DREF Final Report

Kenya Complex Emergency 2025

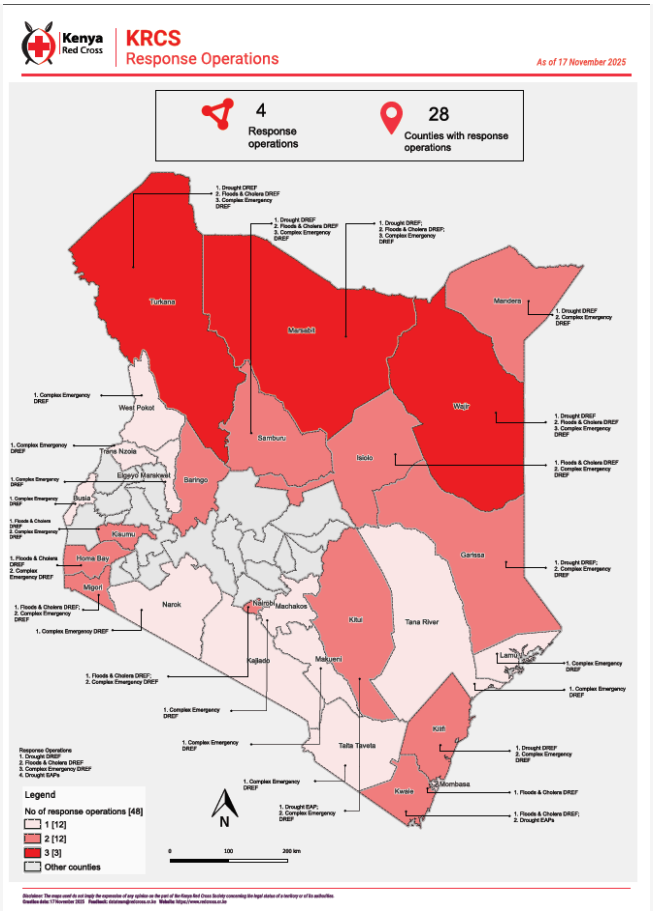
Food distribution exersice to drought affected communities in Northern Kenya

Appeal: **MDRKE068**	Total DREF Allocation: **CHF 999,251**	Crisis Category: Orange	Hazard: **Complex Emergency**
Glide Number: -	People Affected: **2,120,000 people**	People Targeted: **150,000 people**	People Assisted: **1,694,416 people**
Event Onset: **Slow**	Operation Start Date: **18-11-2025**	Operational End Date: **31-05-2026**	Total Operating Timeframe: **6 months**

Targeted Regions:
Tana River, Lamu, Taita-Taveta, Kitui, Makueni, West Pokot, Baringo, Kajiado, Busia, Siaya, Kisumu, Homa Bay, Nairobi

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

Description of the Event



Map of Kenya indicating counties effected by Drought

Date when the trigger was met

22-10-2025

What happened, where and when?

Kenya experienced a prolonged and severe drought emergency driven by consecutive below-average rainfall seasons, prolonged dry spells, and the cumulative impacts of climate variability across the country's Arid and Semi-Arid Lands (ASALs). The drought resulted in widespread depletion of water sources, reduced pasture and browse availability, declining livestock productivity, increased livestock losses, reduced household food availability, and worsening livelihood insecurity among pastoral and agro-pastoral communities. The crisis affected vulnerable households that rely heavily on rain-fed agriculture and livestock-based livelihoods. As the drought persisted, communities increasingly adopted negative coping strategies, including reducing food consumption, selling productive assets, migrating in search of water and pasture, and increasing reliance on humanitarian assistance.

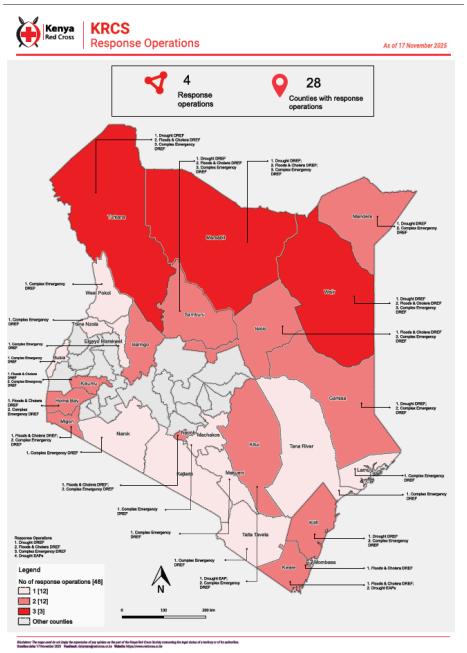
By the end of the operation in May 2026, drought impacts continued to affect vulnerable populations despite localized improvements following the March–May 2026 rains. The humanitarian situation remained fragile, with several ASAL counties experiencing Crisis food insecurity conditions (IPC Phase 3) and some vulnerable populations facing heightened risks of acute malnutrition, disease outbreaks, and loss of livelihoods. The drought emergency was compounded by reduced humanitarian funding, limiting the ability of partners to sustain assistance at the required scale. Additionally, emerging climate-related shocks, including flooding in some parts of the country during the MAM 2026 rainy season, placed further pressure on already vulnerable communities and humanitarian resources.
The drought primarily affected Kenya's Arid and Semi-Arid Lands (ASALs), particularly pastoral and agro-pastoral counties in northern and eastern Kenya. The DREF-supported response targeted some of the most drought-affected areas, including:

_ North Eastern Region (Mandera, Wajir and Garissa) – including vulnerable pastoral communities experiencing severe water shortages, reduced livestock productivity, and food insecurity.

_ South Rift Refion (Baringo County and Narok County) – particularly drought-affected communities dependent on pastoralism and mixed livelihoods.
_ North Rift Region– Counties affected by prolonged drought conditions, limited water availability, and declining livestock-based livelihoods.
_ Coast Region– where pastoral households faced reduced access to water, pasture, and essential services.
_ Lower Eastern and Upper Eastern Regions – where drought impacts affected pastoral livelihoods, food security, and access to basic services.

The broader national drought response covered multiple ASAL counties, with KRCS supporting interventions including emergency food assistance, cash voucher assistance, water trucking, rehabilitation of community water systems, nutrition support, and livestock interventions across affected pastoral areas.
The drought emergency developed over several consecutive seasons following below-average rainfall and failed or poor-performing rainy seasons in Kenya's ASAL regions. The humanitarian situation intensified during the 2024–2025 period, with the impacts continuing into 2026 due to prolonged livelihood depletion and slow recovery among affected communities.

At the time of the DREF implementation period, the crisis had reached a critical stage, with the 2025 lean season showing a significant increase in acute food insecurity compared to previous years. Humanitarian needs remained elevated into May 2026, despite some temporary improvements associated with the March–May 2026 rainfall season.
The DREF operation was therefore implemented during a period of heightened vulnerability to provide timely humanitarian assistance, protect lives and livelihoods, and address urgent needs related to food security, nutrition, water access, health, and livelihood support among drought-affected communities.
The trigger for a Disaster Response Emergency Fund (DREF) was met in October 2025 which lead to the launch of this DREF in November 2025. Owing to the scale of



Map of Drought affected counties in Kenya

Dried borehole in Marsabit county

KRCS and IFRC Join Drought Assessments

Joint KRCS and IFRC Water sites assessments in Marsabit County

Scope and Scale

Kenya continues to face a complex and evolving humanitarian situation driven by the cumulative impacts of prolonged drought, recurrent flooding, disease outbreaks, economic pressures, and declining humanitarian funding. Although the March–May (MAM) 2026 rainfall season brought above-average rains to several parts of the country, resulting in temporary improvements in pasture regeneration, browse availability, and water access in some Arid and Semi-Arid Lands (ASAL) counties, these gains remained uneven and insufficient to reverse the impacts of multiple consecutive climate shocks experienced since 2020. Communities continue to face recurrent emergencies characterized by weakened resilience, depleted livelihood assets, reduced coping capacity, and sustained humanitarian needs.
KRCS triggered a DREF allocation to address the immediate urgent unmet needs and to help mitigate the spike in humanitarian demands. This DREF supported urgent interventions in livelihoods, health, and WASH, targeting the most affected areas and most vulnerate communities. It was specifically designed to respond to the peak of the crisis and fill critical gaps while ensuring complementarity with past operations.

The drought emergency that triggered this DREF operation occurred against the backdrop of consecutive below-average rainfall seasons during 2024 and 2025, which severely affected household food production, livestock productivity, and access to critical water resources. At the peak of the crisis, more than 1.8 million people were estimated to be experiencing acute food insecurity (IPC Phase 3 and above), with projections indicating further deterioration affecting over 2.1 million people in Crisis and Emergency phases. While food security conditions improved in some areas following the MAM 2026 rains, several ASAL counties continued to experience Crisis outcomes (IPC Phase 3), with vulnerable pastoral and agro-pastoral households facing significant challenges in recovering from prolonged livelihood losses.

The operation focused on drought-affected populations in North Rift, North Eastern, Upper Eastern, Coast and Lower Eastern Regions, where livelihoods are predominantly dependent on livestock production, rain-fed agriculture, and natural resources. These counties have historically experienced recurrent droughts, livestock disease outbreaks, resource-based conflicts, environmental degradation, and chronic food insecurity. The repeated occurrence of climate-related shocks has progressively weakened household resilience, reducing communities' ability to absorb and recover from subsequent emergencies.
The most affected populations included poor and very poor households, female-headed households, households with children under five years, pregnant and breastfeeding women, older persons, persons with disabilities, chronically ill individuals, and households that had experienced significant livestock losses. Children under five years and pregnant and breastfeeding women remained particularly vulnerable due to increased risks of acute malnutrition, reduced dietary diversity, inadequate food consumption, and limited access to essential health and nutrition services. Pastoral communities living in remote and hard-to-reach areas faced additional barriers, including limited access to markets, health facilities, water sources, and social protection services.

Acute malnutrition remained a critical concern throughout the operation period. Poor food consumption, recurrent disease outbreaks, inadequate access to health and nutrition services, and reduced humanitarian assistance due to global funding constraints contributed to increased nutrition vulnerability among children under five years and pregnant and breastfeeding women. Several ASAL counties continued to report elevated levels of wasting, requiring sustained preventive and curative nutrition interventions.
Water scarcity was among the most severe consequences of the drought. During the peak of the crisis, seasonal rivers, water pans, and shallow wells dried up across many affected areas, forcing communities and livestock to travel longer distances in search of water. Increased water collection distances reduced time available for livelihood activities, heightened protection risks for women and girls responsible for household water collection, and intensified competition over limited natural resources. Livestock conditions deteriorated due to inadequate pasture and browse, resulting in reduced milk production, livestock losses, and declining household income, further increasing vulnerability among pastoral households.
In response to the deteriorating humanitarian situation, the KRCS, through the DREF-supported drought operation and complementary response mechanisms, implemented a multi-sectoral emergency response targeting the most vulnerable households in drought-affected communities. The response focused on addressing immediate food insecurity, restoring access to safe water, reducing malnutrition risks, protecting livelihoods, and strengthening community resilience.

Key interventions included emergency food assistance, cash voucher assistance, emergency water supply through water trucking, rehabilitation of damaged and non-functional community water systems, livestock support in pastoral areas, and nutrition interventions targeting vulnerable children and women. KRCS also continued strengthening coordination, partnerships, advocacy, and resource mobilization efforts to sustain and scale up drought response interventions in the most affected counties.
Through these interventions, KRCS restored access to safe water for more than 1 million people through emergency water supply interventions and rehabilitation of critical water infrastructure. A total of 216 community water systems were rehabilitated, improving the availability and reliability of water sources for households and livestock in drought-affected areas. Emergency food assistance reached approximately 166,890 people, supporting vulnerable households facing severe food consumption gaps and limited livelihood opportunities.
To enhance household purchasing power and enable families to meet priority food and essential needs, KRCS provided cash voucher assistance to 5,400 households, allowing affected communities to access food and other basic commodities while supporting local market systems. In pastoral areas, livestock support interventions were implemented across eight pastoral counties, helping protect remaining

livelihood assets and reduce further deterioration of household economic security.

Nutrition interventions remained a critical component of the response, with KRCS providing supplementary feeding support to 42,058 children under five years and 7,158 pregnant and breastfeeding women. These interventions contributed to early identification and management of malnutrition risks, improved access to nutrition support services, and reduced the likelihood of further deterioration among nutritionally vulnerable groups.
Towards the end of the operation period, the humanitarian situation became increasingly complex as drought impacts overlapped with flood emergencies following enhanced MAM 2026 rainfall. Flooding affected 41 counties, impacting more than 81,000 households and displacing nearly 18,000 households nationwide. The floods damaged infrastructure, disrupted livelihoods, contaminated water sources, and increased the risk of waterborne and vector-borne disease outbreaks.

Several communities experienced a transition from drought-related vulnerabilities to flood-related displacement and asset losses, further compounding humanitarian needs. In pastoral and agro-pastoral areas, households that had not yet recovered from drought-induced livestock losses faced additional shocks from flooding, including destruction of crops, damage to water infrastructure, and increased exposure to disease risks.
Public health concerns also intensified during the implementation period, with cholera outbreaks reported in several counties and continued risks associated with zoonotic diseases, including Rift Valley Fever and brucellosis in pastoral regions. Reduced humanitarian funding affected the continuity and scale of outreach services, disease surveillance, and access to preventive and curative health services, particularly in remote ASAL communities.

Food security conditions deteriorated across the ASAL counties following the poor October-December 2025 rains. While Garissa, Isiolo, Tana River and Wajir were largely classified in IPC Phase 2 (Stressed) in late 2025, all six target counties were projected to face IPC Phase 3 (Crisis) or worse during the January-June 2026 period, with Mandera and Marsabit recording populations in IPC Phase 4 (Emergency).

Source Information

Source Name	Source Link
1. Kenya Media	https://capitalfm.africa/govt-releases-sh1-8bn-to-shield-133000-drought-hit-families-under-hunger-safety-net/
2. National Drought Management Authority (NDMA) Reports	https://ndma.go.ke/drought-situation-brief/
3. May National Drought Early Warning Bulletin	https://knowledgeweb.ndma.go.ke/Public/Resources/ResourceDetails.aspx?doc=78ce19f3-fec7-4280-9543-8ed8f77e9465
4. Emergency Appeal	https://go-api.ifrc.org/api/downloadfile/93524/MDRKE068ea
5. Kenya red cross National EOC Situation Report	https://kenyaredcross-my.sharepoint.com

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	1. DRC -Funded Drought Emergency Response Interventions: In response to the worsening drought situation and increasing humanitarian needs in Kenya's Arid and Semi-Arid Lands (ASALs), KRCS, with support from Danish Red Cross implemented an integrated drought response intervention in Turkana and Baringo Counties from January to July 2026. The project was implemented in two phases, with an initial response phase from January to April 2026 and an extended second phase

from May to July 2026, following continued drought impacts, persistent food insecurity, and emerging vulnerabilities among affected communities.

The intervention was designed to mitigate the life-threatening impacts of drought on the nutrition, food security, health, and overall well-being of vulnerable households, particularly children under five years, pregnant and lactating women (PLW), school-going children, and drought-affected households experiencing reduced access to food and essential services. Despite localized improvements following the MAM seasonal rainfall, many drought-affected communities in Turkana and Baringo continued to experience the cumulative effects of prolonged dry conditions, including reduced household food availability, declining purchasing power, increased risk of acute malnutrition, and weakened coping capacities. The operation therefore focused on timely, targeted, and integrated humanitarian assistance aimed at preventing further deterioration of vulnerable populations while strengthening community resilience.

Project Outcome: To mitigate the life-threatening impacts of drought on the nutrition and well-being of vulnerable households in Turkana and Baringo Counties.

Through the DRC-supported intervention, KRCS delivered multi-sectoral assistance addressing critical gaps in nutrition, food security, health, protection, and community engagement.

Output 1: Improved Nutritional Status of Vulnerable Children, Women and School-Going Children

The project strengthened access to essential nutrition services for vulnerable groups affected by drought, with a focus on preventing deterioration of nutritional outcomes among children and women.

A total of 28,000 children (under five years and school-going children) were targeted through integrated nutrition-sensitive interventions, including school feeding support and provision of nutrition supplements. The interventions aimed to improve dietary intake, reduce the risk of acute malnutrition, and support children's health and continued participation in learning activities during the drought period.

Under the school feeding component, KRCS supported vulnerable a total of 16,000 learners in drought-affected communities through the provision of CSB++ supplementary feeding, targeting schools in Turkana and Baringo Counties. The intervention contributed to improving food access among school-going children, supporting school attendance, and reducing the impact of household food insecurity on children's nutrition and education outcomes.

In addition, 7,000 pregnant and lactating women (PLW) were reached through community-based nutrition outreach activities. The outreaches focused on:

a) Nutrition screening and treatment
b) Distribution of CSB++ to malnourished children and PLW
c) Maternal nutrition education.
d) Infant and Young Child Feeding (IYCF) practices.
e) Identification and referral of malnutrition cases.
f) Promotion of appropriate health-seeking behaviour.
g) Linkages to existing nutrition and health services.

The nutrition outreaches were implemented through integrated community platforms, including KRCS volunteers, MoH, community health structures, and existing county health systems, strengthening early identification and referral of vulnerable individuals requiring further support.

Output 2: Improved Access to Food and Basic Needs Through Unconditional Cash Assistance

To address immediate food security challenges and declining household purchasing power, KRCS provided unconditional cash assistance to drought-affected households in Turkana and Baringo Counties.

A total of 3,000 vulnerable households received KES 5,000 as a one-off cash transfer, enabling families to prioritize their most urgent needs while maintaining dignity and flexibility in decision-making. The cash assistance supported households to access food and essential commodities, contributing to improved household food consumption and reduced reliance on harmful coping strategies. Beneficiary households were identified through vulnerability-based targeting approaches, prioritizing households facing heightened risks, including those with limited livelihood options, children under five, pregnant and lactating women, elderly persons, and households affected by drought-related livelihood losses.

Post-distribution monitoring and community feedback mechanisms were integrated

into the intervention to assess utilization, accountability, satisfaction levels, and the contribution of cash assistance towards household food security outcomes.

Output 3: Reduced Public Health and Protection Risks Through Community Engagement, RCCE, Protection and MHPSS Support

Recognizing that drought impacts extend beyond food insecurity, the project incorporated community engagement, risk communication, accountability, protection, and psychosocial support components to address broader vulnerabilities among affected communities.

KRCS strengthened Community Engagement and Accountability (CEA) approaches throughout the operation through:

a) Community awareness sessions.
b) Feedback collection and response mechanisms.
c) Community dialogue forums.
d) Information dissemination on available humanitarian services.

Risk Communication and Community Engagement (RCCE) activities focused on promoting preventive behaviours related to:

a) Nutrition and child care practices.
b) Water safety and hygiene.
c) Disease prevention.
d) Early referral for health and nutrition concerns.

Protection mainstreaming approaches were integrated across project activities to ensure safe, inclusive, and dignified access to assistance, particularly for vulnerable groups. Community members were sensitized on protection risks, available referral pathways, and mechanisms for reporting concerns.

The project also provided Mental Health and Psychosocial Support (MHPSS) interventions to support communities experiencing prolonged stress, loss of livelihoods, displacement risks, and uncertainty associated with drought impacts. Through awareness sessions, psychological first aid, and community-based support mechanisms, KRCS contributed to strengthening coping capacities and community well-being.

2. Complex Emergency Appeal and Continued Response

To address the continued and heightened humanitarian needs resulting from prolonged drought impacts, food insecurity, and emerging complex vulnerabilities, the National Society launched a Complex Emergency Appeal to sustain and expand integrated emergency response interventions in priority affected counties. The Appeal was developed to build on the gains achieved through the DREF-supported drought response while responding to emerging and compounding humanitarian challenges, including climate-related disasters, public health emergencies, and other evolving crises affecting vulnerable communities.

The humanitarian context had become increasingly complex, with drought-affected populations facing additional shocks from flooding, disease outbreaks, and other climate-related emergencies. Flood events in several parts of the country resulted in displacement, damage to livelihoods, disruption of essential services, and increased public health risks. Concurrently, outbreaks of communicable diseases, including cholera, placed additional pressure on already overstretched health and WASH systems, particularly in vulnerable and underserved communities. These overlapping emergencies further increased protection risks, food insecurity, and humanitarian needs among affected populations.

The Appeal sought to provide flexible, integrated, and seasonally appropriate humanitarian assistance targeting the most vulnerable households and communities through the following interventions:

Food security and livelihoods support through cash-based assistance, livelihood protection measures, and other appropriate modalities to improve household purchasing power, maintain access to food and essential needs, and prevent further erosion of productive assets and negative coping strategies among drought- and disaster-affected households.

Nutrition interventions targeting children under five years, pregnant and lactating

	women, school-going children, and other nutritionally vulnerable groups through community-based screening, referral services, nutrition supplementation, and promotion of appropriate maternal, infant, and young child nutrition practices, particularly in drought- and emergency-affected areas. Health and WASH interventions to reduce public health risks associated with drought, floods, and disease outbreaks. This included strengthening access to essential health services, supporting disease prevention and control measures, improving access to safe water and sanitation services, hygiene promotion, and supporting community-level preparedness and response to outbreaks such as cholera and other public health threats. Flood and disaster emergency response interventions including support to affected households through emergency shelter assistance, essential household items, evacuation support, rapid assessments, early recovery assistance, and other life-saving interventions in areas impacted by floods and other climate-related hazards. Community Engagement and Accountability (CEA), Risk Communication and Community Engagement (RCCE), protection, and Mental Health and Psychosocial Support (MHPSS) interventions to strengthen community participation, access to timely and accurate information, feedback and response mechanisms, protection mainstreaming, psychosocial support, and community resilience during emergencies. The KRCS Complex Emergency Appeal aimed to ensure continuity of critical humanitarian assistance while enabling the National Society to respond rapidly and effectively to multiple, overlapping emergencies affecting vulnerable populations. The Appeal complemented ongoing government-led and humanitarian partner interventions by addressing critical gaps in areas where communities continued to face recurrent climate shocks, disease outbreaks, displacement, and limited recovery capacity. Through a flexible multi-hazard approach, the Appeal strengthened KRCS's ability to provide timely, coordinated, and needs-based assistance across drought, flood, public health, and other emergency contexts while supporting affected communities to recover and build resilience against future shocks. The Danish Red Cross provided additional support in two phases for nutrition screening and the management of moderate acute malnutrition (MAM) among children and pregnant and lactating women (PLW) in Turkana and Baringo counties. The resources enabled KRCS to expand nutrition outreach activities, including active screening, identification of nutritionally vulnerable children and PLW, and provision of the required nutrition commodities for managing identified MAM cases. As nutritional needs increased among drought-affected communities, the expanded outreach coverage and growing demand for nutrition services resulted in a higher number of children and PLW being screened and admitted for management than initially targeted.

IFRC Network Actions Related To The Current Event

Secretariat	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.
Participating National Societies	This DREF was 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.

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 harmonization 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

Government has requested international assistance	Yes
National authorities	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.
UN or other actors	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

As of May 2026, shelter needs remained a significant humanitarian concern in Kenya due to the combined impacts of climate-related shocks, including drought-induced displacement, riverine flooding, flash floods, and landslides. Vulnerable communities affected by recurrent hazards continued to face challenges accessing safe, adequate, and dignified shelter, while preparedness measures for future displacement remained insufficient in many high-risk areas.

The increasing frequency of extreme weather events has placed additional pressure on households already weakened by prolonged drought, food insecurity, and livelihood losses. Flooding during the March–May 2026 rainy season resulted in displacement, damage to houses, and disruption of essential services in several counties. Many affected families required emergency shelter assistance, household items, and protection support to restore safety and dignity following displacement.

Communities living in flood-prone and hazard-prone areas remained particularly vulnerable due to limited access to resilient housing, inadequate land-use planning, and weak infrastructure. Temporary displacement sites and host communities experienced increased pressure on available resources, including water, sanitation facilities, and basic services. Overcrowding in temporary shelters increased protection risks, particularly for women, children, older persons, and persons with disabilities.

During the response period, shelter needs were also highlighted in areas affected by landslides and other climate-induced disasters. In affected locations such as Chesongoch and Moror villages, communities displaced by the 31 October 2025 landslide continued to require support to address emergency shelter gaps. Displaced households faced challenges related to inadequate shelter materials, limited privacy, exposure to harsh weather conditions, and insufficient access to essential household items. Gaps in sanitation facilities, including latrines and handwashing points, increased public health risks within temporary settlements.

Through the DREF-supported response, KRCS supported affected populations through emergency shelter and household support interventions, while coordinating with relevant authorities and humanitarian partners to address immediate needs. Assistance focused on supporting displaced and vulnerable households with essential relief items, improving living conditions, and strengthening community preparedness for future displacement. Community engagement approaches supported identification of vulnerable households and promoted equitable access to assistance.

Despite these efforts, significant shelter and settlement gaps remained at the end of the operation in May 2026. The increasing recurrence of floods, landslides, and other climate-related hazards highlighted the need to move beyond short-term emergency shelter responses towards longer-term resilience-building approaches.

Livelihoods And Basic Needs

As of May 2026, food insecurity remained a critical humanitarian concern in Kenya, particularly across the Arid and Semi-Arid Lands (ASALs), where prolonged drought impacts, livelihood losses, high food prices, and reduced household resilience continued to affect vulnerable populations. Despite humanitarian interventions and localized improvements following the March–May 2026 rainfall season, many households had not recovered from successive climate shocks and continued to face significant gaps in food access, income opportunities, and livelihood protection.

During the drought response period, more than 1.8 million people were estimated to be experiencing acute food insecurity at IPC Phase 3 (Crisis) or above, with vulnerable groups including children under five years, pregnant and lactating women, elderly persons, and households dependent on pastoral and agro-pastoral livelihoods facing heightened risks. Some populations remained in IPC Phase 4 (Emergency) conditions, characterized by severe food consumption gaps, depletion of livelihood assets, and increased reliance on humanitarian assistance.

The situation was particularly severe in drought-prone ASAL counties, including Turkana, Mandera, Marsabit, Wajir, Garissa, Baringo, and other pastoral and agro-pastoral areas, where households experienced reduced livestock productivity, depleted pasture and water resources, and declining purchasing power. Recurrent drought cycles had significantly weakened traditional coping mechanisms, leaving many communities unable to recover before experiencing subsequent shocks.

Pastoral and agro-pastoral livelihoods continued to be severely affected by climate variability. Reduced availability of water and pasture

contributed to livestock body condition deterioration, increased livestock mortality, and reduced household access to milk and livestock-derived income. Many agro-pastoral households faced crop production losses due to erratic rainfall patterns, while pastoral communities struggled to maintain herd sizes due to prolonged dry conditions. The loss of productive assets limited households' ability to generate income, access food from markets, and recover without external support.

The changing climatic conditions also highlighted the need for longer-term adaptation measures within pastoral production systems. Existing livestock breeds in many ASAL areas remain highly vulnerable to increasing temperatures, prolonged drought, and emerging livestock diseases. Strengthening resilience requires investment in drought- and disease-tolerant livestock breeds, improved animal health services, pasture management, fodder production, water infrastructure, and climate-informed livelihood planning. Without such measures, communities risk remaining trapped in cycles of repeated food insecurity and dependency.

Humanitarian funding constraints continued to affect the scale and continuity of food security interventions, limiting the ability of partners to meet increasing needs across affected counties. Reduced resources affected emergency food assistance, livelihood recovery support, and market-based interventions, particularly in remote areas where communities depend heavily on seasonal humanitarian assistance.

Through the DREF-supported operation, KRCS contributed to alleviating immediate food insecurity and protecting vulnerable households through integrated food security and livelihood interventions. The response included emergency food assistance, cash voucher support, livelihood protection activities, and complementary nutrition-sensitive interventions. KRCS reached approximately 166,890 people with emergency food assistance and supported 5,400 households through cash voucher assistance, enabling affected families to access food and essential household needs while maintaining dignity and reducing reliance on harmful coping strategies.

Cash-based assistance played a critical role in restoring household purchasing power, supporting local markets, and enabling families to prioritize their most urgent needs. Livelihood support interventions in pastoral areas contributed to protecting productive assets and strengthening household capacity to recover from drought impacts.

At the end of the DREF operation in May 2026, significant humanitarian needs remained, requiring continued investment in food assistance, cash-based programming, nutrition support, and livelihood recovery. Future interventions should combine emergency response with resilience-building approaches, including climate-smart pastoral and agro-pastoral production systems, improved livestock breeds, access to animal health services, fodder and water development, and strengthened early warning and anticipatory action mechanisms.

Sustained support for vulnerable households will remain essential to prevent further deterioration, rebuild livelihoods, and strengthen the capacity of ASAL communities to withstand future climate-related shocks.

Health

As of May 2026, health needs in Kenya remained significant, driven by the combined impacts of prolonged drought, food insecurity, climate-related shocks, disease outbreaks, and reduced humanitarian capacity. Vulnerable communities in ASAL counties continued to face increased health risks due to limited access to essential healthcare services, deteriorating nutrition status, inadequate water and sanitation facilities, and reduced household ability to meet basic health needs.

The prolonged drought severely affected access to safe water, sanitation, and hygiene (WASH) services, increasing the risk of waterborne diseases, particularly in water-scarce counties including Garissa, Wajir, Mandera, Turkana, Tana River, Marsabit, Narok, and Kajiado. Reduced water availability, overcrowding around limited water sources, and challenges in maintaining hygiene practices contributed to heightened risks of disease transmission. Cholera outbreaks reported during the period, including in counties such as Narok, Nairobi, Turkana, and Garissa, placed additional pressure on already stretched health systems and humanitarian response capacities.

Nutrition remained a critical public health concern, with drought-related food insecurity contributing to increased vulnerability among children under five years and pregnant and lactating women. National estimates indicated that approximately 741,884 children aged 6–59 months and 109,462 pregnant and lactating women required nutrition support, highlighting the continued need for sustained nutrition screening, referral, treatment, and preventive interventions. In drought-affected counties, reduced dietary diversity, limited household food access, and increased disease burden continued to elevate the risk of acute malnutrition.

The health situation was further complicated by emerging zoonotic disease risks, including brucellosis and Rift Valley Fever, linked to deteriorating environmental conditions, livestock movements, and increased interaction between humans and animals in pastoral communities. Weakening livestock health and increased dependence on vulnerable livelihood systems continued to expose pastoral households to additional public health risks.

Climate-related shocks during the March–May 2026 rainy season further compounded existing vulnerabilities. Flooding and flash floods affected several counties, resulting in displacement, damage to health infrastructure, disruption of service delivery, and increased pressure on local health facilities. Health facilities in affected areas experienced challenges including shortages of medical supplies, increased patient demand, limited staffing capacity, and the need to provide emergency care for displaced populations. Survivors of floods and displacement also experienced increased psychosocial distress due to loss of property, livelihoods, displacement, and prolonged exposure to humanitarian shocks.

The reduction in humanitarian funding significantly affected the continuity and scale of essential health and nutrition services, particularly outreach activities in remote and hard-to-reach ASAL communities. Reduced mobile health services and community-based interventions limited early detection, referral, and management of preventable conditions, increasing the risk of further deterioration among vulnerable populations.

Through the DREF-supported response, KRCS contributed to addressing these challenges by supporting integrated health and nutrition interventions, strengthening community-based disease prevention and health promotion, improving access to essential services in underserved areas, and supporting linkages between communities and available health facilities. Nutrition interventions reached 42,058 children under five years and 7,158 pregnant and breastfeeding women, while community engagement activities promoted health-seeking behaviour, hygiene practices, and awareness on disease prevention.

Moving forward, continued investment is required to restore and expand mobile health and nutrition outreach services, strengthen disease surveillance and early warning systems, improve outbreak preparedness and response capacity, and ensure equitable access to quality healthcare services in remote and vulnerable communities. Sustained immunization campaigns, integrated primary healthcare outreach, nutrition services, and mental health and psychosocial support remain critical to reducing preventable illness and strengthening community resilience against future shocks.
KRCS conducted a rapid cholera assessment in Narok County. The following was a summary of findings: A follow-up of 34 affected households found that the most common symptoms among reported cholera cases were watery diarrhoea, vomiting, dehydration, and leg cramps (59%), while some cases also presented with fever and cough. Knowledge of cholera transmission and prevention remained low, with only 44% of respondents aware of how the disease spreads and the practices required to prevent transmission. At the time of assessment, 47% of households reported that affected members were in stable condition, 29% had recovered, 15% had experienced a death, and 9% reported two cases within the household, with one person recovered and the other still symptomatic. The assessment also showed that 7 cases developed symptoms in September while 27 began showing symptoms in October. Since the outbreak was declared, reported cases in the county increased significantly from 28 to 76, indicating a rapid escalation of the outbreak.

Water, Sanitation And Hygiene

As of May 2026, access to safe water, sanitation, and hygiene (WASH) services remained a significant humanitarian concern, particularly across Kenya's ASAL counties where prolonged drought conditions had severely affected water availability and increased pressure on limited water resources. Although the March–May 2026 rains provided temporary improvements in some areas, many communities continued to experience challenges related to unreliable water sources, inadequate water infrastructure, and limited capacity to meet both household and livestock water demands.

The prolonged drought resulted in the drying up of seasonal rivers, shallow wells, and other traditional water sources, forcing communities—particularly women, children, and vulnerable groups—to travel long distances and spend extended periods waiting at water points. These challenges increased exposure to protection risks, reduced time available for livelihood activities and education, and contributed to heightened tensions around scarce water resources.

Water scarcity also had significant impacts on pastoral livelihoods. Limited availability of water and declining pasture conditions contributed to livestock stress, reduced productivity, and increased livestock losses, affecting household income, food availability, and purchasing power. For pastoral and agro-pastoral communities, access to reliable water sources remained central to protecting livelihoods and maintaining household resilience.

Poor WASH conditions contributed to increased risks of waterborne disease outbreaks, including cholera, particularly in areas where communities had limited access to safe water, sanitation facilities, and hygiene promotion services. The resurgence of cholera and other water-related diseases during the response period highlighted the strong link between climate-related shocks, weakened WASH systems, and public health risks. Health facilities in affected areas faced additional pressure due to increased cases and limited resources for prevention and response.

Through the DREF-supported response, KRCS contributed to improving access to safe water and strengthening community resilience through emergency and recovery-oriented WASH interventions. The broader drought response supported restoration of water access for more than 1 million people, including through water trucking, rehabilitation of strategic community water systems, and support to

existing water infrastructure. KRCS also rehabilitated 216 water systems, improving the reliability and functionality of critical water sources serving drought-affected communities.

Hygiene promotion and community engagement activities complemented water interventions by increasing awareness on safe water handling, household water treatment, sanitation practices, and prevention of waterborne diseases. These interventions strengthened community capacity to reduce health risks associated with inadequate WASH conditions and improved preparedness for disease outbreaks.

Despite these achievements, significant WASH gaps remained at the conclusion of the DREF operation in May 2026. Many drought-affected communities continued to rely on emergency water interventions, highlighting the need for sustained investment in climate-resilient water infrastructure, including rehabilitation and expansion of boreholes, water harvesting systems, strategic water storage facilities, and sustainable water management approaches.

Protection, Gender And Inclusion

As of May 2026, drought-related impacts continued to exacerbate protection risks and vulnerabilities among already at-risk populations across Kenya's ASAL counties. Prolonged water shortages, food insecurity, loss of livelihoods, and population movements in search of water, pasture, and humanitarian assistance increased exposure to protection concerns, particularly among women, children, older persons, persons with disabilities (PWDs), and other socially marginalized groups.

The drought and associated displacement dynamics placed additional pressure on households and community support systems, while dedicated protection services remained limited in many affected areas. Some vulnerable groups continued to face barriers in accessing humanitarian assistance, participating in decision-making processes, and influencing response priorities. Limited availability of specialized protection programming, coupled with gaps in gender- and disability-responsive approaches, increased the risk that the needs of the most vulnerable populations would remain insufficiently addressed.

Women and girls continued to experience disproportionate impacts of the drought. Increased household responsibilities, particularly related to water collection, caregiving, and securing food, placed additional physical and emotional burdens on women and girls. Longer distances to access water and essential services increased exposure to safety risks, including sexual and gender-based violence (SGBV), while economic pressures and prolonged insecurity heightened risks of harmful coping mechanisms, including early and forced marriage.

Children remained vulnerable to protection risks due to disruptions in education, increased household responsibilities, food insecurity, and reduced access to essential services. Adolescent girls were particularly at risk of early marriage, school dropout, and exploitation, while children from vulnerable households faced increased exposure to neglect and reduced opportunities for development.

Men and boys were also affected by the drought, particularly through loss of livestock-based livelihoods and economic opportunities. Many men and young people migrated in search of pasture, water, and livelihood opportunities, leaving women, children, older persons, and persons with disabilities to manage households under increasingly difficult conditions. These changes contributed to increased caregiving burdens and reduced household coping capacity.

Through the DREF-supported response, KRCS integrated protection, gender, and inclusion considerations across humanitarian interventions by promoting equitable access to assistance, engaging communities in response planning, and strengthening accountability mechanisms. Community engagement activities supported identification of vulnerable groups, enhanced awareness of available services, and promoted participation of affected communities in decision-making processes.

Despite these efforts, significant protection gaps remained at the end of the operation in May 2026. Continued drought impacts, displacement, and livelihood disruptions highlighted the need for stronger protection mainstreaming across all humanitarian sectors. Future responses should ensure systematic inclusion of women, girls, persons with disabilities, older persons, and other vulnerable groups through targeted assessments, accessible services, safe feedback mechanisms, and gender-responsive programming.

Risk Reduction, Climate Adaptation And Recovery

As of May 2026, the increasing frequency, intensity, and unpredictability of climate-related shocks continued to highlight the critical importance of strengthening early warning systems, anticipatory action, and disaster preparedness mechanisms in Kenya. Communities across the country, particularly in the ASAL regions, continued to experience repeated cycles of drought, flooding, and other climate-induced hazards, resulting in cumulative humanitarian impacts that exceeded traditional coping capacities.

Kenya's climate pattern during the recent years has been characterized by significant variability, with prolonged drought conditions followed by intense rainfall events and flooding. Previous climate shocks, including the El Niño-enhanced rains of late 2023, resulted in widespread flooding, displacement, and damage to infrastructure and livelihoods. This was followed by poor-performing rainfall seasons that contributed to worsening food insecurity, reduced agricultural productivity, and delayed livelihood recovery in many affected areas. These recurring shocks demonstrated the need for reliable forecasting, timely dissemination of alerts, and pre-emptive humanitarian action before conditions deteriorate further.

The ASAL regions, which cover a significant proportion of Kenya's landmass and support millions of people through pastoralism and agro-pastoralism, remained highly dependent on functional early warning systems. Drought monitoring, climate forecasts, and community-level risk information remained essential for anticipating deteriorating pasture and water conditions, livestock losses, crop failure, and increasing food insecurity. NDMA early warning information continued to highlight elevated risks in drought-prone counties, with several areas experiencing Crisis-level food insecurity and requiring sustained monitoring and early response measures.

Through strengthened early warning and anticipatory approaches, humanitarian actors are better positioned to undertake timely interventions, including pre-positioning of emergency supplies, scaling up cash-based assistance, supporting livestock protection measures, expanding nutrition screening, and rehabilitating critical water infrastructure before communities reach crisis levels. Early action remains particularly important in pastoral areas where delayed response often results in irreversible livestock losses and prolonged livelihood recovery periods.

Early warning systems also remained critical for public health preparedness and response. Climate variability, water scarcity, flooding, and population movements increased risks of disease outbreaks, including cholera and other waterborne diseases, as well as zoonotic diseases such as brucellosis and Rift Valley Fever. Timely climate and disease surveillance information enables earlier preparedness actions, including strengthening community health surveillance, pre-positioning medical supplies, conducting vaccination campaigns, improving WASH services, and enhancing outbreak response capacity.

The operation period further demonstrated the importance of integrating early warning information across sectors, including protection, food security, health, WASH, and livelihoods. Anticipating population movements, resource competition, and household stress linked to climate shocks can help reduce protection risks, including displacement-related SGBV, child protection concerns, early marriage, and potential conflict over scarce natural resources such as water and pasture.

Through the DREF-supported response, KRCS contributed to strengthening community preparedness, risk awareness, and early action capacity through community engagement, dissemination of humanitarian information, and integration of risk monitoring into response planning. These approaches supported more timely and targeted interventions, ensuring assistance reached vulnerable communities during periods of heightened need.

At the conclusion of the DREF operation in May 2026, significant gaps remained in ensuring comprehensive early warning coverage and anticipatory action capacity, particularly in remote ASAL communities. Moving forward, continued investment is required to strengthen multi-hazard early warning systems, improve community access to climate information, enhance coordination between government, humanitarian actors, and communities, and establish predictable financing mechanisms for anticipatory action.

Strengthening early warning and early action remains essential to reducing humanitarian impacts, protecting livelihoods, and enabling communities to better prepare for and recover from increasingly frequent and severe climate-related shocks.

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 launched the Complex Emergency Appeal (MDRKE068) in October 2025 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 was allocated in support of the Appeal to support address immediate gaps in the emergency response. Through this DREF, KRCS aimed 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 enabled 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 and interlinked humanitarian challenges, the Kenya Red Cross Society (KRCS) implemented this DREF operation as a contribution to the wider Emergency Appeal launched to support the national response. While the Emergency Appeal covered a comprehensive, multi-sector strategy aimed at providing immediate humanitarian assistance, strengthening resilience, and reducing future vulnerability, the DREF allocation focused on addressing the most urgent needs and critical gaps arising from the deteriorating drought and cholera situation.
The operation was implemented against a backdrop of worsening food insecurity, with several drought-affected counties experiencing peak Integrated Food Security Phase Classification (IPC) levels during the reporting period and projections indicating a continued deterioration in food security outcomes in the absence of sustained intervention. Increasing food consumption gaps, declining livestock productivity, reduced household purchasing power, and recurrent climate shocks heightened vulnerability among pastoral and agro-pastoral communities. Concurrently, recurrent cholera outbreaks compounded existing vulnerabilities by increasing morbidity, straining limited household resources, disrupting livelihoods, and placing additional pressure on already overstretched health systems. Children under five years of age, pregnant and lactating women, older persons, persons with disabilities, and marginalized populations remained among the most affected groups.
The most urgent needs addressed through the operation were as follows:
1. Cash and Voucher Assistance (CVA)
Target Counties: Makueni, Kitui, and Kajiado
Target Population: 1,000 households
KRCS provided unconditional cash assistance for two months to households with malnourished children under five years of age and pregnant or lactating women to help meet immediate food needs and strengthen household purchasing power through local markets. Market assessments were conducted to determine the feasibility and appropriateness of cash and voucher assistance modalities. The intervention built upon KRCS's extensive experience in ASAL programming and was coordinated closely with government institutions and humanitarian partners to prevent duplication and maximize cost-effectiveness. Beneficiaries were identified through health facility records and community-based targeting processes, focusing on households with children and mothers at heightened risk of malnutrition.
2. Livelihoods and Basic Needs
Target Counties: Kajiado, Baringo, West Pokot, and Tana River
Target Population: 2,000 farming households
The intervention sought to protect the livelihoods of 2,000 vulnerable livestock-keeping households located within drought-affected agro-pastoral areas threatened by resource-based conflict. KRCS distributed animal fodder, including barley and livestock concentrates, to preserve livestock assets, support household livelihoods, and mitigate the impact of anticipated below-average rainfall conditions. The intervention also contributed to maintaining livestock productivity and reducing distress sales of animals among vulnerable pastoral households.
3. Health and Nutrition
Cholera Response
Target Locations: Narok, Migori, Lamu, and Nairobi
Target Population: 150,000 people
In response to the ongoing cholera outbreak, KRCS focused on interrupting disease transmission through enhanced surveillance, case management, risk communication, community engagement, oral cholera vaccination (OCV), and strengthened infection prevention and control (IPC) measures at both community and Cholera Treatment Centre (CTC) levels. Early action interventions were also implemented in high-risk counties.
The broader operation aimed to reach approximately 350,000 people, representing around 10 per cent of the population at risk, with emergency health interventions focused on cholera prevention, response, and control. Through these activities, KRCS reached 150,000

people in wards and villages reporting cholera cases, as well as neighboring communities identified as highly susceptible based on epidemiological evidence. The response strategy prioritized populations most vulnerable to cholera, including people living in informal settlements, young children, and communities located near active transmission hotspots. Activities included assessments and mapping, surveillance, case management, oral cholera vaccination campaigns, and procurement and distribution of pharmaceuticals, WASH supplies, and IPC commodities to support outbreak control.

Nutrition

Target Locations: Kitui, Makueni, and Kajiado Counties

KRCS prioritized the delivery of life-saving health and nutrition services to prevent further deterioration of nutritional status and promote recovery among vulnerable populations. The intervention addressed disruptions in the national nutrition supply pipeline affecting the treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). In line with the Kenya Integrated Management of Acute Malnutrition (IMAM) protocol, which required at least four treatment cycles for full recovery, KRCS procured and distributed Ready-to-Use Therapeutic Food (RUTF), Ready-to-Use Supplementary Food (RUSF), and Corn Soy Blend for pregnant and lactating women. These supplies supported the continuity of IMAM services in the targeted counties.

Mental Health and Psychosocial Support (MHPSS)

To strengthen mental health and psychosocial well-being in disaster-affected communities, KRCS conducted training on Psychological First Aid (PFA) and supportive communication for volunteers, health workers, and community members. Basic psychosocial support services were provided to affected individuals to help them cope with trauma, stress, and distress associated with drought and disease outbreaks. Collaboration among mental health actors, local stakeholders, and community structures was strengthened, while MHPSS interventions were integrated into staff and volunteer care initiatives.

4. Water, Sanitation and Hygiene (WASH)

Target Locations: Kitui, Makueni, Kajiado, and Taita Taveta

Target Population: 75,000 people (15,000 households)

KRCS supported the rehabilitation, construction, and solarization of strategic community water points to address acute water scarcity while promoting environmentally sustainable and cost-effective water supply systems. These interventions aimed to improve household food and economic security through reliable and climate-resilient access to water.

By integrating durable solutions into WASH programming, KRCS strengthened the resilience of water infrastructure to withstand future climate-related shocks. The National Society also delivered a comprehensive package of hygiene promotion activities designed to reduce vulnerability to waterborne diseases. Community-Led Total Sanitation (CLTS) approaches were implemented to promote sanitation improvements and eliminate open defecation practices in targeted communities.

5. Protection, Gender and Inclusion (PGI)

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

Target Population: 7,000 people

The drought and associated resource scarcity forced many households to migrate in search of food, water, and pasture, disrupting traditional community structures and creating additional protection risks. Women, children, older persons, and persons with disabilities faced heightened vulnerabilities, including exclusion from assistance and increased caregiving responsibilities. KRCS conducted awareness-raising activities to promote inclusive programming and ensure that the diverse needs of different population groups were considered throughout the response.

Resource scarcity and prolonged displacement also exacerbated risks of gender-based violence (GBV), particularly for women and girls traveling long distances to access essential services. Increased exposure to harmful practices, including early marriage, was reported in some communities. KRCS strengthened community awareness on GBV prevention, referral mechanisms, reporting pathways, and available protection services to promote safer and more inclusive environments for affected populations.

6. Early Action

Target Counties: Busia, Homabay, Migori, Kisumu, and Siaya

Target Population: 141,212 people

KRCS implemented early action interventions aimed at strengthening community preparedness and coordination for disaster response. Early warning messages were disseminated to at-risk communities to facilitate timely preparedness measures and support voluntary evacuation efforts where necessary. Community review meetings were conducted to assess risks, share information, and reinforce preparedness actions. Coordination mechanisms at national and county levels were strengthened to improve collaboration among stakeholders and support timely and effective response efforts.

7. Community Engagement and Accountability (CEA)

KRCS institutionalized Community Engagement and Accountability (CEA) as a core component of its humanitarian programming. Guided by its CEA policy, the National Society ensured community participation, transparency, and responsiveness throughout the operation. Through its Monitoring, Evaluation, Accountability and Learning (MEAL) department, KRCS promoted awareness of available feedback mechanisms and encouraged communities to share concerns, complaints, requests, and suggestions throughout the project cycle.

The following feedback mechanisms were utilized during the operation:

Community Feedback Hotline (0800720577) for real-time feedback collection.

Community feedback boxes.

Direct feedback collection and documentation by KRCS staff and volunteers.

Focus Group Discussions (FGDs) with targeted communities.

Community review meetings.

Complaints and feedback email channels, including the reporting of sensitive matters such as sexual exploitation, abuse, corruption, and fraud.

Community feedback was categorized into questions, suggestions, rumours, and appreciation. County-level teams managed and responded to feedback promptly, while all resulting actions were documented and tracked to strengthen accountability and improve programme quality.

8. Coordination
KRCS remained a key member of the Kenya Humanitarian Partnership Team (KHPT), leveraging its extensive local presence, technical expertise, and auxiliary role to support coordinated humanitarian action. Within this platform, KRCS co-led several sector working groups, including Health, WASH, and Protection, and collaborated closely with UNOCHA, the Office of the UN Resident Coordinator, and other humanitarian partners to ensure a harmonized response.
KRCS also worked closely with government institutions, including the National Disaster Operations Centre (NDOC) and the National Drought Management Authority (NDMA), to strengthen national preparedness and response mechanisms. As co-chair of the Kenya Cash Working Group, KRCS advanced cash-based programming and coordinated with the Hunger Safety Net Programme (HSNP) to support vulnerable households in ASAL counties. Collaboration with the Ministry of Health and other government ministries supported nutrition interventions, assessments, and drought-response activities.

9. Secretariat Services
To ensure effective implementation and oversight of the operation, the IFRC provided technical assistance, remote and field monitoring, coordination support, and resource mobilization through the Cluster Delegation. Support was also provided for implementing an exit strategy and engagement with Partner National Societies.
The IFRC delivered Planning, Monitoring, Evaluation and Reporting (PMER), finance, logistics, communications, and security services in accordance with DREF procedures and standards. Operational costs covered key personnel, including finance, logistics, PMER, and operations focal points, ensuring effective management, accountability, and quality implementation throughout the operation.

Targeting Strategy

Who was targeted by this operation?

A response matrix was developed to identify and map previous responses implemented during 2025 for floods, cholera, and drought. The matrix was used to guide planning, prevent duplication of efforts, and ensure that interventions were complementary wherever applicable. The reviewed operations included MDRKE055 (EAP Drought), MDRKE065 (Drought DREF), which closed on 31 October, MDRKE066 (Health/Cholera DREF), which closed on 30 November, and MDRKE067 (Population Movement DREF), which also closed on 30 November.

For the drought response, KRCS targeted households classified under IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency). Assistance was directed to the most severely affected sub-counties within the targeted counties, particularly those that were not receiving support from other humanitarian actors. These sub-counties were either experiencing IPC Phase 4 conditions or were at significant risk of deteriorating to that phase. The specific counties and sub-counties supported were identified through consultations with the County Steering Groups (CSGs) and relevant partners. The majority of the population in these areas consisted of pastoralists whose livelihoods depended heavily on livestock production for food and income. The prolonged drought resulted in critical shortages of pasture and water, leading to livestock deaths and reduced productivity, which further contributed to economic decline, food insecurity, and population displacement. KRCS conducted a comprehensive gap analysis that considered ongoing interventions by government and humanitarian partners to ensure that assistance reached populations not covered by existing programmes.

In responding to flood emergencies, KRCS adopted a community-centred and data-driven targeting approach to ensure that assistance reached the most affected and vulnerable populations. Rapid needs assessments and risk mapping exercises were conducted in flood-affected areas. These assessments utilized satellite imagery, drone technology, and community-generated information to identify areas affected by high water levels, damaged infrastructure, and population displacement. KRCS closely collaborated with county governments and local disaster management committees to validate and complement the information collected. Households were prioritized based on displacement caused by flooding, destruction or severe damage to homes, the presence of children under five years of age or pregnant and lactating women, and limited access to safe water and sanitation services. Consideration was also given to households that had experienced loss of livelihoods, including farming, fishing, and small businesses. In addition, KRCS conducted a gap analysis to identify geographical areas and populations not covered by other humanitarian actors, ensuring that assistance was directed to locations with the greatest unmet needs.

During disease outbreak responses, KRCS implemented a targeted approach that prioritized populations at greatest risk based on epidemiological evidence, vulnerability, and levels of exposure. The response was coordinated closely with the Ministry of Health, county health departments, and disease surveillance teams to identify outbreak hotspots and monitor disease transmission trends. Rapid assessments and health facility reports informed the identification of affected communities and the scale and severity of the outbreak.

Targeting focused on populations with limited access to healthcare services, poor sanitation conditions, and high population density, all of which increased the risk of disease transmission. This approach enabled KRCS to direct resources and interventions to communities facing the highest public health risks while complementing the efforts of other response actors.

Explain the selection criteria for the targeted population

The targeting priorities were based on the vulnerabilities identified in the targeted locations. The selected areas were among the most affected by prolonged drought, acute food insecurity, disease outbreaks, and recurrent flooding, compounded by reduced humanitarian funding. Targeting was informed by IPC data, needs assessments, and community verification processes to ensure assistance reached those most in need.

The beneficiary identification and selection process was conducted in close consultation with communities. KRCS worked with local leaders and project relief committees to facilitate community discussions and support the identification of eligible households. Vulnerable groups were represented in the relief committees and participated in targeting and registration activities. Community members contributed to the development of selection criteria and the identification of beneficiaries, helping to ensure a fair and transparent process.

Priority was given to female-headed households, pregnant and lactating women with children under five years, families with severely malnourished children under five years, households headed by persons with disabilities without a source of income, and child-headed households. Assistance was provided based on the level of vulnerability and need within the targeted communities.

Total Assisted Population

Assisted Women	**729,860**	Rural	**100%**
Assisted Girls (under 18)	**360,451**	Urban	**3%**
Assisted Men	**576,913**	People with disabilities (estimated)	**7%**
Assisted Boys (under 18)	**27,192**		
Total Assisted Population	**1,694,416**		
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
Corruption and fraud continue to pose a risk in humanitarian activities	KRCS developed a communication plan to inform communities about all aspects of the project and sensitized them on the need to prevent corruption. Communities were informed of their entitlements and notified that assistance was provided free of charge, and that they were not required to pay anything to access assistance. Communities were also notified of the existing mechanisms for reporting any suspected or actual cases of corruption.
PSEA and child safeguarding risks	KRCS ensured all staff and volunteers were sensitized on child safeguarding and signed the code of conduct. A child safeguarding risk analysis was completed, followed by the development of a clear action plan.
Negative perceptions of relief efforts may arise due to unmet expectations' or perceived inequalities'	- Maintained open communication channels. - Conducted satisfaction surveys. - Implemented community grievance redress mechanisms.

Please indicate any security and safety concerns for this operation:

During the operation, security and safety risks remained a key consideration, particularly in the ASAL counties where interventions were implemented. The operational areas included remote and geographically challenging locations, some of which are affected by resource-based conflicts, inter-community tensions, cross-border insecurity and limited access to essential services. These factors presented potential risks to the safety of KRCS staff, volunteers, partners, and affected communities during humanitarian activities. Some targeted counties, particularly those located along Kenya's international borders and areas affected by competition over natural resources such as water and pasture, remained exposed to insecurity incidents, including armed conflict, livestock-related conflicts, banditry, and population movements. During the incidences, KRCS provided quick medical evacuation and first aid.

Operational safety risks also included challenging terrain, long travel distances, harsh climatic conditions, road accessibility constraints, and exposure to extreme weather events. In some areas, prolonged drought conditions increased health risks associated with water scarcity, malnutrition, and disease outbreaks, while localized flooding during the rainy season created additional hazards related to mobility, infrastructure damage, and access to affected communities.
To mitigate these risks, KRCS Security Units continued to monitor the evolving security context and provide regular updates, guidance, and advisory support to operational teams. Security assessments were conducted as required, and response teams were advised on appropriate mitigation measures in areas experiencing heightened security concerns.

KRCS maintained engagement with staff, volunteers, county teams, local authorities, and community structures with contextual knowledge of operational areas to support security surveillance, information sharing, and safe implementation of activities. Regular security briefings and awareness sessions were conducted to promote vigilance, ensure compliance with safety procedures, and strengthen preparedness among personnel involved in the response.

Key mitigation measures included:
a) Continuous security monitoring and risk assessment by KRCS security structures.
b) Regular security briefings for staff and volunteers before and during field deployments.
c) Coordination with local authorities, community leaders, and relevant stakeholders to enhance acceptance and safe access.
d) Use of context-appropriate movement planning and communication protocols, particularly in remote and high-risk areas.
e) Adaptation of operational plans based on changing security and environmental conditions.
By the end of the DREF operation in May 2026, no major security incidents affecting KRCS personnel or volunteers were reported, and established security protocols contributed to the safe delivery of humanitarian assistance to drought-affected communities.

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

Implementation

Livelihoods And Basic Needs

Budget: CHF 178,466
Targeted Persons: 2,000
Assisted Persons: 41,321
Targeted Male: 18,594
Targeted Female: 22,727

Indicators

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

Narrative description of achievements

Through the DREF operation in partnership with the Ministry of Agriculture, KRCS supported 41,321 people (6,887 HHs) from drought-affected pastoral and agro-pastoral communities through livestock protection and livelihood recovery interventions. The support focused on reducing the impact of prolonged drought on livestock assets, strengthening household resilience, and sustaining pastoral livelihoods. The overachievement in the number of households reached with essential on-farm and off-farm inputs, materials, and tools for agricultural and food production was primarily attributable to strong collaboration with government line ministries and relevant county departments, particularly the Departments of Agriculture and Livestock Production. Through these partnerships, KRCS leveraged existing government technical capacity and complementary resources to support the distribution, utilization, and monitoring of agricultural and livelihood inputs. Of the 6,887 households supported, this DREF operation reached 2,000.

The collaboration provided access to government extension services and technical expertise, enabling beneficiaries to receive guidance on the appropriate use of the inputs and improved agricultural and livestock production practices. By utilizing existing government structures and personnel, KRCS reduced the need to finance all technical and operational components directly through the project budget.

As a result, available project resources were utilized more efficiently, allowing a larger number of households to be reached than originally planned while maintaining the quality and intended outcomes of the livelihood support interventions. The overachievement was therefore driven by effective coordination, resource optimization, and leveraging of complementary government support rather than by an increase in project funding.
KRCS supported target communities with distribution of livestock feeds. The operation also promoted improved livestock breeding practices to enhance productivity and encourage the use of more resilient livestock breeds adapted to changing climatic conditions in Tana River, Baringo, Turkana and Marsabit counties.
In coordination with the Ministry of Agriculture and Livestock Development and county livestock authorities, KRCS strengthened technical collaboration, ensured alignment with government priorities, and supported effective implementation of livestock-related interventions. Trained KRCS staff and volunteers were mobilized to conduct livestock and livelihood assessments, monitor community needs, and guide timely response actions. The following outputs were achieved: -
• # of fodder beneficiaries and fodder content – 2,000 HHs received fodder support, the fodder content include; protein, energy, fiber and minerals.
• Quantities distributed – 52,000 kg
• Pasture production achievements – 350 farmers trained on pasture establishment, pasture management, harvesting and baling.
• Livestock breeding outputs – Training on improved livestock breeding were conducted in Kajiado, Baringo, West Pokot, Tana River out of which 3,751 farmers were supported.
• The locations that received livelihoods support are – Kajiado, Baringo, West Pokot, Tana River.

The assessment covered the following areas: livestock body condition, availability of pasture, livestock trekking distance to water sources, milk production and livestock market prices.
The assessment findings include:
(i) Livestock body condition: The livestock were observed to have deteriorated owing to inadequate pasture and water leading to low milk production. The livestock were generally classified as "fair to poor."
(ii) Trekking to water sources distance was on average 18 kilometers which is higher than the recommended distance of 5 kilometers.
(iii) Livestock market prices had plummeted owing to the deteriorated body condition.

Lessons Learnt

1.Early livestock support is critical for protecting pastoral livelihoods during drought
Timely interventions, including pasture support and livestock resilience measures, help reduce livestock losses, protect household assets, and strengthen the coping capacity of pastoral and agro-pastoral communities during prolonged drought periods.
2.Strong coordination with livestock authorities improves technical quality and sustainability
Collaboration with the Ministry of Agriculture and Livestock Development and county livestock departments ensured that interventions were aligned with government priorities, incorporated technical expertise, and supported more sustainable livestock management practices.

Challenges

1.Severe drought conditions affecting livestock production capacity
Prolonged drought, reduced pasture availability, and limited water resources negatively affected livestock health and productivity, increasing the complexity of implementing livestock support interventions.
2.Limited access to remote pastoral areas
Long distances, poor road infrastructure, challenging terrain, and insecurity in some ASAL areas affected timely field assessments, monitoring, and delivery of livestock support activities to affected communities.

Multi Purpose Cash

Budget: CHF 77,844
Targeted Persons: 5,000
Assisted Persons: 6,000
Targeted Male: 2,500
Targeted Female: 3,500

Indicators

Title	Target	Actual
# of households provided with unconditional cash assistance.	1,000	1,000
% of households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket).	80	0
# of trained volunteers mobilized	60	60

Narrative description of achievements

The DREF operation implemented a targeted cash-based intervention approach to support vulnerable households affected by drought and food insecurity. The CVA component was designed to provide timely, flexible, and dignified assistance to households facing severe food consumption gaps, particularly those with heightened vulnerability due to malnutrition risks, limited livelihood opportunities, and reduced coping capacity.

1. Targeting and Registration of Vulnerable Households:
KRCS conducted a community-based targeting and registration process to identify households most affected by the drought and food insecurity situation. Priority was given to households with severe vulnerabilities, including those with children affected by acute malnutrition, pregnant and breastfeeding women, households with limited livelihood assets, female-headed households, older persons, persons with disabilities, and families unable to meet their basic food and essential needs.

The targeting process was guided by vulnerability criteria developed in coordination with local authorities, community structures, and relevant humanitarian actors to ensure that assistance reached households with the greatest needs. Identified households were registered using KRCS beneficiary management systems to support transparency, accountability, and effective tracking throughout the intervention.

2. Beneficiary List Validation through the 1-2-1 Platform:
Following household identification and registration, beneficiary lists were subjected to validation through the KRCS 1-2-1 platform to strengthen accountability and reduce risks of duplication, exclusion, or inclusion errors. The validation process supported verification of beneficiary information, household eligibility, and compliance with agreed targeting criteria.

Community-level verification mechanisms were also used to enhance transparency and ensure that the selected households reflected the most vulnerable members of the affected communities. Feedback from communities was incorporated where necessary to address concerns and improve the accuracy of beneficiary selection with support of 60 trained volunteers.

3. Provision of Unconditional Cash Grants to Vulnerable Households:
KRCS provided unconditional cash grants of KES 5,000 to 1,000 to vulnerable households (6,000 people) in the most drought-affected sub-counties where markets remained functional and capable of supporting household purchasing needs. The intervention focused on enabling families to access food and essential household commodities while maintaining dignity and allowing households to prioritize their most urgent needs.

The cash assistance was implemented for a period of three months, in coordination with the Cash Working Group (CWG) to ensure alignment with humanitarian cash programming standards, harmonized approaches, and prevailing market conditions. The targeted

locations included drought-affected areas in Makueni, Kitui, and Kajiado counties, where households were experiencing increased food insecurity and livelihood pressures.

The use of unconditional cash transfers provided the affected households with flexibility while supporting local markets and reducing dependence on in-kind assistance. Market functionality assessments informed the feasibility of cash assistance and ensured that transfers were appropriate and relevant to the prevailing context.

5. Community Review Sessions
Following each cash disbursement cycle, KRCS conducted community review sessions to assess the effectiveness, relevance, and impact of the cash assistance. The engagements were undertaken among select beneficiary households to understand how the assistance was utilized, whether it met priority household needs, and whether any challenges were experienced during the transfer process.
Post-distribution monitoring was not conducted owing to some areas being cut off by floods.
The monitoring assessed key areas including:
Use of cash transfers and priority expenditures.
Household food access and changes in food consumption patterns.
Beneficiary satisfaction with the assistance received.
Accessibility and safety of cash delivery mechanisms.
Any protection concerns or barriers experienced by vulnerable groups.

The engagement sessions informed adaptive management and helped strengthen accountability to affected populations by ensuring that beneficiary feedback and lessons learned were incorporated into ongoing and future CVA programming. Households in the community engagement sessions indicated being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket). A post-distribution monitoring was not conducted as this DREF operation transitioned to the Kenya Complex Emergency Appeal (EA) and that activity was integrated to be covered under the EA.

Lessons Learnt

1. Vulnerability-based targeting improves effectiveness of assistance
Integrating food security, nutrition, and household vulnerability criteria enabled KRCS to identify and support households with the highest needs, including those facing severe food insecurity and malnutrition risks.

2. Beneficiary validation and digital systems strengthen accountability
Validation through the KRCS 1-2-1 platform, supported by community engagement, improved beneficiary verification, reduced duplication risks, and enhanced transparency throughout the assistance process.

3. Market assessments are critical for successful cash programming
Conducting market assessments ensured that cash assistance was appropriate in areas where markets were functioning, allowing households to access essential goods while supporting local economies.

4. Post-distribution monitoring supports adaptive and accountable programming
PDM provided critical information on cash utilization, beneficiary satisfaction, and implementation challenges, enabling timely adjustments and ensuring that assistance remained relevant to household priorities.

5. Integrated and coordinated CVA approaches maximize impact
Linking cash assistance with nutrition, WASH, health, and livelihood interventions, while coordinating through cash coordination platforms, strengthened the overall response and improved support to drought-affected communities.

Challenges

1. High levels of vulnerability and competing needs among affected households
The scale of drought impacts resulted in a large number of highly vulnerable households requiring assistance, making prioritization and targeting challenging. Some households with significant needs could not be included due to limited resources and available funding.

2. Changing humanitarian context affecting beneficiary needs
Continued drought impacts, food price fluctuations, and emerging shocks affected household priorities and increased the need for flexible assistance modalities. Regular reassessment was required to ensure cash support remained appropriate and adequate.

3. Access challenges in remote and hard-to-reach areas
Long distances, poor road conditions, insecurity, and challenging terrain in some operational areas affected field verification, beneficiary engagement, monitoring, and timely implementation of activities.

4. Market and supply chain constraints

Although markets were functional in targeted areas, localized shortages, increased demand, and rising commodity prices posed risks to household purchasing power and the effectiveness of cash transfers.

Health

Budget: CHF 217,068
Targeted Persons: 150,000
Assisted Persons: 218,312
Targeted Male: 98,973
Targeted Female: 119,339

Indicators

Title	Target	Actual
# of children screened and admitted for management of moderate acute malnutrition	800	850
# of pregnant and Lactating women screened and admitted for management of moderate acute malnutrition	400	420
# of counties supported with pharmaceuticals, non-pharmaceuticals and IPC commodities.	3	8
# of counties supported on Early/After Action Review workshop	3	8
# of people reached with psychosocial and mental health services	1,500	17,300
# of people reached with Cholera and Risk Communication and Community Engagement (RCCE) activities.	150,000	218,312
% of trained volunteers demonstrating improved knowledge on EPIC, CBS, and CATI through post-training assessments	100	100
% of communities reached by PHiE surge teams within 72 hours of outbreak detection	60	80
% of target population vaccinated during OCV campaign	100	100
% of malnourished children identified enrolled in supplementary feeding programs and covered until recovery	85	85
% of referred cases by NS through outreach/screening activities that are taken charged of for nutrition, PSS or other specialized care/ programs	85	85

Narrative description of achievements

Through the DREF operation, KRCS strengthened health and care interventions targeting drought-affected and cholera-risk communities through integrated outbreak preparedness, disease prevention, nutrition support, and community-based health actions. For cholera preparedness and response, KRCS conducted risk assessments in affected and high-risk counties and strengthened community-level outbreak preparedness through the training of 60 KRCS volunteers on Epidemic Preparedness and Response in Communities (EPIC), Community-Based Surveillance (CBS), and Case Area Targeted Interventions (CATI). All 60 volunteers demonstrated improved knowledge on EPiC, CBS and CATI through post-training assessments. The trained volunteers supported early detection, referral, community surveillance, and response actions in collaboration with the Ministry of Health and county health teams.
KRCS supported cholera prevention and control measures through surveillance, contact tracing, targeted risk communication, hygiene promotion, and community engagement activities.
During the active cholera outbreak in Narok and Kisumu counties, KRCS supported the Ministry of Health in strengthening surveillance and follow-up of suspected cholera cases. Active surveillance activities were conducted at both community and health facility levels to facilitate the early detection, reporting, and timely management of new cases. Through these efforts, KRCS supported the tracing and monitoring of 71 cholera contacts, including individuals identified in gold mining areas and surrounding communities.

In addition, KRCS volunteers and health teams actively identified and referred suspected cases for further investigation and treatment. A total of 22 suspected cases were referred to the Cholera Treatment Unit (CTU) in Trans Mara West for testing, diagnosis, and clinical management.

To curb further transmission, the Narok County Department of Health Services implemented public health control measures, including a temporary ban on food hawking. Enhanced inspections of food establishments were undertaken, resulting in the closure of 74 food premises that did not meet public health standards, including 59 premises in Trans Mara West and 15 in Trans Mara South. These measures contributed to strengthening outbreak containment efforts and reducing the risk of further community transmission. A cholera treatment center (CTC) was established in Narok County, which was then reporting active cases with strained healthcare systems and limited medical supplies and personnel. KRCS dispatched both assorted pharmaceuticals and non-pharmaceuticals to the CTC and Kilgoris County Hospital to support case management and infection prevention and control.
Through these interventions, 218,312 people were reached with Cholera Risk Communication and Community Engagement activities, including dissemination of prevention messages through community volunteers, community health promoters, radio talk shows, and IEC materials. The overachievement on target was realized when the cholera vaccine was introduced in Narok County. There was need to create demand for the vaccine while conducting intensified and targeted risk communication and community engagement. This resulted to reaching out to an additional 68,312 people during the oral cholera vaccination campaign.
KRCS also strengthened cholera case management preparedness by supporting 8 counties with essential pharmaceuticals including drugs, non-pharmaceutical supplies (commodities such as injectibles, bandages etc), Infection Prevention and Control (IPC) commodities (surgical gloves, face masks, gumboots etc), and Public Health in Emergency (PHiE) response supplies (aquatabs, chlorine etc).
Coordination with MoH, NPHI, and county health authorities was maintained through joint planning meetings and outbreak response reviews to strengthen preparedness and response capacity.
Under nutrition support, KRCS reached 42,058 children under five years and 7,158 pregnant and breastfeeding women through nutrition screening, supplementary feeding interventions, including support through Ready-to-Use Therapeutic Food (RUTF), Ready-to-Use Supplementary Food (RUSF), and Super Cereal Plus (CSB++). Monitoring and supervision activities were conducted to ensure quality implementation and continuity of nutrition services. The overachievement on the set target of 800 was primarily attributed to complementary drought response funding received from the Danish Red Cross through two successive funding phases. UNICEF also supported nutrition activities. The additional resources enabled KRCS to scale up nutrition interventions in Turkana and Baringo counties by expanding community-based nutrition outreach activities, conducting active screening of children for acute malnutrition, and procuring essential nutrition commodities for the treatment and management of identified cases. As a result, KRCS was able to reach a significantly higher number of children than originally planned, responding to the increased nutritional needs observed among drought-affected communities and contributing to improved access to life-saving nutrition services. Of the 42,058 reached, this DREF operation accounted for 850. The overachievement on number of lactating women screened and admitted for management of MAM against a target of 400 was similarly driven by the complementary drought response funding from the Danish Red Cross implemented in two phases. The additional resources supported expanded nutrition outreaches in Turkana and Baringo, including screening and identification of nutritionally vulnerable pregnant and lactating women and provision of the required nutrition commodities. The expanded outreach coverage and increased demand for nutrition services resulted in more pregnant and lactating women being screened and admitted for management than initially targeted. Of the 7,158 reached, this DREF operation accounted for 420.
The operation also integrated Mental Health and Psychosocial Support (MHPSS) interventions, reaching 17,300 people with psychosocial and mental health services, including Psychological First Aid (PFA) for affected individuals and wellbeing support for KRCS staff and volunteers involved in the response. These interventions contributed to strengthening community resilience, reducing health risks, and sustaining effective humanitarian response during drought and related public health emergencies benefitting 17,300 people. The overachievement against the target of 1,500 was due to the increased demand for psychosocial and mental health services among the affected populations. As the scale of needs increased beyond the population initially targeted, KRCS expanded the provision of psychosocial and mental health support to respond to the additional demand. Existing trained personnel and operational structures enabled the National Society to extend services to more people within the response period.
KRCS deployed 11(6M, 5F) PHIE surge team members in Narok county comprising 2-Clinicians, 3-Nurses, 4-PHOs, and 2-Pharmacy

Technologist to address human resource gaps. The clinical officers and nurses were responsible for case management. The public health officers supported in conducting disease surveillance, contact tracing and coordinating risk communication and community engagement. The pharmacy technologists were responsible for drug administration both at the CTC and link health facilities. The PHIE surge teams reached 80% of the target communities within 72 hours of outbreak detection. The high achievement against this indicator was facilitated by the existing outbreak preparedness and response arrangements within KRCS. Previously trained surveillance coordinators and Volunteers were strategically positioned across the regions and could be rapidly mobilized when outbreaks were detected. In addition, prepositioned cholera response supplies reduced the time required to initiate field activities. These arrangements enabled PHiE surge teams to access affected communities rapidly and support RCCE, case management and other public health interventions within the 72-hour timeframe. 100% of the targeted population was vaccinated during the OCV campaigns, this was measured when MoH provide the number of targeted people per geographical area which is then calculated against the vaccines provided and utilized. 85% of malnourished children were identified and enrolled in supplementary feeding programs and covered until they recovered. 85% of referred cases by KRCS through outreach/screening activities were on-boarded for nutrition, PSS or other specialized care/programs. The figure was arrived at as KRCS leveraged on the existing MoH nutrition database that also guides by setting sphere standards.

Consolidated Health and Care Quantitative Achievements:

KRCS supported the Kenya National Public Health Institute (KNPHI) to convene an Intra-Action Review (IAR) meeting following the cholera outbreak response in Narok County. The meeting brought together representatives from the National and County Ministries of Health, KRCS, partner organizations, and other stakeholders involved in the outbreak response. The review provided an opportunity to assess the effectiveness of the response, document lessons learned, identify best practices, and strengthen preparedness for future public health emergencies.

Key recommendations and lessons emerging from the review included:

1. Early Detection and Rapid Response

The review underscored the importance of timely detection, verification, and notification of suspected cholera cases to facilitate the rapid deployment of response teams and the prompt implementation of control measures, thereby reducing the risk of further transmission.

2. Strengthened Coordination and Information Sharing

Participants highlighted the need to enhance coordination and information sharing among the National and County Ministries of Health, KRCS, partners, and other stakeholders to ensure a harmonized response, optimize resource utilization, and minimize duplication of efforts.

3. Enhanced Surveillance and Reporting Systems

The review emphasized the importance of timely, accurate, and complete surveillance reporting, supported by active case finding and continuous monitoring of high-risk locations to inform evidence-based decision-making and outbreak control measures.

4. Community Engagement and Risk Communication

Effective Risk Communication and Community Engagement (RCCE) was identified as a critical component of outbreak response. Strengthening community awareness was recognized as essential for promoting early health-seeking behaviour, improving adherence to safe water, sanitation, and hygiene practices, and reducing the risk of cholera transmission.

5. Pre-positioning of Emergency Response Supplies

The review highlighted the importance of maintaining adequate stocks of cholera response commodities, including infection prevention and control (IPC) materials, medicines, and other essential supplies, to enable a swift and effective response to future outbreaks.

6. Strengthening WASH Interventions

Improved access to safe water, sanitation, and hygiene services was identified as a key pillar of cholera prevention and control. Particular emphasis was placed on scaling up WASH interventions in high-risk and underserved communities to reduce vulnerability to waterborne diseases.

7. Continuous Learning and Preparedness

The IAR provided a valuable platform for documenting operational lessons and best practices from the Narok cholera response. Stakeholders agreed on the need to incorporate these lessons into preparedness and contingency planning processes to strengthen future outbreak readiness, coordination, and response capacity at both county and national levels.

Eight out of the initially targeted 3 counties were supported to undertake early/after action review sessions as KRCS expanded the process beyond the initially anticipated counties to ensure that lessons from emergency preparedness and response operations were systematically captured across a wider geographical area. The additional county participation enabled KRCS to document operational experiences, identify good practices and gaps and strengthen preparedness and response actions for subsequent emergencies.

Eight counties were supported with pharmaceuticals, non-pharmaceuticals and IPC commodities against a target of 3. The overachievement was driven by the increased operational requirements associated with outbreak preparedness and response. KRCS utilized prepositioned pharmaceuticals, non-pharmaceuticals and infection prevention and control commodities to support counties facing increased health and outbreak risks. The availability of prepositioned supplies enabled the National Society to extend support to additional counties within the available resources and respond to emerging needs without waiting for lengthy procurement processes.

INDICATOR ACHIEVEMENT

- Children under five years reached through nutrition interventions: 42,058
- Pregnant and breastfeeding women reached through nutrition Interventions : 7,158
- People reached with MHPSS/PFA services: 17,300
- People reached with cholera RCCE activities: 218,312
- KRCS volunteers trained on EPIC, CBS and CATI: 60 volunteers
- Counties supported with Cholera Pharmaceuticals, Non-Pharmaceuticals and IPC commodities: 8

- # of pregnant and lactating women screened and admitted for management of moderate acute malnutrition: 7,158
# of children screened and admitted for management of moderate acute malnutrition: 42,058

Lessons Learnt

1. Integrated health, nutrition, and WASH approaches are critical during drought and disease outbreaks

The operation demonstrated that combining cholera prevention, nutrition support, hygiene promotion, and community engagement activities is essential in addressing the interconnected drivers of disease outbreaks and malnutrition in vulnerable communities.

2. Community-based surveillance strengthens early detection and response

Training KRCS volunteers on EPIC, Community-Based Surveillance (CBS), and Case Area Targeted Interventions (CATI) improved community-level identification, reporting, and referral of suspected cases, enabling faster response to potential outbreaks.

3. Strong coordination with government health authorities improves response effectiveness

Collaboration with the Ministry of Health, county health departments, and NPHI strengthened outbreak monitoring, case management, vaccination efforts, and alignment of humanitarian health interventions with national response priorities.

4. Timely pre-positioning of health and nutrition supplies is essential

Availability of pharmaceuticals, IPC commodities, PHiE supplies, and nutrition commodities supported continuity of services during emergencies. Early procurement and pre-positioning remain critical to avoid delays during rapidly evolving outbreaks.

5. Community engagement and risk communication are key to reducing disease transmission

Use of volunteers, CHPs, radio talk shows, IEC materials, and hygiene promotion activities improved community awareness, promoted preventive behaviours, and strengthened trust between communities and health responders.

Challenges

1. Limited access to remote and hard-to-reach communities

Long distances, poor road conditions, insecurity, and challenging terrain in ASAL counties affected timely deployment of health teams, volunteer activities, supervision, and delivery of health and nutrition services.

2. Overstretched health system capacity

Existing health facilities faced increased pressure due to concurrent drought impacts, cholera outbreaks, and rising malnutrition cases, with limited availability of health workers, supplies, and infrastructure to meet growing needs.

3. Delays and challenges in procurement and supply availability

Timely availability of essential commodities, including cholera response supplies, IPC materials, pharmaceuticals, and nutrition commodities, was affected by procurement timelines and logistical constraints.

4. Community awareness and behaviour-related barriers

Limited knowledge of cholera prevention measures, misconceptions, delayed care-seeking behaviours, and difficulties reaching dispersed populations affected uptake of health promotion and disease prevention interventions.

5. Evolving humanitarian needs and resource limitations

The rapidly changing drought and public health context required continuous adaptation of interventions, while available resources limited the ability to scale up health, nutrition, and MHPSS services to meet the increasing demand.

Water, Sanitation And Hygiene

Budget: CHF 250,225
Targeted Persons: 150,000
Assisted Persons: 218,312
Targeted Male: 106,973
Targeted Female: 111,339

Indicators

Title	Target	Actual
# of community strategic water points rehabilitated	14	10
# of water points upgraded and solarized	14	7
# of households reached with hygiene promotion	150,000	218,312

Narrative description of achievements

KRCS implemented integrated WASH interventions to restore and improve access to safe water, strengthen water system sustainability, and reduce risks of waterborne diseases among drought-affected communities. The response focused on improving strategic water infrastructure, enhancing community capacity for water management, and promoting safe hygiene practices.
KRCS conducted continuous water needs assessments and functionality assessments of strategic water facilities to identify priority gaps and guide targeted interventions. Based on the assessment findings, KRCS supported the rehabilitation and restoration including solarization of 216 strategic community water systems, improving reliable access to safe water for drought-affected populations. Of the 216 community water systems, 10 were rehabilitated with support from this DREF as follows:
(i) Kitui - 3 boreholes were rehabilitated and 1 water pan was desilted - supported 1,430 HHs
(ii) Makueni - 1 water pan was desilted - supported 1,420 HHs
(iii) Kajiado - 1 water pan was desilted and 2 water systems underwent civil works repair, drilling and electro-mechanical repairs including solarization. This DREF supported the civil works undertaken - supported 2,420 HHs
(iv) Taita-Taveta - 2 water supply systems underwent civil works repair, pipeline extension, rehabilitation of one masonry tank and construction of a water stand/tap station including solarization - supported 842 HHs.
In totality, the 10 rehabilitated water points supported 6,112 HHs (36,672 people).
The operation supported 10 water points against a target of 14, while 7 water points were upgraded and solarized against the same target. The shortfall in both activities was due to resource constraints.

The operation supported the upgrading and solarization of strategic community water points to improve the reliability, efficiency, and sustainability of water supply systems in affected areas. KRCS also supported the repair and pre-positioning of fast-moving spare parts for strategic water facilities to enable timely maintenance and reduce disruptions in water service delivery.
To strengthen water safety and infection prevention, KRCS procured and distributed WASH and IPC commodities, including water treatment chemicals, supporting households and communities to safely treat and manage water. Hygiene promotion interventions were conducted through household visits, community meetings, and awareness sessions, reaching 218,312 people with community risk communication and hygiene promotion messages. These activities promoted safe water handling, household water treatment, sanitation practices, and behaviours aimed at reducing waterborne disease risks.
KRCS strengthened community ownership and sustainability by training water management committees on operation and maintenance of water systems, enabling local structures to manage repairs, monitor functionality, and support continued service delivery. Community members were also trained on the appropriate use of household water treatment chemicals, with post-distribution follow-up conducted to reinforce correct practices and address challenges.

Lessons Learnt

1.Rehabilitation of existing water systems provides rapid and sustainable impact
Restoring and upgrading existing strategic water infrastructure enabled KRCS to quickly improve access to safe water for large numbers of drought-affected people while strengthening longer-term resilience of communities.
2.Community ownership is critical for sustainability of water services
Training water committees on operation and maintenance, combined with community engagement on water treatment and hygiene practices, improved local capacity to manage and maintain water facilities beyond the intervention period.
3.Regular water assessments support timely and targeted interventions
Continuous assessment of water needs and functionality of strategic water points enabled prioritization of critical infrastructure, informed decision-making, and better allocation of limited resources.
4.Integration of WASH and health interventions reduces disease risks
Linking water access improvements with hygiene promotion, household water treatment, and IPC measures strengthened prevention of waterborne diseases, particularly during periods of increased cholera risk.
5.Solarization improves reliability and sustainability of water systems

Upgrading water points through solar solutions reduces dependence on fuel-based systems, lowers operational costs, and improves continuity of water supply in remote drought-affected areas.

Challenges

1.Severe drought and declining water availability:
Prolonged drought conditions resulted in drying of seasonal water sources and increased demand on limited strategic water facilities, placing pressure on existing water infrastructure.
2.Access constraints in remote locations
Poor road networks, long distances, challenging terrain, and insecurity in some ASAL areas affected timely assessments, transportation of materials, supervision, and implementation of WASH activities.
3.High operational and maintenance requirements for water systems:
Some water facilities required extensive repairs, spare parts, and technical support due to prolonged underinvestment, frequent breakdowns, and increased usage during drought periods.
4.Limited resources compared to increasing water needs:
The scale of water insecurity exceeded available resources, requiring prioritization of the most critical water points and vulnerable communities.
5. Changing humanitarian needs and disease risks:
The combination of drought, population movement, and cholera risks required continuous adaptation of WASH interventions, including increased focus on water treatment, hygiene promotion, and community awareness.

Protection, Gender And Inclusion

Budget: CHF 24,146
Targeted Persons: 7,000
Assisted Persons: 51,422
Targeted Male: 21,083
Targeted Female: 30,339

Indicators

Title	Target	Actual
# of staff and volunteers trained in PGI including referrals.	70	70
# of people reached by protection, gender and inclusion information.	7,000	51,422

Narrative description of achievements

KRCS integrated Protection, Gender, and Inclusion (PGI) approaches across humanitarian interventions to ensure that assistance was delivered safely, equitably, and in a manner that considered the diverse needs and vulnerabilities of affected populations. The national society also strengthened the capacity of 70 staff and volunteers through training on protection principles, the do-no-harm approach, and safe programming practices, enabling response teams to identify protection risks, reduce unintended harm, and ensure that humanitarian activities remained inclusive and sensitive to the needs of vulnerable groups. Up to 51,422 people were reached with protection, gender and inclusion information.
The operation conducted gender analysis to better understand the different impacts of drought and humanitarian shocks on women, men, girls, boys, older persons, and persons with disabilities. Findings informed the design and implementation of interventions across sectors, including livelihoods, multipurpose cash assistance (MPCA), health, and WASH, ensuring that gender considerations were incorporated into targeting, service delivery, and community engagement approaches. From the analysis the majority of households were headed by women owing to absence of men who had set out with livestock to look for pasture. Additionally, owing to the popularity of polygamy in pastoral communities, it was prudent to have women register for support during cash transfer.
KRCS also conducted Gender-Based Violence (GBV) risk analysis and mitigation measures within key response areas, including livelihoods, MPCA, health, and WASH interventions. This supported identification of potential risks linked to access, safety, and participation, and informed measures to strengthen safe access to services and reduce exposure to protection threats. Safeguarding was further strengthened through regular safeguarding briefings for staff and volunteers, establishment and engagement of safeguarding focal

points, and promotion of safe programming standards throughout the operation. These measures contributed to improving accountability, preventing exploitation and abuse, and ensuring that affected communities could access assistance safely and with dignity. Among the referrals pathways utilised by KRCS during the operation was linking SGBV survivors to government health facilities. Owing to long trekking distances to fetch water, women reported reported being sexually assaulted. However, community practices discourage women from reporting SGBV incidences prompting KRCS to take up the matter with the respective counties.

Lessons Learnt

1.Integrating PGI from the onset strengthens safe and inclusive programming
Incorporating protection principles, gender analysis, and GBV risk mitigation across sectors such as livelihoods, MPCA, health, and WASH ensured that interventions considered the different needs, risks, and barriers faced by women, men, girls, boys, older persons, and persons with disabilities.
2.Capacity strengthening of staff and volunteers improves protection mainstreaming
Training staff and volunteers on protection principles, safeguarding, and the do-no-harm approach strengthened their ability to identify protection risks, promote safe programming, and support affected communities in accessing appropriate services.
3.Clear referral pathways and safeguarding mechanisms are essential for accountable response
Adoption of the safe referral SOPs, safeguarding focal points, and regular awareness sessions improved understanding of protection responsibilities and strengthened mechanisms for reporting, responding to, and managing protection concerns during the operation.

Challenges

1.Limited availability of specialized protection services and referral capacity
In some operational areas, especially remote ASAL locations, limited access to specialized GBV, psychosocial, and protection services affected timely referral and follow-up of vulnerable individuals requiring additional support.
2.Complex and evolving vulnerabilities among affected communities.
Prolonged drought, displacement, food insecurity, and loss of livelihoods increased protection risks, requiring continuous assessment and adaptation of interventions to address emerging needs

Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 91,552
Targeted Persons: 141,212
Assisted Persons: 141,212
Targeted Male: 57,897
Targeted Female: 83,315

Indicators

Title	Target	Actual
# of people reached with early warning messages	141,212	141,092

Narrative description of achievements

KRCS strengthened disaster risk reduction, climate adaptation, and early action capacities among drought- and climate-affected communities through improved access to early warning information, community preparedness actions, and enhanced coordination mechanisms.
Early warning messages were disseminated to 141,092 people in communities at risk of climate-related hazards, enabling affected populations to better understand emerging risks, adopt preparedness measures, and take timely actions to reduce the impacts of drought, floods, and other climate shocks.

KRCS supported evacuation advocacy and preparedness sensitization in high-risk areas, working with communities and relevant authorities to promote early action and safer response measures during potential emergencies. Community review meetings were conducted to strengthen community participation, gather feedback, identify emerging risks, and inform locally appropriate preparedness and response actions. The following were key takeaways from the community review meetings:

1. Importance of early preparedness: Communities emphasized the need to strengthen preparedness before hazards occur, including early action, prepositioning of essential resources and household-level preparedness measures.
2. Timely and accessible early warning information: Communities highlighted the importance of receiving early warning information in a timely, clear and locally understandable format to enable them to take appropriate protective actions.
3. Community participation in DRR planning: Communities stressed that their involvement in risk assessment, planning and decision-making improves the relevance and ownership of disaster risk reduction interventions.
4. Strengthening local response capacity: The review meetings highlighted the need to strengthen community structures, volunteers and local leadership so that communities can initiate appropriate actions before external assistance arrives.
5. Continuous learning and feedback: Communities emphasized the importance of regular review of DRR interventions, documenting lessons and maintaining feedback mechanisms so that future preparedness and response actions can be adapted to changing risks and community priorities.

At national and county levels, KRCS strengthened coordination with disaster management authorities and relevant stakeholders through information sharing, joint planning, and coordination platforms, improving alignment of early warning, preparedness, and response efforts.

Lessons Learnt

Lessons Learnt
1. Timely dissemination of early warning information enables communities to take early action
Sharing risk information before and during climate shocks improved community awareness, preparedness, and ability to adopt protective measures to reduce potential impacts.
2. Community engagement strengthens ownership of preparedness actions
Community review meetings provided valuable platforms for communities to discuss risks, share local knowledge, and contribute to the development of appropriate preparedness and response measures.
3. Strong coordination improves effectiveness of anticipatory actions
Collaboration with national and county disaster management structures enhanced information sharing, coordination, and alignment of early warning and response efforts

Challenges

1.Changing and unpredictable climate patterns
Rapid shifts between drought, heavy rainfall, and flooding made risk forecasting and preparedness planning more complex, requiring continuous adaptation of interventions.
2.Limited community capacity and resources for early action
Some communities faced challenges in acting on early warning information due to limited resources, livelihood constraints, and reduced coping capacity after prolonged shocks

Community Engagement And Accountability

Budget: CHF 22,081
Targeted Persons: 7,000
Assisted Persons: 218,312
Targeted Male: 100,424
Targeted Female: 117,888

Indicators

Title	Target	Actual
# 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	3
# of opportunities for community participation in managing and guiding the operation (e.g., number of community committee	-	8

meetings, focus group discussions, town hall meetings etc)		
% of operation complaints and feedback received and responded to by the National Society	95	100

Narrative description of achievements

KRCS has successfully institutionalized Community Engagement and Accountability (CEA) as a core approach across humanitarian operations, ensuring that affected communities are informed, engaged, and able to influence decisions affecting their lives. Through the DREF operation, KRCS leveraged on community participation, two-way communication, and feedback mechanisms which include; hotline, community feedback meetings and volunteer community feedback desks to ensure that assistance remained relevant, accountable, and responsive to community priorities. This operation responded to 100% of all community feedback which included; guidance on the most affected areas, the extent to which the operation safeguarded their lives and livelihoods and possible coping mechanisms they adopt.
KRCS reached 218,312 people through CEA and Risk Communication and Community Engagement (RCCE) activities, including 100,424 males and 117,888 females. The interventions focused on providing timely information, promoting awareness on health, WASH, protection, and available humanitarian assistance, while strengthening community participation throughout the response.
To enhance accountability to affected populations, KRCS utilized its existing feedback mechanisms to collect, manage, and respond to community concerns, complaints, and suggestions. In line with the KRCS CEA Policy, 100% of complaints and feedback received during the operation were responded to within 72 hours, ensuring timely resolution, improved trust, and continuous adaptation of interventions based on community feedback.
The operation also strengthened the capacity of 70 volunteers through CEA refresher training and facilitated community engagement platforms, including community review meetings, to promote meaningful participation and ensure that affected populations contributed to decisions related to assistance and protection services.

Lessons Learnt

1.Functional feedback mechanisms strengthen accountability and trust
Maintaining inclusive and accessible feedback channels enabled affected communities to raise concerns, provide suggestions, and receive timely responses. The achievement of 100% response to complaints and feedback within 72 hours demonstrated the importance of responsive accountability systems.

2.Early and continuous community engagement improves the relevance of interventions
Regular engagement with communities through RCCE activities, community meetings, and dialogue platforms provided valuable insights into changing needs and helped KRCS adjust assistance and services based on local priorities.

3. CEA integration across sectors enhances humanitarian effectiveness
Embedding CEA approaches within health, WASH, livelihoods, nutrition, and protection interventions improved information sharing, strengthened community participation, and promoted more inclusive service delivery.

4. Strengthening volunteer capacity improves community outreach and communication
Refresher training and support to volunteers enhanced their ability to deliver clear messages, collect feedback, identify community concerns, and support two-way communication between KRCS and affected populations.

5. Inclusive communication approaches are essential for reaching vulnerable groups
Tailoring engagement approaches to different population groups, including women, men, children, older persons, and persons with disabilities, improved access to information and ensured that diverse community perspectives were considered in response planning.

Challenges

1. Managing increasing community expectations during a resource-constrained response
High levels of vulnerability and growing humanitarian needs created increased expectations from affected communities, requiring continuous communication on available assistance, eligibility criteria, and response limitations.

Secretariat Services

Budget: CHF 39,603
Targeted Persons: 1

Assisted Persons: 192
Targeted Male: 85
Targeted Female: 107

Indicators

Title	Target	Actual
# of monitoring visits conducted	4	4

Narrative description of achievements

IFRC provided continuous strategic, technical, and operational support throughout the DREF operation to strengthen implementation quality, accountability, and compliance with IFRC standards and DREF requirements. This included 4 monitoring visits, complemented by ongoing remote oversight, to review implementation progress, provide technical guidance, identify operational challenges, and support timely corrective actions.

IFRC provided continuous oversight of the operation's implementation, offering guidance on programme quality, reporting requirements, financial management, and compliance with DREF procedures and relevant IFRC policies. Technical support through the Cluster Delegation strengthened coordination, ensured alignment with humanitarian standards, and supported effective delivery of assistance to affected communities.

IFRC further supported key operational functions, including PMER and finance, contributing to quality monitoring, evidence-based reporting, effective resource utilization, and timely resolution of operational issues. Security guidance also provided to promote the safety and wellbeing of staff and volunteers involved in the response.
Communication support contributed to profiling KRCS and IFRC humanitarian efforts, documenting achievements, and enhancing visibility among partners and stakeholders. The DREF allocation served as a critical contribution to the broader Emergency Appeal, enabling KRCS to provide timely, life-saving assistance while strengthening resilience among drought-affected communities.
• The 192 persons assisted includes staff and technical team members engaged through the Secretariat's monitoring, coordination and technical support functions during implementation. The support was provided through monthly coordination and review meetings and four monitoring visits, complemented by ongoing remote oversight. These engagements were used to review implementation progress, provide technical guidance, identify operational challenges, support timely corrective actions and strengthen the quality of programme delivery.

Lessons Learnt

1.Continuous technical oversight strengthens implementation quality and compliance
Regular IFRC monitoring, guidance, and coordination support helped address operational challenges, improve programme quality, and ensure alignment with DREF procedures and RCRC standards.

2. Strong PMER and reporting support improves accountability and decision-making.
Continuous guidance on monitoring, reporting, and documentation strengthened evidence-based reporting, improved tracking of achievements, and supported timely corrective actions.

3. Close coordination between KRCS and IFRC enhances response effectiveness
Regular engagement and technical collaboration between KRCS and IFRC strengthened coordination, ensured consistency with RCRC principles and humanitarian standards, and supported effective delivery of assistance

Challenges

1. Complexity and scale of the emergency required continuous adaptation.

The evolving drought situation, emerging humanitarian needs, and operational challenges required frequent adjustments, enhanced coordination, and flexible technical support.

National Society Strengthening

Budget: CHF 98,266
Targeted Persons: 510
Assisted Persons: 510
Targeted Male: 296
Targeted Female: 214

Indicators

Title	Target	Actual
# of volunteers insured	510	510
# of lessons learnt workshops conducted	1	0

Narrative description of achievements

KRCS strengthened coordination, operational support, and volunteer management systems to enable effective and timely delivery of humanitarian assistance. The operation supported supply chain and administrative coordination functions, ensuring availability and deployment of critical resources to affected communities. KRCS also supported Emergency Operations Centre (EOC) and National EOC functions through situation monitoring, coordination, and response information management.
KRCS prioritized duty of care for staff and volunteers, ensuring that 510 volunteers were insured during the operation to enhance their safety and protection while undertaking humanitarian response activities. Volunteers were supported through relevant briefings, operational guidance, equipment, psychosocial support, and regular debrief sessions to strengthen wellbeing and effectiveness.
The operation also supported communication and humanitarian diplomacy efforts through stakeholder coordination, media engagement, and documentation of response activities to enhance visibility, accountability, and resource mobilization. KRCS did not conduct a lessons learnt workshop as the DREF transitioned to a Complex Emergency Appeal. Despite not conducting a lessons learnt workshop, the program teams conducted after action reviews to document learnings as captured under the lessons learnt sections.

Lessons Learnt

1.Strong coordination structures enable timely and effective emergency response
Continuous support to EOC and National EOC functions improved information sharing, operational coordination, and timely decision-making during the response.
2.Investing in volunteer safety and wellbeing strengthens response capacity
Ensuring volunteer protection through insurance, operational support, and wellbeing measures improved volunteer confidence, safety, and ability to deliver humanitarian assistance effectively.
3.Regular documentation and learning processes improve future preparedness
Conducting the Lessons Learnt Workshop/After Action Review helped capture good practices, operational gaps, and recommendations to strengthen future emergency response planning.

Challenges

1. Increasing operational demands stretched available resources
The scale and complexity of the drought response required extensive coordination, logistics, and administrative support, placing pressure on existing operational capacities.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 6 Jan 2024 to 30 Jun 2026

MDRKE068 - Kenya - Complex Emergency

Operating timeframe: *Start date: 22-Oct-2025 End date: 31-Dec-2026*

Appeal launch date: *24-Oct-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**999,251**
DREF Response Pillar	999,251
Expenditure	-999,189
Closing Balance	**62**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods	178,466	190,066	-11,600
PO03 - Multi-purpose Cash	77,844	82,904	-5,060
PO04 - Health	217,068	231,177	-14,109
PO05 - Water, Sanitation & Hygiene	250,225	266,489	-16,264
PO06 - Protection, Gender and Inclusion	24,146	22,520	1,626
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	91,552	32,552	59,000
PO10 - Community Engagement and Accountability	22,081	23,516	-1,435
PO11 - Environmental Sustainability			
Planned Operations Total	**861,382**	**849,226**	**12,158**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	39,603	45,310	-5,707
EA03 - National Society Strengthening	98,266	104,653	-6,387
Planned Operations Total	**137,869**	**149,964**	**-12,094**
Total	**999,251**	**999,189**	**64**

III. Expenditure by budget category & group

Prepared on 30-Jul-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

Overall, the operation recorded expenditure of CHF 999,189 against a total approved budget of CHF 999,251 representing approximately 99% budget utilization and an unspent balance of CHF 62 will be returned to the DREF pot in accordance with DREF financial procedures.
The variance explanations are shown below:
The financial implementation remained broadly aligned with the approved budget, with variations across individual budget lines reflecting differences between initial forecasts and actual implementation requirements and costs.

1. PSSR was coded under DRR
2. Under secretariat services, the recorded overspent was as a result of charging extra indirect costs under shared office and services costs of CHF 9,290.
3. The balance of CHF 63 will be returned to the DREF pot.

Contact Information

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

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National Society Hotline: 1199

Click here for reference

DREF Operation
Final Report (CHF)

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MDRKE068 - Kenya - Complex Emergency

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III. Expenditure by budget category & group

DREF Operation
Final Report (CHF)

Date from: 6 Jan 2024 to 30 Jun 2026

Description	Budget	Expenditure	Variance
Operational Forecasting		0	0
National Staff	37,426	30,302	7,124
Personnel	**37,426**	**30,302**	**7,124**
Workshops & Training		931	-931
Workshops & Training		**931**	**-931**
Travel	2,994	1,651	1,343
Information & Public Relations		134	-134
Communications		94	-94
Financial Charges	2,183	20	2,163
Other General Expenditure		122	-122
General Expenditure	**5,177**	**2,021**	**3,156**
Cash Transfers National Societies	895,661	895,661	0
Contributions & Transfers	**895,661**	**895,661**	**0**
Programme & Services Support Recovery	60,987	60,983	4
Indirect Costs	**60,987**	**60,983**	**4**
Shared Office and Services Costs		9,290	-9,290
SOSC Allocations		**9,290**	**-9,290**
Total	**999,251**	**999,189**	**63**