



# KENYA INTER-AGENCY RAPID ASSESSMENT



## ELGEYO MARAKWET, MARAKWET EAST LANDSLIDE NOVEMBER 2025



Kenya  
Red Cross

World Vision



ISRAID  
FUTURE FIRST



ACTION  
AGAINST  
HUNGER

ADRA



JENGA FUTURE  
Building for Sustainable Development



PARKLANDS BAPTIST CHURCH  
#loveEMBRACED

## 1.0 CONTEXT

Elgeyo Marakwet County has a long history of landslides and floods, with major events recorded in 2010, 2012, 2019, 2020, and most recently in 2025. In 2010, a significant landslide occurred in Endo Ward (Marakwet East Sub-County), followed by another in 2012 in Kaptarakwa Ward (Keiyo South Sub-County). The 2019 incidents affected various parts of the county. The landslides and floods recorded in 2010 and 2012 resulted in loss of lives, destruction of property, and damage to farm produce and livestock. These events were mainly concentrated along riverine areas and steep terrains.

Landslides in the county commonly occur during long rainy seasons when rainfall is above normal. The region's high susceptibility to landslides is largely due to its steep terrain and poor soil conservation practices. Many households reside and farm along slopes, increasing their exposure to risk. Landslides typically occur when soils become overly saturated following intense rainfall. Relocation of communities living along the escarpment is therefore necessary to prevent further loss of life and destruction of livelihoods, although many residents currently lack alternative areas for settlement.

In 2020, sporadic landslides were reported in Marakwet East, Keiyo North, and Keiyo South sub-counties following the March–May long rains, which were above normal as forecasted by the Kenya Meteorological Department. In Marakwet East, the affected areas included Kaben, Marich, and Kipchumwa in Endo Ward. In Keiyo North, incidences were reported in Kapchelal, Anin, and Siroch, while in Keiyo South, affected areas included Ngopisi, Kaporol, and Kasegut in Soy South Ward. Landslides also occurred in Embobot/Embolot Ward (Marakwet East), Emsoo Ward (Keiyo North), and Soy South Ward (Keiyo South). Additionally, flooding was reported along major riverine areas in Kaben Location, Endo Ward, where rivers burst their banks. These events resulted in loss of lives, destruction of buildings and bridges, and sweeping away of crops and livestock.

Most recently, on the night of Friday, 31st October 2025, a devastating landslide struck Moror and Chesongoch villages in Marakwet East Sub-County. The incident occurred suddenly, sweeping through homesteads and farmland and causing widespread destruction. A total of 151 households were affected, with several homes buried and critical infrastructure damaged.

The Kenya Red Cross Society (KRCS) Elgeyo Marakwet Branch Community-Based Response Team (CBRT) and RCATs were immediately mobilized, supported by local communities and both county and national government response teams. The Kenya Defence Forces (KDF), Kenya Police Service (KPS), National Government Administrative Officers (NGAO), and World Vision joined in coordinated search and rescue operations. KRCS deployed drones for assessment and provided Non-Food Items (NFIs) such as tarpaulins, blankets, and sleeping mats to support displaced families. Rescue operations were hindered by damaged road access and debris blocking footpaths, but multi-agency teams remain actively engaged. Authorities continue to caution residents about potential secondary landslides as response, evacuation, and recovery operations continue, alongside ongoing plans for relocation and long-term resilience building for at-risk communities.

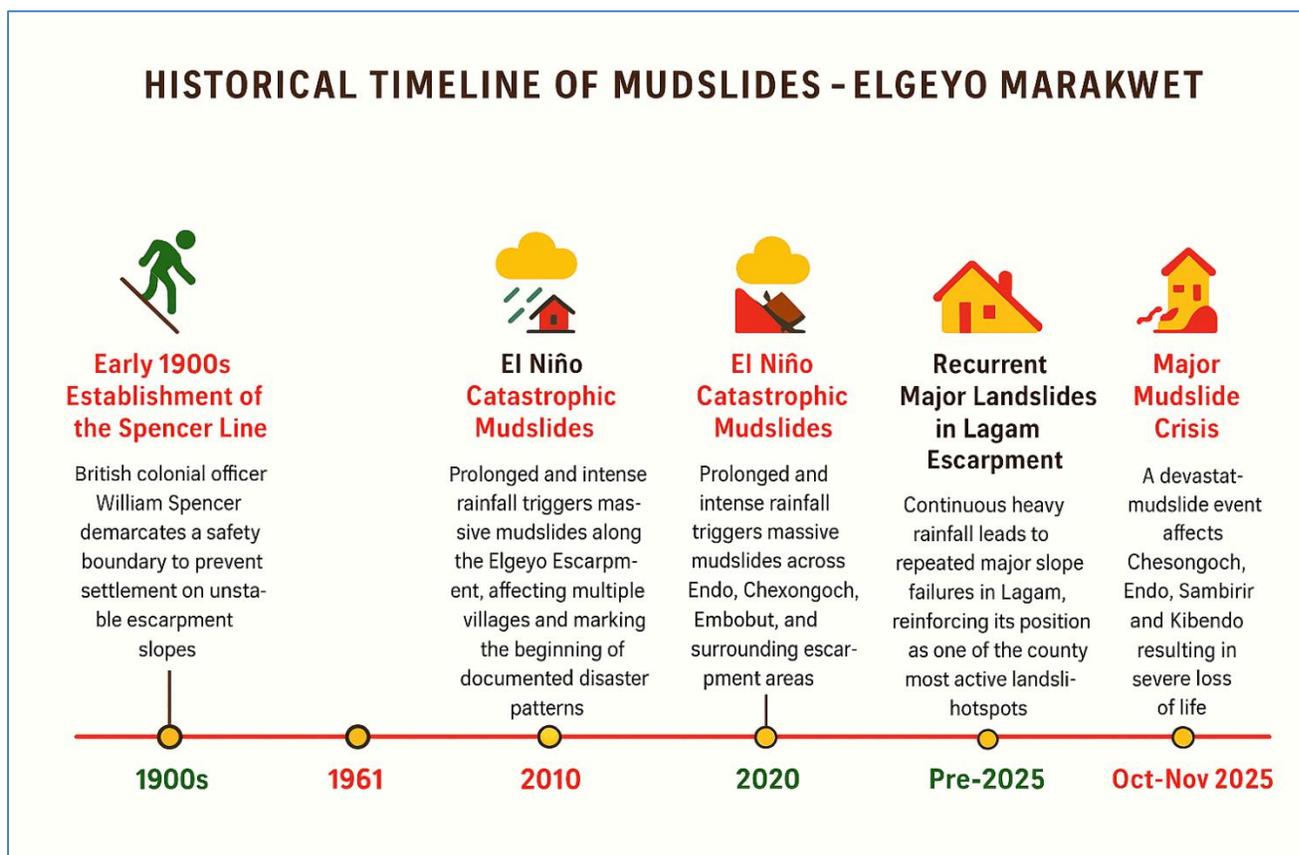


Figure 1: Historical info graphic of landslide

Following the landslide and associated effects across the County, a multi-agency response committee was formed during a CSG meeting held on November 2<sup>nd</sup> 2025 with the purpose of coordinating and reporting landslide Response. The committee by then could not carry out a comprehensive KIRA exercise to assess the impact of the landslide as the roads were completely inaccessible and the disaster was still active. The committee largely relied on secondary sources for their daily and weekly landslide situation report and emergency response interventions.

The multi-agency team was drawn from key departments and partners in the County such as the Directorate of Disaster Risk Management, NGAO, Departments of Livestock & Agriculture, Health, Education, Roads and Water as well as the National Drought Management Unit (NDMU), World Vision Kenya, ADRA, Jenga Future Initiative, Climate Engagement Forum (CEF) and Kenya Red Cross. The team agreed to conduct Kenya Inter Agency Rapid Assessment with objectives being;

1. To determine and provide detailed and accurate information on the approximate number of people affected by the landslide
2. Support evidence-based decision making.
3. To identify the priority needs of the affected people/area,
4. To assess the extent of the damages on existing infrastructure.
5. To identify the ongoing interventions and gaps
6. To provide specific recommendations for resource mobilization and response planning.

## 1.1 BACKGROUND

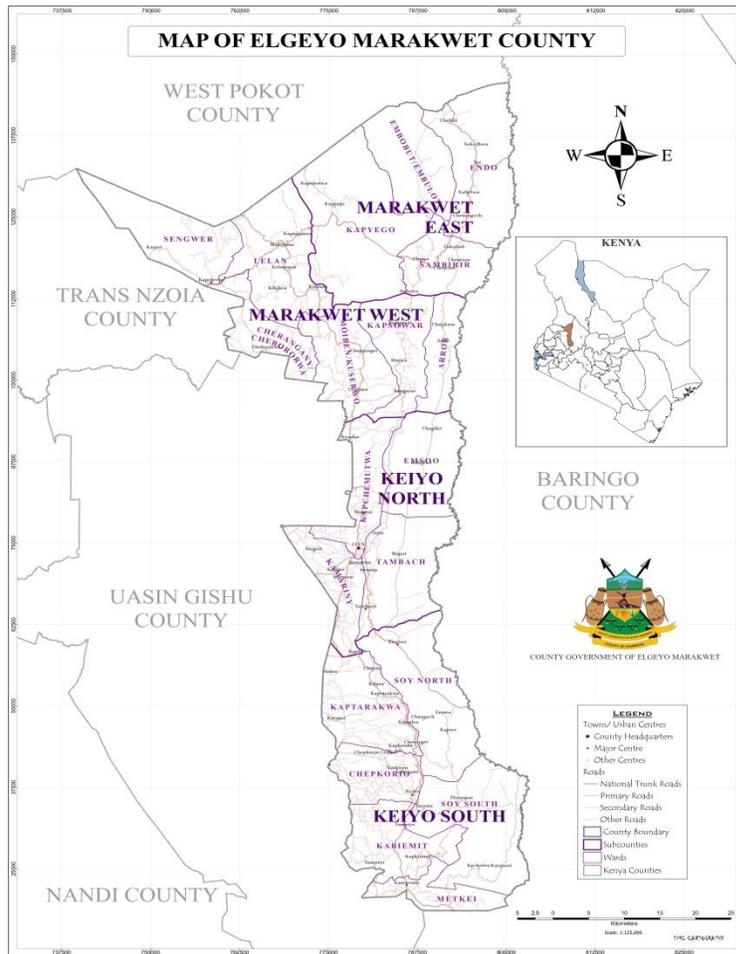


Figure 2: Map of Elgeyo Marakwet County

Elgeyo Marakwet County is located at the North-Western part of Kenya. It covers a total area of 3029.6 km<sup>2</sup> with a population of 454,480 persons (Census 2019). It extends from latitude 0o 20' to 1o 30' to the North and longitude 35° 0' to 35° 45' to the East. It borders West Pokot County to the North, Baringo County to the East, Trans Nzoia County to the Northwest and Uasin Gishu County to the West. The county has an elongated shape and is wedged in between the Uasin Gishu Plateau to the West and the Kerio River to the East. The county has three topographical zones namely; Highland to the West, Kerio valley to the East and Escarpment constituting of 49%, 40% and 11% respectively. The Highlands, is densely populated due to its endowment with fertile soils and reliable rainfall. The Escarpment and the Kerio Valley are classified as ASAL and have low rainfall and are prone to natural disasters such as drought during sunny season and

landslides and flash floods during rainy season. The county is further divided into four administrative sub-counties namely; Keiyo South, Keiyo North, Marakwet West and Marakwet East and 20 administrative wards. The main livelihood for the county is crop and livestock farming with over 60 percentage of the populatn being involved in informal employment.

## 2.0 METHODOLOGY

The KIRA Exercise employed both primary and secondary data collection using the developed KIRA Tools on Kobo in the following County and Sub Counties;

County	Sub County/sites	
<b>Elgeyo Marakwet</b>	Kerio Valley sub county	<b>Primary Data Collection;</b> <ul style="list-style-type: none"><li>— Key Informant Interviews (KII)</li><li>— Community Group Discussions (CGDs)</li><li>— Direct Observations (DO)</li></ul> <b>Secondary Data Collection;</b> <ul style="list-style-type: none"><li>— County Meteorological Reports</li></ul>

The primary data collection methods used were Direct Observation, Community Group Discussions (CGDs), and Key Informant Interviews (KIIs). The 12 trained participants were divided into three teams, with each team responsible for one of the following approaches: Key Informant Interviews, Community Group Discussions, and Direct Observation. Direct observation was conducted through transect walks within the camp, hosted families, affected areas, and the wider community.

Field activities within the County were coordinated by the County Director of Disaster Management, while the MEA&L team provided overall oversight, including regular system checks to ensure data accuracy.

A total of 68 community members participated in Community Group Discussions, while 6 individuals were engaged through Key Informant Interviews. The data collection teams also carried out five (5) direct observations, as summarized in the table below.

During the KIRA activity, a systematic sampling approach was used to identify locations and villages affected by the landslide. Purposive sampling was applied for qualitative methods, including the selection of Community Group Discussion participants from the affected communities. Key Informant Interviews targeted focal persons and stakeholders involved in the flood and mudslide response.

The 12 enumerators were drawn from various stakeholders and partners, including the County Government and KRCS. They were sensitized on the KIRA data collection tools by the KRCS MEA&L Team prior to fieldwork. The training covered survey fundamentals, a review of the questionnaire, and the use of Kobo KIRA tools on Android devices.

A simulation exercise was conducted to allow enumerators to familiarize themselves with the tools and identify potential field challenges. These challenges were discussed after the pilot, and appropriate

solutions were provided. Data generated during the pilot exercise was **excluded** from the final KIRA data analysis.

Methods	Tools	Target
Qualitative	Community Group Discussions Guide	Landslide affected community members in Elgeyo Marakwet County
	Key Informant Interviews Guide	Landslide affected community members in Elgeyo Marakwet County Stakeholders responding to mudslide in Elgeyo Marakwet county
	Direct Observation	Areas affected by mudslide in Elgeyo Marakwet County

Table 1: Tools used during KIRA

The raw data retrieved from Kenya Red Cross Servers was analysed using Excel and SPSS Version 23 where thematic analysis was used as different themes, guided by the KIRA objectives/indicators. The methodology was guided by the Kenya Inter-agency Rapid Assessment (KIRA). The processed data was presented in the form of tables, pie-charts and bar graphs.

## 2.1 Scope/Scale of the situation

The table below indicates the affected population (Household) in each sub location.

Kerio Valley Sub County			
Murkutwo Location			
Sub location	Number of H/H totally destroyed	Number of households partially destroyed and not habitable	Total
Rocho	29	30	59
Enou/Machamber	33	43	76
Chechan	5	0	5
Ketut	11	0	11
Total	78	73	151

Table 2: Household Impacts of landslide

## 3.0 Key Findings

- A total of 151 households were affected by the mudslide in Elgeyo Marakwet. Of these, 78 households were completely destroyed, while 73 were partially destroyed and are no longer habitable. Out of the affected households, 87 are currently residing in the spontaneous camp and have been registered. The disaster resulted in 37 fatalities and 54 injuries.

- Critical communication systems were disrupted, with major roads connecting towns and villages rendered impassable. Electricity and communication lines were destroyed mainly due to damaged culverts, washed-out drifts, and pathways blocked by large rock debris.
- Water, Sanitation, and Hygiene (WASH) infrastructure suffered extensive damage. Water pipelines were destroyed, latrines were filled with mud and rocks, and community handwashing stations were swept away. Residents reported challenges with both the quantity and quality of water, largely due to pipeline breakages and contamination from debris and other pollutants.
- Social facilities, including Chesongoch Mission Hospital, were destroyed, resulting in the loss of medical equipment and interruption of essential health services.
- Local markets were also significantly affected. Murkutwo shopping centre was completely destroyed, while neighboring markets recorded increased prices and reduced availability of food and essential goods. This was largely due to disrupted supply lines and the loss of stock by small-scale traders.

Additional impacts include:

- Loss of livelihoods, particularly livestock, farms, and essential goods belonging to small-scale traders.
- Low community coping, response, and mitigation capacity.
- Increased risk of waterborne and hygiene-related disease outbreaks, especially in Rocho, due to contaminated water sources and use of turbid river water.

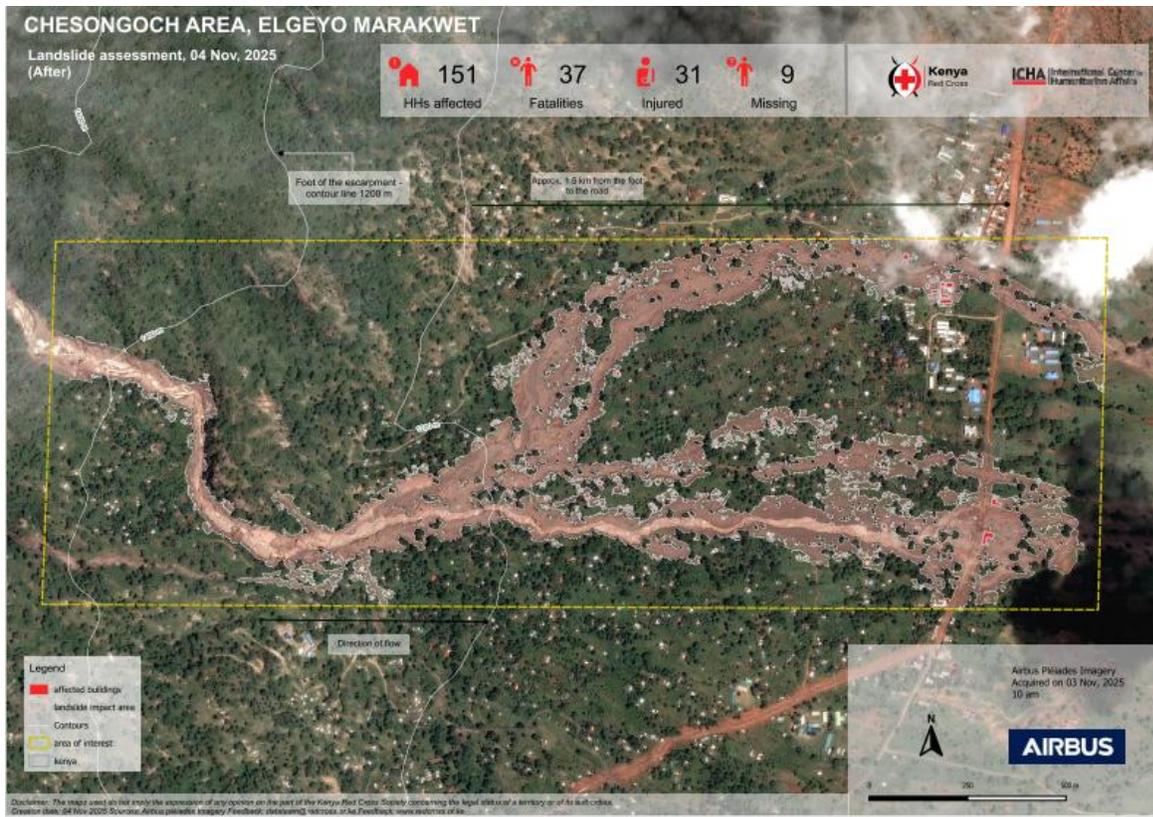


Figure 3: Map showing affected areas

### 3.1 Priority Needs

The major priority needs for the community members following the landslide was shelter, food, and livelihood with shelter given the first priority, then food for second priority, and livelihood for the third priority.

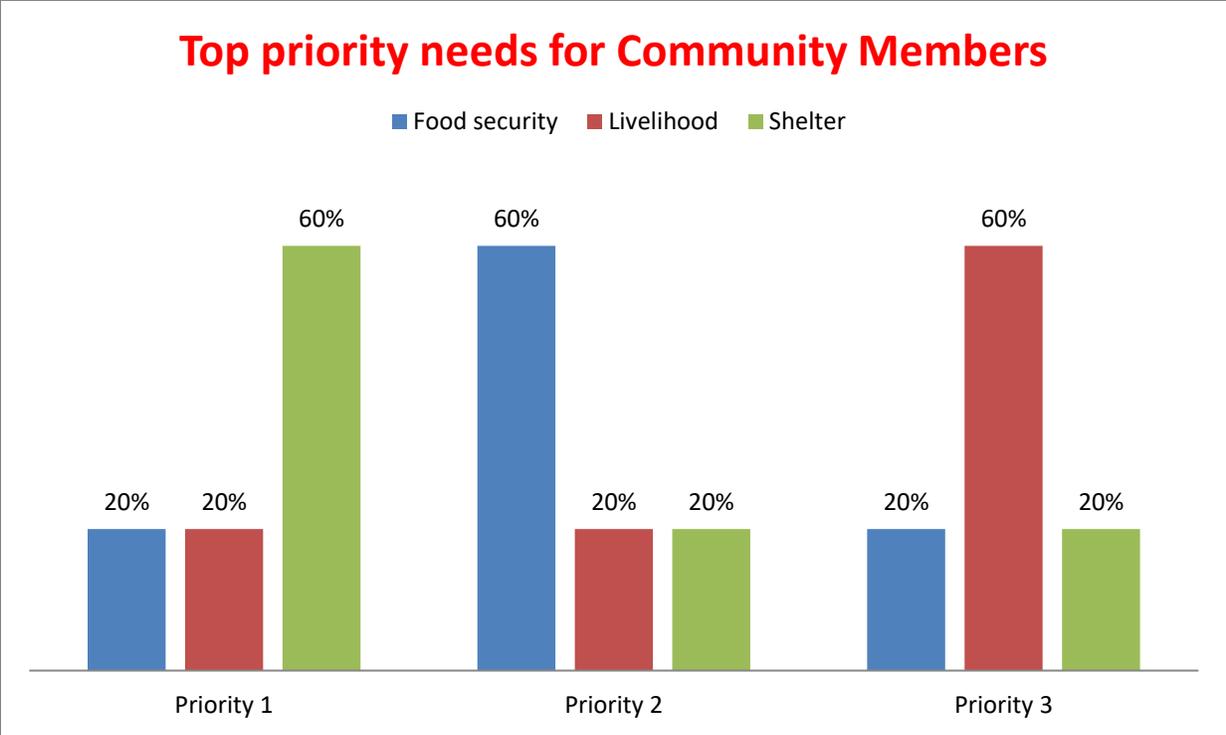


Figure 4: Priority needs for affected communities

3.2 Sectorial Findings

3.2.1 Shelter Situation

A total of 151 households were displaced after their homes were swept away by the mudslide. Of these, 87 households are currently hosted in the spontaneous camp, while 64 displaced households have been integrated into the surrounding community. However, both settings present significant health risks due to overcrowding, increasing the likelihood of airborne disease transmission in the spontaneous camp located at Chesongoch Primary School.

Within the camp, there is also a heightened risk of vector-borne diseases, especially malaria, as many households are not using mosquito nets. Cases of upper respiratory infections may also rise because most of the classrooms being used as shelters lack windows, affecting ventilation. This situation also poses security risks to the displaced community members.

Regarding intentions to return home, the findings show that 80% of respondents are unsure when they will be able to return to their original residences. This uncertainty is mainly due to the lack of resources to rebuild, fear of another mudslide, and the absence of safe and secure areas for resettlement.

3.2.2 Livelihood

The community main livelihood is Agro-pastoralists depending on water from the hill to cultivate mangoes and other cash crops and watering their goats and cows. Approximately 4 kilometer square

was affected and the effects were destruction of crops and farm products, loss of cattle and goats, and destruction of shopping centres and markets for trade (Murkutwo market). The community expressed a worrying state in resuming their livelihood indicating major constraints as lack of agricultural inputs (Seeds, fertilizers), lack of productive assets such as tools, and lack of cash to invest in livelihood activities as shown in the figure below.

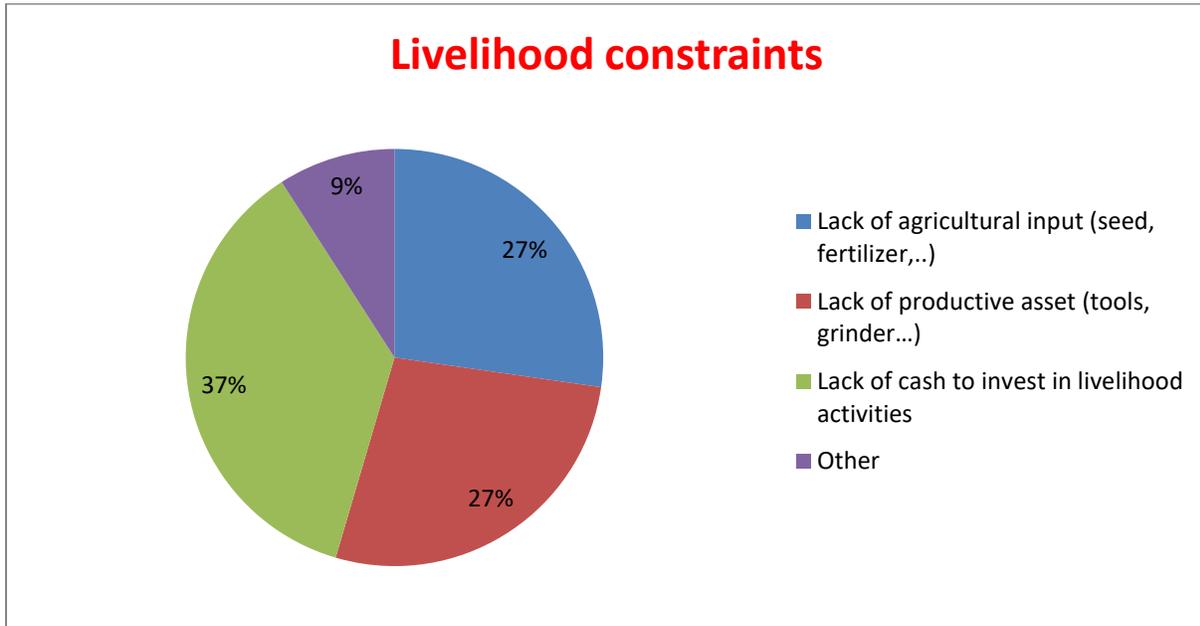


Figure 5; Livelihood constraints of affected community

Prices of basic food commodities and other items increased as a result of destruction of roads and those depending on small scale business were not able to carry out their routine activities.

### 3.2.3 Food availability and access

The accessibility and availability of food has been affected as most of the food stores and shops of the affected areas were damaged and transport disrupted, hence little food to purchase available in the market. Communities also indicated absence of food stock after the disaster a sign of food insecurity.

The major priorities noted by the community members to help to help improve access to food included Cash voucher assistance (45%), food distribution (33%), and distribution of cooking set (22%).

## Priority action to improve access to food

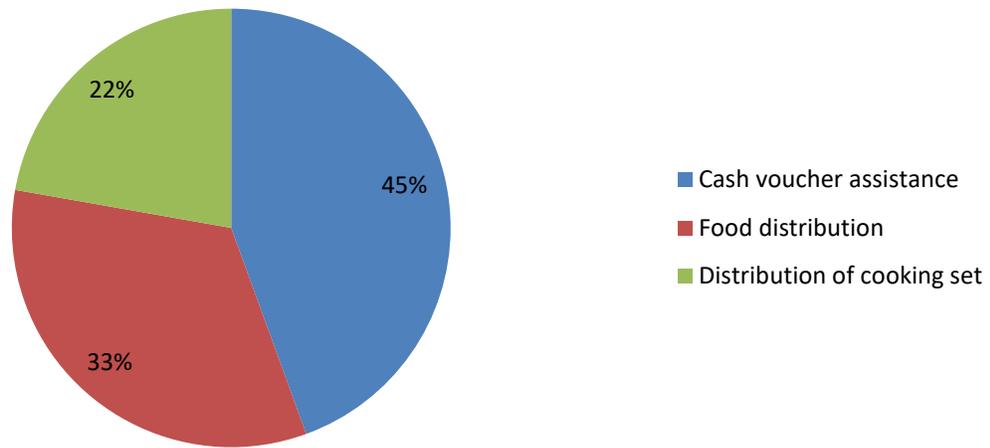


Figure 6: Priority action to food access challenges

Since most cannot access the essential foods the highest proportion of the community’s coping mechanisms include relying on less preferred foods, borrowing from friends, restricting consumption by adults in order for small children to eat and skipping days without eating. A lesser proportion also indicated to purchase food on credit, send household members to beg and others gathering wild food, hunting or harvesting immature crops as shown below.

## Coping mechanisms to less food

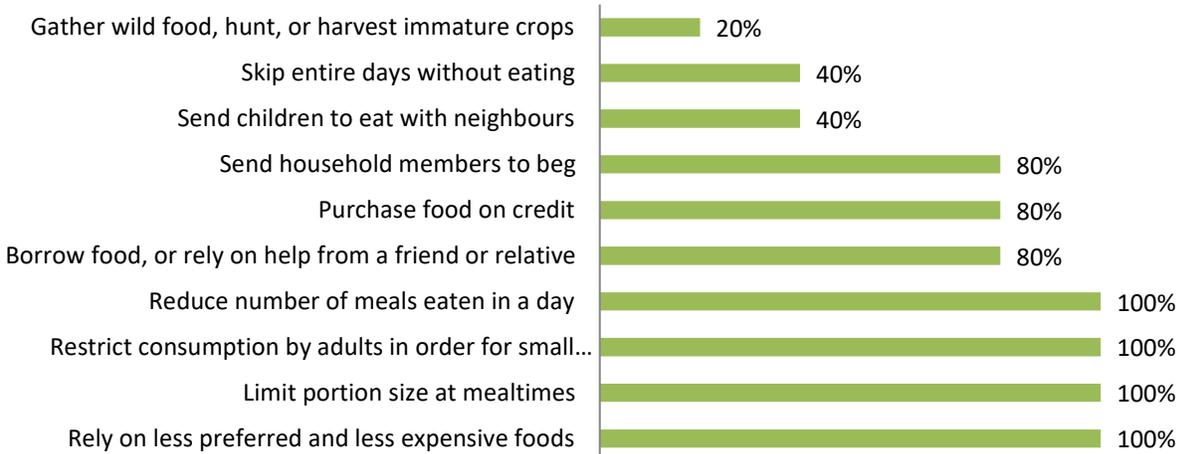


Figure 7: Coping mechanisms of community members

### 3.2.4 Health and Nutrition

#### Health

The main health challenges noted during the assessment was injuries, disease outbreaks and acute respiratory infection as shown below.

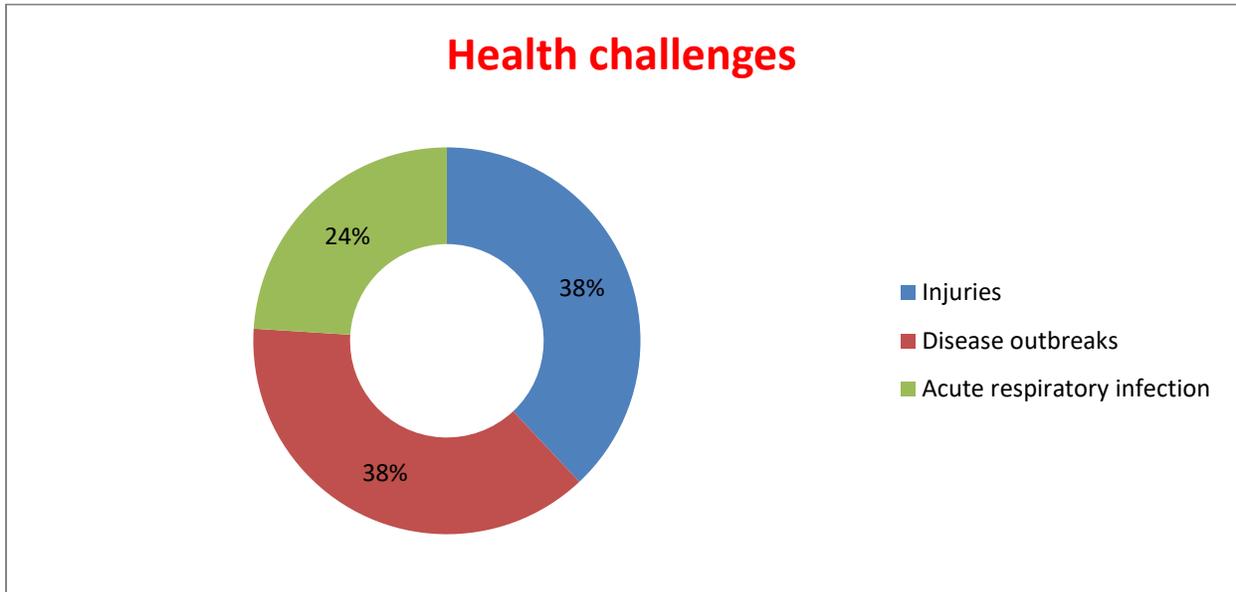


Figure 8: Health challenges in the affected communities

Despite the health challenges, the community members noted the presence of health facilities which are far from the community member (1-2 hour walk) and are always open and functional. At the site affected the communities depend on Chesongoch MISSION Hospital which was largely affected by the mudslide. All the medical equipment were swept away including power supply (generator) destroyed as was covered by mud. The facility remained closed as the community members seek health assistance from other facilities that are far away and could not be easily accessed as the roads were impassable.

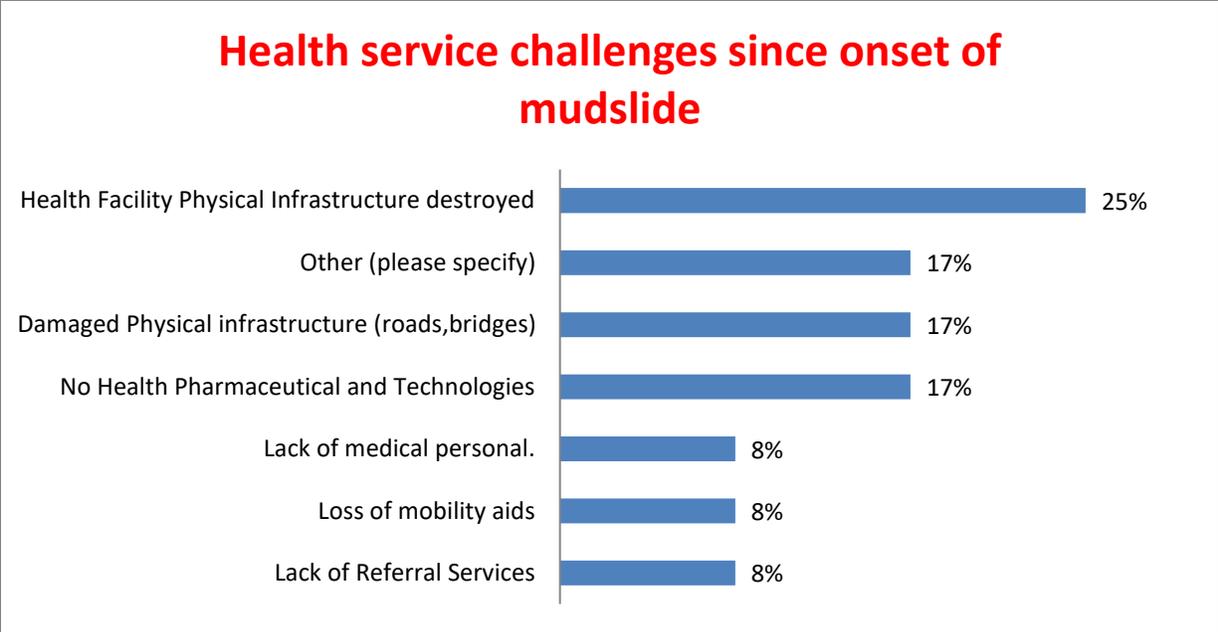


Figure 9: Health services offered

Health services offered at the facilities noted above include psychosocial first Aid, Emergency Obstetric care, vaccinations, clinical rape management, Health risk communication, and laboratory services

**Mental Health**

Community members know major components of mental health as stress and grieve management, and counselling. Further they cope with psychological distress through different mechanisms as shown in the table below

Components of Mental Health	Frequency	Percent
Continuous counseling and emotional support from relatives	2	40.0
Peer to peer talks, focus group Discussions, Religious & Doctors counseling,	1	20.0
Seeking help from leaders' health facilities	1	20.0
Talking about it with others	1	20.0
Total	5	100.0

Table 3: Mental Health components known by community members

Additionally, a larger portion (80% n= 4) knows where to refer to when someone is psychologically distress. Some of the areas the community members refer to include church and hospitals, available counsellors in the community and camp, and at the hospital.

## **Nutrition**

Optimal feeding for infants is important during disaster situations. During periods of crisis such as floods or mudslides the susceptibility of babies and young children increases. In such conditions, breastfeeding becomes essential, providing a secure, nourishing, and easily accessible source of food that does not rely on clean water or proper sanitation systems. In addition, breast milk contains vital immune-protective agents that help shield infants from illnesses and infections commonly found in emergency settings.

The assessment revealed that 60% of mothers continued breastfeeding, while 40% stopped, showing the adverse effect of the mudslide on infant feeding practices. The main reasons given for stopping breastfeeding were inadequate milk supply and maternal exhaustion or weakness.

Among mothers who were no longer breastfeeding infants below six months, 33% used manufactured baby formula, while 67% relied on animal or dairy milk as alternatives. For children older than six months, 67% were given normal milk and 33% were fed complementary or solid foods in place of breastfeeding.

The Ministry of Health, through the Breast Milk Substitutes (Regulation and Control) Act, 2012, oversees the distribution of infant milk substitutes. It was noted that no breast milk substitutes were provided and that there was no focused assistance for pregnant or breastfeeding women, despite their increased vulnerability.

### **3.2.5 Water Sanitation and Hygiene**

#### **Water**

The findings of the assessment indicates that the primary sources of water in both the spontaneous camp and community households were borehole, water trucking distribution, and river as shown below. Water trucking distribution was majorly used in the camp earlier. Further, through observation, it was noted that the camp had piped water channelled to 10,000 litre tanks developed by Rift Valley Water development organization. However, the main challenge noted was misuse of water by the children and poor management of water at the camp.

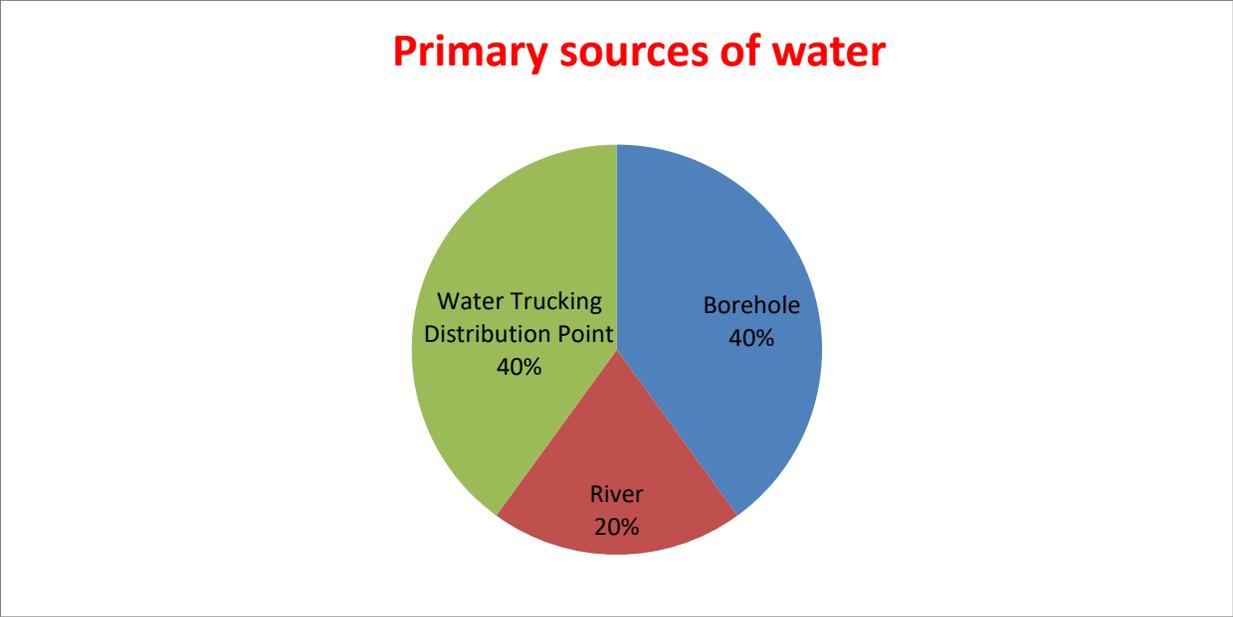


Figure 10: Sources of water for community members

Further, the community members noted major challenges with water to be water quantity and quality. For quantity, it was indicated that the water is not sufficient for everyone and the distance to the water point was not favourable with communities taking more than 60 minutes to collect water contradicting the sphere standards of 500 m distance and average time of less than 30 minutes as shown in the table below.

Time taken to fetch collect water	Frequency	Percent
Between 30 minutes and 60 minutes	1	20.0
Less than 30 min	1	20.0
More than 60 min	3	60.0
Total	5	100.0

Figure 11: Time taken to collect water in the community

On the quality, community members noted the water was turbid, smells, and makes them sick in relation to river water. The piped water in the camp was noted to be clean, odourless, and safe for drinking with the smell of chlorine. Water coverage at the camp was noted to be at 75%. Of key insights was lack of water treatment chemicals in the camp and at the community hosting affected people.

**Sanitation and hygiene**

Sanitation and hygiene play a big role in the communities more so during disasters to prevent spread of diseases. Despite the mudslide, presences of latrines were note at the camp and at the host families. At the camp, the toilets were segregated into male and female but had none for PWDs and were lockable from both inside and outside. The toilets were communal with an average of 8 dropping holes for both the host and spontaneous camp.

Despite having the communal pit latrines and 60% of the respondents indicating using the toilets, 40% indicated cases of Open defecation linked to destroyed toilets. Handwashing facilities were also limited with community members having shallow knowledge on when to wash hands as indicated in the table below.

Handwashing times	Frequency	Percent
Anytime	2	40.0
Before eating	1	20.0
Hand washing stations	1	20.0
When eating food at the camp	1	20.0
Total	5	100.0

Figure 12: Handwashing times known by Community members

On menstrual hygiene, the findings note that the products are accessible at the market but girls and women cannot afford them due to mudslide losses and impact. Further, it was indicated that since the onset of the mudslide, there haven't been any designated program to support menstrual hygiene despite the distribution of sanitary towels in which not all affected families got. Disposable sanitary towels were the most preferred product (80%) to others due to its costs and hygiene standards.

### 3.2.6 Protection of Gender and Inclusion

At the camp, several initiatives were put in place to ensure protection of gender and inclusion. The toilets and bathrooms were segregated into male and female with proper lighting and ease of access. The findings also indicates that there were no focal points and community services to support the most vulnerable people in the community.

While no GBV cases have been reported since the occurrence of disaster, the camp lacks designated support services for GBV survivors.

### 3.2.7 Infrastructure Communication and Transport

Due to the mudslide, the main road connecting Tot and Kapsowar was destroyed with large debris of rocks and mud filling the road making them impassable. Electric lines and communication lines were also destroyed rendering the area out of power and no proper communication. However, telecommunication was intact with the community depending on internet services.

### 3.2.8 Education

Education was largely not affected since at the time of the event most of the students had gone for holiday. However, examination was destabilised at St. Maurus academy because of the response activities forcing the students and teachers to seek an alternative area for examination.

Other effects noted by the community on education is students losing their school items (Shoes, books, pens, certificates) and psychological torture due to loss of their colleagues and friends.

### 3.2.9 Environment

The recent landslide in Elgeyo Marakwet resulted in significant environmental disruption. Large areas of vegetation were uprooted or buried, destroying natural habitats and exposing the soil to further degradation. The slide also altered the landscape by creating scarps and debris fields, which have changed drainage patterns and increased slope instability.

Substantial soil erosion occurred as massive volumes of earth were transported downslope, leading to heavy sedimentation in rivers and streams more so in Kerio River. This has temporarily reduced water quality, with increased turbidity and contamination affecting both human use and aquatic ecosystems. In several areas, debris blocked waterways, forming temporary natural dams that heighten the risk of sudden downstream flooding and change of water ways to different locations.

Wildlife in the affected areas experienced displacement due to habitat destruction and loss of forest cover. However, the disturbed zones may, over time, support new vegetation and pioneer species, contributing to habitat diversity and long-term ecological regeneration.

### 3.3 Response Capacity

Instant response capacity of landslide by local community was commendable as the immediate family and neighbours supported those affected which checked on a possible humanitarian crisis. Communities continue to host the displaced. Moreover, Kenya Red Cross, IsraAid, Jenga Future, World Vision Kenya, NGAO, Action Against Hunger, ADRA, Medicine Sans Frontiers, Rift Valley water development project, National Youth Service, Kenya Defence forces, National and County Governments supported with distribution of NFIs, food, shelter materials, and search and recovery.

The capacity of local community to fully respond to landslide and mudslide is minimal and can be enhanced by strengthening Disaster risk reduction strategies and law enforcement. This includes supporting the establishment of disaster risk reduction at all levels, empowering the community on environment conservation and proper land use practices.

## INSTITUTED ACTIONS

### a. National Government interventions

Organization	Response
Ministry of Interior and national administration	Distribution of Relief food. Distribution of Non-Food Items
Metrological department	Dissemination of early warning messages.
Ministry of Defence	Provision of Air transport services. Conducted Search and rescue operations Deployed disaster response specialists and rapid response forces, with additional teams on standby. Provided personnel and assorted medical equipment including stretchers.
Ministry of Water	Pipe works and supplying water

	Drilling of water
KENHA	Opening up of roads
KPLC	Reconnecting the area to electricity

#### b. County Government interventions

Organization	Response
Department of health	<ul style="list-style-type: none"> <li>— Risk communication</li> <li>— Conducted Integrated Health Outreach</li> <li>— Distribution of water treatment chemicals</li> <li>— Distribution of Emergency medical and nutritional supplies.</li> </ul>
Department of Special Programme	<ul style="list-style-type: none"> <li>— Dissemination of early messages</li> <li>— Evacuation of communities to high grounds</li> <li>— Supported the communities with 600 bags of rice, 520 bags of beans, 1,000 blankets, 300 mattresses, 30 boxes of soap, and 10 bales of sanitary towels to displaced families.</li> </ul>
County Government of Uasin Gishu	<ul style="list-style-type: none"> <li>— Provided ambulances to transport bodies from Eldoret Airport to MTRH.</li> <li>— Provided water bowser for the affected communities</li> <li>— Assorted foodstuffs, water bowsers, and 150 blankets to support the operation.</li> <li>— Assorted non-food items including iron sheets</li> </ul>
County Government of West Pokot	<ul style="list-style-type: none"> <li>— Assorted foods</li> <li>— Medical supplies</li> </ul>
County Government of Nandi	<ul style="list-style-type: none"> <li>— Food and Non Food items</li> <li>— WASH</li> </ul>

#### iii. Other Stakeholders response

Organization	Response
Kenya Red Cross	<ul style="list-style-type: none"> <li>— Distribution of food and NFI</li> <li>— Distribution of WASH kits</li> <li>— Conducted Search and Rescue</li> <li>— Deployed drones and GIS mapping technology for damage assessment and search operations.</li> <li>— Dispatched 7 tonnes of food and non-food items for 100 households, with plans to support up to 500 households.</li> <li>— Set up a tracing desk to reunite families and provided psychosocial support and paramedic triage.</li> <li>— Engaged communities on relocation to safer grounds and disaster risk awareness.</li> <li>— Deployed PHIE Specialist to support the Public Health Concerns</li> </ul>

<b>Medicine Frontiers</b>	<b>Sans</b>	<ul style="list-style-type: none"> <li>— Provision of Cash based transfers</li> <li>— Provision of NFIs and dignity kit</li> </ul>
<b>World Vision</b>		<ul style="list-style-type: none"> <li>— Provision of Cash based transfers</li> <li>— Provision of NFIs</li> <li>— Provision of Hand Washing facilities</li> </ul>
<b>Action Against Hunger</b>		<ul style="list-style-type: none"> <li>— Provision of Cash transfer</li> </ul>
<b>Isra Aid</b>		<ul style="list-style-type: none"> <li>— WASH</li> <li>— Menstrual Hygiene Commodities</li> </ul>
<b>ADRA</b>		<ul style="list-style-type: none"> <li>— Provision of Cash transfer</li> </ul>
<b>PIVIDA</b>		<ul style="list-style-type: none"> <li>— Provision of cement</li> </ul>
<b>Safaricom Foundation</b>		<ul style="list-style-type: none"> <li>— Blankets and food items</li> </ul>
<b>AMPATH</b>		<ul style="list-style-type: none"> <li>— HIV testing kits and ARVs</li> </ul>
<b>North Rift Water Works</b>		<ul style="list-style-type: none"> <li>- Supply of water storage tanks and piping.</li> </ul>
<b>UNFPA (via KRCS)</b>		<ul style="list-style-type: none"> <li>- Supply of Dignity Kits.</li> </ul>
<b>Salvation Army Relief Agency</b>		<ul style="list-style-type: none"> <li>- Supply of food and non-food items (NFIs).</li> </ul>
<b>METS</b>		<ul style="list-style-type: none"> <li>- Supply of medical materials.</li> </ul>
<b>AIC Milimani</b>		<ul style="list-style-type: none"> <li>- successfully raised KES 26 million specifically earmarked for shelter reconstruction.</li> </ul>
<b>Financial Institutions:</b>		<ul style="list-style-type: none"> <li>- Financial Institutions: Cooperative Bank, Equity Bank (also providing material support like iron sheets), ABSA Bank, and KCB provided financial and material support.</li> </ul>
<b>The Great People of Soy South, Wareng Power House, BSK Kenya, Evangelical Church Nakuru</b>		<ul style="list-style-type: none"> <li>- The Great People of Soy South Ward, Fresh Crops, Wareng Power House, BSK Kenya, Evangelical Church Nakuru, and the General Public provided essential food items (Maize, Beans, Bananas, Potatoes) and non-food items (clothing).</li> </ul>
<b>Parklands Church</b>	<b>Baptist</b>	<ul style="list-style-type: none"> <li>- Parklands Baptist Church contributed with Integrated Religious PSS, acknowledging the role of faith in trauma recovery.</li> </ul>

#### 4.0 Recommendations (Immediate)

- 1) Shelter support: Shelter needs are the most urgent outstanding gap. Given the KES 26 million reconstruction fund, immediate focus should be placed on transitioning displaced families out of temporary tents.
- 2) Specialized Health Assessment: There is a critical need to conduct a specialized MIYCFE (Maternal, Infant, Young Child, and Elderly) Needs Assessment within the affected area and the camp to identify and address the specific nutritional and medical vulnerabilities of these high-risk groups.
- 3) Organize a Medical Camp for the Camp population to manage non-trauma chronic issues and prevent disease outbreak. This must be complemented by continued Mental Health and

Psychosocial Support (MHPSS) and the establishment of a formal referral pathway for psychological cases.

- 4) Distribution of relief food to the most food insecure households.
- 5) Cash and Voucher Assistance (CVA) interventions to affected Households.
- 6) Provision of non-food items, including shelter, WASH and Health NFIs.
- 7) Early Warning & Communication; Deploy community observers to monitor cracks, seepage, and ground shifts.

### **Recommendations (Long Term):**

- 1) Water Sanitation and Hygiene;
  - Triggering Community Led Total Sanitation in the area.
  - Detailed WASH assessment to understand WASH aspects as the findings indicated series of gaps.
- 2) Advanced Early Warning Networks;
  - Sustain community awareness and training programs.
  - Developing disaster Risk reduction strategies and frameworks.
  - Develop automated landslide detection and forecasting systems.
- 3) Landscape Restoration;
  - Expand community forestry with incentives for maintaining forest cover.
  - Scale up long-term ecological restoration of degraded escarpment zones.
- 4) Climate-Resilient Infrastructure:
  - Invest in durable geotechnical and drainage systems.
  - Redesign critical transport corridors to withstand climate extremes.
- 5) Permanent Research & Funding Mechanisms:
  - Establish a permanent landslide research station in the escarpment region.
  - Sustain County Disaster Fund.
  - Maintain partnerships with national and global experts.

## **ANNEXES**

### **Assessment Team**

<b>S/No</b>	<b>Name</b>	<b>Organization</b>	<b>Title</b>	<b>Contact</b>
1.	Roy Bett	KRCS	MEA&L officer	0715326327
2.	Cheruiyot Abraham, HSC	K KRCS	County Coordinator	0722369575
3.	Titus Murundu	KRCS	MEA&L Officer	0725635275
4.	Frank Odhiambo	KRCS	MEA&L Assistant	0799123619

5.	Betty Kipngetich	ACF	Enumerator	0740848622
6.	Gideon Sitienei	Parklands Baptist Church	Project Officer	0704642897
7.	Aquilla Pytich	ACF	Enumerator	0795114731
8.	Dr Terry Wangari Njenga	Kenya VETS Association- RV	Manager	0716859556
9.	Brian Kibiwott Kipsang	County Government of Elgeyo Marakwet	GIS Physical Planner	0704734777
10.	Brigid Yano	KRCS	CBRT	0796370836
11	Mercy Jerotich	KRCS	DATA ANALYST	0716383147
12	Onesmus Cheruiyot	Community	CBRT	0759574120
13	Robert Githinji	KRCS	RDMO	0728051222
14	Emmanuel Kimeli	KRCS	Nutritionist	0708350130

#### I. KIRA Mobile Data from Kobo

<b>Annex II (a)</b>	Direct Observations (DO).	<i>Humanitarian link</i>	KOBO	Attached
<b>Annex II (b)</b>	Key Informant Interview (KII)	<i>Humanitarian link</i>	KOBO	Attached
<b>Annex II (c)</b>	Community Group Discussions (CGD)	<i>Humanitarian link</i>	KOBO	Attached

#### II. Assessment Photos

<b>Annex III(a)</b>	<b>KIRA Assessment Photos</b>		<b>Attached</b>
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**Figure 13: Male CGD**



**Figure 14: Female CGD**



*Figure 15: KII with Nurse at the camp*