DREF Operation-Final Report

Kenya | Vector borne diseases outbreaks.

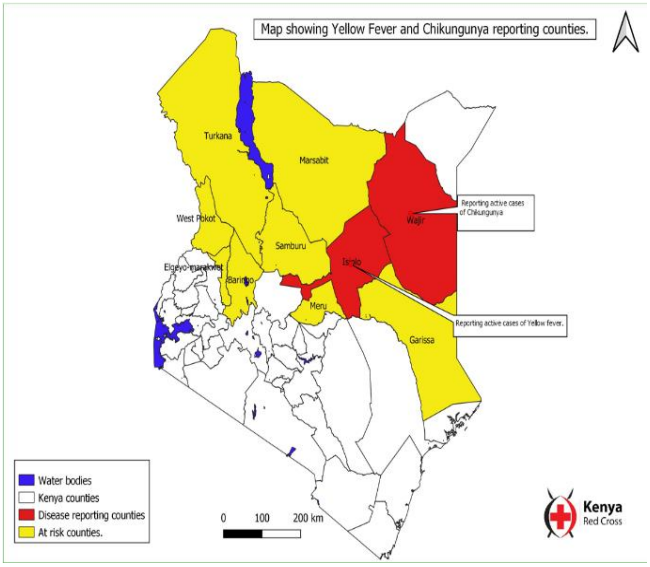
DREF n° MDRKE050	**GLIDE n° EP-2022-000183-KEN**
Operation start date: 18 March 2022	**Operation timeframe: 5 months** **End date:** 31 August 2022
DREF amount allocated: CHF 212,853	
N° of people being assisted: 495,572 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC). The KRCS would like to thank the IFRC for the funding of the DREF on Integrated Vector Borne Disease Operation in Wajir and Isiolo Counties.	
Other partner organizations actively involved in the operation: WHO, UNICEF, INGOs, The Ministry of Health and County Health Departments from the two counties of Isiolo and Wajir.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Kenya Red Cross Society (KRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

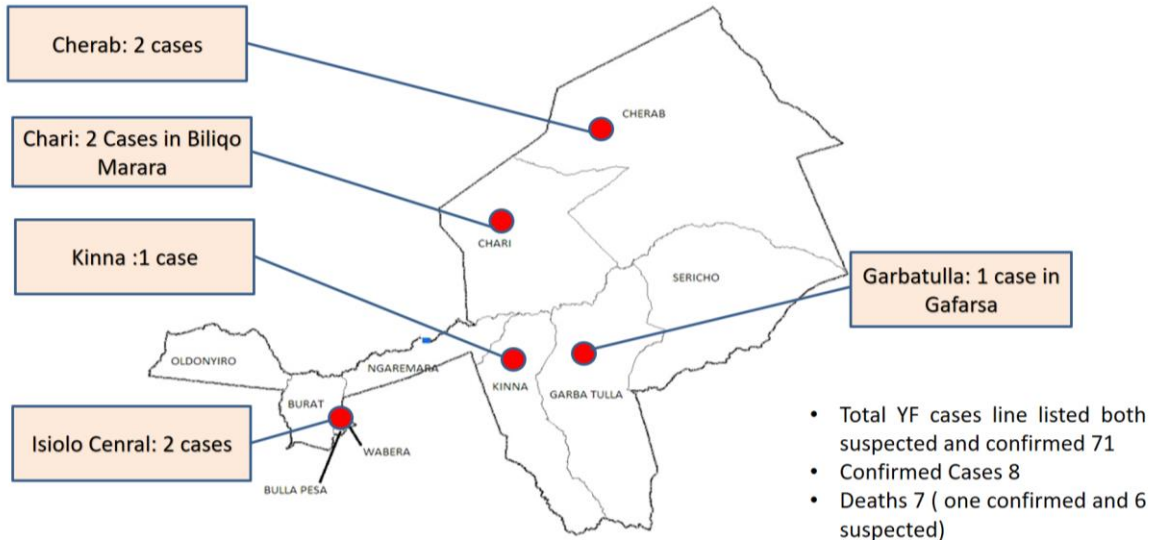
Kenya has been affected by numerous health crises and natural disasters in the past two years. More than 4 million people were affected by drought coupled with the negative effects of COVID-19 on the economy, the situation was very dire among the poor and those in the hard-to-reach areas of the country (mostly in the arid and semi-arid areas) which, as a result, were the localities most affected by health crises. The emergence and re-emergence of viral infections transmitted by vectors in the country namely Chikungunya, Dengue, Yellow Fever (YF), and others was a cause for international concern. The first two months of the year 2022 Kenya recorded two outbreaks that were being responded to under this operation: Yellow Fever and Chikungunya in Isiolo and Wajir counties respectively.



Yellow Fever

Cases of Yellow Fever were first reported in January 2022 in Merti Sub County of Isiolo County. On 27 July 2022, an outbreak of Yellow fever was confirmed in two (2) Counties, Isiolo and Garissa. Suspected cases have been reported from other ten (10) Counties, Samburu, Meru, Wajir, Nakuru, Mombasa, Nairobi, Tana River, Turkana, Trans Nzoia, and Laikipia. A total of one hundred and forty-one (141) cases with three (3) Confirmed positive, eight (9) Presumptive positive cases, and eleven (11) deaths have been reported (CFR of 7.8%). Two new cases were reported from Mombasa and Isiolo respectively. The last case date of onset was on 3 October 2022.

Up until end of August 2022, the yellow fever outbreak in Isiolo County, where the DREF response was being implemented for yellow fever response had recorded 71 suspected cases and 7 deaths while Garissa County recorded 1 case. 6 presumptive positive cases and 2 confirmed cases were also recorded in Isiolo county. The map below illustrates the number of presumptive positive/confirmed cases in Isiolo county and their distribution per ward.



The first confirmed case took 3 weeks, indicating the lengthy process that was undertaken for transportation of samples and laboratory testing. The epidemiological situation was limited by capacity in the remote areas affected and the fact that that the region had not traditionally been affected by yellow fever in the past. The considerable gaps and the outbreak trend in that context was therefore an indication that more needed to be done with regards to community sensitization, vaccination and prevention against yellow fever in the 2 two affected counties as they border each other. The graph below indicates the epi curve of yellow fever up until Oct 2022.

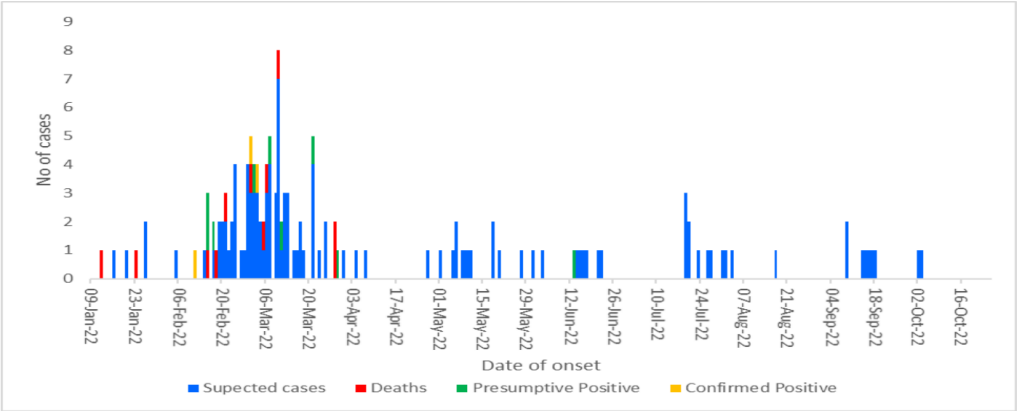


Figure 1: Epi curve of yellow fever cases from January to October 2022

Chikungunya

In March 2022, Chikungunya outbreak was reported in Wajir County, Tarbaj sub county in Kutulo village with a total of forty-four (44) cases reported with two (2) confirmed cases at the time. In the past, Wajir County reported cases of chikungunya from Tarbaj sub-county in Kutulo village dating back November 2021. A total of two hundred and ninety-one (291) cases have been reported with five (5) confirmed cases and one (1) death (CFR 0.3%). The graph below depicts the epi curve of the disease since Nov 2021 to Sep 2022.

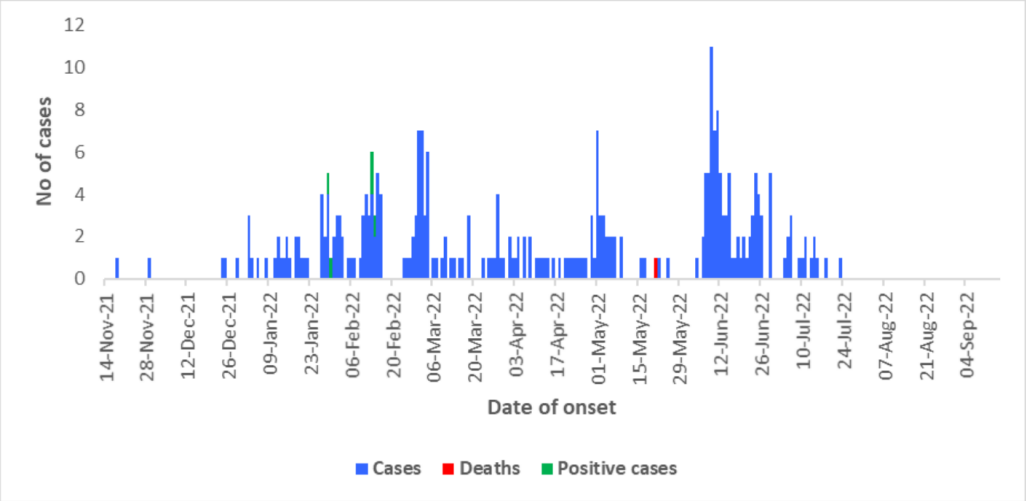


Figure 2:Epi curve of Chikungunya outbreak Wajir County

With the outbreaks of both Yellow Fever and Chikungunya and their severity, there was need to upscale response actions to avert further spread and morbidity as a result of the diseases. The capacity of the remote county health systems was also wanting hence the need for capacity building. Upscaling of community mobilization as well as sensitizations of the various IPC measures was also of paramount importance.

The drought situation also added to the vulnerability of the affected communities by the outbreak. Already an upsurge of Kalazah cases was being witnessed in Isiolo County in Merti subcounty and parts of Garbatulla subcounty as well as, Wajir County from Wajir East, west, South and Eldas sub counties among other counties in the country. These vectors borne disease outbreaks coupled up with the wanting health system capacities and severity of the situation if the outbreak were to be full blown necessitated the need to have a coordinated response of vector borne diseases affecting the target counties. The table and bar graph below illustrates kalazah cases and epi curve:

Serial No.	COUNTY	Cummulative cases(suspected &confirmed)	Suspected cases	RDT positive	Total deaths	CFR) %	Date first case was seen	Date last case was seen	Outbreak status
1	Marsabit	103	45	58	4	6.9	03-Jan-20	20-Jul-20	No new cases reported
2	Garissa	84	27	57	3	5.3	08-Jan-20	02-Aug-20	No new cases reported
3	Kitui	217	7	210	0	0.0	27-May-21	08-Sep-22	Active
4	Baringo	15	1	14	0	0.0	24-Jun-20	22-Jul-20	No new cases reported
5	West Pokot	930	14	916	0	0.0	06-Feb-20	23-Oct-22	Active
6	Mandera	17	0	17	0	0.0	02-Feb-21	05-Nov-21	No new cases reported
7	Wajir	423	18	405	3	0.7	01-Jan-21	02-Sep-22	Active
8	Tharaka Nithi	141	69	72	0	0.0	15-Sep-21	08-Dec-21	No new cases reported
9	Isiolo	107	0	107	0	0.0	10-Feb-22	18-Aug-22	Active
Total		**2037**	**181**	**1856**	**10**	0.5			

Figure 3: Summary of Kala-azar Cases January 2020 –October 2022

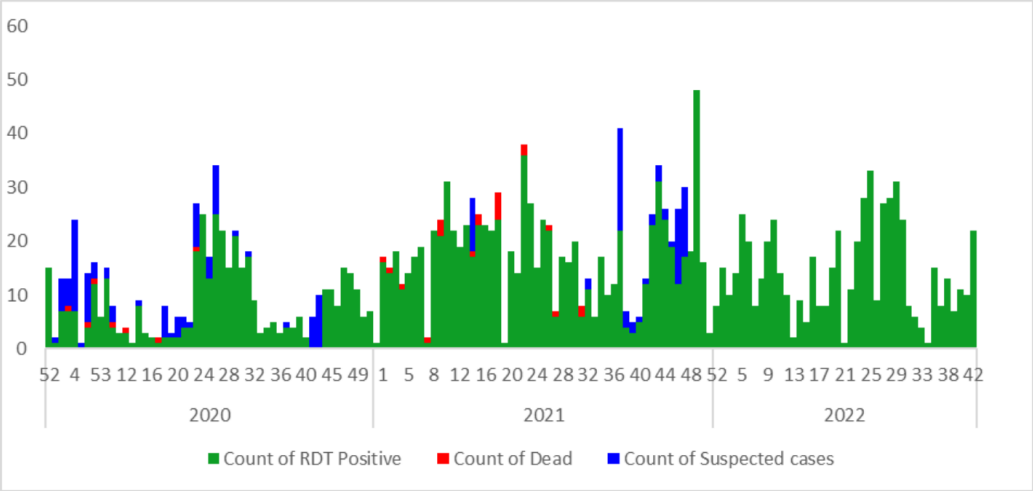


Figure 4: Epi curve of Kala-azar outbreak January 2020 –October 2022

Summary of current response

Overview of Host National Society

Kenya Red Cross has been implementing the Community Epidemic and Pandemic Preparedness Program (CP3) since 2018, focusing on the counties of Bomet, Narok, Tharaka Nithi, and West Pokot. Yellow Fever has been added to the list of diseases covered by volunteers in West Pokot, with preparedness activities including RCCE and community clean-up.

The KRCS implemented a DREF that was launched by KRCS and IFRC on 23 March 2022 to reduce the incidence of yellow fever and Chikungunya through intensified prevention and control activities at the household and community level to reach 450,000 people in Isiolo and Wajir Counties with a DREF funding of CHF 212,853.
At the end of the implementation timeframe, the activities implemented were as follows:

- A total of 425,658 community members were reached through social mobilization, health promotions and vaccinations.
- 100 health workers were trained on early detection and reporting, standard case definition and management protocol.
- 1,000 IEC materials were produced and distributed.
- 105 Community Health Volunteers trained on prevention and control of yellow fever and chikungunya and other vector-borne diseases.
- 23 radio campaigns done on yellow fever and Chikungunya diseases' prevention and protection reaching approximately 495,572 indirect beneficiaries.
- 5,000 insecticide-treated mosquito nets were procured and distributed.
- Mapping of 7 mosquitoes breeding sites that were targeted for fumigation was done.
- 100 CHVs and volunteers received N95 masks for fumigation.
- 90 volunteers were trained on CEA and 2 feedback mechanisms established.
- 2 PDMs were done, each Isiolo and Wajir after the net distribution.

Overview of Red Cross Red Crescent Movement in country

There is close coordination both at the national and the field levels, where partner National Societies support Kenya Red Cross Society in the Disaster-related projects all the 11 named counties. IFRC and ICRC continue to support KRCS in different platforms from a long-term relationship that goes beyond the current outbreak and especially that several partner NS, ICRC, and IFRC have their regional offices in Nairobi (Kenya). There are currently no Movement partners supporting Kenya Red Cross in this yellow fever and chikungunya outbreak response. Kenya Red Cross with support from various donors (RCRC Movement partners and EU) is currently implementing the following projects in both counties.

Isiolo County

- ECHO – supported COVID-19 vaccination project.
- Water hygiene and sanitation program.
- UNICEF is supporting nutrition and health project.

Wajir County

- ECHO –supported Covid19 vaccination project.
- UNICEF is supporting nutrition and health project.

Please refer to page 5 of the EPoA for other details on RCRC Movement in country and their support to this response.

Overview of other actors' actions in country

As a response, the Ministry of Health was active through the county branches and departments.

- At the County level, the County Departments of Health were coordinating the emergency response; a task force had been set up to spearhead actions aimed at controlling and containing the outbreaks.
- Department of Health in the counties conducted epidemiological surveillance in Wajir (For chikungunya), Isiolo, Garissa, Elgeyo Marakwet, Baringo, Turkana, and West Pokot on yellow fever,
- Case detection, and treatment through the network of hospitals and health centres was done in the two counties of Isiolo (For Yellow Fever) and Wajir (for Chikuguya).
- The national MoH planned a mass vaccination campaign in the two counties that had cases of yellow fever reported: Garissa and Isiolo. The vaccination ran from 23 July – 1st August 2022 and focussed on all the 3 sub counties of Isiolo county and Lagdera sub county of Garrisa County.
- Disease Surveillance and Case management protocols were developed by the national MoH while.
- KEMRI was able to run the tests at its Nairobi laboratories where 6 presumptive positive cases and 2 confirmed cases were recorded in Isiolo county. There were 71 suspected cases and 7 deaths recorded as of 31st August 2022

UNICEF, WHO, and other INGOs supported the MoH in the National response on various fronts but mainly key messages design, active case finding, testing among others. Kenya Red Cross mainly focused on community-level communication support. Kenya is also included in the global strategy to eliminate yellow fever Epidemics (EYE) developed by a coalition of partners (Gavi, UNICEF, and WHO) to face yellow fever's changing epidemiology, the resurgence of mosquitoes, and the increased risk of urban outbreaks and international spread. Eliminate yellow fever Epidemic (EYE) strategy 2017-2026. Additional information on the summary of the response can be found in the Operations Update 1 and DREF EPoA.

Needs analysis and scenario planning.

Need analysis.

The first suspected cases of the current Chikungunya outbreak were reported in February in Kutulo and spread to Tarbaj in Wajir county. Cumulatively, 58 cases of Chikungunya have been reported from Health centres within the last one months (Feb -March). The first case of yellow fever was reported on 13th January reported in Merti Sub County of Isiolo County. In terms of yellow fever as of 23rd Jan 2022, a total of 15 patients presenting fever, jaundice, muscle pain and fever pain were lines listed and 03 deaths were recorded in Isiolo county. A total of 3 cases turned out positive out of 6 samples analysed, reaching the outbreak declaration by MoH. MoH has declared 9 high-risk counties among the 47 as

the most needed to be covered with an immediate response: Wajir, Garissa, Marsabit, Meru, Samburu, Baringo, Elgeyo Marakwet, West Pokot, and Turkana.

Between January-April 2022, 61 suspected cases related to yellow fever were reported with 7 people succumbing to the disease with one death being confirmed. Out of the 61 suspected cases, 8 have been confirmed with Cherab having 2 cases, Chari 2 cases, Kinna 1 case, Isiolo Central 2 cases and Gafarsa having 1 case. This therefore was an indication that more needs to be done with regards to community sensitization, vaccination and prevention against yellow fever in the 3 counties as they border each other. As a response, the Ministry of Health is continuing with the national vaccination campaign with Wajir, Garissa, Isiolo and Mandera Counties as they are at risk of receiving travellers across their borders. The Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of one hundred and eighty-nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%).

Therefore, with the trend, the MoH Wajir County indicated that the situation is expected to worsen, preventive measures need to be scaled up to ensure that the virus, and exposure to mosquitoes is well managed. In addition to yellow fever, other vector-borne diseases including malaria and rift valley fever were expected to rise. To curb this, communities needed to be well prepared by having extensive information on the diseases and possible ways to protect themselves from contracting the diseases as well as being vaccinated against them. The emergency actions in Isiolo and Wajir needs to be scaled up in continued alignment with the MoH preventive response for Chikungunya and vaccination for yellow fever.

Targeting

KRCS aimed to support the two counties, Wajir and Isiolo targeting 450,000 people. The beneficiaries were reached in Isiolo and Wajir Counties to ensure the reduction of the risk of the spread of yellow fever and chikungunya viruses. This selection of beneficiary counties for the response was based on reported cases in past outbreaks and the sub counties active outbreaks at the time. The action targeted populations in hard-to-reach areas where individuals were taken through risk communication and community engagement (RCCE) as well as other preventive measures. In addition to RCCE there was integration of ECV/EpiC components of vector-borne diseases, (malaria chikungunya, yellow fever, Dengue) and environmental health actions to reduce breeding opportunities of the vectors. The RCCE component was included not only for individual and community disease prevention, but also actions for strengthening vaccination access (available for children aged 9 months and older). The NS response mainly focused on direct targets which were the epi-centre sub-counties and their related counties: Merti and Garbatula as the yellow fever epi-centres sub-counties in Isiolo county and Tarbaj, Kotulo as the Chikungunya epicentre sub-counties in Wajir county.

The community relief committees headed by the chiefs and administrators were involved through the process of setting out the beneficiary selection criteria and choosing the beneficiaries, to ensure that only the most vulnerable person/households' benefit from the distribution of nets. These included widows or divorced women heads of households with children under 5 years; pregnant or lactating mothers with children under 5 years; widows or divorced women headed families with no source of income; families with severely malnourished children or child (under 5 years); households headed by people with disabilities with no source of income; and children-headed households. More details about needs analysis and scenario planning and targeting can be found in the published Operations Update 1 and DREF EPoA. In Isiolo county the County health Management team directed that the nets should target and be distributed t vulnerable elderly community members above 60 years in the affected areas as they had not been targeted under the mass vaccination exercise that targeted the age groups 9months to 60 years.

Operation Risk Assessment

The targeted counties of Wajir and Isiolo were prone to conflicts and insecurity hence this hazard posed a risk to actualization of the project objectives. Kenya Red Cross Society ensured the engagement of local staff and volunteers in implementation of project activities and continued with security surveillance and leveraging on existing public goodwill to enhance acceptance off the response activities and to ensure the successful implementation of the proposed activities. Security surveillance and working closely with county security teams to provide security briefings was done continuously by staff and volunteers to ensure continued vigilance.

B. Operational strategy

KRCS implemented response actions were guided by the MOH in the two counties, however, due to the short time of implementation, there was a need for continuation to sensitize the community members, mobilization for the vaccination of yellow fever and preventive measures against Chikungunya and Yellow Fever in Wajir and Isiolo respective.

Please refer to section B of DREF plan and update for more details on the strategy implemented.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 495,472.

Male: 237,827

Female: 257,645

Outcome 1: The immediate risks to the health of affected populations are reduced.		
Indicators:	**Target**	**Actual**
# Of monitoring plan developed	1	1
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	**Target**	**Actual**
# Of monitoring and coordination meetings held	4	5
# Of counties covered by the institutional capacity and community risk assessment	2 Counties	2 Counties
Output 1.2: Target population is provided with preventive measures.		
Indicators:	**Target**	**Actual**
# Of community members reached through social mobilization	450,000	495,472
% Of community members vaccinated during vaccination outreaches.	20%	62%
Health Outcome 4: Transmission of diseases of epidemic potential is reduced		
Indicators:	**Target**	**Actual**
# Of populations reached with health promotion	450,000	475,472
# Of health workers trained on early detection and reporting, standard case definition and management protocol includes Isiolo and Wajir counties	100	100
# Of distributed IEC materials	1,000	1,000
# Of Community Health Volunteers trained on prevention and control of yellow fever and chikungunya and other vector-borne diseases in Isiolo and Wajir counties	100	105
# Of trained Red Cross Volunteers on prevention and control of yellow fever and chikungunya and other vector-borne diseases in Isiolo, Wajir counties	150	105

#- of counties reached by community engagement and risk communication by CHVs and RCVs through door-to-door sensitization and dissemination and distribution of IEC materials	5	2
# Of radio campaigns done on yellow fever and Chikungunya diseases' prevention and protection	4	23
Health Output 4.1: Community-based disease control and health promotion is provided to the target population		
Indicators:	**Target**	**Actual**
# Of mosquito nets distributed and monitored for use	5,000	5,000
# Of PDM conducted	1	2

Progress towards outcomes

Activities conducted focused on the most affected areas by the vector borne diseases mainly including.

- Merti and Garbatulla sub counties of Isiolo county for Yellow Fever
- Tarbaj area in Wajir for chikungunya.

The impact of the KRCS actions has been significant to the vaccination campaign results and preventions actions considering the people effectively reached through various activities. Main impact:

Community Sensitization on yellow fever in Dadachabasa and mass sensitization

i) The sensitisation and social mobilisation for improvement of preventive measure and immunisation in the community in 2 counties with over and channels,

- A total of 316,976 persons were directly reached 154,833 in Garba Tula, 73,289 in Merti sub-counties and 88,854 people in Tarbaj through health education, trainings, treatment/vaccination, IEC materials, preventive measures, etc.
- Other approaches used to sensitize the communities on Yellow Fever Vaccination included the use of radio talk shows and radio spots.
- The Vaccination Campaigns that ran for 10 days' (25th July to 3rd August 2022) have targeted groups of persons aged between 9 months to 60 years. The project facilitated the training of health care workers in Merti sub-county and as well had the volunteer's moving door to door sensitising the households on the importance of the vaccination. At the end of the campaign and the outreaches the total number vaccinated within Isiolo county were 178,596 (85,497 male, 93,099 female) with Isiolo sub-County vaccinating (108,984) 90%, Merti sub-county (21,035) 71% and Garbatulla (48,577) 25%.

Overall, **495,572** people were reached through health promotion, social mobilization and vaccinations in both Wajir (316,976) and Isiolo)178,596 counties.

ii) Reduce the transmission through fighting exposition to vectors for the most vulnerable and breeding sites.

- 7 sites of mosquitoes were identified and destroyed. Volunteers have ensured to demonstrate the destruction of mosquito breeding sites to the communities as an educational session and promotion of good practice of prevention they can keep doing at community level. More details in WASH section.
- Communities were more protected to prevent against vectors with 5,000 insecticides treated mosquito nets distributed in the 2 targeted counties. Respectively 2,000 in sub-counties of Tarbaj in Wajir and 3,000 in Garbatula & Merti in Isiolo. The nets were distributed in all the affected sub counties in Isiolo and Wajir counties targeting beneficiaries above 60 years which was agreed with the CHMT as they were targeted for yellow fever vaccinations. Those below 9 months were not targeted as mothers delivering in hospitals are usually provided with mosquito nets.
- A PDM was done to assess utilization of nets in both Wajir and Isiolo counties. Both PDMs were done concurrently with lesson learnt workshop, review meeting and community engagement. Some of the findings

showed that the community, having been sensitized by the CHV's, understood that only the elderly, 60+ would be given the nets. This was because those in that age bracket did not receive the yellow fever vaccine. The beneficiaries understood the need to sleep under treated nets and to always do so as to avoid infectious bites by mosquitoes spreading the yellow fever and other diseases such as malaria. Community also reiterated preference on the use of treated mosquito nets over the untreated nets. The CHV training carried out provided concrete knowledge and aided in the sensitization of the community. Based on the knowledge, the community understood the need to protect themselves against the spread of the disease by clearing bushes, covering water containers, sleeping under treated nets and wearing long sleeved while at pasture. The CHV's did a door-to-door campaign which made it easy for vaccine acceptance in the community. In all, the vaccination process and promotion of informational awareness was well done making the entire intervention process highly effective.

In all the areas, the community was aware of the yellow fever disease. Having been adequately sensitized by the community health volunteers, majority know how the disease is spread which is by mosquitoes. The factors that contribute to the spread of the disease were listed as the presence of breeding grounds for mosquitoes, not sleeping under treated nets and not wearing long sleeved shirts and trousers for those at pasture. The CHV's reported of the community attitude being very positive, and knowledge hungry. This made the uptake of the vaccine to be high, unlike during the corona virus vaccine uptake. People were thus more aware of what yellow fever is, and what should be done to prevent transmission.

The community listed clearing of bushes, keeping water storage containers and jerrycans covered, wearing of long-sleeved shirts and trousers, sleeping under treated nets and vaccine uptake as some of the control measures that can be employed against yellow fever. Some of the interventions carried out by partners with regards to the yellow fever response are as highlighted below:

Community Sensitization on yellow fever in Korbesa, Merti sub county using posters and volunteers.

- KRCS – training of CHV's on yellow fever and subsequently community dissemination.
- National government – Provision of vaccines
- County government – Implementation
- WHO – supported staff.
- UNICEF – Logistics

Challenges

- Hesitancy of community members to uptake the yellow fever vaccine.
- Limited coverage by local radio stations frequency across the county borders and in remote areas.
- Insecticides treated mosquito nets were limited hence majority of the vulnerable target groups of the elderly were left out.

Lessons learnt

- It was noted that a bigger percentage of community members in Wajir didn't have access to radio, thus Public Address Systems mounted on moving vehicles were used to sensitize the community members on matters vaccination.
- The radio talk shows should be broadened to go beyond the borders of Wajir County and thus into Mandera, Garissa and Isiolo Counties in order to curb or reduce cross-border spread of the vector borne diseases.

- The community led solutions worked well, as some CHVs mobilised locally available resources and began spraying the affected areas in the sub counties. Trained CHVs are part of the communities affected and thus enhanced localized community engagement
- On job training for the CHVs on Vector Borne Disease control and management was a good strategy especially in Tarbaj.
- The partnership between KRCS and the County MoH worked well as KRCS supplemented the efforts made by the MoH team.
- The distribution of nets in the affected areas was appreciated, however, there is need to consider increasing the number of nets as one net is insufficient for one household that might be having several number of vulnerable family members.

Water, sanitation and hygiene

People reached: 316,976.

Male: 164,828

Female: 152,158

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
Number of people reached with fumigation/spraying	204,168 people	228,122 People

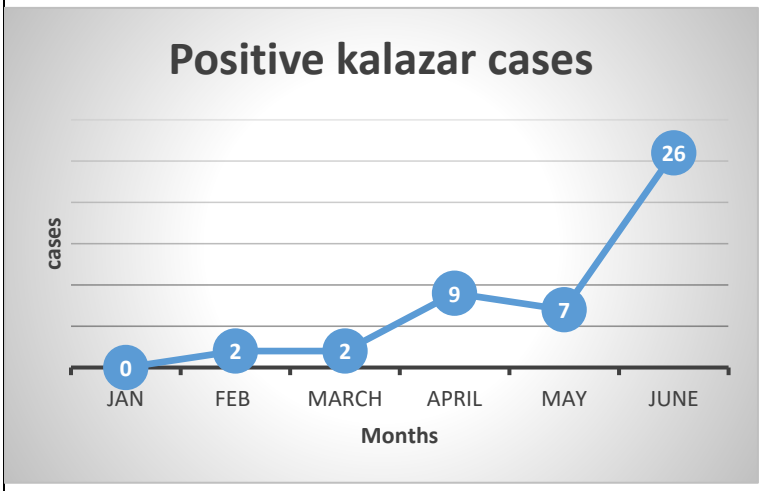
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
Number of Fumigation of breeding sites	5	7
Number of Red Cross branches participate in breeding site elimination and environmental cleaning	2	1

Progress towards outcomes

The County teams worked with KEMRI on mapping of the mosquitoes' breeding sites that were targeted for fumigation. The CHMT and the SCHMT had prior agreed during one of review meeting that there was need to control the vector by mass fumigation in the areas that were deemed to be the vector breeding grounds. These were areas of Merti, Sericho, Gafarsa, Kombola, Irresaboru, Malkagalla and Bulessa. The KRCS volunteers and CHVs were engaged in sensitizing and clearing of breeding ground of the mapped breeding area as well draining stagnant water within the targeted areas. The treatment chemicals were provided to the public health office for further spraying of the breading sites as the general election period disrupted the execution of this task and more emphasis had been done on vaccination and vaccination outreaches.

Community outreaches were done to ensure community awareness was done during the fumigation exercises, which was integrated with yellow fever vaccination exercise. The CHVs and health care workers conducted door to door campaigns in targeted areas. The treatment chemicals were availed to the PHOs office and hence one branch did not participate.



An increase in vectors both mosquito and sandflies caused an up surge in Kalazah and Yellow Fever disease response to prompt the fumigation in the breeding sites. Two sub counties were targeted namely Garbatulla and Merti sub counties especially in the areas breeding sites for mosquitos and the sand fly. A population of 154,833 in Garba Tula, and 73,289 in Merti sub-counties benefitted from the fumigation conducted within the identified areas. KRCS, through IFRC DREF funding provided chemicals to MoH to be used for spraying including Pantheon and Emthem chemicals.

Challenges

- The general election period disrupted the execution of spraying the breeding sites hence the treatment chemicals were provided to the public health office for further spraying.

Lessons learnt

- The partnership between KRCS and the County MoH worked well as KRCS supplemented the efforts made by the MoH team. For instance, KRCS, through IFRC DREF funding provided chemicals to MoH to be used for spraying at the breeding sites due to the disruption by the elections.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Indicators:	Target	Actual
# Of volunteers insured	150	150
# Of CHVs and volunteers receiving personal protective equipment (for Isiolo and Wajir)	340	100

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
# Of visibility material produced	5	5
# Of lessons learned workshop conducted	1	2

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# Of volunteers trained on CEA (in Isiolo and Wajir)	100	90
# Of CEA feedback mechanism or platforms established	2	2
# And type of methods established to collect feedback and complaints from the community	2	3
% Of operation complaints and feedback received and responded to by the National Society	100%	100%

Progress towards outcomes

- Deployed capacity and logistic

In both counties Isiolo and Waijir, there exist vibrant Branches with a membership and volunteer database of community members. The counties have action teams that have been supporting responses involving road traffic

accidents, resource-based and or inter-clan conflicts, cross-border attacks, flash floods, drought, fire incidences, disease outbreaks such as cholera, COVID-19 pandemic, and fire incidences, among others. The teams of members and volunteers have a wealth of capacity and with just disaster-specific sensitizations, they are ready for deployment. Kenya Red Cross Society has a pool of surge capacity (skilled teams in health emergency response) and staff capacities in various operations (Dadaab, Kalobeyei/Kakuma), HQ, regions, and county branches that can be activated to respond to emergencies in times of need. The National Society also has staff and volunteers implementing other projects and has offices in the two counties in addition to a regional office in Garissa and Isiolo towns. The National Society also has land cruisers hard top vehicles in the two counties, as well as at the regional offices. The region also has warehouses at regional offices in Isiolo and Garissa served from the national office warehouse and fleet. All the volunteers in the counties are in different categories, including Red Cross Action Team (RCAT), youth members, Community Disaster Management Committees (CDMC), and Community Health Volunteers (CHVs).
This operation has benefit of all the above capacity of the NS to leverage the planned intervention and scale-up the response.

- Over the 1,200 volunteers distributed across the two counties, 100 were engaged in this response instead of 150 planned.
- This operation has provided to the 150 volunteers mobilised a psychosocial support, refresher trainings and protection needed to scale-up the Kenya red cross actions against the outbreaks.
- N95 masks were received for spraying by the 100 volunteers engaged in fumigation activities.
- All the targeted 100 volunteers from both Wajir and Isiolo were invited for training on CEA, however only 90 turned up for the training.
- As a continuity of NS support, KRCS volunteers continued to disseminate the KRCS toll free line 0800720577 to the community members for purposes giving feedback on the KRCS operations and giving suggestions on how the operation could run better. Other feedback mechanisms put in place are Complaints and feedback desks during activities, focal volunteers within the sites who collected feedback and raised with project managers.

Lessons learnt workshops were conducted in both counties to gather feedback about the project interventions and identify areas of improvement. Some of the suggestion given in Wajir county on the prevention of Chikungunya was that the KRCS should provide the community members with effective mosquito repellent as in addition to the nets which have been distributed to the vulnerable household members.

Use of T-shirts and other IEC materials for sensitization

D. Financial Report

The overall allocation and budget remained unchanged at CHF 212,853 to be spent within the 5 months. However, due to a late start of the yellow Fever vaccination campaigns, a one month no-extension was granted to allow completion of the campaigns, and procurement of fumigation and spraying equipment. By the end of the DREF, CHF 209,239 (98%) was spent as detailed per cost category available in the final financial report summary with a balance of CHF 3,614 that will be returned to the DREF Pot.

Selected Parameters			
Reporting Timeframe	2022/03-2022/08	Operation	MDRKE050
Budget Timeframe	2022/03-2022/08	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 28/Nov/2022

All figures are in Swiss Francs (CHF)

MDRKE050 - Kenya - Vector borne diseases outbreak

Operating Timeframe: 18 Mar 2022 to 31 Aug 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**212,853**
DREF Allocations	212,853
Expenditure	**-209,239**
Closing Balance	**3,614**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	7,892		**7,892**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs			**0**
AOF4 - Health	172,424	209,239	**-36,815**
AOF5 - Water, sanitation and hygiene	15,470		**15,470**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**195,786**	**209,239**	**-13,453**
SFI1 - Strenghten National Societies	12,769		**12,769**
SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners	4,297		**4,297**
SFI4 - Ensure a strong IFRC			**0**
Strategy for implementation Total	**17,067**		**17,067**
Grand Total	**212,853**	**209,239**	**3,614**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/03-2022/08	Operation	MDRKE050
Budget Timeframe	2022/03-2022/08	Budget	APPROVED

Prepared on 28/Nov/2022

All figures are in Swiss Francs (CHF)

MDRKE050 - Kenya - Vector borne diseases outbreak

Operating Timeframe: 18 Mar 2022 to 31 Aug 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**79,667**		**79,667**
Clothing & Textiles	14,123		14,123
Medical & First Aid	20,175		20,175
Teaching Materials	45,370		45,370
Logistics, Transport & Storage	**2,421**		**2,421**
Distribution & Monitoring	2,421		2,421
Personnel	**59,845**		**59,845**
National Society Staff	40,027		40,027
Volunteers	19,818		19,818
Workshops & Training	**47,048**		**47,048**
Workshops & Training	47,048		47,048
General Expenditure	**10,881**	**143**	**10,737**
Travel	1,600		1,600
Office Costs	4,277		4,277
Communications	4,035		4,035
Financial Charges	968	143	825
Contributions & Transfers		**196,325**	**-196,325**
Cash Transfers National Societies		196,325	-196,325
Indirect Costs	**12,991**	**12,770**	**221**
Programme & Services Support Recover	12,991	12,770	221
Grand Total	**212,853**	**209,239**	**3,614**

REPORT NO. 5

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY				
PROJECT NAME	MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK				
IFRC PROJECT CODE	MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK				
CURRENT REPORTING PERIOD	**From:**	**13-Mar-22**	**To:**	**31-Aug-22**	**(Y2 Qtr 1)**
PLANNED EXPENDITURE PERIOD	**From:**	**13-Mar-22**	**To:**	**31-Aug-22**	**(Y2 Qtr 2)**

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

Exchange Rate Used	SL	CHF
	1	0.0085

		Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		Reason for Variance(s) (more than 10%)
	Output	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period**	**Total (Year to date)**	Variance	%	Variance	%	
	Emergency shelter			-			-	-		-		
	Health	-	161,902	161,902	-	161,900	161,900	2	0%	2	0%	
	Wash		14,526	14,526	-	14,526	14,526	-		-		
	Protection and Gender			-			-	-		-		
	Strenghthening national societies		11,988.00	11,988		11,990	11,990	- 2		- 2		
	Influence Others as leading strategic partners		7,909.00	7,909		7,909	7,909					
		-	**196,325**	**196,325**	-	**196,325**	**196,325**	-	**0%**	-	**0%**	

3.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES IN LOCAL CURRENCY

		Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance	
	Cost Categories	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period**	**Total (Year to date)**	Variance	%	Variance	%
1		-	-	-	-		-	-		-	-
2		-	-	-	-		-	-		-	-
3		-	-	-	-		-	-	-	-	-
4	Direct costs	-	20,730,290	20,730,290	-	20,730,290	20,730,290	-	0%	-	0%
5	Indirect cost recovery		2,337,898	2,337,898		2,337,898	2,337,898	-	0%	-	0%
	TOTAL	-	**23,068,188**	**23,068,188**	-	**23,068,188**	**23,068,188**	-	0%	-	0%

3.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN CHF

***Exchange Rate**	**Weighted average (refer to sheet 3.4 Calculating Exc Rate)**

	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance	
Output	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period***	**Total (Year to date)**	Variance CHF	%	Variance CHF	%
Overall	-	**196,325**	196,325	-	**196,325**	196,325	-	0%	-	0%

CERTIFICATION

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

a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

Date Submitted DD/MM/YYYY 29/11/2022.

Name, Title & Signature of Project partner designated official
Venant Ndighila- Emergency Preparedness and Response Manager

For IFRC internal use

Approved by IFRC Project Manager **Date**

Validated by IFRC Finance officer **Date**

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY		
PROJECT NAME	MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK		
IFRC PROJECT CODE	**MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK**		
CURRENT REPORTING PERIOD	**From:** 13-Mar-22	**To:**	31-Aug-22
PLANNED EXPENDITURE PERIOD	**From:** 13-Mar-22	**To:**	31-Aug-22

A. BUDGET & EXPENSES in CHF BY IFRC ONLY

		Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF					Budget Variance (Current Period)	
	Output	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period**	**Total (Year to date)**	Variance CHF	%	Variance CHF	%
AP104/AP12	Emergency shelter	-		-	-	-	-	-			
AP109	Health		161,902	161,902	-	161,900	161,900	2.00			
AP110	Wash		14,526	14,526		14,526	14,526	-			
AP116/117	Protection and Gender			-		-	-	-			
AP124	Strenghthening national societies		11,988	11,988		11,990	11,990	- 2.00			
SFI3	Influence Others as leading strategic partners		7,909	7,909		7,909	7,909				
	TOTAL	**-**	**196,325.00**	**196,325.00**	**-**	**196,325.00**	**196,325.00**	**-**	**0%**	**-**	***0%***

		Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Cost Categories	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period**	**Total (Year to date)**	Variance CHF	%	Variance CHF	%
		-	-	-			-	-			
		-	-	-			-	-			
		-	-	-			-	-			
4	Other direct costs	-	176,428	176,428		176,426	176,426	2.00	0%	- 2.00	*0%*
5	Indirect cost recovery	-	19,897	19,897		19,898	19,898	- 1.00	0%	1.00	*0%*
	TOTAL	**-**	**196,325**	**196,325**	**-**	**196,324**	**196,324**	**1.00**	**0%**	**- 1.00**	*100%*

CERTIFICATION

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

a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption

b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff

c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report

d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.

e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

Date Submitted DD/MM/YYYY 29/11/2022

Name, Title & Signature of Project partner designated official
Venant Ndighila- Emergency Preparedness and Response Manager

For IFRC internal use

Approved by IFRC Project Manager **Date**

Validated by IFRC Finance officer **Date**

REPORT NO. 5

3.3 FUND TRANSFER CERTIFICATION

PROJECT PARTNER NAI	KENYA RED CROSS SOCIETY		
PROJECT NAME	MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK		
IFRC PROJECT CODE	MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK		
CURRENT REPORTING I	**From:**	**13-Mar-22**	**8/31/2022**
PLANNED EXPENDITUR	**From:**	**13-Mar-22**	**8/31/2022**

This section is to be completed by the Project Partner and the IFRC together. It shall be agreed and signed by both parties. All figures are in CHF

3.3.1 FUNDING AND EXPENDITURE RECONCILIATION AND TRANSFER CERTIFICATION

		Project Partner Payment Administration	IFRC Payment Administration	Total (Project Partner + IFRC)
	Total Overall Budget per Project Funding Agreement	196,325		196,325
(-)	**Total Expenditure**	196,325	-	196,325
	Prior Period Expenditure Accepted		-	-
	Current Period Expenditure	196,325		196,325
	Prior Provisional Expenditure Under Review (if any)		-	-
	Remaining Overall Budget Available		-	-
(-)	**Requested Planned Disbursement***		-	-
			-	-
			-	-
			-	-
				-
(-)	**Total Funds Received to date**	196,325		

Funds available with Project Partner	-
Is there sufficient existing funding for requested planned expenditure?	SUFFICIENT
Funds Transfer Required	-

*IFRC to check if requested amount exceeds corresponding budget period, and to investigate if exceeded

		Funds received
	Instalment date	**CHF**
1		
2		
3	3.08.21	196,325
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	TOTAL	196,325

International Federation of Red Cross and Red Crescent Societies

3.4 CALCULATING THE EXCHANGE RATE FOR REPORTING PURPOSES

FIFO

FUNDS AT HAND					FUNDS OUT					
Date	**Description**	**Local Currency**	**CHF**	**Exc Rate**	**Date**	**Description**	**Current Expenditure Value in Local Currency**	**Local Currency**	**CHF**	**Exc Rate**
			MDRKE050 DREF: INTEGRATED VECTOR BORNE DISEASE OUTBREAK							
			MDRKE048							
3.08.21	**Transfer 1**	23,068,187.50	196,325.00	0.0085	3.08.21	**Expendiure**	196,325	KES	196,324	0.0085
	Transfer 2									
		23,068,187.50	196,325							

Date Submitted DD/MM/YYYY 29/11/2022

Name, Title & Signature of Project partner designated official
Venant Ndighila- Emergency Preparedness and Response Manager

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

Reference documents

Click here for:

- Emergency Plan of Action (EPoA)
- Operations Update 1

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

Kenya Red Cross Society:

- Dr Asha Mohammed, Secretary General; email: mohammed.asha@redcross.or.ke Mobile: +254 701 812 258
- Moses Atuko, Public Health in Emergencies Manager email: atuko.moses@redcross.or.ke Mobile: +254 722 956 197

IFRC Eastern Africa Cluster Delegation:

- Head of IFRC Country Cluster Delegation for Kenya and Somalia: Mohamed Babiker. Mobile: +254 110843974.
  Email: mohamed.babiker@ifrc.org

IFRC office for Africa Region:

- Rui Alberto Oliveira, Regional Operation lead, Response and Recovery Department, Nairobi, Kenya; email: rui.oliveira@ifrc.org

In IFRC Geneva

- Operation manager, Santiago Luengo, Senior Officer, DCPRR unit Geneva; email: santiago.luengo@ifrc.org
- **DREF:** Nicolas Boyrie, DREF Lead, email: nicolas.boyrie@ifrc.org
- **DREF:** Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; Email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for Resource Mobilization and Pledge: Louise Daintrey, Head of Unit, Partnership and Resource Development, Nairobi, email: louise.daintrey@ifrc.org;

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- **IFRC Africa Regional Office:** Lilian Kinuthia a.i, Regional Head for PMER & QA, Email: lilian.kinuthia@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims: