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Emergency Plan of Action Operation Update

Kenya: Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRKE043	GLIDE n° FF-2018-000030-KEN
EPoA update n° One; 05 June 2018	Timeframe covered by this update: 02 May 2018 – 05 June 2018
Operation start date: 02 May 2018	Operation timeframe: 6 months end date 01 October 2018
Overall operation budget: CHF 4,746,755	DREF amount initially allocated: CHF 480,000
Project manager: Marshal Mukuware, DM Delegate (responsible for implementation, compliances, monitoring and reporting)	National society contact: Abbas Gullet, Secretary General
N° of people being assisted: 150,000 people (30,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC, ICRC, British Red Cross, Danish Red Cross, Finnish Red Cross, Italian Red Cross, Norwegian Red Cross	
Other partner organizations actively involved in the operation: National and County Government agencies, UNICEF, UNFPA, DFID, OCHA and ECHO	

Summary:

Kenya Red Cross Society (KRCS) is currently working on a revision of the Emergency Appeal following updated information from detailed assessments conducted by the NS on extent of damage and needs of the affected beneficiaries. KRCS will use the revision to align the response plan taking into consideration changes in needs, activities that are covered through bi-lateral support received from other partners and donors.

The Emergency appeal is 10% funded, the IFRC appeals for more funding to enable the Kenya Red Cross to meet the needs of the floods affected population. The IFRC thanks the Canadian, Japanese, American, Netherlands and Swedish Red Cross for the financial contribution to the response.

A. SITUATION ANALYSIS

Description of the disaster

Kenya Meteorological Department's in February 2018 forecasts indicated that in April Kenya would have near-normal to above normal rainfall in North-western, Western, Central Rift Valley, Northern Kenya (Marsabit area), Central and South-eastern Kenya. The predictions indicated that most parts of North-western, Western, Coastal strip, Central Rift Valley and Central Kenya would likely experience slightly enhanced rainfall in May while the entire eastern sector of the country would experience depressed rainfall. The March-April-May rainfall started mid of April 2018 and were occasioned by heavy downpour in Western and Nyanza regions affecting Busia, Kisumu and Homabay Counties; South Rift region affecting Nakuru, Narok, Kajiado Counties; North Rift region affecting Trans Nzoia, Baringo, Nandi, Elgeyo Marakwet, Turkana, West Pokot Counties; North Eastern region affecting Mandera, Garissa, Wajir Counties; Upper Eastern region affecting Samburu, Marsabit and Isiolo counties; Central region affecting Nyandarua, Nyeri, Kiambu, Murang'a, Kirinyaga counties and Coast region affecting Mombasa, Kwale, Kilifi, Lamu, Tana River, Taita/Taveta counties.

The heavy rains resulted in water levels in seven Folks Dams spilling causing further flooding due to spillages. The most impact was linked to Solai Dam in Nakuru which washed away causing 283 households to be displaced and 47 deaths. The Kenya Electricity Generating Company (KenGen) dams of Kiambere, Gitaru, Kamburu, Kindaruma and Masinga dams begun to spill on the 17 May 2018 resulting into further flooding in parts of Garissa, Tana River and Kitui counties.

KIRA assessment sessions with community members in Kisumu County

At least 97 people were injured and 186 people lost their lives (exclusive of deaths related to disease outbreaks) because of floods-related incidents. The flooding also caused significant damage to infrastructure, sections of roads were cut off, paralyzing transport in Wajir, Isiolo, Mandera, Marsabit, Tana River, Lamu and Garissa Counties. Populations in Kisumu (Nyando and Muhoroni), Tana River, Isiolo and Marsabit were cut off from access to health services with more than 42 Health facilities in these areas rendered inaccessible.

According to the Ministry of Health's Disease Outbreak situation report released on 21 May, 2018, there is active cholera outbreak that has so far affected 18 counties since January 2018 with active transmission in eight counties including Garissa, Meru, Turkana, West Pokot, Isiolo, Nairobi, Kiambu and Elgeyo Marakwet. The Weekly surveillance reports from the MOH indicate that there is ongoing transmission of Dengue fever and Chikungunya in the North Eastern and Coastal Counties with an increased likelihood of upsurges due to the flooding experienced in these areas. There are also relatively high numbers of malaria cases in the flood prone counties in the malaria low endemic and epidemic prone areas. The affected counties also still struggle with relatively high levels of malnutrition amongst the children under-five years, pregnant and lactating mothers as access to food has been interrupted. It is worth noting that the country has active measles transmission which could be exacerbated with the compromised immunity among under-fives due to under-nutrition. Counties that have been cut off such as Wajir and Mandera are experiencing serious challenges with access to essential commodities and supplies like drugs and related pharmaceutical supplies, nutrition commodities food and other essentials.

Access to markets in Garissa, Wajir and Tana River counties is still disrupted due to infrastructural damage caused by the floods. Some of the affected population are at a risk of food shortage as they continue to survive on diminishing stocks. At least 68,780 acres of farmland is submerged in water, destroying crops within the same counties that had been affected by drought. Incidences of landslides have also been reported in a number of Counties including Nandi and Murang'a Counties. Water supply and irrigation infrastructure was extensively damaged in Coast province (specifically the major Baricho Water supply), Makueni County (specifically Wote Town Water Supply), Nakuru County (specifically Solai Dam), Garissa County, Tana River County & Isiolo County cutting affecting water supply. irrigation systems were also damaged in Garissa, Tana River, Kibwezi, and Makueni Counties.

To date, the floods have affected 40 counties in the country and have left 50,221 households displaced, a 52% increase from the initial appeal. KRCS teams continue with interventions in the affected counties as has been detailed in the various sections.

Summary of current response

Overview of Host National Society

In partnership with the national and county governments, KRCS has been providing assistance to the affected through evacuation, search and rescue, distribution of non-food items provision of emergency health services, access to safe water and sanitation as well as cash disbursement to key affected populations.

KRCS has taken the following immediate actions:

- **Early Warning**

KRCS sent out bulk text messages through the TERA platform to communities at risk of flooding in Western region, Nairobi area, Rift valley, coastal areas and parts of Mount Kenya region. A total of 9,741,680 people were reached with early warning messages on the need to prepare for floods by moving to higher grounds. The sample messages are as below;

The sample messages

English

Heavy rains may result in flash floods. When flooded evacuate immediately to higher ground. In case of emergency call Red Cross on 1199. Stay Safe. STOP 20767

Swahili

Mvua inayonyesha yaweza kusababisha mafuriko. Hakikisha uko katika maeneo yasiyoweza kufikiwa na mafuriko. Nambari dharura ya Msalaba Mwekundu 1199. STOP 20767.

Following the SMS broadcast, a team of 10 volunteers were deployed to the Emergency Operation Centre to help with management of feedback from communities. A total number of 3,226 calls were received mostly from; Mombasa, Garissa, Isiolo, Makueni, Kisumu, Nakuru, and Siaya counties.

Most of the calls were reporting incidents of flooding in their areas and to request for assistance from KRCS following the floods. The requests were forwarded to KRCS branches in the respective counties for follow up and provision of assistance to the affected families.

- **Search and Rescue and Initial assessments**

Red Cross Action Teams (RCATs) have been present in the affected counties to provide first response which include rescue efforts, first aid and psychological first aid. The response teams have similarly been involved in the rapid assessments that continue to be conducted. KRCS has worked with NDOC to conduct evacuations using aircrafts and boats for the 556-marooned people in Kilifi and Tana River counties.

- **Shelter**

KRCS has reached 17,750 HHs with emergency shelter NFI Kits in Tana River, Turkana, Kakamega, Samburu, Garissa, Isiolo, Wajir, Mandera, Narok, Nakuru, Nyeri and Kisumu counties. The contents of the standard NFI kit distributed include 2 tarpaulins, 1 kitchen set, 2 mosquito nets, 2 bar soaps, 2 blankets and 2 water jerry cans. UNICEF has so far provided 3,750 family kits to assist communities in Kisumu and Garissa counties.

In addition, KRCS has disbursed unconditional cash to a total of 223 affected households in Solai to access safe and dignified alternative housing. The cash aimed to support affected households

- **Health and Nutrition**

Integrated health outreaches have been undertaken in the camps in Tana River reaching a total of 1,325 beneficiaries (572 males and 753 females) with the common ailments treated being diarrhea, Respiratory conditions and Skin conditions. 523 children under five years were screened for acute malnutrition where 24 cases of malnutrition were referred for care and management to nearest health facilities out of which 10 were people living with disabilities. Medical surge teams including 2 clinical officers, 2 nurses, 4 Public health officers and 1 nutritionist have been deployed to support the MoH teams in provision of health services in Tana River and Garissa counties. Additionally, 275 Kit 2A (individual clean delivery kit) have been distributed to expectant women in Tana River and Kilifi counties. KRCS has been offering psychological first aid (PFA) through both individual and group counselling sessions to the population affected by the Patel dam collapse in Solai, Nakuru County. So far 26 PSS sessions have been conducted reaching a total number of 1,430 people (309 men, 374 women, 85 pregnant & lactating mothers, 516 children and 146 elderly).

Through the outreaches, the affected population has been reached with information on disease prevention and control and on other essential services. KRCS is currently running 3 mobile clinics in Tana River and Kilifi counties, two of which have been supported by the Finnish Red Cross. KRCS has further coordinated with the County Health authorities in affected counties to respond to ongoing cholera outbreak and heightened surveillance in the rest of the flood affected counties. Efforts have been put in to evacuate patients from the

affected health facilities to other hospitals in counties such as Isiolo and Marsabit. Kisumu County was supported with an Inter-agency basic health kits by KRCS to provide medical outreach to the affected in the evacuation centre.

- **Protection, Gender and inclusion**

Assistive devices which include wheelchairs, white canes have been availed to affected populations to enable mobility during evacuations. The needs of the aged and people with disability have also been identified and are being taken into consideration. Safe spaces for children in the displaced population camps have been created and some playing materials provided to the children. Child therapy sessions including play therapy has been initiated in Tana River, Kilifi and Nakuru.

- **Water and sanitation**

At least 291,000 sachets of PUR and 220,000 sachets of aqua tabs have been distributed in Garissa, Tana River, Nyeri, Busia, Isiolo and Kilifi counties. Emergency water treatment plants have also been deployed in Garissa, Tana River, Makueni and Kilifi Counties. In Garissa and Tana-River counties KRCS deployed the SETA emergency water treatment plant which is part of the WASH-ERU with each having a capacity of 4000 Litres per hour, while in Kilifi and Makueni the town water supplies were completely destroyed by the flood resulting in a major water crisis. In response to this crisis KRCS designed and deployed a new emergency mass water treatment plant (termed the KWAT50) with a capacity of 50, 000ltrs per hour giving a total of 1,200,000ltrs per day, which is able to serve up to 60,000 people at a rate of 20ltrs per person per day. (In the immediate emergency in Makueni, KRCS deployed a seta unit which operated until the new KWAT50 was deployed and operationalize, since it was first designed and piloted in Kilifi County).

In addition to these interventions, Hygiene and sanitation promotion activities, have been on-going in the severely affected counties, namely Garissa, Tana River and Kilifi with plans to roll out in Busia, Mandera, Wajir, Nakuru, Kisumu and Marsabit. To improve the sanitation situation, latrines have been constructed by the affected communities – this includes digging of the pit latrines and setting up of the superstructures using the tarpaulins. Mobile toilets have also been set up in camps in Garissa, Tana River and Kilifi. These interventions have been targeted to all displaced people in the above-mentioned counties.

In total an estimated 57,000 residents of Wote in Makueni from the KWAT50 which is connected to the main supply as well as supplying by water bowsers, in Kilifi a total of 7,000 people are getting water from the KWAT50 by water bowsers provided by the county targeting mainly the displaced population in 8 camps, in addition to 30 HHs of community members around the water plant and 3 schools, 8 dispensaries, 2 police posts in the flood affected areas. In Garissa 7,175 have been getting water from the SETA plant, in Tana-River 12, 260 have been getting water from the SETA.

- **Co-ordination**

Coordination of responses in various counties have been ongoing through committees made up of representatives from KRCS, National and County government representatives and partner agencies with presence within the various counties. The committees have been key in overseeing initial rapid assessment and providing initial population estimates which have been used as a basis for the initial emergency interventions which will continue to be updated as per continued detailed assessments findings.

Overview of Red Cross Red Crescent Movement in country

ICRC has a regional delegation in Nairobi, from which it supports operations in a number of countries in Eastern and Central Africa. ICRC has been working with KRCS on preparedness and on response to localized conflicts in the country, and on broader programmes including on cash transfer to drought affected counties, capacity development and Safer Access. Over the last year, several initiatives have been undertaken aimed at developing capacity of response teams including; First Aid in conflict which targeted 420 volunteers in selected counties, Emergency Health, MISP trainings WASH trainings, communication, mental health, seminars with KRCS and leading media firms regarding social media platforms and dissemination to journalists. Similarly, ICRC has been supporting (both technically and financially) the KRCS's Restoring Family Links Programme which has helped alleviate the psychological distress of affected families by reuniting and clarifying the fate of the missing family members.

The IFRC has a cluster Office (for Eastern Africa and Indian Ocean Islands) and a regional office for Africa, in Nairobi. There are also a number of Partner National Societies (PNS) supporting regional operations from Kenya, and these include the British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross and the Norwegian Red Cross. KRCS is in contact with the IFRC and has been giving progress updates as the humanitarian situation unfolds.

British Red Cross and Finnish RC through the disaster management strengthening programme have been supporting the KRCS in various aspects of disaster management, which also includes contingency planning for various hazards, standardization of practices in response preparedness, capacity development of response teams, policy regulations and learning from preparedness and response actions. The PNSs have similarly been briefed on the situation with engagements expected to be informed by the prioritised needs on the action plan.

The KRCS has four staff trained in Community Engagement and Accountability (CEA) who support in mainstreaming CEA activities in this response. KRCS has an accountability framework in place to guide complaints and feedback mechanisms in an effort to promote and ensure accountability to the communities.

Overview of non-RCRC actors in country

The United Nations has strong presence in Nairobi for country and regional programmes. KRCS works and coordinates with UN agencies and other humanitarian agencies to respond and support disaster affected communities.

KRCS also works with in country donors including European Commission Humanitarian Aid, USAID, DFID and the European Union. KRCS also works with the National Disaster Operations Centre (NDOC) in coordination of humanitarian emergencies, The National Drought Management Authority (NDMA) in drought management, and as co-chairs of Kenya Cash Working Group, the National Disaster Management Unit (NDMU) in disaster response

Kenya Inter-agency Response Assessment (KIRA) conducted assessments in Moyale in Marsabit County to ascertain the needs of the communities. The Ministry of Agriculture also assisted in assessing the extent of destruction of farmlands in different counties. KRCS has worked with the NDOC to do a one-off NFI distribution through in Isiolo County and evacuations in Malindi County where accessibility by road has been rendered impassable after roads to affected areas were cut off. In both instances, NDOC provided aircrafts to support these operations. In Malindi NDOC evacuated families County Government of Tana River have provided boat and fuel for evacuation of marooned families in Tana River County.

County and national government supported the affected families with emergency supply of maize/ beans /rice in Kisumu and initiated appeal for food donations and NFIs from public and well-wishers, but response was low. The same assistance has been provided to the 233 HH affected in Nandi county which included 30 bundles of 2 kg maize flour, 50 cartons of milk, while in Turkana the Central and County Governments has provided food assistance to targeting 1,882HHs including maize, beans and cooking oil.

KRCS in collaboration with UN-OCHA and other humanitarian partners operate eight regional hubs (Nairobi, Mombasa, Kisumu, Lodwar, Eldoret, Garissa, Isiolo and Nakuru) in the country for coordination and efficiency of response. KRCS teams will coordinate response activities with other partners in the hub structure. KRCS also works in partnership with UNICEF during such emergencies.

Needs analysis and scenario planning

Needs analysis

While parts of the country were still experiencing the impacts of drought, the heavy rains that commenced in March 2018 resulted in further loss of lives, property, disruption in access to essential health and related social services and destruction of livelihoods. The flooding impacted the main livelihoods i.e. agriculture and pastoralism. The floods resulted in destruction of crops as farms were submerged, irrigation systems destroyed, farm equipment and disruption of transport for market access. Planting had commenced to coincide with the onset of the long rains, therefore resulting in large loss of standing crops. Most affected counties reporting agriculture and livestock losses include Garissa, Tana River, Kilifi, Kisumu, Homa Bay, Elgeyo Marakwet, Turkana and Marsabit - coincidentally the majority of these counties were also affected by the drought which preceded this flooding episode. Affected households are likely to continue to require humanitarian assistance through October 2018 to meet their minimum food needs, particularly due to their severely restricted purchasing power. Assistance would also be required in recovery to restore their livelihoods and normalize life as the rains are expected to subside in the Month of June. This will include rehabilitation of irrigation systems. Also, support for recovery farming and livelihoods start-up will be essential in the coming months to avert further disasters.

Health services have been disrupted in at least 42 health facilities as a result of damages caused by the floods as well restricted access due to damaged road infrastructure. In addition, the evacuation sites in Tana River are located approximately 10 to 15 Km from existing facilities making outreach health services to include reproductive, maternal and child health, nutrition services and treatment of minor ailments vital for the displaced population. The facilities also have limitation in supplies of essential drugs serving the displaced population.

The floods also affected sanitation systems. This may worsen the prevailing cholera situation in the country. According to the Ministry of Health Disease Outbreak Sitrep as of 21 May 2018, there is ongoing cholera outbreak in the Country

with active cholera cases in 8 Counties which include Garissa, Meru, Turkana, West Pokot, Isiolo, Nairobi, Kiambu and Elgeyo Marakwet. Immediate safe water and sanitation provision interventions are imperative to prevent further spread of Cholera and other water borne diseases outbreaks. In the short to mid-term rehabilitation of water and sanitation systems will be required as part of early recovery efforts towards this flood disaster.

Most of the communities in these affected areas do not have adequate information related to safety during flooding and possible outbreaks of waterborne diseases. There will be need to sensitize the communities on health and nutrition, water, sanitation and hygiene, protection, gender and inclusion. An upsurge of vector borne diseases to include Dengue fever, Chikungunya and Malaria are anticipated to rise as the rains subside. Targeted vector control strategies coupled with community public health interventions on disease prevention and health promotion will be of priority.

Due to limited or no access to food and essential commodities leading to household insecurity, there is a risk of rise in malnutrition cases among the affected population. According to the integrated phase classification for acute malnutrition conducted in February 2018, acute malnutrition has remained at critical levels (GAM 15.0– 29,9%) in Turkana, Tana River, Wajir North, North Horr and Laisamis sub counties of Marsabit, while Isiolo and Kajiado counties reported a serious nutrition situation (GAM 10.0 – 14.9%)

Due to loss of property, human life and livelihood has increased emotional stress and trauma necessitating the need for psychological support among affected population. This is to prevent the affected population from developing Post Traumatic Disorders (PTSD) thereby affecting their mental well-being. Interventions to address the psychosocial needs of the affected population will be required especially for the bereaved families and other groups as may be determined during the process of health service provision.

The impact of this disaster to special at risk groups such as the children, Persons living with disability and Older persons cannot be overemphasised. Children are at risk of getting separated from their guardians during displacement, efforts will be put in place to reunite any displaced children as well as set up safe spaces for use by anyone at risk of being stigma and discrimination or any violence so as to enhance their safety. The Older persons and Persons living with disability have challenges with mobility and access to services in this emergency and there needs need to be taken care of. Due to the displacements, cases of sexual and gender-based violence may increase in the different counties. Sensitization for prevention of SGBV as well as development and dissemination of referral pathways for any cases will be done to enhance accessibility to services within the shortest time possible.

The table below outlines the displacements, damages/loss and other flood related effects reported to date;

Table 1: Effects of floods in targeted counties. Source: KRCS Situation Reports

	County	HHs Displaced	Injuries	Fatalities	Acreage of farmland destroyed	Livestock	Health	Schools Affected	Cholera Outbreak
1	Tana River	12,809		6	9,539	7,900	24		Controlled
2	Mandera	7,182			260	6,000			
3	Turkana	5,945	4	1	902			11	Active
4	Kilifi	4,530		4	1,100			10	
5	Wajir	2,521		5	160	2,000			
6	Kisumu	2,179	1	4	5,000		6		
7	Siaya	1,693	4	1					Controlled
8	Muranga	1,656	10	7					Controlled
9	Garissa	1,313		3	420	3,000		11	Active
10	Baringo	1,305	3	6	800			2	
11	Isiolo	1,260		4			5		Active
12	Busia	1,219		1					Controlled
13	Taita Taveta	1,193		2	200		3	6	
14	Kitui	754		8	2,187			43	
15	Makueni	683	14	9	44,638			5	
16	Homa Bay	571		7					
17	Nakuru	500	43	46					Controlled
18	Kajiado	490		10				5	

19	Kirinyaga	407		1					Controlled
20	Lamu	362							
21	Marsabit	232		4			4		
22	Elgeyo Marakwet	228			250	323			Active
23	Meru	205							Active
24	Machakos	181		5	324			1	Controlled
25	Laikipia	171							
26	Mombasa	120	0	0					Controlled
27	Narok	110		6					
28	Migori	70		13					
29	Embu	65	3	3					
30	Kakamega	60		3					
31	Tharaka Nithi	56	2	3	3,000				Controlled
32	West Pokot	49		1					Active
33	Nyeri	48		1					
34	Uasin Gishu	39	2						
35	Samburu	15		11		8,000			
36	Nairobi		7	2				3	Active
37	Kwale		1	1					
38	Nyandarua			7					
39	Kericho		2	1					
40	Bungoma		1						
Total		50,221	97	186	68,780	27,223	42	97	08¹

The effects also include damage of road infrastructure that has affected interaction between families and their relatives, disruption of access to essential commodities and services leading to food shortage and poor public health support and high possibility of outbreak of diseases. The impact of floods on livelihood is expected to result in loss of income for the communities affected negatively impacting their purchasing power. This is already seen with the deteriorating food security status of the affected counties. No cases of malnutrition have been reported, however there could be likelihood of malnutrition setting if affected families are not supported with food on a medium-term basis or should the rains continue. The national and county government agencies have been supporting affected communities with emergency food supplies.

Besides the cash transfers for alternative shelter, KRCS has been offering psychosocial support (PSS) through individual and group counselling sessions. While these interventions have helped meet the immediate needs of the population, there is still need to support reconstruction of damaged houses.

As of 23 May 2018, a total of 50,221 HHs (approximately 301,326 people) have been displaced following the flood situation with many of them still seeking shelter in unplanned camps. The most affected areas included Tana River, Garissa, Isiolo and Turkana. The main needs identified are shelter support, health services including rehabilitation of health infrastructure, safe and clean water including rehabilitation of damaged water supplies, livelihoods recovery support including rehabilitation of damaged irrigation infrastructure as well as protection.

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

Operation Risk Assessment

According to the Kenya Meteorological Department forecast for March - April – May (MAM), rainfall will be expected to continue into June 2018 in the following regions: Counties in the lake basin and in highlands west of Rift valley; Central Rift valley; Southern Coastal strip and Northern coastal strip. In addition to this, the ICPAC forecast for June to

¹ Includes Kiambu County

September 2018 indicates that the North-western part of the country is more likely to get enhanced to average rainfall. This is likely to cause more displacement of populations living around flood risk areas particularly in the coastal and Western parts of the country. Floods come with other risks including outbreak of waterborne diseases like cholera, bilharzia and other vector borne diseases like malaria among others which will further complicate the situation of the affected population. Other risks will include inaccessibility to the affected areas, insecurity in some areas and sudden landslide.

Many areas in the flood zones are cut off and have been rendered inaccessible and may hinder response interventions in reaching the affected communities. KRCS will work with the Government of Kenya both at national and county levels to ensure that resources are mobilized to deliver much needed aid and at the same time monitor the situation as it unveils.

B. OPERATIONAL STRATEGY

Proposed strategy

For this section kindly refer to the EPOA

C. DETAILED OPERATIONAL PLAN

	<p>Shelter People reached: Male: Female:</p>	
<p>Outcome 1: Immediate shelter and settlement needs of the target population in affected areas of Moyale Sub-county are met over a period of three months</p>		
Indicators:	Target	Actual
% of households living in shelters meeting Sphere standards	100	54%
<p>Output 1.1: Target population is provided with Non-Food Items (NFIs) and emergency shelter items</p>		
Indicators:	Target	Actual
Number of households provided with emergency shelter assistance which meet Sphere standards	33,031	17,750
<p>Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</p>		
Indicators:	Target	Actual
Number of people reached with technical support, guidance and awareness building in safe shelter design and settlement	1,000	0
<p>Progress towards outcomes</p>		
<p>Activities already carried out include:</p> <p>KRCS has reached 17,750 HHs with emergency shelter NFI Kits in Tana River, Turkana, Kakamega, Samburu, Garissa, Isiolo, Wajir, Mandera, Narok, Nakuru, Nyeri and Kisumu counties. The contents of the standard NFI kit distributed include 2 tarpaulins, 1 kitchen set, 2 mosquito nets, 2 bar soaps, 2 blankets and 2 water jerry cans. UNICEF has so far provided 3,750 family kits to assist communities in Kisumu and Garissa counties.</p> <p>In addition, KRCS has disbursed unconditional cash to a total of 223 affected households in Solai to access safe and dignified alternative housing. The cash aimed to support affected households</p> <p>The national society is yet to start implementing activities related to technical support in safe shelter design and settlement as this planned for recovery phase which will start in August 2018.</p>		



Water, sanitation and hygiene

People reached:

Male:

Female:

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

Indicators:	Target	Actual
Number of households provided with safe water services that meet agreed standards according to specific operational and programmatic context	30,000	15,891
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
# households reached with awareness raising activities on improved treatment and safe use of wastewater	30,000	3,911
Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
Number of people provided with safe water (according to WHO standards)	150,000	83,570
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
% of population provided with knowledge on and access to improved excreta disposal	100%	14%
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Number of people reached with hygiene promotion activities	150,000	21,074

Progress towards outcomes

Activities already carried out include:

Hygiene promotion in Garissa, Tana River and Kilifi. In Garissa, a total of 680 households were reached in Bakuyu, Ziwani, Vocational Centre and Young Muslim IDP camps, in Tana river, a total of 2,036 households have been reached with hygiene promotion in Madogo, Adele, Teleo, Sala and Gamba camps, in Kilifi, a total of 1,271 households have been reached with hygiene messages in Dodsia, Singawaya, Kiuzurini, Kaya, Goshi and Maduguni. Water supply has been carried out in Tana River (Madogo, Adele and Gamba camps), Garissa (Bakuyu, Ziwani, Vocational and Young Muslim Camps) and Kilifi (Dodosa, Singawaya, Garashi, Kizurini, Kaya, Goshi and Maduguni Camps), and Makueni (Wote) the total of 83,570 population is high because of the emergency bulk water treatment unit that was installed in Makueni in response to the need that arose when the town water supply was destroyed by flood water. On installation of the plant, the county government linked it to the town water supply and hence hygiene promotion figure are lower than the actual population getting safe water from the plant. House hold water treatment chemicals have also been supplied to both IDPS and those without access to clean drinking waters reaching 2,611 households

The county Governments of Tana River, Garissa, Makueni and Kilifi had committed to provide water trucking services. However, the trucks provided for both Tana River and Kilifi are not sufficient to meet the demand especially due to the bad road conditions. KRCS with the support of UNICEF have added two water trucks to support Garissa and Madogo and plans are under way to add more trucks to Kilifi.



Health

People reached:

Male:

Female:

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

Indicators:	Target	Actual
# of people reached by KRCS with services to reduce relevant health risk factors	150,000	16,314
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
Number of volunteers trained in epidemic control		
Output 1.2: Target population is provided with rapid medical management of injuries and diseases		
Number of people reached by First Aid services	N/A	120
Number of patients treated in health facilities and outreaches	N/A	2,719
Number of children vaccinated	N/A	152
Number of health kits delivered	N/A	2
Output 1.3: Epidemic prevention and control measures carried out.		
Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	150,000	16,314
# of mosquito nets distributed	50,000	17,750
Output 1.4: Psychosocial support provided to the target population		
Indicators:	Target	Actual
# of people reached by psychosocial support	N/A	1,894
Output 1.5: Acute Malnutrition is addressed in the target population.		
Indicators:	Target	Actual
# of malnourished children and PLW referred	N/A	114
Output 1.6: Minimum initial maternal and neonatal health services provided to target population		
Indicators:	Target	Actual
# of clean delivery kits distributed	N/A	343
# of midwife delivery kits distributed at health facilities	N/A	15
# of mothers referred for Emergency Obstetric care	N/A	56
Progress towards outcomes		
<p>Activities already carried out include:</p> <p>Health, nutrition and psychosocial support services are being provided to the displaced populations in collaboration with the ministry of health and county social protection unit. KRCS surge teams have been deployed in three (Garissa, Tana River and Kilifi) to support the Ministry of health interventions especially in the hard to reach areas where the camps are situated, and health service provision hampered. In other counties KRCS is supporting the MoH in conducting health outreaches to the affected population.</p> <p>Interventions geared towards improving the health status and wellbeing of the population are being implemented to include nutrition assessment, nutrition supplementation, water and sanitation, immunization for children, treatment of minor illnesses, deworming, and referrals among others. To help the communities cope better and improve their well-being psychosocial support interventions are being implemented targeted all the age cohorts</p> <p>Cholera Outbreak has been reported Tana River, Isiolo, and Turkana counties where KRCS supporting in the response activities and surveillance activities have heightened in other counties affected by floods.</p> <p>Integrated outreaches have been conducted support improve access to basic health and nutrition services. Cumulatively, the total number of people treated in all the OPD clinics in all the outreach sites are 2719. Under-</p>		

fives being 825 (388 male and 437 females) and above five years and adults being 1894 (705 males and 1,189 females). Through the outreaches a total of 367 older persons, 10 people living with disabilities and 20 people with chronic conditions were also attended to. ARI had the highest morbidity, followed by acute watery diarrhea, skin conditions, ear & eye infections, peptic ulcer diseases and hypertension in descending order.

Nutrition screening and assessment were conducted through MUAC and Weight For Height and results tabulated into the various nutrition categories. A total of 965 (<5years= 650 and PLW 315). Total malnourished children were 114 of which Severe Acute Malnutrition (SAM) were 39, Moderate acute Malnutrition (MAM) were 75 and 536 were normal. Nutrition intervention was done to all malnourished children. Children with SAM were admitted into OTP and supplemented with RUTF (Pumpy nuts) administered according to the weight of the child and MAM were admitted to SFP programs and supplemented with RUSF. Follow up will be undertaken to monitor their progress and ensure they fully recover and children referred for nutritional support in the nearby health facilities in areas where nutritional supplements were not provided.

In immunization a total of 152 children were vaccinated for the various antigens of which 4 children were recorded as fully immunized during the reporting period. A total of 431 children less than five years were dewormed and 139 above five years were dewormed. Vitaman A supplementation was provided to 337 children < 5 years.

In obstetric care a total of 56 deliveries were recorded with in the camps with 3 neonatal deaths reported. The community health volunteers that reside in the respective camps have been sensitized and are conducting referrals for pregnant mothers. The mothers also are sensitized on where to seek skilled delivery. The role played by safe motherhood promoters in these communities is critical and sensitization targeting them has been undertaken to reduce unskilled deliveries

In uptake of family planning services, a total of 15 clients were enrolled for family services. Antenatal care service was also provided to a total of 84 expectant women and counselling individual birth plan also undertaken.

Health education sessions were provided before service at the outreach sites before screening and registration done. The beneficiaries received dissemination about Kenya Red Cross Society, Nutrition, hygiene and sanitation, growth monitoring promotion, improving health seeking for healthcare services such as immunizations, Vitamin A and iron-folate Supplementations (IFAS), deworming, zinc supplementation for children with diarrhea. Demonstrations on how to use purr, hand washing and sensitization on family planning was done.

KRCS has been offering psychological first aid (PFA) through both individual and group counselling sessions to the population affected by the Patel dam collapse in Solai, Nakuru County. So far 26 PSS sessions have been conducted reaching a total number of 1,430 people (309 men, 374 women, 85 pregnant & lactating mothers, 516 children and 146 older people). In other counties a total of 464 persons have been reached through group and individual sessions

Coordination is being undertaken at the county level is Multi-sectoral while health and nutrition services are being coordinated by the Subcounty and County Management Teams through technical working groups. There is coordination on going with county health teams in order to provide services to the hard to reach populations especially those marooned by the floods and is difficult to access by road and can only be access through boats.

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

Indicators:	Target	Actual
# of health facilities assessed and supported	42	0

Output 1.1: The health situation and immediate risks are properly assessed

Indicators:	Target	Actual
# of health facilities assessed	42	0

Output 1.2: Gaps in medical infrastructure of the affected population filled

Indicators:	Target	Actual
# of local health facilities supported	6	0

Progress towards outcomes

A total of 42 health facilities had been reported to be affected by the floods, however final assessment will be conducted and prioritization of the facilities to be supported undertaken. This will be based on the extent of damage on the facilities including commodities and supplies.



Livelihoods and basic needs

People reached:

Male:

Female:

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

Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
% of children under 5 with acute malnutrition (moderate and severe) ¹ (Child malnutrition survey using either MUAC measurements or weight-for-height)	100%	0
% of households with sufficient dietary diversity (based on Household Dietary Diversity Score (HDDS) ² (Consumption survey)	100%	0
n° of children provided with supplementary rations (Supplementary feeding distribution records) n° of children enrolled in therapeutic care programs (Supplementary feeding distribution records)	N/A	0

Output 1.2: Household livelihoods security is enhanced through food production and income generating activities

Indicators:	Target	Actual
% targeted households report sufficient production (availability) or purchasing power to meet food needs (access) (HH survey)	100%	0
n° of households reached with agricultural inputs (seeds, fertilizer) (Distribution records – see also FWRS guidelines)	N/A	0
n° of households reached with productive assets (tools, animals etc.) (Distribution records – see also FWRS guidelines)	N/A	0
% of households whose access to productive assets is restored to pre-disaster levels (HH survey)	100%	0

Progress towards outcomes

There has been no progress on this outcome as the activities under this sector are planned to start during the recovery phase.



Protection, Gender and Inclusion

People reached: 150,000

Male: 74962

Female: 75038

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

Indicators:	Target	Actual
Number of people reached	N/A	365

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

Indicators:	Target	Actual
Number of people reached	N/A	365

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

Indicators:	Target	Actual
Number of people reached with sexual-and gender-based violence	N/A	0

Progress towards outcomes

Activities already carried out include:

The needs of older people and people with disability have also been identified are being taken into consideration all interventions being conducted. Safe spaces for children in the displaced population camps have been created and playing materials provided to the children. Child therapy sessions including play therapy has been initiated in Tana River, Kilifi and Nakuru counties.

Intervention on GBV are being implemented and currently sensitizations have been undertaken and referral pathway established.

Strengthen National Society

Outcome 1: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
Number of volunteers reached the psychosocial first aid		
Number of insured volunteers engaged in the operation		

Progress towards outcomes

Activities already carried out include:

KRCS has been provided debrief sessions for volunteers and staff involved in the response. The sessions have been held in Tana River, Garissa, Kisumu and Busia counties with a total of 120 volunteers taking part in the sessions. The sessions aimed at providing volunteers an opportunity to review responses and sharing experiences including the need for support if needed.

KRCS volunteers have been insured and are taking part in the response. There are plans to expand this number as more volunteers are involved in the flood response.

D. BUDGET

Reference documents



Click here for:

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.