

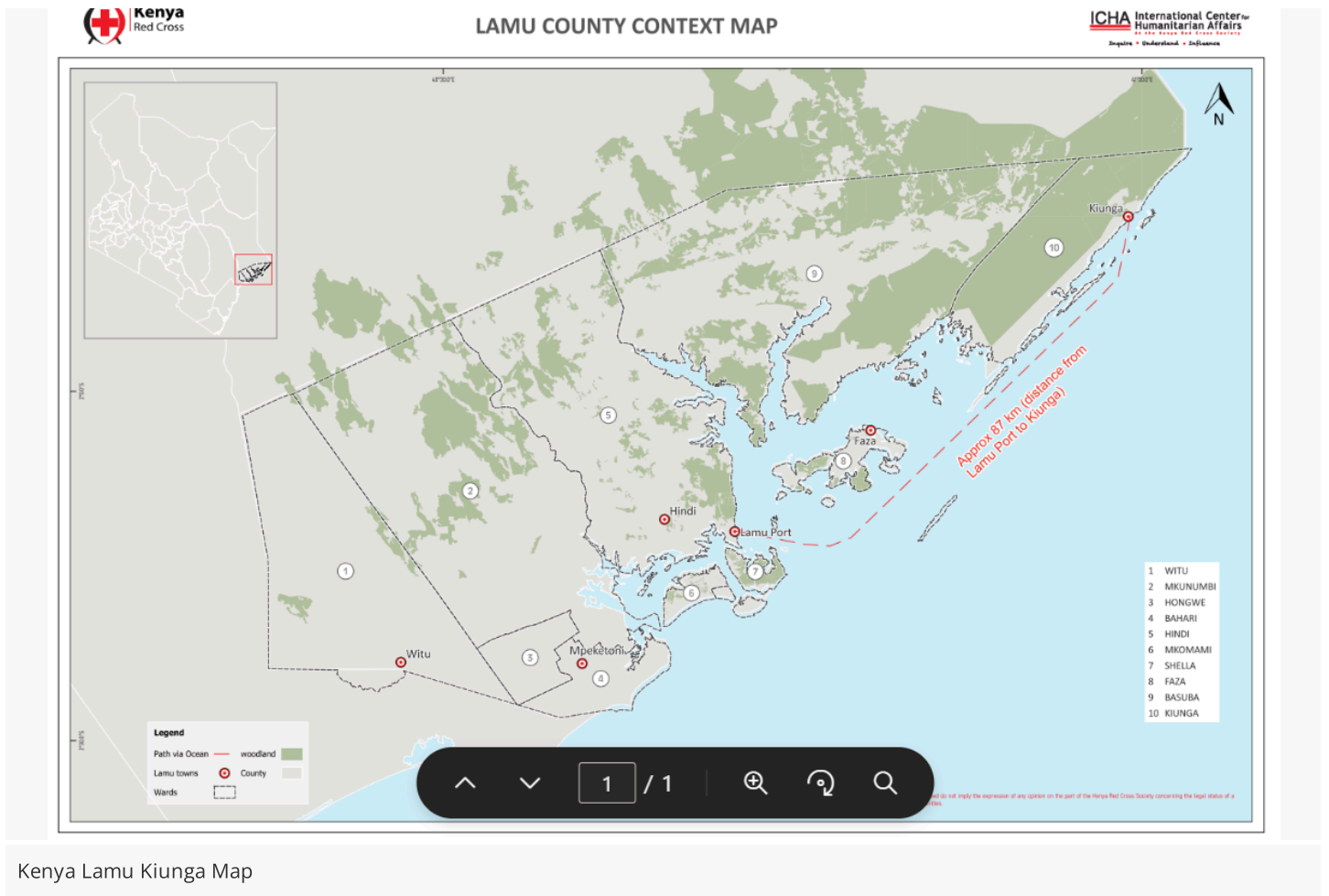


Kenya Red Cross Society staff distributing food items in Kiunga

Appeal: MDRKE064	Total DREF Allocation: CHF 176,167	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People Affected: 4,874 people	People Targeted: 1,600 people	People Assisted: 1,512 people
Event Onset: Sudden	Operation Start Date: 12-12-2024	Operational End Date: 31-03-2025	Total Operating Timeframe: 3 months
Targeted Regions: Lamu			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Kenya Lamu Kiunga Map

Date of event

12-12-2024

What happened, where and when?

Following disturbances in Jubaland, Somalia, which began on December 11, 2024, a significant number of individuals were displaced into Kenya, specifically Lamu County, and Kiunga Ward. Subsequent humanitarian actions including provision of food and emergency shelter materials were undertaken to manage the situation.

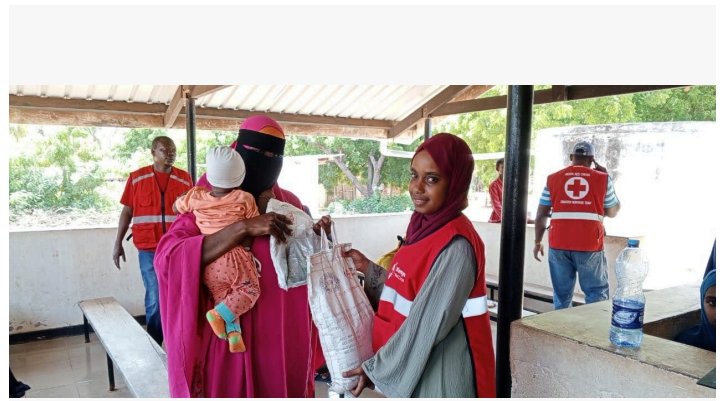
Following a request from the Ministry of Health (MoH) on December 16, 2024, the KRCS initiated assessment and response efforts focused on the displacement situation and its impact on host communities. As of December 23, 2024, 164 families had been registered. This number increased to 180 households by February 11, and further to 189 families by February 14th, 2025.

As of February 14, 2025, a total of 189 families (429 individuals), comprising refugees and Kenyan returnees, had been registered by the Kenya Red Cross Society (KRCS) as having crossed into Kenya and being hosted in Kiunga Ward. This population included 11 pregnant women, 18 lactating mothers, 19 individuals with non-communicable diseases, 12 persons with disabilities, and 258 children. Initial reports indicated heightened tension within the Kiunga community due to the influx and pre-existing unease related to disturbances in the neighboring Kiamboni region of Somalia.





KRCs staff demonstrating well chlorination methods



Food and non-food item distribution in Kiunga

Scope and Scale

Kiunga Ward, situated in Lamu County near the Kenya-Somalia border, has been home to displaced families. 720 households hosted by November 2024 and the location experienced persistent cross-border challenges. These included heightened competition for scarce resources, an influx of refugees, and cross-border clashes between the Somali National Army (SNA) and Jubaland forces.

The situation escalated on December 11, 2024, following civil unrest in Ras Kiamboni, which forced refugees to seek shelter in Kiunga. This influx strained the ward's already limited resources, intensifying competition for essentials such as water and fishing grounds. Further North, the cross-border conflict in Ras Kiamboni led to mass displacement, with 311 households seeking refuge in Garissa County (NER of Kenya) with 123 in Sinai, 106 in Hadi, and 82 in Hulugho Town. At the end of this DREF operation, the majority have since integrated with family members in Hulugho Town, easing pressure on formal humanitarian support systems.

In Lamu County, Kiunga village which hosted 189 displaced households of which, 141 were integrated within the local community. Among persons who had yet to be integrated were; 11 pregnant women, 18 lactating mothers, 19 individuals with non-communicable diseases, 12 persons with disabilities, and 258 children, highlighting the need for continued targeted assistance.

Kiunga Ward, Lamu County, Kenya (bordering Somalia). Kiunga Ward has a resident population of approximately 4,874 people. This displacement in the Ward affected the community. Economic activities in Ras Kiamboni were severely disrupted, with the local market operating intermittently owing to outages in the Hurmood network. Since the community relies exclusively on mobile money (EV Plus) for transactions, the lack of cash alternatives proved to be a trade barrier therefore making it difficult for people to purchase essential goods.

Additionally, Kwa Odo village in Kiamboni was abandoned entirely, as its residents fled to Kiunga for safety.

Restrictions on movement in Ras Kiamboni, further exacerbated the crisis. While men were prohibited from leaving the area, women required permission to travel from local authorities, if they cited medical reasons or family visitation as reasons for departure. Water scarcity further worsened conditions, forcing those unable to afford water to travel to Kiunga for access. The tension between the Somali Federal Government and Jubaland forces continued to fuel instability, making the situation even more precarious.

Health challenges escalated, with cases of dengue fever, skin infections, and diarrheal diseases being reported, increasing the risk of cholera outbreaks. Health services in both Kiunga and Ras Kiamboni remained severely limited, with some residents seeking medical care as far as Lamu 87 kilometers away. However, health facilities in Lamu faced challenges such as shortage of essential supplies and struggled to accommodate the growing population. Furthermore, Ras Kiamboni lacked maternal, newborn, and child health (MNCH) services, leaving displaced communities even more vulnerable. The Kenya Defense Forces (KDF) sheltered 950 SNA soldiers in Ishakani, including 30 who were injured. Of these, 26 were evacuated to Manda Bay military hospital, while four received treatment in Ishakani. The SNA were later returned to Somalia.

A coordinated multisectoral response was urgently put in place to address critical needs across all sectors. Security assessments were undertaken jointly by national and county government agencies, while key sectors such as health, hygiene, and relief were actively engaged to ensure a comprehensive and effective operation.

At the end of the project, there were no other non-governmental agencies present in Kiunga, and government capacity remained limited to security and health interventions only. However, significant gaps in the provision of health services persisted. The Ministry of Health (MOH) directly requested support from the KRCs Public Health in Emergencies team to strengthen health service delivery. Kenya Red Cross was the only Humanitarian actor in the operation.

As at the end of the operation, the security situation remained tense in Lamu County. In late May 2025, five Kenyan police officers were

killed in an ambush along Boni Forest, signalling persistent militant infiltration and cross-border threats. While no new mass displacement figures have been reported since March, these security incidents maintain a high risk of localised evacuations or population movement, especially in remote forest-adjacent communities.

Source Information

Source Name	Source Link
1. Kenya Red Cross Society	https://www.redcross.or.ke/
2. The Eastleigh Voice	https://eastleighvoice.co.ke/headlines/111141/482-somali-refugees-stranded-in-kiunga-as-lamu-calls-for-urgent-support

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>Shelter, Housing and Settlements:</p> <p>A total of 141 emergency shelter kits were distributed to the displaced families. All the displaced were hosted by the community and no formal camp was set up.</p> <p>Although no formal refugee camps were established in Kiunga, many refugees are living in overcrowded shelters with limited access to basic necessities. The situation is further compounded by resource shortages and movement restrictions, placing additional strain on local communities.</p> <p>The increasing number of refugees severely stretched the available shelter capacity, leaving both host families and displaced individuals in precarious conditions.</p> <p>Health:</p> <p>Kiunga Hospital, supported by KRCS, was central to addressing the medical needs arising from the displacements. To enhance capacity, KRCS provided additional medical personnel, medical supplies, and 10 mattresses for inpatient care. The increased demand for healthcare also impacted services for the local population, as priority was given to the displaced population.</p> <p>KRCS continued to support health outreach services, with integrated outreach programs successfully delivering critical care to both refugees and the host community in Kiunga Village. On 23 December, 17 dengue cases were treated through outreach efforts, with two patients requiring admission before being discharged. Additionally, a potential TB case was identified, underscoring the need for sustained TB screening and follow-ups.</p> <p>The prevalence of diarrhea and upper respiratory infections highlighted the urgent need for improved hygiene, sanitation, and disease prevention measures. Other health challenges affecting both refugees and the host community included the increased risk of infectious diseases, strain on healthcare facilities, mental health concerns, vector-borne diseases, poor sanitation, and limited access to sexual and reproductive health services. The Lamu Health Services also raised concerns about malnutrition and rising cases of diarrhoea among children.</p> <p>Water, Sanitation and Hygiene</p> <p>KRCS implemented WASH interventions to support both the host and displaced populations, focusing on improving access to clean water, sanitation, and hygiene. These efforts included the distribution of household water treatment tablets and storage equipment, as well as hygiene promotion and sanitation facility enhancements to reduce the risk of waterborne diseases.</p>



In Ishakani, severe water scarcity resulted in deteriorating living conditions, forcing communities to adopt poor hygiene practices. The lack of proper waste disposal further exacerbates health risks, making Ishakani one of the most vulnerable areas in Kiunga Ward. Urgent interventions were put in place to address these challenges and prevent the spread of diseases.

Coordination:

As a result of the influx in Kiunga, Kenya Red Cross Society (KRCS) activated a multisectoral response to support the immediate needs of the displaced population through the provision of essential services including first aid, emergency shelter support, WASH, food distribution and establishing Restoration of Family Links (RFL) desk at Kiunga. KRCS is collaborating with the Government Administration in Kiunga and Lamu County Headquarters coordinated humanitarian service provision. A multi-agency approach was coordinated through local government administration

National Society Readiness:

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.

To continue being a ready-to-respond the National Society, conducted refresher trainings equipping its KRCS Coast region team on PGI, Safer access, Shelter in emergencies, Assessments, RCAT guidelines, Vector control and First Aid.

Assessment:

The Kenya Red Cross Society supported the Government of Kenya (GoK) in conducting an assessment of the civilian population being received into Kenya.

The need to have a clear definition and understanding of the population was imperative and mandatory as there was a clear mix of both refugees and Kenyans returning back home due to the current tension in Somalia. The KRCS supported the conduct of assessments around Health and WASH in Lamu, Kiunga and continued dignified settlement of the affected population.

The need for a Restoration of Family Links (RFL) table was one of the key elements of the initial assessment and continued to facilitate families in distress resulting from the conflict at hand.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC supported in monitoring, planning and analysis. IFRC supported the Lamu DREF
Participating National Societies	None

ICRC Actions Related To The Current Event

ICRC provided monitoring and technical support. ICRC supported with liaison with Somali Red Crescent and also provided monitoring support from Jubaland.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
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<p>National authorities</p>	<p>The Government of Kenya was 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 was of keen interest to both the Kenyan Authorities and the national Society.</p> <p>The national government played a critical role in managing and mitigating the impacts of the ongoing humanitarian crisis in Kiunga, Lamu County. Its responsibilities span from 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, provided leadership and coordination of the emergency response efforts. This included 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.</p>
<p>UN or other actors</p>	<p>The National Government and Kenya Defense Forces were at the forefront of the operation. In addition, local actors supported efforts on the ground. These actors included the County Government of Lamu and local community groups.</p>
<p>Are there major coordination mechanism in place?</p> <p>The coordination mechanisms for humanitarian response in Kenya operated at national, county, and community levels. The Government led the operation and coordinated both security and humanitarian interventions.</p> <p>A technical meeting was held between KRCS, ICRC, and UNHCR on the situation and coordination continue for the monitoring and information sharing.</p>	

Needs (Gaps) Identified



Shelter Housing And Settlements

As of 31st March, 2024, no formal refugee camps had been set up in Kiunga, Families integrated with local communities.



Livelihoods And Basic Needs

The influx of refugees into the Kiunga community significantly strained local resources and livelihoods, impacting both the host community and the refugees. Gaps existed around livelihoods and the gainful engagement of community members. The displaced populations—primarily women and children—arrived with minimal belongings, often lacking basic necessities such as household items or even a change of clothes.



Health

Due to the high levels of tension and trauma experienced, there was a need to provide mental health and psychosocial support activities for the affected population. Efforts were made to ensure referral systems were in place to support children, in collaboration with psychosocial support (PSS) specialists.

The health situation in the affected areas was dire, driven by shortages of vital medical supplies and the non-operational status of dispensaries such as Ishakani. Limited resources and disrupted community health services further exacerbated the situation, leading to increased vulnerability to diseases such as respiratory infections, malaria, and diarrhea. Complications during childbirth were worsened by the lack of trained attendants, hindering access to advanced care. Injured community members were also hesitant to seek referrals to certain health facilities.

Facility reports indicated acute shortages of essential medical supplies that required urgent replenishment, including: gauze rolls; Sutupes iodine (povidone); Ventoline Tuss; Amoxicillin 500mg; ORS; Ventoline syrup; Piriton syrup; Amoxyl syrup; TEO; Omeprazole 20g; Tramadol injection; Diclofenac injection; Paracetamol infusion; Cetirizine syrup; Paracetamol syrup; multivitamin syrup; Cypon syrup;



hydrocortisone cream; Alugel suspension; Canadil 500mg; height boards for nutritional outreaches; and weigh scales for children under five.

There was an urgent need to supply health facilities with both medical commodities and surge personnel to support the delivery of essential healthcare services. Additionally, there was a need for continuous integrated medical outreach services targeting the displaced population. This included emergency drugs and nutrition commodities for use in the outreaches, equipping outreach-linked and alternate health facilities to handle increased caseloads, conducting rapid assessments due to evolving dynamics, and ensuring standby ambulances were available for referrals and emergency evacuations.

From the onset, KRCS actively conducted health outreaches within the community to respond to the escalating needs resulting from the population influx, which exceeded Kiunga's capacity. This surge in population led to numerous health challenges for both the host community and refugees. These included increased risks of infectious diseases, mental health issues, pressure on health facilities, the spread of vector-borne illnesses, poor sanitation, limited access to sexual and reproductive health services, and environmental degradation—each requiring urgent intervention. Reported health concerns included cases of diarrhea in children, malnutrition, and other high-risk conditions flagged by health services in Lamu, with the potential for rapid escalation if left unaddressed.



Water, Sanitation And Hygiene

On December 19, 2024, the Kenya Red Cross Society (KRCS), in collaboration with the Ministry of Health and Sanitation team, conducted a random household WASH assessment of the host community. During the visit, 165 households were reached. Several observations were made regarding water and sanitation conditions:

- (i) Some households maintained clean compounds, well-kept homes, and good personal hygiene.
- (ii) Clean kitchens with well-arranged and covered utensils were observed in several homes.
- (iii) A lack of adequate water storage facilities was noted, indicating the need for additional supplies.
- (iv) Some host families were living in rental houses.
- (v) Households with hygiene and sanitation issues received health talks to improve practices. A total of 3,300 water treatment chemicals were distributed as a result.
- (vi) Several homes lacked handwashing facilities and soap, highlighting the need for these essential items.
- (vii) Water sources were under strain due to the new population influx, and waiting times at the water points had increased.

There remained 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, it was necessary to enhance interventions focused on promoting proper hygiene practices, improving sanitation facilities, and providing critical support to mitigate the risk of waterborne diseases.



Protection, Gender And Inclusion

A majority of the population influx, mainly women and children, were unable to salvage much of their belongings and arrived without household goods or even a change of clothes. KRCS distributed dignity kits to the entire refugee population.

On the protection of vulnerable groups, KRCS worked with the Ministry of Public Service, Gender, and Social Protection to ensure that women, children, the elderly, and persons with disabilities were safeguarded. Child protection services, psychosocial support, and assistance for survivors of gender-based violence (GBV) were provided as part of inclusive response efforts.



Community Engagement And Accountability

This situation underscored a critical need for effective community engagement to ensure that the voices and specific needs of the affected groups were heard, understood, and responded to in a timely and respectful manner.

The vulnerability of the groups received highlighted the importance of inclusive community-driven, participatory approach that guarantees protection measures are both culturally appropriate and responsive to evolving community priorities. Especially to ensure the safety and dignity of women, children, the elderly, and persons with disabilities. Strengthening community accountability structures was essential to inform people about available services—such as dignity kit distributions, child protection support, psychosocial services, and GBV assistance—and to enable affected individuals to safely report protection concerns or unmet needs.

Engaging with authorities was also essential for the safety of the response team and to guarantee the access.



Operational Strategy

Overall objective of the operation

To address the humanitarian needs of approximately 189 displaced family units who had arrived in Kenya between 11th December 2024 and 31st March 2025, along with the 150 host households that had been supporting them, the situation required urgent and sustained assistance. Both the displaced families and their host community became increasingly vulnerable, as critical needs mounted due to the prolonged strain on already limited resources.

Operation strategy rationale

The overall sectoral response was based on the initial assessment conducted by the National Society (NS), and the approach followed an integrated plan to address the humanitarian needs for relief support and protection. It took into account the multisectoral needs of displaced families due to their conditions, as well as the impact on host communities. This comprehensive approach guided interventions across WASH, protection, and risk communication sectors. Migration and displacement considerations remained at the center of the response strategy. Below is a summary of the assistance provided by KRCS:

Basic Needs:

KRCS provided food assistance to 170 displaced families and 150 host families (a total of 320 families) for a duration of two months. Food rations included rice, maize flour, beans, cooking oil, and other essentials. All food distributions adhered to Kenya's food safety guidelines, and special dietary needs were considered for specific households.

Emergency Shelter and Essential Household Items:

An integrated package of emergency shelter and essential household items was distributed to 170 displaced families. The package included tarpaulins, sleeping mats, blankets, kitchen sets, mosquito nets, soaps, and collapsible jerricans.

Emergency Health:

The health situation in Kiunga Ward and its host community was dire due to shortages of essential medical supplies, non-operational dispensaries, and limited healthcare resources. This led to increased vulnerability to diseases such as respiratory infections, malaria, and diarrhea.

KRCS responded by supplying health facilities with medical supplies, deploying surge personnel, and conducting continuous integrated medical outreach activities in displacement sites. Medical supplies and nutrition commodities were provided, and outreach facilities were equipped to handle increased caseloads. Monitoring was conducted through tracking tools, community reviews, and post-distribution monitoring to ensure continuous community feedback and engagement.

KRCS also provided mental health support, including psychological first aid and coping strategies for trauma and stress.

Water, Sanitation, and Hygiene (WASH):

KRCS distributed household water treatment chemicals and monitored water quality accordingly. The WASH intervention targeted 320 displaced and host families, with hygiene and sanitation activities based on identified needs. Dignity kits were provided to vulnerable groups—including pregnant women, girls, and men—to help prevent instances of sexual exploitation.

Protection, Gender, and Inclusion (PGI) & Community Engagement and Accountability (CEA):

KRCS mainstreamed Protection, Gender, and Inclusion by distributing dignity kits to pregnant and lactating women, girls, and men to mitigate increased risks of negative coping mechanisms, such as sexual exploitation.

All interventions were implemented in coordination with the Ministry of Health and local community committees. The humanitarian response prioritized the setup of referral systems tailored to the local context, including specialized referrals for mental health, child protection, and the prevention of sexual and gender-based violence (SGBV), along with restoring family links (RFL).

Through DREF support, KRCS conducted Community Engagement and Accountability (CEA) activities to ensure affected populations were informed and involved in the response.

Coordination:

KRCS continued to lead the coordination of humanitarian interventions in Kiunga, Lamu. All efforts were aligned with the Government of Kenya and local stakeholders to ensure an inclusive and comprehensive response to the needs of affected populations.

Security and Logistics:

Operating in Kiunga—an island community—presented significant logistical and security challenges. Road access followed by a short boat ride was restricted due to security concerns. As a result, personnel and supplies were transported via the safest available route: a 105 km sea journey from the port of Lamu.

With no KRCS office in Kiunga, all deployed personnel were stationed full-time on the island. The geographic isolation of the operational area, coupled with high security risks, significantly impacted logistics in terms of cost, access, and time required to implement the operation.



Targeting Strategy

Who was targeted by this operation?

The operation targeted 170 displaced family units. It also supported 150 households who had been hosting the refugees and were 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 faced challenges such as a lack of legal protections and limited access to basic services.

Vulnerable groups were identified and reached through community engagement, vulnerability assessments, and coordination with local authorities and humanitarian partners. Special attention was given to pregnant women, children, the elderly, and refugees, ensuring that they received targeted support. The registration process prioritized those most in need, and mobile outreach teams were deployed to areas that were difficult to access. Protection measures, including the distribution of dignity kits and addressing risks of sexual exploitation, were implemented to ensure safety, especially for women and girls. This approach ensured that life-saving support reached those most at risk, addressing both immediate needs and building 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 Assisted Population

Assisted Women	-	Rural	0%
Assisted Girls (under 18)	-	Urban	0%
Assisted Men	-	People with disabilities (estimated)	5%
Assisted Boys (under 18)	-		
Total Assisted Population	1,512		
Total Targeted Population	1,600		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual	Yes



exploitation and abuse policy?	
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
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.	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. 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.
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.
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.	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.
5. Funding Shortfalls: Insufficient funding could limit the scale and scope of the intervention, especially for large-scale distributions and long-term recovery efforts.	Fast tracking funding allocations, engaging donors early, and closely monitoring budget allocations will be prioritized to ensure financial sustainability.
6. Environmental Hazards: Ongoing floods or extreme weather conditions could complicate response efforts and increase risks to both the population and responders.	Adapting the operational plan to anticipate and address potential weather-related delays, with contingency plans in place for continuous support, will be a priority.
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 to security reasons.	Coordination with local authorities and security forces, regular security assessments, and the use of secure transport routes will be implemented. KRCS Staff & Volunteers will work with community leaders to ensure safe access.
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.	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.

Please indicate any security and safety concerns for this operation:

The operation in Kiunga faced significant security challenges primarily due to its location along the Kenya-Somalia border, a known Al Shabaab territory. There was potential for military escalation, which created substantial risks for humanitarian operations. These security concerns directly impacted personnel safety during aid distribution, beneficiary registration, monitoring activities, and medical outreach programs. The situation was 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 was further challenged by the continuous refugee influx, which triggered resource-based conflicts



between host and refugee communities. Health and environmental safety concerns were evident through contaminated water sources, poor sanitation infrastructure, and the risk of disease outbreaks. Access constraints severely impacted movement, particularly affecting fishing areas, market access, and healthcare facility reach. To mitigate these risks, the operation required 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 were considered highly experienced and trained. Also, due to the high level of security risk, KRCS had closely coordinated with the Kenya Defense Forces and the National Police Service.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Shelter Housing And Settlements

Budget: CHF 39,361

Targeted Persons: 1,600

Assisted Persons: 840

Targeted Male: 411

Targeted Female: 429

Indicators

Title	Target	Actual
# of people reached with shelter support.	1,500	840
# of trips done via boats to deliver shelter NFIs	20	21
Post Distribution Monitoring conducted effectively	1	0

Narrative description of achievements

Efforts to support displaced and host populations included comprehensive assessments and coordinated response interventions. Emergency shelter materials and essential household items were procured and distributed to 840 out of the 1,500 targeted persons. Non-food items (NFIs) were transported through 21 boat trips from Lamu to Kiunga, enabling timely secondary distributions. Beneficiary targeting, registration, and distribution were conducted to ensure equitable assistance. Post-distribution monitoring was planned to assess the impact and effectiveness of the response. The planned post-distribution monitoring was not conducted.

- The shortfall against the target was because some of the family members crossing over to Kenya were blocked from crossing to Kiunga by Jubaland forces.
- A post distribution monitoring was not conducted as it was not budget for under this DREF.

Lessons Learnt

Shelter support provided safe, dignified, and adequate living spaces for the displaced families. This support significantly alleviated pressure on local households and fostered community resilience.

Challenges

- No challenges





Livelihoods And Basic Needs

Budget: CHF 19,999

Targeted Persons: 1,600

Assisted Persons: 2,020

Targeted Male: 990

Targeted Female: 1,030

Indicators

Title	Target	Actual
# of people who receive food items	1,500	189

Narrative description of achievements

- Efforts to support affected communities have included the targeted identification and registration of directly impacted families to ensure effective aid distribution.
- A total of 189HHs (945 People- 482 Females, 463 Males) received food items 3 times. 215HHs (1,075 People- 548Females, 527Males) residents hosting refugees received food items twice.

Lessons Learnt

- Accurate targeting and registration enhanced the efficiency and accountability of aid distribution.

Challenges

- Resource limitations affected the ability to scale up food assistance to all in need.
- Difficulties in implementing RFL services in areas with limited communication infrastructure or security constraints.



Health

Budget: CHF 29,062

Targeted Persons: 1,600

Assisted Persons: 136

Targeted Male: 67

Targeted Female: 69

Indicators

Title	Target	Actual
# of FA Kits replenished	20	5
# of medical outreaches conducted	20	9

Narrative description of achievements

A comprehensive health assessment of the hosting community was conducted to identify critical needs, guiding the procurement of essential pharmaceuticals and non-pharmaceutical supplies.

Additionally, disease surveillance teams were supported to enhance early detection and response to health risks. While first aid kit replenishments were pending, 9 successful medical outreaches have been carried out, reaching out to 136 patients (91 refugees, 45 locals). This included 54 Somali National Army (SNA) and Somali police. Provision of vital healthcare services to displaced households in Ishakani



and Kiunga. These efforts strengthen community resilience and ensure access to essential medical care. Medical outreaches were conducted 2 days per week owing to understaffing at Kiunga health facilities and to also allow Kiunga residents to obtain the routine health services for 3 days in the health facilities. Asylum seekers and Somalia National Army personnel returned to Mogadishu through Manda Bay reducing number of outreach sites, hence under achievement against the target. Security clearance to reach Somali National Army personnel took time which reduced contact time with them.

- Kiunga Satellite office was supported with 5 first aid kits. The under achievement against the target of 20 was as a result of first aid kit replenishment not being considered in the budget.

Lessons Learnt

- Conducting early health assessments was key to informed and targeted medical support.
- Supporting disease surveillance enhanced early detection and timely response to outbreaks.
- Medical outreaches are effective in extending healthcare access to both host and displaced communities.
- Timely replenishment of medical supplies, including first aid kits, was essential for sustained service delivery.

Integrating host and refugee health services fostered inclusivity and strengthened community resilience.

Challenges

- Delayed replenishment of first aid kits, limiting readiness for immediate response needs.

Limited scale of medical outreaches relative to potential demand in host and refugee communities.

Insufficient pharmaceutical and non-pharmaceutical supplies for sustained service delivery.

Potential gaps in continuous disease surveillance coverage and rapid response capacity by county teams



Water, Sanitation And Hygiene

Budget: CHF 18,720

Targeted Persons: 1,600

Assisted Persons: 1,512

Targeted Male: 741

Targeted Female: 771

Indicators

Title	Target	Actual
# of people reached with water, sanitation and hygiene	1,500	1,512
# of hygiene activities undertaken	20	23
# of water and sanitation facilities set up	20	0

Narrative description of achievements

- A total of 1,512 people have been reached with critical water, sanitation, and hygiene (WASH) services, enhancing access to safe water and improved hygiene practices. Additionally, A total of 23 hygiene promotion activities, including fumigation and water purification, were successfully carried out to support both displaced families and host communities, strengthening disease prevention efforts and promoting safer living conditions. Cumulatively, This exceeded the initial target of 20 activities, reflecting an enhanced commitment to meeting community needs.

- The establishment of water and sanitation facilities, as outlined in the indicators section, had not been implemented, and no concrete plans had been developed so far to initiate this activity. No water and sanitation facilities were set up as all displaced families were hosted by the host community.

- 1st round all 189HHs (945 People) were reached with hygiene promotion by receiving water purifiers concurrently on distribution day.



170HHs(850People) out of 189HHs were reached with second round of hygiene promotion, vector control sensitization and spraying. 150HHs host families received vector control services, sensitization and hygiene promotion. The estimated number for 170HHs is (850 People) while 150HHs is (750 People).

Lessons Learnt

- The water, sanitation, and hygiene (WASH) landscape in Kiunga Ward remained critically strained, posing significant risks to public health and community resilience. Despite the presence of desalination plants, jabis (rainwater harvesting systems), and shallow wells, water sources were grossly inadequate to meet the growing needs of the population. This shortfall disproportionately affects vulnerable sectors, including households, schools, health facilities, and security installations.

Poor sanitation infrastructure and increasing environmental degradation further compound the situation, contributing to water contamination, disease outbreaks, and reduced quality of life. Immediate and strategic investments were required to rehabilitate and expand existing water infrastructure, enhance sanitation facilities, and scale up community-led initiatives for sustainable water management.

Strengthening WASH systems in Kiunga Ward was not only essential for safeguarding public health but also a prerequisite for advancing education, security, and socio-economic development in this underserved region.

Challenges

- The WASH situation in Kiunga Ward, Lamu, remained dire due to inadequate and unreliable water sources, poor sanitation, and environmental degradation. Despite the presence of two desalination plants, 16 wells, and 12 jabis, only a portion of these facilities are functional, leaving the growing population of 720 households, schools, a hospital, and security institutions underserved. The limited water supply compromises hygiene, healthcare delivery, and environmental cleanliness, increasing the risk of waterborne diseases. Immediate interventions are urgently needed to rehabilitate and expand water infrastructure, improve sanitation facilities, and promote sustainable water management to safeguard the health and well-being of the community.



Protection, Gender And Inclusion

Budget: CHF 4,780

Targeted Persons: 1,600

Assisted Persons: 2,022

Targeted Male: 985

Targeted Female: 1,037

Indicators

Title	Target	Actual
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Narrative description of achievements

- To protect vulnerable groups, KRCS collaborated closely with the Ministry of Public Service, Gender, and Social Protection to safeguard women, children, the elderly, and persons with disabilities. Through this partnership, child protection services, psychosocial support, and assistance for survivors of gender-based violence (GBV) were provided.

The support to the PGI and contribution to safeguarding prevention was important. Especially considering that a majority of the displaced population, constituting of mainly women and children, arrived with little to no personal belongings, including basic household goods or change of clothes.

- Additionally, Restoring Family Links (RFL) services have been implemented to reunite separated individuals, reinforcing humanitarian support and resilience within the affected population.

- A total of 1,011 people (516Females, 495Males) were reached through RFL services. (12 minor girls were reached with phone call services, all 189HHs (945 people) were sensitized by KRCS on RFL Services, 54 Somali National Army Asylum seekers were reached with RFL services).



Lessons Learnt

- Inclusive support to both displaced and host communities fostered social cohesion and shared resilience.
 - Restoring Family Links (RFL) services were essential in addressing protection needs and restoring dignity to affected individuals.
 - Timely Coordination with Specialized Government Agencies Enhances Protection Outcomes
- Early collaboration with the Ministry of Public Service, Gender, and Social Protection enabled KRCS to effectively address the specific needs of vulnerable groups. Leveraging existing government structures ensured a more coordinated and holistic protection response.
- The arrival of displaced individuals, particularly women and children—without personal belongings or basic household items, highlights the need for pre-positioned emergency kits and rapid needs assessments to guide immediate relief efforts.
 - Providing child protection services, psychosocial support, and GBV assistance alongside general humanitarian aid strengthens the overall well-being and dignity of affected populations.
 - Women, children, the elderly, and persons with disabilities face unique risks during displacement. Protection strategies must be inclusive and deliberately designed to address their specific vulnerabilities.
 - The provision of psychosocial support and GBV assistance early in the response proved essential for helping survivors begin recovery and rebuild trust in available services.

Challenges

- Despite the prompt response, the sudden displacement of large numbers of vulnerable individuals, particularly women and children without necessities, exposed critical gaps in preparedness, especially in the availability of pre-positioned non-food items and immediate protection services. Coordinating specialized support (e.g., psychosocial services and GBV response) promptly was further constrained by limited resources, logistical challenges, and the need to rapidly align multi-agency roles and responsibilities.



Migration And Displacement

Budget: CHF 15,775

Targeted Persons: 1,600

Assisted Persons: 439

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers trained in safer access	20	25

Narrative description of achievements

The Emergency Operations Centre (EOC) played a pivotal role in supporting volunteers and staff responding to the crisis through real-time monitoring, strategic coordination, and oversight of field teams. The EOC also facilitated effective communication and ensured comprehensive documentation of response activities. To improve operational effectiveness, 25 volunteers and staff were trained on safer access protocols, including the provision of Restoring Family Links (RFL) services, contributing to a more secure and efficient humanitarian response.

Lessons Learnt

- Centralized coordination through the EOC enhanced response efficiency and oversight of KRCS response teams.
- Real-time monitoring and communication improved decision-making and accountability of personnel conducting interventions within Kiunga.
- Training on safer access and RFL strengthened staff and volunteer capacity for secure operations.
- Well-documented response activities supported transparency and future learning.



Challenges

- There were no challenges noted in this section



Community Engagement And Accountability

Budget: CHF 2,692

Targeted Persons: 1,570

Assisted Persons: 945

Targeted Male: 482

Targeted Female: 463

Indicators

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

Narrative description of achievements

• The humanitarian response in Kiunga successfully addressed critical needs across food security, health, WASH, shelter, livelihoods, and protection sectors. Food distributions ensured basic nutritional needs were met, though gaps in reach and ration preferences were noted. Medical outreaches treated common illnesses and raised health awareness, but highlighted the need for increased equipment, referrals, and psychosocial support.

WASH interventions have improved access to clean water, although supply gaps and menstrual hygiene needs persist.

Shelter support eased immediate housing challenges, with requests for independent shelter solutions growing.

Livelihood recovery efforts were initiated, with communities requesting expanded support for income-generating activities to promote self-reliance. Strong coordination with local authorities and active community engagement enhanced ownership of the response.

Despite an overall sense of safety, continuous protection monitoring and additional support for vulnerable groups were recommended to strengthen resilience and sustainability.

Lessons Learnt

• A multi-sectoral and community-driven response, backed by strong coordination with local authorities, significantly enhanced the effectiveness and ownership of humanitarian interventions. The Kiunga experience demonstrated immediate needs across food, health, WASH, shelter, and protection sectors, while simultaneously initiating livelihood recovery, laying a solid foundation for resilience. However, it also underscored the importance of anticipating evolving community needs, such as diversified food preferences, psychosocial support, menstrual hygiene, and sustainable income opportunities.

• Flexibility, continuous protection monitoring, and adaptive planning were essential to ensure comprehensive and inclusive recovery.

• A total of 945 community members (482 Females, 463 Males) were reached through Community Engagement & Accountability. Also, 20 KRCS volunteers (4 Males, 16 Females) were trained on CEA.

Challenges

• Key challenges

- Limited reach and mismatched food preferences during distributions impacted satisfaction and coverage.

- Inadequate medical equipment and referral systems hindered the effectiveness of health interventions.

- Persistent WASH supply gaps, including unmet menstrual hygiene needs.

- Demand for durable and independent shelter solutions beyond immediate support.

- Livelihood recovery efforts remained limited in scale, affecting long-term self-reliance.

- Protection, monitoring, and support for vulnerable groups required further strengthening to build resilience.





Secretariat Services

Budget: CHF 4,359

Targeted Persons: 1,600

Assisted Persons: 4

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of monitoring visits conducted	2	4

Narrative description of achievements

- IFRC, through the cluster delegation office, provided technical and coordination support to KRCS in developing the DREF documents. The IFRC also provided support to KRCS in the form of finance, which included spot checks on financial reports to ensure compliance. IFRC also provided PMER support in reviewing the final DREF report to ensure adherence to DREF guidelines.
- IFRC also provided support to KRCS with communications by leveraging the IFRC social media platforms:
 1. https://x.com/IFRC_DREF/status/1874855113614901506
- IFRC did not undertake a joint monitoring mission visit with KRCS

Lessons Learnt

- Frequent field monitoring enhanced responsiveness and accountability by enabling the timely identification of emerging needs of both the host community and the displaced families.

Exceeding planned monitoring efforts strengthened coordination and reinforced commitment to community-centered support.

Regular engagement with affected communities improved the quality and adaptability of humanitarian interventions.

Challenges

- Resource constraints in scaling up beyond planned monitoring activities.
- Increased operational demands on field teams conducting additional visits.
- Need for timely data analysis and feedback loops to translate findings into action.



National Society Strengthening

Budget: CHF 41,421

Targeted Persons: 1,600

Assisted Persons: 43

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of Meetings conducted during the operations	40	43
# of EOC personnel supported during the operation	120	120



Narrative description of achievements

- The operation has effectively strengthened key support functions to ensure timely and efficient response. Supply chain mechanisms have been reinforced, with all procurements and logistical support executed promptly to meet operational needs.
- The EOC and National EOC have remained active, continuously monitoring and coordinating interventions in Kiunga, Ishakani, and Ras Kiamboni, while systematically documenting all field activities for accountability and learning.
- Additionally, the capacity of frontline personnel has been enhanced through targeted training of 25 staff and volunteers on critical areas, including the Safer Access Framework, First Aid in Emergencies, Emergency Shelter Construction, Restoring Family Links (RFL), and Supply Chain Management.

Lessons Learnt

- Strengthened support functions and supply chain systems have been critical for a timely and effective emergency response within the affected areas of Kiunga.
- Active coordination and real-time monitoring by the EOCs enhanced operational oversight and accountability.
- Systematic documentation has supported transparency and continuous learning.
- Targeted capacity building of frontline staff improved the quality and safety of response operations.

Challenges

- Sustaining efficient supply chain operations in remote locations.
- Maintaining continuous field-level coordination and monitoring with limited resources.
- Ensuring regular refresher training to retain capacity among rotating staff and volunteers.
- Balancing rapid response with thorough documentation under time-sensitive conditions.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRKE064 - Kenya - Population Movement Lamu

Operating Timeframe: 26 Dec 2024 to 31 Mar 2025

Selected Parameters			
Reporting Timeframe	2024/12-2025/09	Operation	MDRKE064
Budget Timeframe	2024/12-2025/03	Budget	APPROVED

Prepared on 06/Nov/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	176,167
DREF Response Pillar	176,167
Expenditure	-175,412
Closing Balance	755

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	10,963	11	10,952
AOF2 - Shelter	75,358	79,717	-4,358
AOF3 - Livelihoods and basic needs	18,779	19,999	-1,221
AOF4 - Health	27,288	29,062	-1,774
AOF5 - Water, sanitation and hygiene	21,951	23,378	-1,427
AOF6 - Protection, Gender & Inclusion	4,488	4,780	-292
AOF7 - Migration	14,812	15,775	-963
Area of focus Total	173,639	172,721	918
SF11 - Strengthen National Societies	2,527	2,691	-164
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	1		1
Strategy for implementation Total	2,528	2,691	-163
Grand Total	176,167	175,412	755

[Click here for the complete financial report](#)

Please explain variances (if any)

The Kenya Red Cross Society (KRCS) received CHF 176,167 to support the above reported outcomes. The expenditure reported within the implementation timeframe is CHF 175,412. Closing Balance of CHF 1,057 will be returned to the DREF pot after the closure of this Operation.

All budget variances across cost categories remained within the acceptable 10% threshold.



Contact Information

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[Click here for reference](#)



DREF Operation

Selected Parameters			
Reporting Timeframe	2024/12-2025/09	Operation	MDRKE064
Budget Timeframe	2024/12-2025/03	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 06/Nov/2025

All figures are in Swiss Francs (CHF)

MDRKE064 - Kenya - Population Movement Lamu

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SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	1		1
Strategy for implementation Total	2,528	2,691	-163
Grand Total	176,167	175,412	755

DREF Operation

Selected Parameters			
Reporting Timeframe	2024/12-2025/09	Operation	MDRKE064
Budget Timeframe	2024/12-2025/03	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 06/Nov/2025

All figures are in Swiss Francs (CHF)

MDRKE064 - Kenya - Population Movement Lamu

Operating Timeframe: 26 Dec 2024 to 31 Mar 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
General Expenditure	212	10	202
Travel	211		211
Financial Charges	1	10	-9
Contributions & Transfers	165,203	164,696	507
Cash Transfers National Societies	165,203	164,696	507
Indirect Costs	10,752	10,706	46
Programme & Services Support Recover	10,752	10,706	46
Grand Total	176,167	175,412	755