

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

28 August 2002

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Appeal No. 14/2002

Launched on 13 May 2002 for CHF 1,737,000 for 3 months; the budget has been decreased to CHF 525,000 and the implementation period extended by 2 months to 12 October 2002.

Disaster Relief Emergency Fund (DREF) Allocated: CHF 50,000

Beneficiaries: 125,000

Operations Update No. 2; Period covered: May-July 2002; last update (no. 1) issued May 2002; next update expected October 2002

IN BRIEF

Appeal coverage: 85%

Related Appeals: East Africa Regional Programmes 2002 Annual Appeal no. 01.07/2002

Outstanding needs: CHF 78,608

Summary: Despite a lack of donor support and funding, the Kenyan Red Cross Society (KRCS), supported by the Federation, has made a commendable effort to implement the flood relief operation as planned. A serious malaria outbreak has complicated the task. Given the limited funding and the evolving nature of the situation, the appeal budget has been revised and the operational time-frame extended to October, 2002.

Operational Developments w

According to official reports 46 people were killed, eight injured and more than 150,000 displaced by floods and landslides since heavy rains began in May 2002. Thousands of acres of crops were destroyed by waters and homes marooned or destroyed. In large parts of the affected area wells and drinking water sources as well as latrines were flooded and there were serious fears of an outbreak of water borne diseases such as cholera and typhoid.

The situation has now taken a more serious turn with the outbreak of Highland Malaria in the Nyanza and Rift Valley Provinces claiming over 500 lives in June and July (see table 1 below also). The Ministry of Health has declared a malaria epidemic in a total of 12 districts. The communities living in the areas where the malaria epidemic has occurred have little resistance to the disease as these are not malaria endemic areas. The first line of defence now consists of sulpha pyrimethamine drugs used for case management of the patients after the government changed from chloroquine in 1999 have proven to be ineffective. The recommended second line of defence is amodiaquine, and this is also now being encouraged.

Table 1: The table underneath shows the morbidity and mortality as a result of the malaria:

District	Out-patient	In-patient	Deaths
Gucha			
June	13'932	2'819	113
Nandi			
July (1st week)		356	16
June	27'137	1'169	16
May	14'593	645	48
April	17'002	741	27
March	14'380	603	32
February	14'720	501	15
January	15'843	590	27
Kisii			
July 10/7	631		23
June	21'037	1'684	52
May	13'997	725	34
April	11'804	592	36
March	11'114	625	24
February	11'737	674	29
January	14'064	1'094	22
Kericho			
July 1-26	1'198	693	54
June	2'458	1'307	37
May	834	360	14
Bureti			
June	11,696		6
May	9'761		
April	7'059		
March	5'994		
February	6'441		
January	6'357		
Nyamira			
July	2,128	2'004	15
June	16'553	774	114
Tran Nzoia			
July	817	442	15
June	1'189	625	25
Uasin Gishu			
June	15,105		
Kisumu			
June	29'599		48
TOTAL	290'251	19'023	842

(Source: Ministry of Health, Kenya Government)

As was predicted in the initial stage of the operation, cholera cases have now been reported in Shimoni, Kwale District. A Red Cross Action team was dispatched from the Kenya Red Cross Society (KRCS) Mombasa branch for a fact finding mission: 114 cases were attended to in the local district hospital, 16 patients were admitted, 10 discharged, 3 still in the ward and 3 died.

The KRCS put up two hospital tents in the local hospitals in Shimoni and Lunga Lunga, and provided 1 drum of chlorine powder and 24,000 chlorine tablets. Kwale branch volunteers are being activated to assist the Ministry of Health in cholera prevention activities.

Detailed update on the floods

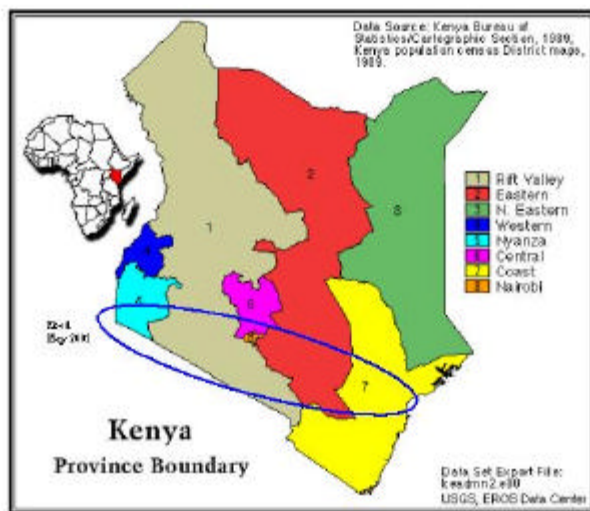
Tana River District in the Coast Province, Busia District in Western Province and Ijara District in the North Eastern Province are currently the most affected areas as a result of excess water being released from the Masinga Dam into River Tana. A total of 27,000 people have been displaced in Tana River while over 40,000 people (out of a total population of 75,000) have been directly affected in Ijara District. It should be noted that Tana River had just come out of one of the worst drought periods ever experienced in the past 30 years and

tribal clashes that resulted in the death of over 140 people. Even without the drought, clashes and floods, this is a food deficit district with poor infrastructure and one of the lowest literacy levels in the country.

The Western part of Kenya (Nyanza and Western provinces) was most affected by the floods in the beginning of the rainy season with Nyando, Kisumu, Rachuonyo and Busia districts suffering the most damages. There is still an urgent need for food (cooking oil, powdered milk,) medication (anti-malaria, typhoid and cholera), cooking utensils, clean drinking water or water purification tablets and water jerry-cans. In addition seeds and building materials are needed to help people rebuild there livelihoods.

Also a series of landslides affected the central districts of Meru, Muranga and Thika. Some 17 people including nine children died in the villages of Giumpu (Meru) and Gathunguri (Muranga). In Thika district two landslides were reported on 12 May as torrential rains continued to hit most parts of the country. Thirty people were evacuated by the provincial administration. In Gathugu village near Ndunyu Chege trading center,

residents continued to live in fear after a massive landslide swallowed more than five acres of coffee and tea bushes. More than 134 people were evacuated from eight homesteads in the area to Ndunyu Chege trading Polytechnic.



Reports from the Meteorological Department and the Famine Early Warning Systems (FEWS) say food security prospects are unfavourable for an estimated 100,000 flood affected persons (primarily in the Lakeside Districts and in the North-eastern Pastoral Districts). A significant proportion of the population in these areas was displaced when

flash floods washed away homes, and crop lands, as well as schools, roads and bridges. In response, the Government of Kenya is collaborating with the UN and NGOs to provide food, shelter, water and sanitation to these households.

The Drought Monitoring Centre (DMC) reported that the Inter-Tropical Convergence Zone had moved northward away from Kenya, resulting in reduced rainfall through most parts of the country. However, the western areas of the country as well as the coastal strip continued to receive rains till the beginning of July. The pattern of rainfall in the areas affected by the malaria epidemic has contributed to the increase of breeding sites for the mosquitos.

Tana River: A total of 27,000 people out of the total population of 180,901 are directly affected by the floods. The communities are predominantly farmers and pastrolist. There were clashes recently in the district between the two communities related to land and water sources. Tana River is a semi-arid district which experiences frequent drought/famine which puts the community in a strained situation because the pastoralists tend to move to the river banks which are fertile and graze their herds on crops thus sparking hostilities from the farmers. Most of the villages along the river are marooned by water, farms were washed away, mango and banana trees were uprooted.

The area is not easily accessible as all roads are muddy and waterlogged. Only by use of boats and four wheel drive vehicles can some of the most affected areas be reached. The rains have reduced the coping mechanisms of the people because the supply roads have been cut off. Food items are supplied through Garissa and partly through Malindi; supplies have been reduced and the prices of commodities which are available have increased threefold since the roads were cut off. Red Cross staff and volunteers mobilized resources to deliver relief to areas marooned by water. The Catholic Mission offered a motorboat to ferry food and non-food items to the victims across the waters.

Ijara District: Due to its vicinity to the coast and the resulting precipitation of 600 - 800 mm annually, the district is endowed with rich natural resources in terms of flora, fauna, surface water and therefore enjoys high agricultural potentials both under rain fed and irrigated conditions.

The population in Ijara District has been affected by the heavy rains which caused considerable flooding, prompting the District Steering Group to convene a special meeting to map strategies for accessing the divisions of Hulugho and Sangailu.

It is estimated that 40,000 people have been cut off from areas where they can access any means of livelihood. The areas which are most affected are:

- Holugho Division: 26,000 people.
- Sangailu Division: 12,000 people.
- Ijara Division: 2,000 people.

Hulugho and Sangailu Divisions were cut off completely after a bridge was swept away by massive floods. The KRCS however did try to reach the residents of Sangailu and Ijara by sending a message and asking them to travel over 35 km to the nearest point where relief trucks could reach them.

The rains have reduced the coping mechanisms of the people because the supply roads have been cut off. Most of the goods are being supplied from the Somalia side of the border but the available quantities have reduced and the prices of commodities which are available have increased. Residents of Sangailu Division have to walk between 50 to 60 kms to Ijara Town to look for basic food necessities.

Cases of water-related diseases like cholera were also evident, and six people had been confirmed dead. The situation has been brought under control by the Ministry of Health personnel. With current crops completely damaged by water logging, the situation might get worse if the coastal rains which are expected in the month of July/August do come.

The people will require assistance for at least one month (by air) before the roads can be accessible; therefore, other food needs and non-food items can be addressed through the normal road transport. The division of Hulugho which borders the Somali Republic has not received any form of assistance as it is far and isolated. As of the moment, it is the area of focus for help in this appeal.

Busia District: In Busia District, along the border with Uganda, a total of 700 families were displaced after their homesteads were submerged. This is as a result of the breaking of a dyke resulting in a 30 meter wide gap at Sibuka. The displaced people were evacuated and are currently camped in the following areas:

- Mudembi Pentecostal Church: 224 people (55 families).
- Mudembi Chiefs Camp: 532 people (133 families).
- Budalangi Dos Office: 2,203 people (427 families).

The water level has destroyed over 700 mud houses and families have been advised not to move back before the dyke is repaired.

Detailed update on the malaria epidemic

Kericho: In the past 3 months, in Kericho District Hospital and Londiani Sub-District Hospitals, a total of 4,300 patients were attended in the out-patient department while 2,251 were admitted in the inpatient department and 69 deaths were reported out of which 40 died in June. In the 20 bed paediatric ward at the

district hospital one bed was occupied by three children. The children looked malnourished and were being given IV fluids.

Bureti: In the past 6 months a total of 47,308 patients were treated at the District Hospital no figures were available on the total number admitted. In June, 6 people died of malaria.

The branch is targeting spraying on 1,500 homes in the districts. So far the Red Cross action teams have carried out spraying in boarding schools, shopping centres and Homes Litein and Cheborge. The 200 blankets and 100 mosquito where distributed to 9 health centres in Cheborge, Boito, Roret, Cheosot, Tebesonik, Kapsogut, Arokyet and Kapkatet.

Nandi: In June a total of 27,137 people were treated for malaria, 1,169 were admitted and 16 have died. In the course of the first week of July, 16 more people have died. For the past 6 months a total of 103,675 malaria patients were attended to in the outpatient ward while 4,249 were admitted in the inpatient department. Currently there are 356 admitted in the hospital. A total of 181 people have died of malaria so far.

Kisii: A total of 21,031 malaria infected patients were attended to at the out-patient department while 1,684 people were admitted to the in-patient department (52 people have died). Over the past 6 months, 83,753 people were treated, 5,394 were admitted, while 220 have died. Highland Malaria has had the highest effect in the Mother and Child Health ward where out of 15 births 10 are premature cases. This has been attributed to the drugs used in the case management. The district hospital has a capacity of 80 beds but currently 109 beds are occupied by patients with malaria.

Nyamira: In June 1,200 people were treated at the out-patient department, a total of 114 are confirmed dead as a result of the malaria epidemic. A total of 140 pregnant women were also diagnosed as having malaria.

The local KRCS branch, in collaboration with the Ministry of Health, have so far been able to spray most of the hospitals in the district. The Red Cross action team have started spraying in villages and intended to cover seven divisions in the next two weeks.

Gucha: In June, a total of 13,932 malaria infected patients were attended to in the outpatient department, while 2,819 patients were admitted in the inpatient department, and 113 died.

Kisumu: Over first three months of 2002 (January - March) health facilities reported a total of 19,039 cases of malaria. Over the April-June period, during and after the rains, a total of 26,264 malaria cases were reported.

Coordination w

The Office of the President is responsible for coordinating the overall relief operation. The KRCS is managing the distribution of non-food items, in cooperation with the Ministry of Health and UNICEF for issues related to the health side of the operation. There are regular coordination meetings organized by the Office of the President, which both the KRCS and the Federation attend.

In terms of the Red Cross operational structure, the KRCS's Director of Disaster Preparedness/Response (DP/R) Department is the focal point in Nairobi.

Kenya Red Cross Society w

The KRCS was the first organisation on the ground and has already distributed mosquito nets, anti-malarial drugs, blankets and tents. Since the beginning of the floods the KRCS has provided the affected districts with 400 cartons high energy biscuits, 14,404 blankets, 5,595 tarpaulins, 6 hospital tents, 4,776 mosquito nets, 100,000 water purification tablets, 200 kitchen sets, 2,000 Jerry cans, 9,110 bars of soap and 500 cartons of Ceralac.

The Secretary General of the KRCS was appointed chairman of the Sudden Onset Disaster committee, a task force consisting of Kenyan Government officials, non-governmental organisations and the main aid agencies and organisations present in Kenya, formed to co-ordinate to the response to the floods.

Objectives, activities and results w

The emergency programme set out with the following objectives:

- To relieve humanitarian suffering of 125,000 flood victims through the provision of non-food items.
- To prepare for further expected floods through the replenishment of stocks and increase the capacity of strategic branches in high risk areas.
- To prepare for a cholera outbreak through procurement of 3 WHO cholera kits, training of cholera control team and provision of safe drinking water.
- To control spread of malaria through distribution of treated mosquito nets.

Health and care w

Objective 1: To control the spread of malaria.

Activity 1: to procure and distribute 25,000 mosquito nets to 25,000 households.

The objective was maintained but the activity has been reduced due to a limited response to the appeal. In addition it was decided to procure and distribute 200 spraying pumps for the prevention campaign mounted by the Red Cross together with the Ministry of Health.

So far the KRCS has obtained the following results:

The Society distributed a total of 5,976 mosquito nets to a total of 2,988 displaced families in Kisumu, Tana River, Ijara, and Kericho and 2,000 nets to health centres in Kericho, Bureti, Kisii, Nyamira, Nandi, Gucha, Kisumu, Uasin Gishu and Embu. A total of 90 spray pumps have already been distributed to 9 districts affected by Highland Malaria.

A total of 13,010 bars of soap were distributed to 6,505 displaced families in Migori, Baringo, Garissa, Muranga, Kisumu, Ijara, Kericho and Tana River. In all areas where the soap was distributed no cases of typhoid or cholera were reported.

The KRCS mobilised all its volunteers in the 12 malaria affected districts to work with the Ministry of Health in the malaria prevention campaign. Volunteers were involved in the distribution of information leaflets, spraying of schools and hospitals

The KRCS provided one 40-bed hospital tent to each district hospital in Kericho, Bureti, Kisii, Nyamira, Nandi, Gucha, and Kisumu, to ease congestion in the inpatient wards.

Water and sanitation w

Objective 1: To minimise the risk of outbreak of waterborne diseases and improve the access to safe drinking water.

Activity 1: Two million water purification tablets distributed to 25,000 households (each tablet to disinfect 20 litres).

Activity 2: Distribution of 25,000 jerrycans to 25,000 households.

Activity 3: Procurement and pre-positioning of two cholera kits.

Activity 4: Training of five cholera teams on cholera prevention and control.

The objective was maintained but the activities had to be reduced due to limited funding.

So far the KRCS has obtained the following results:

The Society was able to distribute a total of 124,000 chlorine tablets and 90 kgs of chlorine powder in Kisumu, Busia, Tana River, Ijara, Kwale and Embu. In all areas where the Red Cross distributed the chlorine no incidents of cholera were reported. The Society was only able to distribute 1,830 jerry cans in Ijara District.

Relief distribution of food and basic non-food items w

Though not planned in the original appeal the KRCS distributed maize and beans to the displaced population on behalf of the Government. The KRCS distributed a total of 400 cartons of high energy biscuits donated by UNICEF to 3,200 children under 5 years in Baringo, Kisumu, Tana River and Ijara. A total of 500 cartons of ceralac donated by Nestle Foods, Kenya Limited were distributed in Tana River, Busia and Paediatric wards in Kericho, Bureti, Kisii, Nyamira, Nandi, Gucha, Kisumu, Uasin Gishu and Embu.

Shelter w

Objective: To provide shelter material for 25,000 families whose house has been destroyed.

Activity 1: Distribution of 50,000 blankets (2 per family).

Activity 2: Distribution of 25,000 tarpaulins (1 per family).

Due to limited funds available the target had to be reduced. A total of 5,595 tarpaulins were distributed to displaced families in Migori, Baringo, Meru, Garissa, Muranga, Rachonyo, Kisumu, Nyando, Busia, Athi River, Kericho and Tana River. A total of 15,400 blankets were distributed to displaced families and 1,700 blankets were handed over to the district hospitals.

National Society Capacity Building w

The Society was able to mobilise both financial and material resources within the country as a result of the high media coverage in Kenya of the floods relief intervention. Through this operation the KRCS has been able to raise its profile within the country as a leading disaster response organisation.

Federation Delegation w

The Federation Regional Delegation has been working closely with the KRCS throughout this operation. The Regional Logistics Unit is providing logistics support in terms of procurement. Technical delegates for health and water and sanitation gave as well their advice on the implementation of the programme.

Outstanding needs w

There is a small balance left of the funds pledged for this operation. The Federation is currently negotiating with the KRCS on how to use those funds. The chosen activity will be in line with the above objectives and will be reported on in the next operations update. As has been mentioned in the beginning of this report the implementation period for this appeal has been extended by 3 months and the budget has been reduced to CHF 525,000.

For further details please contact: Josse Gillijns, Phone: 41 22 730 42 24; Fax: 41 22 733 03 95; email: gillijns@ifrc.org

Donors providing in-kind relief in response to large-scale emergencies are urged to contact Mikhail Chitashvili. (chitashv@ifrc.org, and 41 22 730 43 05) in the Federation's Logistics and Resource Mobilization Department to avoid any unnecessary delays in the clearance and delivery of emergency relief assistance.

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Director
Division of External Relations

Bekele Geleta
Head
Africa Department

Kenya Red Cross Society - Floods						ANNEX 1
APPEAL No. 14/2002		PLEDGES RECEIVED			27.08.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				525'000		TOTAL COVERAGE 85.0%
AMERICAN - RC		10'000	USD	16'117	21.05.2002	
CANADIAN - GOVT/CIDA/IHA		74'250	CAD	46'745	05.06.2002	
DANISH - RC				3'000	27.05.2002	
FINNISH - RC		10'000	EUR	14'763	03.06.2002	
IRANIAN - RC		2'729	USD	4'246	12.06.2002	
JAPANESE - RC		36'300	USD	53'506	14.08.2002	
LIBYAN - RC				5'000	28.05.2002	
SWEDISH - GOVT		1'000'000	SEK	158'100	23.05.2002	
SUB/TOTAL RECEIVED IN CASH				301'477	CHF	57.4%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DANISH - RC				60'000	27.05.2002	1000 PCS TARPAULINS, 1600 PCES MOSQUITO NETS, 72'000 PCES WATER TABLETS, JERRY CANS
IRANIAN - RC		54'583	USD	84'915	12.06.2002	TENTS, BLANKETS, JERRY CANS
SUB/TOTAL RECEIVED IN KIND/SERVICES				144'915	CHF	27.6%

		ANNEX 1
<u>REVISED BUDGET SUMMARY</u>	APPEAL No. 14/2002	
Kenya Red Cross Society - Floods		
TYPE	VALUE	
RELIEF NEEDS	IN CHF	
Shelter & constructions	218'000	
Water and sanitation	6'000	
Utensils & tools (jerrycans)	14'000	
Other relief supplies	159'000	
TOTAL RELIEF NEEDS		397'000
<u>PROGRAMME SUPPORT</u>		
Programme management	35'000	
Technical support	11'000	
Professional services	12'000	
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	20'000	
<u>PERSONNEL</u>		
Expatriate staff	15'000	
National staff	15'000	
<u>ADMINISTRATIVE & GENERAL SERVICES</u>		
Administrative & general expenses	20'000	
TOTAL OPERATIONAL NEEDS		128'000
TOTAL APPEAL CASH, KIND, SERVICES		525'000