



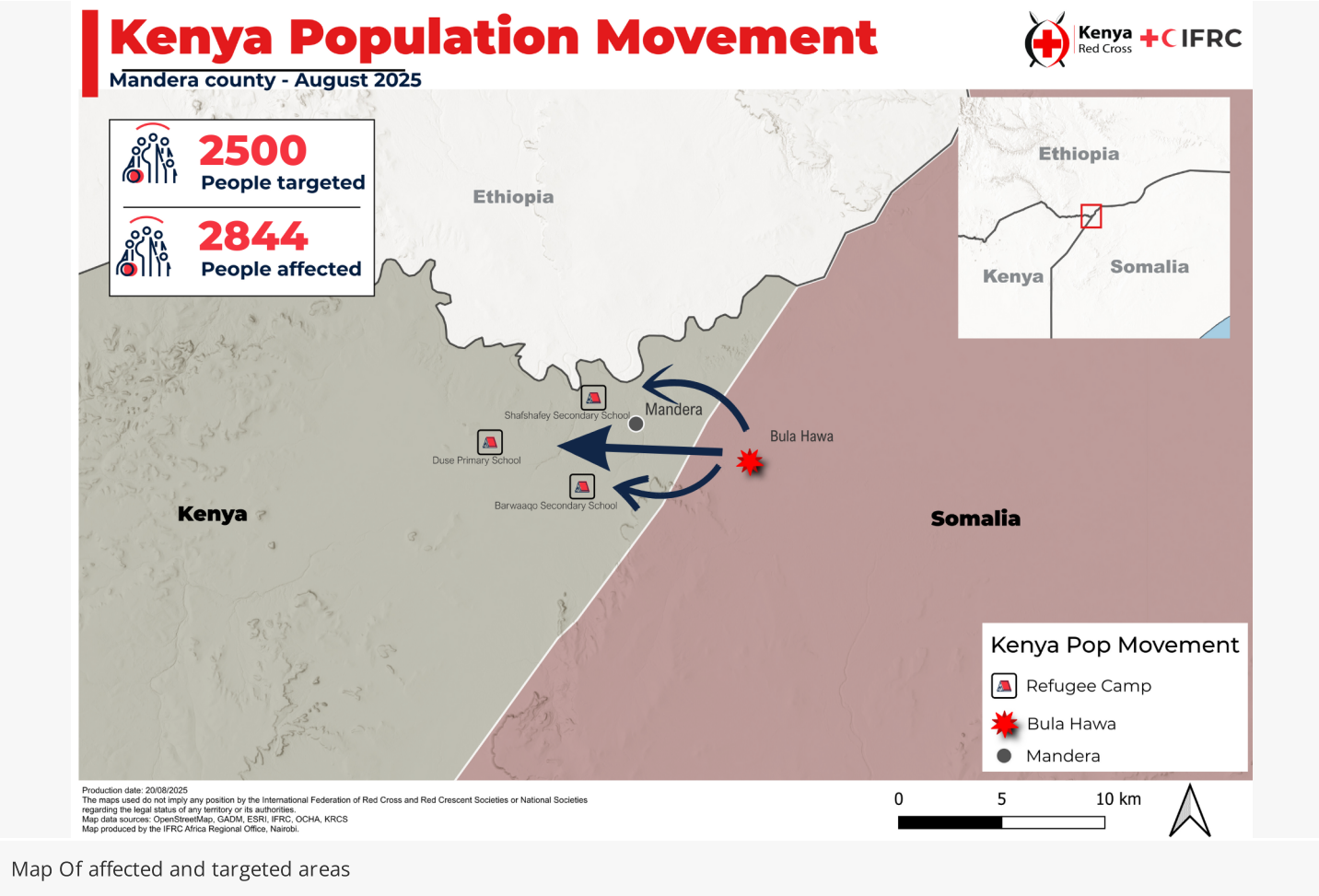
KRCS setting up shelter at Barwaqo Primary

Appeal: MDRKE067	Country: Kenya	Hazard: Population Movement	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 375,000	
Glide Number: -	People at Risk: 2,500 people	People Targeted: 2,500 people	
Operation Start Date: 20-08-2025	Operation Timeframe: 3 months	Operation End Date: 30-11-2025	DREF Published: 10-09-2025
Targeted Regions: Mandera			

Description of the Event

Date when the trigger was met

13-08-2025



Map Of affected and targeted areas

What happened, where and when?

On 22nd July 2025, a conflict erupted in Somalia between the Federal Government of Somalia and Juba Land State forces. The clash occurred several meters away from the Kenya-Somali border in the highly contested Bula Hawa town. These have resulted in a total of 16 fatalities and 9 casualties injured by stray bullets in Mandera town and Bula Hwa Town. A total of 500 families have crossed over to Kenya and are settled into three camps. The situation escalated when two rocket-propelled grenades(RPGs) landed on the Kenyan soil, sparking widespread fear and panic among residents in the border town, leading to more families being internally displaced.

The County Government of Mandera, on 13th August 2025, wrote to the National Society requesting humanitarian support for both the refugees and internally displaced persons in the county.





Emergency Shelter set-ups



Relief distribution at Barwaqo school

Scope and Scale

The negative impacts of this conflict are extensive. In terms of human health, the violence has caused multiple injuries and fatalities, placing pressure on Mandera's health facilities, which are struggling to meet the demand for emergency, primary health care and psychosocial support. Livelihoods have been disrupted, particularly for those who rely on cross-border trade, daily wage labor, and pastoralism. Many businesses near the border have closed, and economic activity has ground to a halt. The well-being of residents has also been severely affected, with displacement on the rise as families flee to safer locations. Schools and public institutions in affected zones have been temporarily shut down, even as schools close, while the local population is experiencing heightened levels of stress and fear. Unstable communication lines, and insecure road networks is further complicating emergency response and humanitarian access.

The people most vulnerable to these impacts are those living in Mandera Town, especially near Border Points One and Two, as well as residents of Bula Hawa in Somalia. Their proximity to the conflict zone, combined with the porous nature of the border, exposes them directly to violence and instability. Among these populations, children, youth, women, and girls face specific risks such as trauma, interrupted education, and increased vulnerability to gender-based violence. The elderly and persons with disabilities face mobility challenges that hinder their ability to seek safety or access assistance. Internally Displaced Persons (IDPs) and refugees in the region are particularly at risk, as they often lack adequate shelter, support networks, and access to basic services.

Historically, this region has been prone to cross-border conflicts, with similar incidents occurring in 2020 and 2017. These previous clashes resulted in numerous civilian deaths, mass displacement, service disruption, and prolonged economic hardship. The affected communities have experienced cycles of displacement and return, contributing to chronic vulnerability and insecurity. These historical patterns demonstrate that unless there is swift containment and coordinated response, the current situation could deteriorate further, leading to long-term humanitarian and developmental setbacks.

Generally, the July 2025 conflict in Bula Hawa poses a severe threat to life, livelihoods, and stability in Mandera and the surrounding areas. Vulnerable populations continue to bear the brunt of the crisis, and the risk of further displacement, protection concerns, and infrastructure strain remains high. An urgent, multi-sectoral, and cross-border response is required to prevent further deterioration and safeguard the well-being of affected communities.

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

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-

Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

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:

-

Lessons learned:

Drawing from previous operations in Mandera and similar displacement contexts, KRCS has integrated the following key lessons into the planning and implementation of its DREF-supported response:

- Early health assessments are critical to inform targeted medical interventions and ensure resources are directed where most needed.
- Enhanced disease surveillance enables early detection and rapid response to potential outbreaks, minimizing health risks in both host and displaced populations.
- Mobile medical outreaches have proven effective in extending healthcare access to underserved communities, including those on the move.
- Timely replenishment of medical supplies, such as first aid kits and essential medicines, is vital to maintain continuity of care in dynamic environments.
- Integrated health services for host and refugee populations foster inclusivity, reduce tension, and strengthen overall community resilience.

In addition, KRCS has built more experience on managing the operational challenges that come with operating in a fluid environment such as the displacement situation. The key operational insight built from these learnings include:

- Security-driven displacement is highly fluid, requiring flexible, rapid and adaptive response mechanisms. Therefore, NS prioritize rapid immediate response that is quick to deliver in the existing capacity of the branches.
- Cross-border population movements demand culturally sensitive and tactful engagement by Red Cross personnel to maintain trust and neutrality.
- Rapid intervention is essential—delays can lead to missed opportunities and diminished impact.
- Duty of care for volunteers and staff must be prioritized, with attention to field hours, personnel selection, and shift rotations to safeguard wellbeing.
- Government leadership in coordination remains central to ensuring alignment, legitimacy, and access across all response activities.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
What was the risk level for Child Safeguarding Risk Analysis?:	None

Current National Society Actions

Start date of National Society actions

26-07-2025

Shelter, Housing And Settlements	KRCS provided emergency shelter and non-food items (ES-NFI) kits to 492 households, enabling the resettlement of 492 households across three camps.
Livelihoods And Basic Needs	Kenya Red Cross Society (KRCS) – Mandera Branch delivered emergency food assistance to refugees recently displaced from Belet Hawo, Somalia. The distribution kicked off at Barwaqo Refugee Camp, which is currently hosting 492 households, and will gradually extend to Duse Camp (172 households), Barwaqo Primary (147 households), and Shashafey Camp (173 households). The relief food package included: Maize flour (Unga): 5,000 bales (120,000 Kg)



	Green grams: 1,500 kg Corn-Soya Blend (Uji mix): 2,500 Kg Cooking oil: 500 litres This humanitarian response aims to reach 500 vulnerable households across the three camps, addressing urgent food needs and providing a lifeline for families grappling with the ongoing crisis. KRCS remains steadfast in its commitment to delivering timely, life-saving support to displaced populations in close coordination with partners and local authorities.
Water, Sanitation And Hygiene	In coordination with the Ministry of Health (MOH), emergency WASH Items distribution for the 492HHs has been ongoing to enhance sanitation and hygiene conditions among the displaced within the camps.
Other	With the Advance allocated by the DREF, KRCS continue to mobilize the volunteers and resources for the proposed assistance.

IFRC Network Actions Related To The Current Event

Secretariat	Technical bilateral meetings in preparation for effective response.
Participating National Societies	None

ICRC Actions Related To The Current Event

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

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The national authorities, through the Ministry of Special Programmes and relevant government agencies, have provided critical support to the ongoing humanitarian response in Mandera following the cross-border conflict and displacement. Their interventions have included leadership and coordination, activation and provision of designated camping areas for displaced households, facilitation of general coordination among humanitarian actors. They recognize the critical role played by Kenya Red Cross Society and county officials to ensure effective relief operations. The Ministry of Health has supported WASH interventions in the camps, while local government structures have been instrumental in site identification, logistics coordination, and community engagement. The National government has enhanced security operations along the Kenya-Somalia border, ensuring safety within and around the displacement camps. Through the National Disaster Operations Centre (NDOC) and the County Commissioner's Office, regular multi-agency coordination forums and security briefings have been conducted to guide humanitarian activities and maintain order. By ensuring secure, accessible, and well-managed evacuation sites, the government has played a vital role in protecting displaced populations and enabling the smooth delivery of assistance, including food, shelter, and health services.
UN or other actors	IOM bilateral talks on joint rapid assessment targeting the IDPs.



Are there major coordination mechanism in place?

Coordination of the Mandera displacement response is being managed at both local and national levels. At the county level, the Mandera Multi-Agency Coordination Forum, led by the County Commissioner's Office, and the County Emergency Response Committee, led by the county government, are the primary platforms. The Kenya Red Cross Society (KRCS) plays a central role in both, leading in the emergency shelter and NFI distribution, supporting camp management at Barwaqo, Duse, and Shafshafey, and actively participating in health and WASH coordination through the Ministry of Health. KRCS is working closely with the affected population, community leaders, and local administrators to manage displacement sites and deliver humanitarian assistance.

At the national level, KRCS engages with the National Disaster Operations Centre (NDOC), and other actors through the National Humanitarian Coordination Taskforce and Health Emergency Response platforms. While coordination efforts are generally effective, there are gaps in protection, education in emergencies, and mental health and psychosocial support (MHPSS).

Needs (Gaps) Identified



Shelter Housing And Settlements

As the situation continues to evolve, the influx of refugees into the three established camps, Barwaqo, Duse, and Shafshafey, has steadily increased, placing additional pressure on available resources and shelter capacity. Initially, KRCS distributed 367 emergency shelter kits to support the displaced households. However, with the rising number of arrivals, the shelter needs have grown by over 50%, necessitating an urgent scale-up in response.

To effectively respond to the growing demand and prevent shelter gaps, the KRCS Mandera Branch is seeking to preposition an additional 500 emergency shelter kits to support both current and anticipated arrivals. This will ensure timely assistance, maintain dignity among displaced families, and strengthen the branch's readiness to respond to further displacement should the conflict escalate. Prepositioning resources will also enhance operational efficiency and reduce response time during peak influx periods.



Livelihoods And Basic Needs

The displaced families are in need of food assistance. The sudden nature of even has limited their resources planning and the need for humanitarian support accessing the basic food is a priority.

In another hand, as the number of refugees continues to rise, significant pressure is also being placed on host communities, whose already limited resources are rapidly depleting. The strain on food, water, and essential services has led to a growing number of local households seeking support from the displacement camps. Host families as they often also sharing their limited resources with displaced households. Currently, the host community families are starting to camp outside the camps seeking food assistance from the camps before returning to their homes.

This growing dependency has increased the overall humanitarian caseload. This trend highlights the urgent need to scale up resources and adopt an integrated response approach that addresses both displaced populations and vulnerable host communities.



Health

The ongoing population influx in Barwaqo is adding more pressure on the already overwhelmed health facilities due Malaria upsurge and visceral leishmaniasis outbreak. There is an urgent need to support with medical supplies, Integrated medical outreaches, vector control interventions, and capacity strengthening of KRCS volunteers on Epidemic preparedness and response (EPIC and community-based surveillance (CBS). There is a need for additional medical officers, including clinicians, nurses, Public health officers, and Pharmacist technologists.



Migration And Displacement

The violent conflict that broke out near the Kenya-Somalia border triggered a sudden population influx into Mandera County, Kenya. In addition to the 16 death and 9 injuries, over 500 households crossing into Kenya and settling across three displacement camps. Include:

- Barwaqo Refugee Camp, which is currently hosting 492 households,
- Duse Camp with currently 172 households,



- Barwaqo Primary with 147 households,
- Shashafey Camp (173 households).

A total of 16 deaths and 9 injuries have been recorded, with some incidents occurring on Kenyan soil. Ensuring a sense of protection and safety for the affected families remains paramount, and this calls for an inclusive approach.

Any identified gaps/limitations in the assessment

Some overlap exists in food distribution efforts with well-wishers walking into the camps with food support, and multiple agency visits have caused fatigue among affected households. Clearer sectoral leadership and better harmonization are needed to strengthen overall response efficiency.

Huge shelter gaps, as KRCS has only reached 492HHs.

In the WASH sector, the camps established within school compounds are overstressing existing sanitation facilities. Discussions have highlighted the need to consider relocating the camps, which would necessitate the establishment of comprehensive WASH infrastructure. Given the sudden population influx, there is also a continuing need for sustained hygiene promotion activities.

Health gaps have been raised with the local facilities already feeling the additional pressure from the influx. Outreach activities at the camps will help reduce the pressure on the host facilities.

No specific or dedicated funds for the current population influx has been identified. KRCS is working with its local County Coordinator and volunteers to manage the situation. There is need to support the existing capacity in rapid assessment, emergency shelter set-ups and camp management.

The National Disaster Response Team Surge is on standby to provide additional technical support.

Mandera County is 1,000 KM from Nairobi, and in a security operation area under color code Orange of the IFRC security phase categorization.

IFRC Security Orange Phase: The Senior Manager can declare an area "Orange" with the approval of the Head of the GSU and in consultation with the Regional Security Coordinator. The Senior Managers must obtain of the Regional Director and the Head of GSU to downgrade the phase from Orange.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

To address the urgent humanitarian needs of 500 displaced households who have been arriving in Kenya from July 2025, after conflict erupted in Somalia between the Federal Government of Somalia and Juba Land State forces. This resulted in a total of 16 fatalities and 9 casualties injured by stray bullets in Mandera town and Bula Hwa Town, causing the displacement of families. To support Relief Food assistance, Emergency shelter NFIs, PHiE, WASH, PFL, PGI, MHPSS, and the affected population in recovering from the current shock. And to support the EOC/N-EOC in general coordination and managing of the different cluster needs as and when needed.

The prolonged strain on limited local resources has left these families increasingly vulnerable, heightening concerns for both the displaced population and host communities. This situation has also contributed to rising tensions on the ground, leading to temporary disruptions of humanitarian operations as security precautions are observed.

Operation strategy rationale

To address the needs of the targeted population, this DREF will aim at supporting 500 Households displaced following the violent event of late July in Somalia. The assistance funded under this DREF allocation aims to support displaced families with Dignified emergency shelter, relief food, and WASH-related support.

The whole intervention will be closely coordinated via engagements with the emergency operation center. KRCS also plans to continue with the stakeholder's coordination engagements through the cluster networks that exist and will be active during the period of the project. A post-project lessons learnt workshop will help pick on lessons and ensure KRCS continues to build on these experiences, placing Safer Access at the heart of all operational phases to ensure principled, secure, and impactful humanitarian action.

KRCS Volunteers and Staff will be trained in Camp management, Shelter Construction and epidemic control. The families will be provided with essential shelter support to safeguard their belongings and help restore basic living conditions, including access to emergency shelter in the camps and essential household items.



For this allocation, the second priority is the access to food for the displaced families. For 3 months, KRCS will provide food parcels to 500 HHs. This allocation gives priority to displaced families, but the targeting and community engagement will help assess the reprioritization of some food assistance to the most critical host families considering the increased vulnerabilities explained in the needs/gaps section. To support the families in dealing with the trauma faced during the escape, KRCS will provide continuous mental health support along with continued health outreaches that will ensure continuity of the primary health care of the affected households.

To mitigate risks and ensure community-centered support, KRCS will ensure a comprehensive Risk Communication and Community Engagement (RCCE) strategy is in place and an effective engagement and inclusion of the affected community. Risk communication will be delivered through a range of tools, including dynamic outreach by health teams, a dedicated hotline, community meetings, and structured feedback systems. These channels will reinforce hygiene promotion efforts within the camp. Insights and lessons gathered from current and past community engagements will guide KRCS in tailoring its messaging while ensuring it is both targeted and effective in enhancing epidemic prevention and reducing disease exposure.

Community Engagement and Accountability will be embedded throughout all stages of intervention, with a strong emphasis on fostering ownership by involving beneficiaries directly in operational activities. This includes active participation in social initiatives, consultations, and other community-driven efforts.

To promote inclusive oversight and reporting, KRCS will facilitate regular community meetings to review feedback on the assistance provided. Members of the affected population including community leaders will play a central role in supervising aid distribution, ensuring transparency, and advocating for the inclusion of the most vulnerable groups. KRCS will also employ community-based targeting, responsive feedback mechanisms, and mobile outreach strategies to ensure that no one is left behind.

Part of the Protection measures, KRCS is prioritizing activities that prevent and respond to risks of sexual exploitation, abuse, and other forms of violence. This includes training staff and volunteers on protection principles, establishing confidential reporting mechanisms, and engaging communities in referral mapping and mitigating protection risks. KRCS is also implementing activities that are focusing on the protection and dignity of women and girls. Notably the provision of Menstrual Hygiene Management (MHM) kits to uphold dignity and health, especially for adolescent girls and women in crisis settings; the safeguarding promotion.

Assistance is being delivered through modalities that are accessible and responsive to the diverse needs of affected populations, including persons with disabilities, older adults, and marginalized groups.

In this intervention, KRCS focuses on emergency, life-saving needs while complementing what is available from local stakeholders. Given the fluid nature of the crisis, the NS will prepare for handover and transition by adopting a response approach that ensures continuity beyond its direct involvement. This includes maintaining a needs-based, case-by-case response in close coordination with the County Government and the County Steering Group (CSG), and gradually transferring technical support for camp set-up, management, and closure to government structures.

All activities will be implemented under the oversight of local authorities, with a clear scope of engagement, transparent communication, and a defined plan for the closure of activities and camp management support. Transition steps will be undertaken in consultation with the KRCS Senior Management Team (SMT) and in coordination with government and other humanitarian partners, ensuring accountability, harmonization, sustainability, and a dignified exit once immediate needs have been addressed.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The operation targeted 500 displaced family, 2,500 people. It will also focus on IDPs in Mandera town. Sectoral targeting is harmonized to that direct target. However, health services, risk communication, and protection, are extended to host communities due to their heightened vulnerability.

The targeting registration process is prioritizing:

- The people and areas that are difficult to access for the mobile outreach activities. The mobile outreach teams are deployed to these areas.
- Those most in need also presenting pre-existing social vulnerabilities. Special attention will be given to pregnant women, children, the elderly. Pregnant and lactating women require special attention due to health risks such as complications during childbirth and malnutrition. Children and the elderly are particularly vulnerable to disease outbreaks, malnutrition, and trauma, while migrants and refugees face challenges such as a lack of legal protections and limited access to basic services. This allows also a prioritization of individuals and groups most at risk, with a strong emphasis on Protection, Gender, and Inclusion (PGI).

Vulnerable groups will be identified through community engagement, targeted vulnerability assessments, and coordination with local authorities and humanitarian partners. Refugees may be included in the targeting if assessments reveal significant unmet needs. KRCS will



actively manage community feedback capturing insights related to context, risks, and host community concerns. This feedback will inform operational decisions and guide risk mitigation strategies. While food parcels will be provided to 500 households, with priority given to displaced families, some assistance may be reallocated to the most vulnerable host families to address critical needs and reduce potential social tensions.

In addition to the inclusive targeting approach, KRCS is implementing specific measures to safeguard vulnerable populations, by prioritizing activities that are enhancing the safeguarding, particularly for women and girls. Include the Safeguarding measures, the MHM distribution, the inclusive assistance delivery strategy.

Explain the selection criteria for the targeted population

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

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

Total Targeted Population

Women	1,954	Rural	-
Girls (under 18)	-	Urban	-
Men	546	People with disabilities (estimated)	5%
Boys (under 18)	-		
Total targeted population	2,500		

Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Funding Shortfalls: Insufficient funding could limit the scale and scope of the intervention, especially for large-scale	Fast tracking funding allocations, engaging donors early, and closely monitoring budget allocations will be prioritized to ensure



distributions and long-term recovery efforts.	financial sustainability.
Inadequate Community Engagement: Limited community engagement and coordination may result in mistrust or reduced acceptance.	Continuous community engagement through meetings, feedback mechanisms, and active participation of local leaders and volunteers will be ensured to enhance transparency and ownership of the operation.
Health and Safety of Personnel: The health risks to staff and volunteers due to exposure to diseases or difficult working conditions could pose a challenge. Weather patterns are also shifty.	Provision of personal protective equipment (PPE), regular health checks, and daily briefings on health and safety protocols will be ensured. Emergency evacuation plans for medical support will be in place.
Access and Security Issues: The security situation in Mandera could hinder the movement of staff, volunteers, and resources, especially due to the proximity to the Somali border. There is a high degree of complexity with regards working in Mandera. Access to most areas is restricted due security reasons.	Coordination with local authorities and security forces, regular security assessments, and the use of secure transport routes will be implemented. KRCS Staff & Volunteers will work with community leaders to ensure safe access.
Please indicate any security and safety concerns for this operation: The operation in Mandera is facing significant security challenges primarily due to its location along the Kenya-Somalia border, a known Al Shabaab territory. There is potential for military escalation, which may create substantial risks for humanitarian operations. These security concerns may directly impact personnel safety during aid distribution, beneficiary registration, monitoring activities, and medical outreach programs. The situation may be further complicated by limited access to certain areas, risks during food and NFI transportation by road. The continuous refugee influx may further challenge the operations, which trigger resource-based conflicts between host and refugee communities. Health and environmental safety concerns are evident through contaminated water sources, poor sanitation infrastructure, and the risk of disease outbreaks. Access constraints severely impacted movement, particularly affecting market access and healthcare facility reach. To mitigate these risks, the operation requires regular security assessments, strong coordination with local security agencies, clear evacuation protocols, community acceptance building, comprehensive risk monitoring and reporting systems, careful identification of safe distribution points, and robust emergency communication protocols. Due to the high level of security risk, all the KRCS staff and volunteers selected for this mission are considered highly experienced and trained. Also, due to the high level of security risk, KRCS has closely coordinated with the Kenya Defense Forces and the National Police Service.	
Has the child safeguarding risk analysis assessment been completed?	Yes

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 75,070

Targeted Persons: 2,500

Indicators

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

Priority Actions

- Assessment and coordination of the displaced and hosting population
- Training on shelter construction to volunteers and branches supervisors.
- Procurement of Emergency Shelter kits for 500 HH
- Procurement of essential household items EHI (blanket, kitchen kits, sleeping mat) for 500HH, reaching 2,500 people.
- Secondary Distributions of NFIs
- Beneficiaries Targeting, Registration, and Distribution
- Post Distribution Monitoring



Livelihoods And Basic Needs

Budget: CHF 77,816

Targeted Persons: 2,500

Indicators

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

Priority Actions

- Targeting and registration of directly affected families.
- Food distribution to displaced households and hosting houses.
- NFI Distribution for families to access basic needs for living conditions (Blankets, Kitchen sets, and sleeping mats).
- Post distribution monitoring conducted.



Health

Budget: CHF 39,687

Targeted Persons: 2,500

Indicators

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



Priority Actions

- Conduct a detailed health assessment in the displacement camp and Link health facilities.
- Train volunteers on EPIC and community-based surveillance modules.
- Procurement and distribution of medical supplies (IEHK & RDTs)
- Train KRCS volunteers and CHPs on Vector control.
- Conduct indoor and outdoor vector control residual spraying.
- Conduct risk communication and hygiene promotion to the displaced households.
- Conduct integrated medical outreaches



Water, Sanitation And Hygiene

Budget: CHF 91,947

Targeted Persons: 2,500

Indicators

Title	Target
# of households supported with water tracking	500
# of households supported with water treatment	500
# of affected women and girls provided with menstrual hygiene materials.	200
# of people reached with hygiene promotion interventions	2,500
# of sanitation facilities rehabilitated and expanded	20
% of households that access safe water (FCR 0.2–0.5 mg/L) with a minimum of 7.5 liters per person per day.	80

Priority Actions

- Procurement of water treatment chemicals
- Rehabilitation and expansion of existing sanitation
- Procurement of menstrual hygiene materials
- Conduct hygiene promotion
- Support water tracking



Protection, Gender And Inclusion

Budget: CHF 2,856

Targeted Persons: 2,500

Indicators

Title	Target
# of persons sensitized on PGI	2,500
# of volunteers trained on SGBV	33
# of persons that receive MHM	224

Priority Actions

- Mobilize trained KRCS staff and volunteers.
- Conduct sensitization on SGBV.
- Mapping, establishing, and supporting of GBV referral pathway.
- Basic training of staff and Volunteers on Protection principles, Child Protection (CP), Sexual and Gender-Based Violence (SGBV), including PSEA and Safe Identification and referrals.
- Distribute dignity kits.



Migration And Displacement

Budget: CHF 7,260

Targeted Persons: 500

Indicators

Title	Target
# of Volunteers trained in Safer Access	30
# of people successfully restored back to their families	500

Priority Actions

- E.O.C. Support Volunteers
- Support supervision for response teams
- Public Relations- Communications and Documentation
- Detailed assessment in the affected area
- Identification, registration, and distribution
- Training on Safer Access
- Restoring Family Links (RFL) system is in place
- Restoring Family Links services aiming to help around 500 families



Community Engagement And Accountability

Budget: CHF 5,408

Targeted Persons: 119

Indicators

Title	Target
# of volunteers trained on CEA	30
# of community members reached through community review meetings	120
% of community feedback addressed by KRCS	90

Priority Actions

- Community Review Meetings
- CEA Training for staff and volunteers
- Airtime for KRCS Toll-Free Hotline 0800720577
- Strengthen KRCS feedback system
- A Post distribution monitoring is planned that will help gather feedback on the delivered assistance. Sectoral and overall assistance.



Coordination And Partnerships

Budget: CHF 42,906

Targeted Persons: 50

Indicators

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

Priority Actions

For effective implementation of the proposed DREF operation, the KRCS will ensure coordination is maintained between EOC and the rest of the NS team and with external stakeholders. There will be:

- Kick-off of the DREF operation
- EOC coordination
- Media engagement for large diffusion of community messages
- Media profiling and targeted communication to promote KRCS actions.
- Engaging the stakeholders, include the local authorities on the detailed planning and monitoring of the situation.
- Ensure the lessons learnt exercise, involve relevant stakeholders to strengthen efficiency and accountability of the exercise.
- Support assets for information and public relation of KRCS branches;
- Support assets for the operationalization of the EOC, especially for ITC materials, RFL, running administrative challenge such as alternative energy for the branches offices.



National Society Strengthening

Budget: CHF 28,242

Targeted Persons: 2,500

Indicators

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

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 briefing and debriefing sessions for the response team.



About Support Services

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

Based on the operational needs and scope of the intervention in Mandera, below is a proposed breakdown of staff and volunteers: Operational Staff (13):

- 1 Operations Manager: Overall coordination and management.
- 1 Project Officer: Day-to-day implementation supervision.
- 2 Field Officers (County Coordinator & Project officer): Ground coordination and community engagement.
- 1 Health Officer: Medical outreach coordination.
- 1 WASH Officer: Water and sanitation activities oversight.
- 1 Logistics Officer: Supply chain and distribution management.
- 1 M&E Officer: Monitoring and reporting.
- 2 Drivers: Transportation support.
- 2 Security Officers: Staff and operational safety.
- 1 Psychosocial Support Officer: Provide psychological first aid and emotional support to affected individuals, especially those dealing with trauma and stress.

Volunteers (33):

- 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: 46 (13 Staff and 33 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.

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?

Yes, KRCS volunteer team reflects the gender, age, and cultural diversity of the affected communities, including members who speak local languages and understand cultural norms. While there is a need to increase female representation to better support single female-headed households, targeted recruitment and training have been done to address this gap and ensure inclusive, culturally sensitive assistance.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

Surge personnel will be deployed in response to the ongoing population influx in Mandera. The surge team, comprising staff with expertise in emergency shelter, health, WASH, protection, logistics, and coordination, is on standby at both the regional offices and Headquarters for immediate deployment. These personnel will provide operational leadership, technical support, and field-level coordination to manage the increased humanitarian needs.

Their roles will include rapid needs assessments, planning and oversight of sectoral interventions, resource mobilization, and direct support to local teams in shelter, relief distribution, health outreach, and protection services. They will also ensure effective liaison with partners and government authorities to enhance response efficiency.



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

Procurement will be carried out by the National Society under the activated emergency procurement protocols, which are designed to ensure the process is completed in the shortest time possible given the ongoing response.

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 EOC, 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 Mandera as a whole, including the three evacuation 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

MDRKE067 - Kenya
Population movement

Operating Budget

Planned Operations	300,043
Shelter and Basic Household Items	75,070
Livelihoods	77,816
Multi-purpose Cash	0
Health	39,687
Water, Sanitation & Hygiene	91,947
Protection, Gender and Inclusion	2,856
Education	0
Migration	7,260
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,408
Environmental Sustainability	0
Enabling Approaches	74,957
Coordination and Partnerships	42,906
Secretariat Services	3,809
National Society Strengthening	28,242

TOTAL BUDGET	375,000
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all amounts in Swiss Francs (CHF)



Contact Information

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

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