



KRCS RCATs Rescue Marooned families in Nairobi

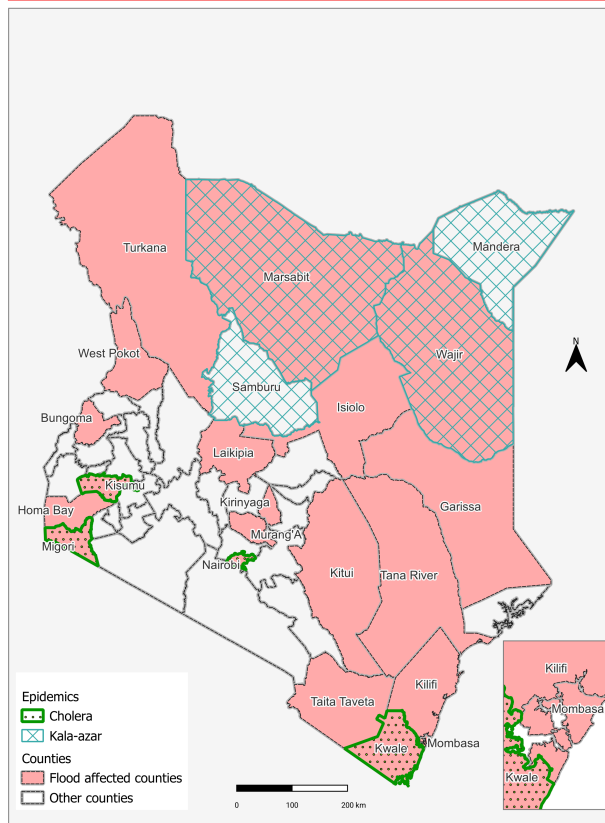
Appeal: MDRKE066	Total DREF Allocation: CHF 499,001	Crisis Category: Yellow	Hazard: Flood
Glide Number: -	People Affected: 425,609 people	People Targeted: 375,109 people	People Assisted: 411,356 people
Event Onset: Sudden	Operation Start Date: 26-05-2025	Operational End Date: 30-11-2025	Total Operating Timeframe: 6 months

Targeted Regions: **Mombasa, Kwale, Taita-Taveta, Garissa, Wajir, Mandera, Marsabit, Isiolo, Samburu, Kisumu, Nairobi**

Description of the Event

OVERLAP BETWEEN FLOODS, CHOLERA AND VISCERAL LEISHMANIASIS (KALA-AZAR) IN KENYA, 2025

As of 14 May 2025



Map of Kenya indicating counties reporting effects of floods and Cholera

Date of event

14-05-2025

What happened, where and when?

Kenya experienced concurrent crises during the March–April–May (MAM) 2025 long-rains season, marked by severe flooding and escalating cholera and Visceral Leishmaniasis outbreaks. Multiple counties requested KRCS support for flood response, cholera control, and vector-borne disease management. Kisumu County sought cholera assistance on 2 May and flood support on 14 May, while national authorities called on KRCS for broader support following joint assessments. On 16 May, the Government ordered evacuations in Tana River and Garissa after the Kiambere Dam overflowed.

The MAM rains affected 23 counties, resulting in widespread flash floods, landslides, and infrastructure damage. By mid-May, over 14,700 households were affected, 3,650 displaced, 23 fatalities recorded, and significant agricultural and livestock losses reported.

Flooding contributed to a surge in water-borne and vector-borne diseases. By 13 May, the cholera outbreak had reached 244 cases and 11 deaths across Coastal, Lower Eastern, Western, and flood-hit counties such as Migori, Kisumu, Nairobi, and Kwale. Simultaneously, the Visceral Leishmaniasis outbreak, active since January, had resulted in 1,715 cases and 106 deaths, particularly in ASAL counties, including flood-affected Wajir and Marsabit.

KRCS branches and volunteers supported life-saving flood operations, including search and rescue, relief distribution, and reinforcement of public health measures. In collaboration with the Ministry of Health, KRCS implemented RCCE, community surveillance, WASH and IPC interventions, as well as vector control activities targeting Leishmaniasis.

The October–November–December (OND) season was relatively mild, but cumulative stress from OND and the more severe MAM rains heightened vulnerability in already at-risk counties.





Impact assessment in Homa Bay County



Destroyed household by the ongoing floods



Joint health assessment in Nairobi

Scope and Scale

Heavy rainfall during the March–May 2025 long rains had triggered widespread flooding, destroying homes, displacing families, and disrupting livelihoods, particularly for small-scale farmers, pastoralists, and informal traders. By mid-May, over 14,700 households were affected, 3,650 were displaced, 23 deaths were recorded, and extensive losses were reported across crops, livestock, businesses, water sources, and key public infrastructure. The hardest-hit counties included Tana River, Isiolo, Homa Bay, and Turkana, with risks extending across the ASAL belt as rains continued and dam overflow alerts prompted government-ordered evacuations downstream of Kiambere Dam on 16 May.

Flooding had also worsened a growing public health emergency. The cholera outbreak that began in February had escalated during peak flooding, reaching 244 cases and 11 deaths across Migori, Kisumu, Nairobi, and Kwale. Concurrently, Visceral Leishmaniasis cases surged in Wajir, Marsabit, Mandera, and Samburu, surpassing 1,700 cases and straining already limited health systems. Compromised WASH infrastructure, stagnant water, overcrowding, and insufficient diagnostic and treatment capacity heightened transmission risks.

During the October–November–December (OND) 2025 season, additional flooding further stressed communities. Seven counties were affected, with 13,891 households impacted, 6,733 displaced, 38 deaths recorded, 703 livestock lost, and 2,354 acres of land submerged.

The cumulative effects of the MAM and OND seasons, combined with escalating disease outbreaks, placed significant pressure on already vulnerable regions. Without scaled-up multi-sectoral action, the situation risked further deterioration, with projections indicating that more than 425,000 people in affected sub-counties could have been at heightened risk.

Source Information

Source Name	Source Link
1. KenGen Cumulative volume of water in Dams	https://kenyaredcross-my.sharepoint.com/personal/muchiri_anthony_redcross_or_ke/Documents/Attachments/IMG_20250426_190958.jpg?web=1
2. WHO Africa Region week 19 weekly bulletin	http://www.afro.who.int/
3. Country MoH Weekly Epidemics Bulletin	https://kenyaredcross-my.sharepoint.com/:b:g/person/olale_paul_redcross_or_ke/EUx5qR0cQcxDI7h6RPlw51EB3kNt7E_kjYhhNreixzetdghttps://:b:g/person/olale_paul_redcross_or_ke/EUx5qR0cQcxDI7h6RPlw51EB3kNt7E_kjYhhNreixzetdg
4. Country MOH Weekly Epidemic situational reports	https://kenyaredcross-my.sharepoint.com/w:g/person/olale_paul_redcross_or_ke/Ef4H9dMp9RBnh4sLgp5G5gBjcQNzsXHJlu4hqSBBuOGrA



National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?

No

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.

The IFRC continued to support the KRCS through the Mpox Emergency Appeal, though available funds were exhausted, and the KRCS relied on national and bilateral resources. The Federation also supported the KRCS through a drought DREF as conditions continued to worsen across ASAL counties. Most areas remained sunny and dry, with localized rainfall in a few counties. Twenty counties were in the "Normal" drought phase but deteriorating, three remained in "Alert," and seven were classified in IPC Phase 3.

Participating National Societies

Present PNS in Kenya include British Red Cross, Norwegian Red Cross, Danish Red Cross, Finish RC, Italian Red Cross and Netherlands RC.

ICRC Actions Related To The Current Event

ICRC Nairobi Regional Office is in Kenya however they are not part of this response.

Other Actors Actions Related To The Current Event

Government has requested international assistance

Yes

National authorities

Flood early warnings and forecasts had been issued consistently by the Kenya Meteorological Department, which had provided timely and accurate alerts to help the public take precautionary measures.

In public health, the index cholera case had been reported on 12 February 2025 in Sakuri B Village, Kuria East, Migori County, leading KRCS and local authorities to launch a joint response. The Ministry of Health had already identified high-risk counties under the 2022–2030 Cholera Elimination Plan, with areas such as Kwale, Tana River, Mombasa, Homa Bay, Kericho, and Siaya remaining priority zones.

Nationally, the government had continued issuing regular cholera situation reports through the Public Health Emergency Operations Centre (EOC), noting that the



situation was likely to worsen due to ongoing rains. The Ministry of Health had been working closely with partners as the outbreak overstretched existing resources. KRCS had received formal requests for support from Kisumu, Narok, Migori, Nairobi, and Wajir counties for both flood and epidemic response.

On 2 May 2025, Kisumu County requested KRCS assistance to curb rising cholera cases, following an earlier national call by the Health Cabinet Secretary for strengthened multi-sectoral action. With continued rainfall and historical trends, the risk of spread had remained high in counties, including Kiambu, Kisumu, Homa Bay, Siaya, Kwale, Mombasa, Tana River, Kericho, and Turkana.

Response preparations had included planning an Oral Cholera Vaccination campaign for June 2025 in hotspots across Kisumu, Nairobi, and Kwale, alongside ongoing health worker training and deployment of Rapid Response Teams for surveillance and case management.

UN or other actors

UNOCHA has been hosting a monthly Kenya Humanitarian Partners Team (KHPT) forum that brings together all humanitarian agencies for updates and coordinated response.

WHO provided technical assistance to the overall cholera response and also led the coordination of health partners through a twice on a month health partners meeting. UNICEF has been supporting WASH interventions in Narok, Migori, and Nairobi counties to combat the ongoing Cholera outbreak.

Are there major coordination mechanism in place?

KRCS has been part of the National MoH task force for Epidemics and is also among the partners of the National Incident Management System (IMS) for Epidemics.

Kenya Red Cross Branches are also part of the County Health Management Teams (CHMTs) & Sub-County Health Management Teams (SCHMTs).

Needs (Gaps) Identified



Shelter Housing And Settlements

Many households lost their homes and were displaced by the floods. Joint assessments by KRCS, county governments, and partners indicated that 14,793 households (73,965 people) were affected and 3,650 households (18,250 people) displaced. The number of people requiring support, particularly in Tana River, was expected to rise as evacuations continued.

Affected families required immediate shelter, essential household items, and multipurpose cash to meet basic needs. Damage had affected a mix of rural, informal settlement, and peri-urban housing structures. Displaced households needed emergency shelter kits, with some locations requiring rapid camp setup and camp management support. In addition, the rehabilitation and reconstruction of fully or partially destroyed houses were identified as a priority.



Multi purpose cash grants

There was a need for multipurpose cash assistance to support affected and displaced families whose normal livelihoods had been severely disrupted. Although markets had been impacted, they remained sufficiently functional to enable cash-based interventions.

KRCS joint assessments with county governments showed that 253 businesses had been affected, 2,379 livestock had been lost, and more than 5,337 acres of crops had been destroyed. Many households had also lost their stored food supplies due to flooding.



Health

Heavy rains and flooding significantly worsened an already fragile public health situation, increasing the risk of both waterborne and vector-borne diseases across multiple counties. The floods disrupted critical infrastructure—including health facilities, shelter, water



supply systems, sanitation facilities, and hygiene services—creating ideal conditions for disease transmission. These impacts were particularly severe in counties already experiencing infectious disease outbreaks, necessitating an integrated and coordinated health and WASH response.

Cholera Outbreak:

The index cholera case was reported on 12 February 2025 in Sakuri B Village, Kuria East Sub-county, Migori County. Since then, cases increased steadily, with a persistently elevated case fatality rate (CFR). As of 13 May 2025, a total of 244 cases and 11 deaths (CFR: 4.6%) had been reported across Migori, Kisumu, Nairobi, and Kwale counties. The highest attack rates were recorded in Kisumu, Migori, and Kwale.

High-risk sub-counties included Kisumu West, Nyando-Kadibo, Muhoroni, Kuria East and West, Suna East and West, and several informal settlements in Nairobi such as Kibra, Mathare, and Embakasi. The geographic spread across urban, peri-urban, and rural settings suggested contamination of water and food sources and raised concerns of further nationwide transmission, particularly in flood-affected counties.

The Government's cholera response plan also identified heightened risk in additional flood-affected counties, including Tana River, Kericho, Siaya, Homa Bay, Turkana, Kitui, Murang'a, Mombasa, and Kilifi.

Kala-azar (Visceral Leishmaniasis) Outbreak:

In parallel, the Kala-azar outbreak reached unprecedented levels. In 2025, 1,715 cases and 106 deaths were reported (CFR: 6.1%), exceeding national outbreak thresholds and surpassing cumulative case totals recorded over the previous five years in several counties. Wajir County reported 1,304 cases—exceeding the total recorded over the past four years combined—while Marsabit reported 347 cases in early 2025 compared to 117 cases between 2020 and 2023. The high mortality rate reflected significant health system gaps, delayed health-seeking behavior, and reliance on traditional remedies that contributed to late diagnosis and poor outcomes. Flood-related shelter conditions and poor WASH infrastructure further increased vector breeding and community exposure, exacerbating transmission.

Health System Gaps and Response Constraints:

Floods compromised healthcare delivery through:

- (i) Limited availability of Personal Protective Equipment (PPE), increasing infection risks among healthcare workers.
- (ii) Insufficient Infection Prevention and Control (IPC) training for clinicians and field officers.
- (iii) Shortages of essential public health supplies, including chlorine granules and vector control chemicals.
- (iv) Limited laboratory testing capacity, delaying confirmation and response.
- (v) Weak surveillance and early warning systems, resulting in delayed case detection and reporting.
- (vi) Inconsistent data sharing between county and national levels.

Emergency coordination structures remained suboptimal. Multi-stakeholder coordination meetings were irregular, and Rapid Response Teams were activated primarily after case confirmation rather than proactively. Activation of an Emergency Operations Center (EOC) and strengthened surveillance systems were critical to improve coordination and early response.

WASH and Community Risk Factors:

Flooding severely disrupted access to safe water, sanitation, and hygiene services. Many affected communities experienced:

- (i) Inadequate access to safe drinking water.
- (ii) Absence of handwashing facilities and soap at household level.
- (iii) Overcrowding in displacement camps.
- (iv) Poor sanitation infrastructure.
- (v) Limited availability of Information, Education, and Communication (IEC) materials.

Unhygienic food handling practices particularly involving wet and raw foods further increased exposure risks. Community fatigue led to declining adherence to preventive measures over time. Nomadic populations faced additional barriers, including language challenges and limited access to culturally appropriate risk communication.

These conditions significantly increased the risk of continued transmission of cholera and Kala-azar unless urgent, coordinated interventions were implemented.

Conclusion:

The concurrent impact of flooding, cholera, and Kala-azar outbreaks created a complex public health emergency requiring integrated health, WASH, surveillance, and risk communication interventions. Strengthening coordination, expanding laboratory and surveillance capacity, improving IPC compliance, ensuring availability of essential supplies, and enhancing community engagement were critical to controlling transmission and preventing further morbidity and mortality.



Water, Sanitation And Hygiene

Enhanced rainfall triggered flash floods in parts of Lower Eastern (Nairobi) and West Kenya Regions, worsening WASH conditions in areas already reporting cholera cases. In Migori and Kisumu, flooding contaminated shallow wells and rivers, which were the main household water sources.





Protection, Gender And Inclusion

School-aged children faced increased protection risks as unsafe living conditions, disrupted learning, and heightened exposure to disease and malnutrition continued to affect areas such as Baringo and Naivasha Counties.

Communities in camps and flood-prone locations, including Kisumu, remained highly vulnerable due to inadequate shelter, limited access to essential services, and insufficient relief support. People with disabilities and the elderly also faced a heightened risk of exclusion and reduced access to assistance. Strengthened, inclusive humanitarian support covering safe shelter, food, healthcare, and continued access to education was urgently needed to safeguard the well-being of all affected groups.



Community Engagement And Accountability

The consideration of Community Engagement and Accountability was vital in this context, ensuring that responders listened to and understood the needs, concerns, and priorities of flood-affected communities.

During the floods, cholera, and Kala-azar outbreaks, an effective response required active community involvement so that households had the information, feedback channels, and participation needed across all key sectors, including food security, vector control, WASH, health, and PGI.

Operational Strategy

Overall objective of the operation

This IFRC-DREF Operation aimed to respond to the effects of floods and the cholera outbreak in order to minimize the loss of life and reduce the spread of the cholera outbreak. The DREF Operation was planned to support a total of 375,109 people affected by floods and cholera, while vector control was to be scaled up in overlapping areas with ongoing leishmaniasis.

The DREF Operation was designed to support lifesaving and relief activities, including aqua search and rescue, shelter, cash grants, health interventions, Water Sanitation and Hygiene (WASH), Risk Communication and Community Engagement (RCCE), Psychological First Aid (PFA), Community-Based Surveillance (CBS), and vector control.

The DREF Operation targeted counties, prioritizing those with the highest numbers displaced by the floods, with active or at-risk cholera and visceral leishmaniasis outbreaks, for a period of six months.

Operation strategy rationale

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The main focus of this intervention was to provide relief assistance to 3,000 households (15,000 people) affected by floods and cholera, combining cash, NFIs, and humanitarian services to ensure dignity, protection, and wellbeing. The WASH and Health assistance was scaled up, considering the public health emergency also ongoing in the flood-affected counties, ensuring the extension of prevention, vector control, and RCCE to an overall 375,109 people affected by floods whose health and wellbeing were threatened by the ongoing cholera and Leishmaniasis outbreaks in the flood-affected communities.

The KRCS operation strategy rationale was to:

Mobilize in flood-affected counties to support displaced households with emergency shelter, essential items, and multipurpose cash assistance. These counties also received emergency health and WASH support to address flood impacts and ongoing or potential cholera transmission. Where there was overlap with the visceral leishmaniasis outbreaks, these communities were supported with complementary actions such as RCCE and vector control.

Aqua search and rescue:

KRCS led Aqua Rescue efforts during the current MAM rains, as no other organization in Kenya had this capacity. Working with local fishermen and hiring their boats, KRCS successfully reached and evacuated marooned families and goods. Fishermen and community disaster response teams remained the first line of defense during flood emergencies. This activity was scaled up as necessary.



Access to essential Emergency household items for 3,000 households (15,000 people):

The distribution of Essential Household Items targeted 1,500 households—around 30% of those affected—with priority given to the most vulnerable and displaced. Support included emergency shelter (tarpaulins), essential household, WASH, and health items, along with demonstrations on their safe use. Trained Red Cross teams also assisted with camp management and emergency shelter setup at designated evacuation centers.

Multipurpose cash grants were planned for another 1,500 households (7,500 people), based on market accessibility and preferences assessed. Targeted households received a one-time, unconditional cash grant of KES 5,000 through financial service providers to meet basic needs. The program, coordinated with the Kenya Cash Working Group, focused on households with market access and included market assessments and ongoing monitoring.

Where markets were functional, it was intended that the cash would support access to basic needs, including EHI or other priorities. The rationale for adopting a dual-modality assistance approach—combining in-kind shelter support with cash-based interventions—stemmed from insights gained during preference consultations with affected communities. While the overarching priority remained to support vulnerable and displaced households, assessments revealed diverse immediate needs among families. Some households required essential shelter items to address urgent needs, whereas others were better served through cash assistance, which offered flexibility to procure materials or services tailored to their specific circumstances. This bifurcated strategy ensured that both forms of assistance were represented, aligning with best practices in humanitarian response. On the other hand, depending on the ratio of cash feasibility, additional support was extended to families with severe livelihood impact and high nutrition vulnerabilities, complementing their support. This was assessed.

WASH:

Integrated with the floods and cholera response, KRCS provided vulnerable households with water treatment supplies PUR, aqua tabs, and chlorine to ensure access to safe drinking water. In camps, support included jerry cans for water storage and construction of sanitation units. Hygiene promotion sessions were also integrated into risk communication efforts to reinforce safe water and sanitation practices. The RCCE and community meetings were used to mobilize the communities alongside the volunteers on environmental hygiene, cleaning, and sanitation efforts campaigns. This involved activities to reduce potential sandfly breeding sites, improving sanitation, removing stagnant water, and improving living conditions in settlements and where they were staying in general. The vector control was scaled up with spraying activities in buildings that hosted families within communities with ongoing Leishmaniasis outbreaks.

Emergency Health:

In response to the ongoing cholera outbreak, KRCS focused on controlling transmission through enhanced surveillance, risk communication, community engagement, and improved infection prevention and control (IPC) at both community and facility levels. Early action also targeted high-risk counties. The operation aimed to reach 375,109 people—10% of the at-risk population—with emergency health interventions focused on cholera prevention and response, with some efforts on vector control.

Risk Communication and Community Engagement:

To boost cholera awareness and prevention, KRCS launched a health education campaign in collaboration with the Ministry of Health. The campaign engaged volunteers, local leaders, and community health promoters to deliver culturally sensitive messages. RCCE materials were developed and shared through local radio talk shows and spots in local languages to overcome language barriers and promote behavior change. KRCS volunteers and community health teams were also trained and refreshed on the Epidemic Preparedness and Response in Communities (EPIC) module.

Hygiene Promotion:

KRCS focused on hygiene promotion interventions, including Infection Prevention and Control (IPC) capacity strengthening. KRCS also supported the provision and distribution of WASH supplies, including water treatment chemicals and handwashing stations. Community health response teams, including KRCS volunteers, were engaged in conducting hygiene promotion interventions. The volunteers were trained on hygiene promotion and household water treatment.

Vector Control Interventions:

KRCS supported the procurement of vector control chemicals and supported indoor and outdoor residual spraying to prevent and eliminate vector breeding.

Surveillance and Early Detection:

One of the most essential strategies for KRCS was to ensure early detection, reporting, and response to disease outbreaks. KRCS enhanced existing systems to improve the prompt detection and reporting of cholera and Kala-azar cases, ensuring swift action could be taken. KRCS trained community health response teams, including Kenya Red Cross volunteers, on Community-Based Surveillance (CBS) to identify and report symptoms of cholera and Kala-azar as soon as they appeared, using community case definitions, so that the NS could mitigate the spread of these diseases at the community level in a timely manner. A comprehensive system for gathering and analyzing data was established in all counties affected by cholera and visceral leishmaniasis, ensuring that suspected cases were promptly reported to local authorities, the Ministry of Health (MoH), and Kenya Red Cross personnel. This system enabled continuous monitoring of disease patterns, identification of potential hotspots, and efficient allocation of resources to areas most in need. This training focused on improving case identification, reporting procedures, and activating response teams. KRCS also aimed to support active case search and contact tracing for cholera to ensure prompt initiation of rehydration and linkage for case management by the health authorities.

Improve Infection Prevention and Control (IPC): Ensuring that adequate and appropriate IPC commodities were available to county community and facility teams to contain the outbreak by preventing further spread. Moreover, providing specialized training for community health response teams, including KRCS and MoH volunteers, on IPC-related modules.

Community Engagement and Accountability (CEA):

KRCS's Community Engagement and Accountability (CEA) framework underpinned its community-based interventions, promoting participation, transparency, and responsiveness. Guided by its 2021–2025 Strategic Plan, KRCS was committed to helping communities prepare for, respond to, and recover from crises while promoting health and well-being. As a community-centered organization, KRCS continued to engage communities respectfully and inclusively, strengthening capacity through regular sensitization of staff, volunteers, and stakeholders involved in the flood response. The following community engagement strategies were used:

(i) KRCS Hotlines and helplines: 0800720577 and 1199 for daily feedback tracking from the community.



- (ii) Community feedback boxes.
- (iii) KRCS staff, volunteers, and support staff present within the implementation areas to collect and document community feedback.
- (iv) Focused group discussions with targeted community members.
- (v) Community review meetings.
- (vi) Utilization of the KRCS email complaints@redcross.or.ke to document sensitive feedback, including sexual exploitation, abuse, corruption, or fraud.

Protection, Gender and Inclusion:

All sectoral teams integrated gender, diversity, and disability inclusion in planning, following IFRC PGI minimum standards and KRCS procedures. Programs ensured equitable access to services while preventing and responding to violence, discrimination, and exclusion. Key actions included:

Data & Inclusion: Collected and analyzed sex, age, and disability-disaggregated data to inform response strategies.

Violence Prevention & Response: Trained staff and volunteers on PSEA, PGI, CMR, and PFA, established safe SGBV referral pathways, and ensured a survivor-centred approach.

Awareness & Education: Developed community-based materials promoting nonviolence, peace, and inclusion, empowering individuals to address discrimination and violence.

KRCS identified safe spaces for communities and sensitized the toll-free line where counselling could be done. Staff and volunteers at KRCS had also completed a mandatory Child Safeguarding course and signed the PSEA policy. However, there was a need to enhance capacity for KRCS staff and volunteers across PGI issues, which was mainstreamed throughout this operation.

Coordination and Collaboration:

To comprehensively respond to the cholera outbreak, effective coordination and collaboration were essential. KRCS strengthened available coordination channels at both the county and national levels. KRCS also built partnerships with international organizations, NGOs, and donors, enabling the NS to leverage resources, share expertise, and amplify the impact of its interventions.

Targeting Strategy

Who was targeted by this operation?

The current operation had a direct target of 3,000 vulnerable households (15,000 people) displaced by flood waters, both directly as a result of heavy rains and indirectly as populations living in the lowlands who were forced to move to higher grounds in: Taita Taveta, Garissa, Turkana, Homa Bay, Isiolo, Tana River, Nairobi, Kisumu, Kwale, and Marsabit.

Additionally, the interventions targeted 375,109 community members in wards and villages that reported cholera and leishmaniasis with response activities, as well as neighboring communities susceptible to the cases based on epidemiological evidence in: Migori, Nairobi, Kisumu, Kwale, Marsabit, Wajir, Mandera, and Samburu. The strategy prioritized protecting those most susceptible to floods, cholera and kala-azar, including people living in slums, young children, flood-prone areas, and cholera at-risk locations close to active transmission sites to reduce the disease's impact. The approach, aligned within the counties that were experiencing the outbreaks, included mapping/assessments, procurement, and distribution of WASH/IPC commodities to control the outbreak.

Noting that CEA and PGI were mainstreamed across all sectors, the county prioritization matrix was as follows:

1) Shelter, WASH, and Health:

Kisumu: Affected by floods and experiencing an active cholera outbreak. Recommended response: Shelter, WASH, and Health.

Kwale: Affected by floods and experienced an active cholera outbreak. Recommended response: Shelter, WASH, and Health.

Isiolo: Heavily affected by floods and at risk of cholera. Recommended response: Shelter, WASH, and Health.

Nairobi: Severely affected by both floods and an active cholera outbreak. Recommended response: Shelter, WASH, and Health.

2) Shelter and Health:

Taita Taveta: Affected by floods and at risk of cholera, particularly due to its proximity to outbreaks in neighbouring Tanzania. Recommended response: Shelter and Health.

Garissa: Severely impacted by floods and at risk of cholera. Recommended response: Shelter and Health.

3) Integrated Health and WASH:

Marsabit: Affected by floods and experienced an active Kala-azar outbreak. Flood effects were minimal, and potential funding for VL interventions existed. Recommended response: WASH and Health.

Wajir: Affected by floods and experiencing a major Kala-azar outbreak. Flood displacement was low and not expected to worsen. Recommended response: Health only.

4) Health only:

Samburu: Affected by floods and experiencing a severe Kala-azar outbreak. Flood-related displacement was limited. Recommended response: Health only.

Mombasa: Affected by floods and at risk of cholera due to proximity to Kwale, which was reporting active cases. Suspected cases were under investigation. Recommended response: Health only.

5) Shelter only:

Turkana: Flood-affected and at risk of cholera, with interventions focusing on displaced populations. Recommended response: Shelter only.

Homa-Bay: Flood-affected and at risk of cholera (neighbouring Kisumu and Migori had active or recent cases). WASH needs were covered by an existing project. Recommended response: Shelter only.

Tana River: Affected by floods and at risk of cholera. WASH and Health interventions were supported by an existing project. Recommended response: Shelter only.



6) Monitoring:

KRCS continued to monitor other counties, as they did not present a state of emergency at the time:

Migori: Affected by floods with a recently controlled cholera outbreak. Monitoring continued due to outbreaks in nearby Kisumu.

Explain the selection criteria for the targeted population

The DREF targeted communities affected by and reporting on floods, cholera, and visceral leishmaniasis outbreaks. This included those at risk of contracting cholera or Kala-azar who were also affected by floods. The interventions targeted all age groups in the affected areas and neighbouring villages and wards.

Based on joint assessments with county governments, KRCS mapped out the counties most affected by the combination of hazards, using displacement as an indicator for floods, alongside active cholera outbreaks or the risk of a cholera outbreak. The targeting followed the assessment summary, defining sectoral and geographical priorities by combining flood impacts with outbreak trends and risks. As of 15 May 2025, the multi-hazard mapping was as follows:

(i) Floods, cholera, and Kala-azar: Wajir, Marsabit, Garissa, Isiolo

(ii) Floods and active cholera in 2025: Kisumu, Nairobi, Kwale, Migori. Government projections also highlighted a high cholera risk in flood-affected counties such as Tana River, Kericho, Siaya, Homa Bay, Turkana, Kitui, Murang'a, Mombasa, and Kilifi.

(iii) Counties experiencing Kala-azar without current flood impact: Samburu, Mandera, Baringo.

Total Assisted Population

Assisted Women	209,792	Rural	65%
Assisted Girls (under 18)	-	Urban	35%
Assisted Men	201,564	People with disabilities (estimated)	2%
Assisted Boys (under 18)	-		
Total Assisted Population	411,356		
Total Targeted Population	375,109		

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
<p>PSEA and child safeguarding</p>	<p>The following measures were implemented to strengthen Protection from Sexual Exploitation and Abuse (PSEA) and child safeguarding:</p> <ul style="list-style-type: none"> (i) Staff and volunteers were sensitised on PSEA and child safeguarding and signed the code of conduct. (ii) A child safeguarding risk analysis was completed, and an action plan was developed.
<p>Disease Outbreaks Primary Risk: Waterborne diseases such as cholera, typhoid and dysentery resurgence or outbreak in other in counties non targeted due to contaminated water and poor sanitation. Context-Specific Factors: In flood-prone regions like Tana Delta and West Kenya, latrine overflows, stagnant water, and displacement into overcrowded shelters increase disease transmission. Impact on Operations: Increased demand for IPC supplies, staff, and MHPSS support. Diverts resources toward emergency health interventions. Could overwhelm local health systems, delaying other aspects of the response like shelter or livelihood support.</p>	<ul style="list-style-type: none"> (i) Pre-positioned WASH supplies (chlorine tablets, soap, jerrycans, AquaTabs) in the identified flood-prone areas. (ii) Conducted hygiene promotion campaigns through community health volunteers (CHVs) and local radio stations in local languages. (iii) Deployed mobile health teams for early detection and response to disease outbreaks, particularly in areas along the riverine. (iv) Coordinated with the Ministry of Health for disease surveillance and outbreak containment through regular operational meetings. (v) Established or rehabilitated clean water access points and constructed standard temporary latrines in identified displacement camps and settlements.
<p>Logistical and Resource Gaps Primary Risk: Shortages of key supplies (shelter kits, hygiene items, fuel), human resource fatigue, and weak local supply chains. Context-Specific Factors: Remote and flood-isolated locations such as Khumwanda or Bulwani are difficult to serve, and markets may be disrupted or inaccessible. Impact on Operations: Could result in uneven service delivery or exclusion of vulnerable groups. Slows implementation timelines and reduces the efficiency of planned interventions. May lead to duplication or gaps if coordination mechanisms fail due to resource constraints.</p>	<ul style="list-style-type: none"> (i) KRCS conducted regular logistics and supply chain assessments to anticipate gaps. (ii) KRCS maintained buffer stock of essential NFIs in key operational hubs. (iii) KRCS coordinated with the government and other NGOs to pool logistics resources and reduce duplication. (iv) KRCS maintained standby surge staff and rapid response rosters to scale up operations quickly.
<p>Primary Risk: Widespread trauma, anxiety, and depression among affected populations, including children and first responders. Context-Specific Factors: Repeated flooding and loss of homes/livelihoods can cause chronic distress. Impact on Operations: Reduced community participation and uptake of interventions. Increased burden on health teams and responders who may also be affected. And in turn needing more supervision. May undermine resilience and recovery efforts if left unaddressed, affecting long-term outcomes.</p>	<ul style="list-style-type: none"> (i) Deployed trained MHPSS responders as part of the multi-sectoral response. (ii) Established safe spaces for children and women within IDP camps and host communities. (iii) Integrated psychosocial support into health outreach and community engagement activities. (iv) Provided Psychological First Aid (PFA) training and supervision to frontline responders and community health volunteers (CHVs). (v) Ensured referral pathways existed for those needing more advanced mental health care.
<p>Given the forecast of additional floods issues on 16th May, the risk of additional floods impact remains. Beyond the direct consequences for communities losses, the situation could most likely further affect the public health conditions, contributing to further spread of ongoing outbreaks within the affected counties and to new hotspots. Favorable with displacement, damages to the houses, crowded shelters/settlements; condition of evacuation with animals and deterioration of WASH facilities and practices.</p>	<p>This DREF was essentially a floods intervention with strong health and WASH components to tackle vector control, infection prevention and control (IPC), and risk communication and community engagement (RCCE). It integrated minimum response measures for both cholera and leishmaniasis, which were ongoing major outbreaks in some of the flood-affected areas.</p>



Counties combining the 03 ongoing hazards and that remains at risk for floods or continuous humidity present favorable environmental conditions for cholera transmission and vector breeding sites.	
<p>Access Constraints: Primary Risk: Impassable roads, washed-away bridges, and disrupted communication networks by floods. Context-Specific Factors: Rural areas such as Kipini, Bunyala, and Nyando typically have poor infrastructure, worsened by seasonal rains and lack of alternate routes. Impact on Operations: Delays in conducting rapid assessments and delivery of essential items (WASH, food, medical supplies and evacuation). May increase operational costs due to need for alternative logistics (boats, helicopters).</p>	<p>(i) Mapped out alternative routes and assessed water-crossing options, such as boats, in advance, in coordination with communities. (ii) Prepositioned supplies in decentralised areas and KRCS warehouses, as well as strategic locations, before the peak of the floods. (iii) Partnered with local actors and community leaders to support localised distribution. (iv) Strengthened communication and radio systems for uninterrupted coordination. (v) Utilised alternative means, such as boats, for last-mile delivery in hard-to-reach areas.</p>

Please indicate any security and safety concerns for this operation:

Safety and Security:

Operations faced significant safety risks, including dangerous access conditions in flooded areas where staff and volunteers were exposed to drowning hazards, heat stress, dehydration, and water-related diseases. Tana River’s history of resource-based intercommunal conflict increased the likelihood of violence, occasionally disrupting access during distribution activities, though this was largely mitigated through strengthened Community Engagement and Accountability and safety measures. In Narok, Mandera, Wajir, and parts of Marsabit, sporadic insecurity linked to cross-border conflict, clan rivalries, and militant activity posed additional threats to personnel and logistics, including risks of roadside ambushes and banditry. KRCS applied established safety and security protocols, including the Safer Access Framework, to safeguard teams throughout the operation.

Mitigation Measures

- Regular security risk assessments before deployment.
- Close coordination with government security agencies and local leadership for safe movement.
- Adherence to IFRC/KRCS security protocols and designated safe routes.
- Engagement of local volunteers and CHWs to reduce exposure of external teams.
- Prepositioning of essential supplies in secure health facilities to limit transport risks.

Has the child safeguarding risk analysis assessment been completed?	No
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Implementation



Shelter Housing And Settlements

Budget: CHF 122,886
Targeted Persons: 15,000
Assisted Persons: 15,000
Targeted Male: 7,350
Targeted Female: 7,650

Indicators

Title	Target	Actual
# of households provided with emergency shelter assistance and essential household items (NFIs).	3,000	3,000



# of counties with identified secure safe evacuation shelters with gender segregation.	7	7
# of KRCS Volunteers and staff sensitized on use of shelter items	120	130
# of search and rescue team members trained and mobilized	130	130

Narrative description of achievements

- KRCS conducted capacity-building and response activities to support flood-affected communities. Staff and volunteers were trained on the use of shelter items, with 30 personnel trained, while emergency shelter kits and NFIs were distributed to displaced families. KRCS procured 3,000 kitchen sets and 1,500 shelter kits for distribution. KRCS distributed 3,000 kitchen sets to 3,000 households and 1,500 shelter kits (blankets, jerricans, soap, mosquito nets, sleeping mats, and tarpaulins) to 1,500 households. These 1,500 HHs were among the 3,000 HHs that received kitchen sets.

120 KRCS volunteers and staff were sensitized on the use of shelter items and setting up shelters. The volunteers also supported the distribution activities.

- Part of the aforementioned supported households were provided with safe evacuation shelters, including schools, churches, and mosques, which were identified and secured with gender-sensitive arrangements, while displaced families were registered for assistance using Kobo tools to ensure accurate data capture. This approach was replicated across all the 7 target counties.

- For search and rescue, KRCS trained 40 staff and volunteers as Fishermen Aqua Rescue/Evacuation trainers (20 each in West Kenya and Coast regions) and conducted targeted training for 90 fishermen (CBDRTs) in water rescue and evacuation, 45 in Coastal counties and 45 in West Kenya. In Tana River County, the search and rescue team rescued 5 people whose boat had capsized on the River Tana.

- A total of 130 participants (Male 71, Female 51) from Coast region- Tana River, West Kenya region- Kisumu and Lower Eastern region- Makueni enhanced their knowledge and practical skills in emergency shelter response and emergency search and rescue. They are now better equipped to conduct aqua rescue missions, first aid, shelter assessments, identify and prepare suitable sites, and support the establishment of appropriate temporary settlements across different phases of the emergency life cycle. Additionally, participants strengthened their capacity to integrate safety and protection considerations within camps and temporary shelters, ensuring that future interventions are responsive, dignified, and aligned with humanitarian standards.

Lessons Learnt

- The flood response highlighted the critical importance of capacity building, as training staff, volunteers, and community-based responders strengthened shelter management and water rescue operations.

Effective registration using Kobo tools enhanced beneficiary targeting and accountability, while the identification of gender-sensitive evacuation centres ensured protection and dignity for displaced families. Additionally, Community-based interventions, including training local fishermen in water rescue and the use of a Trainer-of-Trainers model, proved essential for rapid, sustainable, and locally owned response efforts. Overall, coordination, early planning, and integrated approaches were reinforced as key enablers for efficient flood response and resilience building.

Challenges

- Key challenges included limited access to flood-affected areas, logistical constraints that delayed distribution of shelter kits and NFIs, and insufficient safe evacuation spaces, which led to overcrowding and protection risks. Gaps in trained personnel, weak community awareness on WASH and safety, and coordination delays among stakeholders further constrained response efforts. Persistent rains and rising water levels continued to complicate operations and increase vulnerability to both response teams and the affected population.



Multi Purpose Cash

Budget: CHF 51,451

Targeted Persons: 1,500

Assisted Persons: 2,445

Targeted Male: 1,198

Targeted Female: 1,247



Indicators

Title	Target	Actual
# of households received multipurpose cash	1,500	2,445

Narrative description of achievements

• Cash assistance was provided to 2,445 HHs in two batches in Homa Bay. Market assessments confirmed that markets remained functional and accessible, and targeting and registration for multipurpose cash support were completed for all identified households.

• Post-distribution summary:

A Post-Distribution Monitoring exercise was conducted to assess the effectiveness, impact, and accountability of the cash assistance provided. The PDM aimed to ensure that the intervention achieved its intended objectives and that funds were utilized appropriately. Additionally, the exercise sought to determine beneficiary satisfaction, as well as assess the extent of protection of mainstreaming and community participation throughout the project implementation.

From the survey findings, the Central Karachuonyo (Simbi) location recorded the highest number of respondents at 141 (60%). In terms of gender distribution, female respondents constituted 86% (202) while male respondents accounted for 14% (33). Despite the higher number of female respondents, 65% (153) of household heads were male, compared to 35% (82) who were female. The majority of respondents, 66% (154), were married. Notably, age variations were observed, with the majority, 164 respondents (70%), falling within the 25–59 years of age bracket.

Community members reported the selection and inclusion criteria used in the program was inclusive with house was destroyed (213 – 35%), Elderly household members (95 – 16%), family member with chronic disease/disability (99 – 16%), household very poor (9% - 54), Young children in the household (60 – 10%), pregnant and lactating women (12% - 70), female headed household (9- 1%) as the main categories of targeted households included. All interviewed households (100%) reported no cases of corruption or favoritism in beneficiary selection, indicating a transparent and accountable process. Community members also confirmed active participation in the targeting exercise, which helped minimize bias.

Lessons Learnt

- (i) Early engagement with financial service providers is critical to avoid delays and ensure timely cash disbursement.
- (ii) Market assessments should be linked to operational readiness, ensuring that positive market functionality directly translates into cash delivery.
- (iii) Clear coordination and workflow planning across teams (assessment, targeting, FSP mobilization) is essential to prevent gaps between registration and actual distribution.
- (iv) Pre-positioning or framework agreements with FSPs can significantly reduce implementation delays during rapid response.
- (v) Continuous communication with communities helps manage expectations when planned assistance is delayed or not delivered.

Challenges

- Delayed mobilization of service providers, which delayed the planned cash disbursement despite completed targeting and registration.
- Operational gaps between assessment and implementation, leading to delayed delivery even after confirming market functionality.
- Coordination constraints, with teams unable to synchronize timelines for FSP engagement and distribution.
- Community expectation management, as registered households anticipated support that was ultimately not delivered.
- Administrative and logistical delays affecting the overall efficiency of the cash intervention.



Budget: CHF 217,125
Targeted Persons: 375,109
Assisted Persons: 411,356
Targeted Male: 201,564
Targeted Female: 209,792

Indicators

Title	Target	Actual
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# of CHPs and KRCVs refreshed on EPIC.	80	120
# of people reached with Cholera and Risk Communication and Community Engagement (RCCE) activities.	375,109	411,356
# of KRCS volunteers refreshed and trained on vector control	42	51
# of county response teams trained on cholera.	80	120
# of key stakeholders including local administrators and religious leaders sensitized	160	232
# of houses reached with IRS/ spraying activities	300	1,751
% of alerts raised by KRCS volunteers, later confirmed as cases	20	20
% of alerts investigated within 24 hours	80	100

Narrative description of achievements

With support from IFRC DREF, the Kenya Red Cross Society implemented integrated cholera prevention and response interventions to reduce disease transmission and strengthen community resilience across high-risk counties.

Risk Communication and Community Engagement (RCCE) activities were conducted in Nairobi, Kisumu, Migori, Kwale, Mombasa, and Turkana, reaching a total of 411,356 people (201,564 males and 209,792 females). These interventions focused on disseminating key cholera prevention messages, promoting safe hygiene practices, and improving community awareness to enable early detection and response. The wide geographic coverage ensured that both urban and hard-to-reach populations, including vulnerable communities, were effectively engaged.

To enhance local response capacity, 110 KRCS volunteers and 10 Community Health Promoters (CHPs) were sensitised on key cholera messages. This capacity-strengthening initiative equipped frontline responders with the knowledge and skills required to deliver accurate health information and support RCCE activities at the community level, ensuring sustainability and local ownership of interventions.

With financial and technical support from Malteser, KRCS successfully distributed cholera response equipment to priority operational areas, including Mombasa, Kwale, Garissa (Dadaab refugee operations), and Turkana (Kalobeyei refugee operations). This support significantly strengthened preparedness and response capacity in both host and refugee settings, contributing to improved outbreak readiness and rapid response.

- Additionally, 51 KRCS volunteers and CHPs were trained on vector control interventions, enhancing their ability to support environmental health actions aimed at reducing disease transmission risks.

Oral Rehydration Points (ORPs) were strategically established at health facilities across Nyatike, Kuria West, Suna West, Suna East, and Kuria East sub-counties hospitals and health centers following the confirmation of a cholera outbreak in Migori County. These ORPs were set up within hospital compounds to ensure rapid access to life-saving treatment for affected communities and to help decongest cholera treatment units. The ORPs provided immediate oral rehydration therapy (ORT) for mild and moderate cases, early stabilization of patients before referral for severe cases, and health education on hygiene, safe water practices, and early care-seeking behavior. By bringing treatment services closer to communities, the intervention reduced delays in care, minimized complications associated with dehydration, and contributed to lowering morbidity and mortality rates.

In addition, the ORPs served as critical surveillance and risk communication points, enabling early identification of suspected cases and strengthening linkage between community-level reporting and facility-based response. This timely intervention played a key role in containing the outbreak and improving community resilience against waterborne diseases.

As part of vector control and environmental health efforts, 1,751 households in Eldas Sub-county, Wajir County and Marsabit county were supported through indoor and outdoor residual spraying with support from 51 volunteers trained on vector control. This intervention reduced vector presence at the household level and contributed to improved living conditions, particularly in areas with heightened vulnerability to communicable diseases.

Overall, donor support enabled KRCS to deliver timely, coordinated, and high-impact public health interventions, strengthening



community awareness, frontline capacity, and outbreak preparedness across multiple counties. These efforts contributed to reduced public health risks and improved resilience among vulnerable populations.

Lessons Learnt

- Integrating Risk communication and community engagement with normal programming has played a critical role in ensuring people received timely information on cholera prevention and control.

Challenges

- Misinformation on cholera among community members was the biggest challenge especially in Narok and Kwale counties.
- Limited number of medical officers to support case management.
- Limited number of Cholera Treatment centers (CTU) especially in Turkana and Narok.



Water, Sanitation And Hygiene

Budget: CHF 25,245

Targeted Persons: 375,109

Assisted Persons: 411,356

Targeted Male: 201,564

Targeted Female: 209,792

Indicators

Title	Target	Actual
# of households provided with a set of essential hygiene items.	1,500	1,862
# of volunteers sensitized on hygiene promotion and household water treatment.	80	110
# of people reached with hygiene promotion messages	375,109	411,356
# of households supported with water treatment chemicals	1,500	1,862

Narrative description of achievements

- Hygiene kits, water purification tablets, and jerrycans were distributed to 1,862 households with a population of 11,316 people (5,545 male, 5,771 female) in Narok, Nairobi, Turkana, Mombasa, Kwale, Kisumu and Migori, Kwale, Mombasa and Turkana. Two displacement camps in Homa-Bay were equipped with 12 temporary latrines and bathing facilities to support families from affected households.
- A Water, Sanitation, and Hygiene (WASH) assessment was completed in Narok, Migori and informed subsequent actions. Water treatment chemicals were provided to 1,862 households, and community volunteers were sensitised on household water treatment, hygiene promotion, sanitation, health education, and environmental cleaning. The overachievement in water treatment chemical support was a result of KRCS programs running concurrently with this DREF operation. Additionally, shallow wells were chlorinated, and chlorine granules, along with other decontamination supplies, were procured and distributed.
- Household and facility decontamination activities were completed, and handwashing stations, soap, and sanitisers were supplied.
- Environmental health measures, including the elimination of stagnant water breeding sites, were also fully implemented.
- A total of 411,356 people (201,564 male, 209,792 female) were sensitised on hygiene promotion. 110 volunteers were sensitised on hygiene promotion and household water treatment. The volunteers supported households with providing procedures on water storage and water treatment using aquatabs and PUR.
- Rapid cholera outbreak assessments were conducted in Migori, Nairobi, Narok, and Kwale counties, covering all thematic areas, including health, risk communication and community engagement (RCCE), and WASH. The assessments revealed significant gaps that were contributing to ongoing transmission risks.

Critical shortages were identified in essential WASH supplies, including water treatment chemicals, community water quality rapid testing kits for household water monitoring, jerrycans for safe water storage, laundry soap, handwashing stations, and plastic buckets. These gaps limited households' ability to practice safe water handling and maintain proper hygiene. In addition, there was a lack of adequate



personal protective equipment (PPE) including gloves, gowns, gumboots, and calcium hypochlorite (65–70%) necessary to support infection prevention and control (IPC) measures at both community and facility levels. The assessments further established that many affected households lacked access to adequate sanitation facilities, or their existing latrines were full and unusable. This significantly increased the risk of environmental contamination and continued disease transmission. These findings informed the prioritization of urgent WASH and IPC interventions to curb the outbreak and strengthen community resilience.

Lessons Learnt

- Lessons from WASH interventions indicated that emergency needs assessments were crucial in guiding targeted actions and ensuring timely delivery of services.
- Training and engaging community volunteers improved hygiene promotion and strengthened community ownership, leading to better uptake of household water treatment practices.
- The availability of prepositioned WASH supplies enhanced the speed and efficiency of the response, while combining sanitation, hygiene, and environmental health measures proved more effective when implemented together.
- Strong collaboration with community leaders improved acceptance and access, and addressing environmental risks such as stagnant water early helped reduce public health threats.
- The establishment of temporary sanitation facilities in the displacement camps also underscored the importance of flexible and scalable solutions for future emergency operations.

Challenges

- No significant challenges were experienced under the WASH intervention.



Protection, Gender And Inclusion

Budget: CHF 9,700

Targeted Persons: 360

Assisted Persons: 544

Targeted Male: 266

Targeted Female: 278

Indicators

Title	Target	Actual
# of volunteers sensitized on Protection Gender and Inclusion and signing the code of conduct.	360	312
# of key stakeholders including local authorities and religious leaders sensitized on protection gender and inclusion	200	232

Narrative description of achievements

- Protection measures were strengthened throughout the operation to safeguard vulnerable groups and ensure an inclusive response. Protection risk assessments were conducted to identify risks of abuse, exploitation, and violence, while child protection support, including referrals and safe spaces, helped shield children from harm.
- GBV prevention efforts were enhanced through the establishment of referral pathways, and safe, accessible feedback and complaint mechanisms were put in place for women, children, persons with disabilities, and other at-risk groups.
- A total of 544 people (312 volunteers and 232 key stakeholders) were trained on protection principles, “do no harm,” and the code of conduct to reinforce ethical and safe engagement. Female representation was also prioritized in decision-making and community consultations, ensuring that the voices of women and other marginalized groups were reflected in planning and response actions. The underachievement of 312 volunteers sensitized on PGI was due to the unavailability of volunteers as a result of competing engagements. Conversely, the 232 stakeholders engaged represents an overachievement, attributed to a higher-than-anticipated turnout. The mobilization efforts leverage on 'The Nyumba Kumi Initiative' and elders, leading to a high turnout.
- Community Feedback on Floods and Cholera Response:
Community members noted several gaps in the ongoing cholera response and highlighted priority areas for support and improvement. They emphasized the need for training on how to use locally available materials to construct latrine slabs so that households can dig and maintain more latrines, particularly as many existing toilets are already full. Participants also indicated the importance of increasing



community awareness on consistent toilet use and strengthening hygiene promotion.

Community members in Turkana recommended increasing the number of Community Health Promoters (CHPs) to expand outreach and education efforts. Additional needs identified included support with essential WASH supplies such as jerricans, soap, chlorine, and water purifiers, as water access remains a major challenge. Community members also noted that existing handwashing facilities are insufficient and called for the reintroduction of organized community clean-up activities to improve environmental sanitation. Furthermore, they suggested establishing WASH clubs in schools to promote hygiene practices among children and reinforce behaviour change within households and the wider community.

For floods, the following feedback was documented from community members;

“The intervention was great, the items distributed are usually of high quality. for cash disbursement we receive directly in our phones. And after every intervention KRCS usually follow up if everyone received.” Respondent from FGD Kogembo, Homabay.

“Those that received money, I could observe they were very happy. I also saw people restock their houses with food. Since the farms were destroyed and were not able to be involved in agricultural activities. Some also resorted to purchase of HHs items, that were destroyed / swept away by floods.” Local Vendor in Homabay

“The intervention was great, the items distributed are usually of high quality. for cash disbursement we receive directly in our phones. And after every intervention KRCS usually follow up if everyone received.” Community member in Homabay

Lessons Learnt

- Key lessons learned from the operation highlighted the importance of integrating protection, gender, and inclusion considerations early in the response, which enabled timely identification of risks and enhanced the safety of vulnerable groups.
- Training 312 volunteers and key stakeholders strengthened adherence to “do no harm” principles and improved overall protection awareness. Establishing safe and accessible feedback mechanisms proved critical in ensuring interventions were responsive to community needs and reducing protection concerns. Actively including women in decision-making and community consultations enhanced the quality of the response and surfaced issues affecting women, children, and persons with disabilities. Additionally, the experience underscored the need for pre-established GBV and child protection referral systems to ensure timely and coordinated support during emergencies.
- Key stakeholders such as religious leaders, community leaders and local authorities were sensitized on protection gender and inclusion.

Challenges

- Limited community awareness and understanding of protection, gender, and inclusion issues, which may have affected reporting of risks or uptake of services.
- Inadequate resources for GBV and child protection case management, including referral pathways and trained personnel, constrained timely support.
- Cultural and social norms limited women’s participation in decision-making, while reaching persons with disabilities and other marginalized groups remained difficult due to accessibility and communication barriers.



Community Engagement And Accountability

Budget: CHF 11,379

Targeted Persons: 15,000

Assisted Persons: 101,388

Targeted Male: 49,660

Targeted Female: 51,708

Indicators

Title	Target	Actual
% of community feedback addressed	100	100
# of Community Review Meetings Conducted	7	9



# of IEC materials produced and distributed.	10,500	10,500
# of volunteers refreshed on CEA and tracking rumors	100	110
# of volunteers refreshed on CEA and tracking rumors	200	110

Narrative description of achievements

•A total of 298 feedback were documented by KRCS Volunteers while conducting risk communication and community engagement in the community. Most of the feedback revolved around appreciating the good work done by KRCS and concerns on water treatment chemicals and vector control.

All the 10,500 IEC materials on Cholera and Visceral leishmaniasis were procured and distributed to Mombasa, Kwale, Turkana, Kalobeyei, Kisumu Marsabit and Wajir specific affected counties. The IEC material reached 101,388 people which was above the initial target of 15,000. This overachievement was down to one poster reaching an average of 8-10 people.

A total of 110 KRCS volunteers CHPS were refreshed CEA and tracking rumors while conducting RCCE at the community level.

KRCS is committed to mainstreaming CEA throughout program implementation by ensuring active and meaningful participation from affected community members and also ensuring closure of the feedback loop. The communities were sensitized on the response period, how support will be provided to them, and the exit strategy for KRCS. The communities were also made aware of the funding sources and how to share community feedback

KRCS continues to establish and utilize community feedback desks during registrations, distributions, assessments, outreaches, and other activities. The National Society conducted community-level review meetings to understand the progress and document feedback of community members on the flood and cholera response. The response team also ensured dissemination of KRCS feedback mechanisms, including Toll-free line (0800720577) and complaints & feedback email.

With support from Cholera/Floods DREF and the Resilience and Health Rights Project, a total of 88 participants, including 20 Community Health Promoters (12 men, 8 women), 16 Community Inclusion Currency Champions (10 men, 6 women) and 52 (34 men, 18 women), Kalobeyei staff in Turkana County benefited from CEA sensitization. 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, rumor management, and the use of feedback mechanisms such as toll-free lines, comment cards and feedback boxes.

All (100%) community feedback received was addressed. Support supervision further reinforced accountability by identifying gaps in feedback documentation and dissemination of toll-free numbers. Immediate corrective measures were taken, and CHPs in Kalobeyei were mentored and onboarded to collect feedback using KOBO. This has ensured that feedback was consistently documented, properly channeled, and addressed in a timely manner.

Community Review Meetings with 9 groups reached 138 participants (26 men, 112 women), providing 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 reached 653 participants (267 men and 376 women), 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 sensitizations, radio talk shows and community dialogues had been implemented while also assessing the community's knowledge, attitudes and practices on cholera prevention.

Lessons Learnt

- Awareness of feedback mechanisms remains a key gap in the community. Sensitization of the KRCS feedback mechanisms should be enhanced.
- Local leadership e.g Chiefs, assistant chiefs and village elders remain the most trusted and accessible entry points for community feedback, underscoring their importance in CEA implementation.
- CEA integration should be strengthened across the CVA cycle: Accountability messaging needs to be embedded from targeting through distribution and post-distribution follow up to reinforce trust and participation.
- Strengthening awareness and use of formal reporting mechanisms is essential for improving transparency, responsiveness, and overall programme effectiveness.



Challenges

- No significant challenges were experienced during community engagement.



Coordination And Partnerships

Budget: CHF 8,448

Targeted Persons: 150

Assisted Persons: 150

Targeted Male: 73

Targeted Female: 77

Indicators

Title	Target	Actual
% of coordination meetings attended at national, county, and sub-county levels with other stakeholders	80	100
# of joint planning sessions conducted with Ministry of Health and County Health Departments	3	3
% of community targeted from which representatives are involved in sub-county workplan development	100	100

Narrative description of achievements

- National, County, and Community Coordination mechanisms were strengthened as planned, ensuring effective and timely implementation of all activities for the 150 people comprising of community, county and national government personnel. KRCS collaborated closely with government agencies at county, sub-county, and national levels, actively participating in 100% of the planned 3 coordination meetings with the Ministry of Health, County Health Departments, and Kenya Meteorological Department to support outbreak management, surveillance, and early warning.
- National and regional coordination was facilitated through KRCS Headquarters and the IFRC Delegation, with regular information sharing through established platforms.
- Engagement with key partners of the National Society enhanced alignment across health and WASH interventions. Community-level engagement remained central, with CEA approaches ensuring that local representatives, CHVs, leaders, and Community-Based Organizations were fully involved in planning and implementation. 100% of communities targeted had representatives involved in sub-county workplan development.
- Information gathered through these platforms supported continuous resource mapping and joint planning, helping avoid duplication, address gaps, and maintain a coordinated, context-appropriate response.

Lessons Learnt

- Strong multi-agency coordination, spanning national, county, and community structures, was critical to the timely and effective delivery of interventions.
- Active engagement with government institutions, humanitarian partners, and community actors enhanced alignment, reduced duplication, and enabled evidence-based joint planning.
- Integrating Community Engagement and Accountability (CEA) approaches ensured community ownership and relevance of activities, while regular information sharing and resource mapping strengthened adaptability and overall response effectiveness.

Challenges

- No significant challenges were noted.





Secretariat Services

Budget: CHF 17,836

Targeted Persons: 2

Assisted Persons: 2

Targeted Male: 1

Targeted Female: 1

Indicators

Title	Target	Actual
# of lessons learnt conducted and reported	1	1
% of mobilised volunteers that are insured	100	100
# of monitoring follow-up in the targeted areas	3	1

Narrative description of achievements

- KRCS successfully conducted both several remote and one field monitoring, providing continuous technical and coordination support through Cluster Delegation as required. Minimum security regulations were adhered to across operations, while PMER, finance, and logistics services were effectively delivered in compliance with DREF guidelines and IFRC policies.
- Communications support was also provided, ensuring the work of KRCS and IFRC was well-profiled and visible, strengthening accountability, coordination, and overall operational effectiveness.
- The lessons learnt workshop was attended by field and technical teams drawn from KRCS headquarters and branches.

Lessons Learnt

- Integrated monitoring and coordination, which improved situational awareness and informed timely decision-making.
- Adherence to security protocols ensured staff and volunteer safety even in high-risk areas. Overall, the operation demonstrated that effective technical, operational, and communications support is critical for successful multi-sectoral humanitarian response.

Challenges

- No significant challenges were experienced.



National Society Strengthening

Budget: CHF 34,545

Targeted Persons: 100

Assisted Persons: 100

Targeted Male: 48

Targeted Female: 52

Indicators

Title	Target	Actual
# of regular debrief sessions for KRCS volunteers	7	7



# of EOC personnel supported during the Operation	20	22
# of volunteers supported with insurance coverage	100	100
# of documentations produced	1	1

Narrative description of achievements

- All planned activities were effectively delivered, reflecting strong coordination and operational readiness. KRCS successfully supported supply chain and administrative functions, strengthened both county and national EOC operations, and enhanced staff and volunteer capacity through targeted training.
- Communication and humanitarian diplomacy efforts were maintained, supported by continuous media engagement and documentation for visibility.
- Regular volunteer debriefs and sustained monitoring at the National EOC further ensured smooth implementation and informed decision-making throughout the operation.

Lessons Learnt

- Strong coordination and clear communication across teams, which ensured smooth implementation and timely decision-making.
- Regular volunteer debriefs proved essential for maintaining welfare, improving performance, and identifying operational gaps early.
- Strengthening supply chain and administrative systems enhanced efficiency, while continuous media engagement demonstrated the importance of proactive visibility in humanitarian response. The experience also highlighted the need for ongoing capacity-strengthening for staff and volunteers, particularly in shelter, safe access, and EOC functions, to maintain readiness for future emergencies.

Challenges

- No significant challenges were experienced.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRKE066 - Kenya - Flood and Cholera

Operating Timeframe: 26 May 2025 to 30 Nov 2025

Selected Parameters			
Reporting Timeframe	2025/05-2025/12	Operation	MDRKE066
Budget Timeframe	2025/05-2025/11	Budget	APPROVED

Prepared on 10/Mar/2026

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	499,001
DREF Response Pillar	499,001
Expenditure	-499,018
Closing Balance	-17

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	115,386	122,886	-7,500
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	48,311	51,451	-3,140
PO04 - Health	203,873	217,125	-13,252
PO05 - Water, Sanitation & Hygiene	23,705	43,167	-19,463
PO06 - Protection, Gender and Inclusion	9,108	9,700	-592
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	30,455		30,455
PO10 - Community Engagement and Accountability	10,068	10,722	-654
PO11 - Environmental Sustainability			0
Planned Operations Total	440,906	455,052	-14,146
EA01 - Coordination and Partnerships	8,910	9,489	-579
EA02 - Secretariat Services	16,748	-69	16,816
EA03 - National Society Strengthening	32,437	34,545	-2,108
Enabling Approaches Total	58,094	43,966	14,129
Grand Total	499,001	499,018	-17

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

Please explain variances (if any)

The financial report reflected budgets and expenditures that were not included in the planned activities. This resulted from budgeting errors within WBS, which is scheduled for correction in March 2026. Upon completion of the corrections, the report will be republished.



Contact Information

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

National Society contact: Anthony Muchiri, Emergency Response Manager, muchiri.anthony@redcross.or.ke, +254722269530

IFRC Appeal Manager: Naemi Heita, Head of Cluster Delegation,, naemi.heita@ifrc.org, +258 863 014 397

IFRC Project Manager: Patrick Elliott, Coordinator Operations, rooving, Africa Region,, patrick.elliott@ifrc.org, +254 733 620 770

IFRC focal point for the emergency:

Patrick Elliott, Coordinator Operations, rooving, Africa Region, patrick.elliott@ifrc.org, +254 733 620 770

Media Contact: Timothy Maina, Communications Officer, timothy.maina@ifrc.org, 0110848161

National Societies' Integrity Focal Point: Reuben Momanyi, Head of MEA&L, momanyi.reuben@redcross.or.ke, +254 725918054

National Society Hotline: 1199

[Click here for reference](#)



DREF Operation

Selected Parameters			
Reporting Timeframe	2025/05-2025/12	Operation	MDRKE066
Budget Timeframe	2025/05-2025/11	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 10/Mar/2026

All figures are in Swiss Francs (CHF)

MDRKE066 - Kenya - Flood and Cholera

Operating Timeframe: 26 May 2025 to 30 Nov 2025

I. Summary

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PO09 - Risk Reduction, Climate Adaptation and Recovery	30,455		30,455
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DREF Operation

Selected Parameters			
Reporting Timeframe	2025/05-2025/12	Operation	MDRKE066
Budget Timeframe	2025/05-2025/11	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 10/Mar/2026

All figures are in Swiss Francs (CHF)

MDRKE066 - Kenya - Flood and Cholera

Operating Timeframe: 26 May 2025 to 30 Nov 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Personnel	9,662	16,718	-7,056
International Staff	9,662	16,718	-7,056
General Expenditure	7,086	46	7,040
Travel	4,831	46	4,785
Financial Charges	2,255		2,255
Contributions & Transfers	451,798	451,798	0
Cash Transfers National Societies	451,798	451,798	0
Indirect Costs	30,455	30,456	-1
Programme & Services Support Recover	30,455	30,456	-1
Grand Total	499,001	499,018	-17

5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME: KENYA RED CROSS
 PROJECT NAME: DREF, KENYA, FLOODS AND CHOLERA 2025
 IFRC PROJECT CODE: MDRKE066 PKE548
 CURRENT REPORTING PERIOD: MAY-NOVEMBER 2025

5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER PLANNED OPERATIONS & ENABLING APPROACH (Local Currency)

Planned Operations / Enabling Approaches	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
Shelter and Basic Household Items	17,913,000		17,612,659	17,612,659	300,341	98%	
Livelihoods	0		0	0	0	0%	
Multi-purpose Cash	7,500,000		7,449,735	7,449,735	50,265	99%	
Health	31,650,054		31,717,803	31,717,803	-67,748	100%	
Water, Sanitation & Hygiene	3,680,000		3,213,029	3,213,029	466,971	87%	
Protection, Gender and Inclusion	1,414,000		1,090,998	1,090,998	323,002	77%	This savings to accommodate
Education	0		0	0	0	0%	
Migration	0		0	0	0	0%	
Risk Reduction, Climate Adaptation and Recovery	0		0	0	0	0%	
Community Engagement and Accountability	1,563,000		1,612,550	1,612,550	-49,550	103%	More CEA sessions were held
Environmental Sustainability	0		0	0	0	0%	
Coordination and Partnerships	1,383,200		1,111,013	1,111,013	272,187	80%	
Secretariat Services	0		0	0	0	0%	
National Society Strengthening	5,035,600		5,543,137	5,543,137	-507,537	110%	More coordinations meeting
Total	70,138,854	0	69,350,924	69,350,924	787,930	99%	

5.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES (Local Currency)

SP No	Cost Categories	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
	Personnel	27,075,100		24,514,884	24,514,884	2,560,216	91%	These savings were to accom
	Relief supplies, transportation and storage	24,310,000		25,542,593	25,542,593	-1,232,593	105%	NFIs activities were increase
	Contributions to other organisations	0		0	0	0	0%	
	Other direct costs	13,903,754		14,443,447	14,443,447	-539,692	104%	This was due to rigorous acti
	Indirect cost recovery	4,850,000		4,850,000	4,850,000	0	100%	
	Total	70,138,854	0	69,350,924	69,350,924	787,930	99%	

5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER STRATEGIC PRIORITY & ENABLER (CHF)

SP No	Strategic Priority & Enabler	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
SP1	Climate and environmental crises			0	0	0	0%	
SP2	Evolving crises and disasters	163,697		163,272	163,272	425	100%	
SP3	Growing gaps in health and wellbeing	227,578		227,562	227,562	15	100%	
SP4	Migration and identity			0	0	0	0%	
SP5	Values, Power and Inclusion	9,108		7,107	7,107	2,001	78%	These session were integrate
E6	Engaged	0		0	0	0	0%	
E7	Accountable	0		0	0	0	0%	
E8	Trustad	51,415		53,855	53,855	-2,440	105%	More CEA session and coordi
	Total	451,798	0	451,797	451,797	1	100%	

5.1.4 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER RESULT OR OBJECTIVE (CHF)

Result No.	Result or Objective	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
All results	Cost common to all results	451,798		451,797	451,797	1	100%	
R1				0	0	0	0%	
R2				0	0	0	0%	
R3				0	0	0	0%	
R4				0	0	0	0%	
R5				0	0	0	0%	
R6				0	0	0	0%	
R7				0	0	0	0%	
R8				0	0	0	0%	
	Total	451,798	0	451,797	451,797	1	100%	

5.1.5 CLOSING INCOME-EXPENSE BALANCE PROJECT PARTNER ONLY (CHF) - PER REPORTING PERIOD END DATE

Funds received to date	CHF	0
Year to date expenses	CHF	451,797
Closing Balance	CHF	-451,797
Percentage reported vs. total amount transferred		0%

5.1.6 CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

- they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the
- The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

16.02.26

Name, Title & Signature of Project partner designated official

Anthony Muchiri-Emergency Preparedness and response Manager



For IFRC internal use

Approved by IFRC Project Manager

Name & Title

Signature

Date

Validated by IFRC Finance officer

Name & Title

Signature

Date

