

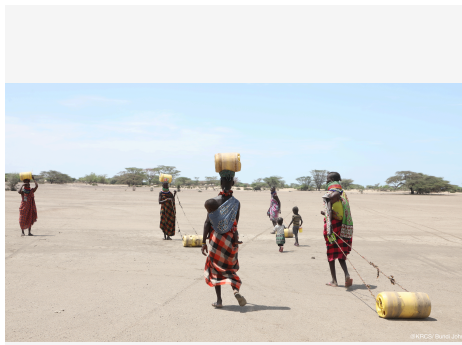


Crop Failure in Northern Kenya: Photo Source: KRCS

Appeal: MDRKE065	Total DREF Allocation: CHF 970,592	Crisis Category: Orange	Hazard: Drought
Glide Number: MDRKE065/PKE547	People Affected: 2,150,000 people	People Targeted: 60,000 people	People Assisted: 151,271 people
Event Onset: Slow	Operation Start Date: 07-04-2025	Operational End Date: 31-10-2025	Total Operating Timeframe: 6 months
Targeted Regions: Garissa, Wajir, Mandera, Marsabit, Turkana, Samburu, Baringo			



CHPs conducting early detection and referral of malnutrition case



Communities in Turkana trekking back to get water for HH and livestock use



A dried water pan in Garissa: Photo Sources KRCS

Scope and Scale

Kenya's drought crisis worsened after rains failed since late 2024. The Kenya IPC Short Rains Assessment, released in February 2025, highlighted the severe negative impacts of the poor October–December rains and forecasted continued below-average rainfall for the March–May 2025 season. The Kenya Meteorological Department (KMD), in collaboration with the World Meteorological Organization (WMO), regional climate centres, and other global sources, predicted that the March–May 2025 long rains would be below average across much of the country. The Arid and Semi-Arid Lands (ASALs) of northern and eastern Kenya, along with parts of the central and coastal regions, were expected to receive below-normal rainfall, further exacerbating existing drought conditions.

The food security situation, which already affected around 2.2 million people in IPC Phase 3 (Crisis) and 266,000 people in IPC Phase 4 (Emergency), was expected to worsen during March–May 2025. An estimated 2.8 million people across 23 ASAL counties are projected to face severe food insecurity between April and June 2025. The number of people needing urgent humanitarian assistance is forecast to increase from 2.15 million in February 2025 to 2.8 million during April–June 2025, including about 2.5 million in IPC Phase 3 and 291,650 in IPC Phase 4. Compared to the same period last year, the population in IPC Phase 3 or higher grew by 10 percent, highlighting the escalating food security crisis.

The number of children aged 6–59 months requiring treatment for acute malnutrition rose from 760,488 to 800,202, signalling a deteriorating nutritional situation, particularly in ASAL and urban areas. Likewise, the number of pregnant and breastfeeding women needing treatment increased from 112,401 to 120,732, indicating greater vulnerability within this group. Key factors included a high disease burden, poor childcare and feeding practices, limited access to healthcare due to funding issues, and restricted availability of safe and sufficient drinking water. The nutritional situation was expected to worsen further, with some areas remaining at their current severity level while others escalated to higher levels. This decline was probably driven by worsening household food insecurity, a rise in disease burden linked to reduced coverage of nutrition and health services, and increased maternal workloads resulting from longer distances to water sources.

During the projection period, the following impacts and deteriorations were anticipated:

- Turkana, Marsabit, Mandera, Wajir, and Garissa counties, which were classified in IPC Phase 3 (Crisis), were expected to remain in this phase, with an increase in the population requiring humanitarian assistance.
- In eight of the 23 ASAL counties, analysis indicated IPC Phase 3 (Crisis) conditions. Marsabit recorded the highest proportion of households—over 50 percent—engaging in crisis-level coping strategies, such as reducing meal portions and prioritising food for children over adults. Mandera followed closely, with similarly high levels of negative coping mechanisms.
- In 15 of the 23 counties, analysis results indicated IPC Phase 2 (Stressed) conditions. Among these, five counties reported that more than 70 percent of households were adopting stress coping strategies, including reducing meal frequency and consuming less preferred foods.
- Across the ASAL counties, households employed a range of livelihood-based coping strategies to manage food insecurity. While no county was classified in IPC Phase 4 based on livelihood coping indicators alone, 17 percent of households in Wajir and 15 percent in Mandera resorted to emergency coping strategies, such as selling last remaining female livestock, household assets, or land, signalling extreme distress.
- In Marsabit, Meru, Tana River, and Turkana counties, findings indicated that IPC Phase 3 or worse conditions were likely, with households increasingly adopting negative coping mechanisms, including withdrawing children from school and selling productive assets. The worsening conditions were primarily driven by uneven rainfall distribution, elevated temperatures, and limited pasture regeneration, compounded by rising food prices and resource conflicts, including human–wildlife interactions. The situation represented a second consecutive failed season in areas still recovering from the 2021–2022 drought, which had experienced five consecutive failed seasons. As a result, ecosystems remained highly vulnerable and livelihoods continued to be fragile. Another failed season would have further exacerbated food insecurity, placing additional strain on already depleted resources and pushing affected communities deeper into crisis.

Through this DREF operation, the Kenya Red Cross Society planned to support hard-to-reach areas within affected counties, as well as counties not receiving additional assistance from other partners.

Source Information

Source Name	Source Link
1. Kenya Meteorological Department	https://meteo.go.ke/forecast/seasonal-forecast
2. IGAD Resources- East Africa Drought Watch	https://droughtwatch.icpac.net/
3. IPC information Q1/2025 & projections for Q2/2025	https://www.ipcinfo.org/jpc-country-analysis/details-map/en/c/1159540/
4. National Drought Management Authority	https://ndma.go.ke/2024-short-rains-food-and-nutrition-security-assessment-report/

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	The DREF response was scaled up to an emergency appeal - The Kenya Complex Emergency Appeal (MDRSO068)

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC maintains a Country Cluster Delegation (CCD) for Kenya and Somalia, as well as a regional office for Africa, both based in Nairobi. Through the Delegation and the Regional Office, the IFRC provides resource mobilisation and technical support to the Kenya Red Cross Society (KRCS) for emergency response and longer-term programming. The IFRC CCD supported KRCS in developing this DREF operation. In addition, the IFRC monitored the operation jointly with KRCS and provided financial management and reporting support.
Participating National Societies	Discussion are ongoing with Partner National Societies of supporting those counties that are in already in alarm with response and those in alert with readiness and early actions.

ICRC Actions Related To The Current Event

Discussions are ongoing to support those counties that are experiencing conflict with limited access.



Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The National Drought Management Authority (NDMA) took the lead in enhancing a comprehensive report on the drought situation prepared by actors at the county level, and in disaggregating the data to the sub-county level. This was disseminated to different stakeholders to address different thematic needs.
UN or other actors	Respective County Governments and UN agencies including UNICEF and WFP provided support to affected families during the current drought response.

Are there major coordination mechanism in place?

The National Society Emergency Operations Centre (EOC) was used as a central hub for disaster management and response coordination. The EOC monitored the situation in the countries where it provided data analysis and information management support, and facilitated timely and coordinated communication among relevant agencies and stakeholders. The EOC was activated for this intervention to ensure effective coordination and the appropriate delivery of assistance.

At the national level, strategic coordination was led by the National Drought Management Authority (NDMA). The NDMA also led the consolidation of comprehensive drought situation reports from county-level actors and disaggregated data to the sub-county level to inform response planning.

All partners actively participated in strategic and sectoral coordination platforms. The Kenya Red Cross Society (KRCS) strengthened collaboration with key actors involved in climate-related multi-hazard and food insecurity responses through existing Early Action Protocols (EAPs) for drought. In addition, KRCS established stronger partnerships with local stakeholders in high-risk counties. These coordination mechanisms and partnerships were leveraged to support the intervention's implementation.

Needs (Gaps) Identified



Livelihoods And Basic Needs

The drought significantly reduced food production, leading to food shortages and sharp price increases that rendered basic food items unaffordable for many households. As food insecurity persisted, household food consumption remained compromised due to reduced milk availability, rising market prices, and depleted food stocks. Food distributions provided critical short-term relief, particularly for malnourished children, pregnant and lactating women, and older persons. Immediate food assistance was essential to prevent further deterioration of nutritional status and deepening economic distress.

The population requiring humanitarian assistance was projected to increase from 2.15 million people in February 2025 to 2.8 million between March and June 2025, including approximately 2.5 million people in IPC Phase 3 (Crisis) and 291,650 people in IPC Phase 4 (Emergency). In addition, an estimated 800,202 children aged 6–59 months required treatment for acute malnutrition.

As of March 2025, a total of 2,150,600 people across 23 counties were classified in IPC Phase 3 or above, representing 13 percent of the population in these counties. Seven counties accounted for approximately 56 percent of the population in IPC Phase 3 and Phase 4 and were prioritised for immediate life-saving assistance to ensure access to food and basic means of survival.

	IPC 3+	Food	CVA	Health	WASH
Marsabit	128,750	2,500	0	10,000	10,000
Turkana	306,900	2,000	10,000	10,000	
Mandera	287,700	0	1,500	10,000	10,000
Wajir	174,200	0	1,500	10,000	10,000
Garissa	185,400	2,500	0	10,000	10,000
Baringo	73,300	2,500	0	5,000	5,000
Samburu	52,200	2,500	0	5,000	5,000
As per IPC	1,208,450	10,000	5,000	60,000	60,000



Five counties were classified in IPC Phase 4 (Emergency), where households faced extreme food shortages and an inability to meet basic needs despite exhausting all available coping strategies. These conditions resulted in severe malnutrition and heightened mortality risks. The counties affected included Garissa (46,350 people, approximately 5 percent of the population), Mandera (47,950 people, 5 percent), Marsabit (25,750 people, 5 percent), Turkana (102,300 people, approximately 10 percent), and Wajir (43,550 people, 5 percent).

The drought also disrupted school attendance, as children dropped out to support household food and water collection. Supplementary food rations were required to sustain school attendance by ensuring children received at least one nutritious meal per day. While government-led school feeding programmes were in place, delays and supply gaps in some areas necessitated urgent supplementation through increased rations or expanded coverage to safeguard the nutritional status of school-aged children.



Multi purpose cash grants

The drought had compounded effects across multiple sectors, increasing humanitarian needs among different population groups, particularly among those in IPC Phase 3 or above, who were struggling to meet their basic needs.

Given the multi-sectoral needs and gaps, a comprehensive approach was required to help families prioritize their needs. This approach went beyond food access, encompassing other essential goods and services critical to wellbeing, dignity, and protection.

Unconditional cash grants were planned to provide immediate financial relief, allowing families and farmers to purchase food, essential items, and meet other basic needs. This support helped mitigate the impacts of crop failures and livestock losses, enhanced food self-sufficiency, and enabled households to invest in productive assets, contributing to longer-term stability. In areas with functioning markets, the Kenya Red Cross Society (KRCS) implemented multipurpose cash transfers, empowering communities to effectively prioritize their own needs.

The cash transfers were expected to provide flexibility, complementing support across various priority sectors. For example, while WASH interventions improved access to water and hygiene facilities, they did not fully address household water storage, hygiene kits, or sustainable access to hygiene services. Similarly, standard sectoral support did not include protection services, healthcare access, or specific nutritional interventions for large, highly vulnerable families under IPC Phase 3 or above, who remained at elevated risk from these threats.



Health

In accordance with the short rains assessment report, there was a critical need to scale up essential nutrition and health services in ASAL counties, prioritizing the most vulnerable populations to reduce acute malnutrition levels. Health data from these counties showed rising cases of acute malnutrition among children aged 6–59 months and women, including pregnant and lactating mothers. Community-based nutrition programs were strengthened to support early detection, referral, and treatment of acute malnutrition, alongside sensitization on maternal, infant, and young child nutrition (MIYCN) in emergencies.

Although government and partner efforts were ongoing, gaps remained due to the scale of the needs. The drought had caused water shortages, forcing communities to use unsafe water sources and increasing the risk of cholera, typhoid, and diarrhea. Limited water access also undermined hygiene and sanitation, contributing to the spread of infections. Support to the Ministry of Health included mapping high-risk areas, monitoring disease outbreaks, and active surveillance.

The stress of food and water scarcity, displacement, and economic loss contributed to increased cases of anxiety, depression, and other mental health issues. Mental health and psychosocial support (MHPSS) interventions were implemented to address the psychological impact of the drought on affected communities and responders.

Girls and women remained at heightened risk of early marriage and gender-based violence (GBV), necessitating protection and reproductive health services. Sensitization in schools and through community leaders was conducted to keep girls in school and prevent harmful practices, while safe spaces were established for women and girls to discuss fears and experiences.

Key health and humanitarian challenges in ASAL counties during 2025 included:

1. **Malnutrition and Food Insecurity:** Over 800,200 children aged 6–59 months and approximately 120,732 pregnant and breastfeeding women suffered from acute malnutrition. Projections indicated that between April and June 2025, around 2.8 million people would face acute food insecurity due to below-normal rainfall.
2. **Waterborne Diseases:** Limited access to clean water increased the risk of cholera, dysentery, and other waterborne diseases.
3. **Communicable Disease Outbreaks:** Persistent disease burdens continued to drive recurrent acute malnutrition. For example, acute respiratory infection prevalence reached 30.9% in Baringo North/South and 27.5% in Tiaty.



4. **Mental Health Challenges:** Displacement, loss of livelihoods, and resource scarcity led to rising cases of anxiety, depression, and other mental health issues.

5. **Increased Vulnerability to GBV:** Resource scarcity and displacement heightened the risk of GBV, particularly for women and girls traveling long distances to access essential resources.

6. **Strain on Health Infrastructure:** Compounded health challenges placed immense pressure on health facilities, many of which suffered from limited resources and staffing shortages, hindering service delivery.

A comprehensive response was required to address these complex health needs, including immediate food and water assistance, strengthened health systems, mental health support, and protection measures for vulnerable populations.



Water, Sanitation And Hygiene

Drought conditions had led to the depletion of water sources, forcing communities to rely on unsafe alternatives such as rivers, ponds, and unprotected wells. The limited availability of water significantly reduced hygiene practices, increasing the risk of infections and the spread of diseases.

Prolonged dry spells caused a sharp decline in the water table, resulting in widespread failure of boreholes and hand pumps. In many communities, water points broke down due to overuse and inadequate maintenance, creating severe water stress. This compromised access to water for domestic use, livestock, and small-scale agriculture, further threatening already fragile livelihoods.

Access to sustainable water remained a critical challenge in Kenya, particularly in arid and semi-arid land (ASAL) counties, where 37% of the population lacked basic water services. Nearly one-third of water supply systems in these regions were consistently non-functional, and two-thirds experienced frequent disruptions. Climate change intensified water scarcity, with erratic rainfall and prolonged droughts increasing the average distance to water points by 30%, reaching up to 9.7 kilometers for some households.

Additionally, 48% of ASAL counties reported increasing distances between water points and grazing areas, placing further strain on livestock and livelihoods. Only 25% of ASAL residents had access to improved sanitation, while open defecation rates exceeded 40%, significantly raising the risk of waterborne diseases. The early cessation of rains led to depletion of open water sources and further breakdown of water systems due to excessive use.

In light of these challenges, there was an urgent need to prioritize investments in sustainable groundwater exploration, rehabilitation of non-functional water systems, and development of climate-resilient water infrastructure. Ensuring reliable access to water was essential not only to address drought impacts on households and community livelihoods but also to prevent public health emergencies and promote improved hygiene and sanitation practices.



Protection, Gender And Inclusion

Affected families had been forced to migrate in search of food, water, and pasture, disrupting traditional community structures and affecting different genders in distinct ways. As communities moved, additional responsibilities often fell on individuals, including vulnerable women and children, many of whom were compelled to assume the role of household heads.

Persons with disabilities and the elderly were particularly at risk of marginalization and being left behind. It was essential to raise awareness within these communities about the diverse needs of individuals across gender, age, and ability to ensure inclusive and equitable support.

The scarcity of resources and prolonged displacement heightened the risk of gender-based violence (GBV), particularly for women and girls who had to travel long distances to access water, food, and basic services. This situation also increased the risk of early marriages and other harmful traditional practices. Limited resources further exposed communities to gender-based and sexual exploitation.

There was a critical need to educate communities on the underlying causes of GBV, strategies for its prevention, and appropriate channels for reporting and addressing such incidents. Promoting awareness and protection mechanisms was vital to safeguarding vulnerable groups and fostering a safer, more inclusive environment.





Risk Reduction, Climate Adaptation And Recovery

Strengthening risk reduction in these counties required minimizing vulnerabilities and exposure through community-based approaches integrated into daily practices. This involved the implementation of early warning systems, disaster preparedness measures, and the development of resilient infrastructure.

In addition, enhancing climate adaptation was essential through the adoption of effective policies and practices that promoted community resilience. In regions that were forecasted to receive normal rainfall, communities had the opportunity to diversify their livelihoods by engaging in both agricultural and pastoral activities.



Community Engagement And Accountability

Community Engagement and Accountability (CEA) was integrated throughout the response as a core approach. Given the drought context, affected communities were actively engaged to ensure they received timely, accurate information and had opportunities to provide feedback and influence decision-making across all key sectors, including food security, water, sanitation and hygiene (WASH), health, and protection, gender and inclusion (PGI).

Operational Strategy

Overall objective of the operation

This operation aimed to provide lifesaving support to 12,000 families (60,000 people) in IPC Phase 3 and above over a six-month period across Marsabit, Turkana, Mandera, Wajir, Garissa, Baringo, and Samburu counties. Assistance focused on food, cash assistance, health, and WASH services, while ensuring protection, dignity, and the resilience of affected communities.

Operation strategy rationale

To address the urgent needs of the affected population, this DREF operation prioritized support to the most vulnerable households in the identified sub-counties. Food distributions and multipurpose cash assistance were implemented during the first three months (April–June), while health and WASH interventions were delivered throughout the six-month operational period. The National Society (NS) focused on populations already classified in IPC Phase 3 and above. The response strategy was implemented as outlined below.

Livelihoods and Basic Needs:

In-kind food support:

In-kind food assistance was provided to 2,000 vulnerable families (10,000 people), including 2,500 school-going children, through the distribution of food rations for one school term (three months). Distributions were conducted in areas where markets were non-functional or difficult to access across seven counties. Food baskets comprised cereals, pulses, super cereals, cooking oil, and salt. Targeted beneficiaries included households with no viable sources of income or livelihoods.

Multipurpose cash grants:

Multipurpose cash assistance was delivered to 1,000 families (5,000 people) in IPC Phase 4 sub-counties with functioning markets. Beneficiaries received unconditional cash grants in three tranches over a three-month period, enabling households to purchase food and essential goods, address immediate needs, and strengthen household resilience.

KRCS, in its role as co-chair of the Kenya Cash Working Group, coordinated market assessments and joint monitoring mechanisms (JMMI), with analysis conducted by REACH, to determine the Minimum Expenditure Basket (MEB). Beneficiaries received KES 5,000 (CHF 34.31) per household, equivalent to 50 per cent of the MEB in IPC Phase 3 areas. In locations where JMMI data was unavailable, rapid market assessments were conducted to assess the feasibility of cash-based interventions. Cash and voucher assistance (CVA) modalities were also extended to other sectors, including health and WASH, based on identified needs and operational effectiveness.

KRCS strengthened capacity among regional CVA champions across the five target counties to support community engagement, targeting, registration, validation, and post-distribution monitoring. This approach enhanced accountability, ensured appropriate cash utilization, and improved overall intervention outcomes.

Health and Nutrition:

(Target: 12,000 families / 60,000 people)

Integrated outreach services were scaled up to provide malnutrition screening, diagnosis, and treatment for vulnerable populations. Outreach activities were guided by the Ministry of Health's standard protocols for nutrition emergencies and implemented in collaboration with county health teams. KRCS supported outreach service delivery, mapping of malnutrition hotspots, data management, and logistical coordination.

The supply of nutrition and pharmaceutical commodities was coordinated through the Kenya Medical Supplies Authority (KEMSA) system, with complementary support from UNICEF and WFP. KRCS monitored commodity stocks through the Logistics Management Information System (LMIS) and strengthened county-level coordination platforms to enhance government ownership and response effectiveness.



Nutrition and cash assistance were delivered as complementary interventions. While food support addressed immediate nutritional deficits—particularly among malnourished populations and school-aged children—cash transfers enabled households to meet other urgent needs affecting well-being and resilience. This combined approach supported improved living conditions, hygiene practices, and food storage, reduced the risk of chronic illness, and contributed to longer-term recovery.

Mental Health and Psychosocial Support (MHPSS):

KRCS mapped and promoted access to health facilities providing MHPSS services. Community- and school-based sensitization sessions focused on keeping girls in school, preventing early marriage, and promoting safe spaces for women and girls. Psychosocial support services were extended to farmers and pastoralists who had lost their livelihoods, with implementation grounded in KRCS's community-based disaster risk reduction framework.

Water, Sanitation and Hygiene (WASH)

(Target: 12,000 families / 60,000 people)

Immediate access:

Critical WASH needs were addressed through water trucking, hygiene promotion, and the distribution of water treatment chemicals (chlorine, PUR, and aqua tabs) in targeted locations. These activities complemented food and cash assistance interventions.

Sustainable solutions:

Fourteen water points across seven counties were rehabilitated and upgraded to solar-powered systems, each serving approximately 2,000 people. A rapid assessment was conducted to determine the functionality and needs of the existing water infrastructure, and spare parts were prepositioned to ensure maintenance continuity.

Community-based Water Management Committees (WMCs) were established or strengthened to oversee the management and upkeep of water systems. Committee members received training in operations, maintenance, and financial management, fostering community ownership and sustainability.

The WASH intervention directly supported health, nutrition, protection, and livelihood outcomes, contributing to both immediate humanitarian relief and longer-term climate resilience through adaptive water infrastructure.

Protection, Gender and Inclusion (PGI)

All activities integrated gender, disability, and diversity considerations in line with IFRC PGI standards and KRCS policies. Key actions included:

Collection and analysis of sex-, age-, and disability-disaggregated data to inform inclusive programming.

Training of staff and volunteers on protection standards, including PSEA, PGI, CMR, and Psychological First Aid (PFA), alongside the establishment of safe SGBV referral pathways and survivor-centered response mechanisms.

Promotion of non-violence and inclusion through community-based education materials.

KRCS identified community safe spaces and disseminated toll-free numbers for psychosocial support services. Additional resources were allocated to sustain these services. All staff and volunteers completed child safeguarding training and formally endorsed the PSEA policy. PGI capacity strengthening was mainstreamed throughout the operation.

Community Engagement and Accountability (CEA):

Community engagement and accountability mechanisms ensured meaningful community participation throughout the response. Feedback was systematically collected through help desks, toll-free lines, focus group discussions, and household visits to inform decision-making and improve transparency.

Local authorities supported the identification of vulnerable individuals, while KRCS maintained open communication channels with communities to strengthen accountability and trust. A final evaluation and lessons-learned workshop incorporated community feedback to assess the intervention's effectiveness and impact.

Coordination:

Response activities were aligned with national sectoral action plans and informed by updates from the Kenya Meteorological Department (KMD), Kenya Food Security Steering Group (KFSSG), National Drought Management Authority (NDMA), and SMART survey findings. KRCS continuously adapted its response strategy based on emerging data and forecasts.

Exit Strategy

To promote sustainability, KRCS actively involved communities in the planning and implementation of interventions, fostering ownership of infrastructure and systems. Long-term impact was pursued through collaboration with government agencies and ongoing resource mobilisation targeting development partners, National Societies, and other donors. Owing to escalating needs, the IFRC transitioned the DREF to an Emergency Appeal in October 2025.

Targeting Strategy

Who was targeted by this operation?

Through this operation, KRCS supported seven counties—Turkana, Garissa, Marsabit, Wajir, Mandera, Samburu, and Baringo—targeting at least 12,000 households classified in IPC Phases 3 and 4.

Assistance was prioritized for the most severely affected sub-counties within the targeted counties that were not receiving support from other partners. These sub-counties were among the worst affected areas, with populations already in, or deteriorating towards, IPC Phase 4. The specific sub-counties supported were identified through consultations with the County Steering Groups (CSGs).

KRCS conducted a gap analysis that considered interventions by other actors and targeted populations not covered by existing assistance.



The majority of the affected population in the targeted sub-counties were pastoralists who depended on livestock for milk and meat production. This heavy reliance on livestock for livelihoods was severely impacted by drought-induced pasture and water shortages. Widespread livestock losses contributed to economic collapse, increased food insecurity, and population displacement.

Explain the selection criteria for the targeted population

Beneficiary identification and selection processes were community-centred and community-led. The approach applied inclusive selection criteria to ensure that assistance reached the most vulnerable and eligible households.

KRCS strengthened community consultation through engagement with local leaders and project relief committees, which played a central role in the identification and selection process.

To uphold protection, gender, and inclusion principles, the voices of population groups considered at higher risk or vulnerability were represented through their participation in relief committees during community-based targeting and registration activities.

Community committees were actively engaged throughout the development of beneficiary selection criteria and the identification of recipients, applying a community-based targeting approach to ensure that assistance reached the most vulnerable individuals and households.

KRCS prioritized the most at-risk groups for cash transfer assistance, including:

- (i) Widowed or divorced women heading households with children under five;
- (ii) Pregnant or lactating women with children under five;
- (iii) Women-headed households without a stable source of income;
- (iv) Households with severely malnourished children under five;
- (v) Households headed by persons with disabilities without a source of income
- (vi) Child-headed households

Total Assisted Population

Assisted Women	77,148	Rural	70%
Assisted Girls (under 18)	-	Urban	30%
Assisted Men	74,123	People with disabilities (estimated)	2%
Assisted Boys (under 18)	-		
Total Assisted Population	151,271		
Total Targeted Population	60,000		

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 exploitation and abuse policy?	Yes
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
Corruption and fraud continue to pose a risk in humanitarian activities	<p>KRCS developed and implemented a communication plan to inform communities about all aspects of the operation and to sensitize them on the prevention of corruption. Communities were informed of their entitlements and clearly notified that all assistance was provided free of charge, with no payments or fees required to access support.</p> <p>Communities were also informed of existing reporting and feedback mechanisms through which they could report any suspected or actual cases of corruption.</p>
Risk of misalignment with local governments and community leaders due to insufficient stakeholder engagement during the planning phase	To address this, KRCS implemented the following actions: <ul style="list-style-type: none"> (i) Conducted a robust stakeholder analysis; (ii) Held community and government engagement sessions prior to the launch of activities; and (iii) Appointed liaison officers in each target county.
Relief food delivery may face delays due to logistical challenges caused by poor infrastructure or extreme weather conditions.	<ul style="list-style-type: none"> (i) Prepositioned supplies in accessible warehouses; (ii) Developed alternative supply routes; and (iii) Contracted experienced logistics partners.
Negative perceptions of relief efforts may arise due to unmet expectations or perceived inequities.	<ul style="list-style-type: none"> (i) Maintained open communication channels with communities. (ii) Conducted beneficiary satisfaction surveys. (iii) Implemented community-based grievance redress mechanisms.
Risk of increased violence within families due to shift gender roles resulting from the introduction of new resources of commodity especially with cash	KRCS has a safeguarding policy that supports communities in identifying these cases and ensuring that the beneficiaries are well sensitized and supported with the safe spaces.

Please indicate any security and safety concerns for this operation:

The KRCS security units conducted ongoing monitoring of local security dynamics and provided timely guidance to response teams on appropriate mitigation measures in the event of heightened security risks. Given that some of the target counties experienced resource-based conflicts and shared borders with neighboring regions, the risk of insecurity remained significant and posed potential threats to staff and volunteers operating in these areas.

To manage these risks, KRCS engaged personnel with in-depth knowledge of the specific security context in the target counties to support security surveillance and risk monitoring. Regular security briefings were held to ensure continued vigilance and preparedness among response teams.

Has the child safeguarding risk analysis assessment been completed?	Yes
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Implementation



Livelihoods And Basic Needs

Budget: CHF 244,006
Targeted Persons: 10,000
Assisted Persons: 24,491
Targeted Male: 12,002
Targeted Female: 12,489

Indicators

Title	Target	Actual
# of households/people reached with timely and relevant CVA or in-kind support to sustain consumption.	10,000	6,500
# of schools supported through the school feeding programme	25	23
# of post distribution monitoring conducted both for food and in-kind	6	2

Narrative description of achievements

KRCS conducted 7 needs assessments (one per county) across drought-affected counties, including Garissa, Wajir, Mandera, Marsabit, Turkana, Samburu, and Baringo. The assessments indicated that most households in the affected areas were unable to access adequate daily meals. The prevailing food insecurity also contributed to reduced school attendance in some locations, while in others, schools experienced increased enrolment due to population movements linked to resource-based conflicts. This situation placed additional pressure on already limited education resources.

With support from IFRC, KRCS contributed to school feeding programmes, providing food assistance to 23 schools. The intervention was designed to provide each child with a daily ration of 50 g of rice, 40 g of beans, 5 g of cooking oil, 2 g of salt and 40 g of Super Cereal. The support was verified through coordination with the Nutrition Sector in collaboration with the Ministry of Education at both the county and national levels. KRCS supported 23 schools against a target of 25 under the DREF operation owing to the transition of the DREF into an Emergency Appeal. Subsequently, additional schools were supported under the Appeal framework.

In addition, KRCS supported food distributions to more than 800 households in Marsabit and Garissa counties. Additional food relief was provided to 500 households and one school in Keleswa Village, Samburu North, along with water treatment chemicals to enable households to treat unsafe water and access safe drinking water. The total reach of 1,300 households (6,500 people) was reached against a target of 10,000. This appeared to be an underachievement; however, it was due to the indicator wording, which combined cash voucher assistance and in-kind support, while the activities included only in-kind support.

In areas with functional markets, KRCS provided Multi-Purpose Cash Assistance (MPCA) equivalent to 50 per cent of in-kind food assistance to strengthen household purchasing power for essential goods and basic needs.

- Two post-distribution monitoring activities were conducted against a target of 6, as the operation was scaled to an Emergency Appeal.
 - The PDM survey findings revealed that 99% of the respondents indicated that the selection process by KRCS was fair while 1% of the respondents felt that the distribution was unfair. Among those who perceived the process as unfair, 2 respondents indicated that some of the most vulnerable people in the communities were not fully reached by the support.
- Additionally, the evaluation sought to determine whether participants paid cash to be included in the program. Findings from the PDM show that 100% of respondents indicated they did not pay to be included in the program. Regarding satisfaction with the distribution process, the majority of respondents (100%) were satisfied with the distribution process conducted in the drought intervention areas.



Lessons Learnt

- The drought needs assessment in the affected areas enabled KRCS to identify critical food insecurity gaps in the community.
- Combining food distribution with water treatment support as experienced during food distribution in Samburu North improved overall well-being of affected families.

Challenges

- Drought-related displacement and resource-based conflicts in the affected areas caused uneven school enrollment patterns with some schools experiencing reduced school attendance and others becoming overcrowded.
- Drought assessment highlighted that that most households lacked access to adequate food daily meals, creating high demand for assistance.



Multi Purpose Cash

Budget: CHF 128,213
Targeted Persons: 5,000
Assisted Persons: 5,000
Targeted Male: 2,449
Targeted Female: 2,551

Indicators

Title	Target	Actual
# of volunteers used to do the targeting, registration and validation	30	45
#of target beneficiaries targeted with Cash assistance	5,000	5,000
% of people surveyed whose households received cash grants and are satisfied with the amount received.	100	89

Narrative description of achievements

- The Kenya IPC Short Rains Assessment released in February 2025 highlighted the severe impacts of the poor October–December 2024 rains, with forecasts indicating continued below-average rainfall for the March–May 2025 long rains season. According to the Kenya Meteorological Department and partners such as the World Meteorological Organization, the drought particularly affected Turkana, Wajir, and Mandera counties, which were prioritized for emergency response among other areas.

In response, KRCS with support from IFRC, launched a six-month emergency drought response DREF operation in Turkana, Mandera and Wajir. This targeted 1,000 affected households with unconditional multipurpose cash voucher assistance for three months (June, July, and August). Beneficiary registration was carried out by CVA-trained volunteers using the 1-2-1 platform for data collection and cleaning. The data was verified through collaboration with community leaders and KRCS staff and further validated through M-Pesa to ensure the accuracy of the recipients' information.

Post-distribution monitoring was conducted in Turkana County following the second cash disbursement. A total of 169 households were surveyed, with each household receiving Ksh. 5,047, of which Ksh. 47 was used for withdrawal. The monitoring results showed a notable improvement in food consumption, with many households reporting an increase from one to three meals per day. In addition to household surveys, 5 focus group discussions were held with 40 participants, including men, women, and lactating mothers, and three key informant interviews were conducted with local administrators to further assess the program's impact.

1,000 households (5,000 people) were supported with unconditional cash assistance. Beneficiary breakdown in Turkana, Wajir and Mandera was as follows:

Turkana 300 HHs
Wajir 350 HHs
Mandera 350 HHs

- 45 volunteers were engaged to support beneficiary targeting, registration and validation in support of cash distribution activities. This was against the set target of 30 due to volunteer attrition, resulting in replacements.



• Cash and Voucher Assistance (CVA) Post-Distribution Monitoring (PDM): The demographic profile of respondents indicated that 78 per cent (136) were female and 22 per cent (38) were male. Nearly half of households were female-headed (48 per cent; 83), compared with 52 per cent (91) male-headed, indicating that targeting largely reached female-headed households. The majority of respondents were married, accounting for 58 per cent (101). The age distribution analysis showed that most respondents, 74 per cent (128), were aged 25-59 years, while 24 per cent (41) were aged 60 or older.

PDM findings showed that 96 per cent (168) of respondents understood the criteria used to select beneficiaries for the cash assistance, while 4 per cent did not. In addition, 95 per cent (165) of respondents reported being informed of the selection criteria prior to beneficiary selection, compared with 5 per cent (9) who reported not receiving this information. This indicated that information on targeting criteria was effectively communicated to the majority of beneficiaries.

The assessment also examined perceptions of fairness in the cash distribution process. Findings indicated that 98 per cent (171) of respondents perceived the cash distribution process as fair. No cases of corruption or misuse were reported by beneficiaries, indicating that KRCS's selection and targeting processes were transparent and accountable.

Regarding safety at cash withdrawal points, 100 per cent (174) of respondents reported feeling completely safe. This was further corroborated by a focus group discussion (FGD) with elderly participants conducted alongside household interviews, which confirmed that no security incidents were reported related to the use of mobile money (M-Pesa). The confidentiality of the mobile money modality enabled beneficiaries to access and utilise their cash safely and discreetly within their communities.

Lessons Learnt

• Post-distribution monitoring showed that cash support enabled households to increase daily meal consumption from one to three meals per day. This confirmed that multipurpose cash assistance is an effective response modality in drought-affected areas where markets remain functional.

• The utilization of trained KRCS volunteers and digital platforms such as the 121 system strengthened beneficiary registration, data cleaning and verification processes especially for the Cash & Voucher Assistance.

Challenges

• Poor mobile network coverage and lack of electricity in remote areas makes it difficult especially while using the Cash & Voucher Assistance modality.



Budget: CHF 76,517

Targeted Persons: 60,000

Assisted Persons: 25,744

Targeted Male: 12,629

Targeted Female: 13,145

Indicators

Title	Target	Actual
# of people reached - Psychosocial and Mental services.	1,500	2,168
# of people reached through the integrated health and nutrition outreaches conducted in the seven counties	60,000	25,774

Narrative description of achievements

• KRCS, in partnership with the counties' department of health, continued to improve access to essential health and nutrition services in hard-to-reach areas of Marsabit, Garissa and Baringo Counties through conducting integrated medical outreaches. A total of 30 (Marsabit-10, Garissa-10, Baringo-10) bi-monthly outreaches were supported, covering 4 rounds between July and August 2025, reaching 11,538 (1,908M, 9,630F) community members. A package of health services provided included immunisation, treatment, growth monitoring, nutrition management, supplementation, antenatal care, and health promotion. A total of 7,984 (4,572m, 4,045f) children under 5 years were screened for malnutrition, with 319 (152m, 167f) and 1,728 (834m, 894f) children with severe and moderate acute malnutrition, respectively, enrolled in a nutrition program for management. Cumulatively, 6,252 community members were treated for various ailments. Main challenges included stockouts of critical medical supplies at link health facilities, particularly essential drugs and nutrition commodities, which affected health service delivery.



KRCS conducted a mental health assessment in areas identified as requiring psychological support for communities, schools and local authorities. As a result, 2,168 individuals received Mental Health and Psychosocial Support (MHPSS) services through outreach activities. The assessment findings indicated significant gaps in access to counselling services, with limited support available for mental health cases, particularly following the loss of livelihoods.

- 25,774 people were reached with health and nutrition services against a target of 60,000 owing to stockouts. Additionally, migration resulting from the drought, as people ventured out in search of pasture, resulted in low numbers of persons reached.

Lessons Learnt

- The integrated outreaches by KRCS improved access to essential health and nutrition services in remote areas of Marsabit, Garissa and Baringo. Delivering multiple services e.g immunization, nutrition screening, treatment, ANC, and health promotion.
- Screening of children under 5 years during outreaches allowed early detection of severe and moderate acute malnutrition and timely enrollment into nutrition program.
- The integration of mental health and psychosocial support into medical outreaches enabled KRCS to reach community members affected by stress and loss of livelihoods.

Challenges

- Frequent stock-outs of essential medicines and nutrition supplies at linked health facilities adversely affected service delivery during integrated outreaches.
- The increased number of children identified with severe and moderate acute malnutrition as a result of the drought placed additional strain on outreach teams.
- KRCS did not achieve the planned coverage for integrated health and nutrition outreaches due to population movements within drought-affected areas.



Water, Sanitation And Hygiene

Budget: CHF 370,344

Targeted Persons: 60,000

Assisted Persons: 57,431

Targeted Male: 28,141

Targeted Female: 29,290

Indicators

Title	Target	Actual
# of people reached for improved water sources in emergencies.	60,000	43,457
# of safe and accessible water points for cooking and drinking water which are culturally appropriate, constructed or rehabilitated.	60,000	43,457
# of WASH assessments conducted in the seven counties	7	7
# of people reached by the National Society with contextually appropriate water, sanitation and hygiene services including water treatment chemicals	45,000	57,431

Narrative description of achievements

- KRCS conducted 7 detailed assessments of community water points in the most affected counties of Mandera, Baringo, Wajir, Marsabit, Samburu, Turkana and Garissa to determine priority WASH needs. Based on the assessment findings, the design, prioritization and procurement processes for the identified sites were completed.

As a result, KRCS supported the rehabilitation and upgrading of twelve (12) strategic community water points, enabling affected



communities to access safe and clean drinking water. The number of beneficiaries served by each rehabilitated strategic community water point was as listed below:

Site	Number of beneficiaries accessing water	Number people reached with hygiene promotion
Hareri (Mandera)	7091 People (1,418 Households)	7512 People (1,502 Households)
Moyale Hub (Marsabit)	3475 (692 Households)	4124 People (825 Households)
Mbalambala (Garissa)	3130 People (626 Households)	4110 people (684 Households)
Belatit (Baringo)	2147 people (430 households)	3890 people (778 households)
Kamagonge (Baringo)	3784 people (757 households)	4120 people (824 households)
Lomokori (Turkana)	1618 people (324 Households)	2098 People (415 Households)
Kaputur (Turkana)	5145 people (1029 Households)	7567 People (1509 Households)
Ledero (Samburu)	1530 people (306 Households)	3546 people (709 households)
Naingole (Samburu)	1806 people (361 Households)	3804 people (761 households)
Maikona (Marsabit)	5554 people (1112 Households)	6703 people (1341 Households)
Warder (Mandera)	5632 people (1,126 households)	6167 people (1233 households)
Gora (Garissa)	2545 people (599 Households)	3790 people (758 households)
TOTAL	43,457 people (8780 Households)	57,431 people (11,339 Households).

- The 43,457 people reached by water sources was an underachievement against the target of 60,000. This was due to migration in the target areas as people ventured out in search of pasture.

- 57,431 people were reached with hygiene promotion activities against a target of 45,000, which was due to reaching people who were not initially people part of the targeted population.

- As part of drought mitigation measures, the Kenya Red Cross Society (KRCS) Mandera Branch, with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), implemented an integrated drought response intervention targeting drought-affected communities in Mandera North Sub-County. The intervention focused on emergency water trucking and the distribution of Corn-Soy Blend Plus Plus (CSB++) in Ashabito Sub-County, specifically in Guticha, Ashabito, and Morothile Wards. A total of 4,987 households were reached through integrated services, including water treatment chemicals, health and nutrition interventions. In addition, CSB++ was distributed to 450 households, while emergency water trucking services supported targeted communities through 13 centralized water distribution points.

- The prolonged drought in the country resulted in the depletion of water sources, placing increased pressure on existing strategic water points. Consequently, frequent breakdowns were reported. In response, KRCS ensured the pre-positioning of fast-moving spare parts with water committees and strategic community water management structures to facilitate timely repairs and maintain continuous water availability.

- Basic operation and maintenance training was conducted at all supported sites to strengthen community capacity, preserve essential technical knowledge and ensure sustained functionality of the water systems. In addition, KRCS promoted the adoption of green energy solutions by solarizing all targeted water points. This transition significantly reduced operational and maintenance costs compared to systems previously dependent on electricity and fuel, resulting in notable cost savings at the community level.

- All communities directly affected by, and neighboring, the targeted strategic community water points were reached with basic sanitation and hygiene promotion interventions at the household level. Existing community platforms, including barazas and community action days, were utilized to maximize outreach and participation.

Hygiene promotion was recognized as a core component of effective WASH programming and extended beyond the delivery of key messages. KRCS worked closely with the Ministries of Water and Health to reach households through integrated approaches, including sessions conducted during integrated medical outreaches. The interventions emphasized household water treatment, consistent latrine use and the elimination of open defecation, menstrual hygiene management in both schools and communities, solid waste management, and vector-borne disease prevention. These efforts aimed to reduce the risk of disease outbreaks that could have further exacerbated the already critical humanitarian situation.

- With the recent trends in disease outbreaks attributed to the limited access to clean and safe water and poor sanitation and hygiene practices, the Kenya Red Cross will continue advocating for better hygiene and sanitation practices, coupled with disease surveillance, to curb the spread and ensure mechanisms that can prevent further effects are managed. The point-of-use water treatment chemicals were distributed during sanitation and hygiene sensitization and awareness sessions, both in households and at community meetings.

Lessons Learnt

- Conducting detailed assessments of community water points enabled KRCS to prioritize the most critical sites and direct resources where needs were required by the community members.

- Training water committees and community water management structures on basic operation and maintenance helped strengthen ownership and ensured faster response to minor breakdowns.

- Integrating hygiene promotion alongside water interventions improved community awareness on water treatment, sanitation, menstrual hygiene management, waste disposal and disease prevention.



Challenges

- Despite hygiene promotion by KRCS, some communities continued to practice open defecation and unsafe water handling.
- The drought situation in the country resulted in depletion of water points, putting a strain on the existing strategic points.



Protection, Gender And Inclusion

Budget: CHF 9,013

Targeted Persons: 5,000

Assisted Persons: 3,625

Targeted Male: 1,776

Targeted Female: 1,849

Indicators

Title	Target	Actual
# of branches assessed and findings	7	7
# of people trained on PGI within the NS	35	38
# of people reached through the PGI where SGBV cases have been resolved	500	523
# of people reached with awareness and messages on protection, GBV prevention and safeguarding	5,000	3,625

Narrative description of achievements

KRCS provided sensitization to 38 responders, including staff and volunteers, on the importance of conducting Protection, Gender and Inclusion (PGI) assessments throughout the drought response cycle. Volunteers were sensitized to the need to disaggregate data by sex, age, disability, and diversity to better understand and respond to community needs. The assessments were conducted across 7 branches in Marsabit, Garissa, Turkana, Mandera, Wajir, Baringo and Samburu.

Throughout the operation, KRCS continued to safeguard vulnerable communities by sensitizing staff and volunteers on protection and safeguarding principles. Particular emphasis was placed on children and women on the move in search of resources. In response to the heightened risk of Gender-Based Violence (GBV) associated with accessing water, food and basic services, the National Society worked with relevant authorities to identify and promote safe spaces. 523 people were reached through awareness efforts and related messages, especially in areas where SGBV cases were reported. Furthermore, 3,625 people received messages on protection. In addition, all personnel involved in the response, including staff and volunteers, signed the Child Safeguarding, Code of Conduct, and Prevention of Sexual Exploitation and Abuse (PSEA) policies. The underachievement of 3,625 against a target of 5,000 was due to a data-capture challenge. People reached through in-person messaging were not counted among those who received messages. The 3,625 were captured digitally as they received short messages (SMS).

- KRCS strengthened Gender-Based Violence (GBV) referral pathways as a core element of its Protection, Gender and Inclusion (PGI) response to ensure that the most vulnerable women, girls and other at-risk groups could access lifesaving and protective services during the drought response. KRCS volunteers and Community Health Promoters (CHPs) conducted household visits and community sensitisation activities, including disseminating key GBV prevention and response information and services aimed at preventing and responding to Gender-Based Violence (GBV).

All KRCS personnel, including volunteers, staff and contractors, signed the PSEA policy as part of their engagement contracts. Prior to signing, they were briefed on child protection policies and guidelines. Additional activities, including training-of-trainers and communication initiatives, remained pending, subject to funding availability from the Emergency Appeal (EA).

During the response, KRCS continuously advocated for the following protection priorities:

(i) Top-up support for persons with disabilities under the Multi-Purpose Cash Assistance (MPCA) to address additional barriers and costs during humanitarian crises, including accessibility challenges, accompaniment or proxy support, health-related expenses and heightened



protection risks.

(ii) Child protection interventions, including referral support for unaccompanied and separated children and other child protection cases, support to school feeding through livelihoods interventions, follow-up on school dropout cases, and child protection awareness sessions.

(iii) Establishment of emergency funds for protection cases and improved access to essential services.

(iv) Prevention of and response to Sexual and Gender-Based Violence (SGBV).

(v) Strengthened safeguarding through continued briefings on safeguarding policies.

Community dialogues were also conducted during the drought response to address Gender-Based Violence (GBV) prevention, response, and referral services. The dialogues provided a platform for open discussions on the causes, effects, and consequences of GBV in the community as well as strategies to combat it. Community awareness sessions through community dialogues, town hall forums and intergenerational dialogues have helped increase knowledge on GBV prevention and response among advisory committees, religious leaders, key male figures/GBV champions, persons living with disabilities, and community gate keepers.

Lessons Learnt

- No lessons learnt were documented.

Challenges

- No challenges experienced under the Protection, Gender and Inclusion category.



Community Engagement And Accountability

Budget: CHF 14,579

Targeted Persons: 15,000

Assisted Persons: 791

Targeted Male: 388

Targeted Female: 403

Indicators

Title	Target	Actual
# of complaints and feedback received and acted upon	1,000	100
#of participants trained on CEA and risk management	40	42

Narrative description of achievements

• KRCS was committed to mainstreaming Community Engagement and Accountability (CEA) throughout program implementation by ensuring active participation from affected community members and the closure of feedback loops. Community members were informed about the KRCS response, the modalities of support, the exit strategy, funding sources, and how to share feedback. KRCS ensured the establishment and utilization of community feedback desks during registration, distribution, assessment, and outreach activities. The National Society also disseminated KRCS feedback mechanisms, including the toll-free hotline (0800 720 577) and the complaints and feedback email, to facilitate accessible and timely communication.

During this period, a total of 42 volunteers (19 Males, 23Females) including 2 staff (1M, 1F) were engaged in the CEA training in Marsabit. The training covered key aspects including CEA in project cycle including during assessments, design and planning, implementation, monitoring and evaluation. Additionally, the teams were engaged in understanding the role of CEA in programs which focused on CEA in emergencies, cash and voucher assistance, PGI, and how to integrate feedback channels to address feedback and rumors at the community level. Furthermore, the teams focused on integrating CEA approaches into the societal context, considering the gaps they may face and the most appropriate approach for addressing community feedback.



With support from the Resilience and Health Rights Project, a total of 88 participants, including 20 Community Health Promoters (12 men, 8 women) and 16 Community Inclusion Currency Champions (10 men, 6 women) and 52 (34 men, 18 women), Kalobeyei staff in Turkana County benefited from CEA sensitization sessions. These sessions enhanced their understanding of CEA as a collective responsibility, improved their ability to document and act on feedback within 72 hours, and equipped them with practical skills in communication, rumour management, and the use of feedback mechanisms, including the toll-free hotline 0800720577, comment cards, and feedback boxes.

Support supervision for further reinforced accountability by identifying gaps in feedback documentation and dissemination of toll-free numbers. Immediate corrective measures were taken, and CHPs in Villages 1, 2, and 3 were mentored and onboarded to collect feedback using KOBO. This ensured that feedback was consistently documented, properly channelled, and addressed in a timely manner. All the feedback received was complimentary, and no action was required from KRCS.

The review meetings with seven groups involved 138 participants (26 men, 112 women) and provided a structured platform for dialogue, reflection, and validation of project progress. Members shared experiences, highlighted successes, such as improved livelihoods through savings and IGAs, and raised challenges that will inform the groups' priority needs. These forums also strengthened accountability and reinforced awareness of toll-free feedback channels.

Community review meetings on cholera in Kalobeyei, Turkana County reached 653 people (267 Male, 376 Female), including 159 persons with disabilities (51 men and 108 women) for both host and refugees. The sessions served as an important monitoring tool to track, gather feedback, verify that activities such as sensitisations, radio talk shows, and community dialogues had been implemented, while also assessing the community's knowledge, attitudes, and practices on cholera prevention. In totality, 791 people were reached through the review meetings.

Lessons Learnt

- Proactive communication on response objectives, eligibility criteria, funding sources, exit strategies, and feedback channels enabled affected communities to better understand the intervention.
- The establishment and use of community feedback desks, toll-free hotline, feedback email and feedback boxes ensured that different community groups could provide feedback through their preferred channels.

Challenges

- One major challenge was population movement. Many affected families, especially pastoralists, move frequently in search of water and pasture. This makes it difficult to reach the same households consistently, collect feedback and follow up on feedback or concerns.
- The second challenge was limited access to remote areas. Drought affected areas were often far from main towns and had poor road networks. Long distances and poor transport made it hard for KRCS teams to conduct regular community review meetings.



Secretariat Services

Budget: CHF 25,596

Targeted Persons: 4

Assisted Persons: 6

Targeted Male: 3

Targeted Female: 3

Indicators

Title	Target	Actual
# of IFRC monitoring and support missions	3	2
# of Movement coordination meetings organized, and updates are provided to the Movement partners	3	3
# of lesson learnt workshops conducted	1	1



Narrative description of achievements

- To deliver a coordinated and impactful drought response in the affected counties, IFRC and KRCS implemented strategic support measures. These include strengthening partnerships and resource mobilization, enhancing risk management and logistics, and investing in human resource development. Communications were scaled up to boost visibility and manage reputational risks, while upgraded data systems enabled real-time analysis and informed decision-making.
- The IFRC conducted a monitoring and support mission to KRCS-supported food distributions in Marsabit and Samburu counties under the DREF operation. KRCS, with support from IFRC, distributed 500 food rations to drought-affected families and schools in Samburu North.
- The IFRC conducted two monitoring missions against a target of 3 owing the engagement of their staff in a joint-WSR assessment assignment conducted in Somalia in November 2025 during which KRCS conducted the final monitoring mission.
- IFRC provided support from the following units: Operations, PMER, Finance, and Procurement. The IFRC operations unit supported the development and publication of this DREF. PMER & finance supported the review of the narrative & the financial report, as well as the financial-related spot checks.
- This DREF operation closed in October 2025 as it transitioned to an emergency appeal and therefore activities continued under the EA (MDRKE068).

Lessons Learnt

- Monitoring visits and support supervision by IFRC helped verify activity progress and provide technical guidance to the National Society and field teams. This was evident during the joint food distribution by IFRC and KRCS in Samburu North.

Challenges

- No challenges were experienced under this category.



National Society Strengthening

Budget: CHF 102,325
Targeted Persons: 150
Assisted Persons: 180
Targeted Male: 92
Targeted Female: 88

Indicators

Title	Target	Actual
# of documentations done	2	7
# of After-action review and lessons learnt done	2	1
# of volunteers mobilized and insured during the operation	150	180

Narrative description of achievements

- KRCS conducted systematic documentation across all counties where drought response interventions were implemented. This included activities in Marsabit County during medical outreach and food distribution, as well as a joint assessment conducted with IFRC and other National Society partners. For all field activities, mission reports were prepared to document specific interventions, including key findings, recommendations and feedback from supported communities. These documentation processes informed adaptive planning and strengthened donor engagement, thereby supporting the continuity of humanitarian interventions nationwide.

KRCS facilitated ongoing participatory scenario-planning exercises in collaboration with the National Drought Management Authority (NDMA), bringing together participants from various thematic areas to capture lessons learned from the drought response. Key lessons underscored the importance of triggering anticipatory actions before drought conditions worsen, advancing the transition from in-kind food assistance to cash-based interventions to enhance cash readiness, and strengthening coordination with NDMA. These lessons were incorporated into county contingency plans and integrated into the response.



A total of 180 volunteers were mobilised across the seven drought-affected counties. All volunteers were insured under the IFRC Volunteer Accident Insurance scheme. Mobilisation included refresher training on Cash and Voucher Assistance (CVA), community engagement and psychosocial support. Volunteer deployments were coordinated through county branches and aligned with National Society surge protocols. The overachievement against the 150-volunteer target was due to attrition, which required replacing volunteers.

- One after-action review and lessons learnt workshop took place against the target of 2 because KRCS conducted a regional-level review rather than a country-level review.

Lessons Learnt

- Mobilizing 180 trained KRCS volunteers across the drought-affected counties strengthened field-level implementation during assessment, registrations and distributions.
- Close collaboration with National Drought Management Authority and respective County governments improved alignment between humanitarian response activities and government-led drought management frameworks.
- Reports from KRCS drought interventions including outreaches, food distributions, school feeding program and joint assessments with county government and partners enabled KRCS to identify immediate needs and adjust implementation approaches based on what is working well.

Challenges

- No challenges were experienced.



Financial Report

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DREF Operation

FINAL FINANCIAL REPORT

MDRKE065 - Kenya - Drought

Operating Timeframe: 07 Apr 2025 to 31 Oct 2025

Selected Parameters			
Reporting Timeframe	2025/04-2025/11	Operation	MDRKE065
Budget Timeframe	2025/04-2025/10	Budget	APPROVED

Prepared on 26/Jan/2026

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	970,592
DREF Response Pillar	970,592
Expenditure	-970,557
Closing Balance	35

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	229,114	244,006	-14,892
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	120,388	128,213	-7,825
PO04 - Health	71,847	76,517	-4,670
PO05 - Water, Sanitation & Hygiene	347,741	376,318	-28,577
PO06 - Protection, Gender and Inclusion	8,463	9,013	-550
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	59,588	288	59,300
PO10 - Community Engagement and Accountability	13,689	14,579	-890
PO11 - Environmental Sustainability			0
Planned Operations Total	850,829	848,934	1,895
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	23,683	19,298	4,384
EA03 - National Society Strengthening	96,080	102,325	-6,245
Enabling Approaches Total	119,762	121,623	-1,861
Grand Total	970,591	970,557	34

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

Please explain variances (if any)

The financial report reflected expenditures under shelter and disaster risk reduction activities, although these were not included in the planned activities. This resulted from budgeting errors within WBS, which is scheduled for correction in February 2026. Upon completion of the corrections, the report will be republished.

The CHF 35 balance will be returned to the DREF pot.



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DREF Operation

Selected Parameters			
Reporting Timeframe	2025/04-2025/11	Operation	MDRKE065
Budget Timeframe	2025/04-2025/10	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 07/Jan/2026
All figures are in Swiss Francs (CHF)

MDRKE065 - Kenya - Drought

Operating Timeframe: 07 Apr 2025 to 31 Oct 2025

I. Summary

Opening Balance	0
Funds & Other Income	970,592
DREF Response Pillar	970,592
Expenditure	-970,557
Closing Balance	35

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	59,588	288	59,300
AOF2 - Shelter	229,114	244,006	-14,892
AOF3 - Livelihoods and basic needs	120,388	128,213	-7,825
AOF4 - Health	71,847	76,517	-4,670
AOF5 - Water, sanitation and hygiene	347,741	376,318	-28,577
AOF6 - Protection, Gender & Inclusion	8,463	9,013	-550
AOF7 - Migration			0
Area of focus Total	837,139	834,355	2,785
SFI1 - Strengthen National Societies	109,769	116,904	-7,135
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	23,683	19,298	4,384
Strategy for implementation Total	133,452	136,202	-2,751
Grand Total	970,591	970,557	34

DREF Operation

Selected Parameters			
Reporting Timeframe	2025/04-2025/11	Operation	MDRKE065
Budget Timeframe	2025/04-2025/10	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 07/Jan/2026

All figures are in Swiss Francs (CHF)

MDRKE065 - Kenya - Drought

Operating Timeframe: 07 Apr 2025 to 31 Oct 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Logistics, Transport & Storage	350	14	336
Transport & Vehicles Costs	350	14	336
Personnel	15,233	15,376	-144
International Staff	15,233	5,609	9,623
National Staff		9,767	-9,767
General Expenditure	8,450	8,610	-160
Travel	6,419	3,087	3,332
Communications		113	-113
Financial Charges	2,031	-5	2,036
Shared Office and Services Costs		5,415	-5,415
Contributions & Transfers	887,321	887,321	0
Cash Transfers National Societies	887,321	887,321	0
Indirect Costs	59,238	59,236	2
Programme & Services Support Recover	59,238	59,236	2
Grand Total	970,591	970,557	34