



Safe and Dignified Burial Training in Uasin Gishu

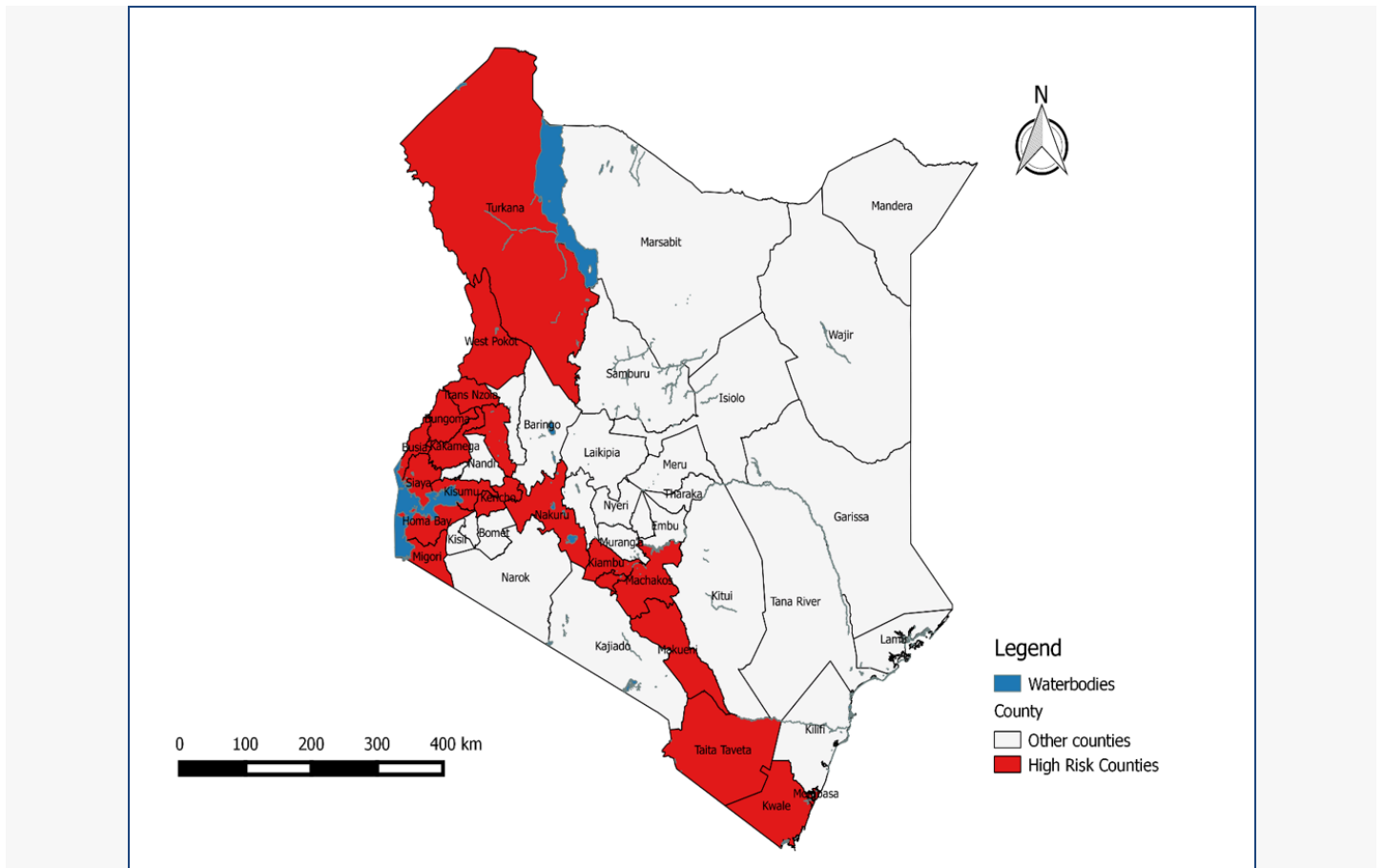
Appeal: <b>MDRKE052</b>	Total DREF Allocation: <b>CHF 186,942</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>N/A</b>	People Affected: <b>26,000,000 people</b>	People Targeted: <b>565,650 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>08-10-2022</b>	Operational End Date: <b>31-10-2023</b>	Total Operating Timeframe: <b>12 months</b>

Targeted Areas:

Mombasa, Kwale, Kilifi, Tana River, Lamu, Taita-Taveta, Garissa, Wajir, Mandera, Marsabit, Isiolo, Meru, Tharaka-Nithi, Embu, Kitui, Machakos, Makueni, Nyandarua, Nyeri, Kirinyaga, Murang'a, Kiambu, Turkana, West Pokot, Samburu, Trans Nzoia, Uasin Gishu, Elgeyo-Marakwet, Nandi, Baringo, Laikipia, Nakuru, Narok, Kajiado, Kericho, Bomet, Kakamega, Vihiga, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, Kisii, Nyamira, Nairobi

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

# Description of the Event



Kenya MoH map of high risk counties

## Approximate date of impact

Kenya was at risk for Viral hemorrhagic fevers (VHF) after successive outbreaks declaration in Neighboring countries. The EVD declaration in Uganda on 20 September 2022 and the Marburg outbreak declared in Tanzania, Kagera region on 21 March 2023 by the Ministry of Health (MoH). Kenya has to planned for different level of risk of VHF, high risk being EVD with the threat of border transmission with Uganda.

## Provide any updates in the situation since the field report and explain what is expected to happen.

On September 20, 2022, an outbreak of Ebola Virus Disease (EVD) was reported in Mubende, Uganda. Neighbouring countries, including Kenya, took steps to prevent the spread of the virus. The Kenya MoH issued an alert on September 21, 2022, requesting the mobilization of all relevant stakeholders to initiate prevention, preparedness, and response measures following the notification of the Ebola outbreak in Uganda. The risk of EVD spreading to Kenya is high, with refugees arriving from neighbouring counties, including DRC, Uganda, Burundi, Rwanda, and South Sudan, often passing through Uganda before reaching Kenya. Kenya Red Cross launched a DREF operation to conduct relevant anticipatory actions to mitigate the risk of this new strain of Ebola.

An allocation of CHF 186,942 was made on October 8, 2022, for 3 months with preparedness activities aligned with Kenya's Ministry of Health National Ebola Preparedness and Response plan, which establishes response coordination structures at national and county government levels. The MoH profiled 20 counties out of 47 considered at risk of being impacted in the event of EVD entry into Kenya. KRCS is a member of the national and county-level coordination mechanisms participating in Risk Communication and Community Engagement, Disease Surveillance, WASH, and coordination sub-committees. The activities covered Mombasa, Kwale, Taita-Taveta, Machakos, Makueni, Kiambu, Turkana, West Pokot, Trans Nzoia, Nakuru, Kericho, Kakamega, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, and Nairobi counties.

On March 16, 2023, the Ministry of Health (MOH) of the Republic of Tanzania announced seven cases and five deaths of an unknown



disease reported in the Kagera region (bordering Rwanda, Uganda, and Burundi) in Bukoba rural, Maruku, and Kanyengereko ward in Bulinda and Butayaibega villages. The cases were confirmed for Marburg Virus Disease (MVD) on March 21, 2023. The index case was reported to have a travel history from Goziba in Lake Victoria, which also borders Kenya. Also, see the Tanzania Marburg outbreak (MDRTZ033) (<https://adore.ifrc.org/Download.aspx?FileId=659332>). Being a hemorrhagic fever disease, the continuity of KRCS preparedness actions under this intervention remained relevant and necessary to ensure continuity in prevention for additional weeks.

In June 2023, while no cases were reported from Tanzania, the procurement of SDB kits was still underway through the IFRC international procurement chain. An extension of this intervention is thus needed for up to 4 months, covering the surveillance period in Tanzania but also allowing the kits to arrive in the country. This do not delayed the SDB activities as the NS used existing stocks complemented with some local items procurement to ensure a relevant completion of the readiness.



Sensitization of key community leaders on EVD prevention.



Sensitizing school going Children on EVD prevention.

## Scope and Scale

On September 20, 2022, an outbreak of Ebola Virus Disease (EVD) was reported in Mubende, Uganda. Neighboring countries, including Kenya, took steps to prevent the spread of the virus. In Kenya, the Ministry of Health put all counties on alert and asked them to implement preventive measures. The most vulnerable counties were those that border Uganda directly, as they were at an increased risk of reporting an EVD case. Other risk factors included cross-border trade with Uganda and access to Uganda by road. As of November, the virus had spread to a district as close as 117km to the Busia-Uganda border. This prompted the need to further improve preparedness in Kenya.

The MoH profiled 20 counties out of 47, considered to be at risk of being impacted in the event of EVD entry into Kenya. In additional MoH profiled 3 additional counties as being at high-risk of Marburg Virus Disease (MVD) due to their proximity to Tanzania and are along the Kenya-Tanzania entry points. These counties were identified based on their proximity to the Kenya-Uganda and Kenya-Tanzania borders and those also in the travel routes or with other ports of entry other than border driver through points. The border counties profiled as high-risk for EVD are Migori, Homa Bay, Kisumu, Siaya, Busia, Bungoma, Trans Nzoia, West Pokot, and Turkana counties. The other counties along the travel routes are Uasin Gishu, Kericho, Nakuru, Kiambu, Nairobi, Machakos, Makueni, Taita Taveta, Kilifi, Mombasa, and Kwale. As for MVD Bungoma, Busia, Siaya, Kisumu, Migori, Narok, Kajiado, Taita-Taveta, Kwale (Border, Lake Victoria and transport routes connecting Tanzania epi-centre area) and Nairobi and Mombasa (International connection flights destinations) were profiled as high-risk.

The mapped high-risk counties for Ebola virus disease (EVD) in Kenya supported by DREF are:

- Busia, due to the porous border points and the presence of fisher folk islands.
- Mombasa and Nairobi, due to their large populations and international transportation hubs
- Turkana, due to the airport, fisher folk, and travelers and asylum seekers from neighboring countries
- Kiambu, Uasin Gishu, and Nakuru, due to the highway cutting across all these border towns, which results in travelers making random stopovers and interacting with local communities

These factors increase the susceptibility of these counties to the spread of EVD, which is a contagious disease. Therefore, deliberate preventive, preparedness, and response strategies and interventions are essential to mitigate the risk of an EVD outbreak in these high-risk counties. The Ministry of Health's preparedness levels for risk communication and community engagement (RCCE), safe and dignified burials, and coordination with partners and stakeholders were boosted through a number of measures. These interventions continued even after the outbreak was declared over on January 11, 2023, following 42 days of zero reporting.

## Source Information

Source Name	Source Link
1. Previous reports on this intervention MDRKE052	<a href="https://www.ifrc.org/fr/appeals?date%20from=&amp;date%20to=&amp;search%20terms=&amp;search%20terms=&amp;appeal%20code=MDRKE052&amp;search%20terms=&amp;text=">https://www.ifrc.org/fr/appeals?date from=&amp;date to=&amp;search terms=&amp;search terms=&amp;appeal code=MDRKE052&amp;search terms=&amp;text=</a>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>The Kenya Red Cross Society launched the Ebola Virus Disease Preparedness and Response program with funding from the International Federation of Red Cross and Red Crescent Societies (IFRC) Disaster Response Emergency Fund (DREF). The program aimed to bolster and strengthen the health systems in place for preparedness and response to EVD in Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi, and Mombasa. The six high-risk counties were at the alert stage, and sensitization activities were conducted with the support of volunteers from the Red Cross and the Ministry of Health. As a complement to that, with additional support from Danish Red Cross, Kenya Red Cross Society extended its support to counties at risk for EVD in West Kenya Region. This counties include, Busia, Kisumu, Homabay, Mogori, Siaya, Trans Nzoia and Bungoma.</p> <p>The key pillars and activities of the program were:</p> <ol style="list-style-type: none"><li>1. Risk communication and community engagement, which reached 156,403 people.</li><li>2. Safe and dignified burials reached 44 teams.</li><li>3. Coordination through the Emergency Operation Centre.</li></ol> <p>The target groups included healthcare workers, Red Cross Action Teams, community health volunteers, religious leaders, cultural leaders, administrative leaders, traditional leaders, women's groups, farmers, shop vendors, motorbike riders, church congregations, and populations using informal border crossing points on lake shores and land. Sensitization activities were conducted through training, sensitization sessions via media such as radio spots and presenter mentions public address systems, door-to-door household visits, and distribution and education of communities through Information, Education, and Communication materials.</p>

## IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) provided KRCS with technical support in developing readiness and response plans through its Delegation and Regional office in Nairobi. Financial support was also provided through this DREF funding to ensure KRCS commences the preparedness of its teams in the at-risk areas. Given the movement's expertise in EVD response, IFRC also supported KRCS with strategic discussions to foster the EVD preparedness agenda. An SDB surge personnel was deployed by IFRC to support in capacity building and development of national SDB teams.
Participating National Societies	Danish Red cross-supported EVD anticipatory actions for five counties in Busia, Bungoma, Transzoia, and West Pokot upto February 2023.



# ICRC Actions Related To The Current Event

The ICRC is present in the country, offering support in various areas, although they haven't directly contributed to EVD preparedness.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<p>The National Government, through the Ministry of Health, had requested partner agencies to support preparedness actions and, eventually, response actions. The MoH leads the National EVD Taskforce at the national and county levels and holds daily coordination meetings.</p> <p>Furthermore, the MoH has reviewed the accreditation of health facilities for both case management and laboratory services while emphasizing the need for adequate protective equipment. They also ensure screening at all formal entry points along the Kenya-Uganda border.</p>
<b>UN or other actors</b>	<p>USAID, UNICEF, WHO, CDC and the University of Nairobi participated in the planning of preparedness actions.</p> <p>World Health Organization provided MoH with technical support and case management-related commodities.</p>

### Are there major coordination mechanism in place?

A National Ebola Virus Disease taskforce, led by the MoH, was set up, holding daily meetings. KRCS was part of this task force and a core contributor to Risk Communication and Community Engagement, Community-Based Surveillance, and Case Management.

At the national level, a Technical Working Group was established, chaired by the head of the Disease Surveillance and Response Department (DDSR), with the first meeting held on September 29, 2022. Partners were identified for each preparedness/response component, with KRCS highlighted as an actor in the Surveillance, RCCE, case management/IPC, and mental and psychosocial support coordination mechanisms.

KRCS worked closely with stakeholders in the region and counties, including the government, the Ministry of Health, the Ministry of Interior (county commissioner's office), and key partners such as UNICEF and World Vision, among others, to implement and coordinate the activities.

## Needs (Gaps) Identified



Based on the MoH risk profile, below are the preparedness needs that were identified:

1. Community-based surveillance - the need for training and deployment for surveillance and case detection.
2. Risk communication and community engagement (RCCE) - the need for training and deployment. These teams are needed and should be embedded in the CBS teams for enhanced efforts and increased impact.
3. Safe and Dignified Burials (SDB): Training, setting up response teams who could be on standby until the response phase is triggered, and prepositioning SDB kits is needed.
4. Infection Prevention and Control (IPC) for Ambulance services - the need for the training of ambulance service operators to support the transportation of suspected cases if CBS teams detect any. Based on KRCS's experience with handling the Covid-19 pandemic in the country, there are ongoing discussions for its ambulance service to be made available if necessary.
5. Mental health and Psychosocial Support (MHPSS) - the need for psychosocial first aid (PFA) sensitization and briefing of EOC MHPSS. Hotline on key messages for EVD and readiness for increased public engagement if the EVD response phase is triggered.



6. With the current outbreak of Marburg virus disease in Tanzania, there is also a need to sensitize the communities to be alert and enhance prevention measures.
7. Emergency operation center coordination.
8. Coordination with KRCS county teams, the Ministry of Health, and stakeholders.

## Operational Strategy

### Overall objective of the operation

This DREF Operation aimed at contributing to early detection of suspected cases and preventing the spread of Ebola Virus Disease by ensuring readiness of KRCS teams and at community level through awareness raising and engagement of at-risk communities.

### Operation strategy rationale

The intervention was launched for initial 4 months following the declaration of the EVD outbreak in Uganda on 20 September 2022. Based on past scenario of similar outbreaks in Africa and priority actions coordinated with Government, KRCS launched an anticipatory action plans aiming to mitigate the risk of the EVD to spread in Kenya and strengthen the readiness of the NS and communities to deal with the potential outbreak in worst case scenario. With operational challenges, the intervention was extended to 12 months. Despite the challenges, mainly linked to procurement, the NS managed to have an effective and impactful intervention that ensure readiness for the NS and at community is sustainable.

As an anticipation to the risk of EVD, KRCS concentrated its efforts on 4 main pillars aimed at ensuring the preparation of the branches most at risk by strengthening the surveillance and alert system, building the capacity and maintain the readiness of the NS and referee health facilities for effective management of CBS and SDB. The second area of NS anticipatory actions was at community level, with the main aim of reducing the vulnerability of communities in the event of transmission/detection of cases in Kenya. By enhancing the knowledge around the disease and prevention; strengthening the risk communication as a priority to address rumors and working on behavior changes.

On 11 January 2023, Uganda declared the end of the EVD outbreak. The surveillance period was advised by Government and KRCS continue their actions at community level while completing the pending activities. The procurement was also ongoing for the SDB kits. In the meantime, on 21st of March, the Ministry of Health (MoH) of Republic of Tanzania declared its first-ever outbreak of Marburg virus disease (MVD) in Bukoba district, Kagera region. The ongoing procurement, activities which were to be finalized and the Marburg risk prompted an extension of this intervention twice. KRCS pursued and completed the designed strategy within the 6 months but the operation was extended to 12 months to ensure effective SDB readiness of KRCS with the full procurement and delivery of the SDB kits planned. Thankfully, the SDB readiness (trainings and simulations) was managed with existing stock complemented by local procurement facilitated by health technical guidance. When the kits arrived, they ensured that the SDB teams effectively covered any hemorrhagic fever disease risk in border counties at risk.

The detailed strategy of KRCS covered the below axis of intervention:

Details in the three operation update published here [https://www.ifrc.org/fr/appeals?date\\_from=&date\\_to=&search\\_terms=&search\\_terms=&appeal\\_code=MDRKE052&search\\_terms=&text=](https://www.ifrc.org/fr/appeals?date_from=&date_to=&search_terms=&search_terms=&appeal_code=MDRKE052&search_terms=&text=)

1. Community-based surveillance (CBS) by ensuring Epidemic Preparedness and Response in Communities (EPiC) training for volunteers and their deployment to support community case detection and alerts to health facilities and SDB teams; support referral to relevant healthcare facilities.
2. Risk Communication and Community Engagement (RCCE) to limit the spread of rumors and infodemics. RCCE teams will be embedded into the CBS teams for maximum impact.
3. Readiness for Safe and Dignified Burials (SDB) readiness through trainings and starter stocks.
4. Preparedness of KRCS Ambulance service operators that will manage the alerts
5. Preparedness for Mental health and Psychosocial Support, by conducting a PFA training of trainers (ToT)
6. Coordination by ensuring KRCS and the wider membership are represented at key preparedness meetings with MoH and partners and that KRCS actions remain relevant in the wider National and County preparedness plans.

To support the above strategy, a Public Health in Emergency surge personnel with strong experience in SDB was deployed to support KRCS teams with both actioning the activities and coordination.



# Targeting Strategy

## Who was targeted by this operation?

Initially, the focus for implementing measures against Ebola Virus Disease (EVD) as a National strategy included 20 counties with a target population of 565,650 individuals. However, additional resources and funding from the Danish Red Cross and USAID led to a shift in strategy, with the IFRC DREF concentrating its support on 6 high-risk priority counties: Mombasa, Kiambu, Nairobi, Uasin-Gishu, Nakuru and Turkana counties. The programs in these six counties were not only intensified but also extended to reach a broader population.

The number of people reached during direct sensitization were 390,656 people (132,883M, 156,065F) while Approximately 560000 (274400M, 285600F) people were reached via social media including radio spots and talk show.

## Explain the selection criteria for the targeted population

The rationale for the geographical targeting is that these counties are along the transport corridor of the Malaba-Mombasa highway, which runs from Uganda to Mombasa, Kenya. Nairobi and Mombasa counties host major international airports that have direct flights to Uganda.

## Total Targeted Population

Women	176,483	Rural	70%
Girls (under 18)	117,655	Urban	20%
Men	162,907	People with disabilities (estimated)	6%
Boys (under 18)	108,605		
Total targeted population	565,650		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Cultural practices and cross-border inter-marriages	Continuous sensitization on risks of movement and creation of awareness on the impact of highly infectious Ebola in improperly handled cases or deaths.
Low levels of Awareness	Continuous sensitization and RCCE activities to communities.
Movement of Truck Drivers and Trade	Proper briefing of teams on the risks and provision of adequate protective equipment.
Movement of Truck Drivers, Trade and interaction between Uganda and Kenya communities such as intermarriages and interaction along the lake victoria and other beaches.	- Engaging the truck drivers' and stakeholders during coordination and review meetings for EVD, awareness creation, and sensitization.
Porous border points of entry that are not manned	Training and sensitization of the security personnel, public health officers, and disease surveillance officers on screening at the porous points of entry
Community Interactions along EVD risk areas	Risk Communication and Community Engagement sensitization to communities in the risk areas.

## Please indicate any security and safety concerns for this operation

No security and safety concerns were recorded.

Has the child safeguarding risk analysis assessment been completed?

Yes

# Implementation



**Budget:** CHF 110,598

**Targeted Persons:** 565,650

**Assisted Persons:** 390,656

## Indicators

Title	Target	Actual
Number of Trainers trained in the EPiC ToT	25	30
Number of cascaded County level trainings conducted	6	6
Number of volunteers supporting CBS and RCCE	125	170
Number of engagement sessions with traditional and religious leaders	6	8
Number of radio awareness sessions	16	8
Number of SDB training conducted	1	3
Number of SDB teams set up and ready to deploy	2	3
Number of SDB starter kits procured	2	1
Number of SDB training kits procured	2	2
Number of SDB replenishment kit procured	1	1
Number of ambulance teams trained	6	0
Number of people reached with awareness sessions	2,470,748	390,656

## Narrative description of achievements

Kenya Red Cross Society implemented Risk Communication and Community Engagement activities; Mass communication; ambulance readiness; CBS and SDB readiness across the six targeted counties of Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi and Mombasa. Initially, the focus for implementing measures against Ebola Virus Disease (EVD) included 20 counties with a target population of 565,650 individuals. However, additional resources and funding from the Danish Red Cross and USAID led to a shift in strategy, with the IFRC DREF concentrating its support on 6 high-risk priority counties: Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi, and Mombasa. The programs in these six counties were not only intensified but also extended to reach a broader population. The number of people reached during direct sensitization were 390,656 people (132,883M, 156,065F) while Approximately 560000 (274400M, 285600F) people were



reached via social media including radio spots and talk show. Cumulatively the total number of people reached with health education and social media platform is 950,656 (407,283M,441665F)

## 5. EpIC and PFA

- EPIC Training was conducted to the 6 target counties and a total of 30 TOTs were trained in (Nakuru 4, Mombasa 4, Uasin Gishu 4, Kiambu -4, Turkana-6, and Nairobi 8). The ToTs cascaded the training to the volunteers for a sustainable capacity that can be later replicated.

The ToTs involved KRCS RCATs and MoH staff for a total of 30 TOTs trained (Nakuru 4, Mombasa 4, Uasin Gishu 4, Kiambu -4, Turkana-6, and Nairobi 8). The ToT program facilitated community engagement, contributing to holistic health strengthening and the long-term resilience of the health system. The ToTs cascaded the training at community level to CHVs and KRCS Volunteers.

Training of KRCS/MoH volunteers on RCCE topics including EPIC and PFA; The six counties successfully trained KRCVs and CHVs on the RCCE, PFA and EPIC topics reaching out to a total of 170 KRCS volunteers and CHVs. The branches readiness on RCCE are now as follow based on these trainings:

- 25 KRCS Volunteers and CHVs trained in Uasin Gishu, RCCE component covered.
- 25 CHVs/ KRCS Volunteers were trained on Epic in Mombasa County from 16th to 18th February 2023.
- 25 Community Health Volunteers (CHVs) and KRCS Volunteers were trained on Epidemic preparedness and response (EPIC) in communities from 15th to 17th of February 2023 in Nakuru County.
- 35 volunteers were trained in Kiambu county.
- 25 volunteers were trained In Nairobi County.
- 35 volunteers were trained on the Epic Modules In Turkana County.

These trainings significantly improved efforts to strengthen individual and community health in 6 counties amidst the threat of Ebola virus disease (EVD). Enhanced knowledge and communication skills, enabled volunteers in raising awareness, dispelling myths, and fostering community engagement. The volunteers tailored messages to local contexts and promptly address concerns which empowered communities to take proactive measures against EVD. Moreover, the presence of trained volunteers facilitated improved access to health services and contributed to building a more resilient health system in the region. Overall, the training initiative not only achieved its objective of strengthening holistic health but also left a lasting impact on the communities of Uasin Gishu, Mombasa, Nakuru, Kambu, Nairobi and Turkana counties.

## 2. Risk Communication and Community Engagement

Effective communication enabled volunteers to disseminate accurate information, build trust between communities, ensure culturally sensitive interventions, make informed decisions and take appropriate preventive measures, against promoting collaboration and acceptance of control measures. Ultimately, these practices empowered communities to actively participate in decision-making processes, fostering long-term resilience in public health initiatives. The six counties tar

- RCCE related mapping and assessments

All 6 targeted counties have conducted mapping and assessments. In Nakuru, six sub-counties were put on survey by the Ministry of Health. The selected counties were identified based on high-risk and vulnerabilities communities due to continuous cross-border movement. A mapping and community local assessment was conducted in the 6 counties to enable targeted interventions into the local context, facilitate the design of culturally sensitive strategies and ensuring efficient allocation of resources to strengthen community level interventions. The specificities of the counties communities, especially in border areas were identified and included to the RCCE analysis.

- Training of the branches team on the RCCE were covered as one package with the EPIC through ToT and then cascade trainings to the volunteers for a sustainable capacity that can be later replicated.

## 3. Sensitizations to communities through door to door, trusted community channels such as local media and local representatives or leaders.

- 1617 key trusted community influencers were engaged and sensitized to deliver the messages on the EVD in their respective communities. The profiles engaged included religious/cultural/administrative leaders; traditional healers in priority. Volunteers also shared the Red Cross hotline number. 15 in Nakuru, 09 in ; 12 in Turkana, 1498 in Nairobi and

- 15 local representatives in Nakuru Branch made of local administrative, traditional, and religious leaders were engaged in educative training sessions on the anticipatory actions for preventing and managing the Ebola virus. The training session was facilitated by the KRCS EVD project focal person and a representative from the Ministry of Health on 8th March 2023.

- 09 Chiefs, youth leadership, media, and traditional healers. They discussed Cultural, traditional, and religious behavior contributing to high risk and low risk of epidemic spread.

- 12 religious and traditional healers and the local administration were reached in Turkana by meetings organized by the Volunteers.

- 1528 leaders reached in Nairobi county through 3 sessions. The first sensitization was done in Soweto which had a total number of 98 people, 60 females and 38 Males. The second session was with religious leaders, administration leaders and members of community whereby 1200 people were reached, 540 males and 660 females. The 3rd session targeted community religious leaders and relevant authorities including administration leaders and members of community was done, a total number of 200 people were reached. The Nairobi team also had a meeting with stakeholders at Mathare DCC Hall which had a total of 30 representatives.



- 41 community elders were sensitized during a forum at Ruiru sub-county on signs, symptoms, and prevention of EVD in Kiambu.
- 12 people involved in a meeting with religious and traditional healers and local administration In Uasin Gishu.

- 390,656 people reached during direct sensitization by volunteers

The engagement of the community influencers, bolstered community trust and adherence to recommended health practices, ultimately contributing to the achievement of the project's objectives. The DREF support facilitated played a vital role in empowering key influencers to drive positive health outcomes and enhance community resilience against EVD.

Community wide sensitization events on EVD preparedness by KRCS/MoH volunteers and key community influencers; Through collaborative efforts involving KRCS/MoH volunteers and key community influencers, individuals from counties were sensitized on Ebola virus disease (EVD) preparedness, utilizing Risk Communication and Community Engagement and Accountability strategies. The total number of people reached in the 6 counties is 390,656 drawn from community wide sessions and media engagement. The segregation for community wide sessions were as indicated in the table below. This include 50,000 children reached in the schools.

The column under Media represents the total number of people reached via media stations including radio spots, Radio and TV talk shows per county. The total number of people reached by Media engagement are 560,000 as indicated below

County	Male	Female	Total	Media	Focus areas
Turkana	9106	9154	18260	60,000	03 sub-counties
Uasin Gishu	11400	13,675	25,075	50,000	04 sub-counties
Nakuru	28,183	25,882	54,065	100,000	04 sub-counties
Kiambu	43,603	58,432	101, 758	203,793	05 sub-counties
Nairobi	11324	14212	25,536	250,000	All
Mombasa	29217	34710	63927	50, 000	04 sub-counties
Total	132,883	156,065	390656	560,000	

- In Nakuru County, the outreach covered the following areas: Nakuru West, Nakuru East, Gilgil and Molo.
- In Mombasa County, the areas of focus were on Chagamwe, Jomvu, Mvita, Nyali.
- In Kiambu County, RCCE activities were conducted at Githunguri Sub County at komothai in Kikuyu, Lussigetti and Karai Musigen where door to door sensitizations were conducted. In Lari subcounty the RCCE activities were conducted at wangware and Kagaa areas. In Limuru sub county the activities were conducted at Mirithu, Tharuni and Kamirithu areas. In Ruiru sub county RCCE activities were conducted in Mwhoko, Githurai and Mwiki areas. In kabete the activities were conducted at Zambezi, Wangige and Gitaru areas.
- In Nairobi County, special deployments for sensitizations were in churches, learning institutions (primary and high school), health facilities and at the market place.
- In Uasin Gishu County, areas covered were Turbo, Ainabkoi, Kesses and Kapseret.
- In Turkana County, sensitization was focused on Letea, Lokiriama and Lodwar.

This intervention significantly contributed to the achievement of the project's objective by enhancing community awareness, fostering active participation, and strengthening the overall health system in Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi and Mombasa. The widespread dissemination of accurate information and engagement of community members not only mitigated the immediate risk of EVD but also empowered individuals to make informed decisions about their health, thus promoting holistic well-being and resilience within the community.

- Media engagements on EVD related topics is estimated to have reached 420,000 people using radio spots and interviews conducted by KRCS in Partnership with the Ministry of health in all the 6 counties.

- In Kiambu, radio interview was conducted at RFM radio 99.9 on 15th of February 2023. Radio as 50, 000 listeners.
- In March 2023, Nakuru conducted a radio program at MBCI. On 6th March 2023, another radio session was done. On February 28, 2023, a radio program was again conducted at MBCI radio. Each session managed to reach 100,000 listeners.
- Radio show conducted at Upendo FM on 14th March 2023, in Uasin Gishu reaching 50,000 listeners.
- On 14th March, radio session at Mataa Radio in Turkana, Reaching 30,000 people.
- Radio show conducted in Turkana County on 20th March at Achim Radio station. Reaching 30, 000 listeners.
- In Mombasa on 30th March, radio session was conducted at Pwani FM reaching 50, 000 people.
- On 20th April 2023, Nairobi County conducted a session at Watabwa Koch FM. 1 RCAT, the Sub County Health Promotion Officer and the Sub County Disease surveillance of Starehe coordinated the session.

The intervening efforts to utilize media engagements like radio spots and interviews on EVD-related topics enhanced reaching a broad audience and reinforcing key messages within the community. DREF funds were essential in supporting these initiatives, covering production costs and airtime, thereby ensuring the effective dissemination of accurate information and the achievement of the project's objective to strengthen holistic individual and community health.

#### 4. Safe and Dignified Burial

- Training of KRCS SDB teams

The DREF funds were crucial in enabling the implementation of the Safe and Dignified Burials approach, particularly in high-risk communities where adherence to cultural values posed significant challenges. 44 burial team members trained across Nairobi 16, Uasin Gishu 14, and Mombasa 14 counties, the DREF allocation facilitated the dissemination of essential knowledge and skills on Ebola virus



disease, preventive measures, and the protocols for safe and dignified burials. The Safe and Dignified Burial training covered a wide range of topics, including: Ebola Virus as a disease: its signs and symptoms, preventive and control measures, history of Safe and Dignified Burials, Community Engagements and Accountability, psychological First Aid, 13 Protocols to be followed for safe and dignified burial. The Ministry of Health supported supervision to ensure that the training is effective and that the protocols are being followed. Given the cultural sensitivities surrounding burial practices and the potential consequences of improper handling of highly infectious diseases like Ebola, KRCS through IFRC surge support, ensured that vulnerable communities received specialized training and assistance through training Trainer of Trainers in collaboration with the Ministry of Health which supported with supervision roles to ensure that the training was effective and that the protocols were being followed on how to conduct burials safely and with dignity. This not only reduced the anticipated risk of disease transmission but also addressed community concerns and fostered trust in the health system's response to public health emergencies. Overall, the DREF contribution played a critical role in safeguarding the health and well-being of the population that were at high risk of Viral Hemorrhagic Fevers in Kenya.

- SDB simulations updates

Mombasa and Uasin Gishu have conducted at least 4 simulations while in Nairobi County, 2 simulations were conducted which later informed a 3-day refresher training. This refresher training helped to select the TOTs meant to cascade the training to 4 extra counties. A total of 10 simulations and 1 refresher training have been conducted across the 3 counties.

The simulation exercises allowed teams to practice and refine their skills in a controlled environment before facing real-life scenarios. Subsequent simulations led to improvements in the teams' abilities to adhere to protocols, handle logistical challenges, and ensure safe and dignified burials. However, ongoing training and simulations remain essential to further reinforce skills, address emerging challenges, and maintain readiness in responding to potential outbreaks. Continuous support from the DREF and Danish was necessary to effective and appropriate assistance. DREF allocation was essential to the Safe and Dignified Burial approach and enhance community health resilience in the face of infectious diseases like Ebola.

- KRCS support to MoH policy on SDB

KRCS through the SDB sub-committee supported the development and approval of SDB in the context of EVD preparedness. Due to the reported Marburg Virus Disease outbreak in Tanzania, MoH Kenya adjusted the SDB Standard Operating Procedures (SOP)s and key response pillars to including Ebola Virus Disease and Marburg Virus Disease.

The funding received was crucial in enabling KRCS to play a leading role in conducting Safe and Dignified Burials (SDB) in Kenya. With the development and approval of updated SDB Standard Operating Procedures (SOPs) to include Ebola Virus Disease (EVD) and Marburg Virus Disease, KRCS is poised to spearhead SDB efforts, ensuring that the country is well-prepared to respond to infectious disease outbreaks. This underscores the importance of IFRC support in empowering KRCS to take proactive measures in safeguarding public health and ensuring the dignified treatment of the deceased in times of crisis

## 5. Ambulance services

- KRCS ambulance teams on EVD preparedness

During the month of December 2022, KRCS was able to conduct a training for 20 ambulance operators (Busia, Migori, Homabay, Siaya, Kisumu, West Pokot, Bungoma, Nakuru, Mombasa, Eldoret and Trans Nzoia) on EVD preparedness.

This initiative emphasized on the importance of DREF funding in strengthening emergency response capabilities, ensuring timely and efficient healthcare delivery, and mitigating the spread of infectious diseases within vulnerable communities during.

- KRCS ambulance services simulations for EVD scenario

Simulation of the trained ambulance operators was conducted during the training. The simulation integrated during the training allowed for the identification of gaps or challenges that would arise in the response process, enabling adjustments to be made to protocols and procedures to ensure smoother and more effective emergency responses in the future.

• • •

## Lessons Learnt

- Training and sensitization of existing CHVs and KRCS Volunteers on Epidemic Preparedness in the Community (EPiC), Safe and Dignified Burials and Community Based Surveillance, module to support in RCCE.
- It's important to engage persons offering alternative medicine e.g traditional healers, herbalists, and religious during RCCE.
- Enhance cross-border coordination with Uganda and Tanzania which improves response and project implementation.
- There is a need to increase Safe and Dignified Burial trainings to other non-trained counties so as to enhance preparedness and immediate response.

## Challenges

- Traditional knowledge on EVD at the community level at some point slowed down uptake of the EVD scientific information.





# Community Engagement And Accountability

**Budget:** CHF 11,928

**Targeted Persons:** 565,650

**Assisted Persons:** 156,403

## Indicators

Title	Target	Actual
Number of IEC material produced	4,000	8,000
Number of feedback system set up	1	1

## Narrative description of achievements

Communication was enhanced by KRCS on the feedback mechanisms and channels to ensure the communities are heard and their feedbacks are integrated to the intervention, especially on the CEA strategy. Main feedback systems used include the direct survey during the assessment in each counties, the interactive feedback systems such as the engagement meetings with local leaders held as per described under health, the radio talk, the KRCS activated hotline and the direct feedback collected by volunteers during the sensitizations. During this process, KRCS volunteers and CHVs were able to get community feedback on Ebola Virus Disease. The feedback received was on Rumors, Questions, Complaints and Appreciations

### 1. Rumors

- Ebola is highly contagious through the air.
- Ebola is always fatal.
- Ebola is only found in Africa.
- Traditional medicine can cure Ebola.
- Ebola is a punishment for bad behavior.
- Ebola can be transmitted through mosquitoes.
- EVD is for West Africans.
- EVD was brought to West Africa to finish Africans because of gold.
- Only primates could transmit Ebola to human being.
- Others said Ebola was fatal and was brought to Africa to finish them because of gold.

### 2. Questions

- What is the incubation period for Ebola?
- Is there a vaccine for Ebola?
- Have there been any cases of Ebola reported in Kenya?
- Why doesn't the government have testing posts at the border?
- Can the bats at Uhuru Park in Nairobi infect us with Ebola?
- Is the Ebola virus in Uganda the same type as the one that is mostly found in Congo?
- What are the first signs and symptoms of Ebola?
- What is the difference between COVID-19 and Ebola?

### About treatment and care:

- What is the first aid for Ebola?
- Are survivors of Ebola contagious?
- Should a person infected with Ebola have special meals?

### About prevention and response:

- Why is the government not administering Ebola vaccines yet?
- Now that Uganda is free from Ebola, is there a need to continue sensitization?

### 3. Appreciations.

- Community members appreciated KRCS for the knowledgeable session and other projects being implemented in their area.
- Community members appreciated the EVD intervention by KRCS

The Departments of Public Health under the Ministry of Health received Information, Education, and Communication (IEC) materials for Risk Communication and Community Engagement (RCCE) on Ebola Virus Disease (EVD) in the six counties. The IEC materials included



banners, posters, and flyers with key messages on what Ebola is, how it spreads, signs and symptoms, and preventive measures. These were distributed by Ministry of Health officials in the mapped high-risk sub-counties. KRCS volunteers played a key role in distributing and explaining the information to the communities by translating the messages to Kiswahili and local dialects. The printing of T-shirts and reflector jackets with key messages on Ebola/Safe and Dignified Burial was done for each of the six counties.

The funds provided by the DREF were vital for the production and distribution of RCCE IEC materials, as evidenced by the comprehensive dissemination efforts undertaken by the Ministry of Health and KRCS volunteers. These materials, served as critical tools for raising awareness and educating communities on EVD transmission, symptoms, and preventive measures. Moreover, the translation of messages into Kiswahili and local dialects ensured accessibility and comprehension among diverse populations, highlighting the importance of DREF support in facilitating inclusive and culturally sensitive communication strategies to effectively combat the spread of EVD in the six counties.

- The engagement with local representatives and leaders as well as the direct sensitization with the communities have helped to address the above feedback and mitigate the risk of mis-information for hundreds thousands people in the at risk counties. • • •

## Lessons Learnt

- Translation of EVD key messaging into Kiswahili and local dialects was very important to ensure all community members are reached by the message.
- It's important to engage persons offering alternative medicine e.g traditional healers, herbalists, and religious to give their view on EVD.
- Community Engagement forums, use of local leaders and religious leaders enhanced acceptance and behavior change through general EVD messages.

## Challenges

- Existence of rumours on Ebola Virus Disease affected RCCE intervention in the community. The community understood that only primates could transmit Ebola to human being. Others thought that EVD was a disease for people living in Uganda only and cannot infect people in Kenya. Others said Ebola was fatal and was brought to Africa to finish them because of gold.



## Secretariat Services

**Budget:** CHF 25,560

**Targeted Persons:** 1

**Assisted Persons:** 2

## Indicators

Title	Target	Actual
Number of Surge personnel deployed.	1	1

## Narrative description of achievements

One Public health in emergencies surge personnel with a strong background on SDB was deployed by IFRC to support KRCS readiness. He supported in Training of SDB ToTs who latter cascaded the training to KRCS volunteers and CHVs.

IFRC supported the SDB procurement. Delays on that process led to this operation being exceptionally extended. During the post intervention evaluation, IFRC and NS evaluate the clear bottlenecks of the procurement process for SDB Training kits and replenishment kits for this operation. By addressing these bottlenecks and implementing the recommended strategies, the project expected to enhance its procurement efficiency, ensuring timely delivery of necessary resources and ultimately improved the project outcomes and training of the SDB teams. Kits arrivals allowed to conclude the activities that were still pending.

## Lessons Learnt

- Need to simplify and expedite the internal approval processes to reduce delays in procurements. Implementing a fast-track approval system for urgent procurements could be beneficial.



- Implement regular monitoring and communication mechanisms to track procurement status and address issues promptly. Effective communication channels between procurement teams and project managers are crucial.

Cross border coordination is essential to enhance response and project implementation for multi-country risks.

## Challenges

Significant delays in the approval process for procurement requests, leading to postponed project activities.  
Limited access to the island due to limited mobility services such as boats.



**Budget:** CHF 38,856

**Targeted Persons:** 565,650

**Assisted Persons:** 156,403

## Indicators

Title	Target	Actual
Number of lessons learned workshop conducted	1	1
Number of MoUs prepared and signed with MoH on KRCS role in SDB	1	0
Number of SoPs prepared and disseminated on SDB teams response to alerts	1	1
Number of Branch staff mobilized	3	3
Number of weekly supervisory visits conducted at county level.	20	15
Number of monthly monitoring visits conducted.	3	4

## Narrative description of achievements

• By engaging with key stakeholders at both national and county levels, including the Ministry of Health, Kenya Red Cross Society (KRCS), religious leaders, motorists, the business community, administration officers, and youth, the project fostered collaboration and alignment of efforts towards EVD preparedness and response. These meetings provided platforms for sharing progress updates, addressing challenges, and integrating activities to maximize the reach and impact of EVD messages, highlighting the importance of DREF support in facilitating coordinated and comprehensive approaches to community preparedness for disasters.

Contribution enabled the project to establish robust coordination mechanisms, enhance stakeholder engagement, and promote effective planning and implementation of EVD preparedness activities, thereby strengthening the resilience of communities in high-risk areas.

National-level EVD preparedness coordination meetings:

Continuous engagement of the status of preparedness at the national levels between the national society, Ministry of health and key stakeholders are on, to incorporate Marburg virus recently reported in Tanzania for integration purposes.

County-level EVD preparedness coordination meetings:

During this period, key partners and stakeholders in Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi, and Mombasa counties met to coordinate, share and review progress, and address challenges in implementing the EVD preparedness and response program. The Ministry of Health led the coordination meetings, with the Kenya Red Cross Society (KRCS) being the main partner supporting EVD interventions. Other stakeholders represented included religious leaders, motorists, the business community, administration officers, and youth. The key agenda was to share updates on the project and discuss ways to integrate activities to reach more people with EVD messages. KRCS also discussed accelerated plans for each pillar being implemented and how to adopt the meeting recommendations to their contexts.

Review and Reflections:

Weekly catch-up meetings were conducted to follow up on the project status virtually. An After-Action Review meeting was conducted to reflect on achievements, shortfalls and areas of improvement in our implementation strategies.



## Lessons Learnt

- Stakeholders' engagement to be done at all levels from inception to project closeout.
- It's important to engage persons offering alternative medicine e.g traditional healers, herbalists, and religious during RCCE.
- Need to allocate more resources to support project implementation e.g training of volunteers, conducting sensitizations, mileage etc
- There is a need to increase Safe and Dignified Burial trainings to other non-trained counties so as to enhance preparedness and immediate response. KRCS should consider setting up of SDB preparedness plan and regular simulations on SDB to reinforce the knowledge learnt.

## Challenges

Since the outbreaks of the Viral haemorrhagic fever are not very common, capacity building of response teams is not always continuous. However, for these cases capacity building of response teams could have been done earlier and continuously.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRKE052 - Kenya - Anticip. Actions EVD Outbreak

Operating Timeframe: 08 Oct 2022 to 31 Oct 2023

Selected Parameters			
Reporting Timeframe	2022/10-2024/2	Operation	MDRKE052
Budget Timeframe	2022/10-2023/10	Budget	APPROVED

Prepared on 16/Apr/2024

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>186,942</b>
DREF Anticipatory Pillar	186,942
<b>Expenditure</b>	<b>-158,554</b>
<b>Closing Balance</b>	<b>28,388</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	110,598	153,654	-43,056
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>110,598</b>	<b>153,654</b>	<b>-43,056</b>
SF11 - Strengthen National Societies	50,784		50,784
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	25,560	4,900	20,660
<b>Strategy for implementation Total</b>	<b>76,344</b>	<b>4,900</b>	<b>71,444</b>
<b>Grand Total</b>	<b>186,942</b>	<b>158,554</b>	<b>28,388</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

IFRC-DREF allocated CHF 186,942 to support the anticipatory action to mitigate the risk of the EVD and ensure institutional and community preparedness ahead of an escalation scenario. The financial execution covered the intervention timeframe.

From the allocation received, CHF 158,554 was spent and the balance of CHF 28,388 will return to the DREF pot following the closure of this DREF. Main variances are mainly savings on surge costs, currency exchange, media support and monitoring from IFRC side. These were general support cost for the intervention not fully spent considering the evolution of the intervention.

The DREF standard report is annexed with the general figures of the income and expenses while details of the execution of the budget is provided in the KRCS financial report.



# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2024/2	Operation	MDRKE052
Budget Timeframe	2022/10-2023/10	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 16/Apr/2024  
All figures are in Swiss Francs (CHF)

### MDRKE052 - Kenya - Anticip. Actions EVD Outbreak

Operating Timeframe: 08 Oct 2022 to 31 Oct 2023

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>186,942</b>
DREF Anticipatory Pillar	186,942
<b>Expenditure</b>	<b>-158,554</b>
<b>Closing Balance</b>	<b>28,388</b>

## II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	110,598	153,654	-43,056
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>110,598</b>	<b>153,654</b>	<b>-43,056</b>
SFI1 - Strengthen National Societies	50,784		50,784
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	25,560	4,900	20,660
<b>Strategy for implementation Total</b>	<b>76,344</b>	<b>4,900</b>	<b>71,444</b>
<b>Grand Total</b>	<b>186,942</b>	<b>158,554</b>	<b>28,388</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2024/2	Operation	MDRKE052
Budget Timeframe	2022/10-2023/10	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 16/Apr/2024

All figures are in Swiss Francs (CHF)

### MDRKE052 - Kenya - Anticip. Actions EVD Outbreak

Operating Timeframe: 08 Oct 2022 to 31 Oct 2023

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>14,800</b>	<b>8,570</b>	<b>6,230</b>
Shelter - Relief		529	-529
Medical & First Aid	14,800	8,041	6,759
<b>Logistics, Transport &amp; Storage</b>	<b>16,400</b>	<b>2,500</b>	<b>13,900</b>
Transport & Vehicles Costs	6,000		6,000
Logistics Services	10,400	2,500	7,900
<b>Personnel</b>	<b>19,424</b>	<b>4,487</b>	<b>14,937</b>
International Staff	4,536	4,487	49
National Society Staff	1,600		1,600
Volunteers	13,288		13,288
<b>Workshops &amp; Training</b>	<b>73,760</b>		<b>73,760</b>
Workshops & Training	73,760		73,760
<b>General Expenditure</b>	<b>51,149</b>	<b>238</b>	<b>50,911</b>
Travel	3,859	226	3,634
Information & Public Relations	29,376		29,376
Communications	8,000		8,000
Financial Charges		12	-12
Other General Expenses	9,913		9,913
<b>Contributions &amp; Transfers</b>		<b>133,083</b>	<b>-133,083</b>
Cash Transfers National Societies		133,083	-133,083
<b>Indirect Costs</b>	<b>11,410</b>	<b>9,677</b>	<b>1,733</b>
Programme & Services Support Recover	11,410	9,677	1,733
<b>Grand Total</b>	<b>186,942</b>	<b>158,554</b>	<b>28,388</b>

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME  
PROJECT NAME  
IFRC PROJECT CODE  
CURRENT REPORTING PERIOD  
PLANNED EXPENDITURE PERIOD

KENYA RED CROSS SOCIETY			
Anticipatory Actions EVD Outbreak			
PKE088-AP109-MDRKEOS2			
From:	8-Oct-22	To:	31-Dec-22 (Y2 Qtr 1)
From:	1-Jan-23	To:	30-Sep-23 (Y2 Qtr 2)

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

Exchange Rate Used 

SL	1
CHF	128.4

Output	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		Reason for Variance(s) (more than 10%)
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%	
NS health capacity		56,360	56,360		55,496	55,496			864	2%	
Health services in emergencies		22,288	22,288		22,814	22,814	-		526	-2%	
Community Engagement and Accountability		11,200	11,200		11,358	11,358	-		158	-1%	
National Society Development		36,485	36,485		36,665	36,665	-		180	0%	
		126,333	126,333		126,333	126,333	-		0		

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

Cost Categories	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance	
	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	-	116,420	116,420	-	116,420	116,420	-	100%	-	0%
5 Indirect cost recovery	-	9,913	9,913	-	9,913	9,913	-	100%	-	0%
<b>TOTAL</b>	-	126,333	126,333	-	126,333	126,333	-		-	-

3.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN CHF

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

Output	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period*	Total (Year to date)	Variance CHF	%	Variance CHF	%
Overall	-	126,333	126,333	-	-	-	126,333	100%	126,333	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

Date Submitted

DD/MM/YYYY

Name, Title & Signature of Project partner designated official  
Caleb Chemirir- Public Health in Emergencies Manager



23/07/2024

PROJECT PARTNER NAME  
PROJECT NAME  
IFRC PROJECT CODE  
CURRENT REPORTING PERIOD  
PLANNED EXPENDITURE PERIOD

KENYA RED CROSS SOCIETY			
Anticipatory Actions EVD Outbreak			
PKE088-AP109-MDRKE052			
From:	8-Oct-22	To:	31-Dec-22
From:	1-Jan-23	To:	30-Sep-23

**A. BUDGET & EXPENSES in CHF BY IFRC ONLY**

Output	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Current Period)			
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
							CHF		CHF	
NS health capacity	-	56,360	56,360	-	55,496	55,496	864.11	98%		
Health services in emergencies		22,288	22,288		22,814	22,814	525.96	102%		
Community Engagement and Accountability		11,200	11,200		11,358	11,358	157.94	101%		
National Society Development		36,485	36,485		36,665	36,665	180.21	100%		
<b>TOTAL</b>	<b>-</b>	<b>126,333</b>	<b>126,333.00</b>	<b>-</b>	<b>126,333.00</b>	<b>126,333.00</b>	<b>0.00</b>	<b>0%</b>	<b>-</b>	<b>0%</b>

Cost Categories	Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
							CHF		CHF	
	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
4 Other direct costs	-	116,419	116,419	-	116,419	116,419	116,419	-	116,419	-
5 Indirect cost recovery	-	9,914	9,914	-	9,914	9,914	9,914	-	9,914	-
<b>TOTAL</b>	<b>-</b>	<b>126,333</b>	<b>126,333</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>126,333</b>	<b>100%</b>	<b>126,333</b>	<b>-100%</b>

**CERTIFICATION**

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

- 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
- 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
- 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
- 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.
- 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

Date Submitted

Name, Title & Signature of Project partner designated official  
Caleb Chemiriri- Public Health in Emergencies Manager



DD/MM/YYYY

23/07/2024

# Contact Information

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

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[Click here for reference](#)

