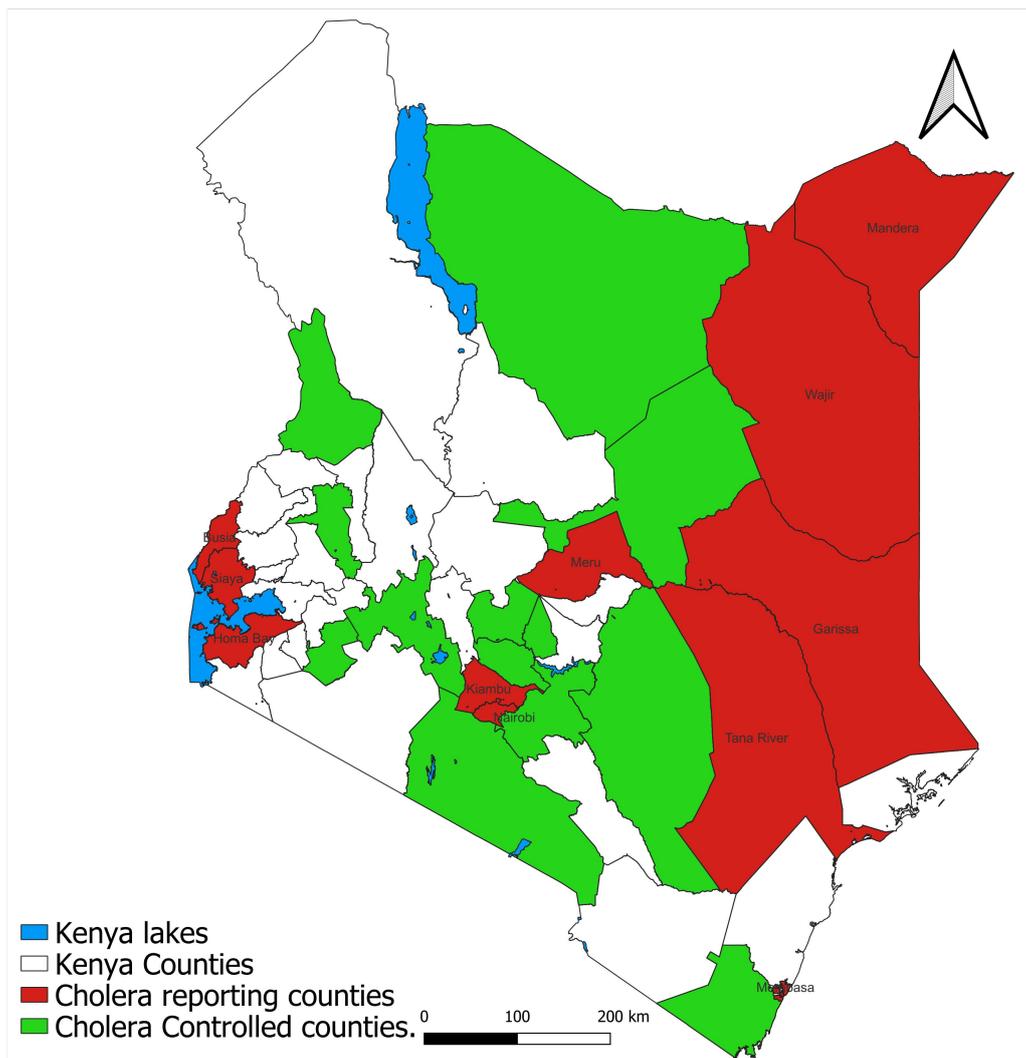




**KRCS volunteer supporting oral cholera Vaccination campaign in Garissa County**

Appeal: <b>MDRKE054</b>	Total DREF Allocation <b>CHF 748,866</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2022-000367-KEN</b>	People Affected: <b>24,222,795 people</b>	People Targeted: <b>2,161,160 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-01-07</b>	New Operational end date: <b>2023-10-31</b>	Total operating timeframe: <b>9 months</b>
Additional Allocation Re- quested <b>250,047</b>	Targeted Areas:	<b>Mombasa, Tana River, Garissa, Wajir, Mandera, Meru, Kiambu, Siaya, Homa Bay, Nairobi</b>	

# Description of the Event



Map showing Cholera controlled and Reporting counties.

## What happened, where and when?

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.

Data reported from June to July 2023 has shown 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 in the most recent weeks. 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). Currently 7 counties are active whereas the rest have controlled the outbreak. These active counties include Garissa, Mandera, Siaya, Homa-Bay, Mombasa, Wajir and Nairobi. Some of the active counties are counties that are experiencing a relapse of the outbreak and include counties driven the outbreak across the country, due to several combining factors.

The current outbreak of cholera started on 19th October 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. 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.

Kenya Red Cross has been supporting the different stage 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 which has been reported in Operations Update #2.

The current trend of cholera obliges to scale-up again the support to counties with active cases, especially considering the mortality rate in some of the affected areas. This adds to the fact that there has been 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. With the Kenya MOH planning to roll out the second phase of the oral cholera vaccination campaign in July 2023 in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa, KRCS contribution is required. This campaign will be a new campaign in the targeted sub counties. The aim is to enhance uptake of the vaccine as witnessed in the previous campaign where 98% was realized in Garissa and Nairobi where it is completed in some areas as per MoH plan. This aims to scale-up the overall cholera assistance in the active hotspots.



Kenya Red Cross Surge clinical officer attending to a patient in a county. Kenya Red Cross EPIC trained volunteer facilitating a group information session with a community to understand the drivers of the disease in the area.

## Scope and Scale

Update of the outbreak as of July 2023 from Kenya MOH reports is shown in the below key epidemiology data of the cholera outbreak:

- A total of 6,209 (53%) of the cumulative cases are males, while 5,587 (47%) are females.
- Most cases, 3,900 (33%) are in the age group of <10 years.
- Of the 194 cumulative deaths, 135 (70%) are males, while 59 (30%) are females.
- Among the 194 deaths reported, 78 (40%) are from Nairobi, and Tana River counties, while Garissa, and Wajir account for 35 (18%) deaths in total.
- Overall, Garissa (339.1) and Mandera (255.5) Counties have the highest attack rates, with national (affected counties) being 41.4 per 100,000.
- In the last 10 days, Mandera (1.8), Wajir (1.0), Mombasa (0.8), and Homa Bay (0.4) counties have had the highest attack rates/100,000 population

Below are specific update as of 7 July 2023, Kenya MOH report, key highlights:

- Total of cumulative cases 11,796.
- Eleven (11) new cholera cases were reported in the last 24 hours (relative to 7 July), bringing the total number of



cases to 11,796 as of 07 July 2023. The county reporting the new cases is Mandera (11).

- Zero (0) new deaths were reported in the last 24 hours (relative to 7 July). The cumulative deaths since the beginning of the outbreak are 194 (CFR = 1.6%)
- Twenty-five (25) counties have reported cases as follows: Garissa (2,853), Mandera (2,216), Nairobi (2,149), Wajir (937), Tana River (780), Kiambu (539), Machakos (491), Kajiado (398), Homa Bay (335), Mombasa (204), Siaya (162), Meru (138), Uasin Gishu (137), Marsabit (112), Samburu (60), Kisumu (56), Nyeri (55), Murang'a (46), Isiolo (31), Kitui (27), Kirinyaga (17) West Pokot (16), Kwale (16), Nakuru (15), and Bomet (6).
- In the past 10 days (before 7 July), 52 cases were reported nationwide in the following 7 counties (active outbreak): Mandera (16), Nairobi (11), Mombasa (10), Wajir (8), Homa Bay (5), Garissa (1), and Siaya (1).
- On average, 5 Counties with relapse of the outbreak since October 2022 include: Nairobi, Garissa, Wajir, Mandera, and Siaya. Most are recurrently under active cases.

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 hostpots.

In the MOH daily situation report dated 7 July, 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.

Based on the current analysis of the situation, the Kenya Red Cross Society are asking for time frame extension and an increase in the DREF allocation of funds to support a scale up of their activities in the new counties and those that have experienced relapse and assist the Kenya MOH second phase of the oral cholera vaccination campaign.

## Summary of changes

Are you changing the timeframe of the operation	<b>Yes</b>
Are you changing the operational strategy	<b>No</b>
Are you changing the target population of the operation	<b>Yes</b>
Are you changing the geographical location	<b>Yes</b>
Are you making changes to the budget	<b>Yes</b>
Is this a request for a second allocation	<b>Yes</b>
Has the forecasted event materialize?	<b>Yes</b>

### Please explain the summary of changes and justification

The time frame for the initial DREF support is coming to an end and the resources allocated are getting exhausted whereas the outbreak still continues. The outbreak has spread to new counties and there is also an upsurge in the active counties (epicenters of the outbreak that include Nairobi, Kiambu and Garissa) and relapse of the outbreak in other counties that had controlled the outbreak. Currently 7 counties are active whereas the rest have controlled the outbreak, these active counties include; Garissa, Mandera, Siaya, Homa-Bay, Mombasa, Wajir and Nairobi.



The overall situation and needs identified by the MoH and KRCS justify the scale-up of the messages through adapted diverse channels that require to extend the tools used in the first targeted areas, including jingles, radio, visits but also key informant teaching sessions to relay the messages to the communities. Audio visual support will contribute both to the overall prevention messages but also to the social mobilization for the upcoming OCV.

Indeed, Kenya MOH is planning to roll out a second oral cholera vaccination campaign in July in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa which is scheduled in July 2023. These being the new targeted counties for most, and in Nairobi, Garissa and Wajir, the campaign as of now is targeting new sub-counties other than the initial. Hence MOH needs support with community mobilization activities to enhance uptake of the vaccine as witnessed in the previous campaign where 98% was realized and this contributed on controlling the epidemic as shown on the epi curve.

The overall cholera situation is still an orange scale category with a significant mortality rate and Crisis Category: Orange.

Based on the current analysis of the situation, the Kenya Red Cross Society are asking for time frame extension and an increase in the DREF allocation of funds to support a scale up of their activities in the new counties and those that have experienced relapse to support the Kenya MOH second phase of the oral cholera vaccination campaign. The request is a 3-month extension making this an overall 9-month operation with a request to increase the funding ask from CHF 498,819 to CHF 748,866.

As part of a sustainability strategy Kenya Red Cross Society intends to later apply for a simplified Early Action Protocols for Epidemics hence this extension will support the organization in building more capacity and experience that will be used to support the application.

## Current National Society Actions



Kenya Red Cross health care worker dispensing oral cholera Kenya red cross volunteer conducting hygiene promotion in c

### Assessment

WASH assessment was conducted to inform on needs following the evolution of the outbreak in order to prioritize material and actions on the WASH assistance, as well as the decontamination needed at community level. Water point assessment and sampling was done in Nairobi, Isiolo, Tana River, Kajiado, Kisumu and Garissa counties supported by KRCS and county government to assess the availability and safety of water. Among the key areas assessed include, water point sources, waste disposal facilities, hand washing



	<p>facilities and availability of decontamination chemicals at CTUs. More details are shown under the WASH needs section.</p>
<p><b>Coordination</b></p>	<p>Kenya Red Cross is a member of the national level RCCE task force and also works closely with the PHEOC, a unit housed at the national division of disease surveillance and response (DDSR) at MOH head office to strengthen surveillance mechanisms during the outbreak. KRCS also supports the county departments of health in developing appropriate preparedness and response plans after confirmation of a cholera outbreak through Division of Disease Surveillance and Response (DDSR) in respective counties. County level coordination meetings comprising of KRCS staffs, cholera focal persons, key stakeholders, county and sub county MoH representatives have been held in all the 25 affected counties and the new counties.</p> <p>So far 32 coordination meetings have been held in the initial targeted counties and others as National partnership resource sharing coordination.</p> <p>In Samburu County, a cholera response coordination meeting was held at the onset of involving KRCS and MOH. Among the key deliberations discussed include cholera response plans, resource mobilization and community sensitization. This coordination was cascaded by KRCS at different targeted counties and conducted kick-off introduction meetings with all key coordination partners, including MoH members of different administration level, to ensure common understanding and acceptance of the plan.</p> <p>Stakeholder's coordination meeting was done on 31st January comprising of County Commissioner, Health teams, chiefs, Deputy Governor, community elders and religious leaders. Another Partnership coordination meeting including KRCS and County Health Management team was held to deliberate on stakeholder's engagement and strengthen response actions towards cholera.</p>
<p><b>Health</b></p>	<ul style="list-style-type: none"> <li>• KRCS in partnership with MOH and County Health Department facilitated Epidemic Preparedness and Response in Communities (EPIc) training to 40 MOH and Red Cross staff as Trainer of Trainers (ToTs) across the 8 most affected counties. The trained ToTs cascaded the training on EPIc to 883 KRCS Volunteers, CHVs, and Health Care Workers who are further sensitizing the community members.</li> <li>• Provision of a total of 118 Cholera beds, and 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.</li> <li>• Training of 131 CHW on case management protocol and infection prevention and control of cholera.</li> <li>• Support MoH CTUs with material donation, deployment of surge teams and provision of pharmaceutical and non-pharmaceutical items to CTUs in Wajir, Tana River, Garissa, and Mandera. A surge team of 31(12 Nurses, 6 COs, 8PHOs, 1 WASH Technician and 1 Pharm Technician) were deployed to Wajir (8), Mandera (10), Garissa (5), Marsabit and Nairobi (5) to support case management.</li> <li>• In order to reach out to a larger population in the community with cholera infection prevention and control key messages, KRCS and MOH through health education and promotion officers have been conducting sanitization through public address system. In most vast counties, a larger population in marketplaces and interior villages has been reached out with key information on cholera through the public address system. Also, KRCS has carried out regular presenter mentions, jingles, and spots on cholera prevention on local radio stations through local radio talk shows and diffusion on jingles and</li> </ul>



messages.

KRCS sensitized local administrators, key informant and leaders (chiefs and assistants, religious leaders, and village elders) on cholera causes, transmission, prevention, and control.

- Local administrators are among the key informants in any given community to allow the implementation of activities in the communities. Being gatekeepers and whistle-blowers in the society, KRCS through trained KRCS and CHVs facilitated sensitization of local administrators on cholera IPC.

- IEC: Developed and supported with the distribution of cholera IEC materials.

- OCV: KRCS Volunteers, CHVs, and HCWs were trained on the Oral Cholera vaccine in the four target counties (Nairobi, Wajir, Garissa, and Tana River) to support in mobilization and awareness creation in the community and take part in the vaccination exercise. A total of 439 volunteers were trained to support the rollout of the OCV campaigns.

KRCS carried out social mobilization and supervision activities for OCV campaign in Nairobi and Garissa. KRCS Volunteers and CHVs mobilized and sensitized the community members in schools, social recreational facilities, and religious gatherings across the four counties for vaccine uptake. Community awareness, public sensitization, and reinforcement of WASH activities at the community level were emphasized.

#### 1) Training of KRCS volunteers & CHVs on e-WASH

Training started in April and concluded in June with 56 Volunteers trained in the following:

- Household decontamination to 19 KRCS volunteers from Samburu East, and Arshers Post was done.

- E-WASH was done for volunteers in Mandera, Meru and Garissa, counties in June with during extension (in Mandera county 37 RCVs were trained on 14th February 2023, while in Garissa county 70 RCVs and CHVs were trained on 30th January 2023.

#### 2) MoH facilitated trainings:

On 3rd and 4th April 2023 through the support of WHO, a training session was conducted on bacteriological water quality analysis to 16 public health officers. The purpose of the training was to provide participants with the knowledge and skills necessary to perform bacteriological water quality analysis.

#### 3) Procurement and distribution of WASH chemicals.

To prevent further contamination and re-infection among people at the household level and patients in CTUs, provision of WASH supply including Water treatment chemical, surface cleaning disinfectants, and waste were done as well as support in management of facilities. Kenya Red Cross, MOH and partners have facilitated the provision of WASH equipment and chemical supplies to support CTUs in Wajir, Garissa and Tana River counties and households in other affected counties.

Donations took place from March to May leading to the following activities done:

- In Sindo Cholera Wards: 2,000 pcs of face masks, 240 hand sanitizers, and 20 hand washing gels were distributed.

- In Kajiado county: 3 containers with 45kgs of calcium hypochlorite powder for household decontamination, 5 pairs of gumboots, 125pcs of bar soap, and 300 aqua tabs were distributed.



## Water, Sanitation And Hygiene

- In Shompole and Oltepesi health centers: Knapsack sprayers- 50 pcs, rigid jerricans- 200 pcs, gumboots- 50 pairs, gloves- 50 pairs, Googles- 50 pairs, hand washing Soap- 80 pcs, hand sanitizers 6,480 pcs, chlorine- 60 kgs, 12,200 pcs of aqua tabs and 250 bar soaps were distributed. In Mandera, KRCS distributed 36 buckets of 5kg chlorine, 100 handwashing stations, 1,000 gloves, 70 boxes of hand sanitizers, 80 cholera beds and 3 cholera tents. In Mandera East, 43,950 Aqua Tabs sachets were distributed to 4,650 HHs.
- A distribution of 1,000 blister packs of aqua tabs in Kandara, Gatanga and Maragua was done during household visits. In Kiambu County, aqua tabs were distributed to 40 households in Kiandutu, Thika East Sub- County.
- More aqua tabs were distributed to 17 households in the Darasha area, Juja Sub County.
- In Homa Bay: 20,000 aqua tabs sachets for household water treatment was done targeting 2,000 households.
- In Tana River County, KRCS supported with 22,000 aqua tabs which were distributed to the community for water treatment.
- In Nairobi County, 6,000 blister packs of aqua tabs were received from SHOF-CO and distributed to the communities during door-to-door sensitization

### 3) Decontamination activities conducted at household or facilities.

- As of 15th March, 3,410 HHs underground water tanks and 110 water boozers had been chlorinated. Since April to date, and with the support of KRCS, 4 knapsack sprayers and 50 pieces of sanitizers were provided including 65 buckets of chlorine granules used for water treatment in 3,200 HHs.
- During contact tracing, KRCS PHOs and MOH disease surveillance officers have been conducting decontamination exercises in households and latrines in the affected areas.
- 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 work 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 done continuously to avoid infections and re-infections of cholera.
- On 26th April 2023, KRCS volunteers and CHVs conducted decontamination exercise and clean-up activities to households and water points.
- In Kajiado County, decontamination was conducted in Ongata Rongai sub county hospital and households in Nkaimurunya ward. In the Abdiyaqo area, Wajir county, 20 CHVs conducted household decontamination and water treatment to prevent reinfection of cholera.
- In Mandera County, as of 15th March, 3,623 households have benefitted from the chlorination of underground water.
- On 18th April 2023 in Marsabit County, a decontamination exercise at household level was conducted in Yaballo village where one patient was diagnosed with diarrhea and vomiting.
- On 20th April decontamination was done at Butiye after contact tracing was carried out in the area. In West Pokot County, 28 RCATs were trained on households' decontamination from 24th -25th April 2023. Their capacity was strengthened in health and safety, cholera management, environmental and personal hygiene.



## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	IFRC has supported KRCS with technical assistance to strengthen KRCS on planning the initial response which was within KRCS branch and county government's capacity to respond. However, the current situation calls for extra National Societies capacity. IFRC has been approached through this DREF for support.
<b>ICRC</b>	ICRC has supported KRCS in response at Daadab refugee camp, providing WASH commodities. There are indications that ICRC will support surge staff and case management supplies to the Daadab refugee operations response.
<b>Participating National Societies</b>	No action at the moment from the PNSs but KRCS will keep sharing information within the movement partners.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
	<p>The Ministry of Health has 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:</p> <p>(i) 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.</p> <p>(ii) 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.</p> <p>(iii) 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 have provided technical support through rapid response teams to the affected counties.</p> <p>(iv) Diagnostic Capacity: The National Public Health Microbiology laboratory is actively supporting the county governments in confirming and serotyping samples from suspected cases to inform appropriate management.</p> <p>(v) Isolation Facilities: All affected counties have been 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.</p> <p>(vi) Community Engagement: The Ministry of Health through the Health Pro-</p>



## National authorities

motion Unit and the county governments has engaged the community health volunteers to distribute key messages on cholera prevention and control to the population – involving internal security.

V) Cholera response plan: The Division of Disease Surveillance and Response has developed a draft cholera response plan which will be finalized and disseminated to counties and stakeholders. The plan is expected to guide and improve the current response measure in place and ensure mitigation measures are put in place to prevent future outbreaks.

vii) Training: The Ministry of Health is currently capacity-building national and county staff on cholera case management, Infection prevention and control supported by the Africa Centre for Disease Control.

(vii) Ongoing response activities at county level counties are undertaking measures such as 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.

(viii) Cholera Vaccine: The Ministry of Health has 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.

(ix) The Ministry is convening a multi-stakeholder meeting 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 have been 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 has 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](https://twitter.com/MOH_Kenya/status/1605845988886708224?s=20&t=JecWb7R4mSLWYinIZ4uimA))

## UN or other actors

UNICEF through an integrated Nutrition HPD program supported with sensitization of 30 CHVs and 18 KRCS volunteers in Madogo and Mororo in Tana River County on drought-related disease outbreaks including cholera on 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.

In Mathare and Embakasi: UNICEF supported with hand washing bar soaps, 20 liters jerry cans, buckets, aqua tabs to support Mandera County Referral Hospital CTU.

CARE international supported 500HHs with 1,000 Jerricans, 100 boxes of bar soaps and provision of dignity kits for 1,000 vulnerable school girls.

27 Dec - 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 @MOH\_Kenya (<https://twitter.com/UNICEFKenya/status/1607759394862776320?s=20&t=JecWb7R4mSLWYinIZ4uimA>)  
"8 Dec - @MSF supported the @MOH\_Kenya in setting up a 22-bed #cholera treatment unit in Mama Lucy Kibaki Hospital. 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](https://twitter.com/MSF_EastAfrica/status/1600756061912190976?s=20&t=JecWb7R4mSLWYinIZ4uimA))"

### **Are there major coordination mechanisms in place?**

In Garrisa county, each of the three camps, as well as the two sub-counties that host them (Dadaab and Fafi), have established their own multi-sectoral response teams, and a meeting between the Ministry of Health and partners, led by the UNHCR, that takes place every Thursday. At the county level, there is also a multi-sectoral emergency response team at the EOC, although coordination between the two teams is still weak. In Nairobi county, multi-sectoral response teams with the leadership of the Ministry of Health hold their meetings every Monday. Equally, Kenya Red Cross supported with coordination meetings in the 8 counties.



# Needs (Gaps) Identified

## Health

### Persistent hotspots:

As of 07 July, the current hotspots counties being part of the areas with the highest exchanges and connection with other counties, had high likelihood in driving the transmission. The actions in those counties remain essential. With joint effort of MoH Partners and NS, there have been a relatively declined cases in several counties where efforts were put and OCV conducted. However, active transmissions persist in new areas and/or areas not covered by previous vaccination campaigns. It also been highlighted that:

- The case fatality in active outbreak areas is still Medium/high, showing the need to scale-up the cholera treatment.
- Medium-high population of children under 5 are at higher risk of morbidity and mortality.
- The overall context of communities and WASH condition is preoccupant and factor the spread and persistent of cholera outbreak with challenges on access to safe water sources and WASH facilities etc.
- The second phase of the oral cholera vaccination campaigns in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa is scheduled in July 2023. This campaign will be a new campaign in the targeted sub counties. Hence triggering the need to extend the support provided with community mobilization activities and support to OCV as witnessed in the previous campaign where 98% was realized and this contributed on controlling the epidemic as shown on the epi curve.
- However, there still significant effort to be done on immunization. First the initial OCV covered \*one dose and was done only in Nairobi, Garissa, Wajir and Tana River. The current 1.5 million doses received from GTFCC to conduct new vaccination are to cover Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa counties. Additional support is needed to accompany this scale-up of immunization and with trained teams able to support the social mobilization needed in those counties.

The initial overall analysis of the driven factors and key pillars needs detailed in the plan and update 1 remain the same as follows:

### Risk communication and community engagement and Community-based surveillance:

- Villages/households reporting cases are in unhygienic conditions with rampant open defecation being practiced.
- Affected communities unaware of the current cholera outbreak especially in Wajir Town.
- Inadequate water for hand washing and no presence of hand washing equipment/tipi-taps including soap at the household level.
- No Promotional/IEC materials available/visible
- Poor Food supply and Unhygienic selling of food products especially wet foods and those eaten raw.

### Case management:

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

### Surveillance, contact tracing, and reporting:

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

### Supplies:



- There is a shortage of Personal Protective Equipment (PPEs) for cholera response, especially at the CTCs.
- There is also a 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 the use. This is due to their main water sources being boreholes as compared to Wajir East which majorly depends on shallow wells.
- Inadequate Essential drugs and non-pharms for case management.
- Inadequate NFIs.

#### Staff capacity:

- Under-staffing – burnout was reported by the responsible staff due to long working hours and minimal rotations.
- Most rural health facilities are manned by one staff hence no leave is taken in the year hence building up to burnout.
- Knowledge gap among the refugee Health Care workers on Cholera outbreak response: some of the villages reporting cases do not have CHVs/CUs hence no structure to undertake outbreak RCCE/CBS.

#### Coordination:

- No regular stakeholder meetings – meetings are done on a need basis.
- 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 new affected counties and counties with persistent outbreak, KRCS has identified the needs to strengthen the capacity of the response team, similar to what was already conducted in the response areas. That 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 by open super-drums (100ltrs) and drawn using jugs hence the risk of contamination.

In addition, The KRCS WASH assessment conducted from February to May 2023 in various counties affected over the months revealed in general:

- Poor water treatment practices
- Low latrine coverage across all the 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%.
- Exception of some rare sub-counties in Nairobi, water point sources are not providing safe water to the communities. As an 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 faecal coliforms and 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, in West Pokot County, the MOH in conjunction with KRCS conducted a 3 days' 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 was done by 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, 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 the poor access to adequate & safe water as shown by the assessment above.

Wajir town main water source is shallow wells. A majority are drying up due to drought thus 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 the high risk of contamination during drawing, transportation/delivery, or at the household level.

In addition to the above, severe prolonged drought led to reduced water sources (drying of wells). Kenya is facing a drought alarm stage in Wajir, Kitui, Kajiado, Garissa, and Tana River following the NDMA report monthly drought update, December 2022.

Households and facilities occupied and used by cholera patients pose a higher risk of infection or re-infection if they are not decontaminated.

## **Any identified gaps/limitations in the assessment**

# **Operational Strategy**

## **Overall objective of the operation**

This DREF allocation aims at supporting 2,701,160 people in Garissa, Mandera, Nairobi, Kiambu, Homabay, Mombasa, Siaya, Meru, Wajir, Tana River, Machakos, Murang'a, Kiambu, Kajiado, 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.

The specific objective of this update is to allow KRCS to continue the support to the MoH response plan for additional 3 months in the persistent hotspots being Garissa, Nairobi, Wajir, Kiambu (since the beginning of the outbreak), Homabay, Mombasa, Siaya, Mandera (increasing hotspots since May-June-July).

This will also include support towards oral cholera vaccination campaign in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa which is scheduled to start in July 2023.

## **Operation strategy rationale**

Specific Objectives.

- 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 based on the previous experiences, will focus its response on controlling the transmission and improve case management of cholera at community and facility levels in the affected counties.

In order to control the transmission, the response will:

- Facilitate capacity building and deployment of Red Cross action team and community health volunteers.
- Support monitoring of the outbreak evolution through active case finding.
- Strengthen community capacity to identify and refer cholera cases through Epidemic Control for Volunteers (ECV).
- Facilitate Risk Communication & Community Engagement (RCCE) at community level and mass media.
- Support the MoH planned Oral Cholera Vaccination campaign in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa through social mobilization activities. The previous campaign done in Nairobi, Garissa, Wajir and Tana River was only a 1 dose vaccine. The government got an approval of 1.5 million doses from GTFCC to conduct new vaccination in new areas of Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa. The funds requested are to support additional 368 volunteers to support OCV campaign.

The role of Kenya Red cross in this OCV is to supplement the government efforts by facilitating more volunteers who will be sensitized for one day on oral cholera vaccine then later be deployed to conduct social mobilization for the



uptake of OCV. In Nairobi and Garissa, the campaign will be done in different sub counties than the first campaign thus the need to train other volunteers.

- Messages will be enhanced through the use of various communication channels, audio-visual support from the onset. In this scale-up, the production of IEC materials, hygiene promotion and sanitation for prevention and control of cholera will be done. The initial plan made it possible to start the support for the OCV in some areas of Garissa and Nairobi counties. The second campaign planned for end of July is targeting the above-mentioned counties. For Nairobi and Garissa, it will be new counties areas within the two counties. In Nairobi, it will be done in Kamukunji and Embakasi central while in Garissa, it will be done in Fafi sub-county. These areas will need new volunteers due to their vastness and hence need for other volunteers to be trained.
- Considering that this is re-occurrence of cholera response in the targeted areas, Epidemic prevention in communities (EPIC) training component will be undertaken for 3-day sessions each to ensure relevant capacity building for volunteers on Epidemic control, RCCE and ensure oral rehydration points is delivered to the teams of volunteers to be engaged.
- Enhance the capacity in the field for continuous awareness raising, promote the continuation of breastfeeding for mothers suffering from Cholera, and hygiene promotion.
- The operation will also improve case management both at facility and community levels through:
  - The provision of oral rehydration therapy and support with the setup of oral rehydration points whose determination will be based on the scale of the outbreak in the affected counties.
  - A donation to MoH on materials for the set-up of 04 CTUs in Nairobi, Wajir, Mandera, and Homabay counties; purchase of infection prevention control equipment's for the CTUs and provision of personal equipment (PPEs); complementing the resources deployed with deployment of surge teams in CTUs to support healthcare workers to deal with the influx of patients.

## Targeting Strategy

### Who will be targeted through this operation?

This DREF operation will target community members in villages with reported cholera cases and the neighboring communities. The targeting has evolved following the outbreak situation and priority actions required in each county.

- 1) From the onset, the targeting was focused on: Tana River, Garissa, Wajir, Meru, Machakos, Murang'a, Kiambu, Kajiado, Nairobi.
- 2) With the extension and scale-up of this operation, the main target will be the current hotspots as per the data provided from the SITREP of 7 July 2023, being: Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa.
- 3) Direct target focused on groups of people living in families and communities with reported cases. The priority in effort to scale-up will be put in counties with active cases (see above n<sup>o</sup>2), especially counties with relapse of cases since January (Kajiado, Marsabit, Nairobi, Wajir, and Garissa) which seems to be driven by the disease. The direct targets are prioritized for door-to-door activities and sanitation. The direct target aims to cover a minimum of 5% of at-risk population. This was initially 70,000 people, and now increased to 135,000 people.

- Specific efforts were initially put on the most vulnerable groups including people at risk in refugee camps following reported suspected cases in camps. More focus was thus put on the host communities and refugees leaving in the camp settlements due to their high vulnerability. Families who have lost their loved ones due to cholera will be targeted for PFA sessions by volunteers.
- Through community engagement, vulnerable groups will be targeted and given specific attention while delivering cholera prevention services to the community. These include the elderly, pregnant and lactating mothers, and children under 5 years.
- With the other resources engaged in-country under different interventions, sub-county level analysis is 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 volunteer's deployment for disease control and prevention messages. The county coordination is supporting to build an integrated response among all the available resources contributions to the disease prevention.



### Explain the selection criteria for the targeted population

The targeted counties are those with worsening situations, that KRCS branch and county governments are getting overwhelmed, and that do not have adequate partner support for the response.

These are Garissa, Mandera, Nairobi, Kiambu, Homabay, Mombasa, Siaya, Meru, and Wajir counties.

Garissa county which has one of the highest number of cases is partially supported by ICRC within the refugee camp.

Additional counties are selected based on the latest SITREP showing increase of cases.

## Total Targeted Population

Women:	<b>797,052</b>	Rural %	Urban %
Girls (under 18):	<b>525,508</b>	<b>68.90 %</b>	<b>31.10 %</b>
Men:	<b>863,497</b>	People with disabilities (estimated %)	
Boys (under 18):	<b>515,103</b>	<b>2.20 %</b>	
Total targeted population:	<b>2,161,160</b>		

## Risk and security considerations

### Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
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.
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.

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



Terror attacks along the Kenya-Somalia border and proximity areas from Al-Shabaab militants will possibly affect project implementation. Non the less, 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. Equally, 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.



# Planned Intervention

	<b>National Society Strengthening</b>	<b>Budget</b>	CHF 159,620
		<b>Targeted Persons</b>	800
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
Number of National coordination meetings held		3	4
Number of monthly progress reports submitted to IFRC		3	2
% of counties submitting daily Sitreps and monthly reports		100	100
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	9
Number of lessons learnt workshop		1	0
# of coordination meetings conducted with HQ/IFRC teams conducted online on weekly basis.		12	3
# of volunteers and Surge team insured		800	674
# of after action review sessions held with RCATs and surge teams		2	2

## Progress Towards Outcome

Through this update, the following actions need to continue:

- Daily Reports, monitoring and update on cholera across the counties; in coordination with MoH at county and regional level. 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.
- Conduct 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 are 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.



## 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 KRCS staffs, cholera focal persons, key stakeholders, county and sub county MoH representatives have been held in all the 8 most affected counties of Meru, Mandera, Kajiado, Wajir, Garissa, Nairobi, West Pokot, and Homa Bay.
- 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 it has supported. Inception meetings have been conducted on various dates and months as from Meru in January through Kajiado, Kiambu, Muranga, Wajir, Tana River, Nairobi, Nakuru, Garissa, Mandera, Homa Bay and the latest being in West Pokot County health departments in the various cholera affected counties 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 their respective counties. County level coordination meetings comprising of County health departments, KRCS and partners, including sub county MoH officers.
- On 10th March 2023, KRCS Meru and the Ministry of Health held a coordination/ exit meeting at Mutuati level 4 Sub County Hospital. The members were informed that KRCS interventions on Cholera were coming to an end since the county had managed to contain all the cases in the affected areas. In Mandera County, a coordination meeting was led by the county department of health with other departments in attendance as water and trade and health partners on 27th January 2023 for resource mobilization and engagement.
- Another stakeholder's coordination meeting was done on 31st January 2023 comprising of County Commissioner, county and sub county health teams, area chiefs, county top level administration headed by the Deputy Governor, community elders and religious leaders. Among key action points include Mandera County Referral Hospital Isolation Unit to be used as Cholera CTU, disease surveillance to be heightened across the County and partners to support in provision of Pharm and Non- pharmaceutical supplies for case management. Another stakeholders meeting was held on 27th February 2023.
- In Kajiado County, Coordination meetings were held in partnership with the sub- County MoH to facilitate case management, train health care workers on Cholera treatment protocol and enhance risk communication among community members. Four (5) coordination meetings were held as follows:
  - In Kajiado East, co-ordination meeting was held on 20th February 2023, in Kajiado Central was held on 21st February 2023, in Kajiado North the meeting was conducted at Rongai Hospital on 27th February 2023, in Kajiado south it was held on 20th February and in Kajiado West it was conducted on 10th March 2023.
  - In Wajir County, a coordination meeting between the department of health and its partners including KRCS supported in provision of pharmaceutical and non-pharmaceutical drugs to Dadajabulla, Siriba and Biyamathow CTUs. A coordination meeting was conducted by SCHMT and KRCS officials.
  - In Garissa county, a coordination meeting was held on 9th February 2023 comprising of County government, KRCS, WHO, UNICEF, religious leaders and focal community groups. The meeting discussed the stakeholder's engagement, contribution and coordination during the OCV campaign which was done between 11th to 20th February, 2023 in refugee camps and across Garissa County. Another coordination meeting was held at Modogashe Health Center on 26th January 2023 involving KRCS, County disease surveillance teams and Lagdera Sub-county administrator to deliberate on strengthening disease surveillance and contact tracing within the sub county.
  - KRCS was tasked to support county coordination meetings in Nairobi County. Virtual coordination meetings for the County and Sub County response teams and partners were held on 11th, 16th and 22nd February and 13th March 2023 to give updates on the ongoing cholera response. Issues arising in the meeting include call for partners to support renovation of Mama Lucy Hospital CTU Tent, shortage of lab testing reagents, shortage of surge clinicians at Mbagathi CTU and also insufficient supply of water in the community.
  - In West Pokot County, KRCS in partnership with MOH held a coordination meeting on 28th February 2023



to establish a multi sectoral collaboration and response plan to provide support on cholera outbreak case management.

- In Homa Bay County, Weekly stakeholders meeting involving MOH Management teams and stakeholders is done chaired by Directors of health and surveillance.

	<b>Secretariat Services</b>	<b>Budget</b>	CHF 5,547
		<b>Targeted Persons</b>	3
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
Regular technical coordination meetings		12	6
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	9
Number of county multistakeholder coordination meetings held in the 8 cholera active counties. (weekly meetings)		48	16

### Progress Towards Outcome

#### SUPPORT 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.

#### COUNTY GOVERNMENT CHOLERA RESPONSE (KEY HIGHLIGHTS AS CONTAINED IN THE MOH SITREP)

- 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.

#### COUNTY PARTNERS' CHOLERA RESPONSE (KEY HIGHLIGHTS AS CONTAINED IN THE MOH DAILY SITREP OR INFORMATION FOUND IN THE FIELD LEVEL)

- In Mandera County, MSF Belgium is supporting Mandera East CTC in case management and distribution of medical supplies.
- UNICEF has supported with supply of medical and WASH commodities such as bar soaps, Jerricans, buckets and aqua tabs.
- UNICEF also provided medical supplies to Baraki and Saretho in Garissa County
- 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 mobilisation at Bura Sub County.

	<b>Health</b>	<b>Budget</b>	CHF 493,176
		<b>Targeted Persons</b>	2701160
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
Number of RCVs/CHVs to be trained on ECV/RCCE/ORP	600	673	
Number of households visits conducted with cholera prevention	540232	331178	
Number of PAS/mobile cinemas sessions conducted to enhance RCCE (1 session per week for the 8 targeted counties for 3 months)	48	7	
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	28	
Number of key stakeholders sensitized on cholera prevention. (20 stakeholders per county)	160	357	
Number of Group information sessions conducted by volunteers to disseminate cholera prevention messages (1 session per week)	72	28	
Number of Oral Cholera vaccine trainings done for RCVs/CHVs	2	4	
Number of people reached during OCV mobilization in targeted counties	3101160	1218175	
Number of CTCs set up	3	7	
Number of ORP sites set up	4	3	

### **Progress Towards Outcome**

For this extension, KRCS will continue to support mainly the following activities:

- Conduct door to door sensitization on cholera prevention - Volunteer allowance Engage volunteers 10 days per month for 3 month.



- Conduct community wide sensitization through (PAS, mobile cinemas etc) - 1 session in 2 week for the 9 targeted counties for 3 months)
- Carry out regular presenter mentions, jingles and Spots on Cholera prevention in local radio stations. (Develop and air presenter mentions per county)
- Sensitise local administrators (chiefs and assistants, religious leaders and village elders etc) on cholera causes, transmission, prevention and control
- Conduct radio talk shows through local FM radios
- Develop and support with the distribution of Cholera IEC materials (20,000 copies for 9 counties)
- Support the planned second dose or full vaccination in ir, Nairobi, Tana River and full vaccination in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa. include
  - Training RC volunteers on oral cholera vaccine for Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa
  - Carry out social mobilization and supervision activities for OCV campaign currently planned for July in Homabay, Kajiado, Marsabit, Nairobi, Wajir, Machakos and Garissa.
- Conduct food safety and hygiene educations for all food handlers PHOs/RCAT Team leads ( training 42 RCAT leads and 12 PHOs for 2 days)
- Millage to support CEA and monitoring missions

Activities already carried out by KRCS are detailed below:

#### TRAIN MOH STAFF/CHVS, RC STAFF & VOLUNTEERS ON EPIC MODULE (COMBINATION OF ECV, CBS AND ORAL REHYDRATION POINTS)

- KRCS in partnership with MOH and County Health Department facilitated Epidemic Preparedness and Response in Communities (EPiC) training to MOH and Red Cross staffs as Trainer of Trainers (ToTs) across the 8 most affected counties. The trained ToTs cascaded the training on EPiC to KRCS Volunteers, CHVs and Health Care Workers who are further sensitizing the community members.
- Cumulatively 673 KRCS volunteers and CHVs were trained, refreshed and sensitized on the Epic module in Kiambu, Garissa, Nairobi, Kajiado, Wajir, Mandera, Tana River, and West Pokot.
- A training on EPiC comprising of CHVs and KRCS volunteers was conducted on 6th - 8th February 2023 in Kiambu. Another training was conducted in Juja Sub-County on 9th March 2023 where 13 CHVs were trained on EPiC to support in creating awareness on Cholera IPC in the communities. 15 ToTs from MOH (9), KRCS (2), and cholera focal persons (4) were trained on EPiC Module in Garissa. The training was cascaded to 70 CHVs and KRCS volunteers who were trained to support in dissemination of key cholera information to community on 8th February, 2023. Another team of 30 CHVs from Lagdera and Dadaab were sensitized on EPiC module between 2nd to 4th March 2023. A total of 112 Red Cross Volunteers and CHVs have been sensitized.
- In Nairobi, KRCS supported training of 9 MoH and KRCS staffs as ToTs on EPiC from 6th-10th February 2023. KRCS also facilitated training of 107 RCVs and CHVs on 10th February 2022 to take part in OCV campaign. Another team of 95 RCVs and CHVs were also trained on 22nd to 24th February 2023. 20 CHVs and RCVs were trained on EPiC, evidence-based community-based health and first aid and community mobilization on 15th to 17th February 2023 in Kajiado. Another training was conducted on 9th March 2023 in Ngong where 4 CHVs were trained on the cholera response and management to support in community sensitization.
- In Wajir, 7 ToTs from MOH were trained on Epic and 80 volunteers were trained to conduct risk communication and community engagement. Another team of 70 CHVs and RCVs from Dadajabulla, Biyamathow, and Tesorie were trained on 17th March 2023 to support cholera response and door to door sensitization.
- In Mandera, a total of 100 KRCS volunteers have been trained to support door to door sensitization. A team of 37 KRCS volunteers were trained on RCCE between 13th -14th February 2023 while another team of 63 KRCS Volunteers were trained on 28th February 2023. On 14th March 2023, 100 volunteers (37 KRCS and 63 MOH) did a refresher training on cholera control measures, health/hygiene education and disinfections strategies.
- In Tana River County 150 CHVs and RCVs drawn from Madogo A and B, Malkamansa, Mlanjo, Bura, Meti and Hirimani were trained. Moreover, 10 KRCS Volunteers were trained to support door-to-door community sensitization in Homabay. KRCS in partnership with the county government conducted an EPiC refresher training for 30 RCVs and 27 CHVs on 15th March 2023.
- In West Pokot County a two-day EPiC sensitization training was conducted from 13th to 14th March 2023



to empower 24 KRCS volunteers on effective risk communication, risk assessment cultural competence and strategic planning

#### SPACE, EQUIPMENT AND SUPPLIES FOR CASE MANAGEMENT & IPC (QTY SUPPLIED, BY WHO & GAPS)

- 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 goggles (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.

#### SENSITIZATION OF HCWS ON CHOLERA MANAGEMENT PROTOCOL & IPC

- Health care workers play a very key role in Cholera case management, however there still a need to build their capacity in the event of any reported suspected cases. KRCS has been actively involved in contributing to that priority action for County and sub county Health Care Workers on case management protocol and infection prevention and control of cholera
- A cumulative number of 56 Health Car Workers were sensitized on Cholera management protocol Kiambu, Nairobi, Wajir, Kajiado, Tana River and Garissa Counties.
- Health care workers play a very key role in Cholera case management, however there is need to capacity build them in the event of any reported cases. KRCS has been actively involved in capacity building of County and sub county Health Care Workers on case management protocol and infection prevention and control of cholera.
- In Kajiado County 6 Health Care workers in Ngong Sub County were sensitized on Cholera management protocol on 9th March while 10 HCWs in Kajiado East were sensitized on 20th Feb 2023. In Kajiado North 20 HCWs were sensitized on 17th March while in Kiambu HCWs in Juja Sub County were sensitized on cholera management protocols on 14th and 15th February 2023.
- In Nairobi County, 20 Health Care Workers from Mathare and Embakasi Sub-counties and 5 CTU staff from Mama Lucy and Mbagathi Hospital have been sensitized on the clinical management of Cholera on 22nd February 2023.
- KRCS supported sensitization of 20 health care workers on infection control and prevention in Wajir County while in Tana River, 8 HCWs were sensitized between 23rd – 24th February 2023 on Cholera IPC and practical methods to respond to the ongoing outbreak.
- In Garissa (27 HCWs), WHO supported in sensitization of HCWs for OCV campaign on 8th February 2023.



## 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.
- 27 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

## CONDUCT DOOR TO DOOR SENSITIZATION ON CHOLERA PREVENTION (INCLUDE ALL ORAL REHYDRATION POINTS SET UP OR REPLENISHED DURING THE DAY)

- KRCS Volunteers are conducting sensitization programs in the community to raise awareness on cholera, symptoms and prevention strategies. The community members are disseminated on key messages on proper hygiene and sanitation and waste disposal to avoid infections.
- Cumulatively, 1,958, 449 were reached during community sensitization on cholera in Mandera, Nairobi, Homa Bay, Meru, Murang`a, Kiambu, Kajiado, and West Pokot.

Total number of people sensitized per county sensitized, Kiambu □ Juja Thika, Limuru, Ruiru, Githunguri 47,229 Meru Igembe North, Antubetewe, Ntunene, Tigania East 31,912 Murang'a Kandara, Maragua, Gatanga, Kiharu 59254, West Pokot □ Town View, St. Mary's, Kapenguria Boys 6474, Homa Bay □ Junction, Rabuor, Sofia 1059, Nairobi □ Embakasi East, Mathare Sub County 530573 Garissa □ Dadaab, Fafi, Garissa, Lagdera, IFO, Hagadera, Dagahaley 724893, Wajir East, Wajir South □ 422023, Tana River, Bura, Madogo □ 91885, Kajiado East, Kajiado South, Kajiado North 7000, Mandera Shafshafey, Busle, Bulla Power 33444, Nakuru, Nakuru West, Molo, Naivasha and Gilgil 2703, total 1,958,449

## CONDUCT COMMUNITY-WIDE SENSITIZATION THROUGH (PAS, MOBILE CINEMAS ETC)

- In order to reach out to a larger population in the community with cholera infection prevention and control key messages, Kenya Red Cross and MOH through Health Education and Promotion officers have been conducting sanitization through Public address system. In most vast counties, a larger population in market places and interior villages have been reached out with information in local languages through public address systems.
- A total 139,002 people were reached through PAS in Kajiado, Meru and Tana River counties.
- In Kajiado County on 23rd February 2023, community sensitization through PAS was done in Illasit- Nka-ma-Loitoktok and Isinet in Kajiado South and Kitengela in Kajiado East. Approximately 2500 people were reached out. On 26th February, community sensitization was conducted in Ngong and Olkeri in Kajiado North reaching out to approximately 7000 people. Another sensitization session was carried out on 11th March 2023 in Kajiado North reaching out to approximately 15,000 people. On 13th March sensitization session was carried out in Gishagi area, Mathare ward, Ololua Ward Bulbul and Ngong town reaching out to approximately 20000 people and on 14th March 12000 people in Kiserian, Rongai and Tuala were sensitized.
- In Meru County, Community sensitization on Cholera IPC through PAS was conducted On 2nd March in Mutuati, Igembe North reaching out to 3060, Naathu Ward reaching out to 2403 people and Kangeta Ward reaching out



to 6,966 people. In Kaelo, Lare and Miuine areas 4058 people were reached out by PAS sensitization.

- In Tana River County PAS community sensitization was conducted in Bangal, Madogo town and along Bangal-Garissa Highway. Approximately 78,015 people (39,263 males and 38,752 female) people were reached.

#### CARRY OUT REGULAR PRESENTER MENTIONS, JINGLES AND SPOTS ON CHOLERA PREVENTION IN LOCAL RADIO STATIONS.

- A total of 14 presenter mentions were conducted in Kajiado, Wajir and Garissa Counties. 2 Presenter mention on cholera IPC measures has been running on air at Domus Radio and Bus Radio station in Kajiado County.
- 6 radio presenter mentions in Garissa County were conducted through Kulmiye FM radio.
- In Wajir County, KRCS supported radio spot sessions on cholera prevention key messages in Wajeer radio station.
- In Garissa County, 6 radio presenters' mentions have been done through Kulmiye FM radio station

#### CONDUCT RADIO TALK SHOWS THROUGH LOCAL FM RADIOS

- A total of 9 radio talk shows reaching out to 970, 621, and 1 TV show was conducted in Meru County reaching out to 100,000 people.

TV36 TV interview 6/2/2023

Pearl FM Radio talk show 8/2/2023

KBC English service Radio talk show 9/2/2023

Mtaani FM Radio talk show 9/2/2023

Pamoja FM Radio talk show 9/2/2023

Garissa Kulmiye FM 6 Presenter mention 25/03/2023

Wajir

□

Wajeer Radio Presenter mention Radio Spot

Kajiado

Domus Radio Presenter mention 8/3/2023-14/3/2023

Domus Radio Radio talk show 8/3/2023

Bus Radio 2 presenter mention □

Tana River

TBS Radio Talk show 7/3/2023

Star FM Radio Talk Show □

Meru

Meru TV TV live interview 6/3/2023

Wega FM Radio talk show 21/2/2023

Meru FM Radio Talk Show 3/2/2023

Muranga Radio Maria Radio talk show 21/2/2023

Mandera

Mandera Radio Radio talk show 2/3/2023

Mandera Radio talk show 3/3/2023

Nakuru Radio MBCI Radio talk show □

Kiambu RFM Radio Talk Show 14/02/2023

#### SENSITIZE LOCAL ADMINISTRATORS (CHIEFS AND ASSISTANTS, RELIGIOUS LEADERS AND VILLAGE ELDERS) ON CHOLERA CAUSES, TRANSMISSION, PREVENTION AND CONTROL

- Local administrators are among the key informants in any given community to allow implementation of activities in the communities. Being gate keepers and whistle blowers in the society, KRCS through trained KRCS and CHVs facilitated sensitization of local administrators on cholera IPC.
- Cumulatively, 357 local administrators were reached in Garissa, Wajir, Tana River, Nairobi, Meru, Kajiado, West Pokot, Homa Bay and Mandera county.
- Local administrators are among the key informants in any given community to allow implementation of activities



in the communities. Being gate keepers and whistle blowers in the society, KRCS through trained RCVs and CHVs facilitated sensitization of local administrators on cholera IPC. They have also played a big role during OCV campaign in Garissa, Wajir, Tana River and Nairobi. So far, local administrators have been sensitized in Kajiado (80), Garissa, Mandera (20) Wajir, Meru (43), Tana River (40) and Nairobi (71).

- In Meru County, a total of 41 local and religious leaders in Mutuati (22) and Igembe South (21) were sensitized on Cholera disease, signs and symptoms, risk factors, detection, oral rehydration and prevention measures on 9th and 10th March 2023 respectively.
- Administrative, local and religious leaders from Wajir East and Wajir South in Wajir County, Baraki and Fafi in Garissa, Bura and Madogo in Tana River County were sensitized on Cholera IPC and took part in mobilizing local communities to take up OCV.
- In Kajiado County, 80 local administrators, religious leaders and influential members in Kajiado East (20), Kajiado South (20), Kajiado North (20) and Kajiado Central (20) sub-counties were sensitized on 17th, 20th and 21st February 2023 respectively with support from MOH and KRCS staffs.
- In Pokot West Subcounty, 45 local administrators, opinion leaders and religious leaders in Mnagei, Kapenguria, Kamatira and Riwo wards were sensitized on Cholera IPC on 10th March 2023. In Pokot North, another team of 39
- Local leaders including Chiefs and village elders from Suam and Alale wards were sensitized on 14th and 15th March 2023.
- In Nairobi County, 71 Local leaders and opinion leaders in Mathare and Embakasi sub counties in Nairobi. On 16th March 2023, local leaders from Huruma Ward were sensitized on epidemic awareness while in Kiambu, 14 local leaders in Urithi Ward were sensitized on 16th March 2023.
- In Tana River, 40 local and religious leaders from Bura (20) and Madogo (20) were trained. While in Homabay, a total of 58, local and religious leaders from Maram center, Nyachebe beach, Lwanda beach, Wachara market and Nyalkinyi were sensitized on Cholera.
- In Mandera County 20 religious leaders were sensitized on cholera causes, transmission, prevention and control on 13th March 2023.

#### DEVELOP AND SUPPORT WITH THE DISTRIBUTION OF CHOLERA IEC MATERIALS.

- IEC material including fliers and posters have been distributed and placed at strategic places by local leaders, area chiefs and CHVs in different counties to create awareness on Cholera and OCV key messages to the target population. Some of the IEC materials are written in local languages and placed in strategic locations to ensure maximum coverage of the information to the local communities.
- A total of 3200 IEC materials were distributed in Garissa (1000), West Pokot (200) and Kajiado (2000).
- KRCS volunteers and CHVs in Garissa County distributed 1000 cholera posters and fliers received from MOH in Lagdera and Township Sub Counties. In Kajiado County, 2000 Cholera IEC Materials from UNICEF-HPD program have been distributed by CHVs and RCVs to the community during door-to-door sensitization in Kitengela, Ngong, Matasia, Rongai and Olkeri while others were placed in health care facilities.
- In West Pokot County, 200 IEC materials provided by MOH have been distributed in the 3 sub counties (Pokot West, Pokot North and Kipkomo) during door-to-door sensitization while in Nairobi, trained volunteers conducting door to door sensitization have distributed 712 IEC material (Fliers and Posters) in Mathare and Embakasi sub counties.

#### TRAIN KRCS VOLUNTEERS / CHVS ON ORAL CHOLERA VACCINE

- KRCS Volunteers, CHVs and HCWs were trained on Oral Cholera vaccine in the four target counties (Nairobi, Wajir, Garissa and Tana River) to support in mobilization and awareness creation in the community to take part in the vaccination exercise. A total of 439 volunteers were trained to support the roll out of OCV campaign.
- In Nairobi County a total of 107 (37RCVs and 70 CHVs) were trained on 10th February 2022 and deployed to sensitize communities in two targeted sub-counties (Mathare and Embakasi East) for Oral Cholera Vaccine campaign and 80 KRCS volunteers were trained in Wajir County.
- In Tana River County, 150 RCVs CHAs and CHVs were trained on community mobilization while in Garissa, 70 (60 CHVs and 10 RCVs) drawn from 8 community units were trained.
- In Garissa, 250 CHVs and Red Cross Volunteers supported Oral Cholera Vaccine sensitization campaign.

#### CARRY OUT SOCIAL MOBILIZATION AND SUPERVISION ACTIVITIES FOR OCV CAMPAIGN IN NAIROBI, WAJIR AND



## GARISSA

- In Wajir, Garissa, Tana River and Nairobi counties, KRCS and the respective County Health Management Teams (CHMT) conducted 12 days (8th to 20th February 2023) of trainings, social mobilization and supervision of the OCV campaign that included 3 Days for disease surveillance.
- KRCS Volunteers and CHVs mobilized and sensitized the community members in schools, social recreational facilities and religious gatherings across the four counties for vaccine uptake. Community awareness, public sensitization and reinforcement of WASH activities in the community level is emphasized.
- In Nairobi County, W.H.O and KRCS supported the OCV Campaign. Support supervision was done by County Health and Subcounty health focal persons during implementation and coordination of mobilizers in Mathare and Embakasi sub counties.
- A ten days OCV campaign was rolled out in four prioritized counties (Wajir, Garissa, Nairobi and Tana River) from 11th -20th Feb 2023 targeting 2.2 million people.

	<b>Water, Sanitation And Hygiene</b>	<b>Budget</b>	
		CHF 62,973	
		<b>Targeted Persons</b>	
		2701160	
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
Number of PUR/Aqua Tabs procured	135000	44767	
Number of food handlers PHOs/RCAT Team leads trained of food hygiene	50	15	
Number of households reached with WASH related information	3101160	2054170	
Number of WASH assessments conducted	8	4	

## Progress Towards Outcome

### ASSESSMENTS CONDUCTED

- Water point assessment and sampling was done in Nairobi, Tana River, Kajiado and Garissa County supported by KRCS and County government to assess the availability and safety of water. Among the key areas assessed include, water point sources, waste disposal facilities, hand washing facilities and availability of decontamination chemicals at CTUs.
- In Nairobi, KRCS supported WASH assessment by WASH Hub in 2 CTUs (Mama Lucy and Mbagathi) and at the community level in 2 sub-counties (Mathare and Embakasi East) between 1st to 3rd February 2023. It was observed that both facilities received adequate water from borehole, all the waste were treated before disposed safely, hand washing facilities including soap and chlorinated water were provided however there was inadequate supply of motorized pumps for fumigation, hand washing points and chlorine granules for decontamination.
- In Garissa County, water point and sanitation facilities in Baraki CTU and community settlement were assessed by county and KRCS surge teams. It was noted there was need to repair the communal water point to prevent contamination from animals excretes. Water assessment was also done at Nkoile area in Kajiado County.

### TRAINING OF KRCS VOLUNTEERS & CHVS ON E-WASH

- Training of KRCS volunteers on e-WASH has been done in Mandera, Meru and Garissa Counties. A cumulative of 107 KRCS volunteers and CHV were trained in Mandera and Garissa counties.

### PROCUREMENT AND DISTRIBUTION OF WASH CHEMICALS



- To prevent further contamination and re infection among people at household level and patients in CTUs, there is need for provision of WASH supply including water treatment chemical, surface cleaning disinfectants, and waste management facilities. Kenya Red Cross, MOH and partners have facilitated provision of WASH equipment and chemical supplies to support CTUs in Wajir, Garissa and Tana River counties and households in other affected counties.
- On 7th March 2023, KRCS donated to Kajiado County MOH 3 containers with 45kgs of Calcium hypochlorite powder for household decontamination, 5 pairs of gumboots, 125 pieces of bar soap and 300 pieces of aqua tabs.
- On 20th March 2023, the following items were distributed to Shompole and Oltepesi health centres Knapsack Sprayers- 50 pcs, Rigid Jerricans- 200 pcs, Gumboots- 50 pairs, Heavy Duty Gloves- 50 pairs, Heavy Duty Googles- 50 pairs, Hand Washing Soap- 80 pcs, hand sanitizers 6480 pcs, Chlorine- 60 kgs, 12,200 pcs of aqua tabs, 250 bar soaps.
- In Mandera, KRCS Procured and distributed 36 buckets of 5kg chlorine, 100 handwashing stations, 1,000 gloves, 250ml 70 box of hand sanitizers, 80 cholera beds and 3 cholera tents. In Mandera East, 42,850 Aqua tabs sachets were distributed to 4,500 households. UNICEF supported with hand washing bar soap, 20 liters jerry cans, buckets, aqua tabs to support MCRH CTU.
- On 10th March, CARE supported 500HHs with 1,000 Jerricans of 20 liters, 100 boxes of bar soaps and provision of dignity kits for 1,000 vulnerable schoolgirls. As of 15th March, 3,410 HHs underground water tanks and 110 water boozers had been chlorinated.
- In Nairobi County, 600 aqua tabs were received from SHOFKO and distributed to the communities during door-to-door sensitization in Mathare and Embakasi on 8th March 2023.
- KRCS Murang'a distributed 1,000 sachets of aqua tabs in Kandara Gatanga and Maragua during household's visits. In Kiambu county, aqua tabs were distributed to 40 households in Kiandutu, Thika East Sub- County.
- In Kiambu county, Aqua tabs were distributed to 17 households in Darasha area in Theta Ward, Juja Sub County.

#### DECONTAMINATION ACTIVITIES CONDUCTED AT HOUSEHOLD OR FACILITIES.

- During contact tracing, KRCS PHOs and MOH disease surveillance officers have been conducting decontamination exercises in households and latrines used by the infected individuals.
- Cholera Treatment Units, households and facilities occupied and used by cholera patients pose a higher risk of infection or re-infection if they are not decontaminated. During contact tracing, KRCS PHOs and MOH disease surveillance officers have been conducting decontamination exercises in households and latrines used by the infected individuals.
- 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.

	<b>Protection, Gender And Inclusion</b>	<b>Budget</b>	
		CHF 0	
		<b>Targeted Persons</b>	
		135000	
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
Number of people with disability reached with Cholera prevention messages	31036	102708	
Number of refugees receiving cholera management and prevention services	233736	65974	
<b>Progress Towards Outcome</b>			



- Within the cholera response in the response counties an estimated 102,708 differently abled persons have been reached directly and indirectly through community wide and household visits by the KRCS volunteers.
- KRCS teams orientation/training sessions have included PGI in its sessions including during regular debriefs.

	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 27,550
		<b>Targeted Persons</b>	135000
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
Number of Volunteers trained on CEA		600	673
Number of complains and feedbacks from community actioned on 10 complains per county.		100	0
Number of meetings held to verify and address romuors by RCATs		24	6

### Progress Towards Outcome

- CEA is a critical component in the EPiC module 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.
- A total of 673 volunteers have so far been trained on EPiC module (Kiambu - 21, wajir-80, Garissa-100, Tana River-150, Nairobi-107, Kajiado-24, Homa Bay-67, Mandera-100 and West Pokot-24).



# About Support Services

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

A total of 600 volunteers from the 8 counties will be engaged and supported by this DREF in this operation. The operation will also engage a surge team comprising of 14 clinical officers, 32 nursing officers, 5 pharm techs, 45 support staff, 18 PHOs, 1 water technician and 15 drivers who will be distributed across the most affected counties.

The operation will also engage a surge team comprising, 9 clinical officers, 20 nursing officers, 4 pharm techs, 60 CTU support staff, 35 PHOs, 2 water technician and 23 drivers who will be distributed across the most affected counties. Their main role will be to provide essential services in cholera treatment centers and provide technical support to volunteers conducting hygiene promotion activities.

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

Local procurement will be carried out in accordance with the KRCS standard procurement procedures. Current procurement plans will include procurement of health and WASH items for ORP, material for CTU etc. A procurement plan is to be developed to ensure timely support to the operation. KRCS has functional procurement and regional/branches warehouses capacity if needed.

## **How will this operation be monitored?**

With the support of the IFRC PMER, the KRCS Monitoring, evaluation, learning, and accountability department will support the DREF operation for Cholera by providing technical inputs and support to the public health in emergencies department on planning, continuous monitoring, assessment results, and information management. They will also support the development and implementation of assessments in this operation. Monitoring reports shall be used to make proper adjustments to the plans and inform ongoing actions.

IFRC will undertake three technical support visits to the National Society. At the end of the DREF, the MEAL team will lead a joint lesson learning workshop with all stakeholders to document lessons that can be incorporated in future such operations. The lessons learned session will be built on the previous lessons drawn from other Cholera responses and will include a two-day debrief of volunteers and MOH staff involved during the operation.

## **Please briefly explain the National Societies communication strategy for this operation.**

KRCS public relations and communication department will ensure the media coverage and visibility of the operation through press article during the implementation, photos, and video documentaries. Information related to the operation will also be disseminated through KRCS social media pages, mainstream media and the organisation Website.



# Contact Information

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

- **National Society contact:**

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- **Media Contact:**

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

IFRC Regional Office for Africa Beatrice Atieno OKEYO, Head of PMER &QA , beatrice.okeyo@ifrc.org, Phone: +254 721 486953

[Click here for the reference](#)

