



KRCS Rescue activity in Nairobi_2025 floods @KRCS

Appeal: MDRKE066	Country: Kenya	Hazard: Flood	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 499,001	
Glide Number: -	People Affected: 425,609 people	People Targeted: 375,109 people	
Operation Start Date: 26-05-2025	Operation Timeframe: 6 months	Operation End Date: 30-11-2025	DREF Published: 27-05-2025

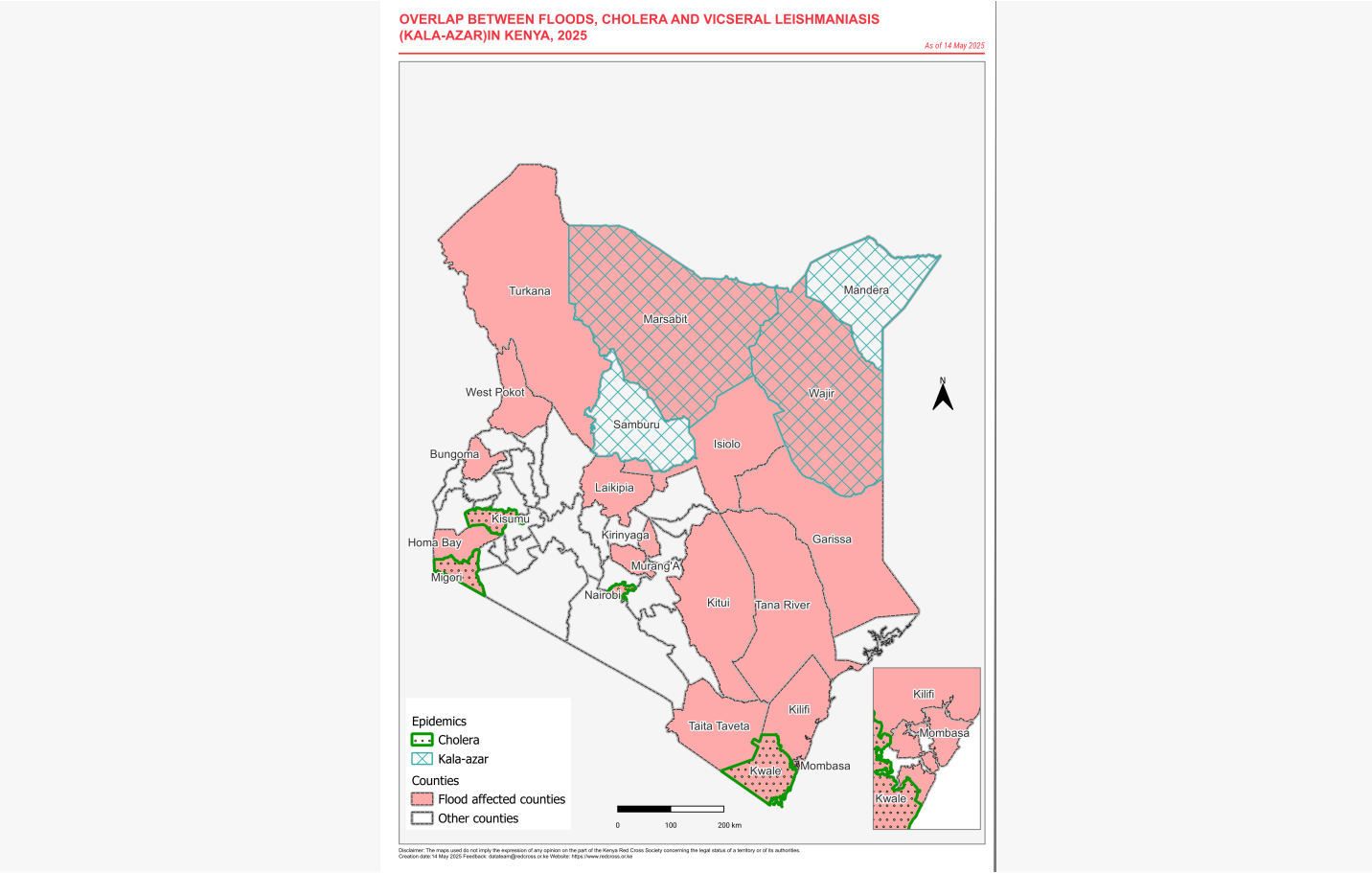
Targeted Regions: Mombasa, Kwale, Taita-Taveta, Garissa, Wajir, Mandera, Marsabit, Isiolo, Samburu, Kisumu, Nairobi



Description of the Event

Date of event

14-05-2025



Map of Kenya indicating counties reporting effects of floods and epidemics (Cholera and Leishmaniasis)

What happened, where and when?

Kenya is currently experiencing two concurrent and interrelated crises: the March–April–May (MAM) long rains and a cholera outbreak in flood-affected counties. The widespread impact on infrastructure, livelihood compounding with the gaps on health response for ongoing outbreaks such as cholera and leishmaniasis is driven a multi-hazard crisis in several counties. Multiple counties have requested Kenya Red Cross Society (KRCS) support for flood, cholera and Visceral Leishmaniasis response. Kisumu County sought assistance for cholera control on 2 May and flood response on 14 May, following earlier appeals including a public notice by the Cabinet Secretary for Health. On 14 May, following joint assessment, the Government requested Kenya Red Cross support in the floods response. Following further floods alerts, on 16 May, the government ordered evacuations in Tana River and Garissa after Kiambere Dam overflowed and KRCS was called to support as well.

Kenya’s March–April–May (MAM) long rains, which began in March 2025, are expected to peak in mid to late May. So far, 23 counties—mainly in Coastal, Central, Lower Eastern, North Rift, Upper Eastern, Western, and North Eastern regions—have reported impacts including flash floods, strong winds, and landslides. As of 13 May, 14,793 households have been affected, 3,650 displaced, 23 fatalities reported, 5,337 acres of farmland destroyed, and 2,379 livestock lost. Rainfall is forecast to continue, with heavy downpours expected in Nairobi, the Central Highlands, Lake Victoria Basin, and parts of the Rift Valley.

In parallel, both the upsurge of cases and death for cholera and Leishmaniasis pose a serious threat to the communities in the past quarter. The widespread floods have been a driven factor for that escalation, generating compounding environmental conditions for vector and water borne diseases due to the major impact in already affected or particularly vulnerable populations in flood-prone, underserved, and arid regions.

Since the beginning of the cholera outbreak in February 2025, Kenya has faced a cholera outbreak now affecting the Coastal, Lower



Eastern, and Western regions. As of 13 May, 244 cases and 11 deaths have been reported, with a 4.5% case fatality rate. All affected counties (Migori, Kisumu, Nairobi, and Kwale) are also experiencing flooding, which has damaged sanitation infrastructure and contributed to the spread of the disease. The index cholera case was reported on 12 February 2025 in Sakuri B Village, Kuria East, Migori County, after six individuals presented with acute watery diarrhea. KRCS and local health authorities launched a joint response using available resources.

Additionally, since January 2025 Kenya has also experienced an outbreak of Visceral Leishmaniasis. As of 18th May 2025, a cumulative total of 1,715 cases and 106 deaths have been recorded. The counties most affected are in the Arid and Semi Arid areas - Upper Eastern and North Eastern Regions. Of these counties two are also affected by floods - Wajir and Marsabit. The ongoing change in temperatures and rainfall patterns have resulted in a conducive environment for breeding of vectors, such as sandies which are responsible for the spread of Visceral Leishmaniasis.

The Kenya Red Cross Society has mobilized branches and volunteers to respond to both the floods and cholera outbreak. Flood response efforts focus on life-saving actions such as aqua search and rescue, followed by relief distribution. In support of the Ministry of Health, KRCS is also addressing the cholera outbreak through Risk Communication and Community Engagement (RCCE), community surveillance, and Water, Sanitation and Hygiene (WASH) interventions, including Infection Prevention and Control (IPC) at both community and facility levels. Additionally, vector control initiatives and risk communication will be included to respond to leishmaniasis.



Destroyed household by the ongoing floods



Destroyed sewage system leading to overflow due to the floods in the urban settlement (Nairobi) compromising sanitation and increasing the risk of spread of Cholera



KRCS rescue in Nairobi floods

Scope and Scale

Heavy rainfall during the March–May long rains has triggered flash floods, destroyed homes, displaced families, and severely disrupted livelihoods particularly among small-scale farmers, pastoralists, and informal traders. Preliminary reports from local authorities, the Kenya Red Cross Society (KRCS), and field assessments by relevant agencies confirm the scale of destruction and underscore the urgent need for a multi- sectoral response. Key data and projections are being validated through ongoing coordination with government departments, local disaster committees, and humanitarian partners, with field reports highlighting an expanding crisis as rains continue. As of mid-May 2025, floods have destroyed homes, contaminated water sources, and displaced families, severely disrupting public services and livelihoods especially among small-scale farmers, pastoralists, and informal traders. Infrastructure damage includes roads, bridges, schools, health centers, and water points. Among the main impact, KRCS consolidated data includes:

- As of now, 14,793 households (73,965 people) have been affected by floods, with 3,650 households (18,250 people) displaced. The most affected counties are Tana River (7,272 affected, 656 displaced), Isiolo (3,066, 494), Homa Bay (1,335, 470), and Turkana (1,028, 1,024). Other impacted counties include Nairobi, Kirinyaga, Mombasa, Kisumu, Marsabit, Garissa, Wajir, Kilifi, Murang'a, West Pokot, Migori, Taita Taveta, Bungoma, Kwale, and Kitui.
- 23 deaths recorded so far while others remains missing.
- 10 health facilities have been damaged

- Many households have lost essential assets like food stocks, livestock, and tools. 5,337 acres of crops, 2,379 livestock, 253 businesses, and 47 water sources have been destroyed. In livestock-rich areas like Tana Delta, stagnant water and overcrowded shelters have triggered outbreaks of vector-borne diseases.
 - Floods have also led to the contamination of water sources, damage to sanitation infrastructure, and overcrowding in temporary shelters all of which are contributing to a growing risk of vector-borne and waterborne diseases. Vulnerable groups children, the elderly, people with disabilities, and pregnant women are among the hardest hit, especially in low-lying, flood-prone areas with limited access to healthcare, infrastructure, or early warning systems. Internally displaced persons and marginalized households in informal settlements face heightened risks due to pre-existing vulnerabilities and limited recovery support. Without urgent and scaled-up interventions, continued flooding is likely to cause further displacement, disease outbreaks, and worsening food insecurity. Projections indicate that over 100,000 people could be affected.
 - On 16 May, the government ordered the immediate evacuation of communities downstream of Kiambere Dam due to imminent flood risk following heavy rains in the Mt. Kenya and Aberdare catchments. Kiambere, the last dam in the Seven Forks cascade, has exceeded its full supply level, posing a serious threat to areas in Garissa, Hola, Garsen, and the Lower Tana River basin. The Kenya Meteorological Department forecast continued rainfall through 20 May, prompting close monitoring of inflows and reservoir levels at Masinga, Kamburu, Gitaru, and Kindaruma dams. The Kenya Red Cross Society has been placed on standby for rescue operations.
- The alert for additional floods from Met in Garissa, Hola, Garsen, and the Lower Tana River basin compounding with a persisting risk for counties such as Isiolo, Mandera, Garissa, Turkana, Baringo, and Kajiado where ecological susceptibility and past incidence are considered in the risk scenario for the coming weeks. Indeed, these regions have a history of seasonal flooding, with major events in 2018, 2020, 2023, and 2024 causing widespread displacement, livestock losses, disease outbreaks, and disruption of education and markets. This year's floods driven by above-normal rainfall and poor drainage have already surpassed previous events in some areas, heightening risks of disease outbreaks, malnutrition, and long-term livelihood loss.

Ongoing rains and flooding have worsened an already serious public health situation, including the cholera outbreak and Leishmaniasis. These outbreaks are sustained and even worsen by the floods impact on the living conditions, on WASH systems and facilities and due to vector breeding favorable environment created. Making it difficult to address the floods situation without scaling-up the prevention against these diseases, especially as they are threatening the same flood affected communities.

The cholera outbreak which started in February peaked in April with the first significant wave of floods, with a CFR rate that remains high (above 4%) since then. As of 13 May, 244 cases and 11 deaths (CFR 4.6%) have been reported across four counties: Migori, Kisumu, Nairobi, and Kwale. Highest attack rates remain in Kisumu, Migori and Kwale. Distribution of cases are below:

- Migori county (Controlled) - 53 cases and 1 death reported. Affected sub-counties include Kuria East, Kuria West, Suna East and Suna West.
- Kisumu county (Active) - 91 cases and 7 deaths reported. Affected sub-counties include Nyando and Muhoroni
- Nairobi county (Active) - 57 cases and 1 death were reported. Affected sub-counties include Kasarani, Embakasi East, Embakasi Central, Roysambu, Kibra, and Dagoretti South.
- Kwale County (Active) – 43 cases and 2 deaths. Cases reported in Lungu Lungu.
- The risk of escalation of the cholera situation is important. There is a risk within the country and from neighboring countries. Cholera risks remain high in counties like Kisumu, which is actively reporting cases, and Kwale, the latest to confirm infections. These areas should be prioritized for early intervention. The widespread pattern suggests possible contamination of water or food sources and raises concern for a nationwide outbreak, similar to the 2022–23 epidemic that impacted nearly 30 counties. Furthermore, the counties cross border transmission is an important factor based on past learnings. Therefore, given Nairobi and Kisumu's roles as major transport and economic hubs, the risk of cross-county spread is significant, especially to neighboring regions. Regionally, as of 6th April 2025, the neighboring countries had reported massive cholera outbreaks with South Sudan (40,231 with 694 deaths, CFR of 1.7%), Tanzania (13,977 cases with 159 deaths, CFR of 1.1%), Ethiopia (60,962 with 779 deaths, CFR of 1.3%) and Uganda (122 with 3 deaths, CFR of 2.5%). With highly volatile cross-border movements due to conflicts, drought and other pull/push factors, Kenyan communities along those borders remain vulnerable to spread of epidemic prone diseases not limited to cholera. This in addition to the spread into both urban and rural settings signaling the potential widespread of the outbreak, with heightened risk during the rainy season in the western and central parts of the country.

Since January 2025, counties including Wajir, Marsabit, Mandera and Samburu, have reported a significant rise in kala-azar cases. As of Epidemiological Week 20, (ending 17th May 2025), a cumulative 1,715 cases of visceral leishmaniasis up from 1,313 cases in the previous epidemiological week was reported across the four counties. This is the highest number reported in the same time frame over the last five years. These outbreaks are concentrated in arid and semi-arid lands (ASALs), which are highly vulnerable due to the presence of Phlebotomine sandflies, the disease vector and persistent health system limitations. Wajir alone has surpassed its four-year total of 359 cases in just under three months, indicating a dangerously sharp uptick in transmission. As of 19 May 2025, Wajir had reported 1,304 cases. Marsabit has reported 347 cases this year, surpassing its cumulative total of 117 cases from 2020 to 2023. Samburu's 22.2% CFR signals extremely poor access to timely diagnosis and treatment. Other counties such as Isiolo, Baringo, Kajiado, Garissa, and Turkana remain on high alert due to their ecological susceptibility and historical case patterns. The sharp increase in cases, especially in Wajir and Marsabit, highlights the high likelihood of a full-blown outbreak in the second quarter of 2025 without immediate, well-coordinated intervention. This upsurge also reflects systemic gaps in vector control, case detection, and community awareness across endemic counties.



Limited and compromised health infrastructure in affected areas has further compounded the health crisis. In the cholera affected counties, the cholera outbreak is straining Kenya's healthcare system, which is also managing other diseases like MPOX, threatening to undermine cholera control efforts. Scaling up public health interventions by KRCs, in collaboration with the Ministry of Health and county departments, remains critical. Priorities include improving water, sanitation, and hygiene (WASH), strengthening disease surveillance, and enhancing risk communication and community engagement. Many facilities lack the necessary resources to diagnose and treat Kala-azar effectively. Delayed case detection has also contributed to the spread, with many patients seeking treatment late due to a lack of awareness and long distances to health centers. Additionally, high levels of malnutrition among vulnerable populations have weakened immune systems, making individuals more susceptible to severe infections. Efforts to control the disease have been hindered by inadequate vector control measures, including shortages of insecticide and gaps in staff knowledge and skills. Furthermore, low community awareness about Kala-azar, its causes, and preventive measures has limited early detection and response efforts.

The existing impact has already contributed to the spike of ongoing outbreaks. Given the nature of these outbreaks, the coming weeks are likely to worsen the public health emergency as they will likely be characterized by either more floods impact, overcrowding settlements or continuous humidity, stagnant water and unsafe WASH practices & environment. With the situation worsening, urgent action is needed to respond to the floods and contain the spread of cholera, to ensure timely diagnosis and treatment, and raise community awareness to prevent further loss of life. An estimated 425,609 people about 10% of the population in cholera-affected and flood-hit sub-counties—are projected to be at risk.

Source Information

Source Name	Source Link
1. KenGen Cumulative volume of water in Dams	https://kenyaredcross-my.sharepoint.com/personal/muchiri_anthony_redcross_or_ke/Documents/Attachments/IMG_20250426_190958.jpg?web=1
2. WHO Africa Region week 19 weekly bulletin	http://www.afro.who.int/
3. Country MoH Weekly Epidemics Bulletin	https://kenyaredcross-my.sharepoint.com/:b:/g/personal/olale_paul_redcross_or_ke/EUx5qR0cQcxDI7h6RPlw51EB3kNt7E_kjYhhNreixzetdghhttps://b:/g/personal/olale_paul_redcross_or_ke/EUx5qR0cQcxDI7h6RPlw51EB3kNt7E_kjYhhNreixzetdg
4. Country MOH Weekly Epidemic situational reports	https://kenyaredcross-my.sharepoint.com/:w:/g/personal/olale_paul_redcross_or_ke/Efq4H9dMp9RBnh4sLgp5G5gBjcQNzsXHJlu4hqSBBuOGrA

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	MDRKE058 - Kenya El Niño Floods 2023-24 & MDRKE054 -Kenya: Cholera Outbreak DREF 2022-23

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

Unlike in the past, Kenya is currently facing a compounding health crisis that is far from a regular seasonal occurrence. Two major outbreaks—cholera and visceral leishmaniasis (Kala-azar)—have escalated significantly this year, both influenced by the ongoing flood emergency from the March–May long rains. This is a compounding crisis of floods that are in some cases within counties which already have active cholera outbreaks. At the same time there concurrent epidemic with extensive effects and increasing increased risk of mortality.



Since January 2025 Kenya has also experienced an outbreak of Visceral Leishmaniasis. A cumulative total of 1,715 cases and 106 deaths have been recorded. The counties most affected are in the Arid and Semi-Arid areas - Upper Eastern and North Eastern Regions. Of these counties two are also affected by floods - Wajir and Marsabit. The ongoing change in temperatures and rainfall has resulted in a conducive environment for breeding of vectors, such as sandflies which are responsible for the spread of Visceral Leishmaniasis.

For cholera, the floods have exacerbated the situation by contaminating water sources, damaging sewage systems and infrastructures, and displacing communities into overcrowded shelters with limited access to essential WASH facilities. The situation creates contributing factors for the escalation of the cholera in floods affected counties that also suffer from cholera. Counties such as Migori, Nairobi, Kisumu, Kwale currently facing escalating cholera cases and floods impact while at least 10 others remain at risk of cholera due to the conditions driven by floods.

Immediate response to the floods with integrated epidemics prevention and vector control will ensure that Kenya will not go into a massive epidemics outbreak and prevent escalation of the situation as it is right now.

Lessons learned:

During the previous floods responses it was observed there is high need for KRCS to conduct water rescue during the emergency phase as no other organization has the capacity to conduct water rescue in the country at the scale we do and have witnessed in the past. Therefore, there is need to conduct continuous refresher aqua rescue trainings.

The continuous dissemination of early warning information and flood safety precautions is essential in curbing the flooding ripple effects. This is important and is always continuous before we attain a clear behaviour change.

The Need to pre-position Shelter NFI materials is critical as most roads get cut off and the NS can only utilize stocks in the regions or county offices.

Sharing information to the country on the effects and interventions by the NS goes along way in gaining community confidence of the RC and RC movement professional ability as far as humanitarian assistance undertakings during disasters are concerned.

Community Engagement and Education: Effective hygiene promotion and community engagement are essential. Education on proper handwashing, food handling, and water treatment can significantly reduce transmission rates and play a critical role in controlling the spread of the outbreak.

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

No

Current National Society Actions

Start date of National Society actions

09-03-2025

Shelter, Housing And Settlements	Kenya Red Cross Society conducted Early Warning Early Actions (EWEA) activities by sharing Terra messages to West Kenya region and Tana River County to warn residents on the possible impacts of floods. KRCS also supported community members and local authorities in mapping out of evacuation centers and Training of 60 KRCS volunteers on shelter and emergency evacuation in Tana River and West Kenya.
Health	WASH & IPC: KRCS has supported the affected county departments of health in Infection Prevention and Control efforts, through WASH/IPC supplies to support Migori, Kisumu, Nairobi and Kwale counties. Additionally, the NS has supplied Migori county with tents and equipments such as beds at the initial and critical phase of the outbreaks in Migori. However, with the rising cases and the spread of cholera to additional counties, the need for additional supplies to enhance preventions and control measures at community level and to replenish what has so far been utilized from the NS prepositioned supplies. Training and Capacity Strengthening: Despite, KRCS, having partnered with the affected county departments in training/refreshing of about 20 healthcare workers on cholera case management, more so in Migori County, the need for further capacity strengthening of more health workforce teams especially from the community level (CHPs) is on the rise. Refreshers and training on hygiene promotion, EPIC module and



	surveillance will enhance the overall capacity of the country's healthcare system right from the community level, equipping professionals with the skills that will be valuable in mitigating the spread of the epidemics. Surveillance and Risk Communication and Community engagement: KRCS in collaboration with the national and the respective county departments of health have in the past more than four months supported in case investigations and contact tracing for enhanced early detection of cases and timely intervention, especially, in Migori. However, with the elevated rainfall levels and ongoing and/or anticipated flooding situation in the counties that are also grappling with cholera outbreaks, there's is a need to intensify cholera case investigation at the community level to help in early detection and overall mitigation of the spread. RCCE on infection prevention and control by the community stakeholders (opinion leaders, community health promoters, among others) and volunteers is of great need as this has proved vital in previous outbreaks.
Water, Sanitation And Hygiene	Kenya Red Cross has partnered with department of health in Migori, Kisumu, and Nairobi counties to implement comprehensive interventions to minimize cholera transmission, improve healthcare responses, and foster community resilience against future outbreaks. However, these interventions require more support to achieve the maximum outputs. The Kenya Red Cross Society (KRCS), in collaboration with the respective county departments of health in Migori, Nairobi, and Kisumu, has been actively engaging communities affected by cholera through comprehensive hygiene and WASH (Water, Sanitation, and Hygiene) sensitization efforts. These initiatives aim to prevent the spread of cholera by promoting proper handwashing techniques using soap, encouraging safe food handling and preparation, and advocating for the correct storage and treatment of water at household level. The sensitization efforts also highlight the importance of using latrines and proper waste disposal to improve sanitation. to reduce open defecation, necessitating reduction in cholera transmission. However, despite the efforts, cholera cases have increased and are affecting new sub counties necessitating prompt response and intensified WASH interventions in cholera affected and at- risk counties.
Community Engagement And Accountability	KRCS volunteers, community health promoters continue to provide accurate, timely, and accessible information about the cholera outbreak which is crucial in mitigating its spread. This involves disseminating critical details regarding the risks and preventive measures, engaging community leaders to help relay information effectively, and addressing misinformation that may hinder public health efforts. By enhancing communication, the initiative will ensure that individuals have the knowledge necessary to protect themselves and their families.
Coordination	KRCS is a member of the Kenya Humanitarian Partners Team (KHPT) coordination mechanisms that is led by UNOCHA. This coordination mechanism holds monthly meeting to receive updates from individual humanitarian actors and also acts as a platform for not only information sharing but resource mobilization. KRCS is also working closing with the respective floods affected County Steering Groups (CSG's) in the floods response with KRCS has been appointed as the lead agency in the respective counties to assessments and response to floods. Internally, KRCS has an elaborate system to coordinate all hazards response efforts including floods. Through the well established KRCS EOC, KRCS teams from the Community response teams (RCATs) to the national focal point for Emergency Preparedness and Response, KRCS in collaboration with the Meteorological departments and the respective county CSG's, disseminates early warning messages, conducts assessments, collates data and undertakes appropriate response in the various floods affected areas across the country. Within the health sector, Kenya has over the years exhibited exemplary coordination whenever there is a public health threat at the national and sub national levels respectively. Through the KRCS Public Health in Emergencies unit, the organization has established itself as a dependable partner to the National Ministry of Health and county departments of health as well as their counterparts within the one health spectrum. At the national level, KRCS is a designated member of the MOH key coordination pillars



	including the National Epidemics Task Force (s), Incidence Management System(s), and respective response pillars. Moreover, KRCS has representation at the National Public Health Emergency Operations Center and respective county PHEOCs when activated. These strategic engagements have necessitated seamless coordination and effective discharging of the organization's auxiliary mandate. Consequently, in the current cholera outbreak, KRCS is a member of the National surveillance, coordination and RCCE pillars, within where active case search and response activities are coordinated. Similarly, through the respective county branches, the organization has representation in the county incidence management systems (IMS) which has enabled the worthwhile collaboration and coordination in the early response phases of cholera outbreak in Migori, Nairobi, and Kisumu counties respectively. KRCS boasts of its robust, highly efficient emergency operations center (EOC) that has necessitated the timeliness in information sharing to and from the various county EOCs. This state-of-the-art facility has enabled effective and enhanced coordination in all epidemic preparedness and response operations.
National Society Readiness	The Kenya Red Cross Society (KRCS) activated its emergency preparedness systems to respond swiftly to the widespread flooding in Tana River and West Kenya. Trained staff and volunteers, supported by operational structures such as Emergency Operations Centers (EOCs) and regional warehouses, enabled rapid mobilization of life-saving interventions in severely affected areas like Tana Delta (Garsen North, Garsen Central, Garsen South, Kipini East, Kipini West) and parts of Busia and Kisumu counties. Prepositioned stocks of emergency shelter kits, WASH supplies, and vector control commodities were critical in meeting immediate needs during the onset of MAM rains. However, despite these preparedness measures, the scale and severity of the floods/flash floods, have overwhelmed available resources. The current operational and logistical capacity is not sufficient to fully address the needs of the over 100,000 people projected to be affected, particularly as the situation continues to evolve. There is an urgent need for additional support to reinforce staff deployment, replenish essential supplies, expand operational coverage, and sustain the ongoing emergency response efforts. Additionally, KRCS enhanced its overall National response strategies on disease outbreaks by training 220 KRCS volunteers and Community Health Promoters on integrated Epidemic Preparedness and Response in Communities (EPiC) and Community Based Surveillance (CBS) modules courtesy of the 2025 USAID/IFRC funded Ebola Disease preparedness project. However, these volunteers are not from the affected counties, apart from Kisumu and Nairobi counties. The volunteers and the CHPs have since then jointly enhanced community sensitization around prevention and control as well as timely identification of epidemics through alert generation at the community level. Moreover, the organization recently reviewed its multi-hazard contingency plan for April to September 2025 period further enhancing KRCS' ability to effectively prepare, prevent, detect and respond to epidemics and other public health events through the public health in emergencies unit and the operations department at large.
Assessment	Since the onset of the MAM rains. KRCS local teams and especially those at the local level, have been conducting continuous assessments. Teams have been monitoring river gauges (Khumwanda, Garissa, Hola and Garsen). These have informed early warning actions which have helped warn residents of imminent flooding. Some terra messages were recently sent out. However, some community members are still in the at-risk areas prone to floods.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has a Country Cluster Delegation (CCD) for Kenya and Somalia, and a regional office for Africa, based in Nairobi. Through the Delegation and Regional Office, the IFRC provides resource mobilisation and technical support to the KRCS in emergency response as well as long-term programming. The IFRC CCD has supported KRCS in the development of this DREF. IFRC will be monitoring the operation with KRCS and provide
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	finance and reporting support. Additionally, the Federation supports cross-border coordination among the RC networks and the facilitation of timely response to emergencies of national magnitude. The IFRC is currently supporting KRCS with an MPox Emergency Appeal - however, all funds provided have now been exhausted and KRCS are using national / bilateral resources to support. The IFRC is supporting KRCS with a drought DREF covering the ASAL counties. The drought continues to evolve in these areas. Sunny and dry conditions continue to persist in most ASAL counties, with localized rainfall in some areas like Taita Taveta, Kajiado, Narok, Nyeri, Laikipia, Makueni, and Baringo highlands. Drought Phase: 20 counties are in the "Normal" drought phase but on a worsening trend. Wajir, Kilifi, and Kwale remain in the "Alert" phase. New ASAL Counties include Elgeyo Marakwet, Siaya, Machakos and Homa Bay. 7 Counties in IPC 3 Phase: Mandera, Garissa, Turkana, Wajir, Marsabit, Samburu and Baringo as per SRA report.
Participating National Societies	Present PNS in Kenya include British Red Cross, Norwegian Red Cross, Danish Red Cross, Finish RC, Italian Red Cross and Netherlands RC.

ICRC Actions Related To The Current Event

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

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Floods early warning and forecasts: Kenya meteorological department have been issuing timely and accurate weather forecast to the general public to take precaution. As for the public health situation, the index cholera case was reported on 12 February 2025 in Sakuri B Village, Kuria East, Migori County, after six individuals presented with acute watery diarrhea. KRCS and local health authorities launched a joint response using available resources. The Ministry of Health's has defined priority areas for Multi-sectoral Interventions (PAMIs) under the 2022–2030 Cholera Elimination Plan, counties like Kwale, Tana River, Mombasa, Homa Bay, Kericho, and Siaya remain at high risk. Request for support and response efforts: The national government has been giving regular Situation Reports (SITREPs) on cholera through the National Public Health EOC (PHEOC) which is potentially likely to be exacerbated by the ongoing rainfall. The Kenya MoH has also been working closely with partners to support Cholera outbreak since it has already overstretched their resources. KRCS has received request letters of support from Kisumu, Nairobi and Wajir counties requesting for floods and epidemics response support. On 2 May 2025, Kisumu County's Department of Health requested KRCS support to contain the rapid spread of cholera, following an earlier public notice by the Health Cabinet Secretary on 8 April. The CS called for coordinated multi-sectoral action to curb the outbreak. With ongoing rains and historical trends, there is a high risk of cholera spreading to both PAMI and non-PAMI counties, including Kiambu, Kisumu, Homa Bay, Siaya, Kwale, Mombasa, Tana River, Kericho, and Turkana, if timely interventions are not implemented. Oral Cholera Vaccination (OCV) campaign planned for June 2025, targeting hotspots in Kisumu, Nairobi, and Kwale. Health worker training and deployment of Rapid Response Teams (RRTs) continue to support surveillance and case management.

UN or other actors	UNOCHA hosts a monthly Kenya Humanitarian Partners Team (KHPT) forum that brings together all humanitarian agencies for updates and coordinated response. WHO is providing technical assistance to the overall cholera response and also leads the coordination of health partners through a twice on a month health partners meeting. UNICEF has been supporting WASH interventions in Migori and Nairobi to combat the ongoing Cholera outbreak.
Are there major coordination mechanism in place?	KRCS is part of the National MoH task force for Epidemic and also is among the partners of the National Incident Management System (IMS) for Epidemics. Kenya Red Cross Branches are also part of the County Health Management Teams (CHMTs) & Sub-County Health Management Teams (SCHMTs).

Needs (Gaps) Identified



Shelter Housing And Settlements

Many affected households have lost houses and been displaced. KRCS reports from joint assessments with county Government and other stakeholders show that up to 14,793 HHs (73,965 people) were affected and 3,650 HHs (18,250) displaced. The numbers requiring support due to evacuations are expected to rise over the coming days, especially in Tana River.

They require immediate shelter, essential household items and multipurpose cash to support their basic needs. The typology of houses are mixed from rural and informal settlement light weight to more established peri/urban housing forms. There is a need for the provision of emergency shelter kits to the displaced households. For some cases there is a need for immediate camps set up and camp management to the household living in camps. There will also be a need for rehabilitation and reconstruction of houses fully/partially destroyed.



Multi purpose cash grants

There is a need for multipurpose cash to support families while they have been displaced and or their normal livelihoods activities have been disrupted. Markets have been disrupted but they are sufficiently functional to support cash distributions.

KRCS joint assessments with county Governments indicates that up 253 businesses have been affected, 2,379 livestock lost and over 5,337 crop acreage destroyed. Stored foods have been washed away.



Health

Ongoing rains and flooding have worsened an already serious public health situation, increasing the waterborne disease risk but also the vector borne diseases exposure. It is indicated that beyond the direct impact in health infrastructure, needs for first aids and custom health intervention for floods context, the current floods have risen the need for an integrated approach to the health needs, particularly in areas already battling infectious disease outbreaks. The disruption of essential infrastructure shelter, water, sanitation, and hygiene (WASH) creates ideal conditions for both cholera and leishmaniasis to escalate, demanding urgent and coordinated intervention. Among the floods affected counties, there is an ongoing cholera and Khalazar outbreaks, include in Wajir, Marsabit, Garissa, Isiolo. At the same time, floods and cholera continue to threaten life in Kisumu, Nairobi, Kwale, Migori.

The index cholera case was reported on 12 February 2025 in Sakuri B Village, Kuria East, Migori County. Since then, there have been an upsurge of cases and persisting high CRF. As of 13 May, 244 cases and 11 deaths (CFR 4.6%) have been reported across four counties: Migori, Kisumu, Nairobi, and Kwale. Highest attack rates remains in Kisumu, Migori and Kwale. However, the risk for cholera is indicated to go beyond these counties and covers all thee floods affected areas. Indeed due to cholera’s dynamic transmission, the outbreak likely extends beyond current detection zones. Affected counties include Kisumu, Migori, Nairobi, and Kwale—spanning urban, peri-urban, and rural areas. High-risk sub-counties include Kisumu West, Nyando-Kadibo, Muhoroni, Kuria East/West, Suna East/West, and several Nairobi sub-counties such as Kibra, Mathare, and Embakasi. This widespread pattern suggests possible contamination of water or food sources and raises concern for a nationwide outbreak, similar to the 2022–23 epidemic that impacted nearly 30 counties. The Government cholera response plan also highlight high cholera risk linked to flooded affected counties such as Tana River, Kericho, and Siaya; Homa Bay, Turkana, Kitui, Murang’a, Mombasa, Kilifi.



In parallel, Kalazar outbreak is ongoing and has reached thresholds never met over the past years. Caseloads in 2025 (1,715 cases & 106 deaths) have already exceeded national thresholds, surpassing five-year cumulative totals in several counties. In Wajir alone, the current total of 1,304 cases already surpasses the total of the last four years. In Marsabit, 347 cases have been recorded in early 2025 (compared to 117 over 2020–2023). The current CFR of 6.1% is an unacceptably high mortality, indicating a severe outbreak and systemic health service gaps. Poor health-seeking behavior and a continued reliance on traditional remedies contribute to delayed diagnoses, leading to worsened health outcomes and increased disease severity. In another hand, the WASH and shelter conditions created by the floods is creating favorable conditions for vector breeding while increasing vulnerability and exposure of the floods affected communities to transmission.

The limited provision of Personal Protective Equipment (PPE) for healthcare workers is compromising infection control, increasing the risk of disease transmission within healthcare settings. Additionally, there is a critical need for sensitization and training of clinicians and field officers on Infection Prevention and Control (IPC) practices to strengthen response efforts and minimize further spread.

Inadequate Supplies & Capacity Building: The shortage of essential public health supplies, including chlorine granules and vector control chemicals is hindering efforts to disinfect water sources and prevent contamination, and control vectors breeding, increasing the risk of disease spread. Additionally, there is an urgent need for capacity building among Public Health Officers (PHOs) and Community Health Promoters (CHPs) in affected areas to strengthen their ability to respond effectively and manage public health interventions.

Inadequate Surveillance and Early Warning: Weak surveillance systems delay cholera case detection and reporting, hindering timely response. Inconsistent data sharing between counties and national level further limits effective monitoring and coordination during outbreaks. Enhanced surveillance across affected sub-counties is crucial for the early detection and timely response to new cases. The activation of an Emergency Operations Center would improve coordination and streamline response efforts. Deploying rapid response teams in affected areas and hotspots is essential for disseminating key prevention messages and mitigating further spread.

A Comprehensive Outbreak Management Plan is needed to guide response strategies and resource allocation effectively. Additionally, expanding laboratory testing capacity is vital to ensuring timely pathogen detection and informed decision-making.

Limited risk communication and community engagement: Most areas reporting cholera and Kala-azar cases are in unhygienic conditions in which the community has limited knowledge about cholera and Kala-azar, prevention methods. Inadequate water for hand washing and no presence of hand washing equipment/tipi-taps including soap at household level. No Promotional/IEC materials available/visible.

Overcrowding in camps has significantly increased the risk of cross-transmission, particularly due to poor sanitation and inadequate access to clean water. Enhanced disease prevention measures, improved sanitation facilities, and better access to hygiene supplies are urgently needed to prevent cholera outbreak and protect public health.

Poor food supply and unhygienic selling of Food products especially wet foods and those eaten raw. With time there is observational behavior relapse from good practices due to community fatigue, which is escalated by poor access to trusted information especially amongst the nomadic families who have language barrier and require culturally sensitive messaging, amplifying the risk of contracting this outbreak. **Inadequate coordination:** Limited multi-stakeholder meetings in the affected counties. Meetings are done on a need basis. The sub county Rapid Response teams are activated when there is a case. This has resulted in inconsistencies in reporting and united coordination to enhance response efforts, an issue that may be adequately sorted with availability of funds.

Community and Cross-Border Risks:



Water, Sanitation And Hygiene

The enhanced rainfall experienced across the country over the last few weeks caused some ash floods in some parts of Nairobi and West Kenya Region which are reporting cholera cases. This resulted in contamination of shallow wells and rivers which are their source of water especially in Migori and Kisumu. Communities living in the informal settlements in Nairobi including Kibra and Dagoretti areas depend on piped water which has been disrupted by illegal connection causing leakages and contamination.

Equally the sanitation of those areas is equally low with raw sewage directed into the river. In Migori and Kisumu, the affected communities depend on river water which is barely treated for consumption. Water storage at the household level is by open super-drums and drawn using jugs hence the risk of contamination. Poor water treatment practices were confirmed by most community members. Low latrine coverage across all the sub-counties and villages reporting cases with observed open defecation being a rampant practice.

Inadequate enforcement of WASH practices and limited collaborations among WASH implementers. Management of cholera will require stronger enforcement of sanitation and hygiene practices in the affected counties to reduce the risk of disease transmission. Water surveillance must be enhanced through regular sampling, quality analysis, borehole super chlorination, and the promotion of household water safety practices.

Most cases of cholera as of 13 May 2025 are concentrated in peri-urban and informal urban settlements with weak WASH systems and limited access to safe water. Through further analyzing the cholera pattern, it is observed that the WASH impact of the ongoing floods had a direct correlation with the increase of cholera outbreak in these areas. Indeed, the cholera outbreak started to peak by mid-April 2025 (refer to epi-curve), coinciding with the escalation of flood impacts, particularly in Kisumu and Nairobi, which contributed to contaminated water sources and poor sanitation in informal settlements and flood-affected areas.

Across the floods affected counties, there are also common challenges resulting from the flood situation, notably linked to the leaving conditions of the floods affected & displaced families; Impact on WASH systems, vector control that are observed to be contributing factors for this outbreak for the same floods affected counties. A new peak in flooding witnessed since May is expected to trigger another surge in cases, driven by compounding similar factors: contaminated water sources, damaged sanitation systems and sewage overflow, flood-induced displacement into overcrowded shelters lacking hygiene infrastructure. These conditions created a favorable environment for cholera transmission, maintaining high transmission levels and making containment extremely difficult.

For the Leishmaniasis, two of the most affected counties (Wajir, Marsabit) are also experiencing active floods, suggesting an emerging link between flood conditions and vector proliferation. It is observed that flooding has also intensified sandfly breeding. Stagnant water and flood debris are supporting vector proliferation. Meanwhile, flood-induced displacement is exposing vulnerable populations to vectors in unsafe environments. In the highest floods affected communities (in urban, peri-urban and informal settlements), important displacements have created unsafe shelter conditions with some families staying on the damages houses or moved to crowded settlements, some evacuated with their cattle or with very poor cattle management. The above and other challenges on environmental and families hygiene are contributing factor that undermine the efforts for vector control.

In general persisting challenges include:

1. Poor human waste Management: Open defecation and improper waste disposal increase the risk of disease spread and make control efforts difficult.
2. Limited Safe Water Access: Many communities rely on contaminated water sources, increasing their vulnerability to cholera and other water-borne diseases.
3. Limited Hygiene Promotion campaigns: Low community awareness of preventive hygiene measures and environmental sanitation has hindered efforts to control cholera. Strengthening hygiene promotion and behavioral change initiatives is essential to improving disease prevention at the community level.
4. Sanitation Deficiencies: Poor Infrastructure or low coverage compared to the population; sewage Mismanagement in urban informal areas with discharged into rivers.
5. Vector control.



Protection, Gender And Inclusion

School-aged children face a heightened risk of harm due to exposure to unsafe living conditions, disruptions in education, and increased vulnerability to disease and malnutrition. Targeted interventions are needed to ensure their safety, well-being, and continued access to learning. Communities in camps and other flood-prone areas like Kisumu face severe hardships due to inadequate shelter, limited access to essential services, and insufficient relief support. Strengthened humanitarian assistance, including food, healthcare, and safe shelter, is critical for these vulnerable populations.

People with disabilities and the elderly are also at risk of being marginalized and being left behind. There is a need to sensitize these communities to the needs of different communities, genders and ages to ensure inclusion for all.



Community Engagement And Accountability

Consideration of Community Engagement and Accountability is vital in this situation. CEA ensures that responders listen to and understand the specific needs, concerns, and priorities of flood-affected communities. The current floods, cholera and Kala-azar outbreak, responses require community engagement in ensuring people have enough knowledge and opportunity to input to all the key activities, that is, food security, vector control, WASH, health and PGI.

Any identified gaps/limitations in the assessment

Unmet needs:

There is need to support prepositioning of more shelter, WASH and health kits in West Kenya and Coast region. Based on the projected impacts according to KMD forecasts the water levels in Tana River will rise to above 4.5m which is above the 4.1m trigger level. This will could then affect the 15,000 households. With the minimal funding available, the society will not be able to meet the required needs.



Operational challenges:

There are constraints as there are some roads that had been temporarily cut off (between lagha Galole and lagha Titila, Lagha Titila and across, lagha Titila and lagha Waldena, lagha Waldena and Kitui south border) due to the ongoing flooding situation. During the assessment, some people moved out of the area while other vulnerable groups were relocated, these may not have been captured during the assessment.

Coordination issues: There is a lack of clear coordination among NGOs, international partners, and government bodies, leading to duplication of efforts. Unclear mandates and competing priorities among stakeholders delay a timely and effective cholera response.

Health System Response's mandates: Devolution of health services in Kenya has led to coordination challenges between the national and county governments in cholera response. Uneven resources across counties hinder timely, effective action. Infrequent stakeholder meetings that only provide for meetings on a need basis. Stronger coordination and equitable support are urgently needed. Irregular multi-stakeholder meetings in the affected counties affected by cholera.

The sub county Rapid Response teams are activated when there is a case. This has resulted in inconsistencies in reporting and unified coordination to enhance response efforts, an issue that may be adequately sorted with availability of funds.

Resource shortages:

1. Inadequate response commodities for cholera response such as water treatment chemicals etc.
2. Capacity gaps: Community level response teams (KRCS and MoH).
3. Risk Communication and Community Engagement to ensure rapid adoption of appropriate behaviors that will foster the containment of the outbreak.

Vulnerable groups:

Children under-fives are prone to frequent attack by acute watery diarrhea, people living in slums and informal settlement. people living with disabilities.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

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

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

The DREF Operation will target counties prioritizing those with highest numbers of displaced by the floods, with active or at risk of becoming active for cholera and viscera leishmaniasis outbreaks for a period of 6 months.

Operation strategy rationale

The main focus of this intervention will be to provide relief assistance to 3,000 households (15,000) people affected by floods & cholera, combining cash, NFI and humanitarian services to ensure dignity, protection and wellbeing. The WASH and Health assistance will be scale-up considering the public health emergency also ongoing in the floods affected counties, ensuring to extended the prevention, vector control and RCCE to an overall 375,109 people affected by floods and which health and wellbeing is threaten by the ongoing cholera and Leishmaniasis outbreak ongoing in the floods affected communities.

The KRCS operation strategy rationale is to:

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

Aqua search and rescue:

KRCS has led Aqua Rescue efforts during the current MAM rains, as no other organization in Kenya has this capacity. Working with local



fishermen and hiring their boats, KRCS has successfully reached and evacuated marooned families and goods. Fishermen and community disaster response teams remain the first line of defense during flood emergencies. This activity will be scaled up as necessary.

Access to essential Emergency households items for 3000hh (15,000 people)

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

- Multipurpose cash grants alternative is planned for other 1500 HH (7500 people) based on market accessibility and preferences assessed.

Targeted households will receive a one-time, unconditional cash grant of KES 5,000 through financial service providers to meet basic needs. The program, coordinated with the Kenya Cash Working Group, will focus on households with market access and include market assessments and ongoing monitoring.

Where market are functional, it is intended that the cash will support access to basic needs, include EHI or other priorities. The rationale for adopting a dual-modality assistance approach—combining in-kind shelter support with cash-based interventions—stems from insights gained during preference consultations with affected communities. While the overarching priority remains to support vulnerable and displaced households, assessments have revealed diverse immediate needs among families. Some households require essential shelter items to address urgent needs, whereas others are better served through cash assistance, which offers flexibility to procure materials or services tailored to their specific circumstances. This bifurcated strategy ensures that both forms of assistance are represented, aligning with best practices in humanitarian response. In another hand, depending on the ratio of cash feasibility, additional support can be extended to families with severe livelihood impact and high nutrition vulnerabilities, complementing their support. This will be assessed.

WASH

Integrated with the floods and cholera response KRCS will provide vulnerable households with water treatment supplies—PUR, aqua tabs, and chlorine—to ensure access to safe drinking water. In camps, support will include jerry cans for water storage and construction of sanitation units. Hygiene promotion sessions will also be integrated into risk communication efforts to reinforce safe water and sanitation practices. The RCCE and community meetings will be used to mobilize the communities alongside the volunteers on the environmental hygiene, cleaning and sanitations efforts campaign. This will involve activities to reduce potential sandfly breeding sites, improving sanitation, removing stagnant waters and improve living conditions in settlements and where they are staying in general. The vector control will be scaled-up with spraying activities in the building that hosting the families within the communities with ongoing Leishmaniasis outbreak.

Emergency Health

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

Risk Communication and community engagement:

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

Hygiene promotion:

KRCS will focus on hygiene promotion interventions including Infection Prevention and Control (IPC) capacity strengthening. KRCS will also support the provision and distribution of WASH supplies including water treatment chemicals and hand washing stations. Community health response teams including KRCS volunteers will be engaged in conducting hygiene promotion interventions. The volunteers will be trained on Hygiene promotion and household water treatment.

Vector Control Interventions:

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

Surveillance and early detection:

One of the most essential strategies for KRCS is to ensure early detection, reporting and response of disease outbreaks. KRCS will enhance existing systems to improve the prompt detection and reporting of Cholera and Kala-azar cases, ensuring swift action can be taken. KRCS will train community health response teams including Kenya Red Cross volunteers on Community Based Surveillance (CBS) to



be able to identify and report symptoms of Cholera and Kala-azar as soon as they appear using community case definitions so that the NS can mitigate the spread of these diseases at the community level in a timely manner. A comprehensive system for gathering and analyzing data will be established in all the counties affected by Cholera and visceral leishmaniasis, ensuring that suspected cases are promptly reported to local authorities, the Ministry of Health (MoH), and Kenya Red Cross personnel. This system will enable continuous monitoring of disease patterns, identification of potential hotspots, and efficient allocation of resources to areas most in need. This training will focus on improving case identification, reporting procedures and activating response teams. KRCS also aims to support active case search and contact tracing for Cholera so as to ensure prompt initiation of rehydration and linkage for case management by the health authorities.

Improve Infection Prevention and Control (IPC): Ensuring that adequate and appropriate IPC commodities are available to the county community and facility teams to ensure that there is containment of the outbreak by preventing further spread. Moreover, providing specialized training for community health response teams including KRCs and MoH Volunteers on IPC related modules.

Community, Engagement and Accountability (CEA):

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

- KRCS Hotlines and helplines: 0800720577 and 1199 for daily feedback tracking from the community.
- Community feedback boxes
- KRCS staff, Volunteers and support staff present within the implementation areas to collect and document community feedback
- Focused group discussions with the targeted community members
- Community Review meetings
- Utilization of KRCS email complaints@redcross.or.ke to document sensitive feedback including sexual exploitation, abuse, corruption or fraud.

Protection Gender and Inclusion

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

- Data & Inclusion: Collect and analyze sex, age, and disability-disaggregated data to inform response strategies.
- Violence Prevention & Response: Train staff and volunteers on PSEA, PGI, CMR, and PFA, establish safe SGBV referral pathways, and ensure a survivor-centered approach.
- Awareness & Education: Develop community-based materials promoting nonviolence, peace, and inclusion, empowering individuals to address discrimination and violence.
- KRCS will identify safe spaces for communities and also sensitized the toll-free line where counselling can be done. Staff and volunteers in KRCS have also done a mandatory course on Child Safeguarding and signed up to the PSEA policy. However, there is a need for capacity enhancement for KRCS staff and volunteers across the PGI issues, which will be mainstreamed throughout this operation.

Coordination and Collaboration:

In order to respond to the cholera outbreak comprehensively, effective coordination and collaboration will be essential. KRCS will strengthen available coordination channels both at the county and national level. KRCS will also build partnerships with international organizations, NGOs, and donors that will allow the NS to leverage resources, share expertise, and amplify the impact of their interventions.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

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

Additionally, the interventions target 375,109 community members in wards and villages that have reported cholera and leishmaniasis with response activities and the neighboring communities susceptible to the cases based on the epidemiological evidence in: Migori, Nairobi, Kisumu, Kwale, Marsabit, Wajir, Mandera and Samburu. The strategy prioritizes protecting those most susceptible to floods, cholera and kala-azar including people living in slums, and young children, flood prone areas and cholera at risk locations close to the active transmission locations to reduce the disease's impact. The approach aligned within the counties currently experiencing the



outbreaks will include mapping/assessments, procurement and distributing the WASH/IPC commodities to control the outbreak.

Noting that CEA and PGI will be mainstream to all the sectors, the county prioritization matrix is as follows:

1) Shelter, WASH, and Health.

- Kisumu: Affected by floods and experiencing an active cholera outbreak. Recommended response: Shelter, WASH, and Health.
- Kwale: Affected by floods and has an active cholera outbreak. Recommended response: Shelter, WASH, and Health.
- Isiolo: Heavily affected by floods and at risk of cholera. Recommended response: Shelter, WASH, and Health.
- Nairobi: Severely affected by both floods and an active cholera outbreak. Recommended response: Shelter, WASH, and Health.

2) Shelter and Health

- Taita Taveta: Affected by floods and at risk of cholera, particularly due to its proximity to current outbreaks in neighboring Tanzania. Recommended response: Shelter and Health.
- Garissa: Severely impacted by floods, at risk of cholera. Recommended response: Shelter and Health.

3) Integrated Health and WASH

- Marsabit: Affected by floods and has an active Kala-azar outbreak. Flood effects are minimal and potential funding for VL interventions exists. Recommended response: WASH and Health.
- Wajir: Affected by floods and experiencing a major Kala-azar outbreak. Flood displacement is low and not expected to worsen. Recommended response: Health only.

4) Health only

- Samburu: Affected by floods and experiencing a severe Kala-azar outbreak. Flood-related displacement is limited. Recommended response: Health only.
- Mombasa: Affected by floods and at risk of cholera due to proximity to Kwale, which is reporting active cases. Suspected cases are under investigation. Recommended response: Health only.

5) Shelter only

- Turkana: Flood-affected and at risk of cholera, with interventions focusing on displaced populations. Recommended response: Shelter only.
- Homa Bay: Flood-affected and at risk of cholera (neighboring Kisumu and Migori have active or recent cases). WASH needs are covered by an existing project. Recommended response: Shelter only.
- Tana River: Affected by floods and cholera risk. WASH and Health interventions will be supported by an existing project. Recommended response: Shelter only.

6) KRCS will be monitoring the other counties as they do not present for now a state of emergency:

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

Explain the selection criteria for the targeted population

The DREF will target communities currently affected and reporting effects of floods, cholera and visceral leishmaniasis outbreaks. This will include those at risk of contracting cholera or Kala-azar and are affected by floods. The interventions will target all age groups in the affected areas and neighboring Villages and Wards.

Based on joint assessments with County Governments KRCS have mapped out counties most affected by the combination of floods using displacement as an indicator, active cholera outbreaks or at risk of a cholera outbreak. The targeting follows the summary of the assessment, defining sectoral and geographical priorities by combining the floods impact and the outbreaks trend and risk. Knowing that, as of 15.05.2025, the multi-hazard mapping is as follows:

- o Floods, cholera, and Kala-azar: Wajir, Marsabit, Garissa, Isiolo
- o Floods and cholera active 2025: Kisumu, Nairobi, Kwale, Migori. Government projections also highlight high cholera risk linked to flooded affected counties such as Tana River, Kericho, and Siaya; Homa Bay, Turkana, Kitui, Murang'a, Mombasa, Kilifi.
- o Counties experiencing Kala-azar without current flood impact: Samburu, Mandera, Baringo.

Total Targeted Population

Women	191,306	Rural	65%
Girls (under 18)	-	Urban	35%
Men	183,803	People with disabilities (estimated)	2%
Boys (under 18)	-		
Total targeted population	375,109		

Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Primary Risk: Widespread trauma, anxiety, and depression among affected populations, including children and first responders. Context-Specific Factors: Repeated flooding and loss of homes/livelihoods can cause chronic distress. Impact on Operations: Reduced community participation and uptake of interventions. Increased burden on health teams and responders who may also be affected. And in turn needing more supervision. May undermine resilience and recovery efforts if left unaddressed, affecting long-term outcomes.	Deploy trained MHPSS responders as part of the multi-sectoral response. Establish safe spaces for children and women within IDP camps or host communities. Integrate psychosocial support into health outreach and community engagement. Provide Psychological First Aid (PFA) training & supervision to frontline responders and CHVs. Ensure referral pathways exist for those needing more advanced mental health care.
Given the forecast of additional floods issues on 16th May, the risk of additional floods impact remains. Beyond the direct consequences for communities losses, the situation could most likely further affect the public health conditions, contributing to further spread of ongoing outbreaks within the affected counties and to new hotspots. Favorable with displacement, damages to the houses, crowded shelters/settlements; condition of evacuation with animals and deterioration of WASH facilities and practices. Counties combining the 03 ongoing hazards and that remains at risk for floods or continuous humidity present favorable environmental conditions for cholera transmission and vector breeding sites.	This DREF is essentially a floods intervention with a strong health and WASH intervention to tackle the vector control, the IPC and the RCCE. Integrating minimum response for both cholera and Leishmaniasis which are ongoing major outbreaks in some of the floods affected areas.
Access Constraints: Primary Risk: Impassable roads, washed-away bridges, and disrupted communication networks by floods. Context-Specific Factors: Rural areas such as Kipini, Bunyala, and Nyando typically have poor infrastructure, worsened by seasonal rains and lack of alternate routes. Impact on Operations: Delays in conducting rapid assessments and delivery of essential items (WASH, food, medical supplies and evacuation). May increase operational costs due to need for alternative logistics (boats, helicopters).	Map out alternative routes and assess water-crossing options like boats in advance. Work with community. Preposition supplies in decentralized areas/KRCS warehouses, strategic locations before peak of the floods. Partner with local actors and community leaders to support localized distribution. Strengthen communication and radio systems for uninterrupted coordination. Utilize other means like boats for last-mile delivery in hard-to-reach areas.
PSEA and child safeguarding	PSEA and Child safeguarding- staff and volunteers need to be sensitized on this and sign alongside the code of conduct.



	Child safeguarding risk analysis needs to be completed, and an action plan developed.
Disease Outbreaks Primary Risk: Waterborne diseases such as cholera, typhoid and dysentery resurgence or outbreak in other in counties non targeted due to contaminated water and poor sanitation. Context-Specific Factors: In flood-prone regions like Tana Delta and West Kenya, latrine overflows, stagnant water, and displacement into overcrowded shelters increase disease transmission. Impact on Operations: Increased demand for IPC supplies, staff, and MHPSS support. Diverts resources toward emergency health interventions. Could overwhelm local health systems, delaying other aspects of the response like shelter or livelihood support.	Pre-position WASH supplies (chlorine tablets, soap, jerrycans, AquaTabs) in the identified flood-prone areas. Conduct hygiene promotion campaigns via CHVs and local radio stations in local languages. Deploy mobile health teams for early detection and response to disease outbreaks. Especially in areas along the riverine. Coordinate with Ministry of Health for disease surveillance and outbreak containment. This is to be done through regular operational meetings. Establish/ rehabilitate clean water access points as well as establishing standard temporary latrines in identified displacement camps/settlements.
Logistical and Resource Gaps Primary Risk: Shortages of key supplies (shelter kits, hygiene items, fuel), human resource fatigue, and weak local supply chains. Context-Specific Factors: Remote and flood-isolated locations such as Khumwanda or Bulwani are difficult to serve, and markets may be disrupted or inaccessible. Impact on Operations: Could result in uneven service delivery or exclusion of vulnerable groups. Slows implementation timelines and reduces the efficiency of planned interventions. May lead to duplication or gaps if coordination mechanisms fail due to resource constraints.	Conduct regular logistics and supply chain assessments to anticipate gaps. Maintain buffer stock of essential NFIs in key operational hubs. Coordinate with government and other NGOs to pool logistics resources and reduce duplication. Have standby surge staff and rapid response rosters to scale up operations quickly.
Please indicate any security and safety concerns for this operation: The safety and security concerns include the accessibility challenges in the flooded areas where staff and volunteer could drown during the operations. Tana River has a history of inter-communal conflicts caused by competition for resources. Incidents of distribution points has been experienced, during distribution activities, though, this has been mitigated by enhancement of CEA and safety and security measures during distribution activities. This leads to violence preventing access of the staff and volunteers in areas where they occur. There is the risk of water related disease infection to staff and volunteers during the operations. The affected area experiences high temperatures, that may lead to heat stroke and dehydration due to prolonged working hours. KRCS has safety and security protocols to be adhered to during the operation including emergency including Safer Access Framework. Mandera and parts of Wajir and Marsabit experience sporadic insecurity due to cross-border conflicts, clan rivalries, and militant activities. Health workers, Kenya Red Cross teams, and humanitarian responders may face safety risks in volatile areas, affecting access to affected populations. Roadside ambushes and banditry, especially in remote regions, pose a high risk to logistics and transport of medical supplies. Mitigation Measures: -Conduct regular security risk assessments before deploying teams to volatile areas. -Coordinate with government security agencies (Kenya Police, County Administration, and local elders) for safe passage. -Use IFRC and KRCS security protocols, including restricted movement zones and safe routes planning. -Utilize local volunteers and community health workers (CHWs) in high-risk zones to reduce direct exposure of humanitarian teams. -Preposition essential supplies in secure hubs (county referral hospitals, sub-county health facilities) to minimize transportation risks.	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 122,886

Targeted Persons: 15,000

Indicators

Title	Target
# of households provided with emergency shelter assistance and essential household items (NFIs).	3,000
# of counties with identified secure safe evacuation shelters with gender segregation.	7
# of KRCS Volunteers and staff sensitized on use of shelter items	120
# of search and rescue team members trained and mobilized	130

Priority Actions

- Training of staff and volunteers on the use of shelter items
- Provide emergency shelter kits NFIs (3000HH receiving Kitchen sets while 1500 HH receive blankets, jerricans, bar soaps, mosquito nets, sleeping mats and tarpaulins) to displaced families.
- Identify and secure safe evacuation shelters with gender segregation.
- Targeting displaced families and registration for distribution.

Search and rescue

- Train an initial ToTs in fishermen oriented water rescue and evacuations.
- Train 90 fishermen (CBDRTs) on water rescue and evacuation. (45:45 WKR/COR)
- Train 40 KRCS staff and Volunteers as Fishermen Aqua Rescue/Evacuation trainers (20:20 WKR/COR)



Multi Purpose Cash

Budget: CHF 51,451

Targeted Persons: 7,500

Indicators

Title	Target
# of households received multipurpose cash	1,500

Priority Actions

- Carry out market assessment.
- Targeting, registration for distribution.
- Mobilize financial service provider.
- Distribution of Multipurpose cash to KES5000 to 2,000HHs.



Health

Budget: CHF 217,125

Targeted Persons: 375,109

Indicators

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

Priority Actions

- Refresh and Train Community Health Promoters (CHPs) and Kenya Red Cross Volunteers (KRCS Volunteers) on Epidemic prevention & Control.
- Conduct Risk communication and community engagement in the community.
- Provision of Supplies health commodities, PPEs and Logistics Support.
- Set up oral rehydration points in counties affected by cholera
- Sensitization of Key stakeholders on Cholera and Leishmaniasis
- Eliminating potential breeding sites like stagnant water pools.
- Support community based surveillance
- Residual Spraying of houses and temporary shelters in communities with ongoing Kalazar



Water, Sanitation And Hygiene

Budget: CHF 25,245

Targeted Persons: 375,109

Indicators

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

Priority Actions

- Distribute hygiene kits, water purification tablets, and jerrycans.
- Install temporary latrines and bathing facilities in IDP camps.
- Support WASH assessment and planning for action based on the results
- Provision of water treatment chemicals for treatment of water at household level.
- Sensitize community volunteers on household water treatment and Promotion of proper hygiene practices, Health education, sanitation & environmental cleaning, and household water treatment.
- Chlorination of shallow wells
- Procurement and distribution of chlorine granules and decontamination items.
- Decontamination of households and facilities.
- Procurement and distribution of hand washing stations, soap and sanitizers.
- Eliminating potential breeding sites like stagnant water pools.



Protection, Gender And Inclusion

Budget: CHF 9,700

Targeted Persons: 360

Indicators

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

Priority Actions

- Protection risk assessments (e.g., identifying risks of abuse, exploitation, or violence in a community)
- Child protection support, such as child-friendly spaces or case referrals
- Prevention of gender-based violence (GBV) and establishing GBV referral pathways
- Safe feedback and complaint mechanisms (accessible to women, children, disabled, etc.)
- Training staff and volunteers on protection principles and "do no harm". Staff and volunteers need to be sensitized on this and sign alongside the code of conduct
- Ensuring female representation in decision-making and community consultations.



Community Engagement And Accountability

Budget: CHF 11,379

Targeted Persons: 15,000

Indicators

Title	Target
% of community feedback addressed	100
# of Community Review Meetings Conducted	7
# of IEC materials produced and distributed.	10,500
# of volunteers refreshed on CEA and tracking rumors	100

# of volunteers refreshed on CEA and tracking rumors	200
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Priority Actions

- CEA refresher training for volunteers.
- Conduct community review meetings.
- Strengthen feedback mechanism.
- Set-up of referrals system adapted to the context including specialized referral.



Coordination And Partnerships

Budget: CHF 8,844

Targeted Persons: 150

Indicators

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

Priority Actions

- Strengthen National and County Coordination:
- Collaborate with Government Agencies at county, sub-country and National level. KRCS to organize attendance and participation to the coordination meeting established at each level with the Ministry of Health, KRCS, County Health Departments, and the Kenya Meteorological Department for outbreak management, surveillance, and early warning. KRCS will also prioritize engaging in government-led platforms (e.g., PHEOC, Health Cluster, WASH TWG) to align sectoral efforts and ensure joint planning.
- Cross-Border and Regional Coordination to be supported by KRCS Head quaters and IFRC delegation office. Regular cross border monitoring and information sharing through platform set-up by Secretariat.
- Engage with active partners in the relevant activities, especially for health and WASH sectors. Include with WHO, UNICEF, MSF, AMREF.
- Community-Level Engagement will be maintained for effective and inclusive intervention. CEA strategies will serve to involve local community representative and coordinate the sub-county workplan with them, ensuring adherence with specific local context.
- As a local actor, KRCS will also maintain a local engagement with community Health Volunteers, local leaders, and CBOs in outreach, hygiene promotion, and early detection efforts.
- Through the various platforms, NS will use information collected to update the resource Mapping and refine planning, adjusting intervention based on information received from partners and vis versa. This will contribute to avoid duplication and fill gaps in response.



Secretariat Services

Budget: CHF 17,836

Targeted Persons: 2

Indicators

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

Priority Actions

- Provide remote and field monitoring.
- Provide technical and coordination support through Cluster Delegation as required.
- Where relevant ensure minimum security regulations are followed.
- Provide PMER, finance and logistic services as required ensuring compliance with DREF guidelines and IFRC relevant policies.
- Provide Communications support to profile the work of the IFRC and NS.



National Society Strengthening

Budget: CHF 34,545

Targeted Persons: 100

Indicators

Title	Target
# of regular debrief sessions for KRCS volunteers	7
# of EOC personnel supported during the Operation	20
# of volunteers supported with insurance coverage	100
# of documentations produced	1

Priority Actions

- Support Of Supply Chain Mechanisms.
- Support Admin Coordination Functions.
- Support of EOC and Nat EOC functions.
- Training of Staff and Volunteers in Shelter and Safe access practices.
- Communication and Humanitarian diplomacy.
- Conduct regular debrief sessions for KRCS volunteers
- Conduct media coverage and documentation for visibility
- Monitoring of events at the National EOC

About Support Services

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

This operation will involve approximate 28 operational staff broken down as follows

1 Operations Manager: Overall coordination and management

2 Project Officer: Day-to-day implementation supervision

4 Field Officers (County Coordinator, Project officer, RDMOs, NEOC Coordinator): Ground coordination and community engagement

2 Health Officer: Medical outreach coordination

2 WASH Officer: Water and sanitation activities oversight

2 Logistics Officer: Supply chain and distribution management

2 M&E Officer: Monitoring and reporting



4 Drivers: Transportation support
 2 Security Officers: Staff and operation safety
 2 Psychosocial Support Officer: Provide psychological first aid and emotional support to affected individuals, especially those dealing with trauma and stress. Volunteers.
 8 Relief Distribution Volunteers: Food and NFI distribution support
 4 Protection Volunteers: PGI activities and vulnerability screening
 10 Community Health Volunteers: Health education and outreach
 5 WASH Volunteers: Hygiene promotion and water quality monitoring
 3 Community Engagement Volunteers: Feedback collection and community sensitization
 3 Psychosocial support Volunteers: Provide psychological first aid and emotional support to affected individuals, especially those dealing with trauma and stress. Total Personnel: (Staff and Volunteers)
 Additional Support:
 KRCS Regional Office technical support
 Headquarters support teams for procurement and logistics
 Surge capacity available if needed from neighboring region and the HQs.

The total number of volunteers and community health promoters involved will be approximate 500 in the affected counties across the country. The volunteers will be involved in awareness creation, hygiene promotion, assessments, surveillance, and collection of feedback from communities. Focal persons will be engaged in some areas to support daily operations in Nairobi, Kisumu, Migori, Wajir, Marsabit, Mandera and Samburu counties. The staff including county coordinators and regional programs coordinators will support and coordinate with stakeholders including the national and county government, and other nongovernmental partners

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

Kenya Red Cross Society adheres to the Kenya law of two-thirds gender rule which comprise both male and female as well as people with disability . At least a third of the volunteers engaged are female and it also include disabled. The volunteers will be drawn from the communities they come from, which is culturally diversified therefore minimizing the likelihood of biasness.

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

KRCS has functional procurement and regional/branches warehouses capacity across the country. The KRCS team will procure the items as stated in the budget within the project period according to the KRCS procurement policy and guidelines. Since this is an emergency response, KRCS will do emergency procurement since it also has prequalified suppliers who can restock the items as the response needs emerge.

How will this operation be monitored?

The operation will be monitored through a structured approach that includes tracking specific indicators for each thematic area, such as Operations coordination, health, WASH, and food distribution. Post- distribution monitoring (PDM) will be conducted to assess beneficiary satisfaction, the effectiveness of the distribution process, and identify any issues that need addressing. Regular rapid assessments will ensure the response adapts to changing needs, while community feedback mechanisms, such as surveys and suggestion boxes, will engage beneficiaries and promote project ownership. Mobile technology and digital tools will be used for real-time data collection and reporting.

Regular internal reports will be submitted by field staff to the coordination team, providing updates on progress, challenges, and necessary adjustments. The operation will also involve collaboration with local partners and authorities to align monitoring efforts and ensure a comprehensive overview. Finally, a final evaluation will be conducted at the end of the operation to assess the overall impact and gather lessons learned for future interventions. This approach ensures continuous improvement and accountability throughout the operation.

Please briefly explain the National Societies communication strategy for this operation

The National Society's communication strategy for this operation will focus on providing accurate, timely, and consistent information to all stakeholders, through the NEOC, social media platforms and direct beneficiary engagements.



Key messages will focus on the operational goals, updates on progress, health and safety advice, and information on how to access services within affected areas as a whole as well as any set up camps. Community-based communication tools, such as mobile platforms and local meetings, will also be used to ensure that information reaches the most vulnerable groups, fostering transparency and accountability.

The IFRC will support the communication efforts by providing technical assistance, guidance on messaging, and leveraging global networks for wider visibility and advocacy. Moving forward, the lessons learned, and the support needed will be effectively communicated to stakeholders for long-term recovery and resilience-building efforts.



Budget Overview



DREF OPERATION

MDRKE066 - Kenya Red Cross Society Floods and Cholera

Operating Budget

Planned Operations	437,787
Shelter and Basic Household Items	122,886
Livelihoods	0
Multi-purpose Cash	51,451
Health	217,125
Water, Sanitation & Hygiene	25,245
Protection, Gender and Inclusion	9,700
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	10,722
Environmental Sustainability	657
Enabling Approaches	61,214
Coordination and Partnerships	8,832
Secretariat Services	17,836
National Society Strengthening	34,545
TOTAL BUDGET	499,001

all amounts in Swiss Francs (CHF)



Contact Information

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[Click here for the reference](#)

