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Emergency appeal operation update

Kenya: Complex Emergency (Floods, Drought and Civil unrest)

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRKE023

Operation Update n°1

3 March 2013

Period covered by this update:
11 June 2012 to 27 June 2012.

Appeal target (current): CHF
20,419,397;

Appeal coverage: 5%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal History:

- This [Emergency appeal](#) was launched on 11 June 2012 for CHF 20,419,397 for 12 months to assist 465,844 beneficiaries.
- A DREF (MDRKE022) of CHF 314,208 was allocated in May 2012 from the IFRC DREF to support provision of immediate support to 20,892 persons displaced by floods.



KRCS medical team proving basic curative services in an IDP camp in Tana Delta district. Photo/KRCS

Summary: The complex emergency appeal was launched in response to complex humanitarian conditions including; but not limited to drought, civil unrests and floods and the need to respond to the needs of those affected by the crises. The approach used to appeal for funds in support of the complex emergencies was guided by KRCS experience in emergency response in Kenya that in the last five years has followed a cyclic trend. Upon the launch of the appeal, initial funds received enabled the national society carry out rapid assessments in Moyale and Tana River districts as well the distribution of Non Food Items (NFI kits) to the large number of beneficiaries displaced by the inter clan conflicts in these areas. The funds also facilitated provision of logistical support as well as volunteer allowances during the exercise. Volunteers and staff were taken through refresher trainings in emergency preparedness and response training prior to response activities in the affected areas. The environment within which the Kenya Red Cross Society implemented the emergency response in Tana Delta, Moyale and Garrisa districts was highly volatile.

The conflicts were characterized by a high number of fatalities and/or casualties with attacks in an area predictably resulting in retaliatory attacks in another. The implementation areas were also remote as was the case of moyale district and/ or inaccessible by road as was common in the Tana Delta where staff used boats to get to villages that required assistance. To date support for the appeal has been received from the Swedish, Japanese, American and Monaco Red Cross Societies. In country funds have been received from corporate partners such as Safaricom Foundation and the Kenya Commercial bank.

The situation

The Inter-clan conflicts between Pokomo farmers and Orma herdsmen in the Tana Delta and the Borana and Gabra communities in Moyale districts have complex historical roots. The conflicts between these communities are seasonal. The recent conflicts were prolonged as a result of retaliatory attacks between the clans; with the conflicts resulting in unusually high fatalities and human displacements. The electioneering period in Kenya has also been noted to be a cause of clashes in hotspot areas.

The Kenya Red Cross Society responded to the needs of those displaced by the above mentioned inter clan conflicts in Moyale and Tana Delta districts in the period under review. Data collected by the Society through assessments in the affected areas indicated the following;

Tana Delta: On 14 August 2012 it was reported that herdsmen from Orma community drove their livestock through the Pokomo Community farms in Kau village, in claim that animal migratory corridors had been converted into farms. As the Pokomo community members resisted, 3 people were killed and 7 persons injured in the clashes that erupted. In addition, 198 heads of cattle belonging to Orma community were killed and unknown number seriously wounded or maimed. 110 houses in Kau village were burnt down, displacing the owners and an additional 214 families from Kau and neighbouring villages due to fears of attacks. On 22 August 2012, in a retaliatory attack, it was reported that 52 people were killed (42 brutally murdered and 10 burnt beyond recognition) in Riketa Village, in a dawn attack carried out by fighters believed to be from Pokomo community. A total of 16 people are reported to have sustained serious injuries and were treated in Witu Health Centre, Mpeketoni sub district hospital and 6 were referred to Malindi district hospital by the KRCS team. 78 houses were burnt down in Riketa Village (inhabited by Orma) leaving the owners homeless. An additional 383 households from Riketa, Onido and Nairobi areas are reported to have fled the area due to fear. The displaced families settled in Dide Waride village as Integrated IDPs i.e. living with relatives and friends.

Moyale: Inter-ethnic clashes between the Gabras and the Borana of Moyale district commenced in late 2011. The clashes affected 7 locations in Moyale, namely; Hellu, Odda, Butiye, Somare, Manyatta, Lami and Kinisa. A total of 17 villages from the seven locations were affected with displaced population into Sessi, Manyatta and some crossed over into Ethiopia. Assessments by KRCS indicated that an estimated total population of 9,553 households (57,318 people) was either directly or indirectly affected. KRCS staff and volunteers embarked on detailed assessment of the situation to assess the magnitude of impact manifested by the clashes with the collaboration of the warring communities to establish the factual information as regards the impacts of the disaster.

The assessments revealed that a total of 48 people lost their lives over the last 4 months with 34 and 14 people from Garba and Borana ethnic tribe respectively. However, it is suspected that there are more deaths that are not accounted for especially from the Gabra community. Approximately 1,251 people were reported missing by their respective families with reports indicating that they may have crossed over to Ethiopia or escaped to neighbouring villages. A total of 580 houses were burnt down and over 300 houses looted of all the belongings (furniture, clothes, utensils) after their owners fled from them. A total of 1,075 livestock (105 cattle, 35 camels, 835 shoats, 100 donkeys and unknown number of chicken) were lost or looted during the skirmishes. A total 20 pieces of water storage tanks (10,000 litres) were vandalized at different community water points. Funan Nyatta primary school (8 classrooms) was razed to the ground which disrupted learning activities in the area. Three rooms in Arosa dispensary was burnt together with the existing medical dugs and equipments while Hellu and Mansille dispensary were looted of all the drugs and other medical equipments stolen but not burnt. The displaced families from Garba community could not access Moyale district hospital based on its location in the midst of the Borana community whom they were embroiled in battle with. The destruction of medical facilities created a crisis in that the affected population had no access to medical care during the crisis and after since the shortage of drugs would take time to resolve. However, ICRC and KRCS supplied drugs consignments to support the operation. The displaced population faced water and food shortages. Apart from few private primary schools in the district, none of the public schools (primary, secondary and collages) are operational. Students and pupils have fled their areas thus not even available to attend school.

Coordination and partnerships

The Society received in kind donations from various stakeholders and/or organizations. The Kenya commercial bank employees donated 0.38MT of maize, 0.3MT of beans and 0.1MT of cooking oil. The United Arab Emirates Deputy Ambassador, donated 63MT of maize flour, 8.99 MT of pulses and 4.528MT of vegetable cooking oil reaching 10,070 beneficiaries situated at the IDP camps at the time of distribution. The KRCS Malindi branch donated food items to be distributed to beneficiaries while the Ministry of Special Programmes donated 320 bags of rice and 94 cartons of cooking oil for distribution in Dide Waride and Ozi IDPs reaching 1,545 persons.

Red Cross and Red Crescent action

Overview

The National Society collected relevant and accurate information through rapid and inter agency assessments including media monitoring and information briefs from collaborating agencies including National Disaster Operation Centre (NDOC) and District and Provincial Administrations in the affected areas. The information gathered was useful in the implementation of an effective intervention which catered to the emerging needs of the target beneficiary. The Emergency Operations Centre (E.O.C) monitored the unfolding crises across the country ensuring up to date information.

Emergency response teams in Tana Delta and Moyale underwent refresher training in conducting assessments, beneficiary registration, distribution of NFIs and disaster response. During the project, the teams coordinated assessment activities in collaboration with other stakeholders including the local administration. The teams ensured regular information flow with KRCS Head Quarter offices; which also coordinated logistical and procurement requirement as the crisis progressed.

The NS public relations department was instrumental in creating awareness on KRCS response to various emergencies through regular updates to media houses, one-on-one television interviews and news items in both print media and in-house publications on emerging issues. Utilization of social media platforms has enabled the society gather real time information from the public on current/ ongoing disasters and its response interventions.

Progress towards objectives

Relief	
Outcome 1: To assist 16,119 households displaced by floods in the Rift Valley, West Kenya, Coast and the lower Eastern regions and 1,258 displaced by civil unrest and clashes in Baringo, acquire temporary shelter, food (High Energy Biscuits-BP %) and Non Food Items.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> The needs of displaced and affected populations are continuously assessed and addressed appropriately 	<ul style="list-style-type: none"> Conduct multi sectoral detailed assessments with involvement of relevant stakeholders for needs and gaps identification Shelter materials and Non Food Items distributed as per Sphere standards to the displaced population Distribution of high energy biscuits especially to children under the age of 5, pregnant and Lactating women and the aged. Food is provided by Government) Rehabilitation of classrooms that were used in provision of temporary shelter Facilitating of relocation of school going children from affected schools to safer schools for continuous learning
<ul style="list-style-type: none"> IDP camps are well managed in partnership and in consultation with community leaders and representatives 	<ul style="list-style-type: none"> Coordination of agencies providing humanitarian services in the camps Management of camps including establishment of representative committees including security committee Identification of cases requiring protection; mainly victims of gender based violence and other crimes, and provision of protection services Conduct tracing and family unification services in populations displaced by floods and civil unrest.

	<ul style="list-style-type: none"> • Identification of populations with special needs including People Living with Disabilities, people with chronic illnesses, unaccompanied minors and the aged for assistance. • Carry out initial households registration of the displaced persons and continuously update the registers
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Progress: Emergency responses at the national society are preceded by rapid and/or in-depth assessments in the affected areas in order to ascertain the extent of the disaster, identify the demographics of those affected as well as to identify beneficiary needs and gaps used to guide the development of a relevant intervention. The process is conducted using the standardized 72hrs sudden onset disaster assessment tool developed by the society. The data collected is often gender disaggregated and highlighted the most vulnerable persons within the target community.

Assessment activities carried out in Moyale determined that the villages of Hellu, Arosa, Butiye, Goromuda, Kinisa, Mansille, Sessi, Dale, Butte Sessi, Illadu, Missa, Areswajila, Bunna, Bamba, Gurar and Godoma in North Eastern Province were all affected by the clashes. Those affected from the Gabra community had migrated towards the border part of Wajir district. A total of 9,553 households were affected by the conflict in the area. The assessment also revealed that the affected families faced acute shortage of safe water as water carting was the main source of water at the time of assessment. The water distributed was of low quality and was consumed raw devoid of any treatment processes (filtering, boiling or disinfecting) and was sourced from shallow wells in the vicinity that were generally unprotected and saline and/or neighbouring Ethiopia. Access to health facilities for the wounded was hampered by long travel distances, lack of medical supplies at the nearest facilities and a fear of retaliatory attacks by warring tribes.

In Tana Delta, KRCS assessments revealed that all affected households were either residing in Internally Displaced Persons (IDPs) Camps or were integrated with relatives and friends in nearby villages. During the assessment the team observed that the communities were highly polarized following the conflict. A high level of trauma was also noted amongst the beneficiaries who had sustained serious injuries, lost their homes and/or family members and had to flee for their own lives. At least 118 persons lost their lives as a result of the conflict. The assessment recorded approximately 32,801 persons displaced by the conflict in different parts of the district. A majority of the displaced (22,634 persons) were integrated with family and friends in the neighboring districts of Malindi, Mpeketoni, Lamu and Hola districts. The remaining persons (10,167 persons) were located in ten IDP camps across the region. A total of 700 houses were destroyed during the conflict.

Table 1: Summary of the demographic data collected

	HH	Under 5 yrs		6-18 yrs		Over 18 yrs		Lactating	Pregnant	Disabled	Elderly	Orphans	POP.
		Male	Female	Male	Female	Male	Female						
TANA DELTA IDPS IN CAMPS													
SUB-TOTAL	1230	881	1,000	1,402	1,301	1,071	879	420	129	99	175	105	7,462
TANA DELTA IDPS INTEGRATED (HOSTED BY FAMILIES AND FRIENDS)													
SUB-TOTAL	477	318	301	618	667	484	256	163	51	30	183	0	3071
LAMU IDPS INTEGRATED (HOSTED BY FAMILIES AND FRIENDS)													
SUB TOTAL	357	258	247	351	301	42	309	41	15	3	22	0	1946
MALINDI IDPS INTEGRATED (HOSTED BY FAMILIES AND FRIENDS)													
SUB TOTAL	290	186	160	365	342	109	317	44	13	0	39	0	1575
MPEKETONI IDPS INTERGRATD (HOSTED BY FAMILIES AND FRIENDS)													
SUB TOTAL	290	364	327	407	364	135	195	204	41	1	8	1	2047
GRAND TOTAL	2644	2007	2,035	3,143	2,975	1,841	1,956	872	249	133	427	106	16,101

***figure as of August 2012

Eruption of conflict in the delta resulted in the separation of many families as gathered during the KRCS assessments. Children separated are most vulnerable and therefore requiring the most urgent reunification interventions. Tracing activities were therefore integral to the support of displaced beneficiaries. The society implemented the activities through 4 volunteers trained on tracing skills. To date, the team has delivered and

collected 99 Red Cross Messages (RCM) as follows: 80 RCMs in Tarasaa, 9 RCMs; (2 in Golbanti, 4 in Kipao, 2 in Bura Anan and 1 in Bandi) and 10 more RCM were sent out in Hidahajaganda (6), Garsen-Chira (3) and Bandi (1). Tracing needs assessment was done in Lake-Side Mpeketoni. No new needs were discovered. Tracing activities are however limited by inadequate logistics hampered by the vast areas to be covered

Distribution of NFI was carried out in the various regions due to the large number of displacements that occurred. In Tana Delta, Displaced persons were provided with both food and Non-food items comprising of Tarpaulins, mosquito nets, jerry cans, blankets, mats, soap and kitchen sets. The high levels of displacement coupled with the razing of entire villages meant that beneficiaries lost all household items necessary for a normal existence; the NFI kits therefore allowed for continuation of normal life activities such as meal preparation albeit in displacement camps. In the period under review, a total of 2,298 persons have so far benefitted from the intervention In Moyale, NFI kits were distributed to beneficiaries displaced and residing in displacement camps reaching a total of 17,910 persons.

Table 2: Summary of non food items distributed

camp	Households reached	blankets	Mosquito nets	Tarpaulins	Kitchen sets	Soap	Jerry cans	Aqua tabs
Riketa/ Didewaride	278	556	556	278	278	556	556	13,900
Witu primary	77	154	154	77	77	154	154	3,850
Mpeketoni	28	56	56	28	28	56	56	1400
Total	383	766	766	383	383	766	766	19,150

Early Recovery

Outcome 2 : To contribute to the rehabilitation of disrupted livelihoods of the most food-insecure population groups through essential crop interventions, rehabilitation of damaged irrigation infrastructure and productive assets by assisting 16,119 displaced households towards early recovery from effects of floods as well as drought in areas that didn't receive rainfall

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Enhanced food production among farming communities affected by floods to contribute towards sustainable food security Support the agricultural communities whose farmlands were destroyed, with certified fast maturing, high yield seeds and seedlings Training of district officials and NGOs in household Economy Approach and its application to vulnerability and early recovery analysis Updated livelihood baseline data and livelihoods profile for the affected areas in Nyanza, Rift valley and coastal areas. 	<ul style="list-style-type: none"> Conduct a detailed assessments of the situation and the needs in the affected areas (to cover immediate, transition and long term programmes including exploring possibilities of implementing livelihood projects like cash transfers). Distribution of crop production inputs to the most vulnerable members of the farming community (Seeds: <i>maize (DLC variety) 30MT, Maize seeds (PH4 Variety) 4 MTs, Millet 1MT, Sorghum 2 MT, Cow peas 2 MT, Beans 7.2 MT, Kales 1MT and Rice 4.4MT</i>). Procurement of fertilizers to improve crops yields in the affected farms. Training on basic agronomic practices to enhance crop yield Training on post harvest management to reduce crop losses including storage Provision of 10,000 tree seedlings to be in Gwasssi, Suba district. Seedlings will be sources from the Kenya Forestry Service Technical support(DRR, risk profile, hazard mapping among others in areas affected by floods for the first time i.e. Gwasssi

<p>Long term interventions</p> <ul style="list-style-type: none"> • Food availability improved through increased production and adoption of improved farming practices 	<ul style="list-style-type: none"> • Provision of high quality seeds and farm implements to farmers in the Malindi, Magharini, Nyando, Gwassi and Homa-Bay • Collaboration with KARI in supply of 1,000,000 cuttings of drought resistant, disease free cassava to affected farmers in Magharini, Machakos and West Kenya Regions. • Facilitate adoption of improved farming practices among vulnerable groups through trainings in Malindi, Magharini, Nyando, Gwassi and Homa-Bay
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Progress: To be provided in next operations update

Disaster Risk Reduction	
Outcome 3: Floods and landslide risk is reduced for targeted communities in the Marakwet, Mt.Elgon, West Pokot, Nandi North counties in the Rift Valley, and Nyatike and Suba districts in Nyanza.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Flood and landslide affected communities are better prepared to predict, respond and recover to disasters. 	<ul style="list-style-type: none"> • Train 180 volunteers and staff on Vulnerability Capacity Assessment (VCA) guidelines and tools. • Conduct VCA with communities in 6 targeted counties. • Develop community hazard maps for each of the mapped communities. • Develop community contingency plans and community based early warning systems • Develop mitigation micro projects in targeted communities based on VCA findings • Public awareness and public education for DRR activities

Progress: To be provided in next operations update

Emergency Health and Care	
Outcome 4 : To contribute to reduction of morbidities and excess mortality among 140,335 floods affected persons and 185,174 persons affected by acute malnutrition in drought and civil unrest affected areas by strengthening community health structure and systems and implementing high Impact interventions.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Improved access to basic healthcare services among the populations affected and displaced by floods and communities affected by acute malnutrition in drought affected areas. 	<ul style="list-style-type: none"> • Support the MoPHS in delivering healthcare to communities affected by floods as well as areas affected by drought conditions through medical outreach and high impact nutrition interventions. Focus to include: <ul style="list-style-type: none"> - Treatment of common ailments using standard MoPHS protocols and guidelines. - Accelerated routine vaccination with emphasis to measles and polio vaccination (these have caused outbreaks in recent past). - Provide reproductive health services including ante natal care, skill assisted deliveries, family planning, HIV prevention, services to survivors of sexual and gender based violence including advocacy. - Screening and management of Severe Acute Malnutrition in Partnership with the MoPHS and UNICEF in both flood affected and drought affected areas - Procurement and distribution of medical supplies to areas supporting medical outreaches as well as hospitals without supplies • Design and Produce assorted IEC materials to support health education by health promotion teams. • Support Ministry of health in the implementation of high impact nutrition interventions particularly IMAM programmes, breastfeeding promotion, de worming, Vitamin A supplementation and zinc supplementation for cases presenting with diarrhea. Support will mainly be in the form of community mobilization and outreach services

	<ul style="list-style-type: none"> Provision of post trauma counseling and psycho-social support to survivors and their families and first responders (KRC volunteers).
<ul style="list-style-type: none"> Increased awareness on disease prevention and control by affected communities. 	<ul style="list-style-type: none"> Capacity enhancement for KRCS Volunteers and MoHCHEWs participating in health promotion activities, disease surveillance as well as mortality surveillance. Increased disease surveillance from the clinical data supported by community based surveillance. Emphasis to be laid on Acute Watery Diarrhoea, Acute Flaccid Paralysis and Measles. Mortality surveillance to be conducted by KRCS volunteers. Conduct trainings of KRCS regional and selected branch staff on Basic Health care, Public Health in Emergencies and Leadership Carry out active case finding of children with acute malnutrition and complications especially in drought stricken areas and refer to nearby facilities for stabilisation and follow up
<ul style="list-style-type: none"> Reduced risk of development of emergencies including outbreaks of water and vector borne diseases and severe acute malnutrition as a result of enhanced surveillance at the Community level. 	<ul style="list-style-type: none"> Carry out health promotion activities targeting behavior change, health seeking behavior and disease prevention campaigns focusing on diseases with epidemic potential including cholera prevention, prevention of Vector borne diseases including malaria. Development of volunteers/CHWs kit with community health manuals and key health messages in line with community health strategy. Recruit and support 10 Nutrition Officers to continually collect and compile relevant information to inform nutrition interventions Continue to support school feeding in early childhood development Centre's for management of acute malnutrition in counties categorized to be in crisis and alert stages. Training of nutrition focal persons (TOT) on infant and young child nutrition, emergency nutrition and nutrition surveillance (including how to collect, analyze and report nutrition information)
<ul style="list-style-type: none"> Improved preparedness and enhanced capacity to respond to Epidemics. 	<ul style="list-style-type: none"> Procure and preposition 5 IEHK and 5 supplementary modules and 3 malaria modules. Procure emergency nutrition supplements for management of severe acute malnutrition. Conduct a stakeholder mapping to determine the presence of other actors and their contribution to the health and nutrition sector to avoid duplication of activities and enhance coordination Continuous monitoring, evaluation and development of operational updates.
<ul style="list-style-type: none"> Nutrition and health status constantly monitored 	<ul style="list-style-type: none"> Linking households with children in feeding programmes, pregnant, lactating women to livelihood projects and social protection programmes including cash transfers Monitoring the coping mechanisms of communities and reporting on the same on a bi weekly basis to branch, region and HQ for timely analysis and feedback on recommendations Participation in the District food security steering group meetings held on a monthly basis and support (refreshments for meetings, stationery) on need basis. Set up inter sectoral working group committees that link WASH, health, agriculture, livelihoods and nutrition programme focal persons that will help in drawing up joint action plans required to advance improvements in health and nutritional status of beneficiaries

Progress: The national society procured medicines and other medical consumables for use in the implementation of the emergency health interventions. In Tana Delta, the security situation in the target areas meant that beneficiaries were cut off from accessing medical care. Medical facilities around the district remain closed as a result of both the conflict and the ongoing nurses' strike. Only Ngao district hospital and Oda clinic remain operational within the district. The Society therefore provided first aid services as first responders to villages following fresh attacks. The exercise was daunting given the seriousness of the injuries sustained by the beneficiaries. Patients requiring specialized care were therefore stabilized before transfer to established hospitals in Malindi. Personnel from the medical team had been operating Shirikisho and Semankaro clinic twice a week (Monday and Friday) on the request of the Ministry of Health in order to meet the needs of

beneficiaries residing near these areas. The activity would be handed over to the MoH as soon as they were ready to continue to run the clinics.

Emergency health care was provided through emergency medical outreach activities at the site of beneficiary settlement (IDP camps). Analysis of data collected from the outreach activities reveals that respiratory diseases are the most common ailment amongst the beneficiaries. Malaria, Intestinal worms, skin diseases, diarrheal diseases and pneumonia respectively are also frequently diagnosed. The trend has been sustained for the entire duration of the project. Many villages are located along the Tana and mosquito infestation is observable. Also worrying is the consumption of raw water from the Tana by beneficiaries. Poor storage and handling practices are observable amongst the target beneficiaries. Hygiene promotion activities as well as the distribution of point of use chemicals remain a high priority within the target area. Medical outreach activities, providing curative services have so far benefitted a total of 19,088 beneficiaries.

In Moyale district, a medical team comprising of two clinical officers, four nurses, 1 pharmacist and 10 volunteers trained in the basics of emergency health were deployed to the region to cater the needs of the affected populations. A total of 2,991 beneficiaries were reached by the intervention. Vandalism and looting of local dispensaries effectively eliminated access to medical care for people living in the affected areas thereby making the medical outreach intervention critical to the well being of the affected beneficiaries. The national society conducted the outreaches in 12 villages; Bute, Karduse, Katama, Chufa, Odda, Bori, Arosa, Ogomdi, Ogorji, Darale, Kinisa and Harsaqa during the period under review. KRCS also carried out a medical outreach interventions for evictees located in the Mau forest area. The joint exercise was conducted in collaboration with teams of Medical officers from the Ministry of Public Health and Sanitation. The team comprised of a clinical officer, two nurses, public health officer, Nutritionist, Pharmacist, Volunteers, and School of medicine interns from Burnt forest District hospital. The three days Medical camp was conducted as from 19th -21st July 2012 attending to more than 400 HH living in the area evicted from Mau forest.

Water, sanitation, and hygiene promotion

Outcome 5 (a): Improve access to clean, safe and sustainable water facilities for floods affected populations in the Rift Valley, Coast, West Kenya and Lower Eastern regions, civil unrest affected persons in Baringo and Moyale and populations living in north and north east areas that received depressed rainfall

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Improved access to sustainable safe water 	<ul style="list-style-type: none"> Distribute Point of Use Water Treatment Chemicals to households without portable water increase water safety targeting 350,000 people. Chlorination of 500 water sources mainly boreholes and shallow wells that were contaminated by flood waters Rehabilitate 50 shallow wells and boreholes that were destroyed by floods Rehabilitate latrines in schools hosting displaced populations Drill and equip 9 borehole motorized water schemes in areas that received depressed rainfall and were not targeted by the drought operation Disinfection of 500 pit latrines Construction of 500 emergency latrines in displacement camps Rehabilitate/pipeline extension targeting 10 existing water supply schemes to enhance water supply to target community Formulation and training of 69 water management committees to manage the constructed boreholes and /rehabilitated shallow well. Training water point caretakers/ operators targeting 69 water points Construction of 35 school rain water harvesting systems, 5 in each of the target regions. Deployment of mass water treatment plants to displaced communities without access to drinking water.

Outcome 5 (b): To promote hygiene and appropriate gender responsive sanitation for an estimated 280,760 floods affected persons.

<ul style="list-style-type: none"> Improved health status of the population through behavior change and hygiene promotion activities. 	<ul style="list-style-type: none"> Train 200 volunteers/TOTs on PHAST and CLTS methodologies Cascade the PHAST trainings to the community level by training KRCS volunteers Conduct hygiene promotion and awareness campaigns in affected communities.
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<ul style="list-style-type: none"> • Key hygiene messages disseminated effectively at household/community level and positive hygiene behavior adopted by targeted households • Sanitation access improved 	<ul style="list-style-type: none"> • Produce and distribute generic hygiene promotional IEC materials to support hygiene promotion activities. • Construction of 100 emergency latrines units in displacement camps. • Rehabilitation of sanitation facilities in schools hosting Internally Displaced Persons • Construction of 1000 household latrines
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Progress: In Tana Delta, KRCS has so far distributed point of use chemicals (Aqua tabs) to 20,630 beneficiaries in Riketa, Dide Waride, Witu, Mpeketoni, Vipingoni as well as Kilelengwani. The local communities have access to adequate amounts of water although the consumption of raw water is wide spread.

In Moyale district, KRCS undertook emergency water trucking interventions in the villages of Hellu, Mansille, Kinisa, Odda, Butiye, Illad, Sessi and Manyatta reaching a total of 5,941 households with safe water. The society distributed 259,000 litres of water which is within the parameters of the SPHERE standards. The society also purchased four 10,000 litre collapsible water tanks that were established at the location where the displaced were located. The Society was also able to purchase 200 PVC slabs that were deployed to Moyale district. The use of the plastics slabs is cost effective as the target beneficiaries can re-use the slab for future latrine constructions due to the durability.

Community preparedness and response

Outcome: to strengthen community civil unrest resolution mechanisms in areas of potential civil unrest.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • A more prepared community towards civil unrest and its related effects • Reduced frequency and intensity of armed civil unrest • Strengthened District Peace Committees and its constituent structures • Enhanced capacities of the district peace committees in the affected areas to analyse civil unrests scenarios and generate responses • Peaceful coexistence and sharing increased participation of women and youths in civil unrest resolution. 	<ul style="list-style-type: none"> • Roll out a civil unrest prevention strategy alongside other food security contingency and livelihoods recovery plans • Strengthening and empowering traditional civil unrest resolving mechanism • Conduct quick trainings on early warning and civil unrest analysis in hotspot areas. • Organize and fund a joint meeting between district peace committees, water users associations, pasture management committees, cross border peace committees and district Task Forces. • Capacity building for women and the youth through support for income generating activities in order to reduce poverty levels, and increase their roles in civil unrest resolution, management and prevention. • Facilitate Youth activities that encourage peace building such as sports and athletics.

Progress: To be provided in next operations update

Logistics

Logistical support will be provided both in primary and secondary transportation as well as warehousing in the field that would enable rapid access to beneficiaries in targeted areas. KRCS will ensure a coordinated mobilization, reception, warehousing and dispatch of relief goods to the final distribution points.

Planned Activities

- Transport relief supplies to final distribution points.
- Identify suitable warehouses for storage of relief items
- Maintain mobilisation table
- Reinforce regional logistics capacity in warehousing and transportation

- Procurement of NFIs, seeds, fertilizers, medical supplies and water and sanitation material supplies both locally and internationally

Progress: KRCS carried out procurement of items and equipment required for the intervention through its standardized procurement systems. Bidding for tenders was competitive and overseen by a committee. The supply chain department established and regularly updated a mobilization table. The transportation of relief items was undertaken by the society's logistics department thereby ensuring an effective response.

Challenges:

- High cost of airlifting patients who were critically wounded.

Communication-Advocacy and Public Information

KRCS developed news stories that were shared with media houses in order to highlight the status of the various crises reported within this report. The department was also at the forefront in providing media houses with relevant information about the disasters and KRCS's responses across the country. Feature stories, case studies as well as information pieces were developed and posted on the KRCS website thereby ensuring that adequate information was available to stakeholders needing to access the information. Social media used during the reporting period provided an interactive forum between the national society and the general public; giving information and receiving feedback in real time. This element of communication was particularly helpful as the national society benefitted from information from the general public which widened the scope of the response.

Contact information

For further information specifically related to this operation please contact:

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

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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 (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.

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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.
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