

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

KENYA: FLOODS

Appeal No. MDRKE003

Glide no. FL-2006-000159-KEN

15 February 2007

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 185 countries.

In Brief

Operations Update no. 3; Period covered: 22 December 2006 to 14 February 2007; Appeal target: CHF 26,352,005 (USD 21,832,647 or EUR 16,563,171); Appeal coverage: 33.1%; Outstanding needs: CHF 17,635,824 (USD 14,108,659 or EUR 10,886,311).

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Appeal history:

- Launched on 17 November 2006 for CHF 9,848,235 (USD 7,864,934 or EUR 6,157,653) for 6 months to assist 300,000 people. (Refer to the [Preliminary Emergency Appeal](#) for more details).
- Revised on 7 December 2006 for CHF 26,352,005 (USD 21,832,647 or EUR 16,563,171) to assist 563,000 people for 4 months. (Refer to the [Revised Emergency Appeal](#) for more details).
- Disaster Relief Emergency Funds (DREF) allocated: CHF 750,000 (USD 630,000 or EUR 470,000).

Operational summary: Hundreds of Kenya Red Cross Society (KRCS) volunteers have been working round the clock to provide emergency relief to thousands of people affected by the floods that occurred in Kenya between October and December 2006. Focus has been on the worst-hit regions in North-Eastern and Coastal provinces. Since the start of the operation, 180,776 people have received blankets, tarpaulins, soap, jerry cans and kitchen sets to cover their immediate needs. Red Cross basic health care units attended to over 21,000 patients who were suffering from diseases such as diarrhoea, respiratory infections and malaria. Hundreds of other people were reached through health education and hygiene promotion campaigns.

In parallel, Red Cross water teams have been delivering 15 litres of safe drinking water per person per day to over 12,000 internally displaced people (IDPs) sheltered in camps that are situated in the arid lands in the eastern parts of the country. To improve sanitation in the camps, IDPs were assisted to construct temporary latrines.

The rains have now subsided in most parts of the country. The situation in the flooded areas is returning to normal and some families are going back to their homes. Relief distributions have ended, and one of the three emergency response units (ERUs), deployed by the Red Cross to provide basic health care, wound up its activities on 18 January 2007. The other two will continue functioning until mid and end of February 2007 respectively. The remaining medicine will be donated to local health facilities, run by the Ministry of Health (MoH), while medical and water equipment supplied by the ERUs will be handed over to KRCS to strengthen the national society's (NS's) disaster response capacity.



Aerial view of the floods affected provinces: large areas in north-eastern, central and coastal areas of Kenya were flooded after several weeks of unusually heavy rains causing destruction, displacement and loss of life.

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

The vulnerability of the floods-affected communities has recently been exacerbated by an outbreak of Rift Valley Fever (RVF). Cases of RVF have been recorded in Tana River, Garissa, Ijara, Wajir and Mandera districts in North-Eastern Province as well as Kilifi District in Coast Province and Isiolo District in Eastern Province. According to the latest information, the disease has killed at least 95 people since it was first reported in late December 2006. It has continued to spread across several districts in the country.

In response to the Rift Valley Fever outbreak, KRCS, ERUs as well as Médecins Sans Frontières (MSF) Spain set up isolation and trained medical personnel in the affected areas. ERUs have also provided training on universal precautions as well as early case detection and referral, through the community outreach teams, to medical staff in sentinel local health facilities which may receive suspected cases of RVF. Red Cross teams have also been conducting awareness campaigns so as to increase the communities' understanding of RVF.

With the completion of emergency intervention, attention is now shifting to addressing recovery needs of the affected communities. The KRCS has led an inter-agency assessment team to measure the impact of the floods on livelihoods and food security in the most vulnerable areas. Findings of the assessment and a proposed plan of action will be communicated through subsequent operations updates.

Recovery needs of the affected communities are expected to be significant. Local capacities had already been weakened by the prolonged drought of 2005 as well as social, economic and health conditions that have been aggravated by the recent floods.

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- **Reduce the numbers of deaths, injuries and impact from disasters.**
- **Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.**
- **Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.**
- **Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.**

Background



The floods submerged entire villages and forced thousands to move to higher grounds.

Large areas in North-Eastern, Central and Coastal provinces of Kenya were flooded after unusually heavy rains wrecked havoc between October and December 2006. The flooding resulted in loss of lives and damage of property. Some houses were completely destroyed by the rains, displacing many people.

What was first thought to be flash floods became a full-fledged disaster. The rains started in October 2006 and, after a two-week lull, resumed in November 2006 with renewed intensity. Heavy downpours continued through December and extended into the first week of January 2007. Rainfall anomalies have been particularly pronounced in the pastoral areas, where the short rains normally end in December. According to the Kenya Meteorological Department, rainfall amounts received in October 2006 alone were so high that they exceeded the usual amount for the October-December rain season.

The excess amounts of fast flowing waters burst the banks of River Tana, affecting towns and villages in a swathe of territory stretching hundreds of kilometres. Villages were completely submerged; according to the latest estimates, the unexpected climatic phenomena killed 144 people and affected some 500,000 people. The hardest-hit areas were eastern pastoral regions, which have been experiencing successive droughts over the past decade. Considerable quantities of crops and farmland were destroyed, water pumps were washed away and the irrigation infrastructure was severely damaged.

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

Most of the North-Eastern Province was inaccessible for much of November and December 2006. For weeks, some 300,000 people were marooned as roads linking towns were destroyed, rendering them impassable. Fears of food shortages in the region added to the already devastating humanitarian crisis. Basic sanitation facilities were not spared in most areas; rains destroyed thousands of latrines and contaminated water sources with human waste, increasing the potential for outbreaks of waterborne diseases, notably cholera and diarrhoea.

The floods forced people to move to higher grounds. Many settled in public buildings (schools and churches) or makeshift shelters. The Kenya Red Cross Society (KRCS) estimates that some 60,000 people (10,000 families) were displaced in Garissa, Ijara, Tana River and the coastal area. Out of these, some 36,000 were sheltered in camps. However, most of these camps lacked toilets and clean water as well as access to basic health care facilities. For example, in one camp, the nearest health facility is 17 kilometres away.



Hundreds of Kenyan Red Cross volunteers have been working round the clock to provide emergency relief to people affected by the sudden onset of the devastating floods.

The number of medical staff in rural dispensaries is limited. In addition, majority of the affected population cannot afford medical treatment. The receipt of medication from the Ministry of Health (MoH) is not always regular; drugs such as antibiotics and anti-malaria tablets often run out due to high demand, thus forcing patients to seek treatment from nearby dispensaries or referral centres. Accessibility to health facilities is better during the dry or normal wet season; however, during extreme weather conditions, it is difficult.

Operational developments

By 14 February 2007, water levels had subsided in most parts of the country. The situation is returning to normal and some families are going back home. However, there is still the problem of upriver rain as well as dam water release which can cause water levels to rise quickly and unexpectedly.

Nevertheless, agriculturalists have and continue to return to make use of moist lands to plant their crops. Pastoralists are slower to return as their lands are still too wet for the animals to graze. KRCS is currently engaged in discussions with the local and national authorities as well as partner organizations to discuss the resettlement strategies for those who cannot yet return, and chart the way forward to sustainable recovery.

The end of short rains improved access to many roads in the pastoral areas that had been inaccessible or washed out. Rehabilitation of infrastructure has started in some of the floods-affected areas. However, the damage is extensive and health as well as water and sanitation (WatSan) problems persist. There are risks of diarrhoea, malaria and typhoid outbreaks in Tana River District. The ongoing shortages of clean water as well as sanitation are of a chronic nature and call for longer-term solutions.

Rift Valley Fever

The vulnerability of the floods-affected communities has recently been exacerbated by an outbreak of Rift Valley Fever (RVF). Cases of RVF have been recorded in Tana River, Garissa, Ijara, Wajir and Mandera districts in North-Eastern Province as well as Kilifi District in Coast Province and Isiolo District in Eastern Province. According to the latest information, the disease has killed at least 95 people since it was first reported in late December 2006. It has continued to spread across several districts in the country.

RVF is a rare viral disease of which very little is known. It is transmitted primarily to humans through contact with infected animal matter such as blood or other fluids as well as animal organs. Consumption of raw milk from an infected animal, an important element in the diet of many nomadic pastoralists in Kenya, is also thought to lead to infection. RVF is also spread by livestock via the aedes mosquito. The infected mosquito eggs are often laid around river banks and can lay dormant for years until they get submerged. The eggs then hatch to mosquitoes that spread the virus.

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

The epidemic has been triggered by extensive flooding in the region. The last large outbreak was experienced in 1997, following heavy rains. During that time, around 27,500 people were infected and 170 died in Garissa District. So far, there is no cure and doctors are only able to treat the symptoms. About one percent of people contracting RVF develop the disease in a severe form; but of those who do, approximately half of them die.

The recent outbreak of RVF has resulted in the closure of key livestock markets as well as a ban on movement and slaughter of animals, accentuating the precarious situation of pastoralists' welfare, who almost exclusively depend on livestock as the principal source of food and income. The impact is particularly severe for pastoralists in the North-Eastern Province. Although a significant vaccination campaign for livestock and other prevention activities is ongoing in all affected districts, trade prospects are limited after the ban, thus raising concerns over the deepening food insecurity in the region.

Red Cross and Red Crescent action - objectives, progress and impact

Immediately after the first reports about the floods started to arrive, the Kenya Red Cross sent its teams of trained volunteers and experienced staff to assess the extent of the disaster and provide first aid to the affected communities. Hundreds of people, trapped by the surrounding water, were helped to evacuate to safer grounds.

Assessments conducted identified food, access to safe water, adequate sanitation and basic health care as the most pressing needs. Jerry cans, aqua tablets, hygiene items and tarpaulins, from KRCS headquarters were immediately dispatched to the affected families. Blankets and second-hand clothes have been also distributed. Priority was given to families which lost everything during the floods.

The KRCS has mobilized all its resources to assist the flood-affected families. However, it emerged that the magnitude of the disaster overwhelmed the local capacities. The national society (NS), thus, requested the International Federation to facilitate international support. The Federation allocated CHF 750,000 (from its DREF) to start immediate relief distributions and to cover the associated high costs of transport by air or boat. In addition, the Federation launched an Emergency Appeal seeking CHF 26,352,005 to procure food and other relief items. The Federation also alerted partner national societies (PNSs) and mobilized basic health care as well as WatSan emergency response units (ERUs) from around the globe to support the NS in emergency response.

Relief, recovery and livelihoods

Goal: To contribute towards the mitigation of the effects of floods and increasing the resilience of affected people in Kenya.

Objective 1: Provide search and rescue (SAR) services to minimize the effects of floods on vulnerable communities isolated or threatened by the ongoing floods in the next 4 months.

Progress

Since the early days of the operation, KRCS volunteers have been involved in evacuating people stranded in Garissa, Ijara, Garsen, Kwale, Keiyo and Lamu districts. The NS commissioned its boats to be used in conducting search and rescue operations as well as evacuating and distributing relief assistance to the affected people along the river basin. Some areas that were completely rendered impassable required the use of helicopters which the national society received through the support of the Kenyan Air Force. Rescue operations continued until early January 2007. On 6 January 2007, the KRCS National Disaster Response Team (NDRT) coordinated the safe rescue of 46 families marooned at Malkaloni area of Tana River District and settled them in a camp, with the help of local elders. The search and rescue activities have now been completed.

Objective 2: To improve the status of 503,000 affected beneficiaries through timely provision of appropriate emergency relief kits.

Progress

Since October 2006, 180,776 people (30,129 households) have received blankets, tarpaulins, soap, jerry cans and kitchen sets. Given the inaccessibility of the affected areas and general logistics and transport constraints, air operations have been a vital strategic component of the operation. Helicopters were used to transport those carrying out assessments and delivering relief items to stranded or cut-off communities.

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3



Sustaining lives: Food and essential relief items were delivered to those who lost livelihoods and means of survival.

deliver relief items to M6 trucks' locations, from where the items are transported to distribution points with M6 trucks. At the end of the emergency operation, the fleet will be donated to KRCS to strengthen its disaster response capacity. [For detailed statistics on distribution of non-food items, refer to annex 1.](#)

A logistics ERU, mobilized by the Federation, assisted with the procurement and distribution of essential relief items. The floods operation has also been supported by a specialist fleet – transport support unit (TSU) – that was initially deployed by the Federation in response to the drought in northern Kenya in early 2006. The fleet consists of 50 M6 trucks; 1 workshop truck and 49 cargo trucks. 10 of these trucks have been deployed in Garissa, 10 in Marsabit, 2 in Kwale, 2 in Kisumu and 3 in Nairobi, to support relief distributions to floods-affected communities. 18 other trucks have been deployed in Dadaab to support food distributions to Somali refugee camps in the eastern parts of Kenya. Five M6 trucks have been taken out of the operation. The fleet also includes 5 long haul Mercedes trucks and two land cruisers. The Mercedes trucks have been used to

Objective 3: To establish livelihood recovery and rehabilitation needs and ensure that they are linked to humanitarian assistance in floods affected areas.

Progress

With the emergency relief work completed, the attention is now shifting to addressing recovery needs of the affected communities. The KRCS has led an inter-agency team to assess the impact and magnitude of the floods on the livelihoods and food security in north-eastern, central, eastern and coastal regions of Kenya. The team, which includes representatives from the NS, the Federation and various government agencies, will recommend appropriate early recovery strategies aimed at restoring and maintaining these livelihoods. Findings of the assessment and a proposed plan of action will be communicated through subsequent operations update.

Objective 4: Enhance the operational capacity of KRCS to respond to potential future disasters throughout Kenya.

Progress

The KRCS is currently preparing a plan to replenish its depleted emergency stocks. The Federation, through the appeal, will support this important component of the operation to strengthen the national society's capacity to respond to other potential disasters.

Health and epidemic control

Objective 1: To contribute towards reducing mortality and morbidity through provision of preventive public health community care and basic clinical care to 150,000 floods affected people.

Progress

To respond to emergency health needs of the population in the floods affected areas, at the request of the Kenya Red Cross, the International Federation mobilized basic health care emergency response units (ERUs).

The ERUs are usually deployed to provide immediate basic curative, preventive and community health care in emergency situations, where local medical facilities are insufficient or have been destroyed. Each ERU has a principal capacity to serve up to 30,000 people, using a modular approach, which is adjusted to the actual needs of the affected populations. The units are self-sufficient for one month. Their principal tasks include outpatient curative services, basic treatment according to the World Health Organization (WHO) basic treatment protocols, supply of drugs using WHO essential drug lists, supply of 10 to 20 overnight beds (mainly for diarrhoea treatment and observation cases), preventive mother and child health care (MCH), immunization for epidemics such as measles, deliveries as well as disease and nutritional surveillance.

ERU equipment was provided by PNSs, with the Federation providing logistical support. The Kenyan Red Cross assisted with the facilitation of ERU operations, and mobilized volunteers and staff who have worked alongside the international delegates. One Red Cross basic health care post was erected in Bandi village, south of River Tana (12

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

km from Garsen District). This area was selected due to high numbers of displaced people living along the Lamu highway. It provided equal health services to the main tribes within the area. Two Red Cross mobile medical teams have also been established to reach the populations isolated by the water, including the marooned and displaced communities for whom travel to health services has become difficult and dangerous due to wild animals or reptiles. The mobile clinics travelled north and south of Bura District (north of River Tana) covering areas around Bura, Hola and Garissa District. One spare basic health care unit has been on standby in Nairobi.

Since the start of the flood operation, the Red Cross ERUs have attended to a total of 21,205 patients. Complicated cases have been referred to local hospitals in Garissa and Ngao districts. An important element of the ERU operation has been provision of reproductive health care in outreach medical camps. The ERUs worked through professional mid-wives and traditional birth attendants (TBAs) from the local communities. Challenges such as long distances, poor road networks with loose sand, rough terrain and mud water were experienced. The difficulties were overcome with hard work and dedication of Red Cross staff and volunteers who have worked tirelessly under difficult conditions, supporting each other throughout the operation.

During the first couple of weeks, some 300 to 500 patients were consulted in the Red Cross health units every day. The number has since reduced as the population is returning to their homes. Morbidity among all age groups has been due to respiratory tract disease, skin diseases, malaria and diarrhoeal diseases. Over the last 2 to 3 weeks, the main illnesses, besides malaria, have been chronic in nature. Public health institutions have now resumed to normal activity and, despite persisting difficulties related to the shortage of medical staff and medication, Red Cross assessments show that the local clinics and hospitals have adequate capacities to attend to health needs of the affected populations.

The flood situation has since improved after the waters levels receded to normal. On 18 January 2007 one Red Cross health clinic in Garsen District was closed. The other two clinics will continue functioning until mid and end of February 2007 respectively. The remaining stock of medicine will be donated to local MoH health facilities, through the national society, while the medical equipment will be handed over to the NS to strengthen its disaster response capacity. Hand-over agreements were developed and signed by all concerned parties on 9 February 2007. The signing ceremony was attended by all ERU teams leaders, the KRCS's Secretary General and the head of the Federation's regional delegation in Nairobi.

With the emergency phase of the operation now completed, the focus of Red Cross health clinics has shifted from emergency treatment to preventive health care, with an emphasis on preventing possible epidemic outbreaks. The KRCS, with assistance from ERU personnel, are conducting public health education to high risk/vulnerable villages. Volunteers have been visiting villages and IDP camps as well as conducting group and individual sessions. They have been travelling by road or by water. Their objective has been to encourage a behavioural change such as adopting the use of latrines and washing of hands. The use of insecticide-treated mosquito nets (ITNs) has been consistently encouraged to prevent the spread of malaria. To this effect, the NS has distributed 34,678 ITNs.

Red Cross volunteers have also been training IDPs and host communities on how to prepare oral rehydration solutions (ORS) to treat diarrhoea, if access to health care is impossible. The literacy rate in the region is low; therefore, the team has been using pictures drawn by a Kenya Red Cross volunteer. The villagers and IDPs warmly welcomed the Red Cross volunteers and actively participated in the training sessions.



Red Cross volunteers communicate through drawings to reach the illiterate community with health messages.

Red Cross and Red Crescent action in response to Rift Valley Fever: In response to the Rift Valley Fever outbreak, the Red Cross health clinic in Bura District, at the request of MoH, supported the Garissa District Hospital to set up an isolation ward. Medical personnel of the hospital were trained by the Red Cross staff on universal precautions and were provided with assorted medical and non- medical equipment. In Ngao Sub-District Hospital (in Garsen District), the joint action by Médecins Sans Frontières (MSF) Spain and the Red Cross ERUs facilitated

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

the refurbishment of the isolation ward, provision of medical and non-medical supplies as well as training of the medical and auxiliary staff. The ward required structural changes and building of a safe waste disposal system (pit latrines and an incinerator). Both organizations have been collaborating with the MoH to offer timely and effective care to suspected and/or confirmed RVF cases. ERUs have also provided training on universal precautions as well as early case detection and referral, through the community outreach teams, to medical staff in sentinel local health facilities which may receive suspected cases of RVF.

There is a great fear for the RVF outbreak and several people don't see the use of travelling long distances to seek treatment in health centres. To counter this, Red Cross teams have been conducting awareness campaigns to increase understanding of what RVF is and what measures people should take to protect themselves from infection.

Objective 2: Strengthen the capacity of KRCS in the provision of basic health care as well as epidemic preparedness and response in remote areas, using basic health care (BHC)-ERU.

Progress

Kenya has a long history of natural disasters that have plagued various areas of the country. Each decade, millions of Kenyans become vulnerable due to drought, flooding and starvation. In the last two years, Kenya has seen the ravages of drought in the arid zones, flooding in the lower valley areas, increased numbers of Somali refugees fleeing their war-torn country and the recent outbreak of RVF. The Government of Kenya (GoK) responds as quickly as possible to disasters but also relies heavily upon partner organizations to contribute to relief and reconstruction efforts.

Given the regularity of disasters in Kenya, whether they are related to droughts, floods, disease outbreaks or man-made catastrophes, it is important to build sustainable capacity within the Kenya Red Cross Society in order to have the resources and technical capabilities to provide immediate response in times of humanitarian crises in the country. The NS has set an objective to institutionalize and operationalize an NDRT which will have the capacity (trained and capable staff and volunteers, systems and tools, operational framework, appropriate infrastructure and physical support) to provide immediate response to disasters in Kenya. Through the years, it has developed a good working relationship with the MoH, which offers its doctors and nurses to volunteer for the NS in times of emergencies. KRCS provides logistical support and overall management of emergency responses. In addition to improving its ability to respond nationally, the NS has an ambition to function as a regional hub.

The floods operation has offered an opportunity to equip and train the Kenya Red Cross Society, helping it to achieve its objectives. The ERUs have shared their experience and technical capacities with the NS staff and volunteers who worked side-by-side with international Red Cross staff and volunteers. It has also been agreed that ERU equipment will be handed over to the NS for utilization in future similar situations.

Discussions regarding a more formalized training and further support that will be integrated in the emerging plan of action for the recovery phase of the operation have now commenced.

Objective 3: Ensure transition into rehabilitation and longer-term community health programming to prepare communities to face future health emergencies.

Progress

A plan of action to ensure the transition into rehabilitation and longer-term community health programming with capacity building for Kenya Red Cross Society volunteers and staff is under discussion.

Objective 4: Ensure preparedness for a prolonged flooding situation and for temporary support in case of possible influx of refugees from Somalia.

Progress

The KRCS has been monitoring the complex situation unfolding in neighbouring Somalia and has built up basic medicine stocks to provide support in case of influx of refugees.

Water and sanitation

Objective: Reduce the risk of waterborne and water-related diseases through provision of sustained access to safe water, adequate sanitation and hygiene promotion as well as education services to 503,000 flood affected people.

Specific objective 1: Provide safe drinking water to SPHERE standards.

Progress

In addition to emergency relief and health care, the NS has been providing safe drinking water to the displaced population. The PNSs donated eight water purification plants. Three water plants have been deployed - one in Gamba area Garsen District and two in Bura District.



Problems persist: Although the emergency phase has ended, access to safe water in floods-affected areas remains a concern.

The locations for water treatment plants were identified, following assessments of the affected areas as well as issues such as security, accessibility to the water sources, distance from the ERU clinics as well as the quality of water. The water treatment plants pump water from the river and purify it with chemicals. The treated water is stored in bladder tanks and then transported by a water tanker to IDP camps, where KRCS has set-up water tanks and tap stands. The plants treat over 72,000 litres of water per day and the truck makes several trips each day, covering long distances. Transporting water in Garsen District has been easier as most of IDPs live along an accessible tarmac road. However, in Garissa District, the roads are impassable and access to some of the affected communities was rendered impassable for several weeks. As of 18 January 2007, the three plants installed by the NS had produced nearly 1.5 millions litres of water. In total, 12,214 IDPs in 14 camps have been receiving

15 litres of safe water every day, in compliance with the SPHERE standards.

In addition to responding to immediate emergency water needs, the floods operation has contributed to strengthening the capacity of the national society to respond to future water emergencies in the country. KRCS volunteers have been enthusiastic and remarkably dedicated. They have gained an immense experience through this operation. They have been directly engaged in the management of the water purification plants, thus they are well-qualified and have done an excellent work so far.

To strengthen their technical capacities, a total of 36 volunteers were trained. The water treatment manual was translated into Swahili, meaning that volunteers can now refer to it during future water emergencies.

Access to safe water still remains a concern. Some IDP communities indicated that they are reluctant to return to their home villages as they fear further floods and destruction. Most of the IDPs are nomadic pastoralists and move from one place to another in search of pastures and water for their livestock. It is expected that they will not remain in one location for a long time. The KRCS is consulting with the authorities to seek government policy and plans for these people. Until alternative and more sustainable solutions are found (the latter might include a possible relocation of IDPs), the Red Cross will continue transporting water to IDPs. For those living in the camps near River Tana, the Red Cross will distribute aqua and water purification tablets, sufficient for one month. This will be accompanied by community sensitization efforts to encourage the use of aqua tablets which are available in local markets.



Red Cross emergency response units have been treating over 72,000 litres of water every day to provide clean water to those with no access to it.

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

The Kenya Red Cross Society will need further support to realize its ambition and to have a well-equipped and prepared emergency water response team. To achieve this ambition, it will have to develop standing operating procedures (SOPs), establish mechanisms for volunteer mobilization, deployment and management as well as put in place equipment maintenance plans. The framework of this support is being developed and will be communicated through subsequent operations updates.

Specific objective 2: Provide emergency and household latrines to the affected populations.

Progress

The baseline surveys conducted by the Red Cross revealed that over 50 per cent of the IDP camps did not have latrines and waste disposal systems in place. The NS has provided materials to construct temporary latrines. To date, a total of 66 temporary latrines have been constructed – 40 in Bura and 26 in Garissa districts. In addition, the KRCS distributed mobile latrines, donated by the United Nations Children Fund (UNICEF), to Garissa, Kwale and Garsen districts. The national society is also supporting the construction of 35 permanent latrines.

Specific objective 3: Provide emergency hygiene promotion and education services to the affected population.

Progress

The KRCS deployed its participatory hygiene and sanitation transformation (PHAST) team to sensitize the targeted communities on hygiene, waste disposal and the use of clean water. Initially, 40 volunteers were involved in social mobilization and hygiene promotion campaigns, but the number has since been scaled down to 30 volunteers. IDPs have been organized into committees to coordinate regular clean-up activities in the camps. They have also been provided with basic cleaning tools. Subsequent visits by Red Cross volunteers have shown that sanitary conditions in the camps have improved.

Coordination

Kenya Red Cross Society has taken the lead in disaster response and coordination within the Red Cross/Red Crescent Movement. The NS hosts regular briefing of the general situation with the Federation, the International Committee of the Red Cross (ICRC) and partner national societies that have been supporting the operation, either bilaterally or through the Federation appeal.

The regional delegation in Nairobi has been providing logistical, information technology (IT) and communications-related support. The regional delegation has been strengthened with the arrival of two new delegates - finance and reporting. The newly appointed regional emergency programme coordinator and a regional logistics delegate, as part of their regional responsibilities, will offer additional technical support in the development and coordination of the recovery phase of the floods operation.

KRCS took the initiative to form a core group – comprising representatives of PNSs, the Federation and ICRC – to provide coordinated support to its disaster response efforts. Although this core group has not developed into a formal operational alliance, a considerable experience, nevertheless, has been gained.

Regular consultations have been ongoing with non-Movement partners such as WHO, Centre for Disease Control (CDC), World Food Programme (WFP), MSF Spain, UNICEF and Oxfam to ensure a coordinated response to the disaster. WFP has been distributing food through various partner agencies, including the KRCS, which is a leading implementing agency in Garissa District. UNICEF and Oxfam donated non-food items (NFIs) such as kitchen sets, jerry cans, chlorine tablets and water tanks. MSF Spain has been providing clinical and preventive health care in the south of the Garsen District, while the Red Cross efforts concentrated in the north of Garsen District along the River Tana.

Lessons learned

To capture and reflect on the lessons learned, a review of the Kenya floods operation is planned from March 2007. The review will be facilitated by a team comprising the deputy secretary general of the KRCS (to provide the internal perspective), an expert on the Red Cross and Red Crescent Movement (with substantial experience in several national society and Federation Secretariat senior positions), representatives of PNSs (with extensive experience in international relief and management) as well as a senior officer from the Federation's movement cooperation unit in Geneva.

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

The team will trace actions, decisions and consultations undertaken within the floods operation and reflect on operational as well as strategic issues related to coordination between the Movement partners. Specifically, it will study and recommend on what added value an operational alliance can provide in times of disasters, how and in what situations it can be used, its responsibilities, competencies and accountabilities required to make it successful. The team's analysis, conclusions and recommendations will be presented in a final report; tentatively by 16 March 2007.

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[<Distributions table below; click here to return to the title page>](#)

Kenya: floods; Appeal no. MDRKE003; Operations Update no. 3

Annex 1: Distribution of NFIs to beneficiaries (per district)

Districts	No. of beneficiaries	Blankets	Kitchen sets	Jerry cans	Tarpaulins	Bars of soap
Coast Province						
Kwale	29,882	2,740	937	1,400	850	31,775
Kilifi	450	100	250	250	250	1,000
Mombasa	300	600	200	600	150	1,500
Garsen	24,954	5,879	2,356	5,442	4,159	9,670
Malindi	1,200	400	528	1,081	336	0
Lamu	9,288	1,548	774	774	774	1,548
Total	66,074	11,267	5,045	9,547	6,519	45,493
North Eastern Province						
Garissa	32,820	9,646	4,940	7,674	4,042	1,283
Ijara	3,900	492	410	680	450	1,130
Wajir	3,000	0	0	0	0	0
Bura & Hola	20,778	4,521	2,393	3,979	2,342	12,355
Moyale	5,400	0	0	0	0	0
Mandera (Elwak)	1,746	1,025	320		400	1,200
Total	67,644	15,684	8,063	12,333	7,234	15,968
Nyanza Province						
Kisumu	5,760	1,960	180	180	815	500
Homabay	1,200		200	200	200	1,000
Siaya	3,600	675	720	300	600	3,625
Migori	6,600	1,225	953	1,100	1,100	6,750
Rachwonyo	2,700	750	300	300	450	2,250
Nyando	3,600	1,470	1,050	1,070	1,200	
Total	23,460	6,080	3,403	3,150	4,365	14,125
Western Province						
Busia (Budalangi)	4,200	700	350	350	700	350
Vihiga	300		60	60	60	300
Total	4,500	700	410	410	760	650
Rift Valley Province						
	1,566	522	261	522	261	1,044
Lodwar (Turukana)	1,566	522	261	522	261	1,044
Total	1,566	522	261	522	261	1,044
Eastern Province						
Meru	3,000	200	100	200	100	400
Isiolo	12,000	1,325	1,000	2,000	780	4,000
Mwingi	120	40	20	40	20	80
Athi River	1,800	600	300	600	300	1,200
Total	16,920	2,165	1,420	2,840	1,200	5,680
Central Province						
Nyeri	522	174	87	0	87	188
Thika	90	30	15	0	15	60
Total	612	204	102	0	102	248
Grand total	180,776	36,622	18,704	28,802	20,441	83,208