


www.ifrc.org  
Saving lives,  
changing minds.

## Emergency appeal operation update Kenya: Floods

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRKE025 GLIDE n° FL-2013-000038-KEN

#### Operation update n°2

31 May, 2013

**Period covered by this Ops Update:** 22 April to 22 May 2013.

**Appeal target (current):** CHF 3,538,548 in cash, kind or services to support Kenya Red Cross Society (KRCS) to assist an estimated 52,183 beneficiaries for a period of 6 months.

**Appeal coverage:** 13%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

#### Appeal history:

- This **Emergency Appeal** was initially launched on 22 April 2013 for CHF 3,538,548 for 6 months to assist 52,183 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 350,000 was initially allocated from the Federation's DREF to support the national society to respond.
- **Operations Update n°1** was issued on 23 May 2013 and provided an update on the coordination and donor interest and support to the appeal to date.
- This Operations Update n°2 is providing an update on the progress of the operation so far.

To date, the appeal has received both hard and soft pledges and commitments from PNS, UN agencies, developmental and private partners.



KRCS volunteers work with IDPs to construct latrines at Umoja IDP camp in the Coast region. A completed latrine. Photo/KRCS

**Summary:** Kenya experienced a series of floods from March to May 2013 over several of its regions of the country, with Western, Coastal and North Eastern being worst hit, which is expected to continue to the first week of June 2013. The effects of floods in the country are enormous and are characterised by loss of lives, destruction of infrastructure, loss of livestock and farm lands, and also pose a potential threat to outbreak of diseases, such as cholera and, diarrhoea in the flood affected areas.

Since the floods started in early April, more than 141,994 persons (28,735 HH) have been displaced, with a total of 96 floods associated deaths and 20 injuries reported. Destroyed arable farm acreage is estimated at 13,895 with a large number of livestock killed. KRCS jointly with partners, including several humanitarian actors and the Government of Kenya, are continuously responding to the floods through search and rescue missions, provision of shelter and non-food items, provision of safe water and sanitation services, provision of basic health care and support to the affected population.

## The situation

The March-April-May (MAM) floods have created a potentially hazardous public health situation with the schools (currently used as evacuation centers) not equipped to cater for the sanitation needs due to the large number of displaced people countrywide. Since April 2013, an estimated number of 141,994 persons (28,735 households) have been displaced. Further, the water sources have been contaminated by the large number of collapsed latrines. The likelihood of diarrheal and other water borne diseases outbreak remains a major public health concern.

The West Kenya Region is endemic for malaria and the flood waters also means increased breeding places for mosquitoes. Alarming concerns are on how to prevent malaria in the vulnerable population, especially children under five years and pregnant women.

In early May, the water levels of River Nzoia reached 5.86 m which caused flooding in Ugenya district (East and West Ugenya) as well as in Siaya District (Usonga location). Landslides and earth cracks have happened in Gucha District (Nyamache/Gionsaria Location, Gucha South/Kabiero and Chitago Location, Mboochi Chache and Kanyimbo Location), and Kisii District (Busero North and South Locations). On the dawn of 20 April, the residents of Mochenwa village in Nyamira North Nyamusi Division (Bokeira location, Nyakenimo sub-location) experienced a land depression that resulted to deep earth cracks on a long stretch of approximately 450 meters.

KRCS is currently following up to the flood related incidents, and responding to the needs of the flood affected population, including, basic health needs, water and sanitation services to the affected population, as well as shelter and relief items. Food shortage is a major concern, which is being raised with the government and other partners.

## Coordination and partnerships

During the floods operation, Kenya Red Cross Society being an auxiliary to the Kenyan Government is coordinating most of its activities with the core ministries such as;

- Ministry of Public Health and Sanitation, involved in health programmes including prevention.
- Ministry of Water Irrigation, involved in measures of controlling the floods, and water distribution (providing water tanks to some IDP camps).
- Provincial administration officers, involved in settling the IDP's in the camps and to maintain security in those camps.
- County governments, addressing the current situation and looking into preventing/mitigating the impact of future similar disasters.

*Red Cross/Red Crescent Movement:* The Federation supported the start up of the operation through providing a DREF start up loan. KRCS and the Federation are currently discussing with Participating National Societies (PNS) for potential support of the appeal. American, Danish and Swedish Red Cross have provided funds towards the appeal, and several soft pledges and interest have been expressed from other PNS partners. Contributions towards the appeal are expected shortly from Canadian, German, Finnish, Norwegian, and Austrian Red Cross Societies.

*Humanitarian / Development Partners:* An in-kind soft pledge has been received from Japanese International Cooperation Agency (JICA), and interest expressed from the Department of International Development (DFID), Austrian Aid, and European Commission Humanitarian Office (ECHO) to contribute to the emergency operation.

*United Nations (UN) and Non Governmental Organizations (NGOs) - the main ones listed below:*

- The United Nations Children's Fund (UNICEF) is supporting with WASH commodities and nutrition assessments for some areas in Tana Delta and West Kenya.
- The United Nations Population Fund (UNFPA) is funding reproductive health in the IDP camps and provision of Reproductive health kits for the affected population.
- World Health Organization (WHO) has contributed with some funds from the Voluntary Emergency Relief (VERF).
- Médecins Sans Frontières (MSF) is supporting basic health and WASH activities in North Eastern and West Kenya.

- CARE is assisting in provision of basic health care services in West Kenya.
- In Nyora Camp, the Association of People with Disabilities Kenya (APDK) distributed 5 pairs of Elbow crutches, 5 pairs of Auxiliary crutches, 4 Foldable wheel chairs, 5 white canes to persons with disabilities as part of a donation from the association.
- Plan international and Action Against Hunger have provided logistical support for volunteer and staff transport, in particular in Nyando and Tana Delta.

*Private donors:* There are private donors that have committed funds towards the KRCS emergency operation, most notably Safaricom.

## Red Cross and Red Crescent action

KRCS, in cooperation with its partners, has been assisting the affected populations with shelter, relief supplies, basic health services, safe water, provision of sanitation facilities and immediate search and rescue operations.

KRCS have undertaken rapid and in depth assessments to allow for appropriate programming addressing the needs of the beneficiaries. This has also been done jointly and/or in close cooperation with key partners as described above.

KRCS staff and volunteers have been mobilized and trained in key areas (WATSAN, PHASter, Cash transfer programming) for enabling professional and effective programme implementation. Structured for programme implementation have been set up.

Non Food Items (NFIs) have been dispatched from KRCS as follows: West Kenya region 2,000 households, North Eastern region 3,000 households, the Coast region 8,397 households). The NFIS include tarpaulins, kitchen sets, blankets, mosquito nets, bar soaps, jerricans. (The NFIs have been covered outside the appeal).

Several field visits for situation updates and monitoring have been undertaken by KRCS programme and senior management staff and IFRC has participated in two of those visits. A DREF loan was issued by IFRC to assist in initiating relief activities.

### Progress towards outcomes

KRCS rapidly initiated the response operation activities and the progress up to date is summarized below:

150 children and 260 households have been rescued from flooded areas by airlift, boat and being carried by the KRCS teams, and search for 10 missing persons due to the floods have been undertaken. Bodies of 2 persons that died as a result of drowning have been found during the search operation.

NFIs that have been dispatched from KRCS to regions as follows: (West Kenya region 2,000 households, North Eastern region 3,000 households, the Coast region 8,397 households). The NFIS include tarpaulins, kitchen sets, blankets, mosquito nets, bar soaps, jerricans. (The NFIs have been covered outside the appeal).

Medical supplies have been procured and deployed and more than 1200 beneficiaries have benefitted from basic health services provided through medical camps and outreach activities to displaced households. Additionally, 203 children under five have been treated against malaria and other waterborne diseases while 20 persons have been referred for immunization and 256 cases of potential dengue fever identified and referred for follow up. A total of 11 households have been assisted with spraying and 78 persons sensitized about Dengue fever for prevention and where to seek help. Awareness campaigns, as well as community clean up campaigns have been initiated to reduce risks for diseases.

Specific actions to monitor the nutritional status of children and pregnant and lactating women have been undertaken, with 1082 children and 299 pregnant and lactating mothers screened. Identified malnourished individuals have been referred and followed up to ensure participating in programmes targeting the malnutrition. 2879 households have been provided with specific nutritional foods (Unimix) for addressing malnutrition (covered outside the appeal).

Dignity kits, containing wrapping cloth for babies, sanitary towels, toothbrushes, toothpaste, bathing soap, medicated betting soap, washing detergent, have been distributed to 944 persons (224 men and 720 women), and 10 pregnant women have received clean delivery kits.

Specific attention has been given to gender based violence and post-trauma counselling for affected individuals. Additionally, HIV/AIDS affected individuals have been encouraged to continue with their medication, and advice and support have been provided to those who lost their medical cards for what they should do for continued access to medication.

Two emergency response units (ERUs) have been set up which provides safe water to the displaced communities, and water trucking is being undertaken. KRCS has distributed jerry cans, water filters, water purification tablets and sachets, and soap to the affected population. Seven KRCS volunteers have been trained in household water treatment, and reached 3000 households with training in safe water and how to use the water purification materials distributed.

30 KRCS volunteers from the communities have been trained in Participatory Hygiene and Sanitation Transformation (PHAST) and the structures for implementing and monitoring community based activities have been set up. 213 latrines and 76 bathrooms have been constructed to improve sanitation conditions and decrease the risks for diseases.

Three KRCS staff and 12 volunteers have been trained in cash transfer programming and Rapid Market Assessment (methodology and tools developed by the American Red Cross) to appropriately prepare for the cash transfer programme. Structures for implementation of the programme have been set up.

No progress in the livelihood and DRR component so far, however as some funds have been received now from the Danish Red Cross towards livelihood, activities are now being initiated for this outcome.

#### Search and rescue and restoring family links

<b>Outcome: Family contacts are re-established and maintained between family members separated by floods within and outside the affected areas.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>The persons affected and at risk due to the floods are evacuated to safer grounds</li> <li>Support tracing of missing persons and restoration of family links</li> </ul>	<ul style="list-style-type: none"> <li>Evacuation of affected persons to safer grounds</li> <li>Active tracing is considered in support to persons who have not succeeded in re-establishing contact with family members.</li> <li>Support continued tracing of missing persons and the restoration of family links at the household level.</li> <li>Search for missing persons in all possible areas including morgues to ascertain identities of the deceased linked to the floods.</li> </ul>

**Progress:** Since the beginning of the floods operation KRCS has deployed air, water and road search and rescue teams across the country. When the Sabaki River burst its banks, KRCS mobilised an air operation and managed to rescue over 150 marooned children in the Magarini area of the Coast region. River Nzoia recently burst its banks on 11 May 2013 and 9 people were reported missing. KRCS tracing team is on the ground undertaking search activities of the missing persons.

Between 1-7 May, KRCS rescued 160 households from flooded areas, prioritizing children and pregnant women, from Tana Delta to Kipao in the Coast Region, using a boat. Additionally, 56 households were rescued from Mpeketoni to Poromoko, through human portage on 12 May 2013.

In West Kenya region, three people are reportedly to have been drowned in River Kuja. Two of them have been found by the river banks whilst the third person is still missing. Search efforts by the community members and the KRCS tracing team are still on going.

#### Challenges:

- Small bushes covered by the water posed challenges for the evacuation by boat in the Tana Delta. The rescue team had to use slashes during evacuation to try and clear the bushes and create a path for the boat.
- The floods caused many hippos to migrate in the waters, which posed a challenge for the evacuation and search and rescue operations. Mpeketoni in the Coast region was particularly affected by this.
- Inadequate knowledge on flowing rivers strengths and lack of adequate personnel who could penetrate to such high river flows, especially in Nyando area in West Kenya Region.
- Another major challenge faced during evacuation in almost all areas was the inaccessibility to the affected communities, as infrastructure such as roads was cut off.

#### Shelter and non-food items

<b>Outcome: To increase the purchasing power of affected households and assist the most vulnerable and displaced households in West Kenya region with resilient shelters</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Basic purchasing power of 3,443 floods affected households in West Kenya is ensured.</li> <li>• 310 households have constructed floods resilient and safer shelters.</li> </ul>	<ul style="list-style-type: none"> <li>• Orient staff and volunteers in cash transfer programming</li> <li>• Conduct a rapid market assessment</li> <li>• Using the target criteria, identify and register beneficiaries of cash transfer</li> <li>• Assess and sign agreements with payment service providers to deliver cash transfers</li> <li>• Formation of complaints and feedback mechanism</li> <li>• Disburse funds to 3,443 affected households in West Kenya each household will receive unconditional cash transfer with a value of KSH 5,500 as a support to meet their basic needs</li> <li>• Monitor and evaluate cash transfer activities.</li> <li>• Provide staff and community with training, guidelines and construction instructions</li> <li>• Conduct training to 30 KRCS volunteers on safe construction techniques and sustainable building materials alternatives</li> <li>• Conduct training in target communities to improve understanding of quality of materials and best practise techniques for flood resistant shelter.</li> <li>• Design, production and distribution of 310 commodity vouchers for purchase of safer shelter construction materials</li> <li>• Produce and distribute IEC materials (brochures, poster and video on safe construction</li> <li>• Detailed needs assessment and design for shelter needs through community participation and ownership in identifying the most used or required local materials</li> <li>• Selection of village committees to assist in the identification of the most vulnerable households to benefit from cash based shelter based intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• Selection of suppliers to provide shelter materials</li> <li>• Local meetings with beneficiaries to agree on time period for construction and the conditionality of the assistance</li> <li>• Trained staff and volunteers to provide technical assistance to the beneficiaries during construction of the safer shelters</li> <li>• Issue completion certificates to the families who have completed construction</li> <li>• Formation of beneficiary communication system</li> </ul>
--	---

**Progress:** Induction training, involving 2 American Red Cross staff, 3 KRCS staff, and 12 KRCS volunteers was held for 3 days with purpose to orient the participants on cash transfer programming and community based targeting process. The participants were also trained on how to use Rapid Market Assessment (RAM) tools developed by AmCross. The tools have been pre-tested in Ahero Market in Nyando County.

An initial meeting with the payment service provider took place on 7 May 2013 at KRCS to agree on the delivery mechanism and timelines. The 2,500 targeted beneficiaries will each receive Kshs 5,500. Mobilization, identification and registration of the beneficiaries are undertaken in the targeted areas (Rachuonyo, Nyando, Homabay and Gucha) in West Kenya Region. Funds disbursement is tentatively planned to take place early in the month of June 2013.



**Training on cash transfer programming in Kisumu.  
Photo/ KRCS**

Targeting criteria for the 2,500 households included;

- Households whose houses were completely destroyed by floods
- Households with orphans and other vulnerable children (OVC), i.e. Child headed households
- Households with chronically ill caregivers
- Households headed by elderly parents
- Single headed households
- Households with expectant and lactating women
- Households headed by persons with disabilities without proper income
- Households hosting large number of displaced persons
- If the numbers would allow, hosting families would also be targeted in recognition of the fact that they were dealing with larger than normal family sizes.

A two leveled complaints and feedback mechanism has also been launched and is already operational at the community level. The mechanisms include a) committees which at the moment are charged with data collection/registration in each of the 23 targeted centers, and b) a beneficiary communication system where on daily basis KRCS volunteers record complaints and provide feedback for the issues raised by beneficiaries and other members of the community.

No activities have been implemented related to the safe and flood resilient shelter, due to lack of funding for this component.

#### **Challenges:**

- Difficulties in accessing the target areas due to increased floods
- The number of persons in need for assistance is higher than the caseload currently targeted for mobile cash transfer.
- In the area targeted for cash transfer programming, there is a huge need for a comprehensive shelter & recovery program.
- Lack of funding for safe and resilient shelter constructions.

### Livelihoods

<b>Outcome: To contribute to the re-establishment of disrupted livelihoods by assisting 218 households whose crops were destroyed by floods in Magarini District, Coast Region</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Output 1:</b> Food security for 218 households is enhanced.	<ul style="list-style-type: none"> <li>Procure and distribute 218 digging hoes and 1.38 metric tonnes of assorted seeds comprising of cowpeas, green grams and fast maturing maize seeds to 218 affected households in Magarini district.</li> </ul>

**Progress:** No progress in the livelihood component so far, however as some funds have been received now from the Danish Red Cross, activities are now being initiated.

### Emergency health, nutrition and care

**Outcome 1: Reduced morbidity and mortality among the 9,865 HH floods and dengue fever affected households through provision of basic health care services during three months.**  
**Outcome 2: Improved nutritional status of populations in emergencies (10,437 under fives, 2,087 pregnant and lactating women)**

<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>First aid services and psychosocial support has been provided to households affected by the disaster.</li> <li>Increased access to basic health and nutrition services among the disaster affected populations.</li> <li>Increase knowledge on preventable public health diseases among the disaster affected populations.</li> <li>Reduced incidences of disease outbreaks among the disaster affected populations.</li> <li>Improved level of preparedness for health and nutrition related emergencies</li> </ul>	<ul style="list-style-type: none"> <li>Provision of first aid services and psycho-social support to the affected persons and families through mobile health units.</li> <li>Through 200 volunteers, support the MOH in assessing and responding to the basic health and nutrition needs for the affected 9,865 households, 10,437 under five and 2,087 pregnant and lactating women.</li> <li>Volunteers will undergo a rapid training in nutrition assessments, triage and health messaging.</li> <li>Conduct at least 6 health promotion and disease prevention campaigns focussing on disease with epidemic potential including malaria, cholera in Coast (Tana River, Taita Taveta and Magarini), Kisumu County (Nyando, Muhoroni, Nyakach, Kisumu East and West), Homabay County (Homabay and Rachuonyo), Western (Bunyala), Upper Eastern (Garbatulla) and North Rift (Turkana, Trans-Nzoia and West Pokot).</li> <li>Design and Produce assorted IEC materials to support health education by health promotion teams.</li> <li>Procure and distribute insecticides, 6,234 insecticide treated mosquito nets for vector control in Mombasa (Kizingo, Ganjoni, Tononoka and Tudor areas) and conduct space spraying in the dengue affected areas of Mombasa (Kizingo, Ganjoni, Tononoka and Tudor areas)</li> <li>Procure and distribute 15,655 dignity kits (7828 Female and 7827 male kits (wrapping cloth for babies, sanitary towels, toothbrushes, toothpaste, bathing soap, medicated betting soap, washing detergent) and distribute to the targeted 5,000 households</li> <li>Support the county health teams (in Migori, Kisumu and Homa bay) to develop emergency health and nutrition contingency and response plans through monthly joint planning meetings and sensitization forums</li> <li>Continuous monitoring, evaluation and development of operational updates.</li> </ul>
<ul style="list-style-type: none"> <li>Improved preparedness and enhanced capacity to respond to epidemics.</li> </ul>	<ul style="list-style-type: none"> <li>Procure and preposition 2 Interagency Emergency Health Kit (IEHK) and 2 supplementary modules and 2 malaria modules.</li> <li>Continuous monitoring, evaluation and development of operational updates.</li> </ul>

**Progress:** KRCS participated in the KIRA assessments between 6 and 8 April 2013 for the West Kenya region. In response to the health needs for the floods, KRCS procured / deployed medical supplies that include six Basic Interagency kits (including three with antimalarial to Garsen, Malindi and Kisumu), five Supplementary kits, three cholera kits (deployed in Garsen, Malindi, and Garissa), and 18,000 mosquito nets for the operation. Assorted paediatric drugs have been procured to support medical camps in North Eastern region.

Medical camps and outreach services are being conducted in conjunction with the MoH. KRCS teams have identified 18 camps (2003 households) along the Tana River where they conduct medical intervention on a weekly basis. KRCS mobilized partners such as MSF and UNICEF. So far two Medical camps, three health outreaches have been conducted in Nyando, while two medical camps has been set up in Nyatike and Magina on 26 and 27 April 2013. The major conditions identified through the medical outreach activities and medical camps include for example malaria, sexually transmitted infections (STIs), upper respiratory tract infections (URTIs), and malnutrition. 985 IDPs were treated and any other cases requiring specialised attention were referred. Approximately over 1000 IDPs benefited from the Medical camps. Group Sessions around gender based violence (GBV) were held, and contraceptives awareness sessions and post trauma counselling were rolled out, targeting responders and survivors.

KRCS is working jointly with other actors to ensure continuity of public health centre (PHC) services to the most vulnerable and traumatized people, such as vulnerable boys and girls, pregnant and lactating women, people with chronic conditions, the elderly as well as person living with disabilities. Emphasis of on-going PHC interventions is a) on improving the health of the vulnerable population with particular focus on mothers and children, b) increasing coverage and accessibility of essential health services, c) improving the quality of services, and d) pursuing an integrated inter-sector and multi-disciplinary approach with beneficiary participation in the planning, delivery, and monitoring of health services.

Disease outbreak investigation and response is a major concern in the affected areas. The top five diseases in all the districts include malaria, respiratory infections, diarrhoea, skin infections, and urinary tract infections (UTIs). There are no disease outbreaks so far but the emerging trends point to possible Malaria and diarrhoea out breaks. All disease surveillance tools are available for the last six months in all health facilities checked. Preliminary information from the Health Facilities surveyed indicates that vaccines are available. KRCS volunteers continue to refer persons without vaccinations to facilities for immunization. So far 20 persons have been referred.

In the North Eastern region, the most common diseases of concern to the health team were malaria, diarrhea, URTIs, Pneumonia (a major Lower Respiratory Tract Infection) and Skin Diseases hence a total, 802 persons have so far been attended to during the floods operation (331 were male and 471 female).

In Nyatike, 203 children under 5 years were treated against malaria and other waterborne diseases while 432 above 5 years were also treated for common ailments at the medical camp.

Many of the health centres in the flood affected areas were cut off when roads and other infrastructure were destroyed by the waters, and now face challenges with lack of medical supplies, while their workload has increased. In Nyando, the Health Facilities affected include; Magina, Bunde, Kadinda, Katolo, Manyatta and Ahero. In Nyakach, the Health Facilities affected are Gem Rae, Sango Rota and Nyakach District Hospital. About 1500 active HIV and TB clients are served by these facilities. KRCS has performed a survey of the health facilities who have confirmed that enough TB and HIV drugs are stocked to support the affected communities. (Most clients were dispensed with two months dosages of TB drugs prior to the elections period and as such are still safe). There have been some cases where the clients' drugs were swept by the flood, especially in Nyando area. Such cases have been referred by KRCS to Health Facilities nearby and follow up is on going. KRCS is also providing special health services for people with HIV, tuberculosis and other chronic diseases such as outreaches and tracing etc.

On 23 March 2013, Dengue fever, a vector borne disease associated with flooding was reported in Mombasa, Coast region. 256 suspected cases of Dengue fever were identified. The screened patients had their samples referred to Kenya Medical Research institute (KEMRI) in Nairobi for further tests,

out of which 102 have so far been confirmed positive for Dengue Virus and 3 fatalities reported. The confirmed cases are expected to rise, still awaiting test results from 15 cases, and high possibility for new infected cases.

From 3 April 2013, the MoH initiated a massive rapid response in vector control action, including disease surveillance and health education among the displaced communities in the high risk areas. KRCS in collaboration with MoH are conducting a vector control campaign in the Coast region. KRCS has assisted with spraying of 11 households in Tudor and Bamburi, 78 persons have been sensitized on the outbreak of Dengue fever, and 356 IEC materials have been distributed and disseminated to health facilities and community members. A Behavior Change Communication (BCC) campaign has been launched and KRCS is designing poster for printing, distribution and dissemination. A mass community cleanup campaign is being planned in collaboration with the county government in Mombasa.

KRCS has integrated HIV/AIDS prevention activities in their emergency response through guaranteeing availability of free condoms (obtained from Kisumu East District, Nyando and Lower Nyakach) and facilitate awareness sessions. Those on ARV therapy were encouraged to continue taking their medications, while those who misplaced their clinic cards were assisted with information on how to access the nearest health facilities for continuation of supply. Through the survey KRCS had updated information on which health facility had the drugs in stock.

KRCS jointly with other partners conducted a quick assessment aimed at auditing the post flooding effects on the sexual reproductive health (SRH) of the affected communities. The quick assessment revealed various gaps including high child and maternal mortality rates, and GBV issues. Elaborate reproductive health interventions have been rolled out including; Minimum Initial Service Package in Emergence Settings; contraceptive awareness sessions targeting women of reproductive age and youth in particular and the displaced population in general; Integrated Medical outreach within the camps; and Post trauma counselling, including GBV issues. This is undertaken through strategic partnerships with UNICEF, UNFPA, Government Ministries and local community. KRCS is prioritising prevention of excess maternal and neonatal mortality and morbidity by promoting clean home deliveries through increased awareness of the importance for the use of clean delivery kits, to all visibly pregnant women and birth attendants. Furthermore, a referral system has been established to manage obstetric emergencies.

Most families from the area have around five or six children, and these were involved in discussions around long term family planning methods. (It was noted that short term family planning methods were available to the communities however a gap was noted on long term methods.)

Other specific actions included:

- Mothers have been sensitized on the importance of taking children under five to clinic for immunization.
- Expectant/ pregnant women were also advised to visit Ante Natal Clinics (ANC) even if they lost their ANC cards.
- Male involvement during pregnancy was emphasized. This was exemplified in the case of six women who were on labour during the intervention period.
- Traditional birth attendances (TBA) and Community Health Workers (CHW) were encouraged to participate in all interventions as regards SRH.

224 male Dignity Kits and 720 female Dignity Kits have been distributed to affected persons, while two boxes of clean delivery kits have been given to a total of 10 visibly pregnant women.

UNICEF is coordinating the nutrition response actions in West Kenya. KRCS teams are also working closely with other partners (IMC in Tana River) and are conducting nutritional assessments amongst the displaced populations. Four nutritional assessments have been undertaken in Garissa camps, and currently assessments are on-going in both Tana Delta and in West Kenya regions. Data from Garissa nutrition assessments conducted in the reporting period is as below.

**Table 1: Summary of nutrition assessment data collected in Garissa IDP Camps targeting Children < 5 years**

Division	Camp	Children < 5YRS Screened			Children < 5YRS with SAM* <11.5CM		Children with bilateral oedema		Children < 5YRS with MAM** (11.5 - < 12.5)		Children < 5 YRS at risk (12.5 - 13.5CM)		Children < 5YRS normal >13.5 CM	
		Male	Female	Total	Total No.	%	Total no.	%	Total no.	%	Total no.	%	Total no.	%
Mororo	Ziwani	72	60	132	6	5	0	0	12	9	23	17	91	69
Mororo	Bakuyu	102	135	237	5	2	0	0	11	5	26	11	195	82
Galbet	Kazuku	64	43	107	2	2	0	0	14	13	29	27	62	58
Galbet	Hyuga	40	59	99	2	2	0	0	14	14	17	17	66	67
Galbet	Omulsal ama	9	13	22	1	5	0	0	1	5	2	9	18	82
Madogo	Madogo	121	125	246	14	6	0	0	22	9	80	33	130	53
				<b>843</b>	<b>30</b>		<b>0</b>		<b>74</b>		<b>177</b>		<b>562</b>	

Source: KRCS April/May 2013 \* severe acute malnutrition, \*\* moderate acute malnutrition (MAM)

Malnourished children were referred by the KRCS teams to the nearest health facility for rehabilitation services. A large number of children identified as being at risk of malnutrition were children mostly recovering from acute malnutrition and already in other programmes. Discussions were however initiated with MoH, WFP, and UNICEF in regards to provision of a blanket ration for all under-fives given the relatively high level of acute malnutrition post crisis as well as reported food insecurity amongst the displaced households.

**Table 2: Summary of nutrition assessment data findings in Garissa IDP Camps: Pregnant/Lactating Women**

Division	Camp	PREGNANT AND LACTATING WOMEN							
		Total Screened	MUAC* < 21	%	MUAC* (21-23) CM	%	MUAC* >23	%	
MORORO	ZIWANI	31	2	6.5	9	29	20	65	
MORORO	BAKUYU	17	3	17.6	5	29	9	53	
GALBET	KAZUKU	32	2	6.3	10	31	20	63	
GALBET	HYUGA	30	6	20.0	10	14	14	47	
GALBET	OMUSALAMA	8	1	12.5	3	38	4	50	
MADOGO	MADOGO	57	8	14.0	14	25	35	61	
		175	22		51		102		

Source: KRCS April/May 2013 \* Measuring Mid-Upper Arm Circumference. (MUAC)

Pregnant and lactating women were also screened for acute malnutrition and referred appropriately. Similarly to the children, there were also an identified need to have a blanket food ration provided for the nutritionally vulnerable women as the supplement provided for recovery from episode of malnutrition is relatively inadequate (also taking into account the food insecurity in some of the areas which will result in intra- household sharing of therapeutic and supplementary rations). This is especially required in the early recovery phase as households work at restoring their livelihood capitals.

Nutrition assessments were finalized in Tana Delta area, Coast region. Table below gives an overview of the screenings that have taken place among the displaced communities.

**Table 3.1: Total Beneficiaries reached after nutritional screening in Tana Delta.**

CAMPS	< 5 YEARS				PREGNANT AND LACTATING			
	NO SCREENED	At risk	MAM	SAM	NO screened	At risk	MAM	SAM
Bura Rahma	45	5	6	2	16	6	3	0
Bandani	20	0	3	0	15	2	3	0
Mtopani	16	3	0	0	10	0	3	0
Pangani	45	3	3	2	14	0	3	0
Marafa	63	3	1	1	34	2	4	0
Odole	50	3	3	0	35	1	4	0
<b>Total</b>	<b>239</b>	<b>17</b>	<b>16</b>	<b>5</b>	<b>124</b>	<b>11</b>	<b>20</b>	<b>0</b>

The nutrition assessments conducted in Tana River have so far identified and referred 5 malnourished pregnant/lactating women and 11 acutely malnourished children under 5 years. A larger proportion of the persons identified were classified as being at risk; however these could easily slip into the groups of moderate acute and severe malnutrition.

**Table 3.2: Summary of Nutrition Assessment Data Findings: Tana Delta Flood Operations – All groups combined (Pregnant/lactating women and Children under 5)**

	Pregnant and lactating women	Children under 5
Total attendance	17	7 Males 10 Females
At risk	12	3 Males 4 Females
Moderate Acute Malnutrition	4	3 Males 6 Females
Severe Acute Malnutrition	1	1 Male 1 Female
<b>Total</b>	<b>17</b>	<b>17</b>

Source: KRCS April/May 2013

The KRCS teams are offering nutrition and health education as related to prevention of flood related morbidity and care practices, especially on exclusive breastfeeding and continued breastfeeding for the infants and young children. KRCS has also worked closely with the county authorities to make available food items that would be useful for complementary feeding of young children.

In Mahero camp, West Kenya Region after nutritional assessments of the target population using MUAC, the results from the 49% of under five years screened showed, moderate Acute Malnutrition Rate (MAM) at 6%, Severe Acute Malnutrition (SAM) at 1% and Normal nutritional status at 93%.



Nutrition screening being done at Mahero camp in West Kenya region. Photo/ KRCS

In the Coast region, Unimix (an enriched maize and bean flour designed and used to fight malnutrition) have been distributed as the nutritional component for 2,879 flood affected households (2,417 households in Malindi and Magharini, 460 in Hola and two in Tana Delta). (Covered outside the appeal.)

Screening of potentially malnourished persons is planned for Bura location, will be implemented through the nutritional officers posted in these areas.

**Challenges:**

- Difficulties in accessing affected communities and fluidity in population movement posed some challenges for the rapid nutrition assessments, in particular in West Kenya. Nonetheless, upon access, the KRCS teams were able to move in quickly and initiate assessments.
- The high risk groups for acute malnutrition were further exposed due to delay in distribution of food as well as general inadequacy and diversity of food. Even when the vulnerable groups had access to integrated services to address acute malnutrition this situation caused stress. The involved partners, including KRCS, WFP and GoK, will need to find working modalities and solutions to address the immediate food needs of emergency affected populations.

**Water, sanitation, and hygiene promotion**

**Outcome: Reduced risk of water and sanitation related diseases for 9,865 flood affected households in the affected regions, during the 6 months of operation.**

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> <li>• 9,865 HH floods affected people have access to appropriate Hygiene education, safe water and improved sanitation.</li> </ul>	<ul style="list-style-type: none"> <li>• Design, development and distribution of assorted key hygiene promotion IEC materials</li> <li>• Mobilize 100 volunteers to conduct PHASTER and household water treatment education for the affected 9,865 households for a period of 5 months</li> <li>• Procure and distribute appropriate point of use water treatment solutions for 9,865 affected households for a period of 6 months</li> <li>• Provide water vouchers to target approximately 500 households (3,000 beneficiaries) with access to water vendors</li> <li>• Provide for water trucking for hard to reach communities, targeting approximately 250 households (1,500 beneficiaries)</li> <li>• Rehabilitate 6 key community water supplies affected by the floods, including pipelines, shallow wells, boreholes, water pans and water distribution points in Pokot, Kibwezi, Mwingi, Wajir, Garissa and Tana River</li> <li>• Train existing water supply management committee members in operations, maintenance and project management for all rehabilitated water supplies</li> <li>• Procure, distribute and install 1,000 Sanitation Platforms in Tana River, West Kenya, Garissa, Coast and North Rift Areas. These will target IDP camps, schools, health facilities and affected households</li> <li>• Procure and install 1,000 hand washing facilities in Tana River, West Kenya, Garissa, Coast and North Rift Areas, targeting IDP camps, schools, health facilities and affected households</li> <li>• Procure assorted vector control chemicals and protective gear and carry out spraying in displaced areas, targeting Coast, Tana River, Garissa and West Kenya</li> <li>• Excavate drainage systems within affected areas in IDP camps in Tana River and Garissa</li> </ul>

**Progress:****Coast Region – Tana Delta**

The most affected area in the Coast region was Tana Delta district where a total number of 87 spontaneous settlements have been established by the flood affected and displaced communities.

In order to address mass supply of safe water, the KRCS WATSAN team installed one water treatment plant (SETA) where the largest IDP camp holding 270 households is situated along Lamu road (Garsen division). Five KRCS volunteers were trained on the operation of the water treatment plant (SETA). The daily production has ranged between 10,000 – 20,000 liters of water, depending on the consumption of water in the camp and

the turbidity levels of the water source. A total of 140,000 liters have so far been distributed to the displaced communities.

Additionally, in order to provide safe water to the other IDP camps in the Coast region, KRCS has provided two 5000L polytanks in Madogo while Northern Water Services Board provided three similar tanks in Ziwani and Bakhuyu camps. The tanks are filled twice daily by GAWASCO (Garissa water and Sewerage Company) in the mornings and evenings.

Seven KRCS volunteers have been trained in household water treatment and are currently conducting house to house demonstration and community demonstration on point-of-use water treatment using PUR and Aqua Tabs. They have so far been able to reach 3,000 households and distributed 46,780 PUR sachets and 12,000 Aqua tabs in Tana Delta district.

Water utility goods such as buckets, collapsible jerricans were distributed as part of NFIs to facilitate water collection, storage and also water treatment using PUR/Watermaker.

To cascade hygiene promotion 30 CHWs were trained in PHAST in Emergencies and have conducted hygiene promotion sessions amongst the affected communities. 70 latrines with hand washing facilities have so far been constructed to enhance safe excreta disposal, and 60 bathrooms have been constructed to facilitate community personal hygiene.

### **West Kenya Region**

Household water treatment chemicals (36,960 PUR/Water maker and 140,000 aquatabs) have been distributed to the affected communities in Nyando and Migori, alongside appropriate training and demonstrations on the use the water treatment chemicals to the communities (including household visits). Hygiene promotion was undertaken through existing community health extension workers. In Ahero 68 peepoo bags were distributed to promote safe excreta disposal.

In Busia the KRCS teams reached out to the affected households in the Budalangi area. A total of 13,980 PUR/Water maker sachets and 14,000 aquatabs were distributed to promote household water treatment, and training and demonstrations on the use the water treatment chemicals were undertaken for the communities (including household visits). Hygiene promotion sessions have been undertaken by volunteers and community health extension workers. A total of 15 latrines and 12 bathrooms have been constructed to enhance safe excreta disposal and personal hygiene. 396 collapsible jerricans and 396 bars of soap were also distributed.

In Siaya the KRCS teams reached out to affected populations in Alego area. A total of 10,254 PUR/Water maker sachets and 4,021 aquatabs were distributed to promote household water treatment, alongside the training on its usage for the communities also targeting household level. Hygiene promotion sessions have been undertaken by volunteers and community health extension workers. A total of six latrines and four bathrooms have been constructed to enhance safe excreta disposal and personal hygiene. In addition 424 collapsible jerricans and 660 bars of soap were distributed to the beneficiaries.

### **North Eastern Region**

In the areas of Bura Tana and Bura Fafi, the floods affected communities have been trained on the use of household water treatment chemicals before any distributions were conducted. A total of 40,000 PUR/Water maker and 5,000 aquatabs have so far been distributed.

Hygiene promotion campaigns have been undertaken consistently in addition to camps and household visits to sensitize the communities of maintaining of the safe water chain. This has been undertaken by 30 KRCS volunteers identified and mobilized for this purpose. A total of 122 pit latrines have so far been constructed to promote safe excreta disposal.

200 Household water treatment filters have also been distributed to the affected population to promote safe drinking water. Trainings to the beneficiary household were conducted on the operation and maintenance of the filters.

Collapsible jerricans and buckets were also distributed as part of the NFIs to promote collection and safe storage of drinking water.

**Table 4: Tabulated House Hold Water Treatment Chemicals Distribution**

Region	PUR/ WATERMAKER	AQUATABS
West Kenya	61,194	158,021
Coast Region	46,780	12,000
North Eastern Region	40,000	5,000
<b>Total</b>	<b>147,974</b>	<b>175,021</b>

Source: KRCS April/May 2013

#### Disaster Preparedness and Risk Reduction

<b>Outcome: Communities' resilience to floods and landslide risks is strengthened in 10 targeted counties in the affected regions.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Flood and landslide affected communities are better prepared to predict, respond and recover to disasters.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct trainings for 120 staff and volunteers on Vulnerability Capacity Assessment (VCA) guidelines and tools in the affected areas.</li> <li>Conduct VCA with communities in 10 targeted counties</li> <li>Develop community hazard maps for each of the mapped communities.</li> <li>Develop community contingency plans and community based early warning systems</li> <li>Public awareness and public education for DRR activities</li> <li>Develop community action plans</li> <li>Improvement of early warning systems by constructing river level monitoring poles in rivers Awach, Nzoia, Nyando, Miriu, Kuja, Migori Tana and Sabaki and purchase of 20 megaphones.</li> <li>Strengthening of community response structures through awareness creation on flood detection and evacuation search rescue and recovery through short trainings.</li> </ul>

**Progress:** No activities initiated as yet due to lack of funding.

#### Logistics

<b>Outcome: To provide effective logistical support that enables rapid assistance provided to targeted beneficiaries.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Relief items are distributed in a timely manner to the targeted population.</li> </ul>	<ul style="list-style-type: none"> <li>Transport relief supplies to final distribution points.</li> <li>Identify suitable warehouses for storage of relief items</li> <li>Maintain mobilisation table</li> <li>Reinforce regional logistics capacity in warehousing and transportation</li> </ul>

**Progress:** Relief items related to health have been procured and distributed to the respective regions affected by Floods. See table below. The NFIs (not covered by this appeal), including tarpaulins, buckets, soap etc, have been distributed as described under RC/RC Action.

Mileage covered by North Eastern region for the month of April was 40,000kms where 10 vehicles were engaged, and West Kenya region for the month of April were 6,011kms.

**Table 5: Health Kits procured and deployed.**

Bura	Floods	Basic Interagency Health Kit-10boxes	kit	1
		Supplementary kit-16 boxes	kit	1
Garsen	Floods	Basic Interagency Health Kit-10boxes	kit	1
		Basic Interagency w/o antimal Health Kit-10boxes	kit	1
		Supplementary kit-16 boxes	kit	1
		Cholera Kit	kit	1
Malindi	Floods	Basic Interagency Health Kit-10boxes with antimal	kit	1
		Supplementary kit-16 boxes	kit	1
		Cholera Kit	kit	1
Garissa	Floods	Basic Interagency Health Kit-10boxes	kit	1
		Supplementary kit-16 boxes	kit	1
		Cholera Kit	kit	1
Kisumu	Floods	Basic Interagency w/o antimal Health Kit-10boxes	kit	1
		Supplementary kit-16 boxes	kit	1

Source: KRCS April/May 2013

**Challenges:**

Some delays in delivery of relief items from suppliers have been experienced.

## Communications – Advocacy and Public information

**Planned Activities**

- Produce weekly floods/drought information bulletins and share with relevant stakeholders.
- Facilitate media field trips to floods affected areas to create awareness.
- Monitor media coverage of floods and floods recovery activities.
- Produce IEC materials on floods disaster preparedness and response.
- Produce and air radio, print adverts/supplements on KRCS interventions.
- Social media monitoring and updates
- The launch of this appeal and other major milestones throughout the operation will be highlighted on IFRC website
- KRCS will jointly work with IFRC to implement humanitarian diplomacy and advocacy activities on behalf of the vulnerable population.
- Advocacy focal points will be identified and supported with communication tools.

**Achievements:**

KRCS has so far produced regular updates on the situation and floods emergency response operations. It has been shared with identified stakeholders and published through relevant channels, such as IFRC web page, relief web, and national foras. Field trips have been organized for media and other stakeholders to raise awareness of the situation in the flood affected areas. KRCS has been advocating on behalf of the vulnerable population through media and bilateral meetings. Teleconferences have been organized with key partners within the RC/RC movement, for updating on the situation and discussion of support to the appeal.

## Monitoring and evaluation

For all of the programme activities KRCS have set up a monitoring and reporting structures. Additionally, beneficiary complaint and feedback mechanisms have been put in place. KRCS

programme managers and senior management have visited their teams in the field for follow up on the situation and the activities. IFRC have undertaken field visits, jointly with KRCS, to understand the situation for monitoring purposes.

#### Annex 1: West Kenya region camps.

Region	population affected	Displaced households	households currently in camps	Children under 5	Lactating Mothers	Pregnant women	Elderly	Persons with disabilities
Busia	Approx. 5,230	693	546	1343	225	75	1,056	46
Butere Mumias	Approx. 900	144	30	10	6	3	6	4
Homabay	1,240	0	0	0	324	96	56	10
Kisumu	Approx. 3,600	494	160	973	567	48	72	36
Migori	Approx. 3500	271	The former displaced persons have been integrated back into the community	415	146	59	56	11
Nyando Muhoroni Nyakach	Approx. over 10,000	1,936	846	936	131	88	26	57
Rachuonyo	Approx. 1,587	308	136	87	19	7	26	11
Siaya	Approx. 5,400	661	661	334	95	77	16	29
Gucha	Approx. 5,029	351	101	125	90	5	20	2
Nyamira	Approx. 600	20	NIL	2	5	1	1	Nil
<b>Total</b>	<b>Approx. 37,086</b>	<b>4,878</b>	<b>2,480</b>	<b>4,225</b>	<b>1,608</b>	<b>459</b>	<b>1335</b>	<b>206</b>

#### Annex 2: Summary of IDP camps in North Eastern Region

	NAME	POPULATION	CURRENT SITUATION
<b>GARISSA</b>			
1	Bakuyu Iftin	3353	Active
2	Ziwani	2240	Active
7	Madogo	4800	Active
8	Asako	763	Active
9	Bulla Rahma	217	Active
	<b>SUB TOTAL</b>	<b>11,373</b>	
<b>BURA FAFI</b>			
1	Jaribu	266	Active
2	Mathat Morothi	399	Active
3	Shekaloni	287	Active
4	Munyich	616	Active
5	Guyo chini	588	Active
6	Mtombini	735	Active

7	Jira Abaq	399	Active
8	Kumbi	476	Active
9	Shaba	483	Active
10	Ngamano	518	Active
11	Walini	126	Active
12	Baleni	1015	Active
14	Mansabubu B	609	Active
15	Kiwanja Ndege	126	Active
16	Huruma	105	Active
17	Kiembeni	119	active
	<b>SUB TOTAL</b>	<b>6,867</b>	
	<b>GRAND TOTAL North eastern</b>	<b>18,240 3,040</b>	

**Annex 3. COAST REGION Camps  
LAMU ROAD**

		<b>HOUSEHOLDS</b>	<b>ESTIMATED POP</b>
1	Umoja A	68	340
2	Umoja B	67	335
3	Danisa A	130	650
4	Danisa B	131	655
5	Miesa Matomba	114	570
6	Miesa Tia Nanga	94	470
7	Dumi A Pokomo	56	280
8	Kachwada****	31	155
9	Mitapani	76	380
10	Peponi Dumi	103	515
11	Bandi	270	1350
12	Wal wakona Gamba	198	990
13	Wal wakona	58	290
14	Gamba A Pokomo	100	500
15	Bula Rahma	157	785
<b>WEMA ROAD</b>			
16	Hewani Ngambo village	80	400
17	Eskedec	120	600
18	Tawakal	140	700
19	Haluba 'A' farmers	150	750
20	Haluba 'B' farmers	71	355
21	Korlabe 'A'	165	825
22	Korlabe 'B'	168	840
23	Korabe 'C'	150	750
24	Kiembeni	156	780
25	Kiomo	138	690
26	Marengo Ngelwa	99	495
27	Ngumu	100	500
28	Ngumu village Somali	152	760
29	Lazima 'B' Kambole	65	325
30	Lazima 'A' Pokomo	87	435
31	Hakani	65	325
32	Peponi pri. {Pokomo	85	425
33	Peponi Adaad	137	685
34	Hangada Mikameni	57	285
35	Mikameni Mwina	134	670
36	Bubesa A	94	470

37	Bubesa B	70	350
38	Kinyadu	196	980
39	Kiama	90	450
40	Buboa Mnazini	149	745
41	Chalachala Mnazini	168	840
42	Amani Choa Kitere	100	500
<b>HOLA ROAD</b>			
43	Dumi B Wardei	50	250
44	Kilinguni farmers	33	165
45	Kokani	85	425
46	Babahani Warera farmers	35	175
47	Garsen Kivukoni South	63	315
48	Konkona	85	425
49	Farmers Chira B	24	120
50	Onkorati village	17	85
51	Bilisa Wata	61	305
52	Tulichani	134	670
53	Maziwa Manyatta	60	300
54	Sera A farmers	162	810
55	Tsanankuu Sera B	128	640
56	Tsanankuu Sera C	172	860
57	Feji village	85	425
58	Dobale Sera	150	750
59	Kibaoni Wardei Mnazini	131	655
60	Kibaoni Pokomo Mnazini	40	200
61	Baomo	187	935
<b>TARASAA-CHARA ROAD</b>			
62	Odha	100	500
63	Onwardei	110	550
64	Ondhara	32	160
65	Marafa (from Mwanja)	121	605
66	Gobani	31	155
67	Sogal	45	225
68	Ongonyo	132	660
<b>GALILI LOCATION</b>			
69	Galili village	145	725
70	Onkolde	134	670
71	Gomesa	124	620
72	Mwangaza village	28	140
73	Matanama village	31	155
74	Darga Walkon	80	400
75	Bahariketi	27	135
76	Kolenamo (Galili Loc now at Kibusu)	30	150
77	Dobale	150	750
78	Haruro	48	240
79	Harkhisa	145	725
80	Maroni village	33	165
81	Feri Free Shamba	13	65
82	Abami	93	465
83	Manono	50	250
84	Makange village	78	390
	<b>TOTAL</b>	<b>8,321</b>	<b>41605</b>

---

## Contact information

### For further information specifically related to this operation please contact:

• **Kenya Red Cross Society:** Abbas Gullet, Secretary General; Phone: +254 20 603 593; +254 20 608 681/13, Fax: +254 20 603 589, email: [gullet.abbas@kenyaredcross.org](mailto:gullet.abbas@kenyaredcross.org)

• **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: [finnjarle.rode@ifrc.org](mailto:finnjarle.rode@ifrc.org)

• **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)

**IFRC Zonal Logistics Unit (ZLU):** Rishi Ramrakha, Nairobi; phone +254 20 283 5142, Fax +254 20 271 2777, email: [rishi.ramrakkha@ifrc.org](mailto:rishi.ramrakkha@ifrc.org)

### For Resource Mobilization and Pledges:

• **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator for Africa; Addis Ababa; phone: +251-93-003 4013; fax: +251-11-557 0799; email: [loic.debastier@ifrc.org](mailto:loic.debastier@ifrc.org)

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

• **IFRC Africa Zone:** Robert Ondrusek, PMER/QA; Nairobi; phone: +254 731 067 277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

---

## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) 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.

[www.ifrc.org](http://www.ifrc.org)

Saving lives, changing minds.



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

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