DREF Final Report

Kenya : Cholera Outbreak

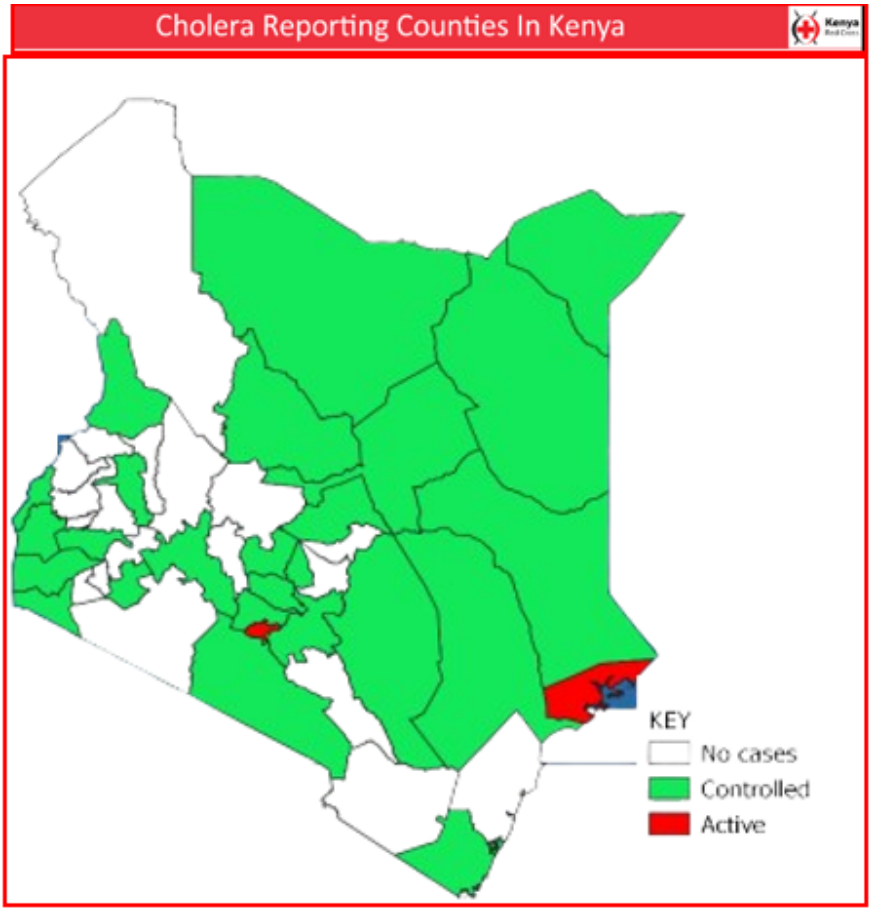
Assessment of a Cholera treatment center in Wajir county

Appeal: **MDRKE054**	Total DREF Allocation: **CHF 748,866**	Crisis Category: Orange	Hazard: **Epidemic**
Glide Number: **EP-2022-000367-KEN**	People Affected: **24,222,795 people**	People Targeted: **2,701,160 people**	
Event Onset: **Slow**	Operation Start Date: **07-01-2023**	Operational End Date: **31-10-2023**	Total Operating Timeframe: **9 months**

Targeted Areas: **Mombasa, Tana River, Garissa, Wajir, Mandera, Meru, Kiambu, Siaya, Homa Bay, Nairobi**

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

Description of the Event



Map showing counties with controlled and Reporting Cholera cases

Date when the trigger was met

01-06-2023

What happened, where and when?

The cholera outbreak index case was reported on 19th October 2022 with its origin being traced to a wedding festival in Kiambu County which later spread across Kiambu, Nairobi, Murang'a, Kajiado Nakuru and Uasin Gishu counties. Since the start of the outbreak in October 2022, the MoH and its partners, including the Kenya Red Cross contributed to respond and prevent the spread of the cholera disease across the country. A rapid spread of cases was reported following the December festive and travel season across 25 counties which were reporting cases by 2023.

By Early 2023, the initial increased cases were mainly within Nairobi and in counties that share factors as persistent drought, communities utilizing unsafe water sources and limited access to sanitation and hygiene services and corresponding poor WASH practices. In particular, Nairobi, Tana River, Garissa and Wajir counties have recently reported increased caseloads with reported highest mortalities in Nairobi, Garissa, Tana River and Wajir counties.

Data reported from June to July 2023 showed that many counties achieved to control the raising of cases (19 counties on 25 initially affected) with an average of 7 to 10 counties with active cases. The active hotspots being either counties with an upsurge in the active counties (Mandera, Siaya, Homa-Bay, Mombasa, Wajir and Nairobi) or experiencing a relapse of the outbreak (Nairobi, Mandera and Siaya).

Kenya Red Cross supported the different stages of response to this outbreak as main partners of MoH at county and National level. On 22 December 2022, departments of health from the county governments of Kiambu, Nairobi, Meru and Tana River requested support from Red Cross. Based on that, a risk factor assessment for the cholera outbreak and the need for the emergency intervention, thus the trigger was met for the original DREF allocation. With the spread to new counties of Mandera, West Pokot, Homabay, Samburu and Marsabit; Kenya Red Cross requested an extension of 3 months to continue with the response.

The trend of cholera obliged to scale-up again the support to counties with active cases, especially considering the mortality rate in some of the affected areas in June and July. This added to the fact that there was both an increase of cases over the recent weeks in the same counties and a sustained relapse of the outbreak in some of the affected counties.

Most affected counties adopted measures to prevent reinfection and further spread of cholera. Through the Ministry of Health, all counties which reported active cases were alerted to put in place control measures to reduce the risk of the outbreak. Oral cholera vaccination exercise was conducted in most affected targeted sub counties to improve the immunity of the people against vibrio cholera. The first phase of OCV was conducted on February 2023 in four counties of Nairobi, Garissa, Wajir and Tana River while the second phase was conducted on July 2023 in 8 counties Homabay, Kajiado, Machakos, Nairobi, Wajir, Mandera, Marsabit, and Garissa. This campaign targeted new sub counties with the aim of enhancing uptake of the vaccine It was also necessary that these counties worked to improve preparedness levels in the event of cholera outbreak.

This preparedness strategy was essential for ensuring the proper identification of community and organizational needs, as well as stakeholders, to inform resource mobilization and allocation ahead of any potential response. To achieve its objective, KRCS utilized the Ministry of Health pillars preparedness activities. Below are the key areas of concern during implementation:

- Risk Communication and Community Engagement (RCCE).
- Case management.
- County level coordination
- Oral Cholera Vaccination.
- Water, Sanitation and Hygiene.

Kenya Red Crosss Surge clinical officer attending to a patient in one of the cholera treatment center in Garissa county.

Kenya Red Cross EPIC trained volunteer facilitating a group information session for Cholera response in Wajir county to understands the drivers of the disease in the area.

Scope and Scale

Update of the outbreak as of 30th October 2023 from Kenya MOH reports showed below key epidemiology data of the cholera outbreak:

- A total of 6,354 (52%) of the cumulative cases are males, while 5,769 (48%) are females.
- Most cases, 3,972 (33%) are in the age group of <10 years.
- Of the 202 cumulative deaths, 138 (68%) are males, while 64 (32%) are females.
- Among the 202 deaths reported, 78 (40%) are from Nairobi, and Tana River counties, while Garissa, and Wajir account for 35 (18%) deaths in total.
- Overall, Garissa (339.8) and Mandera (263.0) Counties have the highest attack rates, with national (affected counties) being 42.2 per 100,000.

Below is specific update as of 30th October 2023, Kenya MOH report, key highlights:

- Total of cumulative cases 12,123.

- One (1) new cholera case was reported in the last 24 hours (relative to 30th October), bringing the total number of cases to 12,123 as of 30 October 2023. The county reporting the new case was Garissa (1).
- Zero (0) new deaths were reported in the last 24 hours (relative to 30th October). The cumulative deaths since the beginning of the outbreak are 202 (CFR = 1.7%).
- Twenty-seven (27) counties have reported cases as follows: Garissa (2,859), Mandera (2,281), Nairobi (2,216), Wajir (945), Tana River (780), Kiambu (539), Machakos (491), Kajiado (398), Homa Bay (335), Mombasa (210), Siaya (162), Meru (138), Uasin Gishu (137), Migori (135), Marsabit (115), Samburu (60), Kisumu (56), Nyeri (55), Murang'a (46), Kwale (42), Isiolo (31), Kitui (27), Kirinyaga (17), West Pokot (16), Nakuru (15), Busia (11), and Bomet (6).
- In the past 10 days, (before 30th October) 3 cases were reported nationwide in the following 1 county (active outbreak): Garissa (3).
- On average, 5 Counties reported relapse of the outbreak since October 2022 include: Nairobi, Garissa, Wajir, Mandera, and Siaya.

The additional counties with new active cases had a different profile as compared to the initial reporting counties as they are in the drought affected areas of Kenya, have the least access to water, sanitation and hygiene services and health care. Also, the scope of the outbreak is now looking to the current active hotspots but also consider the overall picture as the active counties count the most persistent affected hotspots.

In the MOH daily situation report dated 30 October 2023, a request was made for urgent needs and keys next steps as follows:

- Mobilize additional resources for implementation of the response plan.
- Continue to scale up surge support and operationalization of the rapid response in the counties.
- Continue the cholera preparedness including prepositioning of supplies.
- Procure and supply essential medical equipment and supplies for health care facilities, and MHNTs.

The Kenya Red Cross Society requested an extension of the time frame and an increase in the allocation of funds from the DREF to support the scaling up of their activities in new counties and those that have experienced relapse. They also requested assistance in the second phase of the oral
cholera vaccination campaign by the Kenya MOH.

Source Information

Source Name	Source Link
1. Previous report on this intervention MDRKE054	https://www.ifrc.org/fr/appeals?date_from=&date_to=&search_terms=&search_terms=&appeal_code=MDRKE054&search_terms=&text=

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	- The time frame for the initial DREF support came to an end, and the allocated resources were exhausted while the outbreak continued. The outbreak had spread to new counties, and there was also an upsurge in the active counties (epicenters of the outbreak that included Nairobi, Kiambu, and Garissa) and a relapse of the outbreak in other counties that had previously controlled it. At that time, 7 counties were active, including Garissa, Mandera, Siaya, Homa-Bay, Mombasa, Wajir, and Nairobi, while the rest had managed to control the outbreak. - The MoH and KRCS identified the overall situation and needs that justified scaling up the messages through adapted diverse channels. This required extending the tools used in the first targeted areas, including jingles, radio, visits, and key informant teaching sessions to relay the messages to the communities. Audio-visual support contributed both to the overall prevention messages and to the social mobilization for the upcoming OCV. - Certainly, the Kenya MOH had planned to roll out a second oral cholera vaccination campaign in July in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos, and Garissa, scheduled for July 2023. These were the new targeted counties for most, and in Nairobi, Garissa, and Wajir, the campaign at that time targeted new sub-counties other than the initial ones. Therefore, MOH needed support with community mobilization activities to enhance the uptake of the vaccine, as witnessed in the previous campaign where a 98%

	uptake was realized. This contribution played a crucial role in controlling the epidemic, as indicated on the epi curve. - The overall cholera situation was still in the orange scale category with a significant mortality rate and classified under the Crisis Category: Orange. - Based on the situation's analysis at the time, the Kenya Red Cross Society requested a time frame extension and an increase in the DREF allocation of funds to support the scaling up of their activities in the new counties and those that had experienced a relapse. This support aimed to assist the Kenya MOH in the second phase of the oral cholera vaccination campaign. The request involved a 3-month extension, turning it into an overall 9-month operation, with an appeal to increase the funding from CHF 498,819 to CHF 748,866.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) provided technical assistance to the Kenyan Red Cross Society (KRCS) to enhance its capacity in planning the initial response. This response was carried out within the KRCS branch and the county government's capacity to respond. However, the current situation necessitates additional capacity from National Societies. IFRC was approached for support through this DREF (Disaster Relief Emergency Fund).
Participating National Societies	No action at the moment from the PNSs but KRCS will keep sharing information within the movement partners.

ICRC Actions Related To The Current Event

ICRC supported KRCS in response at Daadab refugee camp, providing WASH commodities.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	- The Ministry of Health advised all counties to maintain heightened surveillance at the community level, and in all public and private health facilities across the country. The following interventions are ongoing: - Issuance of Cholera alert. Immediately after the outbreak was confirmed, the Ministry of Health issued an alert to all Health Care workers highlighting the importance of early detection, confirmation, and management of suspected cases of cholera. - Coordination of Response: Response efforts are coordinated through the government and multi-agency approach in accordance with disease outbreak management practices. The outbreak incidence management team (IMT) led by the Ministry's Department of Disease Surveillance and Epidemic Response, and the respective County Departments of Health under the coordination of the National Public Health Emergency Operations Centre are on the ground implementing response activities including: regular coordination meetings, field investigations, enhanced surveillance, laboratory testing, case management, risk communication, community engagement, and environmental sanitation to prevent the further spread of the disease. - Technical assistance to affected Counties: The Ministry of Health through the Division of Disease Surveillance (DDSR), Field Epidemiology and Laboratory Training Program, and National Public Health Laboratory Services provided technical support through rapid response teams to the affected counties. - Diagnostic Capacity: The National Public Health Microbiology laboratory actively supported the county governments in confirming and serotyping samples from suspected cases to inform appropriate management.

	- Isolation Facilities: All affected counties were directed to set up adequately staffed Cholera Treatment Units as per the laid down cholera infection prevention and control guidelines, for efficient management of the outbreak. - Community Engagement: The Ministry of Health through the Health Promotion Unit and the county governments engaged the community health volunteers to distribute key messages on cholera prevention and control to the population – involving internal security. - Cholera response plan: The Division of Disease Surveillance and Response developed a draft cholera response plan which was finalized and disseminated to counties and stakeholders. The plan guided and improved the response measures and ensured mitigation measures are put in place to prevent future outbreaks. - Training: The Ministry of Healt capacity-build national and county staff on cholera case management, Infection prevention and control supported by the Africa Centre for Disease Control. - Treatment of all bulk water storage containers, distribution of chlorine tablets at household level, disinfection of households of confirmed cases of cholera, distribution of commodities (chlorine granules, chlorine tablets, and other non-pharmaceutical supplies) and enforcement of public health laws including inspection of eateries, markets, and water points. - Cholera Vaccine: The Ministry of Health received the International Coordinating Group (ICG) approval for 2,213,942 doses of oral cholera Vaccine (OCV). The campaign was conducted in February 2023 in Dadaab, Fafi, Garissa, Lagdera, Dagahaley Refugee Camp, Ifo Refugee Camp, Hagadera Refugee camp, Embakasi East, Mathare, Wajir East, Wajir South, Bura. The campaign attained a coverage of 98.6% with 2,023,571 people receiving the vaccine. During the second phase of OCV the targeted locations included Homa Bay (Suba South), Kajiado (Kajiado East), Marsabit (Moyale), Nairobi (Kamukunji and Embakasi Central), Wajir (Wajir North), Mandera (Mandera East), Machakos, and Garissa. The total number of individuals vaccinated in these seven counties amounted to 1,589,666, - The Ministry conveined multi-stakeholder meetings with the Ministry of Water, Sanitation, and Irrigation and the Nairobi City County Government to deliberate on interventions required to respond to the outbreak in Nairobi County. - MOH - County governments and all other stakeholders were urged to enhance risk communication and community engagement on COVID-19 and cholera to effect social behavior change. The measures include the issuance of a cholera alert to all healthcare workers highlighting the importance of early detection, confirmation, and management of suspected cases while coordinating a whole government and multi-agency approach. The government put in place a raft of measures to mitigate the spread of epidemic-prone diseases, as well as reduce the number of cholera cases and potential fatalities. (https://twitter.com/MOH_Kenya/status/1605845988886708224?s=20&t=JecWb7R4mSLWYinIZ4uimA)
UN or other actors	County partners' key highlights of cholera response is as follows based on the MoH daily sitrep or information available at field level: 1. UN Agencies • UNICEF, through an integrated Nutrition HPD program, supported the sensitization of 30 CHVs and 18 KRCS volunteers in Madogo and Mororo in Tana River County on drought-related disease outbreaks, including cholera, and hygiene promotion in emergencies in mid-November. Equally, the organization has also supported Nairobi County with the development of IEC materials on cholera prevention and the provision of WASH supplies for 1,000 households in the Dadaab refugee camp and 1,000 households in Tana River counties. UNICEF also supported with supply of medical and WASH commodities such as bar soaps, Jerricans, buckets and aqua tabs. In Mathare and Embakasi for instance, UNICEF supported with handwashing bar soaps, 20-liter jerry cans, buckets, and aqua tabs to support Mandera County Referral Hospital CTU. They provided medical supplies to Baraki and Saretho in Garissa County. • On December 27, 2022, life-saving emergency supplies landed safely in Kenya on a UNICEF charter flight. The shipment contained health supplies, protective equipment, and essential supplies for cholera treatment and drought response to support the Ministry of Health in Kenya

(https://twitter.com/UNICEFKenya/status/1607759394862776320?s=20&t=JecWb7R4mSLWYinIZ4uimA).

- In Nairobi County, WHO accompanied by OCV campaign teams, CHV's and volunteers in Kiamaiko ward were basically tracking indicators of vaccine uptake through their consultants. W.H.O has facilitated training of CHVs and RCVs on OCV Campaign in Garissa and Tana River counties. In Tana River, World Vision supported with tarpaulins for latrine construction at the CTU, Tana Bora CBO supported HCW's carry out social mobilization at Bura Sub County.

3. CARE International supported 500 households with 1,000 jerricans, 100 boxes of bar soaps, and the provision of dignity kits for 1,000 vulnerable schoolgirls.

5. MSF supported the Ministry of Health in Kenya in setting up a 22-bed cholera treatment unit in Mama Lucy Kibaki Hospital On December 8. The NS donated 15 cholera beds, drugs, consumables, water, and sanitation supplies and trained the clinical team on case management (https://twitter.com/MSF_EastAfrica/status/1600756061912190976?s=20&t=JecWb7R4mSLWYinIZ4uimA).

- In Mandera County, MSF Belgium is supporting Mandera East CTC in case management and distribution of medical supplies.
- County governments are supporting cholera response through; Management of cases in CTUs and other private facilities, screening and testing, distribution of pharms and non-pharmaceuticals (chlorine granules, cholera beds, and medical supplies), prophylaxis to contacts and enhancing IPC in health facilities. Water trucking services has been provided in Wajir, Kajiado and Garissa Counties.
- County governments have also supported in surveillance through; enhanced surveillance on Cholera and active case search, contact tracing, distribution of case definitions, Community Based surveillance on Cholera, distribution of cholera management guidelines, Provision of Oral Cholera Vaccine, development of daily situational reports and sensitization of EOC staffs on Cholera.

Are there major coordination mechanism in place?

At the county level, a multi-sectoral emergency response team at the EOC was established. The information were collected, consolidated and shared. Regular SITREP was made available to show on the coordination as well.
There was also separate coordination system in place in the main hotspots of the cholera, especially for Garissa and Nairobi.
In Garissa County, each of the three camps, as well as the two sub-counties that host them (Dadaab and Fafi), established their own multi-sectoral response teams, and a meeting between the Ministry of Health and partners, led by the UNHCR, that took place every Thursday.
In Nairobi County, multi-sectoral response teams led by the Ministry of Health held meetings every Monday. Equally, the Kenya Red Cross supported with coordination meetings in the 8 counties.

Needs (Gaps) Identified

Health

Persistent hotspots:
As of October 30, 2023, the hotspot counties, being part of areas with the highest exchanges and connections with other counties, had a high likelihood of driving transmission. The actions in those counties remain essential.
With the joint effort of the Ministry of Health (MoH) partners and National Societies (NS), there has been a relative decline in cases in several counties where efforts were implemented, including oral cholera vaccination (OCV) campaigns. However, active transmissions persist in new areas and/or areas not covered by previous vaccination campaigns. It has also been highlighted that:

1. The case fatality in active outbreak areas is still medium/high, emphasizing the need to scale up cholera treatment.
2. A medium-high population of children under 5 is at a higher risk of morbidity and mortality.
3. The overall context of communities and WASH (Water, Sanitation, and Hygiene) conditions is concerning, contributing to the spread and persistence of the cholera outbreak with challenges in accessing safe water sources and WASH facilities.

The second phase of the OCV campaigns in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos, and Garissa is scheduled for October 2023. This campaign, a new initiative in targeted sub-counties, triggers the need to extend the support provided with community mobilization activities and OCV support, as witnessed in the previous campaign where 98% effectiveness was realized, contributing to controlling the epidemic as shown on the epi curve.

However, significant effort is still required for immunization. Initially, the OCV covered one dose and was done only in Nairobi, Garissa, Wajir, and Tana River. A total of 1.5 million cholera vaccine doses were received from the Global Task Force for Cholera Control (GTFCC) to conduct new vaccinations in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos, and Garissa counties. Additional support is needed to accompany the scale-up of immunization with trained teams capable of supporting the required social mobilization in those counties.

The initial overall analysis of the driving factors and key pillars detailed in the plan remains the same as follows:
Risk Communication and Community Engagement and Community-Based Surveillance:

1. Villages/households reporting cases are in unhygienic conditions with rampant open defecation.
2. Affected communities are unaware of the current cholera outbreak, especially in Wajir Town.
3. Inadequate water for handwashing and no presence of handwashing equipment/tipi-taps, including soap, at the household level.
4. No promotional/IEC materials available/visible.
5. Poor food supply and unhygienic selling of food products, especially wet foods and those eaten raw.

Case Management

1. Inadequate space and/or defective CTC units, necessitating the renovation of existing structures and additional structures/rooms to enable separation of gender and other provisions from triage to recovery and morgue/body holding area.
2. Lack of adequate water storage due to a broken water tank at Biyamadhow that needs replacement.
3. Weak IPC systems at the CTCs in Wajir and Biyamadhow – there is a lack of handwashing stations at critical steps (records, nurse station, observation area, stores, kitchen area).
4. Inadequate staff at CTC - there is a lack of MO in Biamadhow, RCOs, nurses, and PHOs.
5. Lack of an extra cholera treatment center facility - Inadequate furniture, i.e., tables and chairs and shelves.

Surveillance, Contact Tracing, and Reporting:

1. The use of the standard case definition for case identification has not been cascaded to lower levels (to CHAs and CHVs). Current infection is in all ages, including those below 2 years, hence the need to contextualize the case definition.
2. PHOs, CHAs, and CHVs have not been trained in community-based surveillance.
3. Lack of logistics for contact tracing and supervision of CBS activities, including ORS corners.

Supplies:

1. Shortage of Personal Protective Equipment (PPEs) for cholera response, especially at the CTCs.
2. Shortage of aqua tabs for household water treatment reported in Wajir central; there is low knowledge of aqua tab use in Wajir South and West, hence potential hesitance in use.
3. Inadequate essential drugs and non-pharms for case management.
4. Inadequate NFIs.

Staff Capacity:

1. Understaffing – burnout was reported by responsible staff due to long working hours and minimal rotations.
2. Most rural health facilities are manned by one staff member. Hence, no leave is taken in the year, building up to burnout.
3. Knowledge gap among refugee healthcare workers on cholera outbreak response: some of the villages reporting cases did not have CHVs/CUs, hence no structure to undertake outbreak RCCE/CBS.

Coordination:

1. No regular stakeholder meetings – meetings are done on a need basis.
2. Sub-county RRTs have not been activated, and hence most of the response actions are done by the county rapid response team (CRRT).

Water, Sanitation And Hygiene

• In the newly affected counties and counties with a persistent outbreak, KRCS identified the need to strengthen the capacity of the response team, similar to what was already conducted in the response areas. This includes: more CHVs and KRCS volunteers trained on E-WASH, decontamination management in Mandera, additional areas of Garissa, Meru, Mombasa, Siaya, Kiambu, Nairobi, Homa Bay, and the high-risk counties of Wajir and Tana River.
• Water storage at the household level is done by open super-drums (100 liters) and drawn using jugs, hence posing a risk of contamination.
• Additionally, the KRCS WASH assessment conducted from February to May 2023 in various affected counties over the months revealed, in general:
Poor water treatment practices.
Low latrine coverage across all sub-counties and villages reporting cases, with observed open defecation being a rampant practice, including in Wajir town. Latrine coverage is at 43.6% in the county, while Biyamadhow is at 35%.
With the exception of some rare sub-counties in Nairobi, water point sources are not providing safe water to the communities. For example, 109 water sources in Lagdera, Township, Fafi, and Dadaab sub-counties were collected and analyzed. The findings show that 87.2% of the water sources had contamination with fecal coliforms and were, therefore, not safe for human consumption. Water point and sanitation facilities in Baraki CTU and community settlement were assessed by county and KRCS surge teams.

• In Kajiado North and West Pokot, the MOH, in conjunction with KRCS, conducted a 3-day WASH assessment on water sources, households, food premises, waste disposal points, and environmental hygiene. This was reported to be insufficient for cholera prevention.
• In Kisumu County, water quality sampling and analysis were done by the Ministry of Health in Kilo One Community Unit and Kachok areas. Water from boreholes and wells in these areas was reported to contain E. coli and coliforms above normal ranges and therefore not safe for human consumption.
• In Tana River, a WASH assessment was conducted between 2nd - 4th May 2023 in Madogo Bura Baraka, Bura Karatasi, Adele, Samira, Boji, Hatata, Kamukuji, Mororo Centre, and California with support from KRCS, MOH, and WRMA staff. It is worth noting that despite Tana River having controlled the outbreak, there is a high risk of outbreak importation from the active outbreak in Garissa and Nairobi, coupled with poor access to adequate and safe water, as shown by the assessment above.
• Wajir town's main water source is shallow wells. A majority are drying up due to drought, resulting in inadequate water supply to meet the demand for households in Wajir township. The town depends on water trucking and/or water vendors who draw water from the congested shallow wells, hence posing a high risk of contamination during drawing, transportation/delivery, or at the household level.
• Households and facilities occupied and used by cholera patients pose a higher risk of infection or re-infection if they are not decontaminated.

Following the launch of this DREF operation, KRCS conducted an assessment of the WASH facilities with water testing and direct observation in the targeted counties. There was identified a need to conduct disinfection of the latrines while water quality was not always safe to use. Especially after the start of the rainy season. Some water source treatments were also needed.
• In Nairobi, KRCS supported a Water, Sanitation, and Hygiene (WASH) assessment conducted by the WASH Hub in two CTUs (Mama Lucy and Mbagathi) and at the community level in two sub-counties (Mathare and Embakasi East). Both facilities were found to receive sufficient water from boreholes, with proper waste treatment before safe disposal. Handwashing facilities, including soap and chlorinated water, were provided.
• In Garissa, water samples were collected and analyzed from 109 water point sources in Lagdera, Township, Fafi, and Dadaab sub-counties. The analysis revealed that 87.2% of the water sources were contaminated with faecal coliforms, making them unsafe for human consumption. Additionally, water point and sanitation facilities in Baraki CTU and community settlements were assessed by county and KRCS surge teams. An assessment was also conducted in Kajiado North.
• In West Pokot County, the Ministry of Health (MOH), in collaboration with KRCS, conducted a three-day WASH assessment covering 20 water sources, households, food premises, waste disposal points, and environmental hygiene. Conditions were not reaching the minimum required for community safety.
• In Kisumu County, the Ministry of Health conducted water quality sampling and analysis in Kilo One Community Unit and Kachok areas. Water from boreholes and wells in these areas was reported to contain E. coli and coliforms above normal ranges, indicating that it was not safe for human consumption.
• In Tana River, a WASH assessment was conducted to 30 shallow wells in Madogo and Tana Delta areas with support from KRCS, MOH, and WRMA staff. It was observed the water in those wells were contaminated and unsafe for human consumption.

Operational Strategy

Overall objective of the operation

The DREF allocation aimed at supporting 2,701,160 people in Garissa, Mandera, Nairobi, Kiambu, Homabay, Mombasa, Siaya, Meru, Wajir, Tana River, Machakos, Murang'a, Kiambu, Kajiado, and Nairobi counties affected by the cholera outbreak by providing water sanitation and hygiene, risk communication and community engagement, psychological first aid, community-based surveillance and disease control services for an extended intervention. KRCS was also able to support two vaccination campaign launched by the MoH following the escalation of the outbreak.

Operation strategy rationale

Specific Objectives of the intervention were:

a) To prevent and control the spread of cholera outbreaks at the community and facility levels in the affected counties by breaking the chain of transmission.
b) To facilitate improved case management of cholera outbreaks at facility and community levels in the affected counties.
To address the needs of the target population, KRCS, drawing on previous experiences, focused its response on controlling the transmission and improving case management of cholera at community and facility levels in the affected counties.
In order to control the transmission, the response facilitated capacity building and deployment of Red Cross action teams and community health volunteers.
- It supported the monitoring of the outbreak evolution through active case finding, strengthened community capacity to identify and refer cholera cases through Epidemic Control for Volunteers (ECV), facilitated Risk Communication & Community Engagement (RCCE) at

the community level and mass media and supported the MoH planned Oral Cholera Vaccination campaign in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos, and Garissa through social mobilization activities.

- The previous campaign, conducted in Nairobi, Garissa, Wajir, and Tana River, involved a one-dose vaccine. The government obtained approval for 1.5 million doses from GTFCC to conduct a new vaccination campaign in new areas of Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos, and Garissa. The funds requested were to support an additional 368 volunteers to assist in the OCV campaign. Kenya Red Cross aimed to supplement government efforts by facilitating more volunteers who would be sensitized for one day on the oral cholera vaccine and then deployed for social mobilization.
- Messages were enhanced through various communication channels, and audio-visual support was incorporated from the onset. The scale-up included the production of IEC materials and hygiene promotion and sanitation for cholera prevention and control. The initial plan allowed for the support of the OCV in some areas of Garissa and Nairobi counties, with a second campaign planned for the end of July 2023.
- Considering the recurrence of cholera response in the targeted areas, the Epidemic prevention in communities (EPIC) training component was undertaken in three-day sessions to ensure relevant capacity building for volunteers on Epidemic control, RCCE, and oral rehydration points.
- The operation was aimed to enhance capacity in the field for continuous awareness raising, promote the continuation of breastfeeding for mothers suffering from cholera, and hygiene promotion. It also sought to improve case management at both facility and community levels by providing oral rehydration therapy, supporting the setup of oral rehydration points based on the scale of the outbreak, donating materials for the setup of 04 CTUs in Nairobi, Wajir, Mandera, and Homabay counties, purchasing infection prevention control equipment for the CTUs, and providing personal protective equipment (PPEs). Additionally, the operation included deploying surge teams in CTUs to support healthcare workers in dealing with the influx of patients.

There was an integration of responses with other ongoing projects like CP3 and Mental Health and Psychosocial Support (MHPSS). Existing coordination structures at the county, sub-county and community level made it possible for KRCS to blend-in easily during implementation. These structures include; Technical Working Groups (TWG), County Health Management Teams (CHMTs), Focused group Discussions (FGD) and Public Health Emergency Operation Center (PHEOC). The intervention also contribute to improved coordination with MOH and other key partners, especially County Governments.

Targeting Strategy

Who was targeted by this operation?

This DREF operation targeted community members in areas with reported cholera cases and neighboring communities. The targeting evolved following the outbreak situation and priority actions required in each county. From the onset of the outbreak, the targeting was focused on Tana River, Garissa, Wajir, Meru, Machakos, Murang'a, Kiambu, Kajiado, and Nairobi. With the evolution of the cholera (persistence of the outbreak and relapse of cases), the targeted locations were revised to adjust to the new hotspots as per the data provided from the situation report of October 30, 2023. The DREF intervention during the 4 last months prioritized the following hotspots: Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos, and Garissa.

The priority was given to
- Communities with the highest reported cases
- Groups of people living in families and communities with reported cases.
- The refugees communities, refugee camps, hence the focus on Garissa
- The communities were the wash facilities were limited based on data collected by KRCS
- The most at risk group include the elderly, pregnant and lactating mothers, and children under 5 years, people with chronic diseases etc. Through community engagement, these vulnerable groups were given specific attention while delivering cholera prevention services to the community.

They were the direct targets prioritized for door-to-door activities and disinfection and sanitation. Specific efforts were initially placed on the most vulnerable groups, including people at risk in refugee camps following reported suspected cases. More focus was thus placed on the host communities and refugees living in camp settlements due to their high vulnerability. Families who had lost their loved ones due to cholera were targeted for PFA sessions by volunteers.

With other resources engaged in-country under different interventions, sub-county level analysis was done to ensure complementarity between the health prevention activities under the flood's response, EAP, and this response on the volunteers' deployment, as this update will mainly support the volunteers' deployment for disease control and prevention messages.

KRCS reached
- 3789666 (1877780- male and 1911886 female) through the various health and cruss cutting activities.
- 3,877,152 (1,899,804M, 1,977,348F) reached with WASH interventions with 3789666 people reached for the first allocation and 87,486

people were reached during the second Oral cholera vaccine campaign reached via door-to-door sensitization and supported with water treatment chemicals from the Ministry of Health.

Explain the selection criteria for the targeted population

The targeted counties had seen the situation worsening over the 9 months with different phase of escalation. This led to KRCS branch and county governments becoming overwhelmed, and lacking adequate partner support for the response. KRCS prioritisation on the targeting was based on MoH updated situation reports over the months and the areas were the cases and gaps were the highest. An analysis was also made on the relapse of cases and key hotspots. In the specific communities, the population prioritised were based on secondary data of past outbreak and the result of SITREP and the WASH assessment which served to indicate the areas with high risk factors and trend of the outbreak.
The priority in the effort to scale-up the cholera intervention in Kenya was placed on counties main hotspots which were identified as drivers of the outbreak. Hence, the target locations priorities were placed on counties with high number of active cases (Garissa, Mandera, Nairobi, Kiambu, Homabay, Mombasa, Siaya, Meru, and Wajir counties) and those with relapses of cases observed from January 2023 (Kajiado, Marsabit, Nairobi, Wajir, and Garissa) and those driven by the disease since the start. Garissa county, which had one of the highest numbers of cases, was partially supported by ICRC within the refugee camp.

Total Targeted Population

Women	**797,052**	Rural	**68.9%**
Girls (under 18)	**525,508**	Urban	**31.1%**
Men	**863,497**	People with disabilities (estimated)	**2.2%**
Boys (under 18)	**515,103**		
Total targeted population	2,701,160		

Risk and Security Considerations

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

Risk	Mitigation action
Terror attacks along the Kenya-Somalia border and proximity areas from Al-Shabaab militants.	KRCS has increased levels of acceptance from the community members due to a wide network of local staff and volunteers who can enhance situational awareness of the possible security risks in these areas. KRCS is not a target of the militants except for collateral impacts. This is mitigated by avoiding close proximity to security forces convoys who are a primary target of attack militants in these areas. The field teams mitigate these risks through increased visibility of the fleet while traveling in these areas. KRCS Security Unit conducts continuous monitoring of the local security situation and advises the response teams on mitigation measures in case of a heightened security situation.
Rainfall for 2023 January, February March is projected to be poor hence putting more people at-risk counties specifically Tana River, Wajir and Garrisa of water shortage. Flooding however is expected in certain locations of Garissa, Wajir and Tana River that may pose risk of contamination of water sources	Continuous supply of water treatment materials. Support drought-affected communities with water trucking services.

Please indicate any security and safety concerns for this operation

Terror attacks along the Kenya-Somalia border and proximity areas from Al-Shabaab militants affected project implementation. Nevertheless, KRCS experienced increased levels of acceptance from community members due to a broad network of local staff and volunteers, enhancing situational awareness of potential security risks in those areas. This was mitigated by avoiding close proximity to security forces convoys, which were a primary target for militant attacks in those regions. The field teams also mitigated these risks by increasing the visibility of the fleet while traveling in those areas. The KRCS Security Unit conducted continuous monitoring of the local security situation and advised response teams on mitigation measures.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation

Health

Budget: CHF 493,176
Targeted Persons: 2,701,160
Assisted Persons: 3,789,666

Indicators

Title	Target	Actual
Number of ORP sites set up	4	6
Number of CTCs set up	3	12
Number of people reached during OCV mobilization in targeted counties	3,101,160	3,789,666
Number of Oral Cholera vaccine trainings done for RCVs/CHVs	2	7
Number of Group information sessions conducted by volunteers to disseminate cholera prevention messages (1 session per week)	72	120
Number of key stakeholders sensitized on cholera prevention. (20 stakeholders per county)	160	471
Number of radio talk shows and presenter mentions on Cholera prevention co produced and disseminated (2 mentions per week for 8 counties for 3 weeks	62	54
Number of PAS/mobile cinemas sessions conducted to enhance RCCE (1 session per week for the 8 targeted counties for 3 months)	48	70
Number of households visits conducted with cholera prevention	540,232	2,287,486
Number of RCVs/CHVs to be trained on ECV/RCCE/ORP	600	883

Narrative description of achievements

i) Train MOH staff/CHVS, RC staff &volunteers on EPIC module (combination of ECV, CBS and oral rehydration points)

- KRCS collaborated with the Ministry of Health (MOH) and County Health Departments to facilitate Epidemic Preparedness and Response in Communities (EPiC) training. This training, conducted as Trainer of Trainers (ToTs) sessions, involved MOH and Red Cross staff across the eight most affected counties. Implemented at the project's outset, the capacity-building initiative aimed to enhance the knowledge of Health Care Workers (HCWs) and Red Cross Action Teams (RCATs) on crucial cholera messages, including signs and symptoms, preventive measures, and the importance of community engagement.
- A total of 40 ToTs were trained in EPiC, bolstering the capacity of KRCS Rapid Response and Coordination Teams, which comprised KRCS volunteers and MOH staff. These trained individuals played a pivotal role in sensitizing community members. Overall, 883 KRCS volunteers and Community Health Volunteers (CHVs) underwent training, refreshers, and sensitization on the EPiC module in Kiambu, Garissa, Nairobi, Kajiado, Wajir, Mandera, Tana River, and West Pokot.
- Additionally, refresher training sessions on EPiC were conducted for 171 CHVs and KRCS volunteers, with 57 participants in Tana River and 100 in Mandera.

ii) Space, equipment and supplies for case management & IPC.

- Kenya Red Cross has supported in provision of a total of 118 Cholera beds, 5 Cholera Tents in Tana River, Garissa (4) and Mandera County (80). Assorted medical supplies including medicine, oral rehydration solution (ORS), Zinc Sulphate and doxycycline and surgical gloves to support established CTUs.
- A total of 3 containers each with 45kgs of Calcium Hypochlorite Powder for household decontamination, 28 pairs of gumboots, 329 bar soaps, 336 packets of aqua tabs, 3 tents, 84 cholera beds, 400 jerrycans, 60 dripping stands, 100 safety boxes, 3 pairs of PPEs, 5 hand washing containers and 40 boxes of IV fluids, pharmaceuticals and non-pharmaceuticals supplies restocked to ensure enough supply for prevention, control and treatment of cholera.
- Kenya Red Cross has supported in provision of a total of 118 Cholera beds, 5 Cholera Tents in Tana River, Garissa (4) and Mandera County (80). Assorted medical supplies including medicine, oral rehydration solution (ORS), Zinc Sulphate and doxycycline and surgical gloves to support established CTUs.
- On 7th March 2023, KRCS donated to Kajiado County MOH 3 containers each with 45kgs of Calcium Hypochlorite Powder, 5 pairs of gumboots and 125 pieces of bar soap. 300 pieces of aqua tabs were distributed to households in Kajiado East. On 17th March 2023, another consignment of WASH commodities containing knapsack sprayers (50), rigid Jerricans (200), gumboots (50 pairs), heavy duty gloves (50 pairs), heavy duty googles (50 pairs, hand washing soap (80 pcs), hand sanitizers (6480 pcs) and Chlorine granules were handed over to MOH.
- In Mandera County, KRCS supported in provision of pharmaceutical and non –pharmaceuticals items for case management at MCRH CTU. On 27th February 2023, KRCS donate both pharmaceuticals and non-pharmaceuticals including 3 tents, 80 cholera beds, 60 dripping stands, 100 safety boxes, 20 gumboots, surgical gloves, 36 packets of chlorine 5kgs each, water purifiers and assorted medicine.
- In Garissa, KRCS surge team together with CHVs supported in distribution of the Oral Rehydration Solution (ORS) and additional medical supplies on 19th February 2023 to support the cholera response. KRCS also supplied medical supplies to Baraki CTU in addition to 17 cartons of soap, Buckets, 4 Cholera beds, 400 Jerricans, 1kg Chlorine, 3 pairs of gumboots, 3 pairs of PPEs and 5 hand washing containers on 28th January 2023.
- In Wajir County, 40 boxes of IV fluid and some pharmaceutical items were re stocked to Dadajabulla CTC to ensure enough supply for treatment of cholera patient.

iii) Sensitization of Health Care workers on Cholera Case management protocol and IPC

- Health care workers play a pivotal role in the management of Cholera cases, necessitating a continual effort to enhance their capacity in responding to any reported suspected cases. KRCS actively prioritized this initiative by providing training for County and sub-county Health Care Workers, focusing on protocols for Cholera case management and infection prevention and control.
- In a comprehensive effort, a total of 111 Health Care Workers from Kiambu, Nairobi, Wajir, Kajiado, Tana River, and Garissa Counties underwent sensitization on Cholera management protocols. Specifically, in Kajiado County, 36 Health Care workers in Ngong, Kajiado East, and Kajiado North Sub Counties received specialized training on Cholera management protocols.
- In Nairobi County, 20 Health Care Workers from Mathare and Embakasi Sub-counties, in addition to 5 CTU staff from Mama Lucy and Mbagathi Hospital, were sensitized on the clinical management of Cholera. Furthermore, KRCS facilitated the sensitization of 20 health care workers on cholera infection control and prevention in Wajir County. In Tana River, 8 Health Care Workers received training on Cholera IPC and practical response methods to address the outbreak.
- Moreover, in Garissa, 27 Health Care Workers were supported in sensitizing their peers for the Oral Cholera Vaccine (OCV) campaign, emphasizing the comprehensive approach taken by KRCS in collaboration with the ministry of health professionals across multiple counties.
- KRCS supported the establishment of fourteen Cholera CTUS and CTCs were establishment in Garissa, Tana River, Wajir, Mandera and Nairobi.

iv) Case management daily consultations updates from the CTU supported by KRCS and overall, for the county

- KRCS has supported in setting up of CTUs, deployment of surge teams and provision of pharmaceutical and non-pharmaceutical items to CTUs in Wajir, Tana River, Garissa and Mandera.
- 31 surge team comprising of Public Health Officers, nurses and clinical officers have been deployed in Nairobi, Mandera, Wajir,

Garissa and Tana River.

- In Nairobi County, KRCS deployed a surge team of 5 in Mama Lucy CTU (1 nurse and 1 PHO) and Mbagathi CTU (1 nurse, 1 PHO and 1 APHO) to support in cholera case management from 27th February to 28th March 2023.
- In Mandera County, KRCS supported in deployment of a surge team of 9 members (4 Nurses, 2 RCOs, 1 PHO, 1 WASH technicians and 1 Pharm Technician) on 3rd March 2023 at MCRH CTU for case management. KRCS supported in setting up of a New CTC at MCRH with 3 tents and 80 beds.
- KRCS also supported setup of Dadajabulla CTU in Wajir South and posted a surge team of 8 (4 nurses, 2 clinical officers and 2 PHOs) in Siriba and Biyamathow. The surge team in Siriba CTU were moved to Biyamathow and Dadajabulla CTUs due to increased number of cases in these CTUs. The tents and equipments in Siriba were taken to Tesorie on 16th March 2023 to support case management.
- In Garissa County, KRCS and MOH supplied pharmaceutical and non-pharmaceutical equipment to Baraki CTU for the cholera response. KRCS also deployed 5 medical staffs (2 Clinical officer, 1 PHO and 2 Nurses) to support Baraki CTU on 28th January 2023.
- In Tana River County, some of drugs distributed by county government in Bura CTU for case management are IV infusion fluids, Oral rehydration solution, zinc Sulphate and doxycycline

v) Conduct door to door sensitization on cholera prevention (include all oral rehydration points set up or replenished during the day)

- Kenya Red Cross Volunteers have played an active role in raising community awareness about Cholera prevention and control, aiming to impart knowledge and influence behavioral change to mitigate the spread of the disease. The community received information on crucial topics such as proper hygiene, sanitation practices, and effective waste disposal to minimize the risk of infections.
- Kenya Red Cross organized door-to-door sensitization efforts, reaching a total of 2,287,486 individuals.
- Additionally, 151,002 people were sensitized through the use of Public Address Systems, and another 500 individuals were reached through Mobile Cinema initiatives.
- In the Central region, a total of 283,518 individuals in Kiambu, Meru, and Murang'a received sensitization on cholera prevention and control measures.
- The North Eastern Region saw the awareness efforts extend to 1,245,562 people in Garissa, Wajir, and Mandera.
- In the Lower Eastern Region, 581,424 individuals in Nairobi and Kajiado were sensitized, while in the Coast Region, 132,121 people in Tana River underwent awareness campaigns.
- The Upper Eastern Region reached 3,709 people in Samburu County with sensitization efforts.
- In the South Rift, 2,703 individuals in Nakuru were sensitized, and in the West Kenya region, 21,333 people in Kisumu and Homabay received awareness initiatives.
- Lastly, in the North Rift Region, 17,116 individuals in West Pokot County were sensitized by Community Health Volunteers (CHVs) and Red Cross Volunteers.

vi) Carry out regular presenter mentions, jingles and spots on cholera prevention in local radio stations.

Media engagement is one of the most effective ways to reach out to most people with health messages in the community. During Cholera response, KRCS through the Ministry of health engaged media stations to air out information on cholera prevention measures.

vii) Radio and TV stations live talk shows on Cholera IPC reached out to approximately 4,844,621 people. Through cross check of audience, it can be estimated that at least 3789666 people effectively receive the message.

A collective of 19 presenter mentions took place in Kajiado, Wajir, Nairobi and Garissa Counties. In Kajiado County, two presenter mentions emphasizing cholera Infection Prevention and Control (IPC) measures have been consistently broadcasted on Domus Radio and Bus Radio stations. Garissa County witnessed six radio presenter mentions conducted through Kulmiye FM radio. In Wajir County, KRCS provided support for radio spot sessions featuring key messages on cholera prevention, broadcasted on Wajeer radio station. In Nairobi County, 4 presenter mentions and 4 radio spots were aired through Ghetto Radio. Additionally, in Garissa County, six radio presenter mentions were delivered through Kulmiye FM radio station.

viii) Conduct radio talk shows through local FM radios

- The sessions were facilitated by the MoH; Disease surveillance coordinators, Health promotion officers, and Community strategy focal persons. Also, KRCS volunteers and staff supported the sensitization sessions during talk shows. 35 Radios and 2 TV stations conducted live talk shows on Cholera IPC reaching out to approximately 3789666 people.
- In Meru County, a TV awareness session show was conducted by a KRCS volunteer, supported by the Ministry of Health Promotion Officer at Weru TV, reaching approximately 100,000 viewers. A total of 9 radio talk shows were conducted in Wega and Meru FM reaching out to 970, 621. A Radio Talk Show was held at Radio Ashe in Samburu County on Cholera prevention, reaching out to approximately 25,000 people. Similarly, a radio talk show was conducted at Domus radio in Kajiado North Sub County to sensitize the community on Cholera causes, transmissions, preventions, and control. This live talk show provided an opportunity for the community to ask questions and receive information on matters concerning Cholera.
- In West Pokot County, eight radio talk shows on Cholera awareness and prevention were conducted in local radio stations since the onset of the outbreak in the county, reaching an estimated number of 150,000 people. KRCS Tana River and MoH staff conducted a radio talk show at TBS FM in Tana River County to sensitize the community on Cholera and IPC measures.
- In Nakuru County, a radio sensitization session was conducted at Radio MBCI by KRCS Cholera focal person, highlighting myths and misconceptions on cholera disease outbreak. Approximately 600,000 listeners were reached. A radio talk show was conducted at Radio Maria in Muranga by the county health promotion officer and KRCS cholera focal person, reaching approximately 220,621 people through the radio program. Additionally, a radio talk show on cholera prevention and control was broadcasted on RFM Radio in Kiambu

County by the county health promotion officer and KRCS team reaching to approximately to 300,000 people.

- In Wajir County, two radio talk shows were held at Wajeer FM by the County Public Health Officer and KRCS Staff on Cholera prevention and control reaching approximately 25000 people. In Mathare, Nairobi County, a Public Health Officer conducted a live radio show at Koch FM to sensitize and mobilize community members on OCV uptake and cholera preventive measures reaching to approximately 200,000 people.

ix) Sensitize local administrators (chiefs and assistants, religious leaders and village elders) on cholera causes, transmission, prevention and control

Local administrators play a crucial role as key informants within communities, enabling the smooth implementation of various activities. Serving as both gatekeepers and whistleblowers in society, the Kenya Red Cross Society (KRCS), through trained Red Cross Volunteers (RCVs) and Community Health Volunteers (CHVs), conducted sensitization sessions for local administrators on cholera Infection Prevention and Control (IPC). This effort extended to the facilitation of awareness during the Oral Cholera Vaccine (OCV) campaign.
In total, 471 local administrators were reached across in Kajiado (80), Garissa (30), Mandera (20), Wajir (28), Meru (43), Tana River (40), Nairobi (71), West Pokot (45), Marsabit (85), Kiambu (15) and Samburu (14) counties.

x) Develop and support with the distribution of cholera IEC materials in the targeted areas.

- Volunteers played a vital role in disseminating essential Cholera messages throughout communities, utilizing informational materials like posters and flyers.
- They actively translated and elucidated the Cholera messages to community members, ensuring improved comprehension and application.
- The information was also translated into local languages to enhance communication effectiveness.

A total of 3,200 flyers were distributed, with 1,000 in Garissa, 200 in West Pokot, and 2,000 in Kajiado.

xi) Train KRCS volunteers / CHVs on oral cholera vaccine.

- During the initial phase of the Oral Cholera Vaccine (OCV) campaign, Kenya Red Cross Society (KRCS) volunteers, Community Health Volunteers (CHVs), and Healthcare Workers (HCWs) underwent training in the designated counties – Nairobi, Wajir, Garissa, and Tana River. The purpose of the training was to equip them with the knowledge needed for mobilizing and creating awareness in the community, encouraging participation in the vaccination effort.
- A total of 657 volunteers received training to facilitate the OCV campaign.
- In Nairobi County, 107 individuals were trained (comprising 37 Red Cross Volunteers and 70 Community Health Volunteers) and were subsequently deployed to sensitize communities in Mathare and Embakasi East sub-counties for the Oral Cholera Vaccine campaign. Simultaneously, 80 KRCS volunteers underwent training in Wajir County.
- In Tana River County, 150 individuals, including Red Cross Volunteers (RCVs), Community Health Assistants (CHAs), and CHVs, were trained to focus on community mobilization. Meanwhile, in Garissa, 70 individuals (comprising 60 CHVs and 10 RCVs) from 8 community units underwent training.
- In Garissa, an additional 250 CHVs and Red Cross Volunteers actively supported the sensitization campaign for the Oral Cholera Vaccine during the second phase.
- During the second phase of OCV campaign a total of 148 CHVs and RCVs were trained on OCV Mobilization. A total of 31 Kenya Red Cross volunteers in Kajiado underwent training for the oral cholera vaccine. These volunteers played a crucial role in advocating, communicating, and mobilizing the community during the 10-day OCV campaign. Simultaneously, in Nairobi County, specifically in Embakasi Central and Kamukunji sub-counties, 40 Red Cross Volunteers and Community Health Volunteers (CHVs) received training for the OCV campaign. In Machakos County, 30 Kenya Red Cross Society volunteers underwent training while in Mandera County, a total of 47 mobilizers received training in data collection, vaccination procedures, and community mobilization to enhance their capabilities in these critical areas.

xii) Carry out social mobilization and supervision activities for OCV campaign

- In Wajir, Garissa, Tana River, and Nairobi counties, KRCS, along with the respective County Health Management Teams (CHMT), organized a 12-day series of trainings, social mobilization, and supervision for the Oral Cholera Vaccine (OCV) campaign from the 8th to the 20th of February 2023.
- During this period, KRCS Volunteers and Community Health Volunteers (CHVs) were actively engaged in mobilizing and sensitizing community members. They reached out to schools, social recreational facilities, and religious gatherings across the four counties, emphasizing the importance of vaccine uptake. Community awareness, public sensitization, and the reinforcement of Water, Sanitation, and Hygiene (WASH) activities at the community level were key focal points.
- The ten-day OCV campaign was executed in the prioritized counties of Wajir, Garissa, Nairobi, and Tana River from the 11th to the 20th of February 2023. The successful completion of the first round of vaccination in February 2023 resulted in the vaccination of 2.2 million individuals aged one and above in Nairobi, Garissa, Tana River, and Wajir. This achievement significantly contributed to a notable reduction in cholera cases within those areas.
- The initiation of the 10-days second phase of the Oral Cholera Vaccine (OCV) campaign took place on August 3, 2023, targeting individuals aged one year and above in specific areas. The targeted locations included Homa Bay (Suba South), Kajiado (Kajiado East), Marsabit (Moyale), Nairobi (Kamukunji and Embakasi Central), Wajir (Wajir North), Mandera (Mandera East), Machakos, and Garissa. The total number of individuals vaccinated in these seven counties amounted to 1,589,666, with the distribution as follows: Nairobi (687,377

people), Machakos (3,425 people), Kajiado (314,043 people), Homa Bay (136,302 people), Wajir (121,543 people), Mandera (165,466 people), and Marsabit (161,510 people).

• In addition to the implemented strategy, KRCS was engaged in development of EAP that will help target a more long term impact to the cholera situation in the country. The Epidemics Early Action Protocols has already been developed, the proposal and budget submitted to IFRC for the course of action.

Lessons Learnt

• Adequate trainings and capacity-building of Red Cross volunteers and community health practitioners is essential. Health professionals should be equipped with the knowledge and skills necessary to diagnose and manage cholera cases.

Challenges

• Insufficient cholera treatment centers in hard-to-reach areas in Wajir during the peak of cholera outbreak was a challenge. This was solved by sending the surge team in hard to reach areas.

Water, Sanitation And Hygiene

Budget: CHF 62,973
Targeted Persons: 2,701,160
Assisted Persons: 3,877,152

Indicators

Title	Target	Actual
Number of WASH assessments conducted	8	10
Number of households reached with WASH related information	3,101,160	3,877,152
Number of food handlers PHOs/RCAT Team leads trained of food hygiene	50	34
Number of PUR/Aqua Tabs procured	135,000	87,850

Narrative description of achievements

3,877,152 (1,899,804M, 1,977,348F) reached with WASH interventions.

1. WASH assessments conducted:
• KRCS, in collaboration with the County government, conducted water point assessments and sampling to 134 critical points in Nairobi, Tana River, Kajiado, Kisumu, and Garissa Counties to assess the availability and safety of water. The evaluation covered critical areas such as water point sources, waste disposal facilities, handwashing amenities, and the presence of decontamination chemicals at Cholera Treatment Units (CTUs). Details supported to update the need section.

2. Training of KRCS volunteers & CHVs on E-WASH
KRCS facilitated training sessions for 127 KRCS volunteers and 16 public health officers focusing on Water, Sanitation, and Hygiene (WASH) in emergency situations. These trainings were conducted in Mandera, Meru, Samburu, and Garissa Counties. Participants gained expertise in water treatment, safe water management, and both shallow and deep well chlorination. Additionally, one KRCS staff member and 19 KRCS volunteers from Samburu East, Achas Post, received training specifically on household decontamination.
Furthermore, training sessions for KRCS volunteers on e-WASH were carried out in Mandera, Meru, and Garissa Counties. In Mandera County, 37 Red Cross Volunteers (RCVs) were trained, while in Garissa County, 70 RCVs and Community Health Volunteers (CHVs) underwent the training.
With the support of WHO, a two-day training session on bacteriological water quality analysis was conducted in Meru. The training aimed to equip 16 public health officers with the knowledge and skills necessary to perform bacteriological water quality analysis.

3. Procurement and distribution of WASH chemicals

To prevent further contamination and reinfection among individuals at the household level and patients in Cholera Treatment Units (CTUs), it is crucial to provide Water, Sanitation, and Hygiene (WASH) supplies, including water treatment chemicals, surface cleaning disinfectants, and waste management facilities. Kenya Red Cross, the Ministry of Health (MOH), and partners facilitated the provision of WASH equipment and 87,850 aqua tabs to support CTUs and households in Wajir, Garissa, Mandera Tana River, Homa Bay, Kajiado, Nairobi, Mandera and Murang'a counties.
In Homa Bay, KRCS received 20,000 aqua tabs sachets for water treatment in households, targeting 2,000 households. Additionally, 2,000 face masks, 240 hand sanitizers, and 20 handwashing gels were distributed in the Cholera Wards in Sindo.
In Kajiado County, KRCS donated 3 containers with 45kgs of Calcium hypochlorite powder for household decontamination, 5 pairs of gumboots, 125pcs of bar soap, and 300 aqua tabs to the MOH. Various items were distributed to Shompole and Oltepesi health centres, including Knapsack Sprayers, Rigid Jerricans, Gumboots, Gloves, Goggles, Hand Washing Soap, hand sanitizers, Chlorine, aqua tabs, and bar soaps.
In Mandera, KRCS distributed WASH supplies, including 36 buckets of 5kg chlorine, 100 handwashing stations, 1000 gloves and 70 boxes of hand sanitizers. In Mandera East, 43,950 Aqua Tabs sachets were distributed to 4,650 households. UNICEF provided additional support with handwashing bar soap, 20-liter jerry cans, buckets, and aqua tabs for the MCRH CTU. CARE supported 500 households with 1000 Jerricans, 100 boxes of bar soaps, and dignity kits for 1000 vulnerable school girls. 3,410 households' underground water tanks and 110 water boozers had been chlorinated. KRCS provided 4 knapsack sprayers and 50 pieces of sanitizers, using 65 buckets of Chlorine granules to treat water in 3200 households.
In Nairobi County, 600 aqua tabs were received from SHOFCO and distributed to communities during door-to-door sensitization in Mathare and Embakasi.
In Tana River County, KRCS supported with 22,000 aqua tabs distributed to the community for water treatment.

4. Decontamination activities conducted at household or facilities.

• During contact tracing, KRCS PHOs and MOH disease surveillance officers conducted decontamination exercises in households and latrines used by infected individuals. Failure to decontaminate Cholera Treatment Units, households, and facilities occupied and used by cholera patients posed a higher risk of infection or re-infection. In Nairobi County, decontamination in Mbagathi CTU and Mama Lucy CTU was done three to four times daily with support from 5 CHVs. In Wajir, Baraki CTU in Garissa County, and Tana River County, decontamination of surfaces, beddings, and safe disposal of hospital waste in Biyamathow, Siriba, and Dadajabulla CTC was practiced daily to avoid infections and re-infections of cholera. Effective decontamination was essential to prevent the spread of infectious diseases, and it was one of the key components of outbreak management.
• Decontamination in Mbagathi CTU and Mama Lucy CTU in Nairobi County is done three to four times daily with support from 5 casual laborers who commenced officially on 27th February 2023.
• Decontamination of surfaces and beddings and safe disposal of hospital waste in Biyamathow, Siriba and Dadajabulla CTC in Wajir, Baraki CTU in Garissa County and Tana River County is being practiced on a daily basis to avoid infections and re infections of Cholera.

Lessons Learnt

• Sensitization of community members on water treatment at household level should be enhanced in order to reduce spread of cholera.
• KRCS in partnership with MOH should ensure the cholera vaccine is easily accessible to community members especially in areas where challenges were faced.

Challenges

•Open defacation in some communities thereby increasing risk of cholera spread.
• Lack of toilets and hand washing facilities in some of the cholera affected areas.

Protection, Gender And Inclusion

Budget: CHF 0
Targeted Persons: 135,000
Assisted Persons: 168,682

Indicators

Title	Target	Actual
Number of refugees receiving cholera management and prevention services	233,736	65,974
Number of people with disability reached with Cholera prevention messages	31,036	102,708
Number of people from minority groups reached with Cholera prevention messages, engaged and assisted in the activities	65,974	65,974

Narrative description of achievements

The total number of people reached on PGI was 168682 as opposed to 102708 mentioned in the report. This includes 102708 people living with disability and 65974 refugees reached with Cholera prevention message. This also include minority groups reached with disinfection services in Dadaab refugee camp.

• During the cholera response, an estimated 102708 differently abled persons were reached directly and indirectly through community-wide and household visits by KRCS volunteers.

• KRCS teams included PGI in their orientation/training sessions, including during regular debriefs.

• The decontamination exercises were conducted in households and latrines used by infected individuals. This was conducted by the team following the information from the contact tracing teams. Those disinfections exercises were contributing to mitigate any disruption of the social cohesion and potential stigma and reluctance of the use of the facilities that could have promoted bad mental dispositions and risky practices for defections. In addition, KRCS volunteers were trained to support the dissemination of key cholera information to the community that contributed to give the reassuring the entire community that the disinfections and the good practices promotes are the best way for cholera eradication.

• In the establishment of Cholera treatment centers gender and other diversity considerations were taking into account in the planning and the delivery of the assistance.

• The community members were sensitized on IPC of Cholera to avoid discrimination of those patients who suffered cholera. This was practiced in CTCs in Garissa, Tana River, Wajir and Marsabit. It helps ensure understanding and address any risk of discrimination through knowledge.

• The project implemented a comprehensive gender balance management approach to ensure inclusive participation and representation. The following measures were taken:

- Inclusive Communication: Communication channels were tailored to reach both genders effectively and using local language dialect to reach out to them. This included using gender-neutral language and addressing gender-specific concerns in all informational materials.

- Flexible Scheduling: Activities and meetings were scheduled at various times to accommodate the availability of both men and women, particularly considering the different roles and responsibilities they might have.

- Safe Spaces for Women: Safe spaces were created for women to voice their concerns and participate actively without fear of judgment or retribution especially on hygiene.

The inclusive approach ensured that vulnerable groups, such as refugees, single mothers, elderly women, and people living with disabilities, were not left out. A balanced gender approach fostered a holistic community engagement, where both men and women contributed to and benefited from the project. This collaborative environment strengthened community resilience and social cohesion on Cholera response.

Challenges

•

Community Engagement And Accountability

Budget: CHF 27,550
Targeted Persons: 135,000
Assisted Persons: 135,000

Indicators

Title	Target	Actual
Number of meetings held to verify and address romuors by RCATs	24	6
Number of community feedback addressed.	100	26
Number of Volunteers sensitized on Community Engagement	600	673

Narrative description of achievements

• CEA module was delivered as a critical component in the EPiC training for ToT and KRCS/MoH volunteers. This enhanced community entry and communities' participation in prevention and control of cholera as communities are rightful members in designing of the WASH interventions. Volunteers were sensitized on the KRCS feedback channels and mechanisms for diss
• A total of 673 volunteers have been trained on the EPiC module (Kiambu - 21, wajir-80, Garissa-100, Tana River-150, Nairobi-107, Kajiado-24, Homa Bay-67, Mandera-100 and West Pokot-24).

Justification for variance between target versus actuals:
• Although the target was to conduct 24 meetings, the RCATs held only six. The number of meetings was reduced because most community members did not have many inquiries or concerns. However, the thorough community-level sensitization on cholera infection prevention and control (IPC) helped increase understanding of the disease.
• All the community feedback was addressed. The amount of community feedback received from the community that needed to be addressed was 26 instead of the initial target of 100 community feedback.

Lessons Learnt

• Advocate for community sensitization on the use of the Community Feedback Toll-free line, emphasizing the importance of community engagements and feedback during interventions.
.• Need for institutionalization of Community Engagement & Accountability within Kenya Red Cross Society to put the community at the center of our interventions, enhance safer access, acceptance and sustainability of interventions, programs or projects.

Secretariat Services

Budget: CHF 5,547
Targeted Persons: 3
Assisted Persons: 3

Indicators

Title	Target	Actual
Number of county multistakeholder coordination meetings held in the 8 cholera active counties. (weekly meetings)	48	40
Number of field monitoring missions by National and county MOH/KRCS/IFRC (1 mission per county per month. KRCS can plan for monitoring visits at county level with support from regional teams)).	3	12
Regular technical coordination meetings	12	16

Narrative description of achievements

• The International Federation of Red Cross and Red Crescent Societies (IFRC) provided technical assistance to the Kenyan Red Cross Society (KRCS) to enhance its capacity in planning the initial response. The Federation also supported with tracking, monitoring and reviewing of the project indicators while giving insight on areas of improvement.
• IFRC gave timely guidance in the context analysis and course of actions.

Lessons Learnt

• Adequate trainings and capacity-building of Red Cross volunteers and community health practitioners is essential. Health professionals should be equipped with the knowledge and skills necessary to diagnose and manage cholera cases.

National Society Strengthening

Budget: CHF 159,620
Targeted Persons: 800
Assisted Persons: 800

Indicators

Title	Target	Actual
# of after action review sessions held with RCATs and surge teams	2	4
# of volunteers and Surge team insured	800	883
# of coordination meetings conducted with HQ/IFRC teams conducted online on weekly basis.	12	3
Number of lessons learnt workshop	1	1
Number of field monitoring missions by National and county MOH/KRCS/IFRC (1 mission per county per month. KRCS can plan for monitoring visits at county level with support from regional teams)).	30	30
% of counties submitting daily Sitreps and monthly reports	100	100
Number of monthly progress reports submitted to IFRC	3	2
Number of National coordination meetings held	3	5

Narrative description of achievements

- Daily Reports, monitoring and updates on cholera across the counties in coordination with MoH at county and regional level, were shared. This include ensuring joint supervisions & monitoring by national, county and regional teams on cholera situation. Associated mileage cost and resource deployment to be supported in this scale-up.
- Conducted monthly review meetings with Volunteers, CHAs and PHOs to plan for activities (2 meetings in a month to review and plan for the activities).

KRCS has currently achieved the following actions:
Daily debrief meetings by KRCS response leads by pillars (Case Management/Wash/ RCCE/Coordination/Reporting)

• Debrief meeting in the affected counties were held by the response teams to deliberate on arising issues on a daily or weekly basis. Trends of new cholera cases reported informs preparedness and response plan at CTUs and county level.
• Supervisions & monitoring by MoH and KRCS National, Regional and County teams:
• In Mandera, Kajiado, Meru, Nairobi, Tana River, and Wajir County Health Management Team conduct support supervision to monitor the progress on RCCE through door-to-door community sensitization and health education across the most affected areas.

Coordination
County health departments called for support in developing appropriate preparedness and response plans after confirmation and notification of cholera outbreak through Division of Disease surveillance and Response (DDSR) in respective counties. County level coordination meetings comprising of County health departments, KRCS and partners, including sub county MoH officers were held in all the most affected counties of Meru, Kajiado, Kiambu, Muranga, Wajir, Tana River, Nairobi, Nakuru, Garissa, Mandera, Homa Bay and West Pokot County.

County health departments in the various cholera affected counties called for support in developing appropriate preparedness and response plans. In order to enhance and to be able to respond appropriately, KRCS initiated responses in all counties by conducting inception meetings in all the counties.
Other partner such as UNICEF, WHO, supported the ministry of health in coordination, provision of pharmaceutical, non-pharmaceuticals, water treatment chemicals and logistical support during response. KRCS greatly supported in capacity building KRCS volunteers and CHVs on Epidemic preparedness and response in Communities (EPiC), sensitization on cholera IPC and mobilization during OCV campaign.

Frequent review and feedback meetings were conducted with CHVs, PHOs/CHAs, RCATs, key community influencers, and facility in-charges across the affected counties. Daily and weekly coordination meetings were also held to share progress and areas for improvement at the organizational levels. During cholera sensitization activities, feedback from communities, including questions, rumors, appreciation, suggestions, and complaints, was systematically addressed. KRCS utilized a community feedback box and a toll-free hotline for communities to share their feedback. Trained KRCS and MoH teams promptly responded to community concerns and provided feedback.

Lessons Learnt

•It is necessary to emphasize epidemic preparedness through advocacy and multi-agency collaboration in contingency planning and resource mobilization. KRCS plays a key role in epidemics preparedness and response in terms of capacity i.e trained volunteers, community trust, partner and donor relations.
• To improve preparedness and response through seamless coordination and resource mobilization, we need to incorporate and strengthen the One Health Approach, bringing different stakeholders together. We must also strengthen early detection and community-based surveillance to identify outbreaks early and enable rapid response. Timely data collection and sharing are essential for decision-making.
• Adaptive Approach: Cholera outbreaks can be dynamic, and responses should be flexible and adaptive to changing circumstances. Regular assessments and adjustments are necessary.

Challenges

• Lack of well equipped Cholera Treatment Units/ isolation centers prior to disease outbreak.
• Delayed Situation Reports submission from MoH to KRCS county teams.
• Inconsistency during data collection and reporting both at the county Public Health Emergency Operations Centre(PHEOC) and national PHEOC.

Financial Report

Selected Parameters			
Reporting Timeframe	2023-2024/3	Operation	MDRKE054
Budget Timeframe	2023-2023/12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 04/Jul/2024

All figures are in Swiss Francs (CHF)

MDRKE054 - Kenya - Cholera Outbreak

Operating Timeframe: 07 Jan 2023 to 31 Oct 2023

I. Summary

Opening Balance	**0**
Funds & Other Income	**748,866**
DREF Response Pillar	748,866
Expenditure	**-744,536**
Closing Balance	**4,330**

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	748,866	744,536	**4,330**
AOF5 - Water, sanitation and hygiene			**0**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**748,866**	**744,536**	**4,330**
SFI1 - Strenghten National Societies			**0**
SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC			**0**
Strategy for implementation Total			**0**
Grand Total	**748,866**	**744,536**	**4,330**

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Please explain variances (if any)

IFRC-DREF allocated CHF 748,866 to support the cholera response in Kenya. 2 allocations were made: CHF 498,819 as a first allocation and CHF 250,047 allocated following the upsurge of cases in country. These contribution from the DREF pot to the KRCS response capacity was made under the appeal code MDRKE054 - Kenya - Cholera Outbreak and budget was implemented between 07 Jan 2023 to 31 Oct 2023 as per approved timeframe.

From the allocation received, CHF 744536 was spent and the balance of CHF 4,330 will return to the DREF pot following the closure of this DREF. There have been no significant variances to be explained except the travel from IFRC for the monitoring which were not done as

the remote monitoring and information provided didn't require further visits. 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.

Contact Information

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

National Society contact:
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IFRC Project Manager:
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Media Contact: Susan Nzisa Mbalu, Communications Manager, susan.mbalu@ifrc.org, +254733827654

Click here for reference

Selected Parameters			
Reporting Timeframe	2023-2024/3	Operation	MDRKE054
Budget Timeframe	2023-2023/12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 04/Jul/2024

All figures are in Swiss Francs (CHF)

MDRKE054 - Kenya - Cholera Outbreak

Operating Timeframe: 07 Jan 2023 to 31 Oct 2023

I. Summary

Opening Balance	**0**
Funds & Other Income	**748,866**
DREF Response Pillar	748,866
Expenditure	**-744,536**
Closing Balance	**4,330**

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	748,866	744,536	**4,330**
AOF5 - Water, sanitation and hygiene			**0**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**748,866**	**744,536**	**4,330**
SFI1 - Strenghten National Societies			**0**
SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC			**0**
Strategy for implementation Total			**0**
Grand Total	**748,866**	**744,536**	**4,330**

Selected Parameters			
Reporting Timeframe	2023-2024/3	Operation	MDRKE054
Budget Timeframe	2023-2023/12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 04/Jul/2024

All figures are in Swiss Francs (CHF)

MDRKE054 - Kenya - Cholera Outbreak

Operating Timeframe: 07 Jan 2023 to 31 Oct 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
General Expenditure	**5,952**	**1,886**	**4,066**
Travel	5,952		5,952
Financial Charges		1,886	-1,886
Contributions & Transfers	**697,209**	**697,209**	**0**
Cash Transfers National Societies	697,209	697,209	0
Indirect Costs	**45,705**	**45,441**	**264**
Programme & Services Support Recover	45,705	45,441	264
Grand Total	**748,866**	**744,536**	**4,330**

REPORT NO. 5

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY				
PROJECT NAME	CLMX039933 -Kenya Cholera Outbreak				
IFRC PROJECT CODE	PKE091/AP109/MDRKE054				
CURRENT REPORTING PERIOD	From:	7-Jan-23	To:	31-Oct-23	(Y2 Qtr 1)
PLANNED EXPENDITURE PERIOD	From:	30-Apr-23	To:	31-Oct-23	(Y2 Qtr 2)

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

	SL	CHF
Exchange Rate Used	0.0074	

Output	Budget (as per Project Funding Agreement) Prior Period(s)	Current Period	Total (Year to date)	Expenditure (Actual) Prior period(s)	Current period	Total (Year to date)	Budget Variance Variance	%	Budget Variance Variance	%	Reason for Variance(s) (more than 10%)
Health services		10,104,227	10,104,227		10,998,025	10,998,025	- 893,799	-9%	- 893,799	-9%	
Wash	-	19,317,654	19,317,654	-	19,424,518	19,424,518	- 106,865	-1%	- 106,865	-1%	
Risk reduction climatic Adaption and recovery		50,493,188	50,493,188	-	55,096,224	55,096,224	- 4,603,036	-9%	- 4,603,036	-9%	
Community engament and accountability		10,223,090	10,223,090		10,385,557	10,385,557	- 162,467	-2%	- 162,467	-2%	
National socienty development		4,079,273.57	4,079,274		4,401,855	4,401,855	- 322,581	-8%	- 322,581	-8%	
	-	94,217,432.03	94,217,432	-	100,306,180	100,306,180	- 6,088,748	-6%	- 6,088,748	-6%	

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

	Cost Categories	Budget (as per Project Funding Agreement) Prior Period(s)	Current Period	Total (Year to date)	Expenditure (Actual) Prior period(s)	Current period	Total (Year to date)	Budget Variance Variance	%	Budget Variance Variance	%
1	Personnel	-	-	-	-		-	-		-	-
2	Relief supplies, transportation and storage	-	-	-	-		-	-		-	-
3	Contributions to other organisations	-	-	-	-		-	-		-	-
4	Other direct costs	-	89,136,938	89,136,938	-	93,621,074	93,621,074	- 4,484,136	- 5.03	4,484,136	5.03
5	Indirect cost recovery		5,080,494	5,080,494		6,685,105	6,685,105	- 1,604,611	- 31.58	1,604,611	31.58
	TOTAL	-	94,217,432	94,217,432	-	100,306,180	100,306,180	- 6,088,748		6,088,748	
				44,178.21							

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) Prior Period(s)	Current Period	Total (Year to date)	Expenditure (Actual) Prior period(s)	Current period*	Total (Year to date)	Budget Variance Variance CHF	%	Budget Variance Variance CHF	%
Overall	-	697,209	697,209	-	742,266	742,266	- 45,057	-6%	45,057	6%

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 23/01/24

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

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY		
PROJECT NAME	CLMX039933 -Kenya Cholera Outbreak		
IFRC PROJECT CODE	PKE091/AP109/MDRKE054		
CURRENT REPORTING PERIOD	**From:** 7-Jan-23	**To:**	31-Oct-23
PLANNED EXPENDITURE PERIOD	**From:** 30-Apr-23	**To:**	31-Oct-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 CHF	%	Variance CHF	%
	Health services	-	74,846	74,846	-	81,467	81,467	- 6,620.73	-9%	6,620.73	9%
	Wash		143,094	143,094	-	143,885	143,885	- 791.59	-1%	791.59	1%
	Risk reduction climatic Adaption and recovery		374,024	374,024		408,120	408,120	- 34,096.57	-9%	34,096.57	9%
	Community engament and accountability		75,727	75,727		76,930	76,930	- 1,203.46	-2%	1,203.46	2%
	National socienty development		30,217	30,217		32,606	32,606	- 2,389.49	-8%	2,389.49	8%
									0%	-	
	TOTAL	-	697,209.00	697,906.90	-	743,008.74	743,008.74	- 45,101.83	-6%	45,799.74	7%

	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 CHF	%	Variance CHF	%
1	Personnel	-	-	-			-	-			
2	Relief supplies, transportation and storage	-	-	-			-	-			
3	Contributions to other organisations	-	-	-			-	-			
4	Other direct costs	-	89,136,938	89,136,938		93,621,074	93,621,074	- 4,484,136.46		4,484,136.46	
5	Indirect cost recovery	-	5,080,494	5,080,494		6,685,105	6,685,105	- 1,604,611.21		1,604,611.21	
	TOTAL	-	94,217,432	94,217,432	-	100,306,180	100,306,180	- 6,088,747.67	-646%	6,088,747.67	6%

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/MMYYYY 23/01/24

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