

EASTERN AFRICA: POST-FLOOD REHABILITATION AND FOOD SECURITY

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Despite the recent slackening off of heavy El Nino rains, the situation across Eastern Africa remains grave for hundreds of thousands of vulnerable people. Infrastructure is in chaos, prime agricultural land has been severely damaged, food stocks, crops, seeds and livestock washed away. The most serious short-term threat has come in the proliferation of water-borne diseases (traditional killers such as cholera and malaria) and rare viruses such as haemorrhagic fever. Aid is urgently needed to provide food and medical care to those affected and in the longer term to rehabilitate communities whose very fabric has been torn asunder by the floods.

The Regional Delegation for Eastern Africa has formed a Disaster Response and Operations Task Force to assess, evaluate and respond to the multi-faceted disaster facing the region, and at the end of March will host a regional disaster response planning meeting in Nairobi, bringing together the National Societies and Federation Delegations in the affected countries.

The context

Since mid-October Eastern Africa has been lashed by the heaviest rains in three decades, attributed to an exceptionally strong El Nino weather pattern. Thousands have died and the damage to property, infrastructure and agriculture has been unprecedented. The rains have abated in most areas, but a recent donor conference in Nairobi warned that regular rains, due from now till the end of March in much of the region, could be heavier than normal and cause renewed problems.

By way of illustration, Kenya has suffered landslides and floods which have virtually wiped out its road and rail network. Several divisions in the disaster areas were isolated by flood waters for more than three months. Food supplies were exhausted and prices tripled, particularly in villages along the Tana river and in northern Kenya. In Somalia the most fertile agricultural land was flooded and hundreds of thousands of Somalis were displaced. All of North-eastern Uganda was affected, as was the capital Kampala. Malaria has reached alarming proportions in parts of Ethiopia.

The International Federation's December Appeal (29/97 Eastern Africa: Food Security and Flood Rehabilitation) warned that the incidence of waterborne diseases would rocket. The horror of Rift Valley Fever captured media headlines around the world, but more serious by far is the galloping rate of the spread of cholera and malaria.

Latest events

- *Kenya*

The Government launched an appeal to the International Community to supplement its efforts with food and non-food assistance in three provinces (Coast, North Eastern and Eastern). Total damage to crops and infrastructure is estimated at USD 7 million. About 100,000 persons were displaced from their homes while a similar number of refugees from Somalia, South Sudan and Ethiopia in camps around the village of Dadaab were affected by the floods. Some 20,000 hectares of farmland were submerged, with heaviest damage wrought on un-harvested crops in major production zones in Rift Valley Province. Losses could amount to 130,000 mt.

Twice during January, the Mombasa-Nairobi highway — which links the Indian Ocean port with the rest of the country, Uganda, northern Tanzania, Rwanda, Burundi, and the eastern part of the Democratic Republic of Congo — was closed for several days after key bridges collapsed under heavy rains.

In mid-December reports of an outbreak of a fatal, haemorrhagic fever were received from Garissa and Wajir districts of North-eastern Province (NEP) and from seven villages in southern Somalia. On 25 December, an investigatory team consisting of representatives from the Federation, African Medical Research Foundation, WHO, MSF, co-ordinated by the Provincial Medical Officer began field investigations. Today, the disease has claimed more than 350 human lives. Thousands of sheep, goats, cows, cattle and camels have been infected in North Eastern Province and the disease is reportedly spreading to the Coast, Eastern and Central Provinces. WHO and the Task Force in Nairobi have established a base in Garissa for further investigations. Incidences have stabilised, but no cause for this has yet been established.

- *Somalia*

By the end of January the rains decreased in intensity, but water levels in the south remained as high as three metres in some places. The stagnant water is an ideal breeding place for insects, provoking outbreaks of cholera and cerebral malaria. The deaths of over 100 people have been attributed to haemorrhagic fever.

The floods followed a long period of serious drought, which left both livestock and people weakened. Floodwaters washed away the possessions of thousands of already-vulnerable people, who now face chronic food shortages if international food support is not forthcoming.

- *Uganda*

The first cases of cholera were recorded on 10 December in Kampala. At the request of the Ministry of Health, MSF Holland set up admission and treatment units in Mulago St. Martins (200 beds) and Banda (50 beds, later closed as the number of patients decreased). Total reported cholera cases in Uganda to end January were 8,000, with worst hit areas including Kampala, Mbale, Jinja, Mpigi and Iganga districts. By the end of January the epidemic had been considerably reduced in the capital with admission rates down to below 30 a day.

- ***Sudan***

Heavy rains and floods on Red Sea State's coast between 20 October - 4 November 1997 caused eight deaths, destroyed hundreds of homes and made thousands homeless. Many of the 700,000 inhabitants of Port Sudan, Sudan's second largest town, were threatened by malaria and other diseases. The local authorities declared an emergency and called for national and international assistance.

The Federation Head of Delegation and the Head of Emergency Department of the Sudanese Red Crescent Society made an assessment of the situation during the first week of November 1997 on the basis of which an appeal was launched. Fears of renewed rainfall were not realised, allowing a large number of the displaced to move back to their houses. As these are generally the poorest people, the need to repair their houses has increased their vulnerability.

- ***Ethiopia***

The serious flooding that affected the Somali Regional State during the last quarter of 1997 has abated significantly.

Red Cross/Red Crescent action

- ***Regional Delegation***

In mid-January the Federation Regional Delegation for Eastern Africa initiated a Disaster Response and Operations (DRO) Task Force, chaired by the Head of Regional Delegation and composed of representatives from the Regional Logistics Centre, Regional Information Unit, Programme Team, Kenya Delegation, Somalia Delegation, German Red Cross Liaison office, ICRC and Kenya Red Cross. The team met twice in January to assess each of the disaster situations in the region (floods, droughts, water-borne disease and the potential for sudden population movements), the response so far, evaluate current collective resources and capabilities, set priorities for regional support, determine the needs and assess ways to meet them. Work on these objectives is ongoing, and a major awareness-building campaign has been initiated.

From 23-26 March the Regional Delegation will host an Eastern Africa Regional Disaster Response and Planning meeting in Nairobi. It will bring together National Societies and Federation Delegations from countries affected by El Nino to review the current disaster situation and to project the mid to long term impact. Red Cross/Red Crescent disaster response strategies will be defined, ensuring ownership of and participation by National Societies in the programme planning process.

- ***Kenya***

The worst affected areas of NEP are the outlying areas of Wajir and Garissa districts, where the situation is deteriorating as roads are impassable. Most district centres and markets are totally isolated; wells and water supplies are contaminated; crops have been swept away and food is in extremely short supply or even unavailable outside the town centre. KRCS/Federation is

targeting communities in the most affected provinces of North Eastern and Coast Provinces focusing on food aid, water/sanitation and health.

Food and non-food distribution

KRCS/Federation set up distribution centres in Mombasa, Kwale, Kilifi, Malindi and Garissa districts: 27,416 people were assisted in NEP and 15,000 in Coast as shown below.

	Maize	Unimix	Blankets	Plastic Sheeting	Clothing	Kitchen Sets
NEP	312.15	0	1865 pcs	0	0	471 sets
Coast	180	1 mt	960 pcs	14 rolls	46 bales	244 sets

In Garissa, 12 kg of relief food was distributed per person by road, while in areas which were only accessible by air WFP provided 17 mt of food by helicopter (three kgs per person per week to 5,667 beneficiaries).

The Delegation was strengthened by the temporary assignment of the water and sanitation and DPP delegates from the Regional Delegation, coupled with the stationing of a Health Co-ordinator and Emergency Response Unit (ERU) in Garissa. Support to the floods operations in Coast province and NEP continued despite the shortage of Federation delegates, KRCS field supervisors and headquarters’ managers.

Water and Sanitation

Following the breach of the River Tana’s banks the only source of potable water was knocked out for several weeks, leaving the public dependent on rain water. From 5-7 December the Federation conducted a rapid water and sanitation assessment in Garissa town and based on its findings a Water/Sanitation ERU and a Technical Team of five delegates were seconded from the German Red Cross to provide an emergency supply of safe water and emergency latrines for 35,000 flood victims displaced in Garissa town.

A distribution point was established at the ERU’s treatment plant to provide water to the general public (via owners of donkey carts) and to commercial water tankers that provide for those living outside the town. Tankers hired by KRCS/Federation and WFP delivered water to three camp sites, two schools, two clinics, public and Government institutions at ten distribution points. The ERU is the only source of clean water in the district and at the end of the reporting period was producing up to 120,000 litres daily. Chlorination of other supplies assisted 35,000 beneficiaries. From the establishment of the water treatment plant on December 24 to the end of January 2,339,030 litres of clean water were produced and distributed by KRCS/Federation.

In January, the Government established two camps — ‘El Nino’ and ‘Bakuyu’ — where a total of 18,000 people registered. KRCS/Federation set up a 10,000-litre water bladder in each camp with three tap stands and provided materials for the construction of 18 latrines.

In January, the Red Cross water treatment centre was flooded for three days and no water was produced: to compensate daily chlorination was increased. The ERU team is providing on the job training to ten KRCS counter-parts and will shortly begin to scale down the number of delegates, handing over operational responsibility to the National Society.

A total of 250 concrete slabs and 30 family latrines were produced for 1,000 families in the camps. KRCS/Federation provided the drums, wooden slabs, poles, plastic sheeting, tools for digging and residents constructed the facilities, co-ordinated by KRCS/Federation and District Water Engineers.

Health Services

In December, KRCS/Federation established a Diarrhoea Diseases Centre in Garissa to monitor the cholera outbreak. Local NGOs and authorities made premises available which function as ORS wards, consultation room, pharmacy, storage and kitchen facilities, plus a toilet block with five latrines, 25 cholera and spring beds, mats, ORS containers and other hospital equipment donated by the Provincial Hospital and Womankind, a local NGO. The Ministry of Health provided technical personnel to assist in day-to-day operations.

A diarrhoea diseases surveillance team consisting of 93 Red Cross Community Health Workers and Traditional Birth Attendants were recruited and trained on disease surveillance, data collection and diarrhoea management. The teams monitor 21 villages in Central Garissa, conducting home visits every two days, providing education on diarrhoea prevention and home-care. They refer all suspected cholera cases to the Red Cross health centre. During December and January, 1,524 cases of diarrhoea were recorded and treated. By 31 January, no cholera related deaths had been observed at the centre, but 10 were suspected at the Madogo health centre.

Diarrhoeal disease/Malaria/Respiratory infection statistics, Diarrhoea Centre, Garissa:

	20-31 December 1997	1-31 January 1998
Bloody/Watery Diarrhoea	987	1836
Cholera Admissions	0	21
Malaria	17	625
Respiratory Illness	21	599
Haemorrhagic fever	4	32
Bronchitis	0	147

KRCS Health Workers are also responsible for health education campaigns on prevention and control measures for Rift Valley Fever in both humans and animals and for referring suspected cases to the centre. KRCS/Federation has provided one Cholera Kit and ten Basic Units plus disinfectant, supplemented laboratory kits and provided administrative support. Total number of cases of haemorrhagic disease in Central Garissa is 32, of which 12 have died, representing a case fatality of 37.5%.

In January KRCS Health Workers in Garissa assessed 1,801 cases of bloody/watery diarrhoea and 21 haemorrhagic cases, with a cumulative death toll of 60.

In response to the outbreak in Coast Province KRCS/Federation provided one Cholera Kit and ten Basic Units, plus disinfectant to four Government hospitals in Mombasa, Kwale, Kilifi and Malindi districts. In Mombasa, an ORS centre was established by the local KRCS branch but at the time of reporting data and statistics were not available. The Government task force handling the cholera outbreak reported in January that the hardest hit areas are Nyanza and Coast provinces with 7,814 reported cases and 446 deaths in Nyanza. Coast province had 13,028 cases and 244 deaths.

- **Somalia**

Relief assistance to IDPs

Red Cross/Red Crescent assistance to flood-stricken Somalis started with an ICRC distribution of dry food and non-food relief in the Middle Juba region. The Federation gave support to a Somali Red Crescent Society distribution in the north-west, providing shelter, blankets and other non-food items to 4,000 families.

Medical/Health Care programme

The well-established Integrated Health Care programme of the Somali Red Crescent Society (SRCS IHC), with financial, logistical and monitoring support from the Federation, has been stepped up, with more medical supplies going to Mother and Child and outpatient clinics in areas worst affected by the floods. Some of the clinics had to be abandoned after buildings and surrounding areas were flooded, but staff are continuing their work from temporary shelters where the displaced are located. They are receiving their supplies from the SRCS Kismayo branch, using cars and a small boat. Some places outside the catchment area of SRCS/Federation clinics receive ICRC support.

Health education/action teams

Seven health education/action teams, three under SRCS Kismayo branch, two under Baidoa branch and two under Mogadishu branch, are being financed via this Emergency Appeal. Their workload includes chlorination of wells, health education, digging latrines and transporting the sick to MCH/OPD clinics. These teams are managed by the National Society, providing support to programmes initiated by the Federation or ICRC depending on the most urgent need.

Cholera is rife in the Mogadishu area, creating serious health problems, as almost all international organisations in the capital evacuated expatriate staff for security reasons over the New Year period. SRCS, with support from the Federation, was the first to establish rehydration centres for cholera patients. By 31 January, three and two weeks after the centres in Afgoi and Balad respectively were opened, 31 patients had been treated at the centres, of whom 20 died in the Afgoi centre (mortality rate 10.8 %) and three in Balad (mortality rate 2.3 %). Co-operation within the Movement has been excellent: ICRC provided sanitation, well rehabilitation and one hand-pump, SRCS temporarily employed qualified people and implemented the programme, while the Federation provided financial support and monitoring. WHO and UNICEF donated medical supplies and cholera kits for both centres.

The chlorination programme implemented by the action teams seems to be succeeding, as the number of cholera patients has started to decrease in areas where teams are operating. The main constraint is the lack of access to many villages, due to extremely bad roads and insecurity.

- **Uganda**

Ugandan Red Cross Society/Federation has trained and deployed 100 volunteers in the city’s five divisions and a further 60 in Mbale District to provide public health education, conduct surveillance activities in the affected and non-affected areas on behalf of the Ministry of Health, purify water sources and provide ORS to patients.

In December URCS/Federation distributed 1,000 bales of second hand clothes and 200 mt of food, donated by the Ugandan Government, to the worst-affected areas. Construction materials are also being distributed in small quantities in some districts.

In mid January, URCS’ Disaster Preparedness and Relief team, supported by the Federation, carried out an on-the-spot assessment in the affected areas of Mbale, Tororo and Iganga. In Mbale district the number of flood victims displaced had fallen from 25,000 to 12,000 as most of the displaced returned home. Due to ongoing rains it is not expected that the number will fall further. In Tororo district the number had dropped from 12,000 to 9,000 persons and the total number of the displaced population in the affected districts now stands at 29,500.

URCS/Federation food/non-food distributions, November-January:

Cereals	Pulses	Sugar	Oil	Biscuits	Blankets	Pots	Soap	Tarpaulins	Jerrycans	Tents	1st Aid Kits
60 mt	1.2 mt	19 mt	1.2 mt	3.6 mt	8,250 pcs	7,099	4,220	6,850 pcs	8,031	10	10

In addition, two hospital tents and tarpaulins have been dispatched to Cholera treatment centres and two landcruisers assigned full-time to the operation.

– *Sudan*

The SECS/Federation assessment team found that although the combined action of Government and humanitarian agencies had contained the problem, further intervention will be needed to keep the situation stable. Faecal contamination in water resulted in an increase of diarrhoea diseases, which was later aggravated by increased breeding of houseflies.

This favourable environment for vector propagation has allowed mosquitoes to breed out of control, in spite of Government efforts to control through spraying. Malaria cases increased by 226% in October and by 505% in November. The assessment team found that malaria had become the number one health problem, accounting for 42% of illness recorded in the two weeks preceding the assessment.

Health education is the only ongoing SRCS activity due to the poor response to the appeal. Five health education sessions have been conducted and home visits carried out by volunteers.

Medicine and blankets donated by the Royal Netherlands Embassy have been distributed to six health centres, (including the two SRCS health centres in Diem Al-Arab and El-Ingaz) and to the most vulnerable families. Four hundred tents and 1,490 blankets donated by the German Red Cross Society were distributed among the flood-affected.

– *Ethiopia*

A joint ERCS/ICTC intervention has been successfully completed, with 70 mt of seeds and veterinary drugs for 400,000 livestock distributed.

Outstanding needs

– *Kenya*

The principal obstacle to relief response efforts is access. In many of the most needy areas, helicopters and boats are the only viable means of transport.

A food security/needs assessment and nutritional survey must be undertaken in northern Garissa, parts of Kwale and Tana River districts.

Food and non-food supplies are needed for an estimated 150,000 flood victims in NEP and Coast Province. A Relief Co-ordinator, Logistics and Health Delegates are also required.

The lifting of import duties and VAT exemptions on all relief food and supplies imported for flood victims by the donor community would greatly facilitate operations.

– *Somalia*

The need for health services and distribution of food and non-food items to the victims of the flood disaster will continue for months to come. Future support to the flood victims depends on the situation after the water has disappeared, when a clearer picture of damage and how and when the planting season can start will emerge. Forecasts are not optimistic as much of the most fertile and productive land has been harmed.

- ***Uganda***

It is envisioned that prolonged floods will result in poor crop harvests and famine in the region during 1998. According to USAID's FEWS medium-range forecast, 'EL Nino' will be followed by 'La Nina' — a period of low and erratic rainfall.

The following issues will have to be addressed in the long term: rehabilitation and resettlement of flood victims, provision of farm implements and seeds, and periodical surveying and creation of contingency plans in disaster-prone areas.

In the short/medium term, to assist the government eradicate the cholera epidemic, outreach centres must be opened in the districts affected and volunteers deployed to carry out public health education.

- ***Sudan***

Health education, provision of medicines and blankets, vector control, water testing and control, repairs to school latrines and communal water tanks all need to be implemented, and consideration must also be given to rehabilitation of homes and infrastructure.

- ***Ethiopia***

In the Somali Regional State major post-disaster rehabilitation of homes, roads and other infrastructure is now needed.

The most pressing need is to take advantage of the moisture still in the soil with a planting programme. Basic household utensils, medicines and medical equipment, particularly against malaria and dysentery, are also required.

External relations - Government/UN/NGOs/Media

- ***Kenya***

Since November, three assessment missions to Coast, Eastern and North Eastern provinces have been conducted jointly by the Government, UN agencies, Embassies and NGOs. The Government has provided boats and helicopters to transport food and medical supplies to areas which are not accessible by road. It has also distributed 12,000 bags of maize and 7,000 bags of beans, 60 metric tons of assorted drugs and a team of medical experts from the Ministry of Health has been dispatched to NEP to assess the health situation there.

On 20 January President Moi chaired a meeting on the flood situation and established a 24-hour operational centre, responsible for disaster management and co-ordination, to support the National Co-ordinating Committee. The facility was established in response to rising donor comments about perceived Government apathy to the emergency operation in northern Kenya, as well as poor co-ordination of government relief activities with the work of agencies on the ground. The District Disaster Committees have been strengthened by the posting of Programme

Officers in the Office of the President, which is presently liaising with the UN for preparation of a second appeal, with WFP, UNICEF, WHO, FAO and UNDP working on sectoral proposals.

Several humanitarian agencies have launched separate appeals in response to the disaster in Kenya. The US Government donated USD 1 million for relief operations, while the British Government donated KSH 31.5 million to fund emergency relief operations in NEP in December. WFP is leading relief operations and co-ordinating logistics management in collaboration with UNDP and the Government. WFP has chartered nine aircraft, two helicopters and a fleet of 18 boats to transport food and non-food relief supplies and has delivered 4,500 tons of food, medicines, shelter and other supplies to flood victims. The agency has pledged KSH 46 million to airlift food to assist 295,000 flood victims but has warned that unless donors provide a further USD 12 million it will be forced to halt this action.

The EU has donated USD 1.3 million for the purchase of maize, while the German Government donated DM 480,000 and plans to provide support for road repairs and sanitation programmes. In response to the Government's appeal for international support two Belgian military transport planes were deployed to Kenya to assist in airlifting emergency food supplies in December.

The Ministry of Health and WHO has established a Task Force to strengthen surveillance, conduct control activities of disease outbreaks and carry out research on cholera and Rift Valley Fever and other haemorrhagic diseases.

The Federation delegation meets weekly and monthly with the Government, UN agencies, Embassies and NGOs at the Nairobi level. At the district level, Federation/KRCS participate in meetings with the Government and NGOs.

- *Somalia*

Co-ordination of the humanitarian response to the flood victims has been taken care of by the Somali Aid Co-ordination Body (SACB), but due to security constraints and reluctance from most of the members, this has not been an easy task. In the very first phase of the emergency the RC/RC movement was trying to follow and co-ordinate its programmes with the SACB recommendations. As implementation became difficult, the RC/RC movement started its own operations to reach the victims before it was too late. WFP and UNICEF has begun airlifting food to the most vulnerable, who were left without proper food for weeks.

For the Federation supported programmes, co-operation with WHO and UNICEF is of great help in cholera-stricken camps in Afgoi and Balad. The distribution of relief items in the north-west, organised by SRCS and financed by the Federation, was very successful, not least due to good logistical support from UNDP, which provided free transport to most target areas.

- *Uganda*

Six sub-committees report to the National Cholera Task Force, of which URCS/Federation are members, along with the Ministry of Health, Mulago Hospital, UNICEF, WHO, Kampala City Council and MSF. The Federation's Logistics Delegate is providing technical advice to the Ministry of Health in the management of the supply chain of this operation.

In November last year WFP provided some 110 mt of cereals, pulses, sugar and Corn Soya Blend to URCS/Federation for distribution in the flood area. WFP also pledged USD 35 per mt for the distribution of food items. UNDP donated USD 6,250 to URCS/Federation for the distribution of relief items. UNICEF and UNHCR provided biscuits and plastic sheeting through URCS/Federation in Mbale.

The National Cholera Task Force continued to co-ordinate donations from various sources and direct them to areas in need. UNICEF, WHO and UNDP donated medicaments, ORS and protective clothing. ICRC donated chlorine tablets, drugs and gloves. MSF continued to undertake the curative aspect of the operation in five cholera treatment centres in Kampala and Mbale. The Government raised USD 300,000 towards the control and eradication of the cholera epidemic.

– *Sudan*

An Emergency Committee was formed by Red Sea State authorities with the participation of SRCS. Central Government responded to the situation through the Higher Council of Civil Defence. Water pumps, medicine, air spray, chemicals and other relief materials were provided and channelled through this body. Government also undertook the repair of the main Port Sudan-Khartoum road, railway and port within 48 hours of the floods.

UNDP donated USD 10,000 to Oxfam's flood response programme and at the start of the emergency an assessment mission combining Government, UN agencies and NGOs was initiated.

WFP provided food assistance to 800 families (4,800 persons). Distribution was undertaken by SRCS.

Oxfam's preliminary assessment mission in late October found 16,025 families (80,000 persons) affected. The agency provided plastic sheets and blankets to the most vulnerable groups.

Contributions

See Annex 1 for details. For more information on needs and on how to contribute to this regional appeal, donors are requested to contact Atoussa Parsey, Desk Officer for Eastern Africa, on ++4122 7304335.

Conclusion

Over much of the region rain has washed out vital transport links, normally the lifeline of any relief operation. Whole villages have been swept away and hundreds of thousands of people forced to leave their homes. Price increases have been aggravated by the slump in purchasing power caused by the losses of stored commodities and crop damage, while livestock that survived the flood are threatened by a plethora of health problems including foot rot, blue tongue and Rift Valley Fever. Income that might have been raised through the sale of milk has been lost due to road closures.

Apart from the immediate needs of supplying emergency food, shelter and medical care to the multitudes affected by the floods, long-term agricultural rehabilitation will also have to be considered. This disaster has clearly illustrated the need for rapid action in the case of floods, as the incidence of waterborne diseases, not only traditional killers like cholera and malaria, but viruses such as haemorrhagic fever, have had a dramatic effect on a population which was, in many cases, already severely weakened by drought, food shortages and endemic poverty.

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