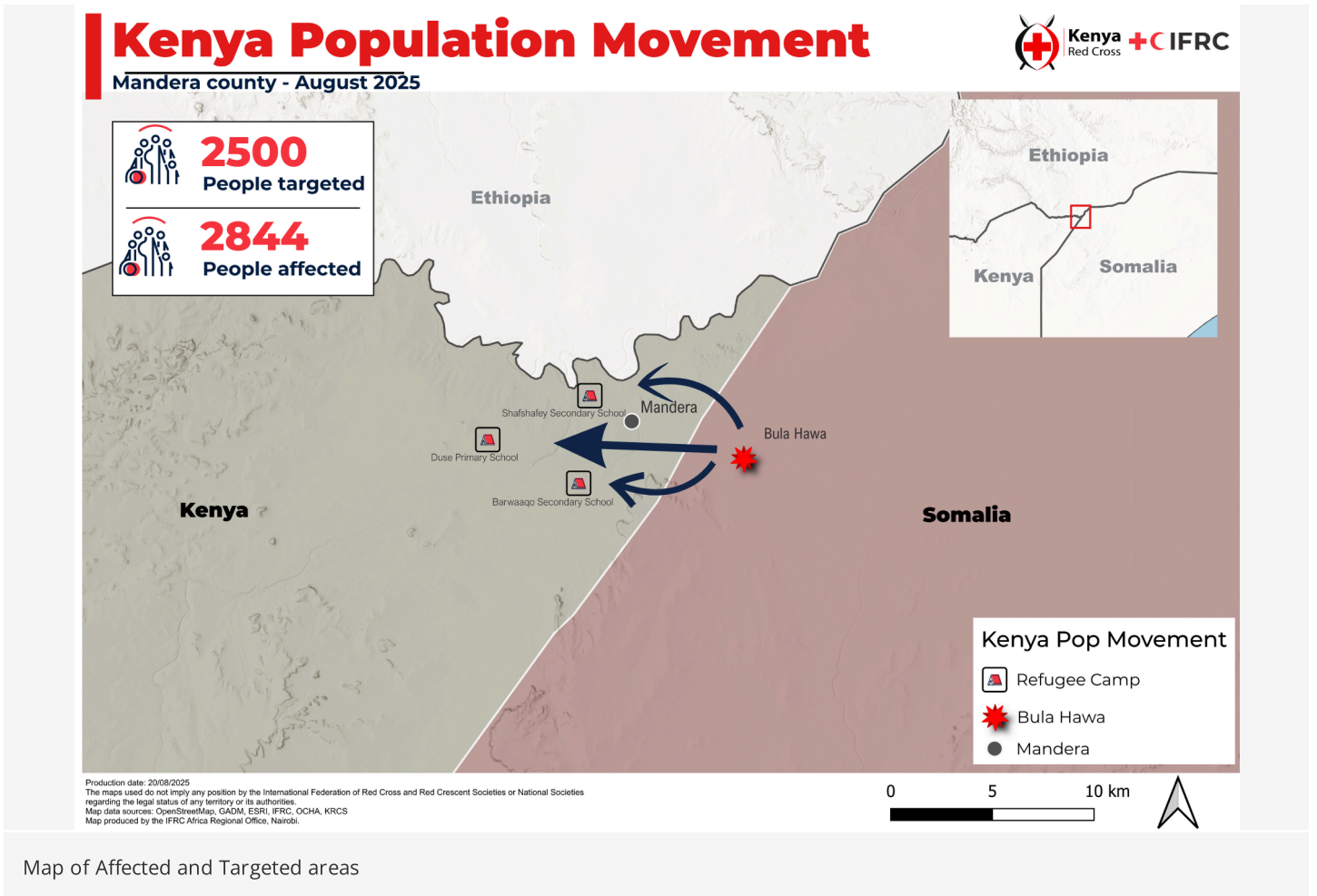




Water tracking support to affected families in Mandera

Appeal: <b>MDRKE067</b>	Total DREF Allocation: <b>CHF 375,000</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Population Movement</b>
Glide Number: -	People Affected: <b>2,500 people</b>	People Targeted: <b>2,500 people</b>	People Assisted: <b>2,500 people</b>
Event Onset: <b>Slow</b>	Operation Start Date: <b>20-08-2025</b>	Operational End Date: <b>30-11-2025</b>	Total Operating Timeframe: <b>3 months</b>
Targeted Regions: <b>Mandera</b>			

# Description of the Event



## Date when the trigger was met

13-08-2025

## What happened, where and when?

On 22 July 2025, armed conflict erupted in Somalia between the Federal Government of Somalia and Jubaland State forces in the highly contested town of Bula Hawa, located a few meters from the Kenya–Somalia border. The clashes resulted in 16 fatalities and nine injuries caused by stray bullets in Mandera Town (Kenya) and Bula Hawa Town (Somalia). Consequently, approximately 500 families crossed into Kenya and settled in three temporary displacement sites: Duuse, Barwaqo, and Border Point One (BP1). The situation further escalated when two rocket-propelled grenades (RPGs) landed on Kenyan territory, triggering widespread fear and panic among border communities and leading to additional internal displacement.

On 13 August 2025, the County Government of Mandera formally requested humanitarian assistance from the Kenya Red Cross Society (KRCS) to support both refugees and internally displaced persons (IDPs) within the county. By 10 September 2025, tensions continued to affect Mandera North Sub-County, particularly Rhamu and Banisa areas. In response to the protracted instability, the displacement sites at Barwaqo Primary School, Duuse Camp, and Shasha Fey Evacuation Camp were officially closed, and a structured relocation and integration process was implemented. Twenty-two (22) families opted for relocation to the Dadaab Refugee Camp to access continued humanitarian assistance, while 483 households were integrated into host communities.

On 14 November 2025, joint field verification visits to Duuse, Barwaqo, and Border Point One confirmed the full closure of all displacement sites. Infrastructure damage was reported in schools that had temporarily hosted displaced families, including Duuse Primary School, Shashafey Primary School, and Barwaqo Primary School. KRCS conducted follow-up assessments and supported rehabilitation efforts, including the renovation and expansion of water, sanitation, and hygiene (WASH) facilities, to restore safe and conducive learning environments.

At Border Point One (BP1), the continued presence of approximately 400 Jubaland forces has sustained a highly volatile security



environment. Livelihoods remain severely disrupted, with farmers unable to access their land due to insecurity and the threat of improvised explosive devices (IEDs). The destruction of irrigation infrastructure, compounded by worsening drought conditions, has exacerbated food insecurity. Increased reports of gender-based violence (GBV), limited access to healthcare services, and deteriorating sanitation conditions have further heightened protection risks and the potential for disease outbreaks. KRCS continues to monitor the evolving situation and coordinate with relevant authorities to facilitate timely and appropriate humanitarian interventions.



Emergency Shelter set-ups



Relief distribution at Barwaqo school



Community Accessing Water in Hareri Village

## Scope and Scale

The conflict had widespread adverse impacts on communities in Mandera County and across the border. Reported fatalities, injuries, and psychological trauma placed additional strain on already overstretched health facilities. Livelihoods were significantly disrupted, particularly cross-border trade, pastoralism, and daily wage labor, as insecurity led to business closures and stalled economic activity. Increased displacement further undermined household well-being, with schools and public institutions in affected areas temporarily closed and communities experiencing heightened fear and psychological distress. In addition, unstable communication networks and insecurity along key transport corridors constrained emergency response efforts and limited humanitarian access.

Populations residing in close proximity to the border, particularly in Mandera Town near Border Points One and Two and in Bula Hawa, were disproportionately exposed to protection risks. Children, youth, women, and girls faced heightened vulnerabilities, including exposure to trauma and risks of gender-based violence (GBV). Older persons and persons with disabilities encountered barriers in accessing safety, information, and essential assistance. Internally displaced persons (IDPs) and refugees were among the most vulnerable due to inadequate shelter, weakened social support systems, and limited access to basic services.

Mandera County has experienced recurrent cross-border clashes, including major incidents in 2017 and 2020, which resulted in displacement, loss of life, and prolonged economic disruption. These recurring shocks have compounded pre-existing vulnerabilities and eroded community resilience. Without timely containment and a coordinated response, the July 2025 escalation risked further deterioration of the humanitarian situation, with implications for lives, livelihoods, and regional stability. A timely, multi-sectoral, and cross-border intervention by the Kenya Red Cross Society (KRCS) and partners remains critical to mitigating further humanitarian and developmental setbacks.

## Source Information

Source Name	Source Link
1. Kenya Red Cross EOC	<a href="https://www.redcross.or.ke/">https://www.redcross.or.ke/</a>
2. Kenya Nation Newspaper	<a href="https://nation.africa/kenya/counties/mandera/thousands-flee-somalia-clashes-into-mandera-as-fighting-in-gedo-escalates-5154872#google_vignette">https://nation.africa/kenya/counties/mandera/thousands-flee-somalia-clashes-into-mandera-as-fighting-in-gedo-escalates-5154872#google_vignette</a>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>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.</p>
<b>Participating National Societies</b>	<p>None</p>

# ICRC Actions Related To The Current Event

The ICRC-supported EOC that has been crucial in collecting information and aiding in analysis for operational response and warehousing that houses the emergency shelter kits being used in the current response. In addition, Protection of Family Links volunteer assessment trainings were conducted through the National Society Development department.

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	<p>No</p>
<b>National authorities</b>	<p>National authorities, led by the National Government, the County Government, and the Mandera Emergency Technical Forum, played a central role in coordinating the humanitarian response in Mandera following the cross-border conflict. Their contributions included providing overall strategic leadership, designating and managing displacement sites, and facilitating coordinated action among humanitarian partners. The Kenya Red Cross Society (KRCS) served as the secretariat to the technical forums, coordinating interventions across the three displacement sites and delivering life-saving assistance, including food and non-food items (NFIs), emergency shelter, mental health and psychosocial support (MHPSS), vector control activities, and livelihood support initiatives.</p> <p>Sectoral partners complemented these efforts. The Ministry of Health supported water, sanitation, and hygiene (WASH) interventions, while Najdah, a local organisation, provided water trucking and food assistance. The Danish Refugee Council rehabilitated latrine facilities and distributed hygiene kits to affected households. Local government structures further supported site identification, logistics coordination, and community mobilisation. Authorities acknowledged the strong collaboration with KRCS and county teams to advance an effective, coordinated relief response.</p> <p>To enhance safety and humanitarian access, the National Government intensified security operations along the Kenya–Somalia border and around former displacement sites. Through the National Disaster Operations Centre (NDOC) and the County Commissioner’s Office, regular multi-agency coordination meetings and security briefings were convened to inform response planning and maintain public order. These measures helped establish and maintain secure, organised, and accessible sites for displaced families, enabling the uninterrupted delivery of food assistance, shelter, health services, and other essential humanitarian support.</p>



## UN or other actors

In response to the recent displacement crisis in Kenya, triggered by conflict in neighboring Somalia, the International Organization for Migration (IOM) supported humanitarian assistance to address the urgent needs of internally displaced persons through the distribution of non-food items to 483 households. The support included emergency shelter assistance. The initiative also targeted host communities facing increased strain from the influx, providing healthcare, protection, and other essential services. In addition, rapid assessments targeting IDPs were conducted to support evidence-based planning for the crisis response.

## Are there major coordination mechanism in place?

In response to the rapidly evolving security and humanitarian crisis, Mandera County Security Committee, in collaboration with the County Steering Group (CSG) and the Disaster Risk Management Committee (DRMC), activated emergency coordination mechanisms to strengthen preparedness and response efforts. This process led to the establishment of the Mandera County Emergency Disaster Management and Response Committee, a multi-agency platform bringing together representatives from the National Government, County Government, KRCS, civil society organizations and development partners. The committee is mandated to ensure timely, well-coordinated, and strategic interventions, particularly in the event of a prolonged crisis.

County-level coordination of the displacement response was led through the Mandera Multi-Agency Coordination Forum and the County Emergency Response Committee, which served as the primary coordination platform. These mechanisms were supported by KRCS, which played a central operational and coordination role. KRCS with support from IFRC led emergency shelter and non-food item (NFI) distributions, supported camp management in Barwaqo, Duse, and Shashafey, and coordinated health and WASH interventions in close collaboration with the Ministry of Health. The National Society worked closely with affected families, community leaders and local authorities to ensure effective site management and continuity of humanitarian assistance.

At the national level, KRCS engaged the National Disaster Operations Centre (NDOC) and other humanitarian actors through the National Humanitarian Coordination Taskforce and relevant health emergency coordination platforms. This ensured alignment between county-level response actions and national preparedness, security, and humanitarian strategies. While overall coordination mechanisms functioned effectively, gaps were identified in key sectors, particularly protection, education in emergencies, and mental health and psychosocial support (MHPSS), highlighting the need for strengthened multi-sectoral engagement and resource mobilization in these areas.

# Needs (Gaps) Identified



## Shelter Housing And Settlements

All camps previously established at Duuse Primary School, Shashafey Primary School, and Barwaqo Primary School were closed following a government directive, and all affected families were repatriated. However, tensions remained high at Border Point One, where approximately 400 Jubaland forces remained, posing a continued risk of renewed insecurity and further displacement.

In light of the evolving situation, the Mandera County Branch urgently needed to preposition emergency response resources, including shelter materials, non-food items (NFIs), food assistance, and health and WASH supplies, to ensure rapid readiness and a timely response in the event of a new emergency.



## Livelihoods And Basic Needs

Livelihoods in Border Point One (BP1) were severely disrupted due to the continued presence of Jubaland forces and escalating insecurity. Close to 600 farmers were unable to access their farms as a result of curfews, armed presence, and the planting of improvised explosive devices (IEDs) along farm access routes. One such incident resulted in a child losing a limb, further heightening fear and anxiety within the community.

Irrigation infrastructure, critical to survival in this drought-prone region, was destroyed or rendered nonfunctional. This compounded the already severe drought conditions and exacerbated food insecurity. With limited access to farmland and nonfunctional irrigation systems, families who relied on agriculture for their daily sustenance experienced significant livelihood losses.





## Health

In response to increased population movement and overcrowding in temporary settlement sites, integrated public health interventions were implemented to mitigate elevated disease and psychosocial risks among displaced and host communities in Mandera County. Vector control activities were prioritised to reduce the risk of malaria and other vector-borne diseases, including kala-azar and dengue. Through targeted environmental sanitation, larviciding, and community sensitisation, 883 households were reached across displacement and host community sites. In partnership with the Ministry of Health, the Kenya Red Cross Society (KRCS) facilitated large-scale spraying of vector-breeding habitats in the Fincharo, Dololo, and Kutulo community units, resulting in improved environmental hygiene, reduced vector density, and a measurable reduction in exposure to disease-carrying mosquitoes, thereby enhancing public health.

To address heightened WASH-related risks linked to displacement and limited access to safe water and sanitation, hygiene promotion activities were scaled up through community-based outreach. A total of 824 individuals (357 males and 467 females) received hygiene education and essential WASH items, including soap, water purifiers, and buckets. Interactive sensitisation sessions emphasised proper handwashing, safe water storage, food hygiene, and the maintenance of clean living environments to prevent disease transmission. Community engagement was strengthened through the involvement of local leaders, resulting in high participation, improved household hygiene practices, and reduced vulnerability to waterborne diseases, particularly among women and children in high-density settlement areas. Households requiring additional support were identified and referred to relevant service providers.

In parallel, mental health and psychosocial support (MHPSS) services were integrated into the health response to address the significant psychological impact of violence, displacement, and repeated humanitarian shocks. Targeted psychosocial support and psychological first aid interventions reached 2,152 refugees and 1,245 internally displaced persons (IDPs), as well as 30 KRCS volunteers, 23 healthcare workers, and 23 community leaders across Border Point One, Bulla Hawa, Fino, Sala, Warankara, Kabo, Sukela Tifna, Danaba, Qurah, Qoqay, Shimbir Fatuma, Arabia, Burmayo, Malkamari, Banisa, and Elwak. These interventions supported emotional recovery, reduced acute stress and trauma-related symptoms, strengthened social cohesion, and enhanced coping capacities among affected populations and frontline responders, thereby improving resilience and community recovery amid ongoing insecurity and displacement.



## Migration And Displacement

Increased cross-border conflict along the Kenya–Somalia border triggered a rapid influx of populations into Mandera County, resulting in 16 deaths, nine injuries, and the displacement of more than 500 households. Initially, 492 households were accommodated across three displacement sites: Duuse (172 households), Barwaqo Primary (147 households), and Shashafey (173 households). All three sites were subsequently officially closed. Of the affected population, 483 internally displaced persons (IDPs) were integrated with host families within Mandera Town. Ensuring the safety and protection of these families remained a priority.

At Border Point One (BP1), the continued presence of an estimated 400 Jubaland forces sustained a highly volatile security environment. Although no new displacement was reported, communities remained on edge due to persistent harassment, movement restrictions, and severe disruptions to farming and other livelihood activities. The Kenya Red Cross Society (KRCS) continued to monitor the situation and coordinate with relevant authorities to support affected populations.

# Operational Strategy

## Overall objective of the operation

Since July 2025, approximately 500 households were displaced into Kenya following clashes between the Federal Government of Somalia and Jubaland forces, resulting in 16 deaths and 9 injuries in Mandera and Bula Hawa. Humanitarian efforts focused on delivering relief food, emergency shelter, and NFIs, while supporting PHiE, WASH, PFL, PGI, and MHPSS interventions, alongside coordination at the Mandera and National EOCs. The influx placed substantial pressure on local resources, heightening vulnerabilities among both displaced and host communities, and occasionally affecting operational continuity due to security challenges.

## Operation strategy rationale

This DREF operation targeted 500 displaced households displaced by the cross-border conflict events between Somalia and Jubaland forces in late July, aiming to provide dignified emergency shelter, essential household items, relief food, and WASH support. Activities were implemented in close coordination with the Mandera Emergency Operations Center and through existing cluster networks, ensuring alignment with broader humanitarian response efforts. KRCS trained staff and volunteers in camp management, shelter construction, and epidemic control to support effective service delivery, while providing displaced families with safe living conditions and essential supplies to restore basic dignity and stability.

Food security interventions prioritized 500 households with three months of food parcels, with flexibility to reprioritize assistance to the



most vulnerable host families based on community engagement and vulnerability assessments. Continuous health outreach and mental health support were integrated to address the physical and psychosocial needs of affected populations, ensuring continuity of primary health care and trauma-informed support.

Community Engagement and Accountability (CEA) was embedded throughout the operation by ensuring the affected families , participated in program planning, aid distribution, and documenting community feedback. KRCS implemented targeted risk communication, hygiene promotion, and structured feedback systems to enhance epidemic prevention and ensure inclusive support. Protection measures were prioritized, including safeguarding women and girls, preventing sexual exploitation and abuse, and distributing Menstrual Hygiene Management (MHM) kits to uphold dignity and health. Special attention was given to marginalized groups, including persons with disabilities, the elderly, and other vulnerable populations.

All interventions were guided by principled, safe, and community-centered approaches, with structured engagement with local authorities and a clear plan for camp closure and transition. KRCS ensured that response activities complemented existing local services while preparing a sustainable handover to government structures, emphasizing transparency, accountability, and continuity of support beyond the immediate emergency phase. The operation strengthened KRCS capacity, enhanced community resilience, and maintained a high standard of humanitarian principles throughout implementation.

## Targeting Strategy

### Who was targeted by this operation?

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

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

### Explain the selection criteria for the targeted population

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

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



# Total Assisted Population

Assisted Women	587	Rural	16%
Assisted Girls (under 18)	713	Urban	85%
Assisted Men	642	People with disabilities (estimated)	25%
Assisted Boys (under 18)	558		
Total Assisted Population	2,500		
Total Targeted Population	2,500		

## 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
Inadequate Community Engagement: Limited community engagement and coordination may result in mistrust or reduced acceptance.	Continuous community engagement through meetings, feedback mechanisms, and active participation of local leaders and volunteers was ensured to enhance transparency and ownership of the operation.
Health and Safety of Personnel: The health risks to staff and volunteers due to exposure to diseases or difficult working conditions could pose a challenge. Weather patterns are also shifty.	Provision of personal protective equipment (PPE), regular health checks, and daily briefings on health and safety protocols were ensured. Emergency evacuation plans for medical support were put in place.
Access and Security Issues: The security situation in Mandera could hinder the movement of staff, volunteers, and resources, especially due to the proximity to the Somali border. There is a high degree of complexity with regards working in Mandera. Access to most areas is restricted due security reasons.	Coordination with local authorities and security forces, regular security assessments, and the use of secure transport routes were implemented. KRCS staff and volunteers worked with community leaders to ensure safe access.



Funding Shortfalls: Insufficient funding could limit the scale and scope of the intervention, especially for large-scale distributions and long-term recovery efforts.

Fast-tracking of funding allocations, early engagement with donors, and close monitoring of budget allocations were prioritised to ensure financial sustainability.

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

The operation in Mandera faced security challenges due to its proximity to the Kenya–Somalia border, an area affected by Al Shabaab activity. The potential for military escalation created considerable risks for humanitarian operations and directly affected staff safety during aid distribution, beneficiary registration, monitoring, and medical outreach activities. Limited access to certain locations and the risks associated with transporting food and NFIs by road further constrained operational reach.

The ongoing refugee influx also heightened pressure on already stressed resources, increasing the likelihood of tensions between host and displaced communities. Health and environmental risks were evident, including contaminated water sources, inadequate sanitation, and the potential for disease outbreaks. Restricted mobility further hindered access to markets and health facilities.

To mitigate these risks, the operation relied on regular security assessments, strong coordination with local security agencies, clear evacuation procedures, community acceptance efforts, continuous risk monitoring, the careful selection of safe distribution points, and robust emergency communication systems. Given the elevated security risk, all KRCS staff and volunteers deployed were highly experienced and trained. KRCS also closely coordinated with the Kenya Defense Forces and the National Police Service to enhance operational safety and ensure continuity of humanitarian support.

Has the child safeguarding risk analysis assessment been completed?

**Yes**

# Implementation



## Shelter Housing And Settlements

**Budget:** CHF 75,070  
**Targeted Persons:** 2,500  
**Assisted Persons:** 2,500  
**Targeted Male:** 1,153  
**Targeted Female:** 1,347

### Indicators

Title	Target	Actual
# of people reached with shelter NFIs support	2,500	2,500
# of Post distribution monitoring conducted effectively	1	1
# of assessments conducted	2	2

### Narrative description of achievements

- With funding from the International Federation of Red Cross and Red Crescent Societies (IFRC) through the Disaster Relief Emergency Fund (DREF), the Kenya Red Cross Society (KRCS) supported 2,500 community members (1,153 males and 1,347 females) with emergency shelter and non-food item (NFI) assistance across three temporary evacuation centres: Duuse Primary School, Shashafey Primary School, and Barwaqo Primary School. These sites had been established to host internally displaced persons (IDPs) and refugees affected by cross-border conflict.

- Prior to implementation, rapid assessments, including household visits, key informant interviews, and direct observation, were conducted to determine the scale of shelter damage, displacement patterns, and priority needs. The findings informed targeted assistance, prioritizing the most vulnerable households such as female-headed households, older persons, and persons with disabilities.



- Kenya Red Cross Action Team (RCAT) members and Mandera branch staff received training on emergency shelter response to enhance their ability to provide safe, dignified, and suitable shelter solutions during population movements. The training included emergency shelter standards aligned with Sphere guidelines, site selection and settlement planning, safe and disaster-resilient construction techniques, utilisation of locally available materials, environmental considerations, and mainstreaming protection, including gender, age, and disability inclusion. Participants also gained skills in conducting shelter needs assessments, beneficiary targeting, community engagement, and supervising shelter construction.
- Before the intervention, quick assessments were carried out through household visits, key informant interviews, and direct observation to evaluate the extent of shelter damage, displacement levels, and priority needs among internally displaced persons (IDPs) and refugees affected by the cross-border conflict. The results directed response planning and identified the most vulnerable households. After assessment and training, shelter materials were distributed to affected IDPs and refugee households. Emergency shelter kits consisting of tarpaulins, ropes, and basic construction tools were provided to support the temporary rebuilding of the affected households. Trained RCAT members and branch staff supervised the distribution process, offered technical guidance on shelter construction, and ensured transparency and accountability were maintained throughout the response.
- Following the two assessments and capacity building, emergency shelter kits—comprising tarpaulins, ropes, timber, and basic tools, were distributed to households whose shelters had been damaged or destroyed. Trained teams provided technical guidance during reconstruction and oversaw the distribution process to ensure transparency, quality, and accountability. This integrated approach enhanced safety, dignity, and privacy for affected families while strengthening community resilience during the emergency.
- A Post-Distribution Monitoring (PDM) exercise was subsequently conducted in Mandera County, covering 287 households that had received food and NFI support, achieving a 100% response rate. The majority of respondents (86%) were female, reflecting women’s prominent role at household level during the survey period. Findings demonstrated strong community confidence in the intervention: nearly all respondents reported that the beneficiary selection process was fair and transparent, and over three-quarters indicated they understood the selection criteria.
- Communication mechanisms were also rated positively. Most respondents confirmed receiving prior information about the distribution, including details on location, timing, and entitlements. The quality of communication during distribution was rated as good or excellent by the vast majority, with overall satisfaction reaching 93%. These results highlight effective community engagement, accountability, and adherence to humanitarian standards throughout the response.

## Lessons Learnt

- The response demonstrated the importance of conducting timely and comprehensive rapid assessments to inform evidence-based targeting and ensure assistance reached the most vulnerable households. Early capacity building of RCAT members and Branch Supervisors strengthened technical quality, accountability, and adherence to humanitarian standards, resulting in safe, dignified, and well-supervised shelter support. The integrated approach, linking assessment, training, distribution, technical guidance, and monitoring, enhanced overall effectiveness and reinforced protection, safety, and resilience among displaced populations.

In addition, the findings underscored the critical role of transparent communication and community engagement in building trust and acceptance. Clear information sharing on beneficiary selection criteria, distribution details, and entitlements contributed to high levels of perceived fairness and satisfaction. The Post-Distribution Monitoring further highlighted the central role of women at household level and reaffirmed the value of feedback mechanisms in strengthening accountability to affected populations and improving future humanitarian responses.

## Challenges

No major challenges were experienced under this section.



## Livelihoods And Basic Needs

**Budget:** CHF 77,816  
**Targeted Persons:** 2,500  
**Assisted Persons:** 2,500  
**Targeted Male:** 1,153  
**Targeted Female:** 1,347

## Indicators

Title	Target	Actual
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# of people who receive food and NFI items	2,500	2,500
% of surveyed people receiving food rations are satisfied with the types of food received	100	100
# of PDMs conducted	1	1

## Narrative description of achievements

- The livelihoods and emergency assistance intervention initially targeted 2,500 individuals; however, rapid and continuous assessments during implementation revealed that the scale of displacement and economic disruption resulting from the cross-border conflict was significantly higher than projected. Consequently, the response was scaled up to reach a total of 4,875 individuals, including internally displaced persons (IDPs), refugees, vulnerable host community members affected by the influx at Border Point One, female-headed households, elderly persons, and households that had lost their primary sources of income.

- The final number of 4,875 people supported under this category reflects consolidated data from direct project beneficiaries and complementary assistance provided through coordinated partner interventions. IFRC & KRCS supported 2,500 individuals with food and NFIs.

Notably, the International Committee of the Red Cross (ICRC) supported 950 households through cash transfers valued at KSh 12,000 per household for two rounds boosting household purchasing power and enabling families to meet essential needs such as food, water, shelter materials, and basic non-food items. Additionally, the Danish Refugee Council (DRC) complemented the response by providing hygiene kits, reducing health and protection risks. Community-Based Organizations (CBOs) and religious leaders in the area also mobilized resources, raising in-kind contributions such as food items, clothing and essential household supplies. Through the PDM conducted, 100% of surveyed people receiving food rations reported they were satisfied with the types of food received.

- Of those directly supported with shelter and non-food item (NFI) assistance, through this DREF were 2,500 (1,153 were male and 1,347 were female). The overall overachievement is attributed to strong coordination mechanisms, effective partner collaboration, community mobilization, and flexible response adjustments based on evolving needs, which collectively minimized duplication, maximized resource utilization, and strengthened livelihoods recovery among affected households.

## Lessons Learnt

- Expanding DREF support from 2,500 to 4,875 individuals ensured that both displaced persons and affected host communities were assisted.
- The PDM exercise provided a strong evidence that assistance reached affected families and was both relevant and useful to affected community members.
- Tracking beneficiary data by sex ensured that both women and men benefited equitably from food and non-food items support.
- Including vulnerable host households in assistance helped mitigate pressure from increased population influx.

## Challenges

- No major challenges were documented on livelihoods and basic needs.



**Budget:** CHF 39,687  
**Targeted Persons:** 2,500  
**Assisted Persons:** 6,131  
**Targeted Male:** 2,726  
**Targeted Female:** 3,405

## Indicators

Title	Target	Actual
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# of integrated medical outreaches conducted	15	15
# of KRCS volunteers and CHPs trained on EPIC and CBS	40	40
# of IEHK medical supplies and RDT Kits procured and distributed to Health facilities.	4	4
# KRCS Vol and CHPs trained on vector control interventions.	30	30
# of households supported with vector control interventions	1,000	883
# of detailed health assessments conducted .	1	1
# of people reached with risk communication and community engagement	2,500	2,500

## Narrative description of achievements

Following the cross-border conflict in Somalia that led to the displacement of populations into three refugee camps in Mandera County, an integrated health and nutrition emergency response was implemented to address the immediate and life-saving needs of displaced and host communities. Health outreach services were delivered through mobile teams and Humanitarian Service Points (HSPs) to ensure access for highly mobile and vulnerable populations.

A total of 6,131 individuals were reached through health and nutrition services, comprising 2,726 Males and 3,405 Females, demonstrating a focus on women, children, and at-risk groups.

Key services delivered included:

- Treatment of Minor Ailments:

A total of 1,018 individuals (457 males and 561 females) received treatment for common conditions such as respiratory infections, fever, and minor injuries. This intervention provided immediate health relief and helped prevent the escalation of uncomplicated illnesses in overcrowded camp settings. The higher proportion of female beneficiaries reflects their increased vulnerability during displacement and caregiving responsibilities.

- De-worming:

1,421 individuals (660 males and 761 females) were de-wormed to address parasitic infections linked to poor sanitation and limited access to safe water in emergency contexts. This intervention contributed to improved general health and enhanced nutritional absorption, particularly among children and vulnerable adults.

- Vitamin A Supplementation:

1,102 individuals (231 males and 871 females) received Vitamin A supplementation. The high number of female beneficiaries reflects targeted support to pregnant and breastfeeding women, contributing to improved immunity and the prevention of vitamin A deficiency-related complications.

- Immunization:

1,378 individuals (927 males and 451 females) were immunized against vaccine-preventable diseases, significantly reducing the risk of outbreaks within the camps and surrounding host communities. The higher number of male beneficiaries indicates effective outreach to children within displaced households.

- Nutrition Screening:

1,212 individuals (451 males and 761 females) were screened for malnutrition, enabling early identification, referral, and follow-up of acute malnutrition cases. Priority was given to women and children, in line with maternal, infant, and young child nutrition (MIYCN) objectives during emergencies.

A total of 6,131 individuals were reached through the Health and Nutrition Outreach activities, demonstrating strong community uptake and access to essential primary healthcare services. Of these, 3,405 were females and 2,726 were males, reflecting inclusive targeting across gender groups.

The outreach provided treatment for minor ailments to 1,018 individuals, supported 1,421 children through de-worming, and administered Vitamin A supplementation to 1,102 beneficiaries to enhance child health and immunity. In addition, 1,378 individuals received immunization services, while 1,212 people underwent nutrition screening to identify and manage malnutrition cases early.

Overall, the intervention significantly strengthened access to preventive and curative health services at the community level, contributing to improved health outcomes and enhanced resilience among vulnerable populations.



## Vector Control and Disease Prevention

### Vector Control and Public Health Preparedness

In parallel with health and nutrition services, vector control and disease prevention interventions were prioritized to mitigate the heightened risk of vector-borne and communicable diseases associated with overcrowding, poor shelter, and inadequate sanitation in emergency displacement settings.

A total of 40 volunteers and Community Health Promoters (CHPs) were trained on Epidemic Preparedness and Integrated Control (EPIC) to strengthen early detection, community surveillance, and response capacity. In line with the response plan, essential medical supplies and Rapid Diagnostic Test (RDT) kits were procured and distributed to Hareri Health Facility, enhancing diagnostic and treatment readiness for outbreak-prone diseases.

In Mandera East, an additional 30 volunteers and CHPs (17 females and 13 males) were trained on vector control interventions, strengthening community-based prevention and response mechanisms. While 1,000 households were initially targeted for vector control support, the intervention reached 883HHs (4,415 People), reflecting equitable targeting of vulnerable households within the camps and host communities.

A comprehensive health assessment was conducted across the affected sites and complemented by Risk Communication & Community Engagement (RCCE) activities. These efforts reached 2,500 people (1,153 males and 1,347 females), promoting preventive behaviors, early care-seeking and community ownership of disease prevention measures.

- KRCS managed to procure assorted pharmaceutical and non-pharmaceuticals to refill first aid kits, as well as prepositioning stocks for health emergencies and disaster responses. Access to reliable and affordable medication is critical for maintaining public health and improving patient outcomes. Distribution of the supplies.

- The following supplies prepositioned for health emergencies at the HQ:

	Item description	Uom	Quantity
1.	Amoxicillin 250mg, Dispersible.	Pack	300
2.	Infusion giving sets	Pieces	1000
3.	Azithromycin 500mg	Pack	200
4.	Doxycycline 100mg cap	pack	500
5.	Ringers lactate 500ml	bottles	1000
6.	ERYTHROMYCIN, 125 mg/5ml,	pack	1000
7.	ERYTHROMYCIN, 250 mg, tab.	tabs	100000
8.	Normal Saline 0.9%	bottles	1000
9.	Dextrose 5%	bottles	500
10.	Zinc dispersable 20mg - 100's	packs	100
11.	PARACETAMOL, 500mg tab	packs	500
12.	ORS pieces		10000
13.	Ibuprofen tabs 200mg	packs	500
14.	Branulars G18	Pieces	1000
15.	IV Cannular 22 100's	packs	20
16.	IV Cannular 24 100's	pieces	20

- First aid kit supplies for refill and prepositioning during responses:

	Item	Uom	quantity
1.	Alcohol pre pad	Pieces	1000
2.	Gloves	packs	100
3.	Sodium hypochlorite	5L	50
4.	Povidine iodine 100ml	Bottles	50
5.	Hand sanitizer 100ml	Bottles	100
6.	Sterile gauze 7.5 cm	Packs	100
	10cm	Packs	100
7.	Absorbent gauze roll	Pieces	50
8.	Face shield	Pieces	50
9.	Cold pack	Pieces	50
10.	Crepe bandage 15 cm	pieces	100
	10 cm	pieces	100
11.	Cotton rolls	Pieces	100
12.	Trauma Wound dressing	Pieces	100
13.	Tourniquet	Pieces	100
14.	Splint	Pieces	50
15.	Ice packs	Pieces	100
17.	Adhesive tapes	Pieces	50
18.	Silver sulphadiazine	Pieces	100
19.	Thermometer	Pieces	50



- 22. Trauma shears Pieces 50
- 23. Tweezers Pieces 50
- 24. Forceps Pieces 50
- 25. Biohazard bags Red pieces 100
  - Black pieces 100
  - Yellow pieces 100
- 26. Wound dressing Size 8 pieces 100
  - Size 9 pieces 100
- 27. Triangular bandage pieces 100
- 28. Deep freeze pieces 40
- 29. Opsite spray pieces 50

## Lessons Learnt

Delivering multiple services, treatment of minor ailments, deworming, vitamin A supplementation, immunization, and nutrition screening, through mobile teams allowed life-saving interventions that addressed both immediate and preventive health needs.

The deliberate targeting of at-risk populations, particularly women and children, ensuring that interventions such as vitamin A supplementation and nutrition screening reached those most in need.

Equipping KRCS volunteers and CHPs with skills in EPIC and vector control strengthened local early detection, surveillance and response at community level.

The utilization of Community engagement and RCCE reinforced preventive behavior adoption. Sensitization of 2,500 people on health and disease prevention helped increase awareness, promote early care-seeking, and encourage household-level adoption of hygiene and vector control measures.

Health and WASH assessments guided programming, ensuring that interventions were tailored to the specific needs of displaced and host populations.

## Challenges

Delivering services to highly mobile and displaced populations in camps and host communities posed logistical challenges, potentially limiting coverage and timeliness of interventions.

Sustaining Risk Communication & Community Engagement(RCCE). While RCCE activities reached 2,500 people, continuous sensitization and follow-up are needed to maintain behavior change and ensure community ownership especially for disease prevention measures.



## Water, Sanitation And Hygiene

**Budget:** CHF 91,947  
**Targeted Persons:** 2,500  
**Assisted Persons:** 5,814  
**Targeted Male:** 2,548  
**Targeted Female:** 3,266

## Indicators

Title	Target	Actual
# of households supported with water tracking	500	471
# of households supported with water treatment	500	471
# of affected women and girls provided with menstrual hygiene materials.	200	301



# of people reached with hygiene promotion interventions	2,500	2,843
# of sanitation facilities rehabilitated and expanded	20	23
% of households that access safe water (FCR 0.2–0.5 mg/L) with a minimum of 7.5 liters per person per day.	80	63

## Narrative description of achievements

- A total of 471 households; approximately 2,355 people (1,353 Female and 6,76 Male) received water trucking and treatment support, nearly achieving the target of 500HHs. Menstrual hygiene support activities exceeded the planned targets, reaching 301 women and girls, exceeding the initial target of 200.

- Overall, 2,843 people (1,451 Female and 1,392 male) benefited from hygiene promotion interventions supported by the DREF. In addition, 23 sanitation facilities were rehabilitated in Hereri area, and 63% of the targeted HHs gained access to safe water at a minimum of 7.5 litres per person per day, contributing to improved WASH outcomes.

During the response, emergency water trucking was implemented to address the urgent needs of the affected population, including IDPs, refugees, and affected host communities. A total of 471 HHs were reached with safe drinking water in temporary settlements where existing water sources were either overstretched or non-functional. The operation delivered a total of 3,440,000 litres of water during the response period with a daily delivery capacity of 86,000 litres.

- All tracked water was chlorinated at the source and monitored at distribution points to maintain Free Chlorine Residual (FCR) levels in line with WHO standards for safe drinking water. Routine water quality testing confirmed compliance throughout the intervention. As a result, 94.2% of the 500 targeted households accessed safe chlorinated water during the reporting period.

- To meet the Sphere minimum standard of 7.5 litres per person per day, the total daily requirement for this population would be 112,500 litres per day. With 86,000 litres delivered daily, the intervention achieved approximately 76% of the minimum daily water quantity standard.

- A sanitation assessment was undertaken in Duuse Primary School, Shashafey, and Barwaqo Primary School, previously used as temporary evacuation centres, to review the condition of latrines, handwashing facilities, waste management, water supply, and hygiene practices. The findings informed targeted WASH interventions, including rehabilitation works at Barwaqo and Duuse Primary Schools, installation of additional facilities, and intensified hygiene promotion, collectively reducing public health risks among the affected populations.

## Lessons Learnt

- Timely provision of safe water by KRCS reduced public health risks. Supporting 471 households with water trucking and treatment, while maintaining safe residual chlorine levels, demonstrated the value of combining water supply with water quality monitoring.

- Targeted support for menstrual hygiene strengthened dignity and inclusion. Exceeding the target for menstrual hygiene assistance highlighted both existing unmet needs and the importance of integrating gender-responsive WASH support into emergency operations.

- Reaching 2,843 people through hygiene promotion activities contributed to improved awareness and behavior change, reinforcing the importance of sustained RCCE alongside service delivery.

- Upgrading 23 sanitation units and improving access to safe water for affected households helped reduce exposure to disease and supported community resilience during recovery.

- Combining water supply, sanitation infrastructure, menstrual hygiene support and hygiene promotion ensured that affected communities benefited from holistic and complementary services rather than isolated sectoral inputs.

## Challenges

No major challenges were experienced during WASH sector interventions.



## Protection, Gender And Inclusion

**Budget:** CHF 2,856

**Targeted Persons:** 2,500

**Assisted Persons:** 2,457

**Targeted Male:** 1,104

**Targeted Female:** 1,353



## Indicators

Title	Target	Actual
# of persons sensitized on PGI	2,500	2,457
# of volunteers trained on SGBV	25	25
# of persons that receive MHM	224	203

## Narrative description of achievements

• A total of 2,457 individuals (1,353 females and 1,104 males) were reached with Protection, Gender, and Inclusion (PGI) sensitization sessions, closely approaching the target of 2,500. In addition, all 25 targeted KRCS volunteers (17 females and 8 males) successfully completed training on Sexual and Gender-Based Violence (SGBV), strengthening community-level prevention, response, and referral capacity.

• A total of 203 individuals received menstrual hygiene kits against a target of 224 under the PGI component. The shortfall was mainly due to logistical constraints, including delayed deliveries and access challenges to remote and insecure areas hosting newly displaced households, as well as the prioritization of the most vulnerable cases during verification. Some kits were temporarily retained to ensure equitable, needs-based distribution and were scheduled for release in the subsequent phase.

• The variation between the PGI and WASH figures reflects phased implementation and complementary partner support during the operation. While 203 individuals were reached directly through project interventions, additional menstrual hygiene materials provided by the Danish Refugee Council (DRC) expanded coverage to a cumulative total of 301 beneficiaries as reported under the WASH component. This consolidated figure captured both direct and partner-supported assistance, underscoring the importance of coordinated efforts in increasing reach and addressing the needs of women and girls in affected communities.

## Lessons Learnt

The delivery of menstrual hygiene support required careful planning for logistics, access constraints, and prioritization of the most vulnerable, particularly in remote or insecure areas. Phased implementation, combined with temporary retention of kits at distribution points, ensured equitable and needs-based allocation of critical items.

Coordination with partners, as demonstrated with the Danish Refugee Council, expanded coverage, maximized resources, and addressed gaps in service delivery. Consolidating direct and partner-supported interventions enhanced overall reach, promoted consistency in reporting, and strengthened the impact of gender-focused programming in humanitarian operations.

## Challenges

Limited access to remote and insecure areas posed significant logistical and operational challenges, affecting the timely and equitable distribution of menstrual hygiene kits and other essential support to vulnerable households.



## Migration And Displacement

**Budget:** CHF 7,260

**Targeted Persons:** 500

**Assisted Persons:** 492

**Targeted Male:** 241

**Targeted Female:** 251

## Indicators

Title	Target	Actual
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# of Volunteers trained in Safer Access	25	25
# of people successfully restored back to their families	500	492

## Narrative description of achievements

- The Emergency Operations Centre (EOC) coordinated the response, providing real-time monitoring, oversight, and support to field teams, while ensuring effective communication and documentation. Twenty-five volunteers and staff were trained on safer access protocols, including Protection of Family Links (PFL) services, enhancing security and operational efficiency.
- During the reporting period, 492 individuals (241 males and 251 females) were safely repatriated and reunited with their families, while eight (8) households were reintegrated at Border Point One, reinforcing protection and family unity.
- The Migration and Displacement response focused not only on delivering assistance but also on telling the stories of the people affected by cross-border conflict. To strengthen Public Relations, Communications and documentation, the team procured a camera and a laptop for the Communication Focal Person. This investment enabled KRCS to capture real-time field activities, document beneficiary experiences and produce quality reports and visual content that reflect the realities on the ground. As a result, the response received both internal and external media coverage, helping to amplify the voices of displaced families and highlight urgent humanitarian needs. Coverage included a featured video report ([https://youtu.be/lcBH\\_16wOJw?si=MY8kaOk4JNk7q7US](https://youtu.be/lcBH_16wOJw?si=MY8kaOk4JNk7q7US)) and additional online publications (<https://share.google/nYSUsOzW0jR645DbV>), which increased visibility, advocacy, and community awareness around the crisis.
- At the operational level, detailed assessments were conducted in affected areas hosting displaced households. These assessments provided first-hand insights into priority needs in water, health, shelter and protection, allowing the team to tailor interventions based on verified data rather than assumptions. The identification and registration process was carried out in collaboration with local leaders to ensure transparency and inclusion of the most vulnerable families. Verified beneficiary lists guided distributions and minimized duplication. In addition, Restoring Family Links (RFL) services were initiated to support up to 500 families affected by displacement. Affected families experienced separation during sudden movements triggered by insecurity. Through community sensitization and tracing support, affected individuals were informed about available services and referred appropriately.

## Lessons Learnt

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

## Challenges

- The continued presence of approximately 400 Jubaland forces along the River Dawa created a climate of fear and restricted civilian movement. While no new displacement was reported, the volatile security environment exposed BP1 residents to protection risks, limited access to essential services, and the threat of renewed displacement.



## Community Engagement And Accountability

**Budget:** CHF 5,408  
**Targeted Persons:** 119  
**Assisted Persons:** 154  
**Targeted Male:** 74  
**Targeted Female:** 80

## Indicators

Title	Target	Actual
# of volunteers trained on CEA	25	25



# of community members reached through community review meetings	120	129
% of community feedback addressed by KRCS	90	100

## Narrative description of achievements

- KRCS is committed to mainstreaming CEA throughout program implementation by ensuring active participation from affected community members and ensuring closure of the feedback loop. Community members were informed about the KRCS response, how the support will be provided, funding sources, and how to share community feedback. KRCS has continued to ensure the establishment and utilization of community feedback desks during registrations, distributions, and post-distribution activities in the community. KRCS continues to disseminate community feedback mechanisms, including Toll-free hotline (0800720577), complaints & feedback desks, community feedback email (complaints@redcross.ke), Community Review Meetings (CRMs), and Focus Group Discussions (FGDs).

With funding from IFRC, a total of 25 KRCS volunteers (13 Males, 12 Females) in Mandera were trained on Community Engagement & Accountability (CEA). The training covered key aspects, including CEA in the project cycle, including during assessment, design and planning, implementation, monitoring, and evaluation. Additionally, KRCS volunteers were engaged in understanding the role of CEA in programs which focused on CEA in emergencies, cash and voucher assistance, Protection Gender & Inclusion (PGI), and how to integrate feedback channels to address feedback and rumors in the community. Furthermore, the teams were sensitized on how to integrate different CEA approaches and how to identify the most appropriate approach to use when addressing community feedback.

The Community Review Meetings were designed as a participatory learning and accountability exercise, enabling affected populations to reflect on the KRCS response efforts, share experiences, and identify practical solutions to their challenges. By engaging community groups, including youth, women, and men, the community review meetings provided an opportunity to assess the relevance, accessibility, and inclusivity of the DREF support to affected community members.

- The process emphasized a two-way communication, allowing the affected communities not only to receive information from KRCS but also to influence response actions through feedback and dialogue, reaching 129 community members (61 Males and 68 Females). During the review meetings, community members reported receiving a standardized package of NFIs, including tarpaulins, blankets, sleeping mats, mosquito nets, buckets, kitchen sets, soap, and water purifiers. The items were widely viewed as relevant, addressing immediate shelter, warmth, hygiene, and household needs. Tarpaulins, blankets, mosquito nets, buckets, and kitchen sets were highlighted as the most useful items, with respondents noting that some items exceeded expectations in terms of durability and quality. No respondents reported items being irrelevant, and no quality-related complaints were raised. The distribution process was described as smooth and well.

Distribution points were conveniently located and easy to reach for community members. Respondents appreciated the professionalism and supportiveness of KRCS team. Packaging and presentation of the food and NFIs were positively rated, with community members indicating that items were well-packaged and adequately protected during the distribution process.

## Lessons Learnt

Utilizing Community Engagement during project implementation strengthened accountability and trust from community. Early and continuous engagement with the affected community members, including clear communication on the support, eligibility, funding and feedback channels contributed to transparency & acceptance of the project.

Sensitizing the community on KRCS feedback mechanisms including community feedback desks, Toll-Free Hotline (0800720577), community review meetings, FGDs, and feedback email, allowed community members to share feedback using their preferred method.

The Community Engagement and Accountability (CEA) training empowered KRCS volunteers with the skills necessary to manage feedback, address rumors, and integrate CEA principles throughout the DREF interventions. All feedback received was addressed by the dedicated team of volunteers.

Community review meetings provided a reflective session for community members to validate the relevance of project interventions and highlight what aspects were most successful.

## Challenges

No major challenges were experienced during community engagement.





# Coordination And Partnerships

**Budget:** CHF 42,906

**Targeted Persons:** 50

**Assisted Persons:** 50

**Targeted Male:** 23

**Targeted Female:** 37

## Indicators

Title	Target	Actual
# of coordination meetings conducted between the EOC, KRCS teams, and external stakeholders (including local authorities) during the DREF operation.	40	25
# of lessons learnt workshops conducted	1	1

## Narrative description of achievements

- 25 of the targeted 40 coordination meetings were convened between the County EOC, KRCS teams, and external stakeholders, including local authorities, during and after the DREF operation to review progress, assess key actions, and guide the ongoing response. The 25 meetings proved sufficient to have a collaborative and efficient operation which balanced other competing priorities.

- KRCS conducted a lesson learnt workshop for KRCS staff and volunteers who supported DREF interventions. The following were identified during the workshop.

What Worked Well: -

- Site Identification: Suitable and safe locations for temporary hosting were identified quickly by KRCS and partners.
- Timely Coordination: Strong partnership and consistent communication between KRCS and other stakeholders. Interventions were well-coordinated with government agencies, humanitarian partners, and community groups
- Shelter Provision: Emergency shelters were arranged promptly and provided for arriving families.
- Distribution of Food & NFIs: Essential food and non-food items were delivered to affected families with partner support.
- Effective Communication: Response teams maintained good information flow, ensuring operational clarity.
- MHPSS Integration: Psychological First Aid was delivered, supporting emotional stability and reducing distress among IDPs.
- Health Services: Basic medical care and first aid were provided effectively. Immediate first aid services were available to address injuries, minor illnesses, and urgent medical needs
- Deployment of RCAT: Rapid deployment of the KRCS RCAT team strengthened field support and response coordination.
- Restoring Family Links (RFL): 9 families were successfully reached by RFL services in the camps.
- Community Support: Local communities gave significant assistance in hosting, sharing information, and supporting operations.
- Media engagements led to the development of documentaries. Links are provided in the migration and displacement section of this report.

## Lessons Learnt

- Suitable and safe locations for temporary hosting were identified quickly by KRCS and partners.
- Strong partnership and consistent communication between KRCS and other stakeholders made the coordination easier.
- KRCS response team maintained good information flow, ensuring operational clarity.
- Psychological First Aid was delivered, supporting emotional stability and reducing distress among IDPs.
- Rapid deployment of the KRCS RCAT team strengthened field support and response coordination.

## Challenges

- High Expectations on aid: Some beneficiaries resisted returning home, expecting extended aid support.
- Insecurity Incidents: Theft and safety issues were reported in some of the sites hence affecting the response.
- Restoring Family Links Challenges: Lack of coordination with Somalia partners made family tracing difficult.
- Damage to school property: Hosting displaced families resulted in destruction of facilities, raising tension ahead of schools reopening.
- Some camps lacked security presence, increasing risks of crowd mismanagement and safety issues. Deployment of trained security personnel would help maintain order and protect both volunteers and IDPs.





**Budget:** CHF 28,242  
**Targeted Persons:** 2,500  
**Assisted Persons:** 2,500  
**Targeted Male:** 1,147  
**Targeted Female:** 1,353

## Indicators

Title	Target	Actual
# of meetings conducted during operations	40	24
# of EOC personnel supported during coordination	120	109
# of trainings done during the Operation	10	8

## Narrative description of achievements

- The operation has effectively strengthened key support functions to ensure a timely and efficient response. Supply chain mechanisms were reinforced, with all procurements and logistical support executed promptly to meet operational needs.
- The EOC and National EOC remained active, continuously monitoring and coordinating interventions in Border Point One, Barwaqo, and Duuse areas, while systematically documenting all held activities for accountability and learning.
- Additionally, the capacity of frontline personnel, including county and National EOC, was enhanced through targeted training of 109 staff and volunteers on critical areas, including the Safer Access Framework, First Aid in Emergencies, Emergency Shelter Construction, Protection Family Links (PFL), and Supply Chain Management.
- Of the targeted 40 community meetings, 24 were successfully conducted, with the shortfall largely attributed to limited access in high-risk areas due to insecurity, which constrained engagement and outreach efforts. The shortfall under trainings - 8 conducted out of 10 - was a result of insecurity challenges. The trainings targeted staff and volunteers on shelter and safe access practices. More on the training were provided under the shelter section.

## Lessons Learnt

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

## Challenges

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



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/08-2025/12	Operation	MDRKE067
Budget Timeframe	2025/08-2025/11	Budget	APPROVED

Prepared on 10/Mar/2026

All figures are in Swiss Francs (CHF)

### MDRKE067 - Kenya - Population Movement

Operating Timeframe: 20 Aug 2025 to 30 Nov 2025

#### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>375,000</b>
DREF Response Pillar	375,000
<b>Expenditure</b>	<b>-374,058</b>
<b>Closing Balance</b>	<b>942</b>

#### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	70,488	149,656	-79,168
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	110,332	87,571	22,760
PO05 - Water, Sanitation & Hygiene	86,335	68,960	17,375
PO06 - Protection, Gender and Inclusion	2,682	2,142	540
PO07 - Education			0
PO08 - Migration	6,817	5,445	1,372
PO09 - Risk Reduction, Climate Adaptation and Recovery	22,887		22,887
PO10 - Community Engagement and Accountability	5,078	4,056	1,022
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>304,618</b>	<b>317,830</b>	<b>-13,212</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	3,577	2,867	710
EA03 - National Society Strengthening	66,805	53,361	13,445
<b>Enabling Approaches Total</b>	<b>70,382</b>	<b>56,228</b>	<b>14,154</b>
<b>Grand Total</b>	<b>375,000</b>	<b>374,058</b>	<b>942</b>

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

## Please explain variances (if any)

The financial report reflected budget 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. The CHF 942 balance will be returned to the DREF pot.



# Contact Information

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

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**IFRC focal point for the emergency:** Patrick Elliott, Roving Operations Manager (Africa), patrick.elliott@ifrc.org, +254 733 620 770

**Media Contact:** Susan Nzisa Mbalu, Communications Manager, susan.mbalu@ifrc.org, +254733827654

**National Societies' Integrity Focal Point:** Reuben Momanyi, Head of MEAL, momanyi.reuben@redcross.or.ke, +254 725 918 054

**National Society Hotline:** 1199

[Click here for reference](#)



# DREF Operation

Selected Parameters			
Reporting Timeframe	2025/08-2025/12	Operation	MDRKE067
Budget Timeframe	2025/08-2025/11	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 10/Mar/2026

All figures are in Swiss Francs (CHF)

### MDRKE067 - Kenya - Population Movement

Operating Timeframe: 20 Aug 2025 to 30 Nov 2025

#### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>375,000</b>
DREF Response Pillar	375,000
<b>Expenditure</b>	<b>-374,058</b>
<b>Closing Balance</b>	<b>942</b>

#### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	70,488	149,656	-79,168
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PO04 - Health	110,332	87,571	22,760
PO05 - Water, Sanitation & Hygiene	86,335	68,960	17,375
PO06 - Protection, Gender and Inclusion	2,682	2,142	540
PO07 - Education			0
PO08 - Migration	6,817	5,445	1,372
PO09 - Risk Reduction, Climate Adaptation and Recovery	22,887		22,887
PO10 - Community Engagement and Accountability	5,078	4,056	1,022
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>304,618</b>	<b>317,830</b>	<b>-13,212</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	3,577	2,867	710
EA03 - National Society Strengthening	66,805	53,361	13,445
<b>Enabling Approaches Total</b>	<b>70,382</b>	<b>56,228</b>	<b>14,154</b>
<b>Grand Total</b>	<b>375,000</b>	<b>374,058</b>	<b>942</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2025/08-2025/12	Operation	MDRKE067
Budget Timeframe	2025/08-2025/11	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 10/Mar/2026

All figures are in Swiss Francs (CHF)

### MDRKE067 - Kenya - Population Movement

Operating Timeframe: 20 Aug 2025 to 30 Nov 2025

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Logistics, Transport &amp; Storage</b>		<b>52</b>	<b>-52</b>
Transport & Vehicles Costs		52	-52
<b>Personnel</b>		<b>2,524</b>	<b>-2,524</b>
National Staff		2,524	-2,524
<b>General Expenditure</b>	<b>3,577</b>	<b>116</b>	<b>3,461</b>
Travel	3,577	116	3,461
<b>Contributions &amp; Transfers</b>	<b>348,536</b>	<b>348,536</b>	<b>0</b>
Cash Transfers National Societies	348,536	348,536	0
<b>Indirect Costs</b>	<b>22,887</b>	<b>22,830</b>	<b>58</b>
Programme & Services Support Recover	22,887	22,830	58
<b>Grand Total</b>	<b>375,000</b>	<b>374,058</b>	<b>942</b>

### 5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME Kenya Red Cross Society  
 PROJECT NAME Kenya Population Movement-Mandera Influx  
 IFRC PROJECT CODE MDRKE067  
 CURRENT REPORTING PERIOD August to 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	11,369,000		15,281,621	15,281,621	-3,912,621	134%	FX Loss
Livehoods	11,785,000		13,084,970	13,084,970	-1,299,970	111%	FX Loss
Multi-purpose Cash			0	0	0	0%	
Health	6,010,415		6,092,367	6,092,367	-81,952	101%	
Water, Sanitation & Hygiene	13,925,000		13,956,915	13,956,915	-31,915	100%	
Protection, Gender and Inclusion	432,500		433,783	433,783	-1,283	100%	
Education			0	0	0	0%	
Migration	1,099,500		1,098,330	1,098,330	1,170	100%	
Risk Reduction, Climate Adaptation and Recovery			0	0	0	0%	
Community Engagement and Accountability	819,000		813,281	813,281	5,719	99%	
Environmental Sustainability			0	0	0	0%	
Coordination and Partnerships	6,497,910		7,606,230	7,606,230	-1,108,320	117%	FX Loss
Secretariat Services			0	0	0	0%	
National Society Strengthening	4,277,161		4,275,694	4,275,694	1,467	100%	
<b>Total</b>	<b>56,215,486</b>	<b>0</b>	<b>62,643,192</b>	<b>62,643,192</b>	<b>-6,427,706</b>	<b>111%</b>	

#### 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	8,717,500		8,692,852	8,692,852	24,648	100%	
	Relief supplies, transportation and storage	26,410,000		34,257,794	34,257,794	-7,847,794	130%	FX Loss
	Contributions to other organisations			0	0	0	0%	
	Other direct costs	18,286,211		18,391,919	18,391,919	-105,708	101%	
	Indirect cost recovery	2,801,774		1,300,627	1,300,627	1,501,147	46%	Due to FX loss, we prioritized
	<b>Total</b>	<b>56,215,486</b>	<b>0</b>	<b>62,643,192</b>	<b>62,643,192</b>	<b>-6,427,706</b>	<b>111%</b>	

#### 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	143,555		191,155	191,155	-47,600	133%	FX Loss
SP3	Growing gaps in health and wellbeing	123,600		127,238	127,238	-3,638	103%	
SP4	Migration and identity	6,817		6,955	6,955	-139	102%	
SP5	Values, Power and Inclusion	2,682		2,754	2,754	-73	103%	
E6	Engaged	7,688		7,173	7,173	515	93%	
E7	Accountable			0	0	0	0%	
E8	Trusted	64,195		62,080	62,080	2,116	97%	
	<b>Total</b>	<b>348,536</b>	<b>0</b>	<b>397,355</b>	<b>397,355</b>	<b>-48,819</b>	<b>114%</b>	

#### 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	348,536		397,355	397,355	-48,819	114%	FX Loss
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%	
	<b>Total</b>	<b>348,536</b>	<b>0</b>	<b>397,355</b>	<b>397,355</b>	<b>-48,819</b>	<b>114%</b>	

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

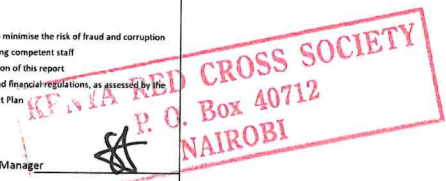
	CHF
Funds received to date	348,536
Year to date expenses	397,355
<b>Closing Balance</b>	<b>-48,819</b>
Percentage reported vs. total amount transferred	114%

#### 5.1.6 CERTIFICATION

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

- a) 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
- b) 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
- c) 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
- d) 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 IFRC
- e) 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 31.1.26  
 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



