's objective of contributing to reduced negative impact of the floods.

**Challenges**

The KRCS toll-free telephone number proved critical in ensuring continued community engagement during the COVID-19 pandemic which limited face to face interaction between KRCS and communities

**Lessons Learned**

KRCS has been able to utilize virtual means of undertaking PDMs as a result of restrictions on face-to-face interactions with the communities we support.

**D. Financial Report**

The overall funding requirement for this Appeal was CHF 5,000,000. The Appeal coverage was at CHF 1,543,838 which represented 30.88% including bilateral support. The expenditure against the budget was at CHF 1,543,738 representing 99.7%.

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2021/03	Operation	MDRKE045
Budget Timeframe	2019/10-2020/12	Budget	APPROVED

Prepared on 23 Apr 2021

All figures are in Swiss Francs (CHF)

## MDRKE045 - Kenya - Floods

Operating Timeframe: 28 Oct 2019 to 04 Dec 2020; appeal launch date: 05 Dec 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	695,000
AOF3 - Livelihoods and basic needs	1,026,000
AOF4 - Health	1,218,000
AOF5 - Water, sanitation and hygiene	1,107,000
AOF6 - Protection, Gender & Inclusion	341,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	564,000
SFI2 - Effective international disaster management	49,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>5,000,000</b>
<b>Donor Response* as per 23 Apr 2021</b>	<b>1,543,838</b>
<b>Appeal Coverage</b>	<b>30.88%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	1,258,910	1,134,437	124,473
AOF3 - Livelihoods and basic needs	0	129,000	-129,000
AOF4 - Health	0	0	0
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	272,876	262,507	10,369
SFI1 - Strengthen National Societies	15	5	10
SFI2 - Effective international disaster management	8,645	10,165	-1,520
SFI3 - Influence others as leading strategic partners	3,232	2,624	608
SFI4 - Ensure a strong IFRC	0	0	0
<b>Grand Total</b>	<b>1,543,678</b>	<b>1,538,738</b>	<b>4,940</b>

### III. Operating Movement & Closing Balance per 2021/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,543,838
Expenditure	-1,538,738
<b>Closing Balance</b>	<b>5,100</b>
Deferred Income	0
Funds Available	5,100

### IV. DREF Loan

* not included in Donor Response	Loan :	306,560	Reimbursed :	306,560	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2021/03	Operation	MDRKE045
Budget Timeframe	2019/10-2020/12	Budget	APPROVED

Prepared on 23 Apr 2021

All figures are in Swiss Francs (CHF)

## MDRKE045 - Kenya - Floods

Operating Timeframe: 28 Oct 2019 to 04 Dec 2020; appeal launch date: 05 Dec 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	145,434				145,434		
Coca Cola Foundation	69,016				69,016		
Finnish Red Cross	54,187				54,187		
Italian Government Bilateral Emergency Fund	435,748				435,748		
Japanese Red Cross Society	82,500				82,500		
On Line donations	159				159		
Red Cross of Monaco	10,695				10,695		
Swedish Red Cross	408,593				408,593		
The Canadian Red Cross Society (from Canadian Gov	86,960				86,960		
The Netherlands Red Cross (from Netherlands Govern	250,546				250,546		
<b>Total Contributions and Other Income</b>	<b>1,543,838</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,543,838</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>1,543,838</b>	<b>0</b>	

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY		
PROJECT NAME	KENYA FLOODS 2019		
IFRC PROJECT CODE	MDRKE045		
CURRENT REPORTING PERIOD	From: <del>28</del> 28 October 2019	To: <del>31</del> 04 December 2020	(Y2 Qtr 1)
PLANNED EXPENDITURE PERIOD	From: <del>1</del> 1 Mar 20	To: <del>31</del> 31 Mar 20	(Y2 Qtr 2)

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

Exchange Rate Used 

SL	1
CHF	0.0100

Output	Budget (as per Project Funding Agreement) (LOCAL CURRENCY)			Expenditure (Actual) (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)		Reason for Variance(s) (more than 10%)
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%	
	APO05 Shelter assistance to households	-	-	-	-	-	-	-	0%	-	
APO06 Shelter tech. support and awareness	-	-	-	-	-	-	-	0%	-	0%	
APO08 Livelihoods Assistance	-	10,783,640	10,783,640	-	10,783,640	10,783,640	-	0%	-	0%	
APO81 Multipurpose cash grants	-	-	-	-	-	-	-	0%	-	0%	
APO11 Health services to communities	-	9,289,134	9,289,134	-	9,342,104	9,342,104	-	0%	-	0%	
APO14 Nutrition	-	-	-	-	-	-	-	0%	52,969	57%	
APO22 Health in emergency	-	1,271,265	1,271,265	-	1,326,247	1,326,247	-	0%	-	0%	
APO23 Psychosocial support	-	-	-	-	-	-	-	0%	54,982	432%	
APO78 RMNCH Care & Treatment	-	-	-	-	-	-	-	0%	-	0%	
APO26 Access to safe water	-	-	-	-	-	-	-	0%	-	0%	
APO27 Treatment/reuse of wastewater	-	23,239,593	23,239,593	-	23,181,644	23,181,644	-	0%	-	0%	
APO30 Hygiene promotion	-	-	-	-	-	-	-	0%	57,949	-25%	
APO31 Equitable access to services	-	1,316,607	1,316,607	-	1,316,501	1,316,501	-	0%	-	0%	
APO34 Response to SGBV in emergencies	-	3,707,857	3,707,857	-	3,681,796	3,681,796	26,061	0%	106	-1%	
APO02 Response and risk red. at NS level	-	19,167,341	19,167,341	-	19,143,505	19,143,505	23,836	0%	23,836	-70%	
APO40 NS volunteering development	-	15,207,191	15,207,191	-	15,207,191	15,207,191	-	0%	-	0%	
APO42 NS corporate /organisational systems	-	28,380,518	28,380,518	-	28,380,518	28,380,518	-	0%	-	0%	
APO58 Planning and reporting	-	-	-	-	-	-	-	0%	-	0%	
APO84 Emergency fundraising excellence	-	-	-	-	-	-	-	0%	-	0%	
Programme and Supplementary Services Recovery	-	8,989,020	8,989,020	-	8,989,020	8,989,020	-	0%	-	0%	
<b>TOTAL</b>		<b>121,352,165</b>	<b>121,352,165</b>		<b>121,352,165</b>	<b>121,352,165</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	

KENYA RED CROSS SOCIETY  
 P. O. Box 40712  
 NAIROBI

3.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES IN LOCAL CURRENCY

Cost Categories	Budget (as per Project Funding Agreement) (LOCAL CURRENCY)			Expenditure (Actual) (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
1 Personnel	-	28,380,518	28,380,518	-	28,380,518	28,380,518	-	-	-	-
2 Relief supplies, transportation and storage	-	10,783,640	10,783,640	-	10,783,640	10,783,640	-	-	-	-
3 Contributions to other organisations	-	-	-	-	-	-	-	-	-	-
4 Other direct costs	-	73,198,988	73,198,988	-	73,198,988	73,198,988	-	-	-	-
5 Indirect cost recovery	-	8,989,020	8,989,020	-	8,989,020	8,989,020	-	-	-	-
<b>TOTAL</b>	-	<b>121,352,165</b>	<b>121,352,165</b>	-	<b>121,352,165</b>	<b>121,352,165</b>	-	-	-	-

3.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN CHF

\*Exchange Rate Weighted average (refer to sheet 3.4 Calculating Exc Rate)

Output	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period*	Total (Year to date)	Variance CHF	%	Variance CHF	%
Overall	-	1,132,239	1,132,239	-	1,132,239	1,132,239	-	0%	-	0%

CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

- a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
- e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

Name, Title & Signature of Project partner designated official

DD/MM/YYYY

ABDULWAQAR PATTONI  
Budget & Analysis Office

*[Signature]* 22/04/21

For IFRC internal use

Approved by IFRC Project Manager

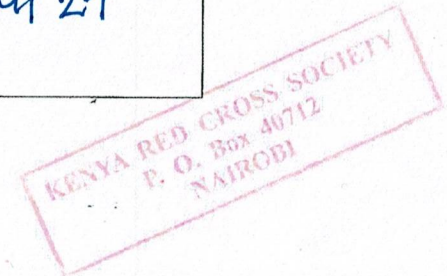
*[Signature]*

Date

23/04/21

Validated by IFRC Finance officer

Date



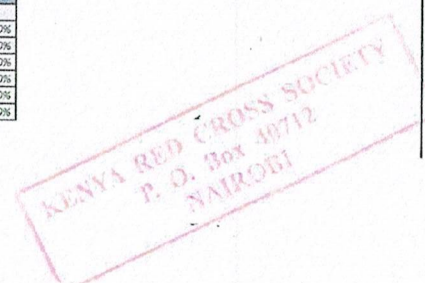
PROJECT PARTNER NAME  
PROJECT NAME  
IFRC PROJECT CODE  
CURRENT REPORTING PERIOD  
PLANNED EXPENDITURE PERIOD

KENYA RED CROSS SOCIETY			
KENYA FLOODS 2019			
	MDRKE045	04 December 2020	
From: <del>14th 19</del> 28 October 2019	To: <del>31st 19</del> (V2 Qtr 1)		
From: <del>14th 19</del>	To: <del>31st 19</del> (V2 Qtr 2)		

A. BUDGET & EXPENSES in CHF BY IFRC ONLY

Output	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
							CHF		CHF	
AP005 Shelter assistance to households	-	-	-	-	-	-	-	0%	-	0%
AP006 Shelter tech. support and awareness	-	-	-	-	-	-	-	0%	-	0%
AP008 Livelihoods Assistance	-	100,613	100,613	-	100,613	100,613	-	0%	-	0%
AP081 Multipurpose cash grants	-	-	-	-	-	-	-	0%	-	0%
AP011 Health services to communities	-	86,669	86,669	-	87,164	87,164	494.21	57%	494.21	57%
AP014 Nutrition	-	-	-	-	-	-	-	0%	-	0%
AP022 Health in emergency	-	11,861	11,861	-	12,374	12,374	512.99	-432%	512.99	432%
AP023 Psychosocial support	-	-	-	-	-	-	-	0%	-	0%
AP078 RMNCH Care & Treatment	-	-	-	-	-	-	-	0%	-	0%
AP026 Access to safe water	-	-	-	-	-	-	-	0%	-	0%
AP027 Treatment/reuse of wastewater	-	216,830	216,830	-	216,289	216,289	540.67	25%	540.67	25%
AP030 Hygiene promotion	-	-	-	-	-	-	-	0%	-	0%
AP031 Equitable access to services	-	12,284	12,284	-	12,283	12,283	0.99	1%	0.99	-1%
AP034 Response to SGBV in emergencies	-	34,595	34,595	-	34,352	34,352	243.15	70%	243.15	-70%
AP002 Response and risk red. at NS level	-	178,835	178,835	-	178,613	178,613	222.40	12%	222.40	-12%
AP040 NS volunteering development	-	141,886	141,886	-	141,886	141,886	-	0%	-	0%
AP042 NS corporate /organisational systems	-	264,796	264,796	-	264,796	264,796	-	0%	-	0%
AP058 Planning and reporting	-	-	-	-	-	-	-	0%	-	0%
AP084 Emergency fundraising excellence	-	-	-	-	-	-	-	0%	-	0%
Programme and Supplementary Services Recovery	-	83,869	83,869	-	83,869	83,869	-	0%	-	0%
TOTAL	-	1,132,239	-	1,132,239	-	-	-	0%	-	0%

Cost Categories	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
							CHF		CHF	
1 Personnel	-	264,796	264,796	-	264,796	264,796	-	0%	-	0%
2 Relief supplies, transportation and storage	-	100,613	100,613	-	100,613	100,613	-	0%	-	0%
3 Contributions to other organisations	-	-	-	-	-	-	-	0%	-	0%
4 Other direct costs	-	682,960	682,960	-	682,960	682,960	-	0%	-	0%
5 Indirect cost recovery	-	83,869	83,869	-	83,869	83,869	-	0%	-	0%
TOTAL	-	1,132,239	1,132,239	-	1,132,239	1,132,239	-	0%	-	0%



**CERTIFICATION**

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

- a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
- e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

Name, Title & Signature of Project partner designated official

DD/MM/YYYY

ABDIKARIM HASSAN

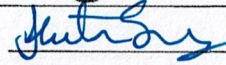
Budgets + Analysis Officer



22/04/21

For IFRC internal use

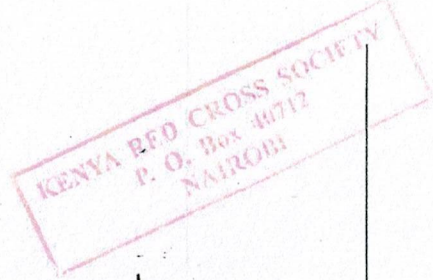
Approved by IFRC Project Manager



Date 23/04/21

Validated by IFRC Finance officer

Date





3.4 CALCULATING THE EXCHANGE RATE FOR REPORTING PURPOSES

FIFO

FUNDS AT HAND

FUNDS OUT

Date	Description	Local Currency	CHF	Exc Rate	Date	Description	Current Expenditure Value in Local Currency	Local Currency	CHF	Exc Rate
2/5/2020	Transfer 2	28,065,630.00	279,260.00	0.0100	2/5/2020	Transfer 2	28,065,630	28,065,630	279,260	0.0100
3/2/2020	Transfer 3	26,114,094.00	250,135	0.0096	3/2/2020	Transfer 3	26,114,094	26,114,094	250,135	0.0096
4/27/2020	Transfer 4	19,472,779.50	182,843.00	0.0094	4/27/2020	Transfer 4	19,472,780	19,472,780	182,843	0.0094
7/22/2020	Transfer 5	13,266,000.00	120,000.00	0.0090	7/22/2020	Transfer 5	13,266,000	13,266,000	120,000	0.0090
8/26/2020	Transfer 6	31,710,000.00	300,000.00	0.0095	8/26/2020	Transfer 6	31,710,000	31,710,000	300,000	0.0095

KENYA RED CROSS SOCIETY  
 P. O. Box 40712  
 NAIROBI

**EMERGENCY APPEAL OPERATION**

1/23/2020

APPEAL #:

APPEAL NAME:

Output code in financial system	Name in financial system (TBC)	Appeals Budget	Actual Expenditure - to 31st Dec	Variance - Surplus/(Deficit)
AP005	Shelter assistance to households	-	-	-
AP006	Shelter tech. support and awareness	-	-	-
	<b>Total Shelter</b>	-	-	-
AP007	Improvement of income sources	-	-	-
AP008	Livelihoods assistance	-	-	-
AP009	Food production & income generation	-	-	-
AP081	Multipurpose cash grants	-	-	-
AP010	Livelihoods awareness	-	-	-
	<b>Total Livelihoods &amp; basic needs</b>	-	-	-
AP011	Health services to communities	87,684	88,184	(500)
AP012	Voluntary blood donation	-	-	-
AP013	Maternal newborn and child health	-	-	-
AP014	Nutrition	-	-	-
AP015	Road safety	-	-	-
AP016	NS capacity for health care	-	-	-
AP017	HIV and AIDS	-	-	-
AP018	Avian and human influenza pandemic	-	-	-
AP019	Malaria	-	-	-
AP020	Tuberculosis	-	-	-
AP021	Other infectious diseases	-	-	-
AP022	Health in emergency	12,000	12,519	(519)
AP023	Psychosocial support	-	-	-
AP024	Immunization activities	-	-	-
AP025	Health needs in complex settings	-	-	-
AP032	Search and rescue	-	-	-
	<b>Total Health</b>	<b>99,684</b>	<b>100,702</b>	<b>(1,019)</b>
AP026	Access to safe water	-	-	-
AP027	Treatment/reuse of wastewater	39,000	38,971	29
AP028	Reduction of open defecation	-	-	-
AP029	WASH knowledge and best practice	-	-	-
AP030	Hygiene promotion	-	-	-
	<b>Total WASH</b>	<b>39,000</b>	<b>38,971</b>	<b>29</b>
AP031	Equitable access to services	-	-	-
AP032	Social inclusion-equitable status	-	-	-
AP033	Interpersonal violence prev/response	-	-	-
AP034	Response to SGBV in emergencies	35,000	34,754	246
AP035	NVP-education and advocacy programs	-	-	-
	<b>Total Protection, Gender and Inclusion</b>	<b>35,000</b>	<b>34,754</b>	<b>246</b>
AP036	Migration assistance and protection	-	-	-
AP037	Migration awareness and advocacy	-	-	-
	<b>Total Migration</b>	-	-	-
AP001	Preparedness at community level	-	-	-
AP002	Response and risk red. at NS level	83,288	82,545	743
AP003	Green solutions	-	-	-
AP004	Climate change awareness	-	-	-
	<b>Total Disaster Risk Reduction</b>	<b>83,288</b>	<b>82,545</b>	<b>743</b>
AP039	NS organisational capacity assessm.	-	-	-
AP040	NS volunteering development	-	-	-
AP042	NS corporate /organisational systems	-	-	-
	<b>Total Strengthening National Societies</b>	-	-	-
AP046	IFRC surge capacity	-	-	-
AP047	Humanitarian principles and Rules	-	-	-
AP048	Integrated services for NS	-	-	-
AP049	IFRC coord. in humanitarian system	-	-	-
AP050	Supply chain and fleet services	-	-	-
AP051	Movement coordination	-	-	-
AP052	Movement shared services	-	-	-
	<b>Total Influence others as leading strategic par</b>	-	-	-
AP053	Advocacy on humanitarian issues	-	-	-
AP054	IFRC policies and positions	-	-	-
AP055	Research and evaluation	-	-	-
AP058	Planning and reporting	-	-	-
AP059	Resource generation	-	-	-
AP060	Emergency fundraising excellence	-	-	-
AP061	NS resource and partnership dev.supp	-	-	-
AP064	Financial management	-	-	-
AP065	Administration	-	-	-
AP066	Staff security	-	-	-
	<b>Total Influence others as leading strategic par</b>	-	-	-
	Programme and Supplementary Services Recove	28,552	28,552	0
	<b>Total INDIRECT COSTS</b>	<b>28,552</b>	<b>28,552</b>	<b>0</b>
	<b>TOTAL BUDGET</b>	<b>285,523.61</b>	<b>285,523.41</b>	<b>0</b>

Prepared by: Yattani R. Abdinoor

Reviewed by: Fredrick Orimba

Approved by: George Ndolo

*(Handwritten signatures and date)*  
 23/01/2020

## Contact Information

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**

Secretary General Dr. Asha Mohammed; email: mohammed.asha@redcross.or.ke, phone: +254 701 812 258

### **IFRC Eastern Africa CCCT Office:**

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Kriztin Solberg, Disaster Management Delegate, East Africa Country Cluster Delegation, Email; kriztin.solberg@ifrc.org, phone +254 (0) 733 827 654

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### **In IFRC Geneva**

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Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

### **For IFRC Resource Mobilization and Pledges support:**

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### **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: Philip Komo Kahuho, PMER Coordinator, Email: Philip.kahuho@ifrc.org

## 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](http://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