

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## Kenya: Floods

Emergency appeal n° MDRKE007  
GLIDE n° FL-2008-000217-KEN  
25 November 2008

This Preliminary Emergency Appeal seeks CHF 6,179,532 (USD 5.1m or EUR 3.9m) in cash, kind, or services to support the Kenya Red Cross Society (KRCS) to assist 300,000 beneficiaries for 6 months. This operation will be completed by end May 2009. A Final Report will be issued by end August 2009 (3 months after the end of the operation).

CHF 211,787 (USD 201,702 or EUR 129,533) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.

**Summary:** Kenya is currently experiencing heavy rains that have led to flooding in many parts of the country and triggered landslides that are hampering access to some places and displacing entire communities. The worst hit areas are Mandera, Garissa, Wajir, Budalangi and Tana River Districts. Based on the situation, this Preliminary Emergency Appeal responds to a request from the KRCS, and focuses on providing support to take an appropriate and timely response in delivering assistance and relief in the following sectors of health, water and sanitation, and distribution of food and non-food items.

[<click here to view the attached preliminary Emergency Appeal Budget;](#)  
[here to link to a map of the affected area; or](#)  
[here to view contact details>](#)

## The situation

Kenya is currently experiencing heavy rains that have caused serious flooding in many parts of the country and have triggered landslides hampering access to affected areas and displacing entire communities. The worst hit areas are:

- Western Province: Budalangi District.
- North Western Province: Mandera and Garissa Districts, Wajir town.
- Rift Valley Province: Pokot Central and Trans Nzoia Districts.
- Coast Province: Tana River District.
- Nyanza: Migori and Nyando Districts.

In these districts at least 12 people have died, most of them school children. Other deaths due to floods or landslides were reported in the Central and Eastern Provinces as well. Flood waters in Wajir town have submerged over 6,000 shallow wells and bucket latrines with more than 71,160 people affected and are at risk of a cholera outbreak.

### **Floods and inter clan clashes: a complex humanitarian emergency in Mandera District**

In Mandera District, clashes occurred between the Garre and Murulle clans, and intensified in September 2008, resulting in at least 24 deaths. The clashes were related to water resources and the Alongo borehole in

Elwak) A clash between the two clans also occurred in Mandera town in October 2008 almost concurrently with flash floods that further displaced more than 920 households.

The internal fighting acquired a different dimension when the security forces moved in to restore calm and disarm the warring clans. During the joint security operation in October 2008 at least 300 casualties were treated at Elwak District Hospital, some in critical condition. Those seeking medical attention increased day by day, thus overstressing the hospital's capacity and resources. The Elwak District Hospital extremely under staffed; normally there are 18 health workers, but at the moment most of them have left leaving only 4 health workers. Medical supplies are limited and cannot meet the current demands of the displaced people.

In mid-October 2008, a seasonal river that cuts through Mandera town burst its banks for the first time since 2000. This followed a heavy downpour that also caused the River Daua to burst its banks. Floods & fighting in the district have displaced at least 120,000 people in Mandera town, Bulla Jamhuria, Rhamu, Rhamu Dimtu and Qalicha areas along the River Daua that form the border between Kenya and Ethiopia. The heavy rains started in the Ethiopian highlands and Banissa plateau in Mandera West destroying crops and displacing hundreds of families along the valley.

In Bulla Jamhuria village, in Mandera, seven wells were submerged and 428 latrines washed away. There is extensive damage on remaining latrines and water systems posing a major sanitation problem.

A pattern of cyclical disaster events in the north Eastern province together with the current emergency has had a considerable impact on those affected, many at their lowest in terms vulnerability. Mandera District was the epicentre of the 2004-2006 droughts that affected the entire horn of Africa, followed by floods in 2006. Ethnic fighting in this district has been taking place sporadically since 2004, leading to displacement and insecurity which affects access to basic services. As a result, outbreaks of epidemics such as cholera (since 2005) and locust invasion (2007) have occurred and coping mechanisms are considerably weakened. These conditions bear the hallmarks of a complex humanitarian emergency that is steadily unfolding with devastating effects if the situation does not stabilize in the near future.

The frequency of recurrent tribal fighting, droughts and floods has eroded the community's coping mechanisms and weakened their ability to respond to disasters. On a bigger scale, the famous "Mandera Triangle" that incorporates Liban region (Zone 5) of Ethiopia and Gedo region of Somalia is a highly volatile and disaster prone area. The culmination of recurrent natural disasters and complex instigating factors of civil conflict from the neighboring war-torn countries along the porous borders has made Mandera highly vulnerable and at risk of further deterioration.

### **Floods and Landslides**

The onset of the October-November short rains has led to unusual levels of precipitation. Various parts of the country have recorded heavy rainfall. North Eastern, Western and parts of Rift Valley and Coast regions have received heavy rains resulting in floods and landslides.

**North Eastern Province:** In addition to severe flooding in Mandera, parts of North Eastern Province continue to record heavy rains. In Garissa, 50 households and 2,000 goats were marooned in flood waters in Gurufa (Fina village). The lack of accessible roads to the area has hampered efforts to move villages and livestock to safer grounds.

A preliminary rapid assessment conducted by the KRCS indicates that floods in central Wajir have affected more than 71,160 people. Wajir town lacks flash flood drainage channels, thus rain water harvesting structures result in reservoirs of stagnant water that submerge homesteads, water wells and bucket latrines. This increases the risk of contamination leads to residents experiencing acute water-related diarrhea, dysentery and cholera outbreaks, and other faecal orally-transmitted diseases every year during rain seasons.

Due to the current floods only four wheel drives vehicles can access the area along the Garissa-Wajir Mandera main road. Most of the feeder roads are impassable. Wajir town has already experienced shortage of fuel in most of the filling stations and an increase in prices of food. The assessment report indicates that there will be short supply of essential food commodities in most settlements.

About 70% of households in central Wajir live in the traditional hut-type structures which cannot withstand the marshy water. Some houses are submerged in stagnant water and the locals have been forced to vacate them. In the same district, more than 400 households are affected, especially in Township, Madina, Got-ade, Waberi one, ADC, Khalkhaja and Gotrahma villages.

**Western Province:** The heavy rains have been relentless in the Western and Nyanza regions. The Nzoia and Nyando Rivers have burst their banks causing massive flooding in the area. The perennial flood zone of Budalangi is once again heavily flooded, resulting in the destruction of property, crops and displacing over 500 families. Floods have also been recorded in Usonga area, Siaya District in Nyanza Province displacing over 400 people who are currently hosted in camps. At least 167 farms have been flooded.

**Rift Valley Province:** Mudslides occurred in Nandi South, Tinderet and Central Pokot areas of Annet killing 8 children and injuring 15 others. In Pokot Central (Sigor) 367 households were affected and a bridge washed away, cutting off transport access to the village. Floods were also experienced in Katilu area, Turkana South District. In Namanjalala area in Kwanza Constituency, floods displaced over 500 households.

**Coast Province:** The current rains in Kimorigo Location, Eldoro, Gotini and Lotima areas in Taita Taveta District have resulted in floods and mudslides. Floods have been experienced in the upper and lower Tana River Districts due to heavy rains in the catchment areas. Tana River District has recorded high rainfall occurrence especially in Garsen, Kipini, Witu, Wenje, Ozi, Hola and Madogo. In Maramtu, one classroom, two houses and three farms were washed away. In Chardende, 12 houses were washed away by rains. The Kenya Red Cross team could not access Maramtu. People living around Tana River have been put on high alert as the threat of extended flooding looms.

Area	Affected by	People affected
Mandera	Floods & fighting	<b>150,342</b>
Budalangi	Floods	<b>12,123</b>
Coast Province	Floods	<b>16,320</b>
Nyando	Floods	<b>2,541</b>
Migori	Floods	<b>2,532</b>
Wajir	Floods	<b>71,600</b>
Siaya	Floods	<b>5,231</b>
Nyatike	Floods	<b>12,849</b>
Trans Nzoia	Floods	<b>11,432</b>
Meru/Tharaka-Tigania	Clashes & mudslides	<b>12,530</b>
Pokot Central	Mudslides	<b>2,500</b>
<b>Total:</b>		<b>300,000</b>

### Health

Past experience shows that after unusually high rains outbreaks of water related diseases, such as cholera, measles and, most recently, Rift Valley Fever becomes a serious issue. Before the current fighting and floods in Mandera District many communities were experiencing a prolonged drought and had malnutrition rates of more 20%. Outbreaks of disease in the current disasters are already evident in Mandera where more than

123 diarrhoeal cases have been reported in week. Cholera is a likely consequence to heavy flooding that resulted in the destruction of pit latrines and contamination of drinking water.

Priorities in all areas affected include:

- Prevention of communicable diseases through vector control and health education and promotion.
- Vaccination.
- Provision of Emergency Health services.
- Reproductive health services
- Water & sanitation interventions (see below).

With more rains predicted, many communities could be affected and the already vulnerable populations are at risk of disease outbreaks due to consumption of contaminated water, high vector populations, congestion in temporary shelters and lack of food. Interventions to mitigate and prevent these conditions will have to be put in place to reduce the flood consequences.

### **Water and sanitation**

In the areas targeted for intervention, flood waters have submerged most sanitation facilities causing contamination of both surface and shallow ground water sources. This could lead to outbreak of waterborne diseases such as cholera and typhoid if water consumed by the people is not treated and disinfected. The target beneficiary population includes the vulnerable segments of the society, among them children below five years and the elderly who are at high risk of contracting the diseases.

Already in Mandera District, which has been experiencing floods in the last few weeks; and where Kenya Red Cross has a response team, field reports indicate an upsurge in diarrhea cases with the children below 5 years being the hardest hit. In most of the predominantly pastoralist areas, communities do not practice safe sanitation and dispose faecal matter in the bush. A baseline survey carried out in the affected areas such as Rhamu clearly depicts lack of use of ventilated improved pit (VIP) toilets for faecal disposal. Most pastoralist communities dig pit latrines because of their temporary stay in one area. The terrain is flat and when flooding occurs there is no runoff water, but stagnant waters which submerge the traditional drinking sources such as shallow wells and boreholes. Since the faecal matter is on the surface, it contaminates the water making it unsafe for consumption.

In some areas such as Wajir, the natural water table is shallow, causing rapid contamination of ground water sources. Most of the affected regions rely heavily on surface catchment sources such as earth pans and dams as well as shallow and deep ground water sources for their water requirements.

Central Wajir relies on shallow wells as source of water for 6,000 household wells according to public health office. These wells have been flooded with resultant contamination and risk an increase of water born diseases.

Other regions use surface runoff such as rivers to access waters. During the flood operations carried out in Garissa in 2007, the common disease trend that manifested was diarrhea, malaria and the Rift Valley Fever. Taking the trends into consideration and the lessons learnt from the past, we acknowledge that provision of water disinfection tools to ensure safe drinking water for the affected population is paramount especially during flooding in which most water sources have been contaminated. Water trucking may also be carried out as an intervention in areas that have experienced difficulty in accessing water sources as a result of the floods.

Sanitation during periods of significant floods is also a challenge. If unchecked, this can worsen the situation by increasing the levels of contamination in the water sources rapidly. During flooding, most latrines are submerged and collapse. Given the concern over contaminated water sources, effective waste disposed and basic hygiene are also issues of concern.

Sanitation facilities for the displaced population must be provided to ensure safe disposal of human excreta and domestic waste in order to prevent further contamination of the available water sources and prevent human contact with unsafe waste. This coupled with educating the community on safe sanitation practices and good hygiene practices, particularly at this time when the affected population is so vulnerable, will be carried out using the PHAST methodology and cascading of the same will be implemented through the entire response operation to control water borne disease outbreaks.

During the floods of 2007, malaria cases increased and Rift Valley Fever was an imminent threat. This was attributed to stagnant waters which accumulate during floods and these pose an ideal breeding ground for vectors such as mosquitoes. Taking this experience into account, vector borne diseases will be controlled by provision of insecticide treated mosquito nets (ITN's) and if need be vector control interventions may be carried out if the increase in vectors realized is problematic. These interventions will be primarily targeted to children under five as well as pregnant women who are most vulnerable as well as the general affected population.

## Coordination and Partnerships

A joint field mission was undertaken to Mandera by the KRCS, the Ministry of Health, the Federation, and ICRC in the early days of the emergency. During this disaster KRCS has coordinated several coordination fora, key among them include charring sudden onset disasters where one meeting was held at KRCS head quarters and attended by the government, UN agencies, both local and international NGOs. At the onset of the emergencies in all the districts, the National Society participated in district steering group meetings as a participant, implementer and technical advisor.

The KRCS convened a meeting in mid-November with UN agencies, the Government, and NGO's. The Government of Kenya has continued to provide food to the displaced through the KRCS in all the affected areas.

Part of the coordination was also done and continued to be done through the National Health and Nutrition committee meetings where the KRCS is an active participant. The KRCS also attends the disease outbreak and surveillance committee meetings.

## Red Cross and Red Crescent Action

### **Distribution of food and non-food items**

In Mandera District, the distribution of basic non-food items (NFI) to the flood victims was carried out to at least 934 households benefited. The KRCS has carried out an initial assessment of the flood-affected areas in Mandera town and identified the humanitarian needs. The distribution of NFI's continues and food is being moved to the area, however access is an issue as the main transport corridor linking Northern Kenya with the rest of the country is impassable now. The KRCS has distributed NFI's to 900 families, leaving a gap of 18,000 families to be assisted.

### **Red Cross and Red Crescent action**

The KRCS has distributed 1,709 NFI family kits in all the areas affected and there is a need for another 23,291 NFI family kits. The KRCS encourages support to replace the NFI supplies, thereby reconstituting its emergency preparedness and contingency stocks in the regions. Most of the displaced people continue to benefit with food donated by the government, with the KRCS providing both logistical support and actual distribution.

### **Health**

The situation in the areas affected by floods, landslides and clan fighting has greatly affected access to health care. In Mandera, five health facilities are cut off as a result of floods with five dispensaries being closed as staff fear for their security in the fighting in the area. Mandera has already recorded 159 diarrhoeal related cases and the situation is expected to worsen. The WHO and FAO have predicted a Rift Valley Fever outbreak in the flood-affected areas. More recent reports indicate cases of livestock dying in the same areas where the 2006 outbreaks occurred. Neighboring areas in Ethiopia are also reporting cholera outbreaks. The KRCS's health team is working jointly with the Government's ministries (health, public health and sanitation), and with the WHO and CDC to address both current and potential outbreaks.

The KRCS set up three mobile clinics in Mandera since 28th of October due to the gaps in supply of health services created by the complex emergency in Mandera and the increased demand. Services offered include basic health care and referral health in addition to health promotion and preventative services to three main areas in Mandera districts; Elwak, Laffey and flooded areas along Daua river. The total number of patients who have had a consultation or have been treated stands at 2,400, with more than 5,421 receiving health education. The majority of patients had assault-related injuries and trauma, as well as diarrhea and acute respiratory conditions. Immunization services have also been severely impacted since clinics' attendance is hindered by fear of reprisals with the ongoing military operation and fear among community members of sharing health facilities with rival ethnic groups.

### **Water and sanitation**

Flood affected people are faced with inaccessibility to safe and portable water, and basic sanitation. In Wajir, for example, over 6,000 shallow wells are contaminated. These had previously served 350,000 people in Wajir Central. Following the collapse of 350 latrines in Mandera, the KRCS has begun construction of 20 pit latrines, strategically placed in 4 different sites in the flood-affected villages. The KRCS also provided sandplates and pit liners while the communities contributed to the digging of the pits. There is concern that further pit latrine construction will be delayed by the ongoing rains in Mandera District.

Extensive damage to latrines and water systems poses a major sanitation problem. The KRCS has moved a water treatment plant to Mandera and started distributing water purification tablets. PHAST trainings for volunteers and communities members is being considered to raise sanitation knowledge among the flood affected people and to enable individual families take charge of their sanitation needs.

### **Logistics support**

In Mandera, the KRCS took the lead in rescue efforts, assessment of the situation and mobilization of communities to move to safer areas. Four trucks and five light vehicles were dispatched to transport food, NFIs and personnel from Nairobi, Garissa and Rheum to Mandera District.

## **The needs**

### **Emergency relief**

- Out of the nearly 50,000 families affected by the flooding and fighting; 25,000 displaced families have been targeted for NFI distribution.
- Logistics support for water sanitation and health teams.

<b>Area</b>	<b>Emergency</b>	<b>People displaced &amp; in need of NFIs distribution</b>
Mandera	Floods & fighting	120,000
Budalangi	Floods	5,000
Coast Province	Floods	4,080
Nyando	Floods	600

Migori	Floods	700
Wajir	Floods	2,600
Siaya	Floods	1,455
Nyatike	Floods	790
Trans Nzoia	Floods	8,132
Meru/Tharaka-Tigania	Clashes& mudslides	8,132
Pokot Central	Mudslides	720
<b>Total:</b>		<b>152,209</b>

### Health

Out of the nearly 300,000 affected an estimated 70,000 will need emergency health services with the most vulnerable being targeted. Children under five will be targeted with immunization and nutrition while pregnant mothers, the elderly and terminally ill will be assisted with general medical care. Items that will be needed include;

- Medical supplies including reproductive services for the victims of rape.
- Health staff – medical officers, Nurses and Public Health Officers.
- Logistics – transport for medical outreaches.
- Recruitment and training of RC volunteers for awareness and health promotion.

### Water and sanitation

Currently there are two water plants supplying safe water to affected populations of Wajir and Mandera where normal water supplies are contaminated and will require maintenance and running costs in addition to chemical procurement for use and replenishment. There is need for construction of emergency sanitary facilities to prevent outbreaks of diseases among the affected people.

Water treatment tanks for storage will need to be procured and distributed to assist the affected communities. PHAST trainings targeting communities and volunteers is also planned to target households. Training is targeted in all the areas with floods and displacement and will continue for three months in a cascading manner.

### Logistics

This will mainly involve vehicles utilization in all the areas affected to both transport of relief items and personnel in addition to warehousing of relief items.

### Communication

KRCS will utilize its capacity to engage with the media, donor and the communities on unfolding the situation. Most of the far flung areas do not have reliable and efficient communication systems and therefore necessitate the need for satellite and radio communication systems.

### Monitoring and evaluation

The KRCS is proposing an end of response evaluation. Focusing on how well the operation adhered to the set objectives, processes, activities, effectiveness and efficiency. The outcomes will form the basis for clear recommendations on the way forward for mid and long-term programming in the affected areas.

### Human resources

The local recruitment of emergency staff is envisaged to support and complement the efforts of the regular staff. The DREF support has already provided the means to carry out initial hiring.

## The proposed operation

### Relief distributions (food and basic non-food items)

**Objective: To provide food and non food items to communities effected by flooding and enhance early recovery. (Food is provided by the Government)**

Expected results	Activities planned
<ul style="list-style-type: none"> <li>Relief items reach communities affected by the disasters and communities' immediate suffering alleviated.</li> </ul>	<ul style="list-style-type: none"> <li>To distribute non-food items to the affected communities.</li> <li>Monitor and evaluate the relief activities and provide reporting on relief distributions.</li> </ul>

### Emergency health and care

**Objective: To contribute to reduction of mortality and morbidity caused by floods and tribal fighting by provision of preventive community health and basic clinical care to the affected population.**

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>Prevent mortality and morbidity of 10,000 beneficiaries as a result of flood, drought and fighting through a primary health care oriented programme.</li> </ul>	<ul style="list-style-type: none"> <li>Provide First Aid and referral services for affected communities in the coming 90 days.</li> <li>Provide supplementary nutritional support to 10,000 children under five, 2,000 pregnant and lactating mothers through supplementary feeding centres in the medical camps.</li> </ul>
<ul style="list-style-type: none"> <li>Health services are supported on the primary and possibly secondary levels to meet the health needs of the population and fill the health service gaps resulting from the emergency.</li> </ul>	<ul style="list-style-type: none"> <li>Support implementation of regular medical outreaches through setting up for a medical camp and a mobile clinic in areas with poor access to health facilities reaching more than 50,000 people.</li> <li>Provide first aid services to the population affected by fighting.</li> </ul>
<ul style="list-style-type: none"> <li>The resilience of the community is improved through better health awareness, knowledge and behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct continuous health promotion and awareness campaigns among the populations including prevention of HIV infection to over 20,000 people.</li> <li>Design, develop, disseminate and distribute generic health educational materials.</li> </ul>

### Water, sanitation, and hygiene promotion

**Objective: To provide access to safe water, sanitation facilities and hygiene promotion.**

Expected results	Activities planned
<ul style="list-style-type: none"> <li>Safe water is provided to 20,000 families as damaged systems are restored.</li> </ul>	<ul style="list-style-type: none"> <li>Procure and distribute bulk water storage (10m<sup>3</sup> PVC tanks).</li> <li>Truck 100m<sup>3</sup> water to 5 strategic/hardest hit areas points per week.</li> <li>Procure and distribute chlorine tablets for HH water treatment.</li> <li>Deploy water treatment plants in critical areas where supplies are contaminated.</li> </ul>
<ul style="list-style-type: none"> <li>Appropriate excreta disposal is provided to affected population.</li> </ul>	<ul style="list-style-type: none"> <li>Constructing of 400 communal pit latrines in strategic places in the affected areas.</li> </ul>
<ul style="list-style-type: none"> <li>The health status of the population is improved through behaviour change and hygiene promotion</li> </ul>	<ul style="list-style-type: none"> <li>Initiate a hygiene promotion campaign within the affected population focusing on behaviour change and targeting 60,000 people in affected areas.</li> <li>Provide bar soap to be used in the health promotion campaign.</li> </ul>

activities.	
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### Communications – Advocacy and Public information

The KRCS continues to providing timely information bulletins on their website, [www.kenyaredcross.org](http://www.kenyaredcross.org). These bulletins are provided to the public for advocating the plight of the affected population as well as ensuring accurate reporting on the ongoing humanitarian crisis and subsequent interventions.

The KRCS Communications Department, with support from the Federation's Eastern Africa Zone's Communications Manager, is in the process of further coordinating a communications strategy aimed at highlighting the Red Cross and Red Crescent action and to advocate for the affected population. A plan of action will be provided later and the aim is to publish web stories and regular press releases when possible. A constant flow of information will maintained in order to inform the public and donor community on the evolution of the situation as well as the level of funding.

### Capacity of the National Society

The KRCS headquarters, with the support of its volunteers and branch staff across the country, is in a good position to coordinate this operation, including the distribution of food and delivery of relief items to the flood-affected population. The National Society has been involved in several similar operations in this and recent years and as the leading humanitarian agency in Kenya, coordinating the humanitarian response to floods and droughts in various parts of the country.

In managing disasters affecting the country the KRCS has very good relations with the government and works closely with other organizations as well. The KRCS's Disaster Preparedness and Response Department will coordinate this operation, supported by other technical units.

### Capacity of the Federation

The Federation's Zone Office for Eastern Africa, based in Nairobi, will provide support to the KRCS, and will assist in coordinating this operation. Working closely with the KRCS, the regional delegation's disaster management department will lead and facilitate coordination, with technical support from relevant units. The Federation will, upon request from the KRCS, make available additional human resources to assist with the operation, including inter-agency assessments, operational planning, and implementation.

### Budget summary

See attached budget (Annex 1) for details. Please note that the Kenya Red Cross is one of the National Societies on the direct cash transfer arrangement.

Thomas Gurtner  
 Director  
 Coordination and Programmes Division

Bekele Geleta  
 Secretary General

### How we work

***All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.***

The International Federation's activities are aligned with its 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.

## **Contact information**

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

- **In Kenya:** Mr. Abbas Gullet, Secretary General, Kenya Red Cross Society, Nairobi; Phone: +254 20.60.35.93; +254 20.60.86.81/13, Fax: +254 20.60.35, Email; [gullet.abbas@kenyaredcross.org](mailto:gullet.abbas@kenyaredcross.org)
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**[<Preliminary Emergency Appeal budget and map below; click here to return to the title page>](#)**



## APPEAL BUDGET SUMMARY

Kenya Floods November 2008

Annex 1

MDRKE007

REVISED

### RELIEF NEEDS

500	Shelter	
505	Construction Materials	
510	Clothing & Textiles	
520	Food	0
523	Seeds & Plants	0
530	Water & Sanitation	1,059,143
540	Medical & First Aid	177,917
550	Teaching Materials	9,480
560	Utensils & Tools	
570	Other Supplies & Services	1,928,482
<b>Total Relief Needs</b>		<b>3,175,022</b>

### CAPITAL EQUIPMENT

580	Land & Buildings	
581	Vehicles Purchase	
582	Computers & Telecom Equipment	0
584	Office/Household Furniture & Equip.	
587	Medical Equipment	
589	Other Machinery & Equipment	2,847

### TRANSPORT, STORAGE & VEHICLES

590	Storage - Warehouse	24,768
592	Distribution & Monitoring	204,699
593	Transport & Vehicles Costs	1,591,971

### PERSONNEL

600	International Staff	0
640	Regionally Deployed Staff	
661	National Staff	123,692
662	National Society Staff	64,215
670	Consultants	

### WORKSHOPS & TRAINING

680	Workshops & Training	10,000
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### GENERAL EXPENSES

700	Travel	0
710	Information & Public Relations	0
730	Office running costs	0
740	Communication Costs	57,117
750	Professional Fees	0
760	Financial Charges	0
790	Other General Expenses	523,532

### PROGRAMME SUPPORT

599	Programme Support - PSR	401,670
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<b>Total Operational Needs</b>	<b>3,004,510</b>
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<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>6,179,532</b>
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Available Resources

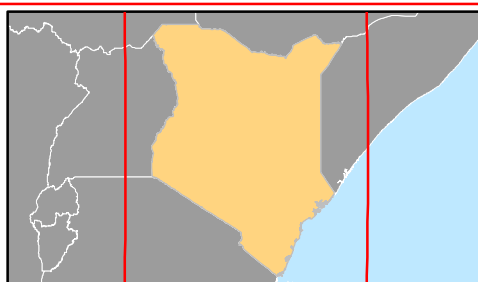
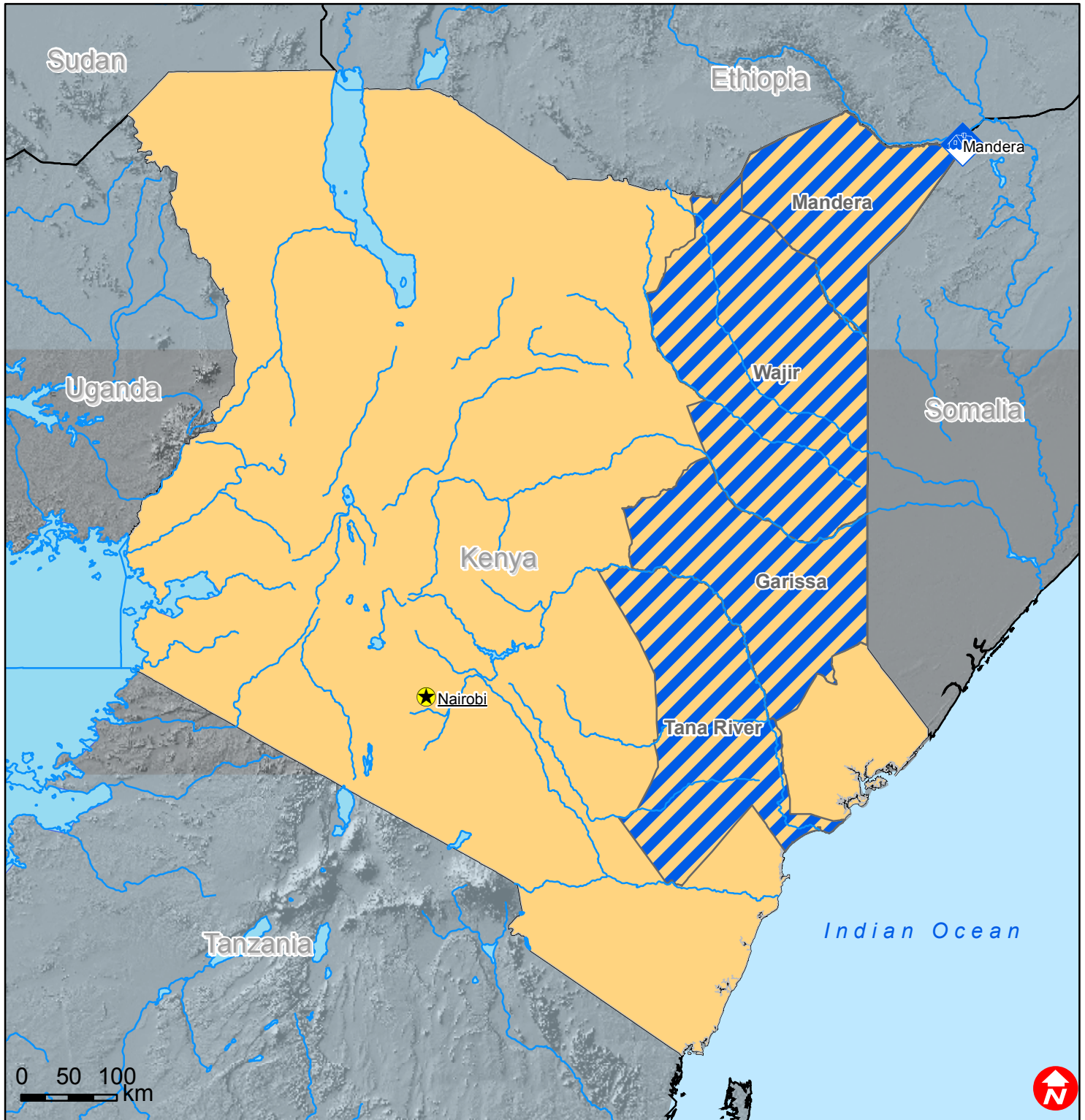
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<b>Net Request</b>	<b>6,179,532</b>
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# Kenya: Floods



-  Floods
-  Affected areas