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# Emergency Plan of Action Final Report

## Kenya: Cholera

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation n°</b> MDRKE033	<b>Glide number:</b> EP-2015-000013-KEN
<b>Date of Issue:</b> 18 December, 2015	<b>Date of disaster:</b> 6 January 2015 (beginning of the outbreak)
<b>Operation start date:</b> 31 January, 2015	<b>Operation end date:</b> 23 July 2015
<b>Original allocation:</b> CHF 109,877 <b>Additional allocation n° 1:</b> CHF 75,317 <b>Total allocation:</b> CHF 185,194	<b>Total estimated Red Cross and Red Crescent response:</b> CHF 185,194
<b>Number of people affected:</b> 1,281,972	<b>Number of people assisted:</b> 496,399 people (82,734 households)
<b>N° of National Societies involved in the operation:</b> Kenya Red Cross Society	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> British Red Cross, International Federation of Red Cross and Red Crescent Societies.	
<b>N° of other partner organizations involved in the operation:</b> Ministry of Health, Médecins Sans Frontières, Plan International Kenya, Lake Victoria North Water Services Board, United Nations Children's Fund (UNICEF), and World Vision	

## A. Situation analysis

### Description of the disaster

On 3 February 2015, the Director of Medical Services in Kenya issued a cholera outbreak alert following an increase in cases of Acute Watery Diarrhoea (AWD) in several counties in the country. Epidemiologic investigations conducted by the Ministry of Health's (MoH) Disease Surveillance and Response Unit (DSRU) and the Field Epidemiology and Laboratory Training Programme (FELTP) in Homa Bay, Migori and Nairobi counties confirmed cholera outbreaks in these counties.

The DSRU indicated that cholera outbreak probably begun before the reported index case. Laboratory confirmation indicated that the bacterium in circulation was *Vibrio cholera, ogawa* sub type as this was the one found in most of the presenting cases. Homa Bay and Migori counties were among the first areas for cholera outbreak. On 24 February 2015, the

International Federation of Red Cross and Red Crescent Societies released CHF 109,877 from the Disaster Relief and Emergency Fund (DREF) to support the Kenya Red Cross Society (KRCS) support 319,734 people (53,290 households) affected/at risk by the cholera outbreak in Homa Bay and Migori counties, for a period of three months.

As the situation progressed, more cases began to be reported from other counties in Kenya, specifically Bomet, Mombasa, Nairobi (informal settlements) and Nakuru counties. As of 26 May 2015, 3,459 cases and at least 72 deaths attributed to cholera were reported across Kenya (MoH), with poor sanitation, especially in the informal settlements being the major contributing cause. On 2 June 2015, an Operations Update was issued to extend the



A demonstration on the use of household water treatment chemicals in Suna Migori County – KRCS/2015.

DREF operation by two months, and an additional DREF allocation of CHF 75,317 (total allocation: CHF 185,194) released to expand the activities planned, specifically in the area of social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion in Mombasa, Nairobi and Nakuru counties. An additional 176,665 beneficiaries (72,132 households) in Mombasa, Nairobi and Nakuru counties were to be reached.

The DREF was replenished by the DG ECHO and Tsunami Residual Funding. The major donors and partners of the DREF included the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Kenya Red Cross Society would like to extend its thanks to all partners for their generous contributions.

[<click here for the contact details and here for the final financial report >](#)

## Summary of response

### Overview of Host National Society

On 24 February 2015, following the official confirmation of the outbreak, the KRCS response team deployed four staff to Homa Bay and Migori counties in addition to 174 volunteers, who were mobilized to cover all the communities that were affected. The KRCS was mandated by the MoH to conduct social mobilization and hygiene and sanitation promotion. However, due to the overwhelming nature of the outbreak, the MoH further requested that the KRCS support community level prophylaxis and provide peripheral health facilities with case management supplies. KRCS focused its intervention to support the health authorities efforts in responding to the cholera outbreak through community social mobilization, distribution of water purification tabs (aqua tabs) to households in affected communities; health education on cholera detection, prevention, control, promotion of basic good sanitation practices and the use of the water-bag to purify household drinking water. Volunteer training was done using the training manual on the management of outbreaks for volunteers to convey key messages on hygiene promotion and the treatment of water at the household level, disinfection of water and sanitation facilities. The KRCS made use of the county managers who trained volunteers to provide health education, case surveillance and referrals in addition to psychosocial support to affected families during house-to-house canvassing. Two complete cholera kits were deployed to Homa Bay and Migori to support community based prophylaxis of contacts households' case management. From 2 June 2015, the KRCS expanded its respond to Mombasa, Nairobi and Nakuru counties (following the IFRCs release of an additional DREF allocation).

### Overview of Red Cross Red Crescent Movement in country

The IFRC, through its East Africa and Indian Ocean Islands (EAIOI) regional representation, which is based in Nairobi, Kenya, provided assistance to the KRCS with the request for the DREF allocation, and has provided technical assistance in the areas of disaster health management. Following the launch of the DREF operation, the IFRC and KRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned. The Emergency Plan of Action (EPoA) for the DREF operation was issued via the IFRC website and promoted the release of the DREF allocation via social media platforms. In addition to the IFRC, a number of Participating National Societies (PNS) are also present in country, including: Australian, Austrian, British, Canadian, Danish, Finnish, German, Japanese, Netherlands, and Norwegian Red Cross Societies. Please note that WASH related items (hand washing kits, jerry cans, soap and water purification chemicals etc.) were drawn from Election Contingency Planning stocks provided by the British Red Cross, DFID and ECHO, and complemented the response of the KRCS through the DREF operation. The ICRC regional delegation in Nairobi also serves as a hub for operations in Eastern and Central African countries

### Overview of non-RCRC actors in country

Other partner organizations involved in the cholera outbreak response included the MoH, Médecins Sans Frontières (MSF), Plan Kenya, Lake Victoria North Water Services Board (LVNWSB), United Nations Children's Fund (UNICEF) and World Vision. In collaboration with these partners, coordination mechanisms were initiated at national as well as county and sub-county levels. Several coordination meetings were held at county and sub-county levels to deploy joint assessments teams, develop response plans and allocate resources. The MoH led the response at both county and national level, with support from other partner organizations. UNICEF contributed supplies, comprising medical, water, sanitation and hygiene promotion (WASH) items, to the government health facilities, as well as through KRCS and LVNWSB.

## Needs analysis and scenario planning

### Needs Assessment

Joint assessments were conducted in collaboration with the MoH in all at risk counties as new cases were reported with the following priorities identified: water sanitation and hygiene interventions, early identification of cases, contact tracing and prophylaxis, community and facility based case management, laboratory community mobilization and advocacy, communication and social mobilization (ACSM) and coordination. Sub-counties and sub-locations in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties were prioritized at the onset of the epidemic. Please refer to [Operations Update no.1](#) for information on the needs of the affected/at risk population.

### Risk Assessment

Joint efforts by all partners, to address the outbreak management and control strategy ranging from health promotion, advocacy, communication and social mobilization (ACSM) and coordination, case management, laboratory analysis, contact tracing and disease surveillance teams helped ensure the risk of the epidemic spreading to other areas was mitigated. In addition, the infection of the response teams was equally mitigated through proper sensitization of the volunteers, and provision of protective wear to response teams and provision of prophylaxis for all response teams - especially in the informal settlement areas in Mombasa (Tudor), Nairobi (Kibera) and Nakuru (Ronda), which were among areas identified to be most at risk with vulnerable population for person to person contamination.

## B. Operational strategy and plan

### Overall Objective

Contribute to the prevention and control of the cholera epidemic in the Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties, targeting 496,399 people (82,734 households), through provision of safe water, hygiene promotion and social mobilization with partners.

### Proposed strategy

Through the DREF operation, the following strategies were used to meet the needs of the affected population in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties:

- Joint assessments were planned in collaboration with MoH personnel to establish cholera related indicators at community level and expected to focus on establishing prevailing communities specific cholera related risk factors. It was intended that this would enable targeted messaging and provide for routine monitoring.
- KRCS volunteers received training on response against the cholera outbreak using the Epidemic Control for Volunteers manual (199) (Bomet (25), Homa Bay (35), Migori, (69), Mombasa (20), Nairobi (20) and Nakuru (30)), in order to strengthen their capacity in advocacy communication, social mobilization for hygiene promotion and sanitation, disinfection of facilities, early detection and treatment at household level, prophylaxis and referral, contact tracing, cholera surveillance and supervision. Please note that 25 volunteers in Bomet County received ECV training and the DREF allocation reimbursed the expenditures incurred.
- Two complete cholera kits were to be deployed to the affected areas to support the management of cholera cases. KRCS volunteers would then sensitize communities on the proper use of Oral Rehydration Solutions (ORS) and Zinc. The KRCS volunteers would then support the MoH in active case finding and contact tracing and referral at community level.
- Water supply sources would be chlorinated (300) in Homa Bay and Migori, which were to be carried out in collaboration with county public health officers.
- Promotion of prevention and control measures at household level were to be carried out through the distribution of disinfectants and soap (Lysol 6% and sodium hypochlorite 3.5% used).
- Community and household level social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion would be carried out. KRCS volunteers were expected to conduct sensitization sessions at public barazas, in schools and through house to house visits. School hygiene promotion clubs were also to be established. Posters (5,000) translated to locally used languages were to be used as well as radio spots on local radio stations to support awareness raising / sensitization campaigns on the prevention and control of

cholera. In addition, KRCS volunteers would provide demonstrations on proper hand washing at four critical times. It was intended that the community-based health and first-aid (CBHFA) approach would be used to organize the community, especially regarding hygiene and sanitation.

- Community and household level social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion were planned. In total, 496,399 beneficiaries (82,734 households) were expected to reach through community level activities, and 63,606 beneficiaries (10,602 households) through household level activities.
- The DREF operation would also support coordination mechanisms at sub-county, county and national level cholera response teams.
- Operational review/lessons learned exercise was planned, which will be used to inform future operations.

As noted, WASH related items (hand washing kits, jerry cans, soap, water purification chemicals), which would be distributed to improve water storage and hygiene conditions in the affected areas will be drawn from Election Contingency Planning stocks provided by the British Red Cross (BRC), DFID and ECHO; and were therefore not budgeted within the DREF operation.

## **Operational support services**

### **Human resources**

Through the operation, KRCS deployed:

- 174 volunteers from the Homa Bay (35), Migori (69), Mombasa (20), Nairobi (20) and Nakuru (35) counties, who supported the implementation of the activities planned within the DREF operation.
- 10 county level staff from Homa Bay, Migori, Mombasa, Nairobi and Nakuru branches (two per county) were mobilized to support the implementation of the activities planned within the DREF operation, and issued with an allowance.
- Two NHQ staff were mobilized to provide dedicated support to county level staff and volunteers involved in the DREF operation, specifically in the areas of assessment, coordination and monitoring. Each NHQ staff member was issued with a per diem for the 25 days deployed to the areas of implementation (five per county), as well as provision for airtime (cell phone).
- 10 drivers (two per county) were mobilized to assist with the transportation of staff and volunteers to carry out the activities planned within the DREF operation.
- Eight MoH personnel were engaged in the training of volunteers in the ECV manual, as well as supporting joint assessments in the areas of implementation, supervision of community sensitization, contact tracing and support in active case finding.

### **Logistics and supply chain**

Logistics and supply chain support was in accordance with the KRCS procedure of procurement and the following services were provided to support the operation:

- Local procurement of cholera response related NFIs including chlorine powder drums (45kg), chlorination pots, disinfection equipment (knapsack sprayers and overalls), Lysol 6% (5 litres) and Sodium Hypochlorite 3.5% (5 litres). In addition, two complete cholera kits were procured/deployed to Homa Bay and Migori to support volunteers carrying out community based prophylaxis activities. Please note that hand washing kits, jerry cans, soap and water purification chemicals were also mobilized from Elections Preparedness stocks supported by BRC/DFID/ECHO; and complemented the activities planned within the DREF operation.
- Receiving and storing of all items prior to their transportation to the areas of implementation, which was managed in accordance with KRCS supply chain management rules and regulations.
- Transportation of cholera response related NFIs, as well as staff and volunteers to carry out the activities planned.

### **Information technologies (IT)**

Field and national headquarters (NHQ) based ICT equipment were dedicated to the cholera response. Internet connectivity in most of the areas affected was good to enable rapid sharing of updates. Vehicles deployed to the operation were fitted with radios to enhance coordination among teams. Cell phone airtime for staff assigned to the operation was allocated, in addition to headquarters costs that incurred on communication, internet etc.

## Communications

Through the DREF operation, the KRCS worked closely with the national and county level Advocacy, Communication and Social Mobilization (ACSM) committees in designing of media messaging. The DREF operation did not incur any costs on media related communications since arrangements were made with the local media stations to support through radio sensitization. However, communications and visibility materials were produced and social media platforms used. At the community level, public address systems mounted on the KRCS vehicles were deployed to facilitate sensitization. 12,500 posters and fliers were also produced to facilitate community level communication. Effective communication was done through a range of channels, focused on building trust among the communities. The messaging and community awareness was tailored on decreasing fear and raising awareness on cholera operations and targeted various groups within the affected communities, including key stakeholder groups and opinion leaders. Appropriate information on the unfolding humanitarian situation was delivered promptly to the KRCS County office(s) and other relevant partners for information and awareness for planning.

## Security

The security situation in the cholera response areas was calm throughout the response; however, caution was equally taken to ensure that the volunteers and staff involved in the operation were protected. The KRCS security team through leadership of the senior management conducted security monitoring in close liaison with the government at national and county levels. The County governments ensured security of all responders through their chain of community security and policing. All the volunteers were provided with protective gears for ease of identification by authorities and members of the community.

## Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring, assurance and coordination of the implementation of the DREF operation was carried out by the NHQ M&E unit. In total, four NHQ monitoring visits were conducted to Homa Bay, Migori, Mombasa and Nakuru counties. In addition, frequent visits were conducted in Nairobi as the sites were within the locality of Nairobi County (in the proximity of the NHQ). Please note that these missions also comprised representatives from the IFRC EAIOI regional office (regional health coordinator and emergency operations assistant), as well DG ECHO. Close monitoring was also carried out of those areas where there were recurrent cases of cholera report, including in Nairobi (Kibera slum) and Nakuru (Ronda). In addition, a review of the DREF operation was carried out from 9 – 23 July 2015, which comprised participants from BRC, IFRC and KRCS, and included field missions to Bomet (partially supported by BRC), Homa Bay, Migori and Nakuru counties. A review report is under preparation, and will be published on the IFRC Evaluations Database in due course.

## Administration and Finance

The KRCS has a permanent administrative and financial department, which provided technical support to ensure proper use of financial resources in accordance with conditions as discussed in the Memorandum of Understanding between the National Society and the IFRC. The management of financial resources was carried out according to the procedures of the KRCS and guidelines specific to the DREF.

## C. Detailed Operational Plan

### Programming / Areas Common to all Sectors

<b>Programming / Areas Common to all Sectors</b>
<b>Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation.</b>
<b>Output 1.1</b> Monitoring of service provision in the areas of intervention
<b>Activities planned</b>
1.1.1. KRCS Headquarters staff conduct monitoring visits to the areas of intervention
<b>Achievements</b>

1.1.1	In total, four monitoring visits were conducted to Homa Bay, Migori, Mombasa and Nakuru counties. In addition, frequent visits were conducted in Nairobi as the sites were within the locality of Nairobi County (in the proximity of the NHQ).
<b>Output 1.2</b>	The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate.
<b>Activities planned</b>	
1.2.1	Operational review/lessons learned
<b>Achievements</b>	
1.2.1	Please refer to the "PMER" section.
<b>Challenges</b>	
Key challenges included:	
<ul style="list-style-type: none"> <li>• PMER: There was a week where the targeted community that is Seventh Day Adventist (SDA) were attending service – SDA camp, the whole day from morning till night 10pm. This affected the availability of the targeted community members.</li> <li>• PMER: The survey tool was found to be too long and some respondents were impatient considering their tight schedules since it was during the harvesting season. The survey also did not put into consideration the physical impaired like the deaf. Most of them were affected by the epidemic. However a translator was sought to help with the translation.</li> <li>• Health and care: Religious/cultural beliefs – some people benefitted from the response but still succumbed to the disease. Some felt that cholera is a result of witchcraft. Some believe that they have been using the water from way back and did not believe that chemicals (aqua tab, chlorine) can treat water since water is a natural resource from God. As they did not believe in medicine, there was need for more sensitization to change the mind-set.</li> <li>• Water, sanitation and hygiene promotion: Some household members feared being interviewed as they thought that they will be penalised for not having latrines.</li> <li>• Community members had higher expectations and kept requesting for more commodities.</li> </ul>	
<b>Lessons Learned</b>	
Lessons learned included:	
<ul style="list-style-type: none"> <li>• Communications: Early warning alerts through the DMIS, Emergency Operation Centre and through the local media helped in ensuring continued information sharing to the public.</li> </ul>	

## Health and Care

<b>Health and Care</b>	
<b>Outcome 2: Immediate risk of cholera to the health of the population is reduced through prevention and control activities in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties over a period of five months</b>	
<b>Output 1.1</b>	Capacity of Kenya Red Cross Society to respond to the epidemic in the affected area is strengthened – restricted to Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties only
<b>Activities planned</b>	
2.1.1.	Train volunteers on response against cholera outbreak using the ECV Manual; and use of ORS (Target: 199 volunteers)
2.1.2.	Procure and equip volunteers and supervisors with protection materials (boots and gloves) (Target: 120 volunteers and 20 supervisors)
2.1.3.	Conduct volunteer debriefing sessions
<b>Achievements</b>	
2.1.1	In total, 199 volunteers were trained on response against cholera outbreaks using the ECV manual (drawn from the five counties as follows: 104 in Migori and Homa Bay, 20 Nairobi, 20 Mombasa, 30 Nakuru and 25 in Bomet), which equates to 100 per cent of the intended target (104).
2.1.2	In total, 140 volunteers (of whom 20 are volunteer supervisors) have been equipped with protection materials (boots and gloves), which equates to 100 per cent of the target (140).
2.1.3	In total, seven debriefing sessions were conducted before and after the activities planned in the DREF operation. These debriefing sessions were useful in orienting the volunteers on the risks that are involved in the implementation.

<b>Output 2.2:</b> Targeted population (496,399 beneficiaries / 82,734 households) in the affected areas are sensitized in order to improve their hygiene knowledge and practices for prevention and control of cholera.	
<b>Activities planned</b>	
1.2.1	Conduct awareness raising / sensitization campaigns for cholera prevention and control (Target: 496,399 beneficiaries (82,734 households))
1.2.2	Conduct house to house visits for cholera prevention and control (Target: 63,606 beneficiaries / 10,602 households)
1.2.3	Organize weekly local radio sensitization broadcasts (Target: 48 local radio sensitization broadcasts*)
1.2.4	Distribution of information, education and communication materials in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties (Target: 12,500 posters / 2,500 per county)
<b>Achievements</b>	
1.2.1	In total, 548,376 beneficiaries (91,296 households) were sensitized through Conduct awareness raising/sensitization campaigns (e.g. barazas and through radio talks), which equates to 110 per cent approx. of the intended target (496,399 beneficiaries (82,734 households)).
1.2.2	In total, 54,086 beneficiaries (9,014 households) received house visits for cholera prevention and control (drawn from Homa Bay (15,000), Migori (27,020), Mombasa 3,804), Nairobi (5,304) and Nakuru (2,958), which equates to 85 per cent approx. of the intended target (63,606 beneficiaries / 10,602 households). Please note that the targeted households were selected based on the villages reporting cholera cases or sharing a common water source with those reporting cases of cholera hence the less number reached than targeted.
1.2.3	In total, 28 weekly local radio sensitization broadcasts were carried out (in Homa Bay and Migori counties), which equates to 58 per cent approx. of the intended target (48). Please note that in addition; national radio and TV stations also broadcasted information on the outbreak (from Mombasa and Nairobi).
1.2.4	In total, 12,500 posters and flyers were distributed to the five counties. Each county received 2,500 posters, which were received as donations from UNICEF. Please note that monitoring of the DREF operation identified a need for contact tracing as the majority of the population in the five counties were in transit – as such, the KRCS used the saving on the IECs to carry out contact tracing.
<b>Output 2.3:</b> Community based cholera management and surveillance systems are established in the affected areas	
<b>Activities planned</b>	
2.3.1	Procure cholera kits /set up oral rehydration points in the affected areas (Target: Two kits)
2.3.2	Conduct weekly sensitization/demonstrations on the use of oral rehydration salts.
2.3.3	Conduct case detection and referral of cases to nearest health facilities
<b>Achievements</b>	
1.2.1	In total, two cholera kits were procured, and deployed to Homa Bay and Migori counties, which equates to 100 per cent of the intended target.
2.3.2.	In total, 15 weekly sensitization/demonstration sessions were carried out on the use of ORS.
2.3.3.	In total, 1,672 cases was identified and the patients were referred to the nearest health facilities. These cases were from KRCS records. More cases were detected mostly in Nairobi but KRCS was allocated two sub counties to implement in. Cases in other sub counties were detected by other partners.
<b>Challenges</b>	
Key challenges included:	
<ul style="list-style-type: none"> <li>• Health and care: Most of the health facilities did not have adequate cholera beds and human resource to respond to cholera patients as well as drugs. In Nairobi, the health facilities were closed as the health workers were on strike demanding for salary increment. This led to difficulties in managing cases within the informal settlements of Nairobi. The recurrent cholera cases country wide still remains a challenge to</li> </ul>	

respond to.

### Lessons learned

Lessons learned included:

- Health and care degree of dehydration should be assessed before initiating ORS. ORS was suitable for people who were not dehydrated and those who showed signs and symptoms of mild to moderate level of dehydration. People who had severe degree of dehydration were referred for professional medical help immediately and immediately received intravenous rehydration to replenish fluid volume in the body. Sensitizing the community early before the outbreaks equips them with knowledge, and better prepares them for outbreaks.

## Water, sanitation and hygiene promotion

### Water, sanitation and hygiene promotion

**Outcome 3: Immediate risk of cholera is reduced through the provision of safe water supply and hygiene promotion in the Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties**

**Output 3.1:** Target population in the affected area is provided with access to safe drinking water supply (Target: 496,399 beneficiaries/ 82,734 households)

#### Activities planned

3.1.1 Distribution of water purification chemicals to affected households

3.1.2. Distribution of jerry cans to improve safe water storage to affected households.

3.1.3. Distribution of chlorine to carry out disinfection of water supply source (shallow wells, springs, major storage tanks)

3.1.4. Chlorination of water supply sources (Target: 300 water sources)

#### Achievements

3.1.1 In total, 5,356 affected households received water treatment chemicals which were sourced from DFID. Please refer to the below table for information:

Item Description	No. distributed	Number of H/Hs covered
PUR sachets	39,357	1,903
Aqua Tabs	300,520	3,453
<b>Total</b>	<b>339,877</b>	<b>5,356</b>

3.1.2 In total, 449 Jerri cans were distributed to households. Please note that the distribution was carried out in Migori following the earlier assessment showing a gap in the county on the issue of water storage containers.

3.1.3 In total, six drums of 45kg of chlorine were distributed, which was used to disinfect each of the households that had a cholera patient or areas that were contaminated. In addition, latrines and water points previously used by the cholera patients were also disinfected, which was carried out by spraying a 0.2% of chlorine solution in the contaminated surfaces, clothing and beddings.

3.1.4 In total, 259 wells were disinfected and chlorinated, which equates to 86 per cent of the intended target (300). Please note that the target was not reached due to unexpectedly high demand for chlorine (in Mombasa), however was identified as an effective measure across all the counties as the caseload of diarrhoea was reduced.

**Output 3.2:** Target population in the affected areas are provided with hygiene promotion activities, which meet Sphere standards

#### Activities planned

3.2.1 Distribution of soap to affected households

3.2.2 Conduct hygiene promotion campaign targeting hand washing at key times promoted through demonstration at market, schools and other public places (Target: 496,399 beneficiaries/ 82,734 households)

3.2.3 Conduct house to house visits for hygiene promotion cascading using the PHASTER methodology (Target: 63,606 people/10,602 households)

3.2.4 Establishment of school hygiene promotion clubs in schools (Target: Two schools)

3.2.4 Installation of hand washing kits.

#### Activities

3.2.1 In total, 42,000 affected households received distributions of soap.

- 3.2.2 In total, 548,376 beneficiaries (91,296 households) were reached by hygiene promotion campaigns focusing on hand washing promoted through demonstrations at market, schools and other public places, which equates to 110 per cent approx. of the intended target (496,399 beneficiaries (82,734 households)).
- 3.2.3 In total, 54,086 beneficiaries (9,014 households) received house to house visits for hygiene promotion (drawn from Homa Bay (15,000), Migori (27,020), Mombasa 3,804), Nairobi (5,304) and Nakuru (2,958), which equates to 85 per cent approx. of the intended target (63,606 beneficiaries/10,602 households).
- 3.2.4 Please note that this activity was not done.
- 3.2.5 In total, two hand washing facilities were established (in Migori country).

### **Challenges**

Key challenges included:

- Human Resources: Serious shortage of health staff at the government health facilities leading to serious staff burn-out in Migori
- Logistics and supply chain: Lack of enough aqua tabs and PUR for distribution to the beneficiaries.
- PMER: Poor work planning by stakeholders in most of the counties leading to delays.
- Water, sanitation and hygiene promotion: In Nairobi, food vendors resisted to be sensitised on hygiene promotion as most of them were forced to close down their businesses by county government of Nairobi officials.

### **Lessons learned**

Lessons learned included:

- Early warning and emergency response preparedness: Increasing stock (having sufficient contingency stock) in the various counties would lead to earlier response at the onset of outbreaks
- Water, sanitation and hygiene promotion: Strengthening infection prevention control for health workers in all counties ensures effective response. Creating awareness at the community on cholera helps in reducing transmission rates as well as future infection possibilities.
- RCRC/Agency Coordination: Have technical working groups to be instituted in all counties to respond to the outbreak creates a platform for coordination and synergies.

## **D. THE BUDGET**

The DREF allocation was CHF 185,194 of which CHF 180,880 was spent, which is an under spend of CHF 4,313; and this balance will be returned to the DREF.

- “Travel” was overspent by CHF 3,392, (against a budgeted CHF 750) due to under budgeting at the onset of the DREF operation. Please note that the over expenditure was a result of the monitoring visit conducted and travel expenses during lessons learned workshop for the IFRC and PMER staff.
- “Office Costs” was underspent by CHF 6,329 (against a budgeted CHF 6,355) as these costs were being shared with other project codes within the operations.
- “Communications” was underspent by CHF 4,353 (against a budgeted CHF 4,447) due to over budgeting at the onset of the DREF operation. Please note that less communications costs incurred than expected – refer to the “Communications” section.

## Contact information

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

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### For Resource Mobilization and Pledges:

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### For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277;email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

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

**Disaster Response Financial Report**

MDRKE033 - Kenya - Cholera

Timeframe: 23 Feb 15 to 23 Jul 15

Appeal Launch Date: 23 Feb 15

Final Report

**Selected Parameters**

Reporting Timeframe	2015/2-2015/11	Programme	MDRKE033
Budget Timeframe	2015/2-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		185,194				185,194	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		185,194				185,194	
<b>C4. Other Income</b>		185,194				185,194	
<b>C. Total Income = SUM(C1..C4)</b>		185,194				185,194	
<b>D. Total Funding = B +C</b>		185,194				185,194	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		185,194				185,194	
<b>E. Expenditure</b>		-180,880				-180,880	
<b>F. Closing Balance = (B + C + E)</b>		4,314				4,314	

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### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>						<b>185,194</b>	<b>185,194</b>	
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	4,095							4,095
Medical & First Aid	12,632							12,632
Teaching Materials	3,947							3,947
Utensils & Tools	7,332							7,332
<b>Total Relief items, Construction, Sup</b>	<b>28,005</b>							<b>28,005</b>
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	62,989							62,989
Logistics Services	3,421							3,421
<b>Total Logistics, Transport &amp; Storage</b>	<b>66,411</b>							<b>66,411</b>
<b>Personnel</b>								
National Society Staff	24,245							24,245
Volunteers	27,178							27,178
<b>Total Personnel</b>	<b>51,423</b>							<b>51,423</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	16,499							16,499
<b>Total Workshops &amp; Training</b>	<b>16,499</b>							<b>16,499</b>
<b>General Expenditure</b>								
Travel	750		4,142			4,142		-3,392
Office Costs	6,355		26			26		6,329
Communications	4,447		94			94		4,353
Financial Charges			-14			-14		14
<b>Total General Expenditure</b>	<b>11,553</b>		<b>4,249</b>			<b>4,249</b>		<b>7,304</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			165,592			165,592		-165,592
<b>Total Contributions &amp; Transfers</b>			<b>165,592</b>			<b>165,592</b>		<b>-165,592</b>
<b>Indirect Costs</b>								
Programme & Services Support Recove	11,303		11,040			11,040		263
<b>Total Indirect Costs</b>	<b>11,303</b>		<b>11,040</b>			<b>11,040</b>		<b>263</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>185,194</b>		<b>180,880</b>			<b>180,880</b>		<b>4,313</b>
<b>VARIANCE (C - D)</b>			<b>4,313</b>			<b>4,313</b>		

**Disaster Response Financial Report**

MDRKE033 - Kenya - Cholera

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Final Report

**Selected Parameters**

Reporting Timeframe	2015/2-2015/11	Programme	MDRKE033
Budget Timeframe	2015/2-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	185,194		185,194	185,194	180,880	4,314	
Subtotal BL2	185,194		185,194	185,194	180,880	4,314	
<b>GRAND TOTAL</b>	<b>185,194</b>		<b>185,194</b>	<b>185,194</b>	<b>180,880</b>	<b>4,314</b>	

## Kenya Red Cross - Cholera Financial Report

18/12/2015

	Budget (CHF)	Actuals (CHF)	Variance	% Variance
Shelter - Relief	0	0	0	
Shelter - Transitional	0	0	0	
Construction - Housing	0	0	0	
Construction - Facilities	0	0	0	
Construction - Materials	0	0	0	
Clothing & Textiles	0	0	0	
Food	0	0	0	
Seeds & Plants	4,095	4,095	0	0%
<b>Water, Sanitation &amp; Hygiene</b>	<b>12,632</b>	<b>12,720</b>	<b>-88</b>	<b>-1%</b>
<b>Medical &amp; First Aid</b>	<b>3,947</b>	<b>4,002</b>	<b>-55</b>	<b>-1%</b>
<b>Teaching Materials</b>	<b>7,332</b>	<b>7,403</b>	<b>-71</b>	<b>-1%</b>
<b>Ustensils &amp; Tools</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Other Supplies & Services	0	0	0	
Emergency Response Units	0	0	0	
Cash Disbursements	0	0	0	
<b>Total RELIEF ITEMS, CONSTRUCTION AND</b>	<b>28,005</b>	<b>28,220</b>	<b>-215</b>	
Land & Buildings	0	0	0	
Vehicles Purchase	0	0	0	
Computer & Telecom Equipment	0	0	0	
Office/Household Furniture & Equipment	0	0	0	
Medical Equipment	0	0	0	
Other Machinery & Equipment	0	0	0	
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>	<b>0</b>		
Storage, Warehousing	0	0	0	
Distribution & Monitoring	62,989	63,182	-193	0%
<b>Transport &amp; Vehicle Costs</b>	<b>3,421</b>	<b>3,399</b>	<b>22</b>	<b>1%</b>
<b>Logistics Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>66,411</b>	<b>66,581</b>	<b>-170</b>	
International Staff	0	0	0	
National Staff	0	0	0	
<b>National Society Staff</b>	<b>24,245</b>	<b>20,967</b>	<b>3,278</b>	<b>14%</b>
<b>Volunteers</b>	<b>27,179</b>	<b>22,133</b>	<b>5,046</b>	<b>19%</b>
<b>Total PERSONNEL</b>	<b>51,423</b>	<b>43,100</b>	<b>8,323</b>	
Consultants	0	0	0	
Professional Fees	0	0	0	
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>			
<b>Workshops &amp; Training</b>	<b>16,499</b>	<b>16,482</b>	<b>17</b>	<b>0%</b>
<b>Total WORKSHOP &amp; TRAINING</b>	<b>16,499</b>	<b>16,482</b>	<b>17</b>	
Travel	750	752	-2	0%
Information & Public Relations	0	0	0	
<b>Office Costs</b>	<b>6,355</b>	<b>5,946</b>	<b>409</b>	<b>6%</b>
<b>Communications</b>	<b>4,447</b>	<b>4,511</b>	<b>-64</b>	<b>-1%</b>
Financial Charges	0	0	0	
Other General Expenses	0	0	0	
Shared Support Services	0	0	0	
<b>Total GENERAL EXPENDITURES</b>	<b>11,553</b>	<b>11,209</b>	<b>344</b>	
Programme and Supplementary Services Recovers	11,303	0	0	0
<b>Total INDIRECT COSTS</b>	<b>11,303</b>		<b>0</b>	
<b>TOTAL BUDGET</b>	<b>185,194</b>	<b>165,592</b>	<b>8,299</b>	