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Emergency Plan of Action (EPoA) Kenya: Mandera Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRKE038	Glide n° XX
Date of issue: 08 June 2016	Expected timeframe: 2 months Expected end date: 06 August 2016
DREF allocated: CHF 276,165	
Total number of people affected: Cholera 894 and Chikungunya 500; at risk 200,000	Number of people to be assisted: 200,000 persons
Host National Society presence (n° of volunteers, staff, branches): Kenya Red Cross Society (KRCS), 87 surge Staff, 4 HQ staff and 14 Field staff and 250 volunteers	
Red Cross Red Crescent Movement partners actively involved in the operation: British Red Cross, ICRC and IFRC	
Other partner organizations actively involved in the operation: , MoH , Médecins Sans Frontières (MSF), WHO, UNICEF, UNFPA, The African Medical and Research Foundation (AMREF) and The Kenya Medical Research Institute KEMRI	

A. Situation analysis

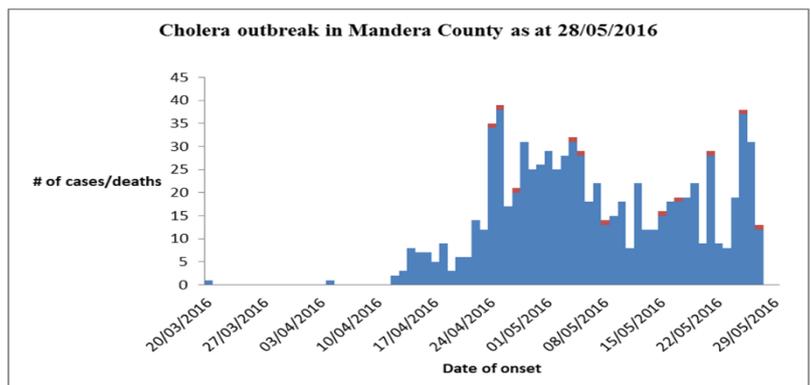
Description of the disaster

Kenya has reported cholera outbreak in 30 of its 47 counties since 26 December 2014, when it was first reported in Nairobi County. The outbreak was later reported in other counties and the recent outbreak reported in Mandera and Tana River counties. At the same time Mandera County had been experiencing an increase of a febrile illness presenting with joint pains since the beginning of May 2016. The County has also experienced dengue fever outbreaks in the past and health officials suspected this to be another dengue fever outbreak, although the joint pain presentation showed this wasn't that case. After laboratory tests were done in KEMRI, it was confirmed that the disease was Chikungunya fever.

Situation in Mandera

Cholera outbreak

Mandera County is located in the North Eastern Region of Kenya. It is the latest county to report cholera outbreak. This is an ongoing transmission which was first reported in December 2014. Cholera outbreaks occurred in several waves in most of the counties. It has also been occurring in form of acute watery diarrhoea in recent past in Mandera county, with the last episode being in March 2015, while the other diarrhoea have been the leading cause of morbidity especially during the dry season when water is scarce and the wet season when water sources are contaminated.



partners and actors. Kenya Red Cross also participated in the Kenya Humanitarian Partners (KHPT) meeting which brought together actors from the UN and other development partners and the meeting discussed need and urgency for the UN and other actors to support the County of Mandera in the response to the outbreaks.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Eastern Africa and Indian Ocean Islands regional representation, which is based in the country, supports operations in 12 countries in the region, including KRCS. On 31 May 2016, the IFRC and KRCS came up with an agreed operational strategy in response to the Cholera and Chikungunya Outbreak.

The ICRC works in partnership with KRCS in restoring family links (especially in the provision of phone call services to Dadaab and Kakuma camps), emergency preparedness and response, and promotion of IHL and fundamental principles. Additionally, joint assistance projects are ongoing at the Coast, including distribution of relief items, food, and seeds/tools in Lamu and Tana River, as well as support to waterworks project in Kilifi. The ICRC regional delegation is hosted in Nairobi which also serves as a hub for operations in Eastern and Central African countries

The ICRC has so far provided samples of Cholera Information Education and Communication materials translated into Somali for use in the response.

The KRCS hosts a number of Participating National Societies (PNSs), including: Australian, Austrian, British, Canadian, Danish, Finnish, German, Japanese, Netherlands, Norwegian, and Swedish Red Cross Societies.

Currently there are no PNS supporting long term activities in Mandera.

Movement Coordination

In Kenya, all the components of the movement exist and these are; the IFRC, ICRC, PNSs and the host National society. The Movement coordination is normally done through sector specific coordination forums or meetings, senior management and governance level meetings and forums.

In this case, Mandera County borders Somalia to the east and Ethiopia to the North. There will be cross-border coordination towards the response for the cholera and Chikungunya outbreaks between the IFRC, the ICRC, the KRCS, the Ethiopian Red Cross Society and the Somalia Red Crescent Society.

On 31 May 2016, the KRCS held a briefing with PNSs, ICRC and IFRC, in which key elements of the cholera and Chikungunya operation were highlighted.

Overview of non-RCRC actors in country

The Ministry of Health (MoH) at the National Government and the Mandera County Government have put in place an outbreak response coordination mechanism at their respective levels. In Response to cholera the Ministry of Health issued a cholera alert in January 2015, to all the counties and advised all the health care workers to step up surveillance of diarrheal disease. This led to the detection of cases in Mandera County. The government has put in place National and County outbreak mechanisms. The Ministry of health from the National Government has deployed a team of disease control experts to Mandera County to provide technical assistance in conducting comprehensive outbreak investigation and response. The County ministry of health team is working with partners such as Kenya Red Cross and MSF to actively search for suspected cases in health facilities and within communities. Contacts of individuals who are presented with signs and symptoms are being tracked by surveillance teams and provided with pre-emptive treatment. The National government has supplied the initial contingent of medical and non-medical supplies that have so far been used in the response. The Ministry of Health has developed Information, Education and Communication materials IEC materials on mode of infection, signs and symptoms, prevention and appropriate health seeking behaviour.

In response to the Chikungunya fever outbreak, a public health alert and fact sheet on the disease was issued on the 20 May 2016, by the Director of Medical services to all County Health departments and key stakeholders. The National Ministry of health has heightened surveillance in the Mandera East sub-county and surrounding areas. The Ministry has issued a standard case definition to all the county health departments and dispatched a team of experts to who are guiding and the county health workers in actively searching for suspected cases of Chikungunya in health facilities and communities. The National Ministry of health has deployed a multidisciplinary team comprising of epidemiologists, an entomologist, an environmental health expert and a health promotion expert to Mandera County to provide technical assistance in conducting comprehensive Chikungunya outbreak investigation and response.

WHO has provided the technical teams with overall outbreak response management and entomologists. They will be supporting entomological survey in response to the Chikungunya outbreak. UNICEF has provided WASH supplies, chemicals and general awareness on hygiene and sanitation. UNFPA has sent technical teams on the ground to work with the counties to ensure continuity of essential services amidst the outbreak response.

The Médecins Sans Frontières (MSF) has set up a Cholera Treatment Centre CTC at the Mandera County Referral Hospital to facilitate timely management of cholera cases. The CTC which was initially with 60 bed capacity is currently overwhelmed with more than 91 patients admitted. MSF has committee to add 40 more beds to make the CTC 100 bed capacity.

The African Medical and Research Foundation (AMREF) has provided support in the transportation of commodities and supplies. The Kenya Medical Research Institute KEMRI centre for viral Research laboratory has the capacity to confirm viral infections including Chikungunya, dengue and yellow fever. This has provided the laboratory support for confirmation of the outbreaks and continued surveillance. The county continues to regularly send random samples to KEMRI laboratory to ascertain disease causing pathogens.

Other actors such as UNOCHA, UNDSS and World Bank have continued to avail support where needed.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs analysis

A joint rapid assessment done by the MOH in collaboration with Kenya Red Cross and other key actors noted that there exists an outbreak coordination mechanism at the County level for both the diseases. The National government had already instituted heightened surveillance for both the diseases and deployed technical teams to support the Mandera County in comprehensive outbreak response for both Cholera and Chikungunya fever.

The assessment identified the following gaps in the both the Cholera and Chikungunya Outbreak responses which include:

- Lack of outbreak response plan for both cholera and Chikungunya diseases
- Inadequate number of Health workers since 50% have been affected by Chikungunya fever and have taken medical leave. The county government health care system is currently functioning at less than 50% capacity and thus not able to contain the outbreaks. The was need to quickly mobilize a surge team to step in a boost the county capacity to manage the outbreaks
- Knowledge gap among health workers on management of Cholera and Chikungunya outbreak.
- Water safety and sanitation
 - Low latrine coverage 30%.
 - No water treatment at household level.
- No cross border coordination activities for both outbreaks which may likely contribute to increase patient load.
- Advocacy Communication and Social Mobilization.
 - Had no Advocacy, Communication and Social Mobilization(ACSM) plan for community mobilization.
 - MoH didn't not have enough IEC materials for both diseases.
- Weak laboratory Capacity at the county.
- Vector Control: Have no fogging machines, no larvicides and no pyrethroids for the dengue response.
- Poor Infection prevention and Control.
 - At the CTC in Mandera
 - No safe burials.

From the gaps identified the different actors based on their areas of expertise and areas of focus sort to address different areas. These include the National Government Ministry of Health under took to work with the County Government and all partners including the Kenya Red Cross to develop outbreak response plan for the 2diseases. The National government also undertook to avail all the training materials and train health workers on case management of the 2 conditions. This is being done through on the Job training and short sensitization sessions

The County Government health care system is currently functioning at less than 50% capacity and thus not able to contain the outbreaks. The was need to quickly mobilize a surge team to step in a boost the county capacity to manage the outbreaks. Kenya Red Cross was the only agency that has the capacity the quickly mobilize a surge team in this type of emergency and thus the request from the county for the Kenya Red Cross to pull in this surge team.

The current CTC is overloaded and is not able to cope with the caseload of Cholera in the county. With a line list of 1000 cases and with admissions of more than 90 patients there is a need to quickly set up an additional CTC to offload the current CTC.

The Kenya Red Cross working together with the National Government and the County Government have developed an advocacy communication and social mobilization plan for the 2 diseases. National Government undertook to provide the key messages that need to go out to the communities, though these messages are in English and need to be translated in the local languages (Somali and Borana) for effective communication and materials printed out and disseminated to the communities.

The coordination of the cross border activities, has been initiated by the County Government of Mandera with an initial meeting being held bringing together teams from the 3 neighbouring countries. This however needs to be further strengthened and key actors supporting the Somalia and Ethiopia like IFRC, ICRC, UN putting in more effort to ensure that the outbreaks across the border are well contained considering a huge percentage of Mandera population are nomadic and extremely mobile.

The situation with the low latrine coverage needs a long term intervention in sanitation promotion, however the household water treatment has been initiated and is being done by the Red Cross Community volunteers with support from the Public health experts. This needs to be scaled up to reach all the households in the affected area.

On Vector Control, the National Government committed to dispatch the Deltamethrim (to be used for fogging) and Temaphos (to be used for larviciding) to the county. They will also avail motorized pumps that will be used for fogging. Kenya Red Cross will provide Spraying pumps to supplement the motorized pumps. There is however lack of man power to undertake the fogging and larviciding and the Red Cross Community volunteers with technical support from the entomologists and public health experts will undertake this process. The Volunteers also working with the households and communities to implement other vector control measures which include environmental manipulation and self-protection such as promoting use of repellents and mosquitoes nets.

Infection control is a critical measure especially at the CTC, health facilities and at household level. As observed at the CTC, there were gaps in the infection control, where relatives bring food to the patients in the CTC, this at the request of the Kenya Red Cross to the county has since stopped. Safe burial of the dead is now being addressed by the County health authorities. There is need to enhance community education

Considering the gaps identified, the role of other actors including the National and County Government, the Kenya Red Cross focus will be on the following areas:

- Set up of additional CTC at the Moi Stadium Mandera
- Provision of health workers surge capacity
- Advocacy communication and Social mobilization as per the plan that has been developed
- Integrated Vector Management actions at Household and community level in collaboration with the county government
- Hygiene and sanitation promotion
- Promotion of Household Water treatment options
- Ensuring access to safe water for domestic use

Beneficiary selection

KRCS interventions will target 3 groups of people in the county for Cholera response.

The first group of beneficiaries are those diagnosed with Acute Watery Diarrhoea (AWD) and require rehydration and management, either at community rehydration points or at the CTCs being set up at Moi Stadium Mandera.

The second group of beneficiaries are those persons who have been in contact with the first group during the period of incubation or during the period that the patient was showing signs of illness (AWD with or without vomiting).

The third group comprises the general public living in villages where cases of cholera have been confirmed or where there is an upsurge of AWD.

KRCS interventions will target 2 groups of people in the county for Chikungunya Response.

The first group is the general population who will benefit from the Integrated Vector Management interventions targeting the individuals, the households and the community.

The second group will be the people presenting with signs and symptoms of the Chikungunya Virus, these will be the beneficiaries of active case finding and referrals to health facilities for effective management of the fever.

County	Sub-county	Population	Population affected	Target population			
				Community level social and		Household level	
				Household mobilization sensitization	Households	People	Households
Mandera	Mandera East	200,000	5,358 (6x893 cases)	200,000	16,667	200,000	16,667
TOTAL				200,000	33,334	200,000	33,334

Risk Assessment

While KRCS continues to have adequate humanitarian access to Mandera County, the unpredictable nature of attacks from Somalia presents a challenge in operational areas. Spontaneous armed conflicts occur frequently in Mandera town, Mandera East sub-county. Should such events occur during the response period, there is increased risk of diversion of resources, including human, to deal with any acute emergency that would result from such acts. In situations where such acts would occur, displacement of population would be highly likely and this would result in case dispersal to areas that had previously reported cases. This would stretch resources and complicate the response. This maybe complicated further by the nomadic nature of the community.

The rapid spread of Chikungunya within Mandera and with a suspected case reported in Dadaab refugee camp on 30 May 2016 portends a likely sustained infection of the virus and continued strain to the HCWs responding to the cholera outbreak. Based on MoH projections from previous occurrences of Chikungunya, there is a likelihood of the virus spreading to neighbouring counties, as well as counties in the coastal region. The high attack rate of Chikungunya may increase the risk of the disease spreading.

B. Operational strategy and plan

Overall objective

Contribute to the cholera and Chikungunya outbreak containment and control (management of cases and prevention) in Mandera County, targeting 200,000 people (affected and at risk) in support of the MoH.

Proposed strategy

Through the DREF operation, the following strategies have been prioritized;

Strategy 1: Outbreak Confirmation and Continuous Joint Assessments

- KRCS will work closely with MoH (national) and the Mandera County government in establishing the extent of the cholera outbreak, by ensuring the maintenance of line-listing, as well as establishing factors enhancing the sustained transmission of *vibrio cholera*. Kenya Red Cross will also continue to work with the MOH at National and County level to monitor the Chikungunya fever outbreak extent. The Kenya Red Cross support to surveillance is inform of active case finding using the MOH approved case definition for both the diseases and referrals of these cases for management at Facility level.

Strategy 2: Case Management

- Surge team to Support to case management at the CTCs and other key facilities: 2 Medical Officers (MOs), 50 Nursing Officers (Nos), 20 Clinical Officers (Cos), 10 public health officers (PHOs) and 5 laboratory technicians. The volunteers to be involved will be given on-the-job training on infection prevention ,case identification and management of dehydration with a total of 12 staff and volunteers. The surge team will be drawn from the KRCS emergency data base.
- A surge capacity has been put on standby should there be a need to boost staffing levels based on caseload in the CTCs. The supplies in use include, 15 tents, consumables (including Ringers Lactate, Normal Saline, 5% Dextrose and infusion sets), 50 cholera Beds (KRCS has 50) patients infection control supplies (90kg Chlorine, which will also be used for chlorination of wells by Hygiene Promotion Teams). Others are lab supplies, including specimen collection kits, Cary Blair Transport Media, cold boxes, etc. Owing to the significant reduction of the number of health workers in the county, additional health workers will be deployed to provide services for case management at the CTCs, and other designate health facilities. They will also support the provision of essential medical services in the county.

Strategy 3: Hygiene Promotion and Advocacy, Communication and Social Mobilization of Communities

- A public health team (10 PHOs) working with 200 volunteers at the community level to sensitize the community regarding the outbreak and the need to participate in efforts to contain the outbreak. The team will carry out health and hygiene promotion, including promotion of safe faecal matter disposal, promotion of hand-washing, take part in promoting hygienic food handling, chlorination of wells which is being (as well as distribution of point of use water treatment chemicals), community level integrated Vector control actions and deliver key messages on outbreak prevention and control to individuals and families. The chlorination of wells is a Government initiative and they are leading this activity which is in the with National Strategy.
- Sensitization of communities will be done through public meetings, and will involve the participation of religious leaders and local administrators. The team, which is equipped with cholera kits and hygiene promotional materials, will also carry out frequent disinfection of compounds within and around CTCs and carry out vector control in and around CTCs. Environmental cleaning will also be done.
- The public health team and volunteers will educate the community and create awareness on Chikungunya prevention measures at household and community level.
- The use of public service announcements (PSAs), the local media and the production of cultural-sensitive information, education and communication (IEC) materials will be enhanced.
- As a key lesson learnt from the previous responses, this response will incorporate a strong addition of Advocacy with the County government authorities with an aim of ensuring smooth phase out of the operation and strengthened health systems that are crucial in mitigating for the impact of the outbreak.

Strategy 4:, Active Case Finding and Enhanced Surveillance

- The KRCS team collect information relating to patients admitted at the CTCs (one run by MSF and second one run by KRCS), as well as in community rehydration points, and trace their villages and households together with local administrators and volunteers.
- People who have been in contact with patients are being monitored for development of symptoms, and where possible, and in consultation with the county department of health, provide targeted prophylaxis to the case contacts to minimize the risk of becoming cases. Which is in line with the MoH guidelines for targeted prophylaxis This team also carry out community surveillance and mortality surveillance. All mortalities will be audited by the team to identify the immediate cause of death. The results of community and mortality surveillance will be fed into the County Health Information System.
- KRCS participate in ongoing coordination effort at the County and National level.

Strategy 5: Integrated Vector Management

- Kenya Red Cross working with the County public health teams will undertake Integrated Vector management actions which include sensitization of the community on individual, household and community actions on vector control. The teams will conduct fogging and larviciding at the community level to help in reducing the density of both adult and larvae of the mosquitoes to cut the transmission of the Chikungunya virus.

Operational support services

Human resources

The DREF operation will require personnel, which include the following staff and volunteers:

- Surge team to Support case management at the CTCs and other key facilities: 2 MOs, 50 NOs, 20 COs, 10 public health officers and 5 laboratory technicians. The volunteers to be involved will be given on-the-job training on infection prevention and case identification and management of dehydration, with a total of 45 staff and volunteers. The surge team will be drawn from the KRCS emergency data base.
- To ensure good documentation, reporting and visibility, there will also be one audio-visual officer and 1communications officer.
- Two hundred (200) volunteers who will conduct community awareness creation, hygiene promotion and health education.
- Contact tracing will be coordinated by 10 public health officers to cover 3 zoned areas reporting highest number of cases by volunteers. The officers will also carry out community level surveillance and mortality surveillance.
- The Mandera KRCS Branch will support the operation. The branch will have storage for supplies, volunteers and logistics means.
- All the staff and volunteers in the field will be paid allowances for the duration of the deployment.

HR planning table			
Position Title	Sector Area	Time (months)	Specific roles, responsibilities, tasks
Medical officers	Health	1	They will provide clinical support for case management of the patients in CTC and designated health facilities.
Nursing officers	Health	1	They will provide clinical and nursing support for case management of the patients in CTC and designated health facilities. They will also support in active case finding and contact tracing.
Clinical Officers	Health	1	They will provide clinical support for case management of the patients in CTC and designated health facilities.
Public Health Officers	Health and WASH	1	They will provide support in ACSM, WASH and Integrated Vector Managements and active case finding and contact tracing at community level.
Community Volunteers	Health and WASH	200	They will conduct community awareness creation and education sessions, house to house mobilization of communities for early case detection and active case finding and follow up for contact tracing. Community and house level hygiene and sanitation promotion and vector control initiatives.
Audio Visual Officer	Communication	3	To take photos and videos for use visibility and awareness creation. Photos and videos will be posted on social media and YouTube, as well as shared with various partners and used in presentations.
Communications Officer	Communication	3	To support the awareness and visibility effort by writing articles and posting them on the KRCS and IFRC websites, as well as manage media relations.
KRCS Staff	All sectors	2	Outbreak response coordination and management.

Logistics and supply chain

Logistics support to the DREF operation includes delivering a range of relief items in line with operational priorities and activities will include:

- Procurement of medical consumables and cholera beds to be used in CTCs, and replenishment of cholera kits.
- Local transportation of cholera response water treatment chemicals, hygiene promotion materials and IEC materials in line with MoH, IFRC and KRCS guidelines.
- Reception and storage of items before delivery to distribution sites will be managed according to KRCS supply chain management rules and regulations, as well as coordination of the transport of all relief items.

Quick links

- [Emergency Items Catalogue 2009](#)
- [Logistics Standards Online](#)
- [Procurement Portal](#)

The cost of logistics may seem high due to the vastness of Mandera County and may involve the use of longer routes due to security considerations based on previous attacks which will lead to a high budget in transportation.

Information technologies (IT)

Field and Headquarter based ICT equipment shall be used in supporting the cholera response. Mandera presents challenges in communication as mobile networks, internet connectivity and power supply are not stable. In the worst case scenario, KRCS will deploy Instant GSM network to enhance communication in Mandera and will procure 2 power generators for the CTC and the office. Vehicles deployed to the operation are fitted with radios to enhance coordination within teams. Cell phone airtime for staff assigned to the operation has been budgeted. The headquarters will provide technical and back up support.

Communications

Through the DREF operation, the KRCS will work closely with the National and County level ACSM committees in the design of media messaging. The messaging will target various groups, including key stakeholders, opinion leaders and affected communities. KRCS will consider reproducing communication and visibility IEC materials, in the local language, to be used in community sensitization, and social media platforms. At the community level, public address systems shall be deployed to facilitate sensitization. Effective communication will be done through a range of channels, such as the use of radio, Public Address system (Pas), which will focus on building trust and raising awareness among the communities on the cholera and Chikungunya responses. Appropriate information on the unfolding humanitarian situation will be delivered promptly to the KRCS Mandera County Branch office and other relevant partners for information, awareness and response planning. Media which mainly involves publicity of the operation through various media channels and stations will be monitored to gauge impact of the messaging and stations communication materials.

DMIS platform will be updated at regular frequency as the situation of the outbreak unfolds. Additional operations updates will be provided as a means of providing updates on the operations response progress.

Security

The team deployed to Mandera includes a security officer who is conducting security assessments, liaising with security contacts and gathering intelligence information in the field. The information collected is triangulated with information from other sources by the security manager to inform decisions relating to security risks.

Planning, monitoring, evaluation, & reporting (PMER)

The National Society Headquarters (through the Monitoring, evaluation and learning department, Health and Social Services and operations team) will support the implementing teams to ensure effective, timely and efficient delivery of operation. The monitoring process will focus on among others, adherence to minimum standards in humanitarian service delivery, compliance to humanitarian principles guiding the Movement's humanitarian operations, timeliness in delivery of supplies and services to beneficiaries, management of supplies during storage, accuracy, completeness and timeliness of reporting among others. Field monitoring and technical support visits will be conducted where necessary. The KRCS will work closely with the IFRC East Africa and Indian Ocean Islands regional representation to strengthen the implementation of the operation. Joint monitoring visits (IFRC and KRCS) will be conducted subject to security clearance by the security unit at KRCS and IFRC and have been budgeted. As noted, at the end of the intervention, operational review/lessons learned workshop will be organized.

Administration and Finance

The KRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with conditions to be discussed in the Memorandum of Understanding between KRCS and IFRC. The management of financial resources will be according to the procedures of the KRCS and guidelines specific to DREF.

Conduct environmental clean ups, larviciding and fogging for destruction of the Chikungunya vector												
Installation of hand washing kits in schools.(UNICEF and MoH)												
Promotion of use of other HHWT methodologies e.g. Filtration and SODIS, especially to affected and at risk communities												

Budget

See attached

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

- Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
- Enable healthy and safe living
- Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

03/06/2016

MDRKE038 Kenya - Cholera

Budget Group	DREF grant budget	Expenditure CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	2,716	2,716
Medical & First Aid	41,732	41,732
Teaching Materials	0	0
Utensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	44,447	44,447
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	0
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	25,842	25,842
Logistics Services	6,779	6,779
Total LOGISTICS, TRANSPORT AND STORAGE	32,621	32,621
International Staff	0	0
National Staff	0	0
National Society Staff	88,579	88,579
Volunteers	59,870	59,870
Total PERSONNEL	148,449	148,449
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	11,798	11,798
Total WORKSHOP & TRAINING	11,798	11,798
Travel	750	750
Information & Public Relations	17,211	17,211
Office Costs	1,221	1,221
Communications	2,313	2,313
Financial Charges	500	500
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	21,995	21,995
Programme and Supplementary Services Recovery	16,855	16,855
Total INDIRECT COSTS	16,855	16,855
TOTAL BUDGET	276,165	276,165