



El Nino Rain

Rapid Needs Assessment Report Tana River, Kenya



The assessment was carried out by Plan International Kenya Emergency Response Team in November 2023.

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Cover Photo

A girl attempting to manage the left over belongings after flood hit her home in second week of November in 2023 due to the El Nino rain in Tana River, Kenya.

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Figure 1: Affected areas and population

List of acronyms

CHV	Community Health Volunteer
CPIE	Child protection in emergencies
DCS	Department of Children Service
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
KIRA	Kenya Interagency Rapid Need Assessment Mechanism
MHM	Menstrual Health management
NFIs	Non -food items
RNA	Rapid Needs Assessment
RVF	Rift Valley Fever
SGBV	Sexual Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
TBA	Ttraditional Birth Aattendant

Key recommendations

ACTIONABLE recommendations: general/overarching

1. Local authorities and humanitarian partners are collaborating to scale up the response to the affected people to respond to most pressing needs: food, WASH services, shelter and non-food supplies. It is recommended that
2. Continuous provision of early warning information working with local FM radio stations, government agencies and community disaster management committees is advanced
3. Where communities are marooned with loss of property like in Tana River, Plan International should support government agencies leading response processes and supplying other material needs
4. Provide psycho-social support to affected population

ACTIONABLE recommendations for relevant sectors

Protection (child protection)

1. Support child protection coordination meetings in the flood-affected sub-counties and support the Department of Children Services (DCS) in undertaking CPiE rapid assessments in specific locations affected by floods to identify the most vulnerable households and children at-risk of violence, abuse and exploitation
2. Ensure community-level child protection systems remain functional by working with the Department of Children Services, Child Protection and other service providers in identification, assessment and support to survivors and children at-risk of violence, abuse and exploitation, including sexual and gender-based violence
3. Raise awareness and provide life-saving information on health, mental health and psychosocial support, child protection and GBV risks and services
4. Provide child protection case management services to children affected by floods, including the provision of cash transfers, mental health and psychosocial support, as well as referrals to comprehensive multisectoral services
5. Facilitate access to safe spaces/child friendly spaces, dignity kits and recreational kits

Water, hygiene and sanitation

1. Support access to safe water and safe hygiene practice for affected populations including MHM services for adolescents and young women
2. Provision of sanitary facilities for flood displaced populations in evacuation areas
3. Construction/repairs of toilets and bathrooms separate for males and females

Education

1. Pre-positioning of scholastic materials -teaching and learning materials and sanitary towels for girls
2. Provision of educational supplies: temporary classrooms (tents) and teaching/learning materials including education and recreational kits

Non-food items and shelter

1. Provide life-saving assistance through distribution of emergency shelter-tents and NFIs
2. Extend needed assistance to the government on recovery, stabilization and reintegration initiatives for IDPs, through i) the provision of materials for shelter repairs, ii) shelter upgrades and construction of transitional shelters in designated temporary resettlement and relocation sites

Food security and livelihood protection

1. Support food and nutrition assessment processes with humanitarian actors at county level.
2. Crop production and safe storage campaigns
3. Community- based construction and maintenance of flood control structures- cash for assets
4. Water harvesting and rehabilitation of water pans/dams using cash for assets
5. Support Rift Valley Fever (RVF) awareness and public communication among the pastoralist communities like Kalakacha -providing single source information on prevention and control both in human and livestock. This will involve support to:
 - *County coordination meetings*
 - *Development and dissemination of RVF prevention and control messaging*
 - *Provision of inputs to county teams- targeting the most affected.* Livestock owners (including women headed households) and herds at risk in selected locations will receive RVF vector control pesticides for their livestock and simultaneously be treated against other opportunistic flood related diseases
 - *Distribute mosquito nets to beneficiaries living with livestock in flooded areas (a common practice with pastoralists) with mosquito breeding upsurge - RVF is mosquito borne*
6. Provide multi-purpose cash transfer to improve the immediate food security needs of food insecure households

Introduction and background

Heavy rains, flash floods and increasing river levels have caused fatalities, displacement of thousands of people as well as infrastructure damage, livestock and property losses, and restricted access to roads in Kenya¹. More than 60 people have died and an estimated 136,025 people (27,205 households) were displaced due to



Flooded area of Tana River County, Kenya

flooding in the country as of 19 November 2023, according to Government authorities².

The rising water levels in the Tana River Delta present an immediate flooding threat to many households. Following the heavy rains which was enhanced within the first week of November 2023 in Tana River, Garissa and upstream caused rise in water levels in River Tana leading to flooding of river banks which destroyed farms, displaced families, damaged infrastructure and properties, in several parts of the county especially in Tana North, Tana River Galole and Bangale sub counties along the riverine and hinterland areas due to both flash floods and water along the river.³

The affected communities in inaccessible areas have moved to safer grounds. The situation affected seasonal rivers and several villages including Watta, Dayate, Kalkacha, Umoja, Chamnyaka and Bula Rig. This led to the cut off of several road network linking to Laza and Kone and between Wachakone and Chewani and between Hola and Wayu route. The road connecting Wata Hamesa and Mikinduni was cut off⁴. The situation worsened due to the continuing rains up stream and also in different parts of the country causing a rise in river water level to emergency. Farms are submerged in flash floods and households marooned. In Galole- Watta and Kalkacha community, more than 200 families moved to

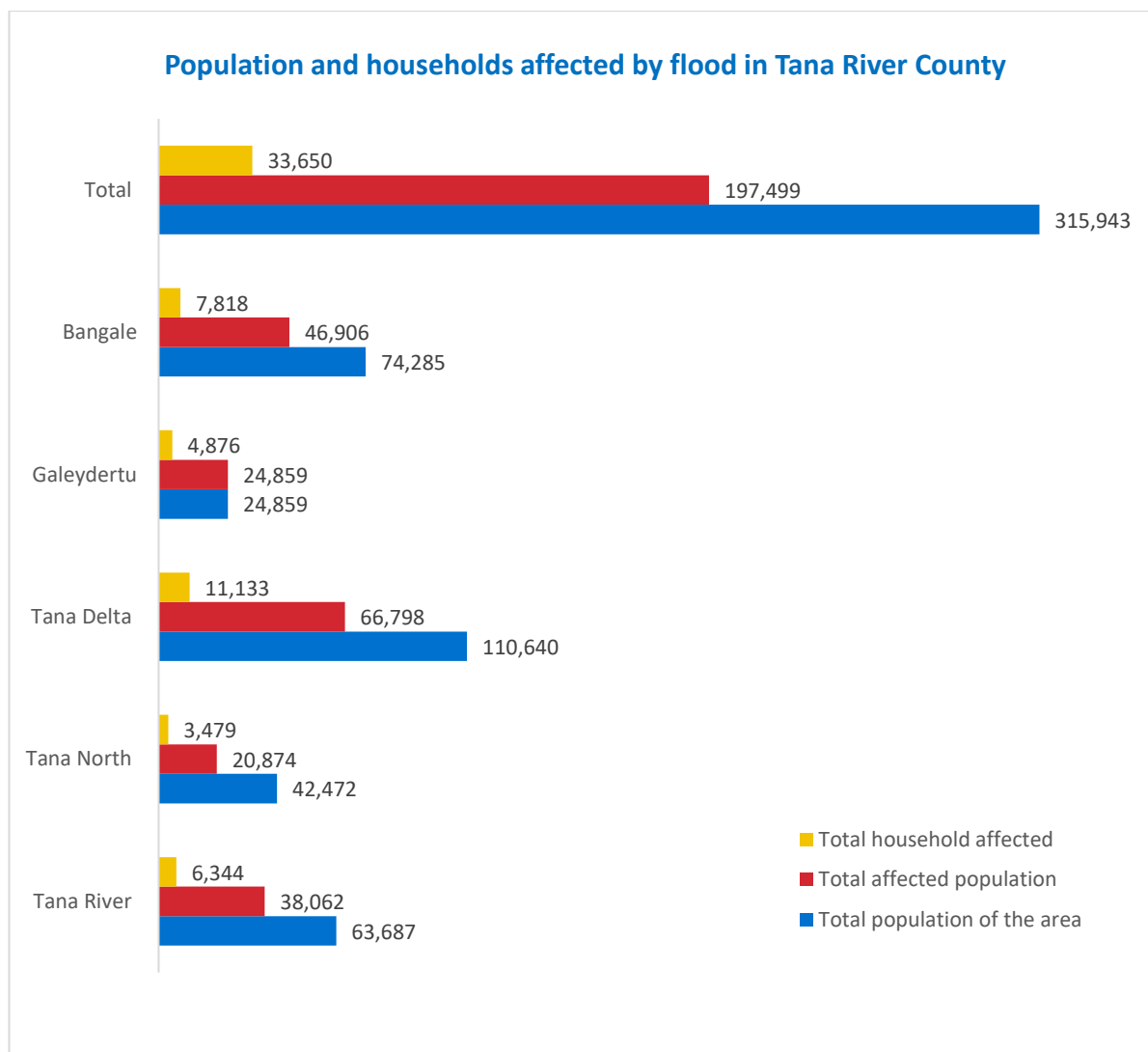
¹ [Kenya: Humanitarian impact of heavy rains and flooding - Flash Update #1 \(8 November 2023\) | OCHA \(unocha.org\)](#)

² [Kenya: Humanitarian impact of heavy rains and flooding - Flash Update #2 \(20 November 2023\) | OCHA \(unocha.org\)](#)

⁴ Tana River, KIRA Report, November 2023

higher ground to live with relatives and friends. Road, water and sanitation infrastructure destroyed within the area.

Figure 1: Affected area and population⁵



In preparation for response, Plan International Kenya in line with Kenya EL Nino Response Plan commissioned two teams to undertake Rapid Needs Assessment (RNA) in Tana River and Marsabit Counties between 11 and 14 of November 2023. The overall objective of the assessments was to provide an initial overview of the situation to enable immediate identification of top priorities, needs, vulnerabilities and capacities of girls, boys, women and men, providing Plan International Kenya with information on initial -response activities. Data would be strengthened throughout the intervention as the situation evolve.

⁵ Ibid.

Objectives of the assessment

- To generate key information to help Plan International develop an appropriate response for children and others hit by disasters
- To identify priority needs of girls, boys and their families as a key first step in designing an appropriate response and in helping Plan International managers decide on programming focus
- To analyse the specific and needs and challenges faced by girls, boys, women and men

The immediate results of the assessment would ensure that

- Plan International Kenya has access to timely, critical and relevant data, disaggregated by sex, age and disability informing priority humanitarian needs of people, particularly girls and young women, with special reference to protection, health, education, water & sanitation, food and non-food items
- Provide estimates of the affected population, extent of damage and general effects of the flooding in affected areas
- Provide communications materials for internal and external visibility/profiling and resource mobilization

Methodology

Data gathering was conducted by Plan International in flood affected areas in Tana River County, Hola Sub- County. Participatory approach was followed through participation of adolescent girls 9-13 years old, male and female young persons 18-24 years old, male and female adults, persons living with disability and key stakeholders (Tana River NDMA Officer, Deputy County Commissioner, Kenya Red Cross representative and chiefs). Desk review of secondary information, focus group discussions, key informant interviews, transect walk, videography, photography and observation approaches were used.

Ethical and safeguarding considerations

During the assessment, the assessment team has taken the steps to ensure that data was collected in accordance with Plan International's ethical principles and standards. Informed consent was obtained from the participants who attended the discussions and interview were briefed about maintaining the confidentiality and security of respondents' data was ensured. The rapid needs assessment team, though they were Plan International Kenya staff had already taken the safeguarding and gender training and fully aware about the policy of Plan International. During the assessment, the team has also obtained consent for media use on some selected cases after going through a briefing to them about the uses of their photos and stories.

Overview of locations assessed

Assessment was conducted in Tana River Sub-County (Galole) with a population of 88,546 (43,711 males and 44,835 females) [10]. The focus was in Watta and Kalkacha communities. Watta and Kalkacha are communities in the heart of Hola town with a small population of households each with an average of 6 family members. The Watta community is the minority community in Tana River that speaks Borana and Oroma languages. Kalkacha is a pastoralist community. A total of 200 households were destroyed, population displaced and relocated to put up with relatives and friends.



Tana River Site

Key findings

As of preparing this assessment, no actor had responded in Kalkacha community before or during the assessment. However, the assessment team was briefed that Kenya Red Cross has responded within distributing food and non-food items to affected families each receiving 7kgs of rice, 4 kgs of maize flour, 4 kgs of dry beans. The non-food items included tents, 2 blankets, two mosquito nets, two bar soaps per affected family in Watta. Tana River County Government visited the site but have not responded.

Impact of crisis on girls, boys, women and men

Lack of food, water, SRHR & menstrual hygiene services affect adolescent girls, women, children & men.



The impact of floods on girls, boys, women and men varied differently. In an FGD with adolescent girls, girls voiced their concerns on how they will recover from trauma caused by floods. They lost school items including uniforms and books and personal belongings. One young man lost a laptop and school certificates. Staying in one room with brothers and parents is making girls uncomfortable. They have to move to few available toilets (3 only) to change clothes. The situation is unbearable for adolescent girls during menstruation with limited hygiene facilities. Food is inaccessible to approximately 80% of families due unaffordability. Children survive on 2 or 1 meal per day since households lost food.

“We would like to cook food and enjoy the 3 meals in a day as we used to. However, that food is not there. The few given by well-wishers is left for evening.”

A 12-year-old girl narrated during FGD.

The most coping strategies used were to less preferred foods (95.7%), rely on borrowed food from fried/relatives (82.6%), reduce the number of meals per day (95.7%), limit portion size at mealtimes (95.7%) [OB].

Like girls, young men aged 18-24 also expressed their concern about sharing one room with parents and girls. For this reason, the young men have chosen to sleep outside where they stay awake in groups to serve as security for the members of their families who are also threatened by thugs from outside the community. Issues reported in FGDs with women 25 years and above resonate with the voices of girls and young men. They are embarrassed sleeping in one room with husbands, adolescent girls and boys. They fear for their girls that they may be raped in their absence or get pregnant and so



Adolescents girls exploring safer place to live in.

always forced to keep eyes on their girls. Women lost household items, legal identification documents such as birth certificates, national identification cards, stocks for their small business due to the flood. A woman living with disability missed food distributed by County Government of Tana River due to losing her identity card at floods. Though most women are members of Village Saving and Loans Associations (VSLA) supported by Break Free Project run by Plan International Kenya, all their goods were lost. They were rearing chicken and cows, but all chickens died. Majority of men are unemployed, and families depend on the support of well-wishers.

All toilets were swept or overflowing in both locations. These locations were full of flooded water. Families were not able to get water for drink as it was contaminated. Toilets and latrines were sunk due to floods and the waste is mixed up with water. Open defecation reported at 73% by KIRA and bushes nearby being used for defecation. No water treatment chemicals available, predisposing families to water borne diseases. Mosquito bites and malaria conditions are being reported frequently among children and women. Young children, pregnant women, persons living with disability and the elderly are the most affected as they waded through water.

There are no health facilities available within Kalkacha and Watta communities. The nearest one is about two kilometres away but without medicine. Amina, a 46 years old woman had this to say:

“I took my child to the hospital, which is further from this place, I waded in the water with expectation to get drugs, to my disappointment I was told no drugs even Panadol. Thus, I should buy.”

A Community Health Volunteer (CHV) in Kalkacha reported incidences of diarrhoea and stomach upset while one boy was showing symptoms of bilharzia. From the faces of women, men and children, there are signs of depression which may translate to mental disorder. There is serious need for psychosocial support and counselling.

Women as well as men at FGDs reported that men were unable to get casual labour from town and there was no money to buy food. Some who have been doing farming cannot access their farms which are flooded, and all crops were washed away. Large tracks of farms are destroyed in Kalkacha. Across the sites, the devastating situation is recipe for Gender-based Violence (GBV). Most parents send their girls to look for food to support families. Families have not received any food from elsewhere. Women attended FGD proposed if they can be provided cash, it would help them diversify on the usage including starting small business which will help them once schools are opened.

Persons living with disability feel left out when aid is supplied. They cannot queue or stand to wait for food and feel discriminated. They lament that flood has returned them to zero. One said:

“I suffer from pressure, I am unable to walk with my blurred vision. I was crawled out of my house by well-wisher when the water was at the bottom of my neck. I was given a room to stay upper where I stay with my grandsons who are orphans. I lost everything including clothing as I could not save any.”

Besides the people living with disabilities, there are more heart touching plights being faced by young girls. Most girls do not disclose periods to their parents so they move to close friends' place where they can't be sent away as they wait for the periods to end. They use clothes which they dispose in the nearest bush. A 13-year-old adolescent girl confirmed:

“We use fabric/ clothing/our dresses as sanitary pads, we then throw away wrapped in a polythene bag or throw in the forest.”

The pads or fabric used during menstruation are thrown in the floods contaminating water which is being used for cooking, drinking, washing and animal watering. Most girls have painful menstrual cramps. They use hot water bag to manage period pain. A girl narrated at FGD:

“We feel ashamed disposing our used menstrual fabrics in an open area where it gets into the water, the same water was being used by everyone in the village.”

"During menstruation, we don't get food and get very light-headed and even faint during periods as we are losing a lot of blood."

The sexual reproductive health services are lacking. Nearest health facility is 7 kilometres away, characterised by long queues. Most patients give up in pain and walk away with frustration. The families

lack financial resources to pay for services and medicines. No youth friendly services and youthful practitioners are available at the facilities. Maintaining privacy and confidentiality at the health facility is another challenge. A young girl said:

“Most of the health workers share our private health needs that expose our secrets to public and even our parents.”

There are increased cases of Sexual Gender based Violence (SGBV); the people/boys and young men helping girls from the flooding demand sexual favours once they get them to the dry land, especially from girls and young women. There are cases of abuse, but girls are afraid to report due to stigma and discrimination. All groups, girls and boys, men and women expressed fear all over. Girls cope by walking in groups when going to fetch water, firewood or when crossing flooded areas. Adult and young men guard outside the shelter to protect other members of the family to prevent outsiders who come to their community from stealing.

Cases of malnutrition is rampant among children who are below five years and lactating mothers who do not have food to eat to produce milk. During the assessment, the team witnessed some cases of malnutrition. One mother had to discontinue exclusive breast feeding. She said,

“you see, I am also very affected, these breasts have no milk.”

Male FGDs lamented over loss of livelihoods, swept farms and livestock, especially sheep and goats. The remaining are starving since crops are submerged in the water. The families are exposed to danger from snakes which move into houses arbitrarily. Girls and children are hungry; there is no food, no money, nowhere to look for money and work. An adolescent girl in Kalkacha narrated the following:

“During menstruation, we don’t get food and get very light-headed and even faint during periods as we are losing a lot of blood.”

Sector wise findings and priority needs

Sector	Findings	Priority Needs
Protection	Girls, young women and people living with disability most at risk of violence; Girls remain vulnerable to secret practice of teen pregnancy, FGM and early marriages, defilement, other forms of child abuse e.g. sexual harassment.	Sanitary pads for girls, cash transfer to families, separate shelter for girls, children, young people and psychosocial support to all, safe spaces for young ones.
Shelter	Houses destroyed and inhabitable, affected families without relatives sleeping out, some making tents for shelter, but many families moved to higher ground to share single rooms with friends and relatives. Rooms are overcrowded. Cooking places flooded, no firewood fuel, no utensils, household items remained.	Reconstruction and repair of houses; temporary structures-tents. Supply of building materials and construction of new houses preferably in higher grounds.
Education	Children lost learning materials- books, pens and uniforms and other belongings to floods. Schools destroyed; Watta Mara, Kalkacha primary schools.	Scholastic materials (learning materials, uniforms and books) for school children. Education scholarship for needy students, particularly for girls.
Health facilities	The communities don't have health facilities. The nearest is around two kilometers away but having no medical supplies. Drugs are bought from chemists. Mental and Psychosocial distress. Incidences of waterborne diseases- diarrhea, skin rashes, Bilharzia, pneumonia and malaria. At Kalkacha, half of deliveries are through traditional birth attendants (TBAs).	Build dispensary to serve the community and drugs supplies- e.g. antimalarial and promotion of health information.
Food	Households access food from the markets at a cost; (Maize, maize flour, rice, beans, fish, vegetables), unaffordable to most families since there is no source of income. Reliance on low nutritious food and high malnutrition rate experienced.	Food distribution (rice, beans, flour, and cooking oil) and farm inputs. Cash transfer to purchase food stuff. Food rations to households with pregnant women, the elderly and families with under five-year-old children.
Water and sanitation	No adequate drinking water; bought from local private water kiosks at 15 KES per 20-liter jerrycan, girls unable	Improve water access and supply - piping water through the community. Distribution of water treatment

	to access MHM materials-pads. At Kalkacha, families rely on untreated surface and rainwater for drinking and domestic use. Pit latrines collapsed or destroyed and overflowing. Open defecation is high at 73.9% ⁶ .	chemicals e.g. aqua tab. Construction of toilets and bathrooms separate for males and females.
Market, cash & livelihoods	The market is accessible when the flood subsides. Essential food stuff available in the market (Maize, maize flour, rice, beans, fish, vegetables and milk). Community can access cash transfer through Mpesa, quite a number have phones. But poor network at Kalkacha though accessible.	Cash for assets.
Debris management	Poor drainage system and no waste disposal points.	Construct culverts and drainage system.
Communication	Mobile phone is the main means of communication. The network is functional in Watta but not in Kalkacha. More men than women own mobile phones in Watta. Radio is accessible to many. In Kalkacha, communication network is poor and ownership of mobile phones among male and female is 50/50.	Enhance the quality of networking
Power supply	In Watta, all destroyed houses were connected to the grid through the last mile initiative. Kalkacha does not have electricity.	Provision of solar
Agriculture	No functional farms. All the crops were swept by water and farms are underwater. Livestock moved away, hundreds of goats and chickens died, and farmers lost seeds, fertilizers and crops.	Training to practice kitchen gardening. Restocking of livestock goats, sheep, chicken. Supply seedlings to plant once the floods are over.
Non-food items	Affected families lost their belongings and rely on neighboring communities for shelter.	Mattresses, blankets, mosquito nets, aqua tab; other household items- utensils, wash basins, soap; tents, sanitary pads, scholastic materials, medicines and play equipment for children.

⁶Tana River, KIRA Report, November 2023.

Conclusion

In conclusion, findings from the assessment indicate that one elderly man drowned, families lost household items, children lost uniforms, books and belongings. Adolescent girls and women have no sanitary pads, share one room in overpopulated households with at least six members of the family. Displaced families live with other relatives where there is no privacy for girls and women and situation is worse for those in menstruation period. They face the threats of SGBV. Young and adult men sleep outside of the shelter. Families are starving, children stay whole day on a cup of uji (porridge) and are evidently malnourished. Families have no toilets and open defecation is common. Few available toilets are overflowing, contaminating the surface water which is used by families for drinking and domestic use without any form of treatment. Incidences of malaria, bilharzia, pneumonia, skin rashes have increased among children (girls and boys).

Some 950,000 people in the county and other counties of Turkana, Marsabit, Samburu, Garissa, Mandera, Wajir, Baringo, Kitui and Isiolo received food assistance, both in-kind and cash transfers from coordinating partners. Humanitarian partners are also pre-positioning food and providing nutrition support to 100,000 children under the age of five years as well as 80,000 pregnant and breastfeeding mothers and girls in eight arid and semi-arid lands (ASALs) counties⁷.

Family members, especially, girls, children and women are the most affected by impacts of flood due to El Nino rain.



⁷ [Kenya: Humanitarian impact of heavy rains and flooding - Flash Update #2 \(20 November 2023\) | OCHA \(unocha.org\)](https://www.unocha.org/kenya/en/updates/kenya-humanitarian-impact-of-heavy-rains-and-flooding-flash-update-2-20-november-2023)

Recommendations

Immediate action is required to respond to most urgent humanitarian needs which include;

- Food, shelter, water and sanitation, health, psychosocial support and menstrual hygiene products
- Maintain an integrated humanitarian response covering food security, WASH, health (including SRHR), nutrition, education and protection, to meet needs of vulnerable populations in efficient way.
- Make SRHR a priority in humanitarian action, and integrate it into other interventions.
- Adapt the response to the needs of households/communities based on evidence from their participation and ensuring reliable feedback mechanisms.
- Improve water and sanitation access and supply through connections, water treatment, improve toilets and bathrooms for males and females.
- Strengthen household food and nutritional security by improving the nutritional diversity of their diets and developing nutritional knowledge and good practices for long term interventions. For short term, supply farm inputs, cash transfer to purchase food stuff, food distribution and food rations to households with pregnant women, elderly and under five-year-old children.
- Strengthen networking and coordination mechanisms with national and county governments, local actors, community and religious leaders and women's and youth associations to develop and implement effective measures to improve access to SRHR services, particularly for adolescents and women, capacity building community structures and managing the needs of adolescents and parents/caregivers, young women and men.
- Response should focus on priority preparedness activities in all sectors by strengthening early warning systems and community engagement with accessible timely and concise early warning information so that communities, governments and organisation would be able to anticipate and prepare for disasters to reduce impacts of disasters

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Plan International Kenya

Plan International is an independent development and humanitarian organization that advances children's rights and equality for girls. Plan International strives for a just world, working with children, young people, our supporters and partners. The organisation has been building powerful partnerships for children for more than 80 years, and is active in over 85 countries across the world.

Plan International Kenya has been operating in Kenya since 1982 and over time, has carved out a niche for itself in delivering long-term development and relief programmes focused on the wellbeing of children and marginalized communities of Kenya. Plan International Kenya has made remarkable achievements making it distinguishable as a thought leader and the "to-go-to" organization on issues pertaining to child protection at the community level and girls' agency through influencing. Currently, Plan International Kenya has programme operations in 12 counties: Nairobi, Machakos, Kajiado, Tharaka Nithi, Siaya, Kwale, Kilifi, Tana River, Homabay and Kisumu. The country programme has also expanded its humanitarian work to Marsabit and Turkana.

We work with communities and partners to:

- Empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability.
- Drive change in practice and policy at local, national and global levels through our reach, experience and knowledge of the realities children face.
- Work with children and communities to prepare for and respond to crises and overcome adversity.
- Support the safe and successful progression of children from birth to young adulthood.

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