KENYA: CONFLICT, FLOODS AND LANDSLIDES

PRELIMINARY APPEAL

The Kenya Red Cross Society’s mission is to build capacity and respond with vigor, compassion and empathy to the victims of disaster and those at risk, in the most effective and efficient manner. It works closely with the International Federation of Red Cross and Red Crescent Societies, which is the world’s largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

This Preliminary Appeal No. 2/2008 is being issued for Ksh.585,839,514 million (CHF 6,657,407, USD 7,510,763) to assist 300,000 beneficiaries for 3 months. The Appeal is based on the needs described below reflecting the information available at this time. The Kenya Red Cross Society has launched the Appeal within Kenya. For further information specifically related to this operation please contact:

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All Kenya Red Cross Society assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning the Kenya Red Cross Society programmes or operations, or for a full description of the Society’s profile, please access the Kenya Red Cross Society Website at http://www.kenyaredcross.org or the Federation’s Website at http://www.ifrc.org

Background

Kenya is currently experiencing heavy rains that have led to flooding in different parts of the country and triggered landslides, hampered access to some places and displaced communities. The worst hit areas are Budalang’i in Western Province, Bulla Jamhuria, Rhamu, Rhamu Dimtu and Qalicha in Mandera District, Gurufa in Garissa District and Merti in Isiolo District. The North Rift, West Pokot and Turkana South regions have been hard hit leaving at least 12 people dead, most of them school children. Other deaths due to floods or landslides we reported in Central, Eastern and Rift Valley provinces.

In North Rift and Nyanza regions, the impact of the post election violence had not been fully mitigated and communities had hardly recovered from the violence. Most areas are experiencing floods and landslides. In North Eastern Province, conflicts, displacement of people and flooding continue to wreck havoc especially in Mandera District. The main transport corridor linking Northern Kenya with the rest of the country has been cut off at Lorrian Swamp near Wajir.

Flood waters in Wajir town have submerged the shallow wells and bucket latrines. More than 71,160 people in Wajir Central are affected by floods and are at risk of a cholera outbreak.
The effects of alternate conflicts, droughts and floods continue to undermine recovery efforts of communities, weakening their coping mechanisms, putting lives and livelihoods at risk. For Mandera District, this is the fifth emergency since 2002 and is gradually evolving into a complex humanitarian emergency with the escalation of conflict and military operation.

1. Conflicts and Floods: A Complex Humanitarian Emergency in Mandera District

In Mandera District, a conflict between the Garre and Murulle clans intensified in September 2008, resulting in at least 24 deaths. The conflict was over the ownership of Alongo Borehole in Elwak. A clash between the two clans also occurred in Mandera town in October 2008 after flash floods displaced more than 920 households.

The conflict took a different dimension when the security forces moved in to restore calm and repose illegal arms used by the warring clans. During the joint security operation from October 2008 at least 300 casualties were attended to at Elwak District Hospital, some in critical conditions. Those seeking medical attention increased day by day, therefore overstretching the hospital’s capacity and resources.

The Elwak District Hospital has one doctor and two nurses, while medical supplies cannot meet the current demands.

During the joint military operation in October 2008, the most affected areas were Lafey, Warangara, Elwak, Wargadud, Gari, Bambo, Qalanqalesa and Elele. Close to 600 people were injured during the security operations. However, 300 people received medical attention as others hid in bushes in fear of being rounded up by the security forces. An unspecified number of people crossed the Kenyan border into Somalia to avoid the security operation. Two Catholic nuns were recently abducted in El Wak town by bandits who hijacked three vehicles and crossed the border into Somalia.

In mid October 2008, a seasonal river that cuts through Mandera town burst its banks for the first time since 2000. This followed a heavy downpour that lasted a week causing River Daua to burst its banks. Floods in the district have displaced at least 120,000 people in Mandera town, Bulla Jamhuria, Rhamu, Rhamu Dimtu and Qalicha areas along the Daua River that form the border between Kenya and Ethiopia. The heavy rains started in the Ethiopian highlands and Banissa plateau in Mandera West destroying crops and displacing hundreds of families along the valley.

In Bulla Jamhuria village alone seven (7) wells were submerged, 428 latrines washed away, three (3) schools closed and unknown number of goats were reported missing. The Kenya Forest Service lost over 1500 seedlings due to the floods. There was extensive damage on latrines and water systems posing a major sanitation problem.

Mandera District was the epicentre of the 2004-2006 droughts that affected the entire horn of Africa, followed by floods in 2006. Ethnic conflict in this district has been raging since 2004 leading to outbreaks of epidemics such as cholera (since 2005) and locust invasion (2007). Mandera District has faced a wave of disasters since 2002 and the current situation looks more uncertain. The high level of insecurity has been exacerbated by alternate drought and floods in the same district. These conditions bear the hallmarks of a complex humanitarian emergency that is steadily unfolding devastating effects, if the situation does not stabilize in the near future. The frequency of recurrent conflicts, droughts and floods has eroded the community’s coping mechanisms and weakened their ability to withstand the shocks. On a bigger scale, the famous “Mandera Triangle” that incorporates Liban region (Zone 5) of Ethiopia and Gedo region of Somalia is a highly volatile and disaster prone area. The culmination of recurrent natural disasters and complex instigating factors of civil conflict from the neighbouring war-torn countries along the porous borders has made Mandera highly vulnerable and at risk of further deterioration. The crisis is evolving and the national Society’s response team is on the ground monitoring the situation.
2. Floods and Landslides

The onset of October-November short rains season has led to unusual levels of precipitation. Various parts of the country have recorded heavy rainfall. Central, Western, Nyanza, Eastern North Eastern, Coast and parts of Rift Valley regions have received heavy rains resulting in floods and landslides.

The expected near normal to above normal rainfall in Western Kenya, especially the River Nzoia catchment areas, has increased the potential of flooding in the flood-prone areas of Budalang’i. Floods have been experienced in the upper and lower Tana River districts due to heavy rains in the catchment areas. In Western Province, River Nzoia has broken the northern dyke, causing devastating floods. The Ewaso Nyiro River also burst banks near Merti, while landslides occurred in Meru and Murang’a.

The Kenya Meteorological Service report indicates the following: Highlands West of the Rift Valley (Kitale, Kericho, Nandi, Eldoret, Kakamega), Lake Basin (Kisumu, Kisii, Busia), Central Rift Valley (Nakuru, Narok, Naivasha), North Western Kenya (Lodwar, Lokichoggio, Lokitaung), Highlands East of the Rift Valley (Nyeri, Muranga, Kiambu, Embu, Meru), Nairobi area (Dagoretti, Wilson, Eastleigh), South Eastern Kenya (Machakos, Makindu, Voi, Taveta), southern Coastal strip (Mombasa, Kilifi, Mtwapa, Malindi, Msabaha) and most parts of North Eastern region (Marsabit, Moyale, Mandera, Wajir) are likely to receive near normal rainfall with a tendency to above normal (enhanced) rainfall. *(Source: Kenya Meteorological Service)*

**North Eastern Province**

In addition to flooding in Mandera, North Eastern Province continues to record heavy rains. In Garissa, 50 households and 2000 goats were marooned in flood waters in Gurufa (Fina village). Lack of access roads to the area has hampered efforts to move villages and livestock to safer grounds.

Wajir town has experienced heavy rainfall (above average) for the last one week resulting in massive floods in Wajir Central Location, Arbijahan and Hadado, in the West and Bute, Danaba, Ogomti and Gurar, in the North, and Wajir Bor and Mansa in the East which have historical vulnerability to floods. A preliminary rapid assessment conducted by the Kenya Red Cross indicates that floods in central location has affected close to 80,000 people. In Wajir Central Location land topography is characterized by peripheral rocky terrain and gullies that drain massive flash floods to the town. There is no river or cross-cutting water courseway to drain the floods waters.

Wajir town lacks flash floods drainage channels, thus rain water harvesting structures result in reservoirs of stagnant water that submerge homesteads, water wells and bucket latrines. This increases the risk of contamination. Every year, during rainy seasons, residents experience acute water-related diarrhoea, dysentery and cholera outbreaks and other faecal orally-transmitted diseases.

Due to the current floods only 4WD vehicles can access the area albeit difficulty along the Garissa-Wajir Mandera main road. Most of the feeder roads are impassable. Wajir town has already experienced shortage of fuel in most of the filling stations and an increase in prices of food. The assessment report indicates that there will be short supply of essential food commodities in most settlements.

About 70% of households in Wajir Central Location live in the traditional huts structures which cannot withstand the marshy water. Some houses are submerged in stagnant water and the locals have been forced to vacate them. In the same district, more than 400 households are affected, especially in Township, Madina, Got-ade, Waberi one, ADC, Khalkhaja and Gotrahma villages.
Central and Eastern Province
Landslides have been triggered by heavy rains in Gikoe village, Njumbi Location in Muranga District. Some homes were buried in mud during a recent landslide that left one person dead and affected five households, while 20 families were evacuated to safer grounds. River Ewaso Nyiro also burst its banks and washed away a relief truck in Archers Post in Gotu near Merti, Isiolo District. In Laikipia, the rains have hindered access to the northern part of the district.

Lake Basin
Heavy rains are relentlessly pounding the Western and Nyanza regions. Rivers Nzoia and Nyando have burst their banks causing massive flooding in the area. The perennial floods zone of Budalangi is once again heavily flooded leaving untold destruction of property, crops and displacing over 1000 families. Floods have also been recorded in Usonga area, Siaya District in Nyanza Province displacing over 400 people who are currently hosted in camps. At least 167 farms are flooded.

North Rift
Mudslides occurred in Nandi South, Tinderet and Central Pokot areas of Annet (killing 8 children and injuring 15 others). In Sigor 367 households were affected and a bridge washed away, cutting off transport access to the village. Floods were also experienced in Katilu area, Turkana South District. In Namanjalala area in Kwanza Constituency, floods displaced over 500 households.

Coast
Heavy rains are normally recorded in Coastal region year after year. The current short rains in Kimorigo Location, Eldoro, Gotini and Lotima areas in Taita Taveta District have resulted in floods and mudslides. No casualties or displacements have been reported. The situation is under close observation. Tana River District has recorded high rainfall occurrence especially in Garsen, Kipini, Witu, Wenje, Ozi, Hola and Madogo. In Maramtu, one classroom, two houses and three farms were washed away. In Chardende, 12 houses were washed away by rains. The Kenya Red Cross team could not access Maramtu. People living around Tana River have been put on high alert as the threat of floods looms.

SITUATIONAL ANALYSIS

Health
Disaster prone areas in Kenya have always come under cyclic emergencies, it has come to floods then drought then disease outbreaks and with increase frequencies, vulnerabilities ever worsen. Past experiments have shown that after unusually high rains in form of el-nino, outbreaks of water related diseases occur, cholera, child hood immunizable diseases and in the recent past rift valet fever becomes a sure phenomenon. Affected communities in Mandera were before the current fighting under drought and with malnutrition rates of more 20%, most vulnerable groups composing of children aged below 5 years, pregnant mothers and the elderly become more predisposed to communicable diseases as their immunities levels fall. Threats of outbreaks in the current disasters are evident in Mandera where more than 123 diarrhoeal cases have been reported in week, laboratory confirmation is underway. In the past cholera is a sure consequence to heavy flooding that destroy pit latrines and contaminated drinking water. With few health facilities in the affected areas complicates medical provision as communities could not access Health facilities that are cut off with bridges being washed away.

West Pokot areas were affected by landslides that submerged more than 120 houses and buried 16 people. Residents lack the capacity to cope with the situation. Bridges have been washed away marooning some villages, making access to food, health care and other services quite impossible.
Priorities in all areas affected include:
- Prevention of communicable diseases through vector control and health education and promotion
- Vaccination
- Provision of emergency Health (MCH) services.
- Reproductive health services – sexual and gender based violence needs – post rape services.

With more rains being predicted, many communities could be affected and the already vulnerable people are at risk of disease outbreaks due to uptake of contaminated water, high vector populations, congestion in temporary shelters and lack of food. Interventions to mitigate and prevent these conditions will have to be put in place to reduce the flood consequences.

In all the affected areas across the country, access is a major problem and the current conditions exacerbate the situation. Flooding is expected to increase the risk of both diarrhoeal and vector-borne diseases in the affected areas, while landslides and conflicts will lead to overcrowding of people in camps, therefore predisposing populations to respiratory conditions and childhood vaccine preventable diseases such as measles. Conflict and landslides are a major cause of injuries and trauma.

In Wajir District, Lime harvesting pit holes and flat depression sites of old livestock watering point with concentration of numerous wells has become massive run of catchments, which trap pool of lasting water. These sites are located in the middle of villages i.e. Orehey wells, Guguf, Got-Ade and Khalkacha. These swamps are potential breeding sites for mosquitoes which explains regular upsurge of malaria cases after rainy seasons. The sites are also historically fatal sites where children drown periodically.

**Water and Sanitation**
In the areas targeted for intervention, flood waters have submerged most sanitation facilities causing contamination of both surface and shallow ground water sources.

This could lead to outbreak of waterborne diseases such as cholera, diarrhoea and typhoid if water consumed by the people is not treated and disinfected. The target beneficiary population includes the vulnerable segments of the society, among them children below five years and the elderly who are at high risk of contracting the diseases.

Already in Mandera District, which has been experiencing floods in the last few weeks; and where Kenya Red Cross has a response team, field reports indicate an upsurge in diarrhoea and cholera cases with the children below 5 years being the hardest hit. In most of the predominantly pastoralist areas communities do not practise safe sanitation, as they dispose faecal matter in the bush. A baseline survey carried out in the affected areas such as Rhamu clearly depicts lack of use of VIPs toilets for faecal disposal. Most pastoralist communities dig pit latrines because of their temporary stay in one area. The terrain is flat and when flooding occurs, there is no runoff water, but stagnant waters which submerge the traditional drinking sources such as shallow wells and boreholes. Since the faecal matter is on the surface, it contaminates the waters making them unsafe for drinking.

In some areas such as Wajir, the natural water table is shallow, causing rapid contamination of ground water sources. Most of the affected regions rely heavily on surface catchment sources such as earth pans and dams as well as shallow and deep ground water sources for their water requirements.

Wajir Central location depends on shallow wells as source of water estimated to 6,000 household wells according to public health office. These wells are submerged collecting overflow floods and underground seepage with resultant contamination and effects of increase of water born diseases. Currently the health personnel anticipate health concerns alarm in the subsequent weeks.
Due to high water table the central location households and business premises sanitation facility (toilets) are bucket latrines for able households and periphery villages who cannot afford to put up the bucket latrines super structure depend on open air for defecation. The flash floods drain the contaminated run off forming stagnant swamps in the central town homesteads. The bucket latrines are submerged pouring faecal contents further contaminating the stagnated swamps with eventual seepage to the adjacent household water wells.

Other regions use surface runoff such as rivers to access waters. During the flood operations carried out in Garissa in 2007, the common disease trend manifested was cholera, diarrhoea, malaria and the Rift Valley Fever. During flooding, these cases normally present themselves and without intervention, outbreak would be a surety. Taking the trends in mind and the lessons learnt from the past, we acknowledge that provision of water disinfection tools to ensure safe drinking water for the affected population is paramount especially during flood times when most water sources have been contaminated. Water trucking may also be carried out as an intervention in areas that have experienced difficulty in accessing water sources as a result of the floods.

Sanitation during the flood times is also a challenge. If unchecked, this can enhance the issues at hand by increasing the levels of contamination in the water sources rapidly. During flooding, most latrines are submerged and collapse. Waste disposed off unsafely on the ground surface also add to the problem and if safe sanitation solutions are not provided immediately, the already contaminated waters will get even more contaminated as the affected communities continue to practise unsafe sanitation. This compounded by the lack of clean water to practise good hygiene as well as the general trend to not practise good hygiene amongst the community results in rapid insurgence of disease outbreak. Sanitation facilities for the displaced population must be provided to ensure safe disposal of human excreta and domestic waste in order to prevent further contamination of the available water sources and prevent human contact with unsafe waste. This coupled with educating the community on safe sanitation practices and good hygiene practices, particularly at this time when the affected populous is so vulnerable, will be carried out using the PHAST methodology and cascading of the same will be implemented through the entire response operation to control water borne disease outbreaks.

During the flood operations of 2007, malaria cases increased and Rift Valley Fever was imminent and manifested itself rapidly. This was attributed to stagnant waters which accumulate during floods and these pose an ideal breeding ground for vectors such as mosquitoes. Taking this experiences into account, vector borne diseases will be controlled by provision of ITTNs and if need be vector control interventions may be carried out if the increase in vectors realized is problematic These interventions will be primarily targeted to children under five as well as pregnant women who are most vulnerable as well as the general affected populous.
Red Cross Action

Flood Areas

Distribution of Non Food Items to 20 households has taken place in the Pokot Central District. Distributions for Budalangi and Siaya are under way. Red Cross Action Teams are carrying out assessments in all affected areas simultaneously.

The needs identified in Wajir include chlorination of 6000 shallow wells; distribution of 4,320,000 aqua tabs for 400 households, hygiene education, and 99 prepositioning of cholera kits.

Mandera

Immediate needs identified include: sanitary facilities for 920 families/sanitary slabs/platforms (100 slabs); chlorination of 5 contaminated boreholes; Aqua tabs, 2,700,000 tabs (one tab per 20 litres); Pur sachets 100,000 (1 sachet per 20 litre); sanitary towels, 3000 packets; bar soaps (8000 bars); plastic buckets (600 pcs); 300 pcs of family kits and PVC pipe class "D" (70pcs).

Floods intervention by the Kenya Red Cross in Mandera District is underway, mainly focusing on relief, sanitation and health needs. The response intervention was temporarily slowed down by clan conflicts and the joint security operations.

Food and Non-Food

In Mandera District, Distribution of non-food items to the flood victims was done and at least 934 households benefitted, including 14 households whose houses were torched in Mandera town. The Kenya Red Cross has carried out an initial assessment of the flood-affected areas in Mandera town and identified the humanitarian needs. Currently, distribution is on going for NFI’s and food is being moved to the area, however access is an issue as the main transport corridor linking Northern Kenya with the rest of the country is impassable now.
<table>
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<tr>
<th>Region</th>
<th>Nyanza / Western</th>
<th>North Eastern</th>
<th>Coast</th>
<th>Central</th>
<th>North Rift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster</td>
<td>Floods</td>
<td>Conflict - Floods</td>
<td>Floods</td>
<td>Landslides</td>
<td>Floods</td>
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<tr>
<td>District</td>
<td>Busia</td>
<td>Mandra, Wajir, Garissa.</td>
<td>Tana River Taita Taveta</td>
<td>Murang’a</td>
<td>i) Trans-Nzoia ii) Turkana</td>
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<tr>
<td>Location</td>
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<td>Budalangi South, Budalangi North</td>
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<td>Njumbi</td>
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<tr>
<td>Population</td>
<td>40,679 people affected 6,780 families</td>
<td>178,968 people 29,820 families</td>
<td>36,223 people 371 families</td>
<td>2,230 people 4920 families</td>
<td>29,570 people 2,070 families</td>
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</tbody>
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Health
The situation in the areas affected by floods, landslides and clan fighting has greatly affected access to health care. In Mandera, five health facilities are cut off as a result of floods with five dispensaries being closed as staff fear for their lives following clan fighting in the area. Mandera has already recorded 159 diarrhoeal related cases and the situation is expected to become worse. Kenya Red Cross Health team is working jointly with the Government’s Ministries (Health, Public Health and Sanitation) to address the health concerns in Mandera town.

The Kenya Red Cross set up three mobile clinics in Mandera on 28th of October and is currently offering general medical care and Health education to three main areas Mandera districts; Elwak, Laffey and flooded areas along Daua river. Total number of patients who have been attended stands at 2,400 with more than 5,421 receiving health education. Majority of patients presented with assault related trauma with fractures, diarrhoea, acute respiratory conditions and immunization services are also severely affected since clinics attendances is hindered by the fear reprisals in the ongoing military operation and fear among community members either from “other” tribe to attend to shared health facilities.

Currently assessments are ongoing in more areas that are affected by floods which include Nyando, Kisumu, Busia, West Pokot, Wajir, and Tana River Districts.

Water and Sanitation
Sanitation intervention that has already been facilitated is construction of 20 pit latrines of 3 units each, which has been strategically placed in four different sites in the floods-affected villages. The latrines are communally utilized by the residents. Kenya Red Cross provided sandlots and pit liners while the communities contributed digging of the pits. There are fears that construction of latrines will be slowed down by the ongoing short rains in Mandera District.

Extensive damage on latrines and water systems has posed a major sanitation problem. The Kenya Red Cross moved to Mandera a water treatment plant and started distributing Aqua tabs. UNICEF reported that 3” water supply line was fixed. Some pipes were available within the Mandera Water Office.

Logistics Support
In Mandera, the Kenya Red Cross Mandera took the lead in rescue efforts, assessment of the situation and mobilization of communities to move to safer areas.

4 trucks and 5 light vehicles were dispatched to transport food, non-food items and personnel from Nairobi, Garissa and Rheum to Mandera District.
The Needs: Proposed Operation

Objective 1: To provide food and non-food items to flood, conflict and drought affected communities totalling 300,000 persons and enhance early recovery.

Activities
- To provide food assistance to the affected community for 3 months (one distribution per month).
- To distribute non-food items to the affected communities.
- To provide seeds and farm inputs to the affected community to ensure early recovery.

Expected Results
- Relief items both food and non-food reach deserving communities affected by the disasters
- Communities’ immediate suffering alleviated.
- Seeds and farm inputs distributed ensuring continuity in food production after the emergency.

Objective 2: To contribute to reduction mortalities and morbidities caused by conflict floods and landslides by provision of preventive community health and basic clinical care to the flood affected population.

Activities:
- Provision of medical care at the community levels and displaces settlements.
- Provision of First Aid services as a component of search and rescue coupled with evacuation.
- Support Ministries of health in emergency trauma care.
- Undertake health promotion and disease prevention campaigns focusing on diseases of epidemic potential, HIV and Aids, nutrition, MCH, and safe motherhood
- Participate in immunisation campaigns against measles in displacement camps.
- Undertake health education and promotion services targeting communicable diseases and malnutrition.
- Distribution of mosquito nets and subsequent household follow-up for education and proper hang-up.
- To preposition cholera kits in the district to enhance prompt case management and timely epidemic response.
- Provision of reproductive health supply (condoms, reproductive health kits PEPs.) and SGBV (rape). Identifying and recruiting skilled and unskilled volunteers and staff, train them on the job
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Expected results:
- Contribute to reduced mortality and morbidity among the affected population
- Increased number of lives saved through provision of First Aid services.
- Improved access to emergency basic healthcare services among the affected population.
- Increased awareness of disease prevention and control and other health issues amongst the affected population
- Reduced risk of water- and vector borne diseases in the targeted communities
- Increased access to Reproductive Health Services, including HIV/AIDS awareness
Objective 3: To provide access to Safe Water for domestic use, sanitation facilities and hygiene promotion.

Activities
- Distribute Aqua tabs/Purr sachets for water treatment and disinfection at household level.
- Mobilise and maintain 4 water treatment units at identified vulnerable locations.
- Strategically provide for storage facilities in key areas.
- Undertake quality testing at selected water points using Delagua Kits
- Construction of emergency latrines within affected areas.
- Distribute equipments for pit digging (mattocks and spades)
- Identify and train volunteers on PHAST methodologies who will continuously cascade these messages to the affected populous during the intervention period by conducting continuous hygiene promotion and awareness campaigns among the affected populations as well as periodically carrying out clean up campaigns
- Formulated, disseminate and distribute generic hygiene promotional IEC materials.
- Facilitate vector control
- Support Ministry of Public Health and Sanitation in mass chlorination of wells
- Handling of mortal remains – body bags will be provided to safely dispose of mortal remains.

Expected Results
- Vulnerable population receive at least 15 litres of water per person per day for their domestic use
- Adequate sanitation facilities are provided.
- Control of outbreak of waterborne diseases.
- Attitude change, Increased knowledge and skills on prevention of water related illnesses

Objective 04: To enhance communication and awareness.

Activities
- Media coverage.
- Airing media commercials targeting affected communities.
- Field communication.
- Documentation of the operation.
- Servicing and maintenance of communication equipment.

Expected Results
- Awareness creation among affected communities and the stakeholders.
- Effective media coordination and reporting.
- Information management enhanced

National Society Capacity
The Kenya Red Cross Society has comparably good response capacity and the ability to make rapid deployment for affected areas as well as put in place high readiness capacity for areas yet to be affected. The National Society has capacities at regional level to make initial response which can later on be reinforced by headquarter re-enforcement both in human and material terms.

This capacity cuts across both human, material, as well planning and mobilization of response. Where need be, the National Society can access inaccessible areas using all terrain vehicles for emergency response and put in place emergency response equipment for water and sanitation, health, communications and logistics.
Partnership and Coordination

The National Society’s Branches in the affected districts have conducted assessments together with the local authorities under the District Steering Group. The National Society’s Secretary General has been in touch with the concerned ministries in Government and the local administration in the flooded areas to facilitate easy assistance to the people who have been affected. Food dispatches to inaccessible and marooned areas are now ongoing with the involvement of the military helicopters and other logistical support.

The Kenya Red Cross is a member of Kenya Food Security Meeting, which is the main organ for coordination of food security matters. The National Society is also the lead agency in emergency operations in affected areas. In fulfilling its mandate of alleviating human suffering, the National Society works closely with the Government, World Food Programme (WFP) and other humanitarian organizations in all food security matters. At the district level, the Kenya Red Cross Branches are members of the District Steering Group (DSG) and are involved in carrying rapid assessments.

The Society co-chairs the Rapid-Onset Disaster Committee with the Office of the President. The Committee is a body that also comprises international NGOs, UN agencies and government ministries. The government has food stocks that will be mobilized to assist people in the affected areas, while the Kenya Red Cross may seek local donor support to meet the needs of the displaced and affected people.

Kenya Red Cross has built up its preparedness and response capacity from challenges and experiences of past disaster operations. All mitigation programmes are designed with sufficient consultation at community level, using and enhancing community structures where possible, and ensuring an equal representation of men and women at decision-making bodies.

Communication and Awareness

Kenya Red Cross Public Relations Unit is coordinating overall publicity and awareness of the humanitarian interventions in the flood-affected areas. Communication activities include media activities, interventions and documentation of actions by the Society.

The Preliminary Appeal, Operations Updates and Bulletins on the Society’s action to address the current floods, landslides and conflicts will be processed and posted on the website. Strengthening of Communication structures at the Kenya Red Cross Branches, Regions and the Headquarters is quite critical in facilitating immediate interventions and follow up of achievements as stated in the objectives.

Monitoring and Evaluation

The National Society Headquarters works closely with Branches countrywide in the affected areas to ensure proper delivery of humanitarian assistance to the flood victims. The National Society together with members of the sudden onset disaster committee will assume the overall monitoring role to ensure accountability, timely and quality response.
Conflict
Floods,
Displacement
120,000
Floods,
Landslides,
Displacements
Floods,
Landslides,
Displacements
Floods,