



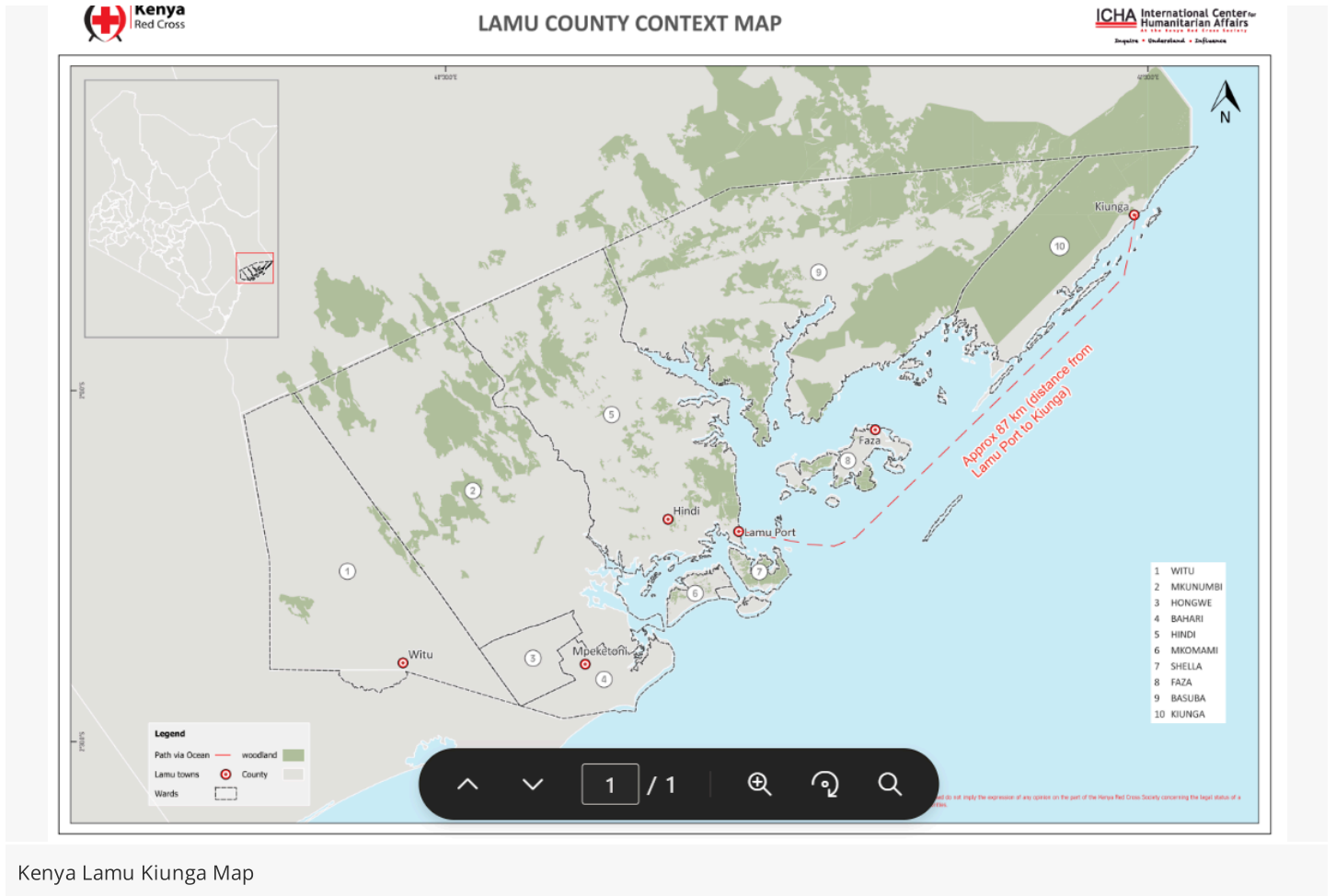
Kenya Red Cross Society staff receiving refugees and returnees into Kenya.

Appeal: <b>MDRKE064</b>	Country: <b>Kenya</b>	Hazard: <b>Population Movement</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 176,167</b>	
Glide Number: <b>-</b>	People Affected: <b>4,874 people</b>	People Targeted: <b>1,600 people</b>	
Operation Start Date: <b>26-12-2024</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>31-03-2025</b>	DREF Published: <b>28-12-2024</b>
Targeted Areas: <b>Lamu</b>			

# Description of the Event

## Date of event

14-12-2024



## What happened, where and when?

On 11 Dec 2024 disturbances in Jubaland initiated a displacement of people into Kenya, Lamu County, Kiunga Ward. Kiunga Ward (population 4,874), is located in Lamu County along the Kenya-Somalia border. The town is currently receiving refugees and Kenyan returnees as a result of the disturbance in Jubaland, Somali. The community are living in tension since there is disturbance in the neighborhood region of Kiamboni in Somalia.

The numbers of people crossing the border continues to increase on a daily basis and as of 23 December Kenya Red Cross had registered 164 families who have crossed in Kenya and are now hosted within approximate 150 households Kiunga Ward.

Since 12 December Kenya Red Cross Society has been supporting the displaced population. On the 16 December the Kenya Red Cross Society were requested to support the MoH in their response to support the displacement and the impact on the host community.



Women being helped by KRCS teams



Women & Children arriving in Lamu, Kiunga



Families being received by KRCS personnel

## Scope and Scale

The people most affected include refugees, and Kenyan returnees. Vulnerable groups of children, lactating mother elderly individual and persons with disabilities (PWDs). The number of displaced families has been slowly increasing on a daily basis.

As of 21 December 2024, a total of 123 family units had been formally registered with 22 male-headed and 101 female-headed households of which 114 were male hand 158 were female, also registered are at least 5 lactating mothers, 5 elderlies, 51 children and 2 persons with disabilities (PWDs). However, from 23 December 2024 informal registration indicates this number has now increased to 170 family units and is increasing daily. It is estimated that the displaced family units are currently being hosted by at least 150 households Kiunga Ward.

These groups of displaced and host families are at heightened risk due to their limited mobility, poor access to essential services, and increased dependency on external support. The refugees and displaced communities, now live in overcrowded conditions with host families, facing challenges, including a lack of clean water, sanitation, and adequate protection from the harsh weather.

The host communities are now also negatively impacted. The limited resources the host families had are now significantly depleted. Host communities, particularly the Bajuni and Somali populations, also face increased pressure on their limited natural resources, leading to heightened competition and social tensions. Historically, similar conflicts and displacements have had long-term socio-economic impacts, including loss of livelihoods, food insecurity displacement, and a decline in community well-being.

The ongoing cross-border tensions along the Kenya-Somalia border, particularly in Kiunga Ward, Lamu County, have so far had severe negative impacts on local lives and livelihoods. Infrastructure, particularly markets, trading networks, and essential service points, have been adversely affected, further isolating affected communities and slowing any effort of self recovery.

Livelihoods have been significantly affected, especially for local fishing community. Fishing being the main economic activity — has been disrupted due to heightened insecurity and restrictions on access to fishing ground.

The closure of the Ras Kiamboni market, compounded by the shutdown of the Hurmood network, has halted cross-border trade, affecting access to essential goods and limiting income for local businesses. These disruptions have destabilized the local economy deepening food insecurity and increasing dependence on humanitarian aid.

The health situation is also impacted due to shortages of medic supplies and non-operational dispensaries. Limited resources and disrupted community health services exacerbate the situation, leading to increased vulnerability to diseases. On 23 December dengue cases were reported with 17 cases treated by outreach services over the weekend. Skin diseases cases from the refugees raising of which

CHA and the CO were also infected after contracting with patients who have been diagnosed by skin infection.

It's reported that levels of sanitation are low. There is limited access to soap and, washing material. The community are using rainwater harvested in djabias which is not treated. Diarrhea cases have been noted due to poor hygiene conditions. Women and girls cannot afford menstrual health services.

As the situation in Jubaland is still continuing there is an expectation that the number of people crossing the border to Kiunga will continue to increase. The main issue which controls the movement of refugees and returnees into Kiunga is the limitation on capacity of the boats to transport them - at the moment there is only one boat operating. Scenario for escalation, whenever there is tension on the Somalia side the border towns of Liboi in Garissa usually receive refugees and returnee. At this time Garissa has not been directly affected as the IDPs are held on the island of Kiunga. However, tensions are high along the border towns and KRCS teams are on standby and monitoring the situation in the border towns.

There is a high degree of complexity with regards working in Kiunga which is an coastal community. Access to Kiunga by the normal road and short boat ride is restricted due security reasons. The safest access to the island is now from the nearest port of Lamu which is 105km by sea. This security risk has put a significant impact on logistics including costs and time. This same challenge add to the risk of escalation of the situation with pressure on host communities in addition to the displacement. The influx of refugees from Ras Kiamboni, coupled with the disturbances in Jubaland, has and will continue to strain local resources and heightened insecurity.

There are no other non-government agencies in Kiunga, and the Government capacity is limited to security and health interventions only. However, there are significant gaps in providing health services. There has been a direct request from MOH to support the health services.

## Source Information

Source Name	Source Link
1. Kenya Red Cross Society	<a href="https://www.redcross.or.ke/">https://www.redcross.or.ke/</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

### Lessons learned:

During the recent Baringo operation there was population movement into neighboring counties - this created an escalation with regards needs, complexity and the need for preparedness of KRCS teams. For example, there was a need to do training in surrounding counties areas that were not directly affected.

Regular integrated outreaches need to be conducted and sensitization of the community and the visitors about sanitation and hygiene should be conducted.



# Current National Society Actions

## Start date of National Society actions

01-12-2024

<b>Shelter, Housing And Settlements</b>	<p>A total of 113 families have been supported with emergency shelter kits and are hosted in different host community compounds.</p>
<b>Health</b>	<p>Kiunga hospital supported by KRCS, has been at the heart of managing the medical needs as a result of the crisis. KRCS has supported with additional medical personnel, medical supplies and 10 mattresses to support inpatient care. However, the facility remains overwhelmed, with 12 patients admitted despite having only four beds in the inpatient ward. The health needs of the local population also is being compromised as they give priority to the displaced community.</p> <p>KRCS are also supporting health outreach services and on 23 December dengue cases were reported with 17 cases treated by outreach services over the weekend or which 2 were admitted and subsequently discharged.</p>
<b>Water, Sanitation And Hygiene</b>	<p>To date, KRCS has provided WASH interventions to the host and displaced population. These efforts have included the distribution of household water treatment tablets and water storage equipment to improve access to clean and safe water. Additionally, the interventions have focused on promoting proper hygiene practices, enhancing sanitation facilities, and providing critical support to mitigate the risk of waterborne diseases.</p>
<b>Coordination</b>	<p>The Government of Kenya is chairing the Coordination Committee, with KRCS being the Co-chair. Daily meetings are being held in the morning and evening de-brief so as to have a well-coordinated response and management of the unfolding situation. This will be stepped up as other organizations start to arrive in the scene.</p>
<b>National Society Readiness</b>	<p>Kenya Red Cross Society was able to respond to the situation in under 24hours of the initial shock. The KRCS team continues to offer humanitarian services in close coordination with both the Government of Kenya, the host community and the displaced community.</p> <p>To continue being a ready to respond National Society, KRCS will train and equip its KRCS Coast region and Northeastern region team on Dissemination or the movement ideals, safe access and management of migration shocks, population movement and wilderness first aid.</p>
<b>Assessment</b>	<p>Kenya Red Cross Society, has and continues to support the Government of Kenya (GoK) in the assessment of the civilian population being received into Kenya.</p> <p>The need to have a clear definition and understanding of the population is keen and mandatory as their is a clear mix of both refugees and Kenyans returning back home due to the current tension in Somalia. The KRCS has additionally been supporting in Lamu, Kiunga to assess both the Health, WASH and continued dignified settlement of the affected population. The need to have a Restoration of Family Links (RFL) table was one of the key elements of the initial assessment and continues to facilitate families in distress as a result of separation due to the conflict at hand.</p>

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>IFRC is monitoring and supporting the planning and analysis. IFRC is supporting the cross border monitoring.</p>
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Participating National Societies	No, none at the moment.
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## ICRC Actions Related To The Current Event

ICRC are providing monitoring and technical support. ICRC are providing liaison with Somali Red Crescent and also providing monitoring from Jubaland.

## Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Government of Kenya has been at the forefront of managing the refugees and returning Kenyans. An emphasis is on clear definition of who are returning Kenyans and who are refugees. This being a cross-border operation, the security concerns and management of the refugee population is of keen interest to both the Kenyan Authorities and the national Society.</p> <p>The national government plays a critical role in managing and mitigating the impacts of the ongoing humanitarian crisis in Kiunga, Lamu County. Its responsibilities span coordination, security, protection, provision of essential services, and support for livelihoods. As the lead authority, the government, through the National Disaster Operations Center (NDOC) and the Ministry of Interior, provides leadership and coordination in emergency response efforts. This includes facilitating inter-agency collaboration with key stakeholders such as the Kenya Red Cross Society (KRCS), county government, and humanitarian actors to ensure a cohesive and timely response. The government also oversees resource mobilization, deployment of emergency personnel, and overall strategy for response and recovery.</p> <p>Security and protection are at the core of the national government's role, especially in the context of cross-border conflicts. The Kenya Defence Forces (KDF), National Police Service, and Border Patrol Units are tasked with ensuring the safety of affected communities, displaced populations, and host communities. They work to contain ongoing border tensions, minimize displacement, and protect vulnerable groups from violence and exploitation. Additionally, the national government, through the Department of Refugee Affairs, supports the registration and documentation of displaced persons and refugees. Proper records of vulnerable groups such as children, elderly persons, lactating mothers, and persons with disabilities are essential for delivering targeted humanitarian assistance and ensuring access to health, education, and social services.</p> <p>The government also plays a vital role in the provision of essential services such as food, healthcare, water, sanitation, and shelter. Through partnerships with the Kenya Red Cross and other humanitarian actors, it ensures life-saving support reaches affected populations. Medical care is prioritized for high-risk groups like pregnant women, children, and the elderly. The government also ensures access to clean water and sanitation to prevent disease outbreaks. Additionally, the government supports livelihoods and economic recovery. Recognizing that fishing is the main source of income for the Kiunga community, it facilitates alternative livelihood support, cash transfers, and social protection programs. Restoring economic activities enhances self-reliance and reduces dependency on humanitarian aid.</p> <p>Policy formulation and legal oversight are also crucial roles of the government. Through the Refugee Act and related policies, it provides a framework for protecting the rights of refugees, displaced persons, and host communities. This includes upholding the rights of vulnerable groups like women, children, and persons with disabilities, ensuring they have access to essential services. The government also prioritizes emergency</p>



preparedness and early warning systems, enabling communities and humanitarian actors to respond quickly to potential displacement and crisis. Preparedness measures, such as pre-positioning supplies and activating response teams, help mitigate the impact of future crises.

Lastly, the protection of vulnerable groups is a key priority for the government. Through the Ministry of Public Service, Gender, and Social Protection, it ensures that women, children, the elderly, and persons with disabilities are safeguarded. Child protection services, psychosocial support, and support for survivors of gender-based violence (GBV) are provided as part of the government's protection agenda. In summary, the national government plays a central role in the Kiunga crisis by offering leadership, security, essential services, and livelihood support. Its collaboration with KRCS, humanitarian agencies, and local actors ensures a comprehensive and effective response, addressing immediate needs while promoting long-term recovery and stability.

**UN or other actors**

The National Government and Kenya Defense Forces have been at the fore-front of the operation. In addition there are local actors supporting on ground. The actors include the County government of Lamu, and local community groups.

**Are there major coordination mechanism in place?**

The coordination mechanisms for humanitarian response in Kenya operate at national, county, and community levels. In the current operation the Government is leading the operation and coordination of both security and humanitarian interventions.

There has been a technical meeting with ICRC and UNHCR on the situation and coordination continue for the monitoring and information sharing.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

As of December 20, 2024, no formal refugee camps have been set up in Kiunga, but many refugees are living in overcrowded shelters lacking basic needs. The local communities, already facing resource shortages, are under additional strain due to movement restrictions.

The influx of refugees into the Kiunga community has significantly strained shelter capacity for both the host community and refugees. With incoming families being hosted within the community, the existing shelter capacity is overstretched, leaving both host families and refugees in vulnerable living conditions. There is an urgent need for support to enhance shelter capacity within the host community. This support will provide safe, dignified, and adequate living spaces for the displaced families while alleviating pressure on local households and fostering community resilience.



### Livelihoods And Basic Needs

The influx of refugees into the Kiunga community has significantly strained local resources and livelihoods which impacts on both the host community and refugees. There is a need for food assistance recommended as rice, maize flour, bean cooking oil, and other essentials. Food will adhere to Kenya's food safety guidelines and special dietary needs will be addressed for selected families.



### Health

KRCS has been actively conducting health outreaches within the community to address the growing needs resulting from the influx of population beyond Kiunga's capacity. This population surge has led to various health challenges in the host community and refugees, including an increased risk of infectious diseases, pressure on nearby healthcare facilities, mental health issues, the spread of vector-borne diseases, poor sanitation, limited access to sexual and reproductive health services, and environmental degradation, all of which require urgent attention and support. There have been reported cases of diarrhea for children, malnutrition cases and risk conditions



raised in Lamu by the Health services which can quickly escalate with the displacements.

Due to the high tension and trauma suffered there is also a need to provide the affected with mental health psychosocial activities. To ensure that referral systems are in place to provide psychosocial support to children, in collaboration with PSS specialists.

The health situation in the affected areas is dire due to shortages of vital medic supplies and non-operational dispensaries like Ishakan. Limited resources and disrupted community health services exacerbate the situation, leading to increased vulnerability to diseases such as respiratory infections, malaria, and diarrhea. Complications during childbirth are further exacerbated by the lack of trained attendants, hindering access to advanced care. The communities who have been injured are also hesitant to be referred to some of the health facilities.

The facility reports indicate a shortage of several medical items that urgently need replenishment: Gauze rolls; Sutupes Iodine (povidine); Ventoline Tuss; Amoxiline 500mg; ORS; Ventoline syrup; Piritone syrup; Amoxyl syrup; TEO; Omeprazole 20g; Tramadol injection; Diclofenac injection; Paracetamol infusion; Cetrizine syrup; Paracetamol syrup; Multivitamin syrup; Cypon syrup; Hydrocortisone cream; Alugel suspension; Canadil 500mg; Height board for nutritional outreaches; Weigh scale for children under 5yrs.

There is need to supply health facilities with medical supplies as well as with surge personnel to support with provision of medical facilitation to the affected. There is a need for continuous Integrated medical outreach services for to the displaced population including emergency drugs & nutrition commodities for use in outreaches; equipping outreach link facilities, and alternate health facilities to handle surge cases; continuous rapid assessments due to changing dynamics; standby ambulances for referrals & evacuations.



## Water, Sanitation And Hygiene

On December 19, 2024, KRCS, in collaboration with the Health and Sanitation team conducted a random Household WASH assessment of hosting families. During the visit 19 households were reached. A number of observations were noted regarding water and sanitation conditions:

- Some households maintain clean compounds, well-kept homes, and good personal hygiene.
- Clean kitchens with well-arranged and covered utensils were observed in several homes.
- A lack of adequate water storage facilities was noted, indicating the need for additional supplies.
- Some host families are living in rental houses.
- Households with hygiene and sanitation issues received health talks to improve practices.
- Several homes lacked handwashing facilities and soap, highlighting the need for these essential items.
- The water sources are under strain given the new population influx and waiting times at the water source have increase

There is a need to scale up the distribution of household water treatment tablets and water storage equipment to improve access to clean and safe water. Additionally, scale up interventions focused on promoting proper hygiene practices, enhancing sanitation facilities, and providing critical support to mitigate the risk of waterborne diseases.



## Protection, Gender And Inclusion

The fleeing community could not salvage much of their personal items and are arriving with no household goods and even change clothes. With a majority of the population being women and children KRCS will be distributing dignity kits to the entire population of refugees.

## Any identified gaps/limitations in the assessment

There were challenges related to movement within the areas, primarily due to political interference and some security concerns. However, these issues were not considered to be long-term obstacles, as KRCS benefits from strong access and goodwill within the community.

Access to Lamu Kiunga is by Boat, the long distance (105 KMs See Lamu Kiunga Map) is a logistical consideration of interest. Both for personnel movement and commodities.

# Operational Strategy

## Overall objective of the operation

To support humanitarian needs of 170 displaced family units arrived in Kenya and the 150 households now hosting the displaced families for nearly two weeks and are now also in need.

## Operation strategy rationale

The overall sectoral response is based on initial assessment of the NS and the approach is an integrated plan to address the humanitarian needs for relief support and protection. It considered the impact to displaced families with multisectoral needs due to their conditions and the impact to the host communities as part of the overall approach to WASH, protection and risk communication. The migration and displacement consideration remain at the center of the approach. Below is the summary of the KRCS assistance:

### - Basic needs:

Provide food assistance to 170 displaced and 150 host families for two months (combined 320 families). Rations will include rice, maize flour, beans, cooking oil, and other essential Food will adhere to Kenya's food safety guidelines, and special dietary needs will be addressed for selected families.

### - Emergency shelter and essential household items:

Provide an integrated package of emergency shelter and essential household items to 170 displaced families, such as tarpaulins, sleeping mats, blankets, kitchen sets, mosquito nets, soaps, collapsible jerricans.

### - Emergency health:

The health situation in the affected areas is dire for those displaced to Kiunga Ward and the host community of Kiunga Ward due to shortages of essential medical supplies, non-operational dispensaries, and limited resources, leading to increased vulnerability to diseases such as respiratory infections, malaria, and diarrhea. There is a need to supply health facilities with medical supplies, deploy additional personnel, and conduct continuous integrated medical outreach in displacement camps. KRCS will also focus on providing medical supplies, nutrition commodities, and equipping outreach facilities to handle surge cases. Monitoring will be conducted using tracking tools, community reviews, and post-distribution monitoring to ensure active community engagement and feedback. KRCS will also provide mental health support through psychological first aid and coping mechanisms for trauma and stress.

### - Water, sanitation and Hygiene:

Household water treatment chemicals will be distributed, and water quality will be monitored. The program will target 320 displaced and host families and based on need the host community based with hygiene and sanitation interventions. Additionally, dignity kits will be provided to vulnerable groups, including pregnant women, girls, and men, to prevent sexual exploitation.

### - PGI and CEA:

KRCS will mainstream Protection Gender and Inclusion (PGI) by providing dignity kits for pregnant and lactating women, girls and men to address increase in negative coping mechanisms such as sexual exploitation instances. All interventions will be implemented in coordination and collaboration with the Ministry of Health and local committees put in place. The humanitarian services prioritized include the set-up of referrals system adapted to the context. Include specialized referrals for mental health, child protection, prevention of sexual and gender-based violence as first priorities and restoring family links (RFL) needs. To address the needs of community members, the DREF will enable KRCS to conduct Community Engagement & Accountability activities in the affected areas.

### - Coordination:

KRCS plans to continue leading in the coordination of Humanitarian interventions in Lamu Kiunga. All interventions will be coordinated with the GoK and local stakeholders to ensure an inclusive and comprehensive approach to addressing the needs of the affected populations.

### - Security and logistics:

There is a high degree of complexity with regards working in Kiunga which is an island community. Access to Kiunga by the normal road and short boat ride is restricted due security reasons. Access is being made by the safest access to the island which is now from the nearest port of Lamu which is 105km by sea. There is no KRCS office in Kiunga. All personnel in the mission have had to be transported by boat from Lamu and are now staying and operating full time in Kiunga. The fact that the operational area is an Island, and the high security risk has put a significant impact on logistics including costs and time.

# Targeting Strategy

## Who will be targeted through this operation?

The operation will target the 170 displaced family units. The operation will also support 150 households who are hosting the refugees, and are negatively impacted by the displacement.

Displaced populations are at a higher risk due to overcrowded conditions in settling, with limited access to healthcare, clean water, sanitation, and food. Pregnant and lactating women require special attention due to health risks such as complications during childbirth and malnutrition. Children and the elderly are particularly vulnerable to disease outbreaks, malnutrition, and trauma, while migrants and refugees face challenges such as lack of legal protections and limited access to basic services.

Vulnerable groups will be identified and reached through community engagement, vulnerability assessments, and coordination with local authorities and humanitarian partners. Special attention will be given to pregnant women, children, the elderly, and refugees, ensuring that they receive targeted support. The registration process will prioritize those most in need, and mobile outreach teams will be deployed to areas that are difficult to access. Protection measures, including dignity kits and addressing risks of sexual exploitation, will be implemented to ensure safety, especially for women and girls. This approach ensures that life-saving support reaches those most at risk, addressing both immediate needs and long-term resilience.

## Explain the selection criteria for the targeted population

The selection criteria for the targeted population were based on vulnerability and urgent need. Displaced populations were prioritized due to overcrowded conditions, limited access to healthcare, and the heightened risk of disease outbreaks and malnutrition cases observed. Pregnant and lactating women, children, and the elderly were selected due to their increased vulnerability to health complications, such as malnutrition and disease, as well as the lack of specialized care. Migrants and refugees were targeted for support due to their uncertain legal status and limited access to essential services.

The rationale behind selecting these groups stemmed from their heightened exposure to emergency-related risks and the potential for significant impact from the intervention. The focus was on those most at risk of illness, displacement trauma, and inadequate access to basic services. Vulnerable groups were reached through targeted support, such as the provision of safe water, sanitation, dignity kits, and psychosocial support for migrants and refugees. This approach ensured that the most critical needs were met, reducing health threats and fostering community recovery.

## Total Targeted Population

Women	289	Rural	0%
Girls (under 18)	640	Urban	0%
Men	211	People with disabilities (estimated)	5%
Boys (under 18)	464		
Total targeted population	1,600		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
3. Health and Safety of Personnel: The health risks to staff and volunteers due to exposure to diseases or difficult working conditions could pose a challenge. Weather patterns are also shifty	Provision of personal protective equipment (PPE), regular health checks, and daily briefings on health and safety protocols will be ensured. Emergency evacuation plans for medical support will be in place.



<p>4. Inadequate Community Engagement: Lack of proper community engagement and coordination could lead to mistrust or ineffective targeting of aid. Being a festive season, this can also come into play as many may have different engagements.</p>	<p>Continuous community engagement through meetings, feedback mechanisms, and active participation of local leaders and volunteers will be ensured to enhance transparency and ownership of the operation.</p>
<p>5. Funding Shortfalls: Insufficient funding could limit the scale and scope of the intervention, especially for large-scale distributions and long-term recovery efforts.</p>	<p>Fast tracking funding allocations, engaging donors early, and closely monitoring budget allocations will be prioritized to ensure financial sustainability.</p>
<p>6. Environmental Hazards: Ongoing floods or extreme weather conditions could complicate response efforts and increase risks to both the population and responders.</p>	<p>Adapting the operational plan to anticipate and address potential weather-related delays, with contingency plans in place for continuous support, will be a priority.</p>
<p>1. Access and Security Issues: The security situation in Kiunga could hinder the movement of staff, volunteers, and resources, especially due to the proximity to the Somali border. There is a high degree of complexity with regards working in Kiunga which is an island community. Access to the island by the normal road and short boat ride is restricted due security reasons.</p>	<p>Coordination with local authorities and security forces, regular security assessments, and the use of secure transport routes will be implemented. KRCS Staff &amp; Volunteers will work with community leaders to ensure safe access.</p>
<p>2. Logistical Challenges: Delays in the procurement and distribution of supplies, particularly food, medical equipment, and non-food items, may occur due to festive season, infrastructure damage or limited road access.</p>	<p>Prepositioning of key supplies in accessible areas, use of local suppliers, and collaboration with partners for efficient logistics management will help minimize delays. Emergency procurement procedures will also be triggered.</p>
<p>Logistic challenges link to security risk management. There is no KRCS office in Kiunga. All personnel in the mission have had to be transported by boat from Lamu and are now staying and operating full time in Kiunga - again this has a significant impact on logistics including costs and time. There is also a limitation on the number of boats. Currently one is operating.</p>	<p>The safest access to the island is now from the nearest port of Lamu which is 105km by sea. This security risk has put a significant impact on logistics including costs and time that have been accounted for in the planning.</p> <p>KRCS has advocated for the priority access and will continue to coordinate with local authorities and stakeholders to ensure transport challenges are mitigated or anticipated.</p>

**Please indicate any security and safety concerns for this operation**

The operation in Kiunga faces significant security challenges primarily due to its location along the Kenya-Somalia border, an Afla Sierra known territory. There is potential for military escalation which will create substantial risks for humanitarian operations. These security concerns directly impact personnel safety during aid distribution, beneficiary registration, monitoring activities, and medical outreach programs. The situation is further complicated by limited access to certain areas, risks during food and NFI transportation at sea, and challenges in conducting water quality testing and community engagement activities

The operational environment is further challenged by continuous refugee influx, which may trigger resource-based conflicts between host and refugee communities. Health and environmental safety concerns are evident through contaminated water sources, poor sanitation infrastructure, and the risk of disease outbreaks. Access constraints have severely impacted movement, particularly affecting fishing areas, market access, and healthcare facility reach. To mitigate these risks, the operation requires regular security assessments, strong coordination with local security agencies, clear evacuation protocols, community acceptance building, comprehensive risk monitoring and reporting systems, careful identification of safe distribution points, and robust emergency communication protocols.

Due to the high level of security risk all the KRCS staff and volunteers selected for this mission are considered highly experienced and trained. Also due to the high level of security risk KRCS are closely coordinating with Kenya Defense Forces and the National Police Service.

**Has the child safeguarding risk analysis assessment been completed?**

No



# Planned Intervention



## Shelter Housing And Settlements

**Budget:** CHF 39,361

**Targeted Persons:** 1,600

### Indicators

Title	Target
# of people reached with shelter support.	1,500
# of trips done via boats to deliver shelter NFIs	20
Post Distribution Monitoring conducted effectively	1

### Priority Actions

- Assessment and coordination of displaced and hosting population
- Procurement of Emergency Shelter and essential household items
- Shipping of NFIs by Boats Lamu to Kiunga
- Secondary Distributions of NFIs
- Beneficiaries Targeting, Registration and Distribution
- Post Distribution Monitoring



## Livelihoods And Basic Needs

**Budget:** CHF 19,999

**Targeted Persons:** 1,600

### Indicators

Title	Target
# of people who receive food items	1,500

### Priority Actions

- Targeting and registration of directly affected families.
- Food distribution to displaced households and hosting households.
- Restoration of Family links for missing persons.



## Health

**Budget:** CHF 29,062

**Targeted Persons:** 1,600

## Indicators

Title	Target
# of FA Kits replenished	20
# of medical outreaches conducted	20

## Priority Actions

- Health assessment of the hosting community
- Health pharmaceuticals and non-pharmaceuticals procured
- Replenishments of FA Kits
- Medical outreaches
- Support of disease surveillance teams



## Water, Sanitation And Hygiene

**Budget:** CHF 18,720

**Targeted Persons:** 1,600

## Indicators

Title	Target
# of people reached with water, sanitation and hygiene	1,500
# of hygiene activities undertaken	20
# of water and sanitation facilities set up	20

## Priority Actions

- Assessment of water points
- Hygiene promotion among host and displaced communities
- Distribution of water treatment chemicals and water quality monitoring
- Distribution of WASH NFIs



## Protection, Gender And Inclusion

**Budget:** CHF 4,780

**Targeted Persons:** 1,600

## Indicators

Title	Target
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## Priority Actions

- Mobilize trained KRCS staff and volunteers.
- Conduct sensitization on SGBV.
- Conduct debriefing sessions for the response team.
- Mapping, establishing, and supporting of GBV referral pathway.

- Basic training of staff and Volunteers on Protection principles, Child Protection (CP), Sexual and Gender-Based Violence (SGBV) including PSEA and Safe Identification and referrals.
- Distribute dignity kits.



## Migration And Displacement

**Budget:** CHF 15,775

**Targeted Persons:** 1,600

### Indicators

Title	Target
# of volunteers trained in safer access	20

### Priority Actions

- E.O.C. Support Volunteers
- Support supervision for response teams
- Public Relations- Communications and Documentation
- Detailed assessment in affected area
- Identification, registration and distribution
- Training on Safer access
- Restoring family links (RFL)



## Community Engagement And Accountability

**Budget:** CHF 2,692

**Targeted Persons:** 1,570

### Indicators

Title	Target
% of people who feel the operation has communicated well about plans and activities	100

### Priority Actions

- CEA refresher training for volunteers
- Conduct community review meetings
- Strengthen feedback mechanism - ensure migrant and host community feedback is adequately set-up) to inform and adjust assistance and protection services based on changing dynamics and local priorities.
- The humanitarian services prioritized include the set-up of referrals system adapted to the context including specialized referrals for mental health, child protection, prevention of sexual and gender-based violence as first priorities.



## Secretariat Services

**Budget:** CHF 4,359

**Targeted Persons:** 1,600

## Indicators

Title	Target
# of monitoring visits conducted	2

## Priority Actions

- Provide remote and field monitoring.
- Support resource mobilization and exit strategy etc.
- Provide technical and coordination support through Cluster Delegation as required.
- Where relevant ensure minimum security regulations are followed.
- Provide PMER, finance and logistic services as required ensuring compliance with DREF guidelines and IFRC relevant policies.
- Provide Communications support to profile the work of the IFRC and NS.



**Budget:** CHF 41,421

**Targeted Persons:** 1,600

## Indicators

Title	Target
# of Meetings conducted during the operations	40
# of EOC personnel supported during the operation	120
# of trainings done during the mission	10

## Priority Actions

- Support Of Supply Chain Mechanisms
- Support Admin Coordination Functions
- Support of EOC and Nat EOC functions
- Training of Staff and Volunteers in Shelter and Safe access practices
- Communication and Humanitarian diplomacy

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

Based on the operational needs and scope of the intervention in Kiunga, here's a proposed breakdown of staff and volunteers:  
Operational Staff (13):

- 1 Operations Manager: Overall coordination and management.
- 1 Project Officer: Day-to-day implementation supervision.
- 2 Field Officers (County Coordinator & Project officer): Ground coordination and community engagement.
- 1 Health Officer: Medical outreach coordination.
- 1 WASH Officer: Water and sanitation activities oversight.
- 1 Logistics Officer: Supply chain and distribution management.
- 1 M&E Officer: Monitoring and reporting.
- 2 Drivers: Transportation support.
- 2 Security Officers: Staff and operation safety.
- 1 Psychosocial Support Officer: Provide psychological first aid and emotional support to affected individuals, especially those dealing



with trauma and stress.

Volunteers (33):

- 8 Relief Distribution Volunteers: Food and NFI distribution support.
- 4 Protection Volunteers: PGI activities and vulnerability screening.
- 10 Community Health Volunteers: Health education and outreach.
- 5 WASH Volunteers: Hygiene promotion and water quality monitoring.
- 3 Community Engagement Volunteers: Feedback collection and community sensitization.
- 3 Psychosocial support Volunteers: Provide psychological first aid and emotional support to affected individuals, especially those dealing with trauma and stress.

Total Personnel: 46 (13 Staff and 33 Volunteers).

Additional Support:

- KRCS Regional Office technical support.
- Headquarters support teams for procurement and logistics.
- Surge capacity available if needed from neighboring region and the HQs.

## **If there is procurement, will it be done by National Society or IFRC?**

The procurement will be done by the national society considering that emergency procurement protocols have been activated due to the festive season. This usually takes the shortest time possible.

## **How will this operation be monitored?**

The operation will be monitored through a structured approach that includes tracking specific indicators for each thematic area, such as Operations coordination, health, WASH, and food distribution. Post-distribution monitoring (PDM) will be conducted to assess beneficiary satisfaction, the effectiveness of the distribution process, and identify any issues that need addressing. Regular rapid assessments will ensure the response adapts to changing needs, while community feedback mechanisms, such as surveys and suggestion boxes, will engage beneficiaries and promote project ownership. Mobile technology and digital tools will be used for real-time data collection and reporting.

Regular internal reports will be submitted by field staff to the coordination team, providing updates on progress, challenges, and necessary adjustments. The operation will also involve collaboration with local partners and authorities to align monitoring efforts and ensure a comprehensive overview. Finally, a final evaluation will be conducted at the end of the operation to assess the overall impact and gather lessons learned for future interventions. This approach ensures continuous improvement and accountability throughout the operation.

## **Please briefly explain the National Societies communication strategy for this operation**

The National Society's communication strategy for this operation will focus on providing accurate, timely, and consistent information to all stakeholders, through the EOC, social media platforms and direct beneficiary engagements.

Key messages will focus on the operational goals, updates on progress, health and safety advice, and information on how to access services within Kiunga as a whole as well as any set up camps. Community-based communication tools, such as mobile platforms and local meetings, will also be used to ensure that information reaches the most vulnerable groups, fostering transparency and accountability.

The IFRC will support the communication efforts by providing technical assistance, guidance on messaging, and leveraging global networks for wider visibility and advocacy. Moving forward, the lessons learned, and the support needed will be effectively communicated to stakeholders for long-term recovery and resilience-building efforts.



# Budget Overview



## DREF OPERATION

### MDRKXXX - Kenya Red Cross Lamu, Kiunga Population Movement

#### Operating Budget

<b>Planned Operations</b>	<b>130,387</b>
Shelter and Basic Household Items	39,361
Livelihoods	19,999
Multi-purpose Cash	0
Health	29,062
Water, Sanitation & Hygiene	18,720
Protection, Gender and Inclusion	4,780
Education	0
Migration	15,775
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	2,692
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>45,780</b>
Coordination and Partnerships	0
Secretariat Services	4,359
National Society Strengthening	41,421
<b>TOTAL BUDGET</b>	<b>176,167</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

