



KRCS inspect a dilapidated dry water point @Marsabit- drought assessment.

Appeal: <b>MDRKE068</b>	Hazard: <b>Complex Emergency</b>	Country: <b>Kenya</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Orange</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 999,251</b>	
Glide Number: <b>-</b>	People Affected: <b>2,120,000 people</b>	People Targeted: <b>150,000 people</b>	
Operation Start Date: <b>18-11-2025</b>	Operation Timeframe: <b>6 months</b>	Operation End Date: <b>31-05-2026</b>	DREF Published: <b>21-11-2025</b>
Targeted Regions: -			





decreased. The primary drivers remains the 2 rainy season failures from OND 2024, high staple prices, insecurity, and reduced humanitarian resources.

As of October 2025, ASALs are facing a deepening water crisis. Seasonal rivers and pans, essential for both human and livestock consumption, have dried up in numerous areas, forcing communities to travel longer distances and endure extended wait times at water points. Limited access to water and pasture is intensifying competition over resources and increasing the risk of conflict. Livestock diseases, poor pasture conditions, and rising mortality are undermining pastoral livelihoods and household purchasing power.

The NDMA has warned that the scarcity of water is intensifying competition over limited resources, heightening the risk of intercommunal conflict. While county governments and humanitarian partners have initiated emergency water interventions, including borehole drilling and water trucking, these efforts remain insufficient to meet growing demand. Without scaled-up investment in climate-resilient water infrastructure, the crisis threatens to undermine livelihoods, exacerbate food insecurity, and accelerate displacement across the ASAL region.

#### Floods and flash floods in West Kenya:

The Oct-Dec (OND) 2025 seasonal forecast predicted up to 35% above-average rainfall in parts of northwestern Kenya (Turkana) and the western belt (Lake Basin region). These heavy rains have now materialized, resulting in widespread flooding and flash floods. The impact has been severe, leading to loss of lives, displacement of populations, and destruction of homes, livelihoods, and critical infrastructure. The situation has also heightened the risk of vector-borne disease outbreaks, including malaria and cholera, particularly in flood-affected areas.

One of the most significant recent events occurred in Elgeyo Marakwet County, where a major landslide struck the villages of Chesongoch and Moror. The landslide claimed at least 26 lives, with over 25 people still missing. More than 1,000 homes were destroyed, and access to the affected areas remains severely limited due to blocked and washed-out roads. Rescue operations have been further complicated by ongoing flash floods, which have forced the temporary suspension of search and recovery efforts.

In response, the Government of Kenya has deployed helicopters to airlift survivors and deliver emergency medical supplies to isolated communities. Many displaced families are currently sheltering in overcrowded temporary camps, while authorities continue to warn of the risk of further landslides due to persistent rainfall. Humanitarian agencies, including the Kenya Red Cross, are actively coordinating relief efforts. However, the situation remains critical, with escalating risks of disease outbreaks, psychosocial trauma, and further displacement.

#### Summary of flood events from mid October:

##### Summary of county situation and impacts

- Elgeyo Marakwet: A major landslide struck Moror and Chesongoch villages in Marakwet East Sub-County following heavy rainfall. The disaster displaced 151 households, caused 26 fatalities (12 male, 14 female), left 26 people injured, and 25 missing. Search and recovery operations are ongoing, led by the Kenya Defence Forces (KDF), National Police Service (NPS), and .
- Trans Nzoia: Flooding along River Sabwani intensified after upstream dam bursts (Amani, Chepkoilel, Marinda, Chief Mutende). The floods affected 5,516 households, displaced 540, destroyed 2,354 acres of farmland, and damaged 284 houses and four schools. Relief efforts and community sensitization are underway.
- Tana River: Flooding in Lagha Tula and Bangale submerged 67 households across four villages, with livestock losses reported. One person was rescued. Road access remains disrupted: Thika-Garissa Road is flooded between Bangali and Madogo, Hola-Garissa Road is cut off at Dukanotu, and Bura-Hosingo Road is impassable except by motorbikes and four-wheel vehicles. Water levels may rise if rains persist.
- Laikipia: A dam overflow caused localized flooding, displacing 83 households. Assessments have been completed, and KRCS is working with the County Government to provide food and non-food items.
- Baringo: Heavy rains triggered flash floods and backflow into Lakes Baringo and Bogoria, affecting 71 households and destroying 33 acres of farmland in Mukutani, Baringo North, South, and Tiaty East.
- Nairobi: Urban flooding has been reported in the CBD and informal settlements. Over 200 households in Mukuru Kayaba and Kayole have been affected. Assessments are ongoing to determine support needs.

#### Disease outbreaks - nationwide:

Kenya continues to face a resurgence of cholera and escalating zoonotic disease threats, exacerbated by worsening drought conditions that have severely restricted access to safe water, sanitation, and hygiene (WASH) services across multiple counties. Especially cholera – in water-scarce counties such as Tana River, Garissa, Wajir, Turkana, Mandera, Marsabit, Narok, and Kajiado.

This resurgence follows the Government's declaration on 1 September that the previous nationwide outbreak had been contained. Between February and August 2025, 426 cases and 20 deaths (CFR: 4.7%) were recorded across Migori, Kisumu, Kwale, Mombasa, Turkana, Garissa, and Nairobi. Then a new cholera outbreak emerged in Transmara West and Transmara South (Narok County) between 23 September and 24 October 2025, with 150 reported cases and 5 deaths (CFR: 3.3%). The outbreak is spreading rapidly due to limited access to clean drinking water. Within two weeks of Narok's initial cases, Nairobi and Migori counties each reported one confirmed case, raising concerns of wider transmission.



The convergence of the ongoing OND rainfall season with persistent drought conditions is accelerating the spread of cholera, particularly in water-scarce counties such as Tana River, Garissa, Wajir, Turkana, Mandera, Marsabit, Narok, and Kajiado. The risk of further outbreaks remains high. Compounding the crisis, reduced humanitarian funding has led to a decline in outreach services, limiting access to immunization, Vitamin A supplementation, and essential primary healthcare, especially in remote and underserved areas.

Zoonotic disease threats are intensifying, the prevalence of livestock diseases will further undermine pastorals livelihoods. In Garissa, brucellosis has been detected in goats, raising concerns about human transmission through unpasteurized animal products. Alerts for Rift Valley Fever have been issued in Garissa, Wajir, Marsabit, and Narok, where drought and intermittent rains have created ideal breeding conditions for mosquito vectors.

Reduction in global humanitarian funds:

International humanitarian funding for Kenya has dropped sharply in 2025, mirroring global trends of reduced donor commitments. This decline comes at a time of rising climate and health-related risks, severely disrupting food and nutrition programmes in early 2025 and undermining the country's ability to respond to escalating humanitarian needs.

Source Name	Source Link
1. Emergency Appeal	<a href="https://go-api.ifrc.org/api/downloadfile/93524/MDRKE068ea">https://go-api.ifrc.org/api/downloadfile/93524/MDRKE068ea</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	MDRKE065, MDRKE066, MDRKE055

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

The response is complex in nature with four drivers: climate shocks (1. Drought (ASALs), 2. Floods (Western Regions); disease outbreak (3. Cholera), and 4. global funding cuts.

All of which have new events and new triggers which show a distinct surge of needs beyond what was already identified during the launch of the previous DREFs.

With regards to previous operations below is a summary of their response status:

- MDRKE055 (EAP – Drought): Early actions under this Early Action Protocol are substantially complete. The sub counties targeted under this operation do not overlap with those included in the current DREF allocation under the Emergency Appeal.
- MDRKE065 (Drought DREF): This operation closed on 31 October. All funds were fully utilized, and planned actions were completed. An interim operations update has been developed and is currently under review for publication. No funds remain to support newly affected sub-counties that have recently moved into IPC Phase 3+.
- MDRKE066 (Health/Cholera DREF): Scheduled to close on 30 November, this operation has also fully expended its funds, with all planned activities completed. An interim operations update is under review. However, no funding is available to respond to the new and expanding cholera outbreak in Narok, or to anticipated outbreaks in ASAL and flood-affected communities.
- MDRKE067 (Population Movement DREF): Also closing on 30 November, this operation has been included for completeness. However, it is not relevant to the current context, as it specifically addresses population movement from Somalia into camp settings, which is distinct from the current drought, flood, and disease-related emergencies.

These fundings were effective on addressing needs in the previous seasons and reducing the effect of climate shocks and outbreaks on communities copying capacity, especially for the past 2 consecutive rain failure. KRCS contribution on food and humanitarian programs alongside other actors have been beneficial to the positive results on food insecurity over the past years. However, the situation has worsened significantly since previous DREF operations, reaching levels not seen over the past 3 years.



Between July 2023 and September 2024, food insecurity fell to 0.9 million people and acute malnutrition dropped by over 20 percent. However, situation has drastically shifted. New data and emerging hazards underscore the urgency for immediate action. Drought and food insecurity situation has further deteriorate beyond the average trend of recent years, reversing back to the 2021 trend in the projected October to January 2026 situation. Projections indicate 2.1 million people (13 percent) in Crisis or worse and Critical malnutrition persisting in 15 ASAL counties due to consecutive rainfall failure from OND 2024, high prices, conflict, and reduced assistance. At the same time other recent crisis have been escalating, increasing vulnerabilities. Include funding cut, outbreaks declared in ASAL counties and high price increase in market and fuel.

#### Lessons learned:

Below are some of the key and relevant lessons for this DREF application from the most recent, relevant responses. More detailed lessons will be included in the final reports

##### Key lessons from drought DREF

CVA - Post-distribution monitoring was conducted in Turkana County after the second disbursement of cash. A total of 169 households were surveyed, with each household receiving Ksh. 5,047, of which Ksh. 47 was used for withdrawal. The monitoring results showed a notable improvement in food consumption, with many households reporting an increase from one to three meals per day.

MHPSS - KRCS has already undertaken a Mental health assessment in areas which are identified to be in need of psychological support for the communities, schools and the authorities within the areas. The assessment has established that the communities still have a huge gap in counseling and limited support is done on mental health cases especially after the loss of livelihood.

Nutrition - KRCS, in partnership with the department of health, continued to improve access to essential health and nutrition services in hard-to-reach areas of Marsabit, Garissa and Baringo Counties through conducting integrated medical outreaches. Main challenges faced included stock out of critical medical supplies at link health facilities especially the essential drugs and nutrition commodities that affected health service delivery.

WASH - The ongoing drought conditions have resulted in depletion of water points, putting a strain on the existing strategic points. As a result, breakdowns are common, and KRCS has ensured prepositioning of fast-moving points with water committees and all strategic community water management structures for fast repairs and ensuring availability of water.

WASH - With the recent trends in disease outbreaks attributed to the limited access to clean and safe water and poor sanitation and hygiene practices.

CEA - Support supervision for further reinforced accountability by identifying gaps in feedback documentation and dissemination of toll-free numbers. This has ensured that feedback is consistently documented, properly channeled, and addressed in a timely manner.

CEA - The review meetings with seven groups reached 138 participants (26 men, 112 women), providing a structured platform for dialogue, reflection, and validation of project progress. These forums strengthened accountability and reinforced awareness of toll-free feedback channels.

##### Key lessons from floods and cholera DREF:

- CVA - most household's spent the cash on essential needs such as food, healthcare, education and debt repayments, while 90% preferred cash to in-kind support due to its flexibility. Despite its short term success, the transfer value and scale were insufficient for long term recovery, highlighting the need for complimentary interventions to enhance resilience and sustainability.

- Cholera is now being experienced in non traditional counties. These counties do not have the same capacity as the traditional counties. This is the case in the most recent outbreak in Narok county.

- Recent outbreaks are also related to population growth without commensurate infrastructure leading to low sanitation coverage.

##### Key lessons from the EAPs:

- The distribution of the drought tolerant seeds was in line with the activation calendar, with the aim of providing the seeds for planting in October/November lean season, to be harvested at the end of the season.

- While the principal was sound and within the activation timeliness, we did not rehabilitate water pans because it was discovered to be costlier due to inflation from when the EAP was approved in 2022. Approvals were secured from the IFRC validation committee within time to make adjustments to rehabilitate 2 boreholes.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No



# Current National Society Actions

## Start date of National Society actions

24-10-2025

<b>Coordination</b>	<p>External - The Kenya Red Cross Society (KRCS) play a coordination role in regional humanitarian hubs across Kenya. With regards the floods in the Western Region KRCS jointly leads the regional disaster response hub established in Homa Bay, which serves the Lake Victoria Basin. This hub is designed to strengthen coordination between humanitarian agencies, KRCS and government agencies, enabling swift and effective disaster response, particularly in flood-prone areas. The facility also includes a youth empowerment section to support skills development and economic opportunities.</p> <p>Internal - The KRCS is taking the lead in the coordination with the IFRC membership and shared leadership for this operation. The IFRC network's collaborative 'Way of Working' is reflected in regular coordination with both in-country and remote PNSs during strategic planning, multi-year operations, and emergency responses. The KRCS leadership reinforces this approach by promoting inclusive consultations that support harmonised response and development efforts. Membership coordination is maintained through monthly and ad hoc meetings, promoting shared leadership and strategic alignment.</p>
<b>National Society Readiness</b>	<p>KRCS has deployed several intervention over the recent months to anticipate or respond to the drought situation and outbreaks in country. Including MDRKE055 (EAP Drought), MDRKE065 (Drought DREF), MDRKE066 (Health/Cholera DREF), and MDRKE067 (Population Movement DREF).</p>
<b>Other</b>	<p>A response matrix and corresponding map have been developed. This shows the KRCS response by sector and location supported by MDRKE055 (EAP Drought), MDRKE065 (Drought DREF), MDRKE066 (Health/Cholera DREF), and MDRKE067 (Population Movement DREF). This shows there is no duplication of actions and where applicable the responses are complimentary.</p> <p>With regards progress against indicators and expenditure, below is a summary of the existing responses to date:</p> <ul style="list-style-type: none"><li>- MDRKE055 (EAP Drought) – early actions are substantially complete – the counties targeted do not include the counties in this DREF allocation for the Appeal.</li><li>- MDRKE065 (Drought DREF) – closed 31 Oct – all funds spent, and actions completed. An interim ops update has been developed and is now under review to be published. No funds are available for the new sub counties that have moved into IPC3+.</li><li>- MDRKE066 (Health/Cholera DREF) – closes 30 Nov – all funds spent, and actions completed. No funds are available for the new and expanding outbreak in Narok and expected outbreaks in ASAL and flood affected communities.</li><li>- MDRKE067 (Population Movement DREF) – closes 30 Nov. We have included this, but it is not relevant due to the specific nature of the event – population movement from Somalia to a camp setting.</li></ul> <p>Drought DREF:</p> <p>On 7 April, the IFRC allocated CHF 970,592 via DREF to support 60,000 people across seven ASAL counties with food, cash, health, and WASH services. This followed the IPC Short Rains Assessment highlighting the failed October-November-December (OND) 2024 rains and projected poor March-May 2025 rainfall, leaving 2.2 million people food insecure, including 266,000 in an emergency phase. Through the DREF and support from other donors, the KRCS reached 17,768 households with food assistance, 1,000 households with cash transfers, 7,462 households through nutrition outreach. An additional 829 people received Mental Health and Psychosocial support (MHPSS), 46 water sources were rehabilitated, and 32,458 pupils in 103 schools were reached through the Schools Meals Programme.</p>



#### Floods and cholera DREF:

On 27 May, the IFRC allocated CHF499,001 via DREF to support KRCS respond to the March-May rains and a cholera outbreak. The IFRC-DREF Operation was designed to respond to the dual crises of flooding and cholera outbreaks in Kenya, aiming to minimize loss of life and curb the spread of disease. The operation has supported a total of 375,109 people affected by these emergencies. This included a comprehensive package of lifesaving and relief activities such as: Aqua search and rescue; Emergency shelter support; Unconditional cash grants; Health interventions; Water, Sanitation and Hygiene (WASH); Risk Communication and Community Engagement (RCCE); Psychological First Aid (PFA); Community-Based Surveillance (CBS).

The operation prioritized counties with the highest numbers of displaced individuals and those most affected by the cholera outbreak. The core focus is to provide integrated humanitarian assistance to 3,000 households (approximately 15,000 people) through cash, non-food items (NFIs), and essential services that uphold dignity, protection, and well-being. Given the ongoing public health emergency in flood-affected counties, WASH and health interventions will be scaled up to reach the broader affected population. Prevention efforts, vector control, and RCCE activities will be extended to cover the full 375,109 people impacted by the crisis.

#### Drought EAPs:

Early Action Protocols were activated on 12 September, releasing CHF 367,238 for early interventions in Kwale, Kilifi, and Kitui, targeting 150,000 people. The KRCS is implementing resilience measures including drought-tolerant seeds, pasture management, water facility rehabilitation, and cash for Water Sanitation and Hygiene (WASH). Summary as follows:

Details of the EAPs are as follows:

County Kilifi, Sub County Magarini.

Activities:

- PSP for Crops and Livestock
- Market assessment for hay, seeds and Wash items.
- Installation of 4 10,000- liters storage tanks
- Targeting and registration of farmers and livestock keepers integrated with the agro advisory for farmers and livestock keepers.
- Procurement of seeds and hay ongoing
- Radio spots to disseminate EW Messages
- trained and deployed volunteers to support implementation of the EAP
- Community review meetings
- Early warning messaging

County Kwale, Sub County Kinango

Activities:

- PSP workshop to create advisories
- Market assessment for hay, seeds and Wash items.
- Installation of 4# 10,000- liters storage tanks
- Targeting, registration and verification of farmers to receiver.
- Procurement and distribution of seeds and hay is ongoing
- Ccommunity review meetings ongoing to review implementation of the EAP
- Trained volunteers are proceeding with engaging communities and supporting dissemination of early warnings
- Radio spot at Radio kaya to disseminate early warning messages

County Kitui, Sub County Mwingi North

Activities:

- County consultations with relevant departments (Water, Agriculture, Livestock, NDMA, KMD)
- Stakeholder engagement using PSP approach conducted (CSG at sub county level)
- Market assessment to determine feseability of use of Cash
- Targeting and registration of cash and crop seed recipients completed
- Procurement for seeds awarded (Tseikuru ward)
- WASH infrastrucurere assessment completed.



- Procurement of rehabilitation and installation services
- Volunteers trained and deployed to support the implementation exercise
- Early Maturing Crop seeds distribution in both Tharaka and Tseikuru
- Radio spots to disseminate EW information
- WASH installations

Floods and landslides:

Western Kenya has been severely affected in Elgeyo Marakwet County, a major landslide in Chesongoch and Moror villages: In Elgeyo Marakwet, significant response gaps persist in search and rescue operations due to limited access and inadequate earth-moving equipment. Health services, shelter, and WASH support remain overstretched. Current actions include deploying specialized teams and air support, strengthening coordination, providing mobile clinics and psychosocial support, and continuing search and recovery efforts for missing persons. In Trans Nzoia, heavy rains and flooding have damaged key infrastructure, submerged bridges, and cut off access to markets and essential services. Additional gaps include insufficient shelter and relief supplies, rising health and sanitation risks, and weak information flow. Immediate priorities focus on restoring access roads, improving drainage, scaling up WASH and relief interventions, and enhancing coordination. The National Society response teams continue to deliver lifesaving interventions, conduct rapid assessments, and share key safety messages through local networks and radio stations.

The Kenya Red Cross Society (KRCS) has actively responded to the crisis by deploying drones and GIS mapping technology to support damage assessment and search operations. In addition, they dispatched seven tons of food and non-food items to assist 100 households, with plans underway to extend support to up to 500 households. KRCS also established a tracing desk aimed at reuniting separated families, while providing psychosocial support and paramedic triage services. Furthermore, the organization engaged local communities in discussions about relocating to safer areas and raised awareness on disaster risk reduction.

KRCS carried out the following:

- Deployed drones and GIS mapping technology for damage assessment and search operations.
- Dispatched 7 tons of food and non-food items for 100 households, with plans to support up to 500 households.
- Set up a tracing desk to reunite families and provided psychosocial support and paramedic triage.
- Engaged communities on relocation to safer grounds and disaster risk awareness.

## IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) maintains a Country Cluster Delegation for Kenya and Somalia, as well as its Africa Regional Office, both based in Nairobi. Through these offices, the IFRC provides technical support, resource mobilisation, and strategic guidance to the KRCS, supporting both emergency response and long-term programming.</p>
<p><b>Participating National Societies</b></p>	<p>This DREF is coordinated with all PNSs present in Kenya – including the American Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, Italian Red Cross, and Norwegian Red Cross. The DREF leverages their collective expertise, capacities, and resources to strengthen KRCS operations in the targeted areas. To ensure transparency and collective accountability, the IFRC will lead Federation-wide reporting for the emergency response, showcasing the unified efforts of the IFRC membership in delivering humanitarian assistance to affected communities. Coordination efforts go beyond immediate relief, encompassing long-term resilience-building and National Society Development initiatives.</p>



# ICRC Actions Related To The Current Event

The ICRC maintains a regional delegation in Nairobi, which serves as a strategic hub for its operations across Eastern and Central Africa. In collaboration with the KRCS, the ICRC supports key humanitarian initiatives including restoring family links (RFL), economic security, and water and habitat projects in areas such as Lamu and parts of Garissa County. It also works to enhance operational safety and security through the implementation of the Safer Access Framework.

The KRCS, together with the IFRC, facilitates Red Cross Red Crescent Movement coordination meetings, which serve as platforms for information exchange, strategic updates, and harmonisation of efforts related to the Emergency Appeal response and other ongoing activities involving the KRCS and PNSs operating in Kenya.

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	In August, the government requested USD 128.6 million for the drought response under the Ending Drought Emergencies Framework. On 1 October, nationwide relief food dispatch began, aiming to reach 2.15 million people across all 23 ASAL counties. The Cabinet Secretary emphasised the need for collective action to ensure that no Kenyan goes hungry.
<b>UN or other actors</b>	The KRCS is a core actor within the Kenya Humanitarian Partnership Team (KHPT), recognised for its extensive local reach, technical expertise, and neutral humanitarian mandate. These attributes make the KRCS a trusted partner in both emergency response and resilience-building efforts across Kenya. The KRCS plays a vital operational and coordination role within the KHPT, a multi-agency platform that coordinates emergency preparedness and response. It actively contributes to joint planning, often co-leading sectoral working groups such as health, Nutrition, WASH, and protection, and collaborates closely with the UN Resident Coordinator's Office, UNOCHA, and other KHPT members to ensure coherent and timely humanitarian interventions.

## Are there major coordination mechanism in place?

The KRCS also partners with key government institutions to strengthen national response mechanisms. This includes working with the National Disaster Operations Centre (NDOC) during emergencies and the NDMA for drought-related coordination. As a co-chair of the Kenya Cash Working Group, the KRCS plays a strategic role in advancing cash-based assistance across the country in addition to collaborating with the Hunger Safety Net Programme (HSNP), a flagship government initiative providing unconditional cash transfers to vulnerable households in ASAL counties. Additionally, the KRCS works with the Ministry of Health on nutrition emergency programmes, chairing the National Emergency Nutrition Advisory Committee and coordinates with other ministries to support drought assessments and related interventions.

In Kenya, a hub system functions as a network of regional coordination centres and logistics facilities that support humanitarian preparedness, response, and resilience-building. Operated by a range of actors, including the KRCS, UN agencies, and government bodies, these hubs serve both national and regional purposes. The KRCS manages eight such regional hubs across Kenya.

# Needs (Gaps) Identified



## Shelter Housing And Settlements

In terms of shelter, emergency support is needed for communities displaced by ongoing riverine and flash floods and those at risk from the forecasted OND 2025 rains. Many affected populations lack adequate shelter, and preparedness for future displacement remains insufficient.

The emergency shelter needs in Chesongoch and Moror villages are critical following the devastating landslide of 31st October 2025. Displaced families are currently housed in overcrowded temporary camps that lack adequate shelter materials, privacy, and protection



from ongoing rains. There is an urgent need for additional tarpaulins, blankets, mattresses, and clothing to ensure basic comfort and protection from the elements. The camps also lack essential sanitation facilities such as latrines and handwashing stations, increasing the risk of disease outbreaks. Immediate actions include establishing alternative safe holding centers, improving coordination of relief distribution, and ensuring equitable access to shelter supplies. Long-term shelter solutions must focus on constructing permanent resettlement sites in safer zones, integrating disaster-resilient housing designs, and enforcing land-use planning to prevent future settlement in high-risk areas.



## Livelihoods And Basic Needs

As of Oct 2025 food insecurity in Kenya remains a critical concern, with over 1.8 million people currently classified in IPC Phase 3 or higher. This includes approximately 500,000 children, 100,000 pregnant women, and 179,000 individuals in IPC Phase 4 (Emergency), indicating severe levels of hunger and malnutrition. Despite the scale of need, humanitarian food programmes are being disrupted by funding shortfalls, and projections suggest that the number of people requiring urgent assistance could rise to 2.1 million by January 2026. Eleven ASAL counties are experiencing worsening food insecurity, further deepening the crisis. Counties such as Turkana, Mandera, Marsabit, Wajir, and Garissa are among the most affected and require immediate support.

In ASAL, the effect of climate disasters, water shortages in the agro pastoralists is important. The approach of the culture in these counties require adaptative systems, support to semen in critical seasons and awareness raising on climate factors and coping strategies to be effective.

The agro pastoralists loose livestock due to lack of fodder and water. Currently the existing species of livestock in many cases are not tolerant of the climate changes being experienced in the ASALs. There is a need to improve drought and disease resistant breeds. They are unable to restock, creating a cycle of both household food gaps and community market/basic food production.

To address this, food security interventions should be scaled up. The response should include emergency food distributions, targeted nutrition assistance, and support for pastoral and agro-pastoral livelihoods. Cash-based transfers are also needed to support immediate basic needs and can play a vital role in restoring household purchasing power and building resilience against future shocks. The expected positive coping capacity through the provision of cash, plus the support on the agro-pastoralists production and intrants is expected to have an impact now and for the next cycle of livestock production.



## Health

As of Oct 2025 health needs in Kenya are increasingly urgent, particularly in addressing widespread malnutrition and disease outbreaks. Kenya continues to face a resurgence of cholera and escalating zoonotic disease threats, exacerbated by worsening drought conditions that have severely restricted access to safe water, sanitation, and hygiene (WASH) services across multiple counties. Especially cholera – in water-scarce counties such as Tana River, Garissa, Wajir, Turkana, Mandera, Marsabit, Narok, and Kajiado.

An estimated 741,884 children aged 6–59 months and 109,462 pregnant or lactating women require immediate nutrition support. In addition to malnutrition, several counties—including Narok, Migori, Turkana, Nairobi and Garissa—are grappling with cholera outbreaks, while zoonotic diseases such as brucellosis and Rift Valley Fever pose growing threats due to deteriorating environmental conditions. Reduced humanitarian funding has curtailed outreach services. Prolonged food insecurity, loss of livelihoods, and repeated displacement are taking a growing toll on people’s mental health and psychosocial wellbeing. The shock of flash floods has left a strain on local health facilities, shortage of medical supplies and personnel. And psychological trauma among survivors.

This has contributed to a rise in preventable disease outbreaks and weakened the overall response capacity. To address these challenges, there is a need for the restoration and expansion of mobile health services, case management, strengthen disease surveillance systems, and ensure equitable access to care across affected regions. Immunization campaigns and primary healthcare outreach remain essential, especially in remote and underserved areas.



## Water, Sanitation And Hygiene

As of Oct 2025 water, sanitation, and hygiene (WASH) services are under severe strain, particularly in the ASAL counties where seasonal water sources have dried up. This has forced communities to travel long distances and endure extended wait times to access water, significantly increasing the risk of waterborne diseases such as cholera. There is limited access to water and poor pasture conditions, and rising mortality are undermining pastoral livelihoods and household purchasing power. The resurgence of cholera in several counties is closely linked to deteriorating WASH conditions and inadequate access to safe water. Current emergency measures remain insufficient to



meet growing demand, and the lack of investment in climate resilient water infrastructure continues to be a major gap.

To address these challenges, emergency water supply interventions, such as borehole drilling and water trucking, are urgently needed to ensure safe and reliable access to water for both domestic and livestock use. Sanitation and hygiene promotion must also be scaled up to prevent further outbreaks and improve public health outcomes. Strengthening WASH services is essential to reduce vulnerability, enhance resilience, and safeguard health in drought-affected and flood-prone regions.



## Protection, Gender And Inclusion

Drought and displacement have heightened these vulnerabilities, and there is a lack of dedicated protection programming. Some vulnerable groups are currently excluded from planning and response efforts, and gender-sensitive programming remains limited. Protection services must be scaled up to address increased risks of sexual and gender-based violence (SGBV), early marriage, and exclusion of persons with disabilities. Gender and inclusion must be mainstreamed across all sectors. Targeted support for women, girls, and persons with disabilities is essential to ensure equitable access to services. Inclusive approaches must be embedded in all humanitarian interventions to ensure no one is left behind.

The drought in Kenya has had unequal impacts across gender and age groups. Women and girls face the greatest burden, with increased responsibilities for water collection and household care, often at the expense of education and income opportunities. Food insecurity affects them disproportionately due to cultural norms that prioritize men and boys. Men and boys also suffer from livelihood loss, with many migrating in search of pasture, leaving women and children behind to manage strained households. Overall, the drought has caused displacement, disrupted access to essential services, and deepened vulnerabilities—especially for women and children.



## Risk Reduction, Climate Adaptation And Recovery

Early warning activities are critically needed due to the increasing frequency and severity of climate-related shocks and their cascading humanitarian impacts. The country is experiencing a volatile climate pattern marked by cycles of severe drought followed by intense rainfall and flooding. For example, El Niño-enhanced rains in late 2023 caused widespread displacement and infrastructure damage, while the subsequent short rains in late 2024 failed, disrupting agriculture and worsening food insecurity. This unpredictability underscores the importance of timely and accurate forecasting to help communities and responders prepare and mitigate risks.

In the arid and semi-arid lands (ASALs), which cover 90% of Kenya and support millions through pastoralism and farming, early warning systems are essential to anticipate drought phases, crop failures, and livestock losses. The NDMA's reports already show deteriorating conditions and rising food insecurity, with projections indicating that over 2.1 million people could face IPC Phase 3 or higher by early 2026. Early warning would allow for pre-emptive action such as food stockpiling, livelihood support, and targeted nutrition interventions.

Early warning is also vital for public health preparedness. The resurgence of cholera and the emergence of zoonotic diseases like brucellosis and Rift Valley Fever are linked to environmental changes and poor water access. Forecasting disease outbreaks and vector proliferation—especially with predicted above-average rains in OND 2025—can guide timely health responses, vaccination campaigns, and WASH improvements.

Finally, early warning systems can help prevent protection risks such as displacement-related SGBV, early marriage, and intercommunal conflict over scarce resources. By alerting communities and authorities ahead of climate shocks, early warning enables coordinated, inclusive, and life-saving interventions across sectors.



## Community Engagement And Accountability

Community Engagement and Accountability (CEA) is critical in this context to ensure that affected communities are informed, heard, and actively involved in the response. The current drought, disease outbreaks, and flood emergencies require clear, consistent communication about available support—such as food assistance, cash grants, health services, WASH, and protection. There is a need to identify trusted communication channels, establish structured participation mechanisms like community committees, and ensure inclusive engagement, especially for vulnerable groups. Additionally, two-way feedback systems must be strengthened so communities can share concerns and receive timely responses. With a refresher training on CEA planned, there is also a need to assess and build volunteer capacity, particularly in light of any turnover or gaps in previous training.



# Operational Strategy

## Overall objective of the operation

IFRC have launched a Complex Emergency Appeal (MDRKE068) to support KRCS to scale up their response to some of the most affected and most vulnerable communities facing the complex combination of drought, floods and disease outbreak.

This DREF grant allocation will be allocated in support of the Appeal to support the immediate gaps in the emergency response. Through this DREF, KRCS aim at providing immediate and life-saving assistance to approximately 150,000 people across Kenya's arid and semi-arid lands (ASALs) and flood-affected western regions, addressing urgent humanitarian needs for food security, WASH, health and PGI. This DREF allocation enables the rapid implementation of time-critical interventions aligned with the overarching Emergency Appeal strategy, ensuring swift action while broader Appeal resources are being mobilized to scale up response and support long-term recovery.

## Operation strategy rationale

To address these complex challenges, the KRCS will implement this DREF as a contribution to the Emergency Appeal launched for the overall response. While the Emergency appeal covers a comprehensive, three-tiered strategy that provides immediate relief while enabling long-term resilience and reducing future vulnerability, this DREF funding focus on immediate needs and gaps arising from the recent development of this complex situation. Include effect of peak of IPC in current and projected period, the outbreak effects on vulnerabilities.

The most urgent needs the operation aims to address are defined as follows by sectors:

### 1. CVA

Target Counties, Makueni, Kitui, Kajiado

Target Numbers 1,000 households

KRCS will provide cash assistance for two months to households with malnourished children under five and pregnant or lactating women to meet food needs and strengthen purchasing power through local markets. Market assessments will guide the feasibility of cash and voucher assistance. The program builds on ASAL experience and will coordinate closely with government and humanitarian actors to avoid duplication and ensure cost-effectiveness. Beneficiary selection will use health facility registers and community engagement, targeting families with malnourished children and mothers at risk of malnutrition.

### 2. Livelihood and Basic needs

Target counties: Kajiado, Baringo, West Pokot, Tana River

Target numbers: 2,000 farmers

The intervention seeks to make a quick impact on 2,000 vulnerable livestock farming families located across the agro-pastoralists zone affected by the drought and threatened by the resource-based conflict by distributing animal fodder, including barley and concentrate, to help protect their animals and restore their livelihoods while generating pasture for the forecasted below average rainfall season

### 3. Health and Nutrition:

Target numbers: 150,000 people

Target locations: Narok, Migori, Lamu, Nairobi

In response to the ongoing cholera outbreak, KRCS will focus on controlling transmission through enhanced, surveillance, case management, risk communication, community engagement, Oral cholera Vaccination (OCV) and improved infection prevention and control (IPC) at both community and facility (CTC) levels. Early action will also target high-risk counties. These operation aims to reach 350,000 people 10% of the at-risk population, with emergency health interventions focused on cholera prevention, response and control. Through this support, the health the interventions target 150,000 community members in wards and villages that have reported cholera with response activities and the neighboring communities susceptible to the cases based on the epidemiological evidence in Narok, Migori and Nairobi. The strategy prioritizes protecting those most susceptible to cholera, including people living in slums, young children, and cholera-at-risk locations close to the active transmission locations to reduce the disease's impact. The approach aligned within the counties currently experiencing the outbreaks will include mapping/assessments, Case management, surveillance, Oral Cholera vaccination, procurement and distributing the Pharmaceuticals, WASH and IPC commodities to control the outbreak.

### Nutrition:

Target locations: Kitui, Makueni and Kajiado counties

KRCS will prioritize delivery of life saving health and nutrition services to prevent deterioration of the nutrition situation while enhancing recovery. There is a current breakdown of nutrition supplies pipeline for both severe and moderate acute malnutrition. The Kenya National IMAM protocol requires at least 4 cycles (4 months) of treatment with SAM and MAM commodities for full recovery. KRCS will procure Ready to Use Therapeutic food (RUTF), Ready to Use Supplementary Food (RUSF) and Corn Coy Blend for pregnant and lactating women to ensure sustained IMAM service delivery targeting Kitui, Makueni and Kajiado counties.

### MHPSS:



To strengthen mental health and psychosocial support (MHPSS) in the disaster affected areas, training in psychological first aid (PFA) and supportive communication will be conducted for volunteers, health workers and community members. Basic psychosocial support will be provided to affected individuals to help them cope with trauma and distress. Effective collaboration will be fostered between mental health and psychosocial actors, community stakeholders. Additionally, MHPSS will be integrated with staff and volunteer care measures

#### 4. WASH:

Target numbers: 75,000 people (15,000 Households)

Target locations: Kitui, Makueni, Kajiado, Taita Taveta

KRCS will support the rehabilitation, construction and solarization of strategic community water points to address the urgent water scarcity while ensuring adaptation of green energy to significantly lower energy expenses associated with water treatment and distribution. These efforts aim at to improve food and economic security by ensuring reliable, climate-resilient water sources. By integrating durable solutions to all interventions aspects, KRCS will ensure design of resilient water infrastructure that can withstand the adversity and effects of climate change while integrating lasting behavior change and community engagement interventions. The National Society will deliver a comprehensive WASH package of hygiene promotion to reduce the community vulnerability to water-related diseases. Including using the Community-Led Total Sanitation (CLTS) to eliminate open defecation.

#### 5. Protection, Gender and Inclusion:

Target Counties: Makueni, Kitui, Kajiado, Baringo, West Pokot, Tana River.

Target population: 7,000 people

Affected families have been forced to migrate in search of food, water, and pasture, disrupting traditional community structures and impacting different genders in distinct ways. As communities move, additional responsibilities often fall on individuals, including vulnerable women and children—many of whom are compelled to take on the role of household heads. Persons with disabilities and the elderly are particularly at risk of marginalization and being left behind. It is essential to raise awareness within these communities about the diverse needs of individuals across gender, age, and ability to ensure inclusive and equitable support for all the scarcity of resources and prolonged displacement have heightened the risk of gender-based violence (GBV), particularly for women and girls who must travel long distances to access water, food, and basic services. This situation has also led to an increased risk of early marriages and other harmful traditional practices. Limited resources continue to expose communities to gender-based and sexual exploitation. There is a critical need to educate communities on the underlying causes of GBV, strategies for its prevention, and appropriate channels for reporting and addressing such incidents. Promoting awareness and protection mechanisms is vital to safeguarding vulnerable groups and fostering a safer, more inclusive environment.

#### 6. Early Action

Target Counties: - West Kenya Region (Busia, Homabay, Migori, Kisumu, Siaya)

Target Numbers (people) 141,212 (Busia-59,320, Homabay-20,170, Migori 2,820, Siaya 2095, Kisumu 56,803)

The proposed activities will focus on strengthening community preparedness and coordination for disaster response. KRCS will disseminate early warning messages to at risk communities to ensure timely action and advocate for evacuation where necessary to safeguard lives. Community review meetings will be held to assess risks, share updates, and reinforce local preparedness measures. In addition, coordination mechanisms at both national and county levels will be strengthened to enhance collaboration among stakeholders and ensure an efficient, unified response.

#### 7. Community engagement and accountability:

KRCS has institutionalized community, engagement and accountability framework which forms the backbone of its community-based interventions. The CEA policy emphasizes KRCS commitment to humanitarian principles anchored in community participation, transparency and responsiveness. This policy has enabled KRCS to adopt a systematic strategy for community engagement, ensuring high quality accountability across all programs and operations. To promote proper documentation of community feedback, KRCS through its MEA&L department will ensure that community members are aware of KRCS feedback mechanisms to log their requests, priorities, complaints and feedback throughout the project cycle.

The following community engagement strategies shall be used during the drought response;

- Community Feedback Hotline 0800720577 for daily feedback tracking from the community.
- Community feedback boxes
- KRCS staff and volunteers to collect and document community feedback
- Focused group discussions with the targeted community members
- Community Review Meetings in the project supported areas
- Use of organizations email [complaints@redcross.or.ke](mailto:complaints@redcross.or.ke) to collect sensitive feedback including sexual exploitation, abuse, corruption or fraud.

Feedback categories and management: KRCS will ensure that the community feedback is categorized into: questions, suggestions, rumors and appreciation/praise as below. This is managed at county level by the teams to give quick feedback. All the actions resulting from the feedback are documented.

- Questions: Refer to inquiries that highlight information gaps
- Suggestions: Are ideas for improvement or requests for help



- Rumors: Unverified information that could be true, false or mixed.
- Appreciation: Positive feedback highlighting what's working well.

#### 9. Coordination:

The KRCS is a key member of the Kenya Humanitarian Partnership Team (KHPT), valued for its local reach, technical expertise, and neutral mandate. Within this multi-agency platform, KRCS plays a central role in emergency preparedness and response, co-leading sectoral groups such as Health, WASH, and Protection, and working closely with UNOCHA, the UN Resident Coordinator's Office, and other partners to ensure coordinated interventions. KRCS collaborates with government institutions including the National Disaster Operations Centre (NDOC) and the National Drought Management Authority (NDMA) to strengthen national response systems. As co-chair of the Kenya Cash Working Group, KRCS advances cash-based assistance and partners with the Hunger Safety Net Programme (HSNP) to support vulnerable households in ASALs. It also works with the Ministry of Health on nutrition programs and coordinates with other ministries for drought assessments and related interventions.

#### 10. Secretariate Services:

To ensure effective implementation, IFRC will provide remote and field monitoring, technical support, and coordination through the Cluster Delegation. This includes resource mobilization, an exit strategy, and engagement with Partner National Societies. IFRC will deliver PMER, finance, and logistics services in compliance with DREF guidelines, alongside communications and security support. Salaries for key roles such as finance, logistics, PMER, and operations focal person will be covered to guarantee quality delivery and oversight throughout the operation.

## Targeting Strategy

### Who will be targeted through this operation?

A response matrix has been developed which identifies previous responses during 2025 for floods, cholera and drought. This matrix has been used to guide and ensure no duplication and that all actions where applicable are complementary. These include MDRKE055 (EAP Drought), MDRKE065 (Drought DREF) closed 31 Oct, MDRKE066 (Health/Cholera DREF) closes 30 Nov and MDRKE067 (Population Movement DREF) closes 30 Nov.

For drought through this operation, KRCS aims to support households currently classified under IPC Phase 3 and 4. Assistance will be directed to the worst-affected sub-counties within the targeted counties, specifically those not currently supported by any humanitarian partner. These sub-counties are either already experiencing IPC Phase 4 conditions or are at high risk of deteriorating to that level. The specific counties and sub-counties to be supported will be identified through consultations with the County Steering Group (CSG) and relevant partners. The majority of the population in these sub-counties are pastoralists, whose livelihoods depend heavily on livestock for milk and meat production. The ongoing drought has led to severe shortages of pasture and water, resulting in livestock losses, which in turn cause economic collapse, food insecurity, and displacement. KRCS will conduct a comprehensive gap analysis, taking into account ongoing interventions by other actors, to ensure that support is directed to populations not covered by existing assistance.

In responding to flood emergencies, KRCS will adopt a community-centered and data-driven targeting approach to ensure that assistance reaches the most affected and vulnerable populations. The first step will involve conducting rapid needs assessments and risk mapping in flood-affected areas. This will include the use of satellite imagery, drone technology, and community reports to identify zones with high water levels, infrastructure damage, and displacement. Collaboration with county governments and local disaster management committees will be essential to validate and enrich the data collected. Households will be prioritized for assistance based on criteria such as displacement due to flooding, destruction or severe damage to homes, presence of children under five or pregnant/lactating mothers, lack of access to clean water and sanitation. Consideration will also be given to the loss of livelihoods such as farming, fishing, or small businesses. KRCS will also conduct a gap analysis to identify areas and populations not covered by other humanitarian actors, ensuring that support is directed where it is most needed.

In the event of a disease outbreak, KRCS will implement a targeted response strategy that prioritizes the most at-risk populations based on epidemiological data, vulnerability, and exposure levels. The first step will involve close coordination with the Ministry of Health, county health departments, and surveillance teams to identify outbreak hotspots and map the spread of the disease. Rapid assessments and health facility reports will guide the identification of affected communities and help determine the scale and severity of the outbreak. Targeting will focus on populations with limited access to healthcare services, poor sanitation, and high population density, which are factors that exacerbate disease transmission.

### Explain the selection criteria for the targeted population

The targeting priorities defines above are based on the vulnerabilities, include for the targeted locations. The selected areas being the most vulnerable as they are facing prolonged drought, acute food insecurity, disease outbreaks, and recurrent flooding, compounded by



a sharp decline in humanitarian funding. Targeting will be guided by Integrated Food Security Phase Classification (IPC) data, needs assessments, and community-led verification to ensure an inclusive, evidence-based response that alleviates immediate suffering and strengthens community-driven recovery.

The beneficiary identification and selection process will be community-centered and community-led, ensuring that the voices of those most affected and vulnerable are prioritized. Selection criteria will be inclusive, transparent, and designed to reach only the most vulnerable and affected households. To strengthen community engagement, Kenya Red Cross Society (KRCS) will work closely with local leaders and project relief committees. These stakeholders will play a key role in facilitating consultations and guiding the selection process.

To uphold principles of protection, gender, and inclusion, KRCS will ensure that all at-risk and vulnerable groups are represented in relief committees. Their participation will be central to community-based targeting and registration activities, ensuring their voices are heard and their needs addressed.

Community committees will actively participate in defining beneficiary selection criteria and identifying and selecting beneficiaries. This approach will help ensure that assistance reaches those who need it most.

KRCS will prioritize the following vulnerable groups:

- Women single headed household.
- Pregnant or lactating mothers with children under 5 years.
- Families with severely malnourished children under 5 years.
- Households headed by persons with disabilities and no source of income.
- Child-headed households.

## Total Targeted Population

Women	40,713	Rural	100%
Girls (under 18)	34,707	Urban	0%
Men	40,287	People with disabilities (estimated)	7%
Boys (under 18)	34,293		
Total targeted population	150,000		

## Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
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Negative perceptions of relief efforts may arise due to unmet expectations' or perceived inequalities'	- Maintain open communication channels. - Conduct satisfaction surveys. - Implement community grievance redress mechanisms.
Corruption and fraud continue to pose a risk in humanitarian activities	KRCS will develop a communication plan to inform the communities on all aspects of the project and sensitize them on the need to prevent corruption. Communities will be informed of their entitlement and notified that assistance is provided free of charge, where they will not be required to pay anything in order to access assistance. Communities will also be notified of existing mechanism to report in case they experience corruption of any kind - suspected or real.
PSEA and child safeguarding risks	Ensure all staff and volunteers are sensitized on child safeguarding and have signed the code of conduct. A child safeguarding risk analysis should be completed, followed by the development of a clear action plan.

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

KRCS security units continuously conduct monitoring and local security situations and advise the response teams on mitigation measures in cases of heightened security situations.

These being some of the counties with resource-based conflict and borders with neighboring counties, have a high risk of insecurity. This may cause security risk to the staff and volunteers in these areas. KRCS will constantly engage staff who are conversant with the security needs in these counties who will support with security surveillance and monitoring.

The security briefings will be continuously conducted to ensure vigilance.

Has the child safeguarding risk analysis assessment been completed?	Yes
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## Planned Intervention



### Livelihoods And Basic Needs

**Budget:** CHF 190,067

**Targeted Persons:** 2,000

#### Indicators

Title	Target
# of households reached with essential on-farm and off-farm inputs/materials/tools for agricultural/food production.	2,000

#### Priority Actions

1. Production of pasture for livestock
2. Improved livestock breeding
3. Coordination with Min of Agri and Livestock
4. Mobilize trained staff and volunteers for assessment





## Multi Purpose Cash

**Budget:** CHF 82,904

**Targeted Persons:** 5,000

### Indicators

Title	Target
# of households provided with unconditional cash assistance.	1,000
% of households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket).	80
# of trained volunteers mobilized	60

### Priority Actions

1. Targeting and registration - targeting households with severe malnutrition
2. List validation in the 1-2-1 platform
3. Unconditional cash grants to vulnerable households in the most critical sub-counties where markets are still functioning - Makueni, Kitui, Kajiado counties - 1,000 HHs for two months in coordination with Cash Working Group.
4. Post-distribution monitoring after every disbursement to determine cash utilization in sampled households



## Health

**Budget:** CHF 231,178

**Targeted Persons:** 150,000

### Indicators

Title	Target
# of children screened and admitted for management of moderate acute malnutrition	800
# of pregnant and Lactating women screened and admitted for management of moderate acute malnutrition	400
# of counties supported with pharmaceuticals, non-pharmaceuticals and IPC commodities.	3
# of counties supported on Early/After Action Review workshop	3
# of people reached with psychosocial and mental health services	1,500
# of people reached with Cholera and Risk Communication and Community Engagement (RCCE) activities.	150,000
% of trained volunteers demonstrating improved knowledge on EPIC, CBS, and CATI through post-training assessments	100
% of communities reached by PHiE surge teams within 72 hours of outbreak detection	60
% of target population vaccinated during OCV campaign	100



% of malnourished children identified enrolled in supplementary feeding programs and covered until recovery	85
% of referred cases by NS through outreach/screening activities that are taken charged of for nutrition, PSS or other specialized care/ programs	85

## Priority Actions

### Health and Care - Cholera

1. Conduct a detailed risk assessment in Cholera affected counties.
2. Train KRCS Volunteers on Epidemic Preparedness and response in communities (EPIC), Community Based surveillance (CBS) and Case Area Targeted Interventions (CATI)
3. Support MoH in conducting surveillance and contact tracing of Cholera cases.
4. Support Volunteers and CHPs in conducting Targeted Risk communication and community engagement.
5. Support Radio Talk Shows.
6. Procurement of Cholera related Information, Education and Communication (IEC) materials.
7. Setup CTC - this includes procurement of pharmaceuticals and non-pharmaceuticals.
8. Procurement of Infection prevention and control (IPC) commodities.
9. Procurement of PHiE response commodities
10. Deploy PHiE surge team - to support CTC and community level actions.
11. Support targeted hygiene promotion sensitization at the community level.
12. Support oral cholera vaccination (OCV) campaign.
13. Conduct a county specific cholera Early/After Action Review workshop
14. Support joint KRCS/NPHI coordination and planning meetings

### Nutrition

1. Procurement and distribution of Ready to Use Therapeutic spread, sachet 92 g/CAR-150
2. Procurement and Distribution of Ready to Use Supplementary foods (100g/sachet)
3. Procurement of Super cereal Plus (CSB++)/BAG-1,5KG
4. Monitoring and supervision

### Mental Health and Psychosocial Support (MHPSS)

1. Provide PFA (Psychological First Aid) to affected individuals
2. MHPSS for staff and volunteers



## Water, Sanitation And Hygiene

**Budget:** CHF 266,489

**Targeted Persons:** 150,000

## Indicators

Title	Target
# of community strategic water points rehabilitated	14
# of water points upgraded and solarized	14
# of households reached with hygiene promotion	150,000

## Priority Actions

1. Continuous assessment and water needs analysis including assessment of strategic water facilities to ascertain their functionality.
2. Upgrading and solarization of strategic community water points.
3. Rehabilitation and construction of community strategic water points.
4. Repair and repositioning of fast-moving parts for strategic community water points
5. Procure assorted WASH and IPC commodities/ Water treatment chemicals



6. Support hygiene promotion interventions including household water treatment (door to door and community meetings)
7. Operation and maintenance training for the water system - water committees.
8. Training of community members on the use of the H/H water treatment chemicals and to include post distribution follow-up



## Protection, Gender And Inclusion

**Budget:** CHF 22,520

**Targeted Persons:** 7,000

### Indicators

Title	Target
# of staff and volunteers trained in PGI including referrals.	70
# of people reached by protection, gender and inclusion information.	7,000

### Priority Actions

1. Training staff and volunteers on protection principles and do no harm.
2. Carry out gender analysis.
3. Carry out GBV analysis and mitigation actions in livelihoods, MPCA, health and WaSH.
4. Confirm SOPs for safe referrals.
5. Safeguarding: briefings to staff and volunteers and safeguarding focal points established.



## Risk Reduction, Climate Adaptation And Recovery

**Budget:** CHF 32,551

**Targeted Persons:** 141,212

### Indicators

Title	Target
# of people reached with early warning messages	141,212

### Priority Actions

- Dissemination of early warning messages to communities at risk of being affected.
- Advocate for Evacuation.
- Hold community review meetings.
- Strengthen Coordination at National and County level.



## Community Engagement And Accountability

**Budget:** CHF 23,517

**Targeted Persons:** 7,000

### Indicators

Title	Target
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# of and type of methods established to share information with communities about what is happening in the operation, including selection criteria if these are being used.	3
# of opportunities for community participation in managing and guiding the operation (e.g., number of community committee meetings, focus group discussions, town hall meetings etc)	-
% of operation complaints and feedback received and responded to by the National Society	95

## Priority Actions

1. CEA Refresher Training for Volunteers.
2. Conduct community review meetings.
3. Strengthening Feedback mechanism- KRCS will ensure community feedback is adequately set-up) to inform and adjust assistance and protection services based on changing dynamics and local priorities.



## Secretariat Services

**Budget:** CHF 45,373

**Targeted Persons:** -

## Indicators

Title	Target
# of monitoring visits conducted	4

## Priority Actions

1. Provide remote and field monitoring.
2. Provide technical and coordination support through Cluster Delegation as required.
3. Where relevant ensure minimum security regulations are followed.
4. Provide PMER, finance and logistics services, as required ensuring compliance with DREF guidelines and relevant IFRC policies.
5. Provide Communications support to profile the work of KRCS and IFRC
6. Support this DREF allocation as a contribution to the Emergency Appeal.



## National Society Strengthening

**Budget:** CHF 104,653

**Targeted Persons:** 510

## Indicators

Title	Target
# of volunteers insured	510
# of lessons learnt workshops conducted	1



## Priority Actions

1. Support Of Supply Chain Mechanisms.
  2. Support Admin Coordination Functions.
  3. Support of EOC and Nat EOC functions.
  4. Ensure duty of care to all volunteers and staff - training, equipping, insurance, MHPSS.
  5. Communication and Humanitarian diplomacy.
  6. Conduct regular debrief sessions for KRCS volunteers.
  7. Conduct media coverage and documentation for visibility.
  8. Monitoring of events at the National EOC.
- Conduct after action reviews/lesson learnt workshop.

## About Support Services

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

#### 1) Volunteers

A total of 510 volunteers have been mobilized across the seven counties. In each county, volunteers trained in relief distribution and members of the Red Cross Action Team will actively participate in the interventions. All volunteers are drawn from the communities they serve, ensuring cultural relevance and minimizing bias.

To safeguard their well-being, all volunteers will be insured against potential risks. KRCS is committed to upholding duty of care by providing relevant skills training and safety briefings to facilitate effective and secure engagement.

#### 2) Operational Structure for Quality and Accountability

To ensure quality implementation and accountability, volunteers will be guided by a team of technical staff, including:

##### Head of Operations

Provides strategic leadership and oversees humanitarian diplomacy efforts. This includes engagement with the National Society, Partner National Societies, government agencies, NGOs, and UN bodies.

##### Relief Manager

Responsible for strategic planning and oversight of drought response activities. The manager ensures alignment with budgetary provisions and supports reviews and resource mobilization efforts.

##### WASH Officer

Leads technical oversight of water, sanitation, and hygiene (WASH) interventions. Responsibilities include conducting assessments, designing and implementing WASH activities, and monitoring progress to ensure communities have access to safe water, hygiene, and sanitation services.

##### Relief Officer

Facilitates internal coordination across thematic areas and oversees the planning and execution of relief operations. This includes distribution of food, non-food items, and other supplies. The officer works closely with the Operations Manager to build and maintain response capacity.

### Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Kenya Red Cross Society (KRCS) adheres to the constitutional two-thirds gender rule, ensuring inclusive representation of both men and women, as well as persons with disabilities. At least one-third of the volunteers engaged in operations are women, and individuals with disabilities are actively included.

Volunteers are selected from the communities in which they reside, reflecting the cultural diversity of those areas. This community-based approach helps foster trust and minimizes the risk of bias, ensuring that interventions are locally relevant and socially sensitive.



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

KRCS has a well-established procurement system and functional warehouse capacity across its regional and branch offices nationwide. All items required for the response will be procured within the project period, in accordance with KRCS procurement policies and guidelines.

Given the emergency nature of the operation, KRCS will utilize its emergency procurement procedures, which allow for expedited processes. The organization also maintains a roster of prequalified suppliers capable of rapidly restocking essential items as response needs evolve.

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

Oversight and evaluation will be conducted in accordance with the Emergency Plan of Action, with operational updates and reports provided in line with the implementation schedule. The KRCS Monitoring, Evaluation, Learning, and Accountability (MEAL) team will be supported by the IFRC Planning, Monitoring, Evaluation, and Reporting (PMER) team to ensure robust planning, enhanced monitoring of activities, and effective data collection and analysis during assessments and information management processes.

An After-Action Review will be carried out to identify lessons learned, challenges encountered, and opportunities for improvement. These insights will inform future emergency operations and contribute to strengthening preparedness and response mechanisms.

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

To enhance visibility of the ongoing interventions, the KRCS Communications Team will provide comprehensive support in documenting activities and managing public relations. This will be achieved through strategic engagement with various stakeholders via media outlets, the Emergency Operations Centre (EOC), social media platforms, and direct community outreach.

Messaging will focus on clearly communicating the nature of the interventions, implementation timelines, target populations, and the specific geographic areas identified for action.

Additionally, the International Federation of Red Cross and Red Crescent Societies (IFRC) will offer technical assistance, guidance on messaging, and help amplify visibility through its global networks to support advocacy efforts.

Looking ahead, lessons learned and identified support needs will be systematically communicated to stakeholders to inform long-term recovery strategies and resilience-building initiatives.



# Budget Overview



## DREF OPERATION

### MDRKE068 - Kenya Red Cross Society DREF allocation to EA Complex Emergency

#### Operating Budget

<b>Planned Operations</b>	<b>849,226</b>
Shelter and Basic Household Items	0
Livelihoods	190,067
Multi-purpose Cash	82,904
Health	231,178
Water, Sanitation & Hygiene	266,489
Protection, Gender and Inclusion	22,520
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	32,551
Community Engagement and Accountability	23,517
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>150,026</b>
Coordination and Partnerships	0
Secretariat Services	45,373
National Society Strengthening	104,653
<b>TOTAL BUDGET</b>	<b>999,251</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

