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Emergency Plan of Action Final Report Kenya / Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRK036;
Date of Issue: 31 May 2016	Glide n° FL-2015-000169-KEN
Date of disaster: December 2015	
Operation start date: 25 December 2015	Operation end date: 25 February 2016
Host National Society: 15 Branches, 40 Staff and about 1200 volunteers engaged in operation (about 400 volunteers were implementing activities under this application)	Operation budget: CHF 268, 322
Number of people affected: 240,726, out of which 103, 524 have been displaced	Number of people assisted: 75,000 directly (15,000 households)
N° of National Societies involved in the operation: British Red Cross, International Federation of the Red Cross and Red Crescent Societies	
N° of other partner organizations involved in the operation: Ministry of Health, WFP, UNICEF, UNOCHA, Ministry of Water and Irrigation, Child Fund, County Governments	

A. Situation analysis

Heavy rains were recorded in many parts of the country from the onset of the October - November - December 2015 rainy season. The rains were driven by the El Niño conditions in the Pacific Ocean and the distribution closely matches the El Niño forecasts that had been given by Kenya Meteorological Services (KMS) and the IGAD Climate Predictions and Application Centre, in the second and third quarters of 2015. More flooding was experienced at the end of 2015 and beginning of 2016 in Western Kenya (due to overflow of rivers (Nyando and Nzoia), and in the areas of Garissa, Tana River and Kilifi counties. This was mainly due to heavy downpour in the Mount Kenya Region, which forms the catchment zone for the River Tana.

As a result of the rains from 10 December 2015, flooding (caused by rivers bursting their banks in Garissa, Tana River, Migori, Busia, Homa Bay among other counties), flash floods mainly in urban areas (Narok), landslides/mudslides (in Mt. Elgon, Kisii, West Pokot and Narok) road traffic accidents (mainly sweeping of motor vehicles by raging floods in Turkana, Homa bay, Nairobi) and lightning strikes (Kisii), which led to loss of human life (112 deaths) and 73 recorded injuries. In total, 40,121 households (HHs) (approximately 240,726 people) were affected, and a total of 17,254 HHs (approximately 103,524 people) were displaced at the initial stages of the floods. It was also reported that 4,100 heads of cattle had been washed away by the flood waters, further exposing the already displaced families in terms of loss of livelihoods and House Hold (HH) income. In Tana River County, a total of 67 IDP camps were established, hosting 7788 HHs. Other effects of the rains countrywide include varied damage to at least 16 schools, destruction of farmlands in Mt. Elgon, Kirinyaga, Narok, Busia, Kisumu, Tana River, Trans Nzoia, Busia, and Bungoma counties, loss of thousands of heads of livestock (as animals incl. cattle, goats, donkeys were swept away), further affecting the livelihoods of already displaced populations. Infrastructural damages have also been reported (damage to roads and bridges) in parts of Tana River, Marsabit, Isiolo, Mandera, Wajir, Nandi and Machakos counties.

Further high levels of rainfall experienced in the Kenyan highlands resulted to subsequent overflow of the River Tana, causing its banks to break. This resulted into flooding in areas along the river lines. The October - December heavy rains caused the displacement of populations in Chewele, Wedesa, Nanighi sub locations in Bura Division, Asako, Pamba, Buwa, Korati, Ziwani and Sala Sub location in Madogo Division. A total population of 46,728 (7,788 households) were affected leading to formation of 56 camps.

The major donors and partners of the DREF include the Red Cross Societies and Governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Kenya Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Summary of response

Overview of Host National Society

The Kenya Red Cross Society (KRCS) is auxiliary to the National and County government and is tasked to be the primary responder for displaced populations not exceeding 150,000 (30,000 HHs). The National Society (NS) has managed flooding of this and even bigger magnitude with support of IFRC, Participating National Societies (NS) and United Nation's Agencies. In the current response, a contingency plan as part of multi hazard contingency plan had been developed and activated which increased the state of preparedness for the NS. Jointly with County governments, a risk mapping had been done, a process which concluded in identification of 23 high risk counties. Out of this, a number of measures were taken including:

- Prepositioning of emergency supplies by KRCS (including Non Food Items(NFIs), WASH Supplies, First Aid Supplies, Motorised boats etc.) in 16 counties (which were considered difficult to reach should heavy flooding occur), supplies for the remaining counties (amongst the high risk) were prepositioned in identified operational hubs.
- The central government engaged KRCS to carry out capacity assessments for the County governments in the high risk counties, in terms of their preparedness and ability to provide first line of response
- The results of capacity mapping informed training of County government's first responders by KRCS, a total of 40 participants per County were trained.
- KRCS developed a standardised curriculum for training of Red Cross Action Teams (RCATs), and training of trainers (ToTs) was done with ICRC support. Cascading of RCATs training to branches was also done supported by funding from the Department for International Development (DFID) through British Red Cross.
- Dispatching Early warning messages on TERA platform through 2 service providers (Safaricom and Airtel), a total of 11 million messages have been sent out to selected regions in the country, with an overwhelming feedback from the affected and displaced populations: Below is an example of the TERA message sent in Tana delta.

Red Cross: Enhanced rainfall exposes lowlands and areas close to water bodies to flooding. Move to higher ground when you notice above normal water levels in your area. TERA Msg released to Tana Delta

- Preparation of El Niño Contingency Plan to support 10 Counties identified to be at higher risk.
- KRCS moved around the villages close to the river conducting awareness on the expected floods and advised communities to move to higher ground as a measure to prevent them from being caught up by flood waters.
- Identification of evacuation centres in the counties, was done by County governments supported by the KRCS

Early response activities in the affected counties included:

- KRCS conducted initial rapid assessments which have informed the early response.
- Distribution of 1,312.705 metric tonnes of food aid received from WFP mainly targeting displaced populations- (77,224 people [12,871 families] in both Garissa and Tana River Counties) following the rapid assessment carried out by the Multi Agency group (Kenya Inter-Agency Rapid Assessment) between 5 -10 December 2015 which indicated that the affected population are in great need of food (71%). The table below shows the number of families reached through distribution of food supplies in Tana River County:

County: Tana River	Function	Beneficiaries reached	Food commodities distributed in metric tones				Total MTS distributed
			Cereals	Pulses	CSB	Veg. oil	
	Protracted Relief and Recovery Programme (PRRO/GFD)	29,954	411.55	68.65	0	22.905	503.105
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Table 1: A summary of food items distributed in Tana River County in the w/c 14 December 2015

- Distribution of relief supplies including NFIs (with about 7,788 HHs reached In Tana River, distribution of water treatment chemicals among other supplies. Some of the items were distributed in counties that were not initially identified as high risk during contingency planning and preparedness.
- Procurement and distribution of seeds in Kitui County, reaching a total of 21,000 HHs (partially supported by DFID/British RC funding).
- A boat was deployed for evacuation of marooned families in Tana River County with the help of 2 volunteers. A total of 233 families were evacuated following the response.
- Tracing of missing persons and provision of psychosocial first aid to survivors as well as family members of the deceased was conducted.
- Establishment and organisation of IDP camps of 44 camps within Tana Delta including registration of displaced families and beneficiaries. Other camps were set up in Garissa, Kirinyaga, and Wajir among other Counties).
- Nutrition assessment was conducted and 680 people were reached through screening sessions (483 children under 5-231 males and 252 females; 197 pregnant and lactating women)
- KRCS deployed 2 medical teams to work in Tana North and Tana Delta. The overall number of personnel deployed in the medical teams included 2 clinical officers, 6 nurses and 2 public health officers. The team managed to reach 6,683 clients (2,922 males and 3,716 females) within 56 camps and hosting communities.
- KRCS carried out supply of water within 8 sub-camps in Vumbwe camp in Tana Delta Sub County with a total of 975 households (approximately 5023 people). The displaced families at Vumbwe camps had 2 main sources of water, from wells that were 5 Km away from the camp and an irrigation channel that was running dry. KRCS also conducted a demonstration on use of water chemicals for treatment of water fetched from boreholes, water canals and water pans, shallow wells and water bought from vendors especially in the population in Tana North Sub County.
- The KRCS Tana Delta hygiene promotion team conducted community sensitization and social mobilization. The team managed to conduct health education sessions in 38 camps, with key messages on hand washing, safe water treatment and storage. The team triggered construction of 5 latrines within the camps in Tana Delta and provided 10 mobile latrines and latrine slabs during the onset of the floods in Tana North.
- Distribution of non-food items (NFIs) was conducted to the affected households. Below is a table showing the number of items distributed to the communities:

ITEM	AMOUNT
Aqua tabs	61075
PUR	109032
Tarpaulins	1444
Portable latrine slabs	33
Dignity kits	240kits(female 148/ male 92)
Collapsible Jerri cans	3874
Soaps	8430
Kitchen sets	1444
Blankets	2888
Mosquito nets	15424
Rigid jerry cans	5778
Family kits	4998

Table 2: Number of items distributed reaching 7788 households

Overview of Government Response

The National government provided platform for preparedness and response coordination at National and County levels. Central government contracted KRCS to carry out capacity assessment for El Niño preparedness and response in 24 high risk counties, based on the findings of the assessment, a tailor made first responders training was conducted and it targeted 40 participants per County.

The County governments worked with KRCS branches to mount initial needs assessments and response. Kenya Meteorological department continued to provide up to date weekly and monthly weather review and forecasts which was useful for KRCS in planning response activities.

Kenya Electricity generating company provided regular updates on hydroelectric power dams water levels and this forms part of the KRCS early warning messages for community living along River Tana basin, River Sondu (for Sondu Miriu Hydro Power Dam in Nyanza) and River Turkwel (for Turkwel Hydro Power Dam in North Rift).

The KRCS Emergency Operations Centre worked closely with the National Disaster Operations Centre (the coordinating centre for the Central Government), the tasks included receiving and relaying crucial information necessary for rescue of marooned families.

The KRCS team also worked closely with the Ministry of Health, National Drought Management Authority (NDMA), Ministry of Interior and coordination and the County Government at various levels of the response.

Overview of Red Cross Red Crescent Movement in country

The IFRC East Africa and Indian Ocean Islands office supports operations in 12 countries in the region, including KRCS. The IFRC maintained close link with NSs in the region, to monitor development of the El Niño and the NS preparedness. In addition, the IFRC donated WASH supplies to KRCS including PUR, Aqua Tabs and a cholera kit. These items formed part of what was prepositioned in the counties.

The KRCS hosts a number of Participating National Societies (PNS) including: Austrian, British, Danish, Finnish, German, Japanese, and Norwegian Red Cross. The ICRC regional delegation is also hosted in Nairobi which serves as a hub for operations in Eastern and Central African countries. British Red Cross has provided financial support (from DFID) through the ongoing (Disaster management (DM) strengthening programme for El Niño preparedness. ICRC is provided logistical support towards primary distribution of relief items in various regional and county warehouses and funding for training of RCAT Trainer of Trainers.

Overview of non-RCRC actors in country

Several local authority and international organisations or non-governmental organizations (NGOs) who provided the following support:

- Population Services of Kenya (PSK) provided point of use water treatments supplies, LLINs, Antimalarial (Artemether/Lumefantrine combination) and Rapid Diagnostic Kits for Malaria (RDTs) for malaria and condoms and condom dispensers.
- United Nations Children's Fund (UNICEF) provided point of use water treatment chemicals, jerry cans, soaps, shelter and NFIs.
- United Nations Population Fund (UNFPA) provided funding for the training of MoH and KRCS response teams on reproductive health in emergencies as well as reproductive health kits (procurement and repositioning). UNFPA are the lead for reproductive health needs in emergencies.
- World Food Programme (WFP) provided a total of 1312.705 metric tonnes of food aid targeting more than 77,224 people (12,871 families in Tana River and Garissa).
- International Planned Parenthood Federation (IPPF) provided funding for the training of MoH and KRCS response teams on reproductive health in emergencies.

KRCS coordinated its response with the agencies above through the Government-led multi-hazard contingency plan to ensure no duplication in activities.

Needs analysis and scenario planning

Need Analysis

Most of the affected population lived along the rivers Tana, Nyando and Nyatike as well as seasonal rivers. The initial rapid assessments conducted between November - December 2015 indicated that Shelter, Food, Health and WASH were the most pressing needs of the affected communities.

Health and Care

The available health facilities in the affected areas were overstretched due to increasing numbers of IDPs. The facilities also reported lack of essential medical supplies and basic obstetric emergency services (due to the challenges facing devolved system of government) and poor staffing. The displaced population had to struggle to access essential health services and the congested conditions in the camps were contributing to increased transmission of infectious diseases including Acute Respiratory Infection, diarrhoea and skin diseases. As a result of flooding distances to health facilities had increased with the displaced populations having to walk for longer distances (30 minutes - 1 hour) to access health facilities (mostly dispensaries). On reproductive health aspects, the assessment reports indicated that up to 70% of deliveries were occurring at home with no professional assistance citing the distance as the major hindrance to accessing the maternal services. At least 22% would prefer hospital delivery as the service were accessible. Women on family planning as well as HIV clients on Anti Retro-Viral (ARV) Therapy, had no access to their medication due disruption of infrastructure due to the flood hence predisposing the women to unwanted pregnancies and other health challenges. Sanitary pads were also cited as an issue as the affected communities could not undertake their normal livelihood activities while at the camps. UNFPA provided training on reproductive health in emergencies and provided reproductive health kits for distribution to the community.

Water, Sanitation and Hygiene Promotion

The hygiene and sanitation conditions in displacement camps were poor due to lack of adequate sanitation facilities and the rains experienced. There were increased reported cases of acute watery diarrhoea and with likelihood of cholera transmission in the IDP camps due to cases reported in neighbouring counties of Garissa. Open defecation remained a major challenge within IDP camps and surrounding environments. As a result,

there were high cases of watery diarrhoea and bloody diarrhoea cases being diagnosed during the medical outreaches. The flood waters led to contamination of the shallow wells which were the main source of water. Assessments reports indicated that consumption of untreated water remained the biggest challenge in the IDP camps. It was also observed that there were indiscriminate disposal of solid waste within IDP camps increasing vector breeding which is responsible for increase of infectious communicable diseases.

Shelter and settlements

KRCS assessments carried out indicated that a total of 17,254 HHs (103, 524 people) were displaced from their homes by floods and a total of 40,121 HHs (240,726 people) were affected. The displaced population had to evacuate into IDP camps as they could not return to their homes due to the level of damage to their houses and further flooding (as a result of the spilling of water by the Hydro Power dams along the River Tana). In Western Kenya, displacements were caused by the overflowing of Rivers Nyando, Sondu and Nzoia. The demand for shelter materials was huge.

Food security, nutrition and livelihoods

Food for consumption at HH levels decreased drastically with prices going up due to cut off of farm supplies for those families reliant on their farms along River Tana. The flooding also led to destruction of food storage granaries at community level causing food shortage. This subsequently caused shortage of food at HH level in the months following the start of the floods. Access to local market was also hampered by impassable roads creating an imbalance of supply and demands which caused an increase of food prices (over 29% increase). The affected communities in Tana River and Garissa counties rely heavily on livestock for food and HH income. The huge loss in herds of livestock (4,100 including cattle and small goats) that were reported to have been swept away by floods (mainly from HHs that were displaced) affected milk production for HH use and income generation. WFP assisted the affected community through providing food for distribution in Garissa and Tana River Counties.

Beneficiary Selection

This DREF mainly covered health care needs as well as hygiene and sanitation needs of an estimated 15,000 HHs (75,000 people at an estimated 5 people per HH) in Tana River County. KRCS supported the affected community in terms of shelter needs, hygiene promotion, emergency health, water and through the WFP provided food supply to the affected families. KRCS also assisted the community in evacuation during early response to the flood emergency. Protection issues were closely monitored, although no incidences were reported. KRCS ensured that the DREF operation aligned with the IFRC's commitment to realize gender equality and diversity; by adapting beneficiary selection criteria that targeted (women headed-HHs, people with disabilities). Other aspects considered included prevention of sexual violence and gender-based violence and the protection of children.

County	Tana North	Tana Delta
Beneficiaries (HH)	6,172	5,830
Location	Hola, Bura, Chaldende, Madogo	Garsen and South of Hola
Number of Medical Outreach Teams	1	1

Table 3: Beneficiary selection by County (and Tana River)

Risk Analysis

Risks assessed included:

- Some roads leading to villages were destroyed by flood waters creating challenge in accessibility to certain areas.
- The flood waters submerged farms destroying crops that had been planted including green grams, cowpeas and maize.

- There was cholera outbreak in most parts of the country such as in Garissa, Migori, Siaya, Homa Bay, and Baringo which could have spread to the neighbouring districts in Garissa.

B. Operational strategy and plan

Overall Objective

The overall objective was to meet immediate survival needs of the flood-affected population through the provision of essential emergency relief, shelter, health, water and sanitation and hygiene promotion assistance, targeting a total of 75,000 people (15,000 HHs) in Garissa, Kilifi and Tana River counties (across 4 operational locations), for a period of two months.

A total of 223 households were evacuated in Tana River after their homes were flooded. Health outreaches reached a total of 6683 people who were affected by floods and needed health services. IDPs were relocated to 44 camps and 7788HHs were reached through the provision of shelter and household items including Blankets, Mosquito nets, Jerry cans, Tarpaulins, Kitchen sets, dignity kits, soap, family kits and water treatment chemicals. 21, 000 HHs were reached with planting seeds to take advantage of the increased rains.

Proposed strategy

Early warning and emergency response preparedness: Immediate risks to the population in in flood-affected areas of Kenya are reduced

Key Activities

- Through the ICT department, KRCS sent out TERA messages to communities living along river lines to alert them on possibility of floods and inform them to move to higher grounds to avoid getting caught up in flood areas.
- KRCS teams on the ground visited communities in flood prone areas to inform them on impending floods and advised them to evacuate
- KRCS teams assisted communities to evacuate to IDP camps and conducted search of persons that were missing at the onset of flooding. One boat was deployed to assist in the evacuation and 2 volunteer coxswains.

Health and care: Reduce morbidity and mortality through provision of basic health care services in flood-affected areas of Kenya

Key Activities

- Health promotion and disease prevention activities with focus on diseases with epidemic potential which included: malaria, diarrhoea and Rift Valley fever (RVF) were carried out, as well campaigns to advocated for increased uptake of health care services and access to obstetric emergency care / reproductive health services. In addition, disease surveillance (clinical and community level) as well as mortality surveillance was carried out in the IDP camps. In total, 100 volunteers (25 per location) were mobilized for 2 days per week for 8 weeks to carry out health promotion and disease prevention.
- Provision of first aid services (including psychosocial first aid). In total, 20 volunteers (5 per location) were mobilized for 20 days to provide these services as required. Through the DREF allocation, ambulance and first aid supplies used were replenished.
- KRCS deployed medical teams in Tana delta and Tana North of Tana River County to provide medical assistance to the communities affected by floods. The medical team comprised 2 clinical officers, 6 nurses and 2 public health officers who worked closely with the MoH. The teams were deployed for a

period of 3 months during which communities could not access normal health facilities as most areas were inaccessible due to flooding.

- Procurement of essential medical supplies (Inter-Agency Kits (IEHK), paediatric drugs and medications for common chronic ailments for the outreach clinics, which was managed (directly) by the KRCS. Given the need to an immediate response, all of these supplies were sourced locally rather than through international procurement (via IFRC); however the NS has experience of managing this process through previous DREF and Emergency Appeal operations in accordance with the agreed IFRC procedures.

Water, sanitation and hygiene promotion: Immediate risk of waterborne disease is reduced through the provision of improved water, sanitation and hygiene promotion in flood-affected areas of Kenya

Key Activities

- KRCS distributed water to communities living within camps in Tana Delta at Vumbwe. At least 975 households (approximately 5023 people) were reached through use of the water. In addition, 61075 tablets of aqua tab and 109032 water purifiers were distributed to the communities including orientation/demonstration on their use. The community was also sensitized to boil water as a sustainability measure to prevent contamination from water. The affected community was also sensitized on safe storage of water. KRCS also distributed 5778 rigid jerry cans and 3874 collapsible jerry cans for safe storage of water. For hygiene purposes, the community were issued with 8,430 pieces of soaps.
- As a measure to conduct solid waste management control and vector control activities in the IDP camps, KRCs distributed 33 portable latrine slabs and triggered construction of 5 latrines in the IDP camps. This was a measure to increase the availability of adequate sanitation by complementing existing facilities.
- KRCS conducted hygiene promotion on personal hygiene, hand washing, food handling practices, open defecation etc. using the PHASTER methodology in IDPs camps. In total, 75 volunteers (25 per County) were oriented on PHASTER to conduct hygiene promotion and were mobilized for three days per week. In addition, 15 volunteers (5 per county) were mobilized to monitor the water, sanitation and hygiene situation for 20 days (e.g. storage/treatment of water etc.).

Shelter and settlements: Immediate shelter and settlement needs of the target population in flood-affected areas of Kenya are met

Key Activities

- KRCS Procured and distribution of NFIs with KRCS distributing 1,444 kitchen sets, 1,444 tarpaulins, 2,888 blankets, 1,5424 mosquito nets, 498 family kits to the affected community. All KRCS actions were guided and adhered to the minimum standards (SPHERE)

Operational support services

Human resources (HR)

The following capacity was deployed to carry out the DREF:

- o Clinical Officers (2) for consultations and treatment of local ailments – recruited specifically for the implementation of this DREF operation.
- o Nursing Officers (6) to cover immunisation, 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.

- o Public Health Officer (2) to provide Health Education/Hygiene promotion (food hygiene) during outreaches and in IDP camps – recruited specifically for the implementation of this DREF operation.
- o In total, 400 volunteers were mobilized across the 4 operational areas (100 per area); and received a 2 day orientation as well as relevant training to assist them with the effective implementation of the activities planned.
- Casual labour (40 persons for 5 days) were engaged to support sanitation activities (e.g. excavation of rubbish dumps in IDP camps).

Logistics and supply chain

Procurement of non-food items and equipment used during response including medical supply was done locally, in line with KRCS emergency procurement guidelines. Logistical support was provided through both primary and secondary transportation as well as warehousing in the field which enabled rapid access to beneficiaries in targeted areas. The KRCS response teams were 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 are kept at the KRCS headquarters to monitor procurement, distribution and delivery of items procured during the appeal operation.

Communications

The KRCS Public Relations department ensured visibility of the flood operation through information sharing with the media, authorities and partners. Flood related activities and information are were also shared through KRCS website and social media platforms including the use of social media platforms (Twitter) and Facebook. The DREF operation was also featured in the KRCS first quarter reach out magazine.

Security

Garissa and Tana River are high risk areas due to incursions by groups from Somalia who have caused security challenges in the recent past. Nonetheless KRCS was able to engage local staff and volunteers with security surveillance and using opportunities provided by existing public goodwill and its acceptability approach to ensure successful implantation of the proposed activities. Briefings on security related information were shared through the KRCS headquarters based security manager via mail and visits throughout the operations. The team leaders in the respective operation areas linked with local authority officials and community leaders to ensure safety of the displaced population in the various IDP camps. No incidences or major happenings occurred within the reporting period.

Information Communication and Technology (ICT)

KIRA assessments were supported by ICT officers who assisted in uploading e-questionnaires on mobile phones which were then used for data collection. The ICT department also sent out TERA messages to communities in flood prone areas to alert them to move to higher ground soon as the surveillance and meteorological departments detected possibility of heavy rainfall.

Planning, monitoring, evaluation, & reporting (PMER)

The NS Headquarters (through an M&E and operations team) supported the implementing teams to ensure effective, timely and efficient delivery of operation. The monitoring process focused on adherence to minimum standards in humanitarian service delivery, compliance to humanitarian principles guiding the Movement's humanitarian operations, timeliness in delivery of supplies and services to beneficiaries, management of supplies during storage, accuracy, completeness and timeliness of reporting among others. Field monitoring and technical support visits were conducted

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Early Warning & emergency response preparedness
<p>Outcome 1: Immediate risks to the population in flood affected areas of Kenya are reduced, for a period of 2 months</p> <p>Output 1:1: Provision of early warning, search and rescue interventions in the flood-affected areas</p> <p>Activities:</p> <p>1.1.1. Search, rescue and emergency evacuations at the branches</p> <p>1.1.2. Support to emergency operations centre including TERA messaging and analysis of feedback</p>
<p>Achievements</p> <p>1.1.1. KRCS engaged 2 coxswain¹ volunteers to assist the affected communities to evacuate to IDP camps. KRCS deployed 1 boat in Tana Delta to assist in the evacuation.</p> <p>1.1.2. KRCS through the ICT department sent out TERA messages to people in areas prone to floods to alert them to move to higher grounds.</p>
<p>Challenges</p> <p>Much as people were alerted in plenty of time to move to higher grounds they did not heed to the warnings and people still ended up getting caught up in flood waters</p>
<p>Lessons Learned</p> <p>Through involvement of the government, measures should be taken to ensure that people evacuate soon as surveillance detect impending floods to avoid issues of people or animals getting drowned by flood waters</p>

Quality Programming / Areas Common to all Sectors

Needs assessment
<p>Outcome 2: Continuous joint assessments and analysis is used to inform the design and implementation of the DREF operation.</p> <p>Output2.1: Rapid and detailed needs assessment are carried out to inform the preparation/revision of the Emergency Plan of Action; and continuous coordination with all stakeholders</p> <p>Activities:</p> <p>2.1.1. Participate and co-lead in conducting Kenya inter agency rapid assessments (KIRA)</p> <p>2.1.2. Sensitization of volunteers on all relevant intervention areas including PSEA, Code of Conduct</p> <p>2.1.3. Participate in key coordination meetings and fora with national and County governments and key</p>

¹ A cox swain is a steersman of a ship's boat, lifeboat, racing boat, or other boat.

stakeholders
Output 2.2: Quality assurance of service provision in the areas of implementation
Activities:
2.2.1 Monitoring, supervision and reporting
2.2.2. Operational review/lessons learned
Achievements
2.1.1. KRCS together with other partners conducted an inter-agency assessment in Tana River, Migori and Busia which informed the early response.
2.1.2. In total, 50 volunteers were sensitised on PSEA and code of conduct
2.1.3. KRCS as a member of the County Stakeholders participates in monthly coordination meetings to discuss and propose interventions to carry out in order to deal with issues affecting the County. As such, KRCS took part in meetings to co-ordinate interventions to deal with the flood situation in Tana River, Busia, Narok and Kilifi.
2.2.1 The M & E department carried one monitoring visits to flood affected areas.
2.2.2. Flood evaluation is set to be conducted in end of May 2016 which is outside the timeframe of the DREF and should thus be accounted for through KRCS own funds.
Challenges
Some of the areas such as Narok were affected by flash floods. The destruction left is however minimal and is difficult to coordinate as concentration is put on areas majorly affected.
Lessons Learned
There is need to discuss with the county government on contingency measures to assist in dealing with minor destructions

Health and Care

Health and Care
Outcome 3: Reduce morbidity and mortality through provision of basic health care services in flood-affected areas of Kenya, over a period of 2 months (Target: 75,000 people (15,000 households))
Output 3.1: Target population provided with access to basic health care services (Target: 75,000 people (15,000 households))
Activities
3.1.1. Procurement and deployment of IEHK basic module and supplementary modules (Target: 3 modules: 1 per County)
3.1.2. Deployment of health teams to floods affected sites.
Output 3.2: Target population provided with access to preventive and health promotion information (Target: 75,000 people (15,000 households))
3.2.1. Conduct health promotion and disease prevention campaigns focusing on: diseases with epidemic

potential including: malaria, Diarrhoea and RVF and increase uptake of essential health care services(immunization, Ante Natal Care, Nutrition screening)

3.2.2. Increase access to obstetric emergency care and Reproductive Health Services

Output 3.3: Target population provided with access to First Aid and referral services for more specialized management of the injured (Target: 75,000 people (15,000 households)

Activities:

3.3.1. Procurement of First Aid kits

3.3.2. Provision of First Aid Services(including Psychological First Aid) to floods survivors

3.3.3. Provision of referral and ambulance services were applicable

Achievements

3.1.1. Three (3)interagency Emergency Health kits were procured and supplied to both Tana Delta and Tana North sub counties in December and January respectively.

3.1.2. Medical outreach teams were deployed on 20th December, 2015 for Tana Delta and 19th January for Tana North Bakuyu and Ziwani camps of Garissa to provide emergency health services in the affected areas.

3.2.1. The case management team (1 clinical officer, 2 nurses and 1 public health officer) visited a total of 56 camps in Tana North and Tana Delta and hosting communities attending to a total of 6638(2922 males and 3716 females) clients with the major cases treated being upper respiratory tract infections, lower respiratory tract infections, myalgia, diarrhoea and urinary tract infections. The response team also managed to give immunizations as majority of the under-fives had not been immunized prompting the team to administer immunizations to those who had not been immunized and give health talks on the same hygiene, family planning, and the importance of delivering at health facility. Five volunteers in Tana Delta with previous training on nutrition were sensitized on nutrition in emergencies and managed to visit 10 camps. They managed to screen 483 children un< 5 years (Male 231/ Female 252) and 197 pregnant and lactating mothers

3.2.2. The medical team deployed on the ground assisted in giving maternal health services to women in affected areas. The affected community members were issued with dignity kits 240 (148 females and 92 males). Referrals in were made during the routine medical outreaches while the teams were visiting the camps.

3.3.2 Provision of first aid services to those injured and continuous group counselling sessions conducted for 2,906 Households which remained in displaced camps beyond 3 weeks.

3.3.3. Procured first aid materials were placed in ambulance which were put on standby for floods response through the period though no referrals were done.

Challenges

It was a challenge for the response team to ensure all the camps were visited due to logistic limitation. The volunteers had to rely on the county government support

Lessons learned

Conducting hygiene promotion together with medical/ health promotion saved time since the affected persons would access the services at the same time

Water, Sanitation and Hygiene Promotion

Water, sanitation and hygiene promotion

Outcome 4: Immediate risk of waterborne disease is reduced through the provision of improved water, sanitation and hygiene promotion in flood-affected areas of Kenya, over a period of two months (Target: 75,000 people (15,000 households))

Output 4.1: Target population is provided with access to safe water supply, which meets WHO standards (Target: 75,000 people (15,000 households))

Activities

4.1.1. Distribution of water treatment chemicals (supplies to include those donated by other partners, and procured through the DREF operation); and orientation/demonstration on their use.

4.1.2. Distribution of jerry cans to improve safe water storage to affected HHs (donated by UNICEF) and orientation/demonstration on their use.

4.1.3. Deployment of water treatment units (Target: 2: 1 in Garissa and one in Tana River)

4.1.4. Mobilize trained volunteers to manage water units and distribute water

Output 4.2: Target population is provided with improved access to adequate sanitation facilities (Target: 75,000 people (15,000 households))

Activities:

4.2.1. Carry out vector control activities (chemical control and environmental manipulation)

4.2.2. Construction of emergency pit latrines in IDP camps (sanplats) (Target: 150)

4.2.3. Solid waste management in the IDP camps

Output 4.3: Target population is provided with hygiene promotion, which meets SPHERE standards (Target: 75,000 people (15,000 households))

Activities:

4.3.1. Undertake a 1 day orientation on PHASTER to volunteers (Target: 75 volunteers)

4.3.2. Conduct hygiene promotion activities in IDP camps using PHASTER methodology

4.3.3. Conduct hygiene promotion campaign targeting hand washing at key times promoted through demonstration at market, schools (once they reopen) and other public places

4.3.4. Mobilize trained volunteers to monitor the water, sanitation and hygiene situation including the treatment/storage of water through HH surveys and water quality tests.

Achievements

4.1.1. The distribution of water chemicals was conducted by the Red Cross volunteers in the camps visited while conducting hygiene promotion and during the medical outreaches. Demonstration on the use of Aqua tabs and PUR was done in all the sites visited. The households were very receptive on the chemicals supplied to them and promised to also consistently use. The households were also sensitized on alternative household water treatment options in case they run short of the supplies. A total of 31,080 tablets and 55,160 sachets of PUR were distributed in all the camps.

4.1.2. Twenty (20) litre jerry cans were distributed during the setting up of the camps and the camps that had insufficient were provided during routine hygiene promotion exercise. The households within the camps benefited with additional trainings and demonstrations conducted by the Red Cross volunteers on how to maintain and clean the Jerry cans using local resources. A total of 806 jerry cans were distributed in Tana Delta and a total of 406 Jerry cans were distributed in Tana North Sub County. The distribution factored in households that had been led by single parents and the socio-economic status and people with disabilities. The exercise was done in close collaboration with the village heads and the area chiefs in the camps.

4.1.3. Tana Delta response had a water supply component that was informed by an assessment of the water supply in the camps carried out by the WATSAN team, in which Vumbwe camp was chosen as the suitable camp to set up the water treatment unit. It had a total of eight sub-camps (Korlabe A, B and C, Haluba A and B, Kiembeni, Tawakal and Eskedek.) with a total of 975 households and a total population of 5023 people. The displaced families at Vumbwe camps had two main sources of water, from wells that were 5Km away from the camp and an irrigation channel that was running dry. The water demand for Vumbwe was calculated to be: 5023 People X 20 Liters = 100,460 Liters (100.46m³) and the treatment unit was placed near an irrigation channel that is at Coordinates 2° 11' 13.99"S, 40° 10' 21.81"E at a distance of 1.56 Km

away from the camp as annexed in the photos. The team conducted an ajar test of the raw water to determine the amount of aluminium sulphate that was to be used, set up the bladder tanks at an elevated position and assembling the tap stands.

A water treatment plant was not deployed in Garissa as the camps received a sustained supply of water through trucking supported by the County Government but KRCS supported with storage tanks(also see 4.1.4)

Tana North camps and hosting communities accessed water from boreholes, rivers, water canals, water pans while others bought it from water vendors and shallow wells. The communities in all the camps did not treat the water before consumption and aqua tabs were distributed and demonstrations on how to use treat water for consumption were done to aid in its correct usage. The communities were also sensitized on boiling of water for drinking, since the aqua tabs distributed will not be able to sustain them for long.

4.1.4 A team of volunteers in collaboration with the village heads and the area chiefs monitored the supply of water in the camps. The camps that relied on storage tanks (10M3) in Bakuyu camps in Garissa Township were provided water through water trucking from the county government. Ziواني camps in the township were provided with piped water from the main Garissa water supply system.

4.2.1. The team in close collaboration with the Ministry of Health conducted distribution of LLITNs within the camps. The team of volunteers conducted routine check-ups and hang up demonstrations for the households. A total of 356 LLITNS were distributed in Ziواني, Bakuyu camps with the period. The team supported clean up exercise within the camps and demonstration of use of local available resources (ash) for fly control

4.2.2. Thirty three (33) toilets were constructed within the 38 camps. More toilets could not be completed as most families went back to their homes before Tarpaulins which were being used for wall cover could be available.

4.2.3. Tana North camps and hosting communities had limited sanitation facilities (latrines) except in Mitiboma, Ziواني and Bukuyu in which majority of the households had pit latrines. Ziواني and Bukuyu camps in Garissa Township had been supplied with 10 mobile latrines and latrine slabs during the onset of the floods. A team of 10 volunteers conducted hygiene promotion and sanitation in the camps: Anole, Ziواني and Bukuyu since the onset of the camps. The team mobilized the households in the camps through the village heads during camp cleaning and proper disposal of refuse. The rest of the populations in majority of the camps visited and host communities used open defecation as a method of excreta disposal. They were sensitized on the importance of constructing and using toilets as a way of faecal disposal. They were also made aware of the importance of washing hands at critical points.

4.3.1 The volunteers engaged in the response were sensitized on PHASTER before they commenced their routine activities. Some of the volunteers had skills having previous been trained on Hygiene and sanitation promotion strategies. The volunteers we provided technical support by Public health Officers who have background on PHASTER. 75 volunteers (25 per County) were oriented on PHASTER to conduct hygiene promotion, and were mobilized for 3 days per week. In addition, 15 volunteers (5 per County) were mobilized to monitor the water, sanitation and hygiene situation for 20 days (e.g. storage/treatment of water etc.).

4.3.2. Hygiene promotion teams conducted community sensitization and social mobilization the team managed to conduct health education sessions in 56 camps, with key messages on hand washing, promotion of uptake of clean drinking water and storage among others. The volunteers were supported by Public health officers to ensure quality of the activities they were conducting.

4.3.3. One hygiene promotion sensitisation was conducted in one school in Bukuyu.

4.3.4. The volunteers routinely monitored the public situation in the camps and reported any changes in the camps. The volunteers were supported by the Public Health officers and MoH routinely to ensure that any arising challenges were addressed.

Challenges

1. Lack of syrup medication for the children in the essential kits supplied that were complemented with supplies from MoH
2. A large number of people used open defecation in the camps and hosting communities, due to low

latrine coverage. The communities were sensitized on importance having and using latrines.

3. All the people did not treat water for consumption apart from those supplied with piped water from Garissa treatment works, the rest of the camps were supplied with aqua tabs and sensitized on household water treatment.
4. Sensitization on hygiene promotion and disease prevention has continued to be implemented by Community Health Volunteers in the hosting communities with support from the MoH even after the displaced people returned back to their homes.

Lessons learned

It is important to conduct continuous sensitisation as a refresher to the community to ensure they pick on hygiene habits

Shelter and Settlements

Shelter and settlements

Outcome 5: Immediate shelter and settlement needs of the target population in flood-affected areas of Kenya are met, over a period of 2 months (Target: 9,000 people / 1,800 HHs)

Output 5.1: Target population is provided with Non-Food Items (NFIs) and emergency shelter items (Target: 9,000 people / 1,800 HHs)

Activities:

Activities:

- 5.1.1. Replenish selected components of NFIs for 1800 HHs including (Tarpaulins, Blankets and kitchen sets) distributed by KRCS branches
- 5.1.2. Support establishment of IDP and evacuation centres including registration of beneficiaries

Achievements

5.1.1. The teams managed to distribute food and NFI's (family kits – 498 kits , kitchen sets - 1454, tarpaulins - 1454, blankets - 2898, mosquito nets – 15,424, rigid jerry cans – 5778 and collapsible jerry cans - 3874 , bar soaps - 8430, Pur – 13118 and Aqua tabs - 16787) to 67 camps with a total of 7,788 households. NFI kits composed of 1800 Kitchen Sets, 3600 Blankets and 1800 Tarpaulins were procured from this DREF to replenish those distributed.

5.1.2. Assessments and registration were conducted in 97 camps both in Tana North and Tana delta sub counties as the floods displaced population and submerged agricultural farms. The assessments were conducted in collaboration with the County Government, the Ministry of Agriculture, Members of the Ministry of health and other actors in the communities to include the area chiefs and village heads.

Challenges

There was no uniform construction of shelter thus made some of the camps to seen as congested

Lessons learned

It is important for the volunteers to have skills and knowledge in camp management to enable proper shelter construction during the operation for construction of sound structure, organised and spaced shelter and camps.

D.THE BUDGET

The DREF allocation was 268,322 Swiss franc of which 265,873 Swiss franc has been spent. The balance of 2,449 Swiss franc will be returned to the DREF. Two hundred forty nine thousand, six hundred and forty six (249,646) Swiss franc was transferred to the National society.

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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 Disaster 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

Disaster Response Financial Report

MDRKE036 - Kenya - Floods

Timeframe: 25 Dec 15 to 25 Feb 16

Appeal Launch Date: 25 Dec 15

Final Report

Selected Parameters

Reporting Timeframe	2015/12-2016/4	Programme	MDRKE036
Budget Timeframe	2015/12-2016/2	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		268,322				268,322	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		268,322				268,322	
C4. Other Income		268,322				268,322	
C. Total Income = SUM(C1..C4)		268,322				268,322	
D. Total Funding = B +C		268,322				268,322	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		268,322				268,322	
E. Expenditure		-265,873				-265,873	
F. Closing Balance = (B + C + E)		2,449				2,449	

Disaster Response Financial Report

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Selected Parameters

Reporting Timeframe	2015/12-2016/4	Programme	MDRKE036
Budget Timeframe	2015/12-2016/2	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			268,322			268,322		
Relief items, Construction, Supplies								
Shelter - Relief	18,000						18,000	
Water, Sanitation & Hygiene	28,961						28,961	
Medical & First Aid	53,475						53,475	
Utensils & Tools	52,200						52,200	
Total Relief items, Construction, Sup	152,636						152,636	
Logistics, Transport & Storage								
Storage	2,250						2,250	
Distribution & Monitoring	2,145						2,145	
Transport & Vehicles Costs	4,395						4,395	
Total Logistics, Transport & Storage	8,790						8,790	
Personnel								
National Society Staff	35,550						35,550	
Volunteers	47,650						47,650	
Total Personnel	83,200						83,200	
Workshops & Training								
Workshops & Training	1,500						1,500	
Total Workshops & Training	1,500						1,500	
General Expenditure								
Travel	1,500						1,500	
Office Costs	1,600						1,600	
Communications	2,420						2,420	
Financial Charges	300						300	
Total General Expenditure	5,820						5,820	
Contributions & Transfers								
Cash Transfers National Societies			249,646			249,646	-249,646	
Total Contributions & Transfers			249,646			249,646	-249,646	
Indirect Costs								
Programme & Services Support Recove	16,376		16,227			16,227	150	
Total Indirect Costs	16,376		16,227			16,227	150	
TOTAL EXPENDITURE (D)	268,322		265,873			265,873	2,450	
VARIANCE (C - D)			2,450			2,450		

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Selected Parameters

Reporting Timeframe	2015/12-2016/4	Programme	MDRKE036
Budget Timeframe	2015/12-2016/2	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	268,322		268,322	268,322	265,873	2,449	
Subtotal BL2	268,322		268,322	268,322	265,873	2,449	
GRAND TOTAL	268,322		268,322	268,322	265,873	2,449	