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# Final Report

## Kenya: Floods

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n° MDRKE047</b>
<b>Date of Issue: 24 March 2022</b>	<b>Glide number: <a href="#">FL-2021-000038-KEN</a></b>
<b>Operation start date: 23 April 2021</b>	<b>Operation end date: 31<sup>st</sup> October 2021</b>
<b>Host National Society: Kenya Red Cross</b>	<b>Operation budget: CHF 497,473</b>
<b>Number of people affected: 300,000 People</b>	<b>N° of Number of people assisted: 32,900 people (6,580 HH)</b>
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies, Danish Red Cross and British Red Cross	
<b>Other partner organizations actively involved in the operation:</b> National and County Government line ministries and agencies, National Disaster Operations Centre, the National Disaster Management Unit.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation, and other corporate and private donors. Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Kenya Red Cross Society (KRCS), the IFRC would like to extend gratitude to all for their generous contributions.

Please click [here](#) for the Final Financial Report and [here](#) for the Contacts

## A. SITUATION ANALYSIS

### Description of the disaster

According to Kenya Meteorological Department (KMD), rains had been ongoing since the onset of the March April May (MAM) rainy season. MAM rains were spread out to most parts of the country, with parts of Western Kenya receiving over 300mm of rain while Rift Valley, Central, and Southeastern Kenya received over 150mm. These rains were above what is normally received in MAM for Western parts of Rift Valley, Central and Southeastern Kenya. At the same time, parts of the North, where drought is currently evolving, received rainfall below normal. The rainfall effects were felt in counties that include Kisumu, Siaya, Migori, Busia, Homabay, Baringo, Tan River, Taita Taveta, Nairobi, and Nakuru Counties. A general increase in river and lake water levels was also recorded, especially in western Kenya and the Coast region.

From the joint assessment by KRCS and other stakeholders in West Kenya, there were people reported to be still living in 9 camps as their shelter had been rendered inhabitable, several water sources and sanitation facilities had also been affected, and a



Figure 1: KRCS Volunteers conducting assessments in the floods affected communities ©KRCS

reported increase in some illness in the submerged villages. The assessment established the need to do the following interventions in the area: Distribution of Emergency shelter kits, sensitization of community to move to higher grounds, cash and voucher assistance to support displaced families, rehabilitation of water points, and other health interventions. As per the reporting period, there are still have people in two camps one in Kisumu and another in Busia. The population in the rest of the camps has integrated with the community while others have settled in new areas.

Kenya Meteorological Department(KMD) released the weather review for March, April May(MAM), and June, July, and August (JJA) which showed that most parts of the Highlands, Lake Victoria Basin, Central Rift Valley, North West, South Eastern Lowlands, the North Eastern and the Highlands East of the lift (including Nairobi county) received rainfall totaling up to 300mm. This is an above rainfall average in most of these areas, especially in West Kenya. The rest parts of the country especially in Northern Kenya received below-average rainfall which has resulted to continued effects of drought. During August most parts that had been receiving rainfall started to experience decreased rainfall which continued and resulted in the late onset of October, November, and December(OND) 2021.

The flooding period had a total of 29,000HHs (145,000 People) affected by floods. About 8,850 HH had been displaced across the 7 counties, a total of 4,752 acreages of agricultural land had been destroyed in 12 counties (Kisumu, Homa Bay, Busia, Migori, Tana River, Taita Taveta, Nairobi, Narok, Trans Nozia, Elgeyo Marakawet, Siaya, Isiolo, and Marsabit).

Floods are endemic in the lake region and an assessment was done during, the MAM rains season where it was established that families in the region were affected leading to loss of crops, houses, community facilities such as schools and health facilities, business premises, and interruption of livelihood activities due to destruction of infrastructure that included roads.

## Summary of response

### Overview of Operating National Society

Kenya Red Cross Society (KRCS) implemented several activities since the onset of the MAM season across the country.

KRCS activated the Red Cross Action Team (RCAT) and organized training for the elite team of the National Disaster Response Team (NDRT) during the operation who were deployed into the affected counties to conduct lifesaving activities. The lifesaving activities included: search and rescue and first aid activities, dissemination of early warning action messages, supporting population that was facing risk to evacuate to a safer area, distribution of household items, and water purification materials to the affected households. The displaced communities were also supported through the provision of camp management support that included hygiene and health promotion services which were coordinated by the local administration and camp committees.



Figure 1: NFI distribution observing the Covid-19 prevention and control measures ©KRCS

Following a steady increase in impacts and number of displaced households, combined with a [forecast issued on May 10<sup>th</sup> by the Kenya Meteorological Department](#) indicating a continuation of the heavy rains, the second allocation of CHF 234,036 was requested to ensure response capacity to need the increasing needs. As reported in the [Operations Update](#) published on May 24<sup>th</sup>, 2021, the operation was extended from a timeframe of 3 months to 6 months, with a new end date on October 31<sup>st</sup>, 2021. The total population targeted was increased from 9,330 people (1,866 HHS) to 22,825 people (4,565 HHs). The geographical scope was expanded from 4 to 7 counties.

At the end of the implementation timeframe, KRCS had undertaken the following activities:

- KRCS distributed a total of 4,458HHs emergency Shelter items in the 7 counties (861 Busia, 324 Homabay, 1216 Kisumu, 733 Migori, 500 in Nairobi, 700 in Tana River,124 In Isiolo ( bordering Garissa)) in support to affected communities. Isiolo part that had been affected was in Modogashe that borders Garissa. Nairobi also had floods in the informal settlement which although not targeted had more than 1,500HHs affected, KRCS supported those displaced and had their shelter destroyed. An assessment was done in Siaya County, Siaya East Sub-County bordering Kisumu County, where the affected 54 HH had immediately integrated with the neighboring communities.

- KRCS provided psychosocial support to affected households, as well as health and hygiene promotion and sensitization sessions on SGBV prevention to 6,580 HHs.
- KRCS developed and shared early warning messages to communities in flood and landslide risk areas in April and May. The messages were translated to Kiswahili for parts of the country where Kiswahili is widely spoken, to ensure enhanced understanding by communities in those areas. Through the TERA SMSs, KRCS reached a total of 9,787,089 mobile phone subscribers.
- KRCS was supported by the local government in supporting shelter to Camps in Busia, Migori, and Kisumu. KRCS supported the set-up with 7 big camps and also smaller allocations. These camps were distributed as follows: Kisumu 3 Camps, Busia 2 camps, Homabay 1 camp, and 1 camp in Migori. These were mainly attributed to the swelling of Lake Victoria. It is noted that not all the counties had camps but only those in the West Kenya region, as elaborated above.
- KRCS distributed water purification materials (6,240 PUR and 166,000 aqua tabs) and provided demonstrations of their use. Latrine rehabilitation and setup have been supported in temporary camps.
- 30 RCATs received refresher training on CEA, SGBV and child protection, shelter reconstruction during emergencies, as well as PHAST refresher training.
- Displaced communities were sensitized on the construction of temporary shelters, SGBV prevention, hygiene promotion and safe use of water, PHAST, disease prevention, and how to conduct emergency sanitation, especially during the rapid movement of communities, as well as on the KRCS complaints and feedback mechanism.
- After the distribution of emergency shelters in all the counties a sample monitoring was done. The counties where post distribution was done were randomly selected and included Kisumu, Busia, and Tana River.
- After action review workshop was organized for all the volunteers and staff that participated in the response. It is from the workshop that people gave their feedback on how the plan worked, the challenges during the response, and recommendations for future interventions.

#### **Overview of Red Cross Red Crescent Movement in-country**

KRCS updated ICRC on the unfolding situation through various coordination forums. The IFRC Nairobi CCD provided close technical support and guidance to the KRCS on the development of a request for a DREF allocation to support the ongoing efforts to aid those affected by the floods. KRCS hosts several partner NS's in the country including the British Red Cross, Danish Red Cross, Finnish Red Cross, American Red Cross, Italian Red Cross, and the Norwegian Red Cross. There was no active involvement from any of the in-country PNS throughout the DREF response implementation, however, KRCS issued updates to its' partners about the situation as it unfolded and the KRCS response. The Danish Red Cross together with USAID/OFDA provided additional shelter support through NFIs to remaining households not targeted through the DREF.

#### **Overview of non-RCRC actors in-country**

KRCS coordinated response activities with other actors that included National and County government line ministries and agencies as well as UN agencies and other NGOs. KRCS was the designated lead in humanitarian work in the country, where it took lead in camp management and camp set-up. Other partners came with support and sectorial contribution based on their expertise and mandates. The national and county governments took the lead role in coordinating the response planning and implementation.

KRCS coordinates with other partners including the National Disaster Operations Centre (NDOC) in all humanitarian emergencies. The National Drought Management Authority (NDMA), and as co-chairs of Kenya Cash Working Group, the National Disaster Management Unit (NDMU) in disaster response. There are 8 coordination hubs in emergency coordination and management across the country which deal with storage, logistics, and distribution. There are state actors like the Hunger Safety Net Programme (HSNP) that coordinate cash transfer for most vulnerable households in 4 counties as well as the Ministry of Health (MoH) at the national and county level which are responsible for all health issues including the ongoing COVID-19 prevention and vaccination.

The United Nations has a strong presence in Nairobi for the 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 Training on Kenya Interagency Rapid Assessments), UN Women, Food and Agriculture Organization and the International Organization for Migration on the shelter where KRCS is a co-chair.

The Non-Governmental Organizations that support KRCS in emergency shelter reconstruction and WASH interventions include USAID, World Vision, International Rescue Committee, Danish Refugee Council, and Norwegian Refugee Council. KRCS also works with in-country donors including European Commission Humanitarian Aid, DFID, and the European Union. At the County level, KRCS works through the county steering groups (CSG), which is the main body charged with coordination at the county level. County governments have also been supporting KRCS operations through the provision of logistical support to move teams and supplies to affected areas. In addition, county governments have

undertaken the distribution of food. USAID, UNICEF, Danish Red Cross, and World Vision worked with KRCS through various interventions to reach flood-affected households that were not covered through the DREF response.

### Needs analysis, scenario planning, and risk analysis

The floods affected 13 counties (Kisumu, Homa Bay, Busia, Migori, Tana River, Taita Taveta, Nairobi, Narok, Trans Nzoia, Elgeyo, Marakwet, Siaya, Isiolo, Marsabit, and Nakuru), and more than 10,000 people. Based on the KRCS assessment, a total of 6,580 households (32,900 people) were displaced and settled in temporary camps in Ombaka (Kisumu) Nyatike (Migori) Osodo (Homabay) Bunyala (Busia) and some integrated by relatives' friends and neighbors. This number of affected people was higher than the initial estimation of 26,958 affected people at the launch of the DREF.

Based on this increased level of need, KRCS requested an expansion of the number of people targeted, the timeframe, and the geographical scope of the DREF operation, with the [Operations, Update 1](#).

The targeted counties thus expanded from 4 (Kisumu, Busia, Tana River, and Garissa) to 7 (including Homa Bay, Migori, and Siaya), and the targeted people increased from 9,330 people to 22,825 people. The extension included a 3-month timeframe extension, and further funding ask of CHF 234,036 to meet the revised target needs.

KRCS identified the needs of the initial four target areas (Busia, Tana River, Kisumu, and Garissa) as well as in Isiolo, Nairobi, Taita Taveta, and Migori, and continuously monitored and assessed the situation. From the assessment, it was established that emergency shelter was identified as a key priority to ensure that the displaced community could have temporary shelter items to protect themselves from the effects of the weather. KRCS assisted and sensitized the community on the best methods of shelter construction. This was in the camps where displaced people were held.

**Health:** Following the flash floods, sanitation facilities were affected, and people were at risk of waterborne disease outbreaks. The communities were supported with epidemic prevention and control interventions that included health education, access to medical services through integrated outreach as well as MPPS services, and protection of the vulnerable groups. The floods were happening in the background of intense drought in Tana River, Turkana, Wajir, and Marsabit with an increase in malnutrition cases hence there was a need to do integrated nutrition services during the flood response.

### Water, Sanitation, and Hygiene (WASH):

Access to clean water was disrupted, therefore communities in the affected areas needed water treatment chemicals to ensure rapid access to safe water, as well as supporting the households with water storage to mitigate the risk of disease outbreak. Additional needs included disinfection of traditional wells and construction and rehabilitation of affected water points and damaged latrines, and deployment of emergency water treatment plants to supply drinking water to populations with no other options after damage to their water facilities.

### Scenario Planning

In line with the [KMD 7-day forecast](#) from April 19<sup>th</sup>, as well as subsequent forecasts from [May](#), enhanced rainfall was received during the March-May season due to the positive Indian Ocean Dipole (IOD). Average to above-average rainfall and flooding was experienced over much of West Kenya, Coast, and Central Kenya including Nairobi County.

Heavy rains and flooding continued in June as projected by KMD where water levels raised in the Tana and Nyando rivers causing further displacements of people and destruction of property. This caused access challenges to reach the affected people and forced more people to move to the camps. This caused further effects to shelter and livelihood in the flood risk counties.

### Targeting

Through the [Operations Update](#) published on May 24<sup>th</sup>, 2021, KRCS increased the initial overall targeted population from the [EPoA](#) from 9,330 people (1,866 households) to 22,825 people (4,565 households) affected by floods with different interventions. For shelter, the target was increased from 1,453 HHs to 3,827 HHs. 100% of the targeted population was reached through the DREF operation. 3,827 households were reached with shelter through the DREF, and additional shelter support was provided to the remaining households with Essential Households Items from Danish Red Cross and USAID/OFDA, as well as joint interventions with other actors such as UNICEF and World Vision who



Figure 2: Targeted beneficiaries being registered in Taita Taveta

worked with KRCS to reach more affected households through various interventions.

For health and water sanitation and hygiene, KRCS surpassed its target of 4,565 and reached a population of 6,580 most vulnerable households who were in displacement camps.

Selection of the beneficiary was based on the level of vulnerability which included displaced houses due to destruction or damaged houses, female-headed households. Households with pregnant and lactating women, children under 5 years old, the disabled, and the elderly were also being prioritized.

Targeted County	Displaced HHs	HHs Reached	Total individuals Reached	Reached (Female)	Reached (Male)
Kisumu	3457	1,881	9,405	5,643	3,762
Migori	1,032	1,032	5,160	3,096	2,064
Nairobi	781	500	2,500	1,500	1,000
Tana River	936	936	4,680	2,808	1,872
Busia	1,463	1,463	7,315	4,389	2,926
Homa Bay	644	644	3,220	1,932	1,288
Isiolo	537	124	620	372	248
<b>Total</b>	<b>8,850</b>	<b>6,580</b>	<b>32,900</b>	<b>19,740</b>	<b>13,160</b>

### Risk Analysis

Several operational risks identified in the scenario planning and risk analysis in the [DREF EPoA](#) were experienced with an impact on the timely response:

The COVID-19 outbreak was the primary focus of KRCS and the government and had a significant impact on operations through limiting activities on 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 the spread of the disease. During all relief operations, KRCS integrated messaging around the prevention of COVID-19 and included the distribution of PPEs and handwashing facilities to communities in the affected areas to help curb the spread of the disease.

Security challenges ranging from terror attacks, cattle rustling, inter-clan tensions and clashes, and 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 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 mitigating security risk for staff and volunteers involved in the operation.

The issue of inaccessibility to affected areas was also identified in the EPoA, due to road and damage caused by the floods. This eventually turned out to be a challenge in accessing the affected communities as well as making the response turnaround period long. The areas rendered to be inaccessible were in Busia, Karachuonyo in Homabay, Nyando in Kisumu, Nyatike in Migori, and Jalbesa in Tana River County. To ensure timely response in these areas, KRCS has boats in the Coast region and trucks that aided with the transportation of relief.

## B. OPERATIONAL STRATEGY

**Overall Operational objective:** The KRCS objective was to provide immediate lifesaving support for six months to at least 22,825 people or 4,565 households, who were affected by floods. These were either displaced, as their shelters were destroyed, or rendered displaced as shelters were destroyed or rendered inhabitable. Interventions reached beneficiaries in Tana River, Busia, Kisumu, Homabay, Migori, Nairobi, Siaya, and Garissa, through the provision of early warning, Shelter, Wash, Health, and protection services.

## Proposed strategy

The proposed strategy was to support the provision of assistance to a total of 4,565 flood-affected households (22,825 people) with early warning messages, search and rescue, needs assessment, emergency shelter, WASH, health services, and tracing interventions. Specific actions included:

- Continuous surveillance and reporting on early warning information received from KMD concerning weather forecasts and the dam water levels.
- Participation and co-leading of assessments in collaboration with The Kenya Initial Rapid Assessment (KIRA) partners in the affected areas to determine exact needs and required interventions.
- Participated in key coordination meetings with National and County governments and key stakeholders to ensure smooth implementation of response activities and to avoid duplication of efforts
- Procurement and distribution of NFI kits for 3,827 households while KRCS engaged other partners including the National Government, UNICEF, and World Vision for additional support to reach the households not covered by this DREF.
- Search, rescue, and emergency evacuations in the affected areas including ambulance services
- Disease prevention and control.
- Support community-based Mental Health and Psychosocial Support (MHPSS) and protection interventions.
- Provision of integrated emergency community - through medical outreaches to hard-to-reach areas.
- Rehabilitation of 7 water supply systems.
- Disinfecting of contaminated wells and other water sources in 5 counties.
- Routine water quality testing at the source and household level.
- Procurement and distribution of water treatment chemicals to 4,565 affected households (Aqua Tabs and PUR).
- Community hygiene promotion activities.
- Community-based nutrition surveillance and reporting through working with the CHVs and the Sub County Nutrition Officer.

The operation approved for 3 months has been revised to 6 months to enable KRCS to strengthen its response to the affected households, in line with the results of the rapid assessments and the increasing scope and impact of the floods which led to an increase of targets from 9,330 people (1,866 households) to 22,825 people (4,565 households), with a geographical scope of the operation from 4 to 7 counties.

## Sustainability strategy

KRCS complemented the efforts of the National and County Governments where the counties always took lead in all the responses. KRCS focused on advocacy efforts for the county governments to invest in recovery interventions for the affected communities. This was in a bid to achieve a sustainable solution towards the cyclic floods in the country as well as relocating the communities living in flood-prone areas to safer grounds. The DREF was able to provide support to members of communities who were evacuated to safer areas as well as sensitization to those in prone areas to move to safer grounds.

## Human resources

The DREF operation required personnel who supported the implementation of the interventions in the 7 counties. A total of 325 volunteers were activated based on the needs of the affected areas. In addition, 15 staff were directly engaged in the operationalization of the DREF in the affected regions. This included the Regional Managers, County Coordinators, and officers both at the head office and field level. Additional teams included the surge capacities who also supported in the implementation of health outreaches in the following areas; Clinical Officers (one per clinic) for consultations and treatment of local ailments – recruited specifically for the implementation of this DREF operation; Nursing Officers (three per clinic: to cover immunization, Maternal health/Ante-Natal Clinics and General nursing duties including screening the vulnerable groups for acute malnutrition – recruited specifically for the implementation of this DREF operation; Public Health Officer (one per clinic) to provide Health Education/Hygiene promotion (food hygiene) during outreaches and in IDP camps – recruited specifically for the implementation of this DREF operation. Deployed volunteers received a two days orientation as well as relevant training which assisted in the effective implementation of the activities planned.

### Logistics and supply chain

Procurement was done locally, in line with KRCS emergency procurement guidelines. Logistical support was provided in both primary and secondary transportation as well as warehousing in the field that enabled rapid access to beneficiaries in the targeted areas. KRCS response teams were also provided with logistical support to access response areas and the anticipated floods affected areas. KRCS ensured a coordinated mobilization, reception, warehousing and dispatch of relief goods to the final distribution points. Procurement and delivery records have been kept at the KRCS regional and branch offices. The information technology department employed the use of KoBo tool during assessment where questionnaires were uploaded on mobile phones for data collection. During the distribution of NFIs, KRCS adopted the use of Red Rose. This was important as it helped minimize the chances of double registration and some fraud activities from the targeted communities.



Figure 3: KRCS logistics of Shelter NFIs

### Community Engagement Accountability

The affected communities shared their feedback at the KRCS Help Desks while some dropped them at the KRCS community feedback Box that was set at the camp and the team managed all the responses. A total of 210 community feedback were received and responded to within 3 days. Most of the feedback received was an appreciation of the support given by the KRCS during the flood's operation. The KRCS volunteers conducted 2 focus group discussions in two of the counties of an operation targeting displaced population and host community as well as household visits to the affected population to consult the affected population on their needs, as part of the needs assessment. There were sessions of sensitization to the communities on KRCS complaints and feedback mechanisms. Through the trained CEA volunteers, the floods operation ensured that there were community feedback desks set up in displacement camps as well as a Call Centre operation through the KRCS toll-free line (0800 720 577).



Figure 4: Community engagement and Accountability in one of the camps

### Communications

To help position Kenya Red Cross within the country as a leading humanitarian actor, it is critical to build public awareness and visibility for their role in responding to those affected by flooding. This not only helps build the brand and credibility of the organization in Kenya but also provides an opportunity for further funding and support. Kenya Red Cross worked with national and Royal media to provide updates on the response and the needs of communities as well as collect stories of impact from people who received the much-needed support through the response. It was also a great opportunity to showcase the responders and volunteers on the frontline of the response and their important role in helping communities in the relief and recovery period of the disaster.

### Challenges

Damaged 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 the delivery of assistance to affected communities.

### Lesson Learnt

- Suspected cases of malnutrition among under-five were on the rise due to inaccessibility to health care facilities for growth monitoring services and also due to loss of livelihood to secure food.
- There was noted positive uptake of WASH interventions i.e., treatment of water, and sanitation construction.
- High turnout recorded during medical outreaches indicating high demand for medical services at the community level through medical outreaches.
- More community awareness sessions on COVID-19 and pinning of IEC materials at strategic points as the majority of community members still don't adhere to COVID-19 IPC measures.

## C. DETAILED OPERATIONAL PLAN



### Shelter

People reached: 22,290

Male: 8,595

Female: 13,695

**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 with access to emergency shelter support	3,827 HH	4,458 HH

**Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families**

Indicators:	Target	Actual
# of households reached with emergency shelter HHs	3,827 HH	4,458 HH

**Output 1.2: Shelter and settlements and basic household items assistance are provided to the affected families.**

Indicators:	Target	Actual
# of people sensitized on the correct use of Shelter kits	300	300
# of volunteers trained on Shelter in emergency	35	30

### Narrative description of achievements

#### Shelter and household items (Achieved: 4,458 households or 22,290 people)

Detailed assessment was done in areas that experienced floods in West Kenya, Coast, and Lower Eastern region. Most affected households had their houses submerged destroyed or rendered inhabitable. This led to displacements where people moved to camps or were integrated with friends and family. More people were displaced, and KRCS used their prepositioned stocks to cover extra households (**631HHs**) not covered by the DREF.

KRCS distributed a total of 4,458HHs emergency Shelter items in the 7 counties (861 Busia, 324 Homabay, 1216 Kisumu, 733 Migori, 500 in Nairobi, 700 in Tana River, 124 In Isiolo) including 2 tarpaulins, 2 mosquito nets, 2 jerrycans, 2 bars of soap, 1 kitchen set, 2 mattresses, 2 blankets and water treatment chemicals in support to affected communities.

During the distribution and camp set-up, RCATs were supported with refresher training on shelter reconstruction during emergencies. The team later used this information to sensitize the displaced on how to construct temporary shelters. KRCS ensured that all the beneficiaries were registered using the open data kit. The targeting was for the most vulnerable and those who met the vulnerability criteria at the time of need.



Figure 6: A sample shelter constructed by RCATS in one of the Camps



Figure 7: NFI Distribution in Hola, Tana River County.



Figure 8: Ongoing assessment in West Kenya Region- Abandoned houses

### Challenges

- Continuous rains led to a continuous increase in the number of requests from HHs impacted. This caused a continuous adjustment of targeting and upscaling of response.
- Inaccessibility of certain areas caused by infrastructure damages and roads being cut off.
- The procurement process took long especially the delivery of items even though this was a global problem.

### Lessons Learned

- There is a need to sensitize the community on climate change and its effect which is causing the cyclic disaster in line with early warning early action to prevent loss of lives and reduce human suffering.
- There is a need for continuous procurement to preposition the items that have been distributed. The needs always supersede the stock balances that KRCS has procured and those in the warehouse.



### Health

**People reached: 32,900**

Male: 13,160

Female: 19,740

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

Indicators:	Target	Actual
% of people in the affected area who can access appropriate health services	100%	100%

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

Indicators:	Target	Actual
# of assessments conducted based on standard IFRC and/or WHO assessment guidelines	5	5
# of health centres supported with essential medicines and non-pharmaceutical supplies	7	8

### Output 1.2 Epidemic prevention and control measures carried out

Indicators:	Target	Actual
# of households reached with community-based epidemic prevention and control activities	2,000	3,220
# of mosquito set distributed	7654	3,744

### Output 1.3 Psychosocial support provided to target population

Indicators:	Target	Actual
# of households reached with psychosocial support	2,000	3,220

### Output 1.4 Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
# of people/HHs reached by community-based health activities	4,565	6,580

# of nutrition cases having been identified and referred	700	0
<b>Output 1.5: Target population is reached with Search and Rescue activities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with first aid and ambulance evacuation (based on need)	100	84
<b>Narrative description of achievements</b>		
<p><b>Health including Surveillance, Assessments, Search &amp; Rescue</b></p> <p><b>Assessment</b></p> <p>An assessment was done to determine the magnitude of the effects of floods in Homabay (Rachuonyo North), Kisumu (Kisumu East), Migori (Nyatike), and Busia (Bunyala) that affected a total of 6,580 households across the counties. The key focus was on the most vulnerable population of children below 5 years, pregnant and lactating women, elderly, people living with disability, people living with chronic illnesses, and those living with non-Communicable diseases. This was a joint health assessment by the Kenya Red Cross Society in partnership with the Ministry of Health from the respective Sub Counties. For health, water sanitation, and hygiene, KRCS surpassed its target of 4,565 and reached a population of 6,580 of the most vulnerable households who were in displacement camps.</p> <p>Both qualitative (Key Informant Interviews, Focused Group discussions and Observation questionnaire) and quantitative (household questionnaire and Mid Upper Arm Circumference assessment) data collection methodology was used to gather information to guide on targeting. Purposive sampling was conducted with a bias of a household with children 0 – 23 months being targeted and selected randomly at the host communities whereby a total of 359 households with children 0 -23 months reached, 4 KIIs conducted, 4 observation questionnaires filled, 608 children 6- 59 months assessed for MUAC and 4 FDGs conducted (mothers with children aged 0-23 months).</p> <p>Maternal and infant nutrition status during the emergency varied across the counties. The cross-cutting issue was that the population was not accessing adequate quality food. The rates of exclusive breastfeeding in the last 24 hours among children 0-5 months were rated at 77% while another 23% indicated mix feeding for their children due to mothers' perception of not having enough milk due to diet inadequacy. Complementary feeding practices were lacking in terms of variety/diversity frequency and the number of feeds /meals given despite the majority having been introduced to complementary feeding at the correct age. This was due to inadequacy in the food basket distributed to the camps which mainly comprised of cereals and starches. Having inadequate essential commodities at the health facilities and inaccessibility of roads to the facilities compromised the health status of people living with NCDs and Chronic illness. There was evidence of SGBV cases in the camps and host communities.</p> <p>The recommendations were tailored to provide lifesaving support through the facilitation of an enabling environment and direct support services for pregnant, mothers and caregivers of children up to 23 months of age, to safely and properly feed and meet the nutrient requirements of their children, their health, and nutrition needs. Support services helped to strengthen and enhance coordinated response planning and implementation amongst all stakeholders in the sub-county through the Sub County Health Management Teams forums.</p> <p>There was no case identified or referred. However, there were cases where people had one meal or no meal because their farms were destroyed by floods. Procurement of 7,644 mosquito nets was done which replenished the stock and 3,744 were distributed.</p> <p><b>Actions Implemented include:</b></p> <p>Search, rescue, and emergency evacuations in the flood-affected areas including ambulance services to the submerged households and during the medical health outreach.</p> <p>The distribution of 3,744 mosquito nets to 1,872 HH was done from the KRCS prepositioned stock that got depleted, and due to this the 3,900 remaining mosquito nets were prepositioned and utilized as KRCS stocks in the future. Procurement of 7,644 mosquito nets was done after the distribution which was used to replenish 3744 mosquito nets.</p> <p>Community sensitization on disease prevention in the 7 counties targeted following the operations update provision of Psychosocial First Aid to the displaced population.</p> <ul style="list-style-type: none"> <li>• Provided emergency community based Reproductive maternal, new-born child, and adolescent health (RMNCAH) promotion</li> <li>• Provided health promotion outreaches in temporary camps. This was supported by the Ministry of health and the integration of vaccine roll out in the counties hence the higher figures reached.</li> <li>• Supported in community-based Mental health and psychosocial support (MHPSS)</li> <li>• Participated in the lead role in the Maternal Infant and Young Child Nutrition in emergency assessments (MIYCN –E) to determine priority MIYCN –E interventions for affected populations.</li> <li>• Community-based nutrition surveillance and reporting</li> </ul>		

- Provided essential medicines and non-pharmaceutical supplies to health centres.

The effects of floods across the counties caused a lot of health challenges to the affected communities. The health effect included injuries to people who were displaced and due to water contamination, there was a lot of communicable diseases in most areas. The hospitals in these areas reported a high case of diarrheal related disease due to the continuous flood effects in the 4 counties around the lake basin. Following the flooding, mosquitoes also continued to breed and there was an increase in Malaria break out. Through this KRCS distributed mosquito nets to 1,872 HH in Kisumu, Busia, Homabay, and Migori counties. Distribution was done as they did the shelter material distribution. Mosquito nets were limited to the community and only the most vulnerable in the community, pregnant and lactating mothers, were issued with the items. During the time of distribution, most of the items procured had not been delivered due to the global issue of transportation and hence KRCS was not able to get the target of Mosquito nets to be distributed.

The four counties in West Kenya received the support of essential medicines and pharmaceutical supplies. The eight facilities included: Rukala in Bunyala and Choowe dispensary in Homabay counties, Kabuto in Nyatike, Miriu health facility, Kabuoya dispensary, Ong'er Dispensary, Orongo health facility, and Agungo dispensary. KRCS did the procurement of items such as medicine and supplies such as gloves, masks, and protective materials for all the hospitals. During all medical outreach and in all health facilities KRCS ensured Covid vaccination was integrated.

Loss of property especially due to displacement by floods caused a lot of psychological impact to the affected households. KRCS had a team of trained psychosocial counselors and since the covid-19 pandemic, they utilized the tele-counseling services reaching a total number of 1,199. This was disseminated in all community meetings during floods in response to the need to make the mental health of the community stable. In line with the ministry of health, all distribution ensured that all the protocols were observed and volunteers and staff also distributed sanitizers and facemasks.

Access to some of the local health facilities was a challenge due to the poor road network caused by floods, some health facilities had also been closed hindering access to medical, additionally, some had no health care workers due to the reported case of Covid-19. KRCS reached a total of 84 people in the affected counties with first aid and ambulance evacuation services. Ambulances were also utilized during major events in the camps where they assisted in the provision of first aid and acted as stand-by for any evacuation need.



Figure 9: Medical Outreaches during the flood's response

#### Challenges

- **Interrupted access due to destroyed road infrastructure:** Disconnection of access roads to critical health facilities limited access to health services considering that the county government is unable to replenish medical supplies and complete referrals for specialized care.
- **Limited NFIs supply:** It was difficult to support all the affected communities with mosquito nets.

#### Lessons Learned

- There is a need to enhance more health integration activities in all interventions.
- CHVs are to be supported to conduct continuous health promotion and awareness campaigns on disease prevention among the affected populations. Active community-based surveillance for communicable diseases should be enhanced to ensure early detection and response to disease outbreaks.

- Scale-up food aid provision in the short term to cover increased needs in terms of coverage and limits of food access.



### Water, sanitation and hygiene

People reached: 22,825

Male: 9,130

Female: 13,695

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

Indicators:	Target	Actual
% of people assisted in WASH interventions	100%	100%
<b>Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality are provided to target population</b>		
Indicators:	Target	Actual
# of households with access to safe water	4,565	4,565
# of people sensitized on hygiene promotion and safe storage and safe use of water (new indicator)	2,000	3220
# of water supply systems rehabilitated (new indicator)	7	7
<b>Output 1.3: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>		
Indicators:	Target	Actual
# of dignity kits procured and distributed (new indicator)	1,000	1,886
# of volunteers trained on PHASER (indicator target adjusted)	35 (5 per county)	30

#### Narrative description of achievement

##### Water, sanitation, and Hygiene (Target: 4,565 households or 22,825 people)

##### Actions Implemented:

- Distribution of water purification materials (10,740 PUR and 20,564 aqua tabs)
- Community awareness on the use of water treatment chemicals
- Conducted Hygiene promotion activities reaching 3,220 people.
- Distribution of 24 toilet slabs from prepositioned stock.
- Supported in the rehabilitation of 7 water supplies and disinfection of 7 contaminated wells.
- Community hygiene promotion activities
- Procurement of 49 toilet slabs for replenishment where 25 were distributed and 49 sets of building material were done.
- Procured 1,000 Dignity kits (500Female, 500Male) of which KRCS distributed 1,886 Dignity kits to the displaced.

KRCS provided hygiene promotion services to displaced families in camps, distributed water purification materials (12,480 PUR and 332,000 aqua tabs) with demonstrations of its correct use, distributed latrines slabs from prepositioned stock, and supported with the setup and rehabilitation of latrines in temporary camps. The floods operation also assisted in the distribution of WASH NFIs which Soaps, jerrycans, water purification chemicals, and toilet slabs to the affected communities. Hygiene promotion was also enhanced especially in camps and to all those who had been displaced. There was a sensitization to communities on how to conduct emergency sanitation, especially during the rapid movement of communities. Overall, 30 RCAT fronted by the county coordinators from the region were provided with PHAST refresher training which was cascaded at the community level. This was based on intervention areas and only 30 were trained instead of the targeted 35. The volunteers were engaged for two months, three days a



Figure 10: Contaminated water point

and only 30 were trained instead of the targeted 35. The volunteers were engaged for two months, three days a

week. They applied different approaches for the behavior change communication engagement with the community including house to house visits, public address systems, and practical demonstration sessions of best practices like hand washing. Moreover, the volunteers mobilized the community for voluntary clean-up environmental hygiene campaigns.

#### Challenges

- **Interrupted access due to destroyed road infrastructure:** Inaccessibility of certain areas caused by infrastructure damages and roads being cut off. Flooding made access to water points in the affected counties difficult. This was realized especially during hygiene promotion activities in camps and delivery of water and hygiene activities which led to delays in some instances. Some of the areas affected include Modi in Migori, Chuowe in Homabay, Musoma, and Rukala in Busia as well as Ogenya village in Nyando sub-county, Kisumu County.

#### Lessons Learned

- Hygiene promotion through community resource persons is effective. There were significant impacts on CLTS when local volunteers led the process. Priority should be given to volunteers based on the target community.
- There is a need to involve communities in the management and maintenance of the water facilities. Communities through the water committees can mitigate against breakdown and also support in the repair. Equipping and training of water committees will be enhanced in subsequent activities.
- Need to procure more boats and PPE material for easy access to the affected populations.



#### Protection Gender and Inclusion

People reached: 22,825

Male: 9,130

Female: 13,695

#### Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable

Indicators:	Target	Actual
% of people benefiting safe and equitable delivery of basic services taking into account their needs based on gender	100%	100%

#### Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors

Indicators:	Target	Actual
# of volunteers trained on Protection principles, Child Protection (CP), Sexual and Gender-Based Violence (SGBV) and Safe Identification and Referral (indicator target increased)	35	30

#### Narrative description of achievements

##### Protection and Gender Inclusion (Target: 4,565 households or 22,825 people)

##### Actions Implemented:

- Community sensitization on SGBV prevention
- 30 Red Cross Action Team were trained on SGBV and CP.

Since the start of the operation, community sensitization on SGBV prevention was part of the training and sensitization to the volunteers, staff, and the community. Female and child-headed HHs were given priority in access to protection services. Other community members at risk of stigma and discrimination were also provided with safe spaces to ensure their safety during the floods' response. All sectors were guided to ensure that the dignity of the community is maintained throughout the response, all the affected communities were able to access services that they required, participation of affected communities in the determination of services that they got, and that the security of the affected communities was always maintained. 30 RCAT fronted by the county coordinators from the region were provided with SGBV refresher training which was cascaded at the community level. This was based on intervention areas and only 30 were trained instead of the targeted 35. PGI activities were integrated throughout project implementation right from assessments to the distribution of NFIs.

#### Challenges

- Fear of participation of the community to report cases of Sexual and gender-based violence.

### Lessons Learned

- There is a need for continued education and information sharing to pass the information to the affected communities on Protection, Gender, and inclusion.

### Strengthen National Society

**Outcome 1: Outcome 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**

Indicators:	Target	Actual
% of Volunteers insured	100%	100%
<b>Output 1.1: National Societies have the necessary corporate infrastructure and systems in place</b>		
Indicators	Target	Actual
# of lessons learnt workshops conducted	1	1
# of volunteers trained on CEA (target increased)	35	30
# of CEA mechanisms established	6	5

### Narrative description of achievements

All the volunteers that participated in the flood's response were insured to ensure effective response amongst the team. Continuous training was also done to the volunteers on disaster response and risk reduction. 30 RCAT fronted by the county coordinators from the region were provided with CEA training which was cascaded at the community level. This was based on intervention needs and only 30 were trained instead of the targeted 35. Through this DREF contribution, KRCS was also able to do training to a team National Disaster Response team. The KRCS volunteers conducted focus group discussions targeting displaced populations and host communities as well as household visits to the affected population to consult the affected population on their needs, as part of the needs assessment and community sensitization on KRCS complaints and feedback mechanism was also done. Feedback mechanism included feedback desk in temporary camps, community review meetings, complaints, feedback email, focus group discussions as well as the KRCS toll-free hotline (0800 720 577).



Figure 5 CEA desk during a distribution

From the flood's response, an after-action review was done which discussed the planned response, lessons learnt, and recommendations. The response was done in a timely and effective manner through the partnership with stakeholders. A positive uptake of WASH and Health interventions was realized in the seven counties as more people showed up for during outreaches and distribution of water treatment chemicals. The workshop also noted that most of these areas affected by floods have been cyclic year in year out and there was need to come up with permanent and long-lasting solutions. In relation to covid-19, during the flood's operation, it was noted that the vaccine uptake was high and made mobilization of the population was much easier.

### Challenges

- Experienced a high turnover of trained volunteers.

### Lessons Learned

- There is a need to sensitize the community on the use of the toll-free line and the need to have more community engagement and feedback during all interventions.

## D. Financial Report

The overall amount allocated for the implementation of this operation was CHF 497,473. A total of CHF 465,932 was transferred to Kenya Red Cross through the fund's transfer modality with a balance of CHF 571. The total expense of the operation including IFRC support costs is CHF 496,259 at the end of the project with a global balance of CHF 1,214 that will be returned to the DREF pot. The detailed financial report is attached below.

## Contact information

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)
- [Operations Update](#)

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

### In the Kenya Red Cross Society

- **Secretary-General:** Dr. Asha Mohammed, email: [mohammed.asha@redcross.or.ke](mailto:mohammed.asha@redcross.or.ke) phone: +254 701 812 258

### In the IFRC

- **IFRC Country Delegation:** Mohamed Babiker, Acting Head of Cluster Delegation, Nairobi Cluster Delegation, Mob: +254 110843974, email: [mahamed.babiker@ifrc.org](mailto:mahamed.babiker@ifrc.org)
- **IFRC Regional Office for Africa:** Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731 067489; email: [adesh.tripathee@ifrc.org](mailto:adesh.tripathee@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org), phone: +254 110 843978

### For In-Kind donations and Mobilization table support:

- **Logistics Coordinator:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

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

- **IFRC Regional Office for Africa:** Philip Kahuho, PMER Manager, [Philip.kahuho@ifrc.org](mailto:Philip.kahuho@ifrc.org), Phone: +254 732 203081

## 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**.

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/4-2022/2	Operation	MDRKE047
Budget Timeframe	2021/4-2021/10	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 18/Mar/2022

All figures are in Swiss Francs (CHF)

### MDRKE047 - Kenya - April Floods

Operating Timeframe: 24 Apr 2021 to 31 Oct 2021

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>497,473</b>
DREF Allocations	497,473
<b>Expenditure</b>	<b>-496,259</b>
<b>Closing Balance</b>	<b>1,214</b>

## II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items		259,752	-259,752
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	83,249		83,249
PO05 - Water, Sanitation & Hygiene	95,398		95,398
PO06 - Protection, Gender and Inclusion	4,840		4,840
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	286,313	235,869	50,445
PO10 - Community Engagement and Accountability	1,420		1,420
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>471,221</b>	<b>495,621</b>	<b>-24,400</b>
EA01 - Coordination and Partnerships	4,098		4,098
EA02 - Secretariat Services	41	638	-597
EA03 - National Society Strengthening	22,113		22,113
<b>Enabling Approaches Total</b>	<b>26,252</b>	<b>638</b>	<b>25,614</b>
<b>Grand Total</b>	<b>497,473</b>	<b>496,259</b>	<b>1,214</b>

# DREF Operation

## FINAL FINANCIAL REPORT

### MDRKE047 - Kenya - April Floods

Operating Timeframe: 24 Apr 2021 to 31 Oct 2021

Selected Parameters			
Reporting Timeframe	2021/4-2022/2	Operation	MDRKE047
Budget Timeframe	2021/4-2021/10	Budget	APPROVED

Prepared on 18/Mar/2022

All figures are in Swiss Francs (CHF)

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>301,048</b>		<b>301,048</b>
Shelter - Relief	71,986		71,986
Clothing & Textiles	26,177		26,177
Water, Sanitation & Hygiene	91,164		91,164
Medical & First Aid	19,485		19,485
Teaching Materials	4,544		4,544
Utensils & Tools	87,692		87,692
<b>Land, vehicles &amp; equipment</b>	<b>15,262</b>		<b>15,262</b>
Vehicles	15,262		15,262
<b>Logistics, Transport &amp; Storage</b>	<b>42,301</b>		<b>42,301</b>
Storage	13,894		13,894
Distribution & Monitoring	28,407		28,407
<b>Personnel</b>	<b>71,953</b>		<b>71,953</b>
National Society Staff	33,302		33,302
Volunteers	38,650		38,650
<b>Workshops &amp; Training</b>	<b>24,667</b>		<b>24,667</b>
Workshops & Training	24,667		24,667
<b>General Expenditure</b>	<b>11,880</b>	<b>609</b>	<b>11,271</b>
Travel	1,710	600	1,110
Information & Public Relations	6,284		6,284
Communications	3,335		3,335
Financial Charges	551	9	542
<b>Contributions &amp; Transfers</b>		<b>465,362</b>	<b>-465,362</b>
Cash Transfers National Societies		465,362	-465,362
<b>Indirect Costs</b>	<b>30,362</b>	<b>30,288</b>	<b>74</b>
Programme & Services Support Recover	30,362	30,288	74
<b>Grand Total</b>	<b>497,473</b>	<b>496,259</b>	<b>1,214</b>

REPORT NO. 5

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY	
PROJECT NAME	MIRKED07 Kenya Floods DREF	
IFRC PROJECT CODE	MIRKED07 Kenya Floods DREF	
CURRENT REPORTING PERIOD	From: 24-Apr-21	To: 31-Oct-21
PLANNED EXPENDITURE PERIOD	From: 24-Apr-21	To: 31-Oct-21

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

Output	Budget (as per Project Funding Agreement)		Prior period(s)	Expenditure (Actual)	Total (Year to date)	Budget Variance		Reason for Variance (more than 10%)
	Prior Period(s)	Current Period				Variance	%	
Emergency shelter	-	31,242,840	-	30,216,100	30,216,100	1,026,740	3%	
Health	-	9,142,000	-	11,676,290	11,676,290	2,534,290	-28%	
WASH	-	8,547,700	-	7,024,541	7,024,541	1,523,159	18%	
Protection and Gender	-	2,532,500	-	2,134,520	2,134,520	397,980	16%	
Strengthening national societies	-	2,962,500	-	3,042,942	3,042,942	80,442	-3%	
	-	54,427,540	-	54,094,393	54,094,393	333,147	0%	

Exchange Rate Used: SL 1 CHF 0.0086

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

Cost Categories	Budget (as per Project Funding Agreement)		Prior period(s)	Expenditure (Actual)	Total (Year to date)	Budget Variance	
	Prior Period(s)	Current Period				Variance	%



1	Personnel	-	-	-	-	-	-	-	-	-	-	-	-
2	Relief supplies, transportation and storage	-	-	-	-	-	-	-	-	-	-	-	-
3	Contributions to other organisations	-	-	-	-	-	-	-	-	-	-	-	-
4	Other direct costs	-	-	-	-	-	-	-	-	-	-	-	-
5	Indirect cost recovery	51,465,040	51,465,040	51,051,451	51,051,451	51,051,451	51,051,451	413,589	1%	413,589	-1%	413,589	-1%
	TOTAL	2,962,500	2,962,500	3,042,942	3,042,942	3,042,942	3,042,942	80,442	-3%	80,442	3%	80,442	3%
		54,427,540	54,427,540	54,094,393	54,094,393	54,094,393	54,094,393	333,147		333,147		333,147	

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)		Expenditure (Actual Current period*)	Total (Year to date)	Budget Variance		Budget Variance	
	Prior Period(s)	Current Period			Variance CHF	%	Variance CHF	%
Overall	-	465,362	465,933	465,933	571	0%	571	0%

116.96

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

DD/MM/YYYY

18/03/22

VENANT NDIGHILA

EMERGENCY PREPAREDNESS AND RESPONSE MANAGER

*(Signature)*

*(Signature)*

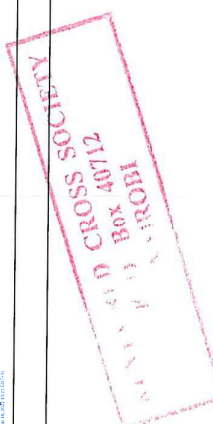
For IFRC internal use

Approved by IFRC Project Manager

Validated by IFRC Finance officer

Date

Date



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

KENYA RED CROSS SOCIETY  
 MDRKE047 Kenya Floods DREF

From: 24-Apr-21 To: 31-Oct-21  
 From: 24-Apr-21 To: 31-Oct-21

MDRKE047 Kenya Floods DREF  
 From: 24-Apr-21 To: 31-Oct-21  
 From: 24-Apr-21 To: 31-Oct-21

**A. BUDGET & EXPENSES in CHF BY IFRC ONLY**

Output	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance CHF	%
AP10/AP12: Emergency shelter	-	268,463	268,463	-	260,262	260,262	8,201.10	3%
AP109 Health	-	76,168	76,168	-	100,572	100,572	-22,403.48	-29%
AP110 Wash	-	89,576	89,576	-	60,505	60,505	29,071.03	32%
AP116/117 Protection and Gender	-	4,544	4,544	-	18,385	18,385	-13,841.02	-305%
AP124 Strengthening national societies	-	24,611	24,611	-	26,210	26,210	-1,598.72	-6%
<b>TOTAL</b>	-	<b>465,362.33</b>	<b>465,362.33</b>	-	<b>465,333.42</b>	<b>465,333.42</b>	<b>571.09</b>	<b>0%</b>

Cost Categories	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance CHF	%
1 Personnel	-	-	-	-	-	-	-	0%
2 Relief supplies, transportation and storage	-	-	-	-	-	-	-	0%
3 Contributions to other organisations	-	-	-	-	-	-	-	0%
4 Other direct costs	-	440,032	440,032	-	436,496	436,496	3,536.24	1%
5 Indirect cost recovery	-	25,330	25,330	-	26,018	26,018	-687.79	-3%
<b>TOTAL</b>	-	<b>465,362</b>	<b>465,362</b>	-	<b>462,514</b>	<b>462,514</b>	<b>2,848.45</b>	<b>61%</b>

KENYA RED CROSS SOCIETY  
 NAIROBI  
 P. O. Box 40712

**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 expenditures 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

DDMMYYYY

18/03/22

Name, Title & Signature of Project partner designated official  
VENANT NDIGHICA

EMERGENCY PREPAREDNESS AND RESPONSE MANAGER

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

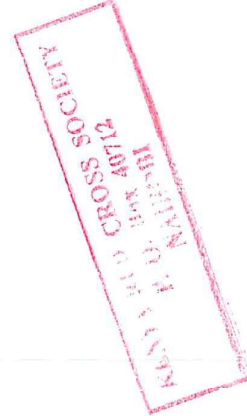
*Maranya Kigoma*

For IFRC internal use  
Approved by IFRC Project Manager

Validated by IFRC Finance officer

Date

Date





International Federation of Red Cross and Red Crescent Societies  
**3.4 CALCULATING THE EXCHANGE RATE FOR REPORTING PURPOSES**  
**FIFO**

**FUNDS OUT**

**FUNDS AT HAND**

Date	Description	Local Currency	CHF	Exc Rate	Date	Description	Current Expenditure Value in Local Currency	Local Currency	CHF	Exc Rate
			MDRKE047 MDRKE048	Kenya Floods DREF						
5/20/2021	Transfer 1	28,217,458.50	243,889.00	0.0086	5/20/2021	Expenditure	54,094,393	KES	465,933	0.0086
6/16/2021	Transfer 2	25,801,604.50	221,473.00	0.0086						
		54,019,063.00	465,362							

KENYA RED CROSS SOCIETY  
 KENYA RED CROSS SOCIETY  
 Box 40712  
 NAIROBI

# MDRKE047f1for patrick

Final Audit Report

2022-03-18

Created:	2022-03-18
By:	Maranya.KIOGORA@ifrc.org
Status:	Signed
Transaction ID:	CBJCHBCAABAAXK2WHqdHaQfefY-GJxXMWLk4vI4K3H9-

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