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Final Report

Kenya: Dengue Fever Outbreak



International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRKE048
Date of Issue: 31st January 2022	Glide number: EP-2021-000047-KEN
Operation start date: 14th May 2021	Operation end date: 30th September 2021
Host National Society: Kenya Red Cross Society	Operation budget: CHF 370,666
Number of people affected: 1,352,253 people	Number of people assisted: 516,976 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: Kenya Red Cross Society (KRCS), International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: The Ministry of Health and County Health Departments of Lamu and Mombasa, KEMRI – Welcome Trust	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. On behalf of the Kenya Red Cross Society (KRCS), the IFRC would like to extend gratitude to all for their generous contributions.

Please click [here](#) for the Final Financial Report and [here](#) for the Contacts

A. SITUATION ANALYSIS

Description of the disaster

The first suspected cases of the outbreak were reported in January and February 2021 in Lamu and Mombasa counties respectively. According to the County Department of Health in Mombasa, the first Dengue cases were confirmed in early March 2021, with Lamu County also reporting an increase in cases over April 2021. The County Director of Public Health of Mombasa requested support to Kenya Red Cross on 26 April 2021 and the Chief Officer, Medical Services & Public Health, County Government of Lamu, on 28 April 2021. In both counties, the cases were still on the rise and urgent action was required to prevent an all-out outbreak that would endanger the lives of the population causing a health disaster. Further requests were by the County government of Mombasa for further sensitizations in Mvita Sub County which had the biggest share of the cases as per the updated line list.



Dengue fever sensitization and distribution of mosquito nets in Mararani, Basuba Ward in Lamu County. ©KRCS

By 20th August, 1,210 cases had been cumulatively reported in Mombasa County and 578 in Lamu County.

The trend was hardly a reflection of the true situation in the County since people who suffer the milder form of the

disease do not seek medical attention. WHO¹ reported two deaths related to the Dengue Fever outbreak, and stopped monitoring and reporting on the outbreak by the 26th of August 2021. More details on the disaster description are on the [EPoA](#) and [Operation Update 1](#).

The operation timeframe was extended by one month (from August 31st to September 30th) at no cost, for the following reasons:

1. IEC materials development and printing took considerably longer time due to delay by the Ministry of Health (MoH) to provide the messaging, as the Kenya Government did not approve Dengue IEC materials specific to Kenya, which required KRCS to utilize WHO information Education and Communication materials.
2. Procurement of sprayers and larvicidal chemicals also stalled due to delay by the MoH and Kenya Bureau of Standards (a government agency in charge of standards) in sharing with KRCS the technical specifications of approved sprayers.
3. The budget line for volunteer allowances related to fumigation and larvicidal activities could not be expended due to the absence of the chemicals and sprayers to enable this activity.

Summary of response

Overview of Operating National Society

The KRCS implemented the Dengue Fever response interventions in close collaboration with the county departments of Health in the two counties, starting from May 2021 through this DREF operation, to reduce the risk of spread of the Dengue virus messaging and other preventive measures.

Start-up activities included inception meetings with the project teams, with support from the KRCS regional & HQ teams, Health Management teams at both county and sub-county level and stakeholders in both Counties. Inception meetings introduced the project and joint plan for smooth implementation and ownership of the process by all parties. Mapping of the most affected areas for targeting and identification of capacities to be built through sensitization was also done. Implementation was then rolled out with constant monitoring and support supervision jointly by the KRCS and MoH teams.

At the end of the implementation timeframe, the activities implemented were as follows:

- Sensitization of 314 community health volunteers (CHVs) and 215 KRCS volunteers.
- 404,714 people reached by volunteers through door-to-door sensitization in the hotspot areas, community dialogue and sensitization.
- Volunteers conducted vector control activities.
- Two local radio stations in each county aired preventative messaging on Dengue Fever through radio shows. in collaboration with KRCS personnel.
- Distributed 19,350 insecticide-treated mosquito nets and Post-Distribution Monitoring surveys conducted.
- Six inception meetings were held in both counties.
- Bi-weekly coordination meetings and joint support supervision sessions.
- Reached 28,176 students through 191 sessions on Dengue Fever prevention in schools, both counties.
- 256 caregivers identified for mother-to-mother support groups in the most affected areas.
- Sensitized and trained 260 Trainers of Trainers.
- Fumigation and breeding site elimination activities of public places in 140 villages.
- Procurement of larviciding equipment, chemicals and personal protective equipment.

Overview of Red Cross Red Crescent Movement in-country

There were no other Movement partners actively involved in the KRCS Dengue outbreak response. KRCS continued to coordinate closely with IFRC, ICRC and Partner National Societies (including Qatar Red Crescent, Italian Red Cross and Danish Red Cross supported by Global Fund and the European Union) in other disaster-related and long-term projects ongoing in the two counties during the implementation timeframe. Please refer to the [DREF EPOA](#) and [Operations Update 1](#) for more details on the Movement supported actions carried out in Lamu and Mombasa Counties alongside the Dengue Fever Response.

Overview of other actors' actions in-country

KRCS implemented the dengue fever outbreak response in close collaboration with the County Departments of Health in both counties. The Departments of Health set up and coordinated the emergency response at the County level. A

¹ [Weekly Bulletin on Outbreaks, Week 40, 2021](#)

task force was set up to spearhead actions to control and contain the outbreak through epidemiological surveillance, case detection and treatment through the network of hospitals and health centres. The Department of Health distributed mosquito nets to prevent Dengue, malaria and other vector-borne diseases, particularly in Mombasa County. The Ministry of Health supported both counties with technical staff from Nairobi to support disease surveillance and case management. KEMRI-Well Trust supported testing at its Kilifi laboratory.

Needs analysis, scenario planning and risk analysis

According to the County Department of Health in Mombasa, the first Dengue cases were confirmed in early March 2021 with 24 cases testing positive out of 47 (51% positivity rate). In April, another 305 cases tested positive out of 315 (97% positivity rate). In the same period, the adjacent Lamu county reported a total of 224 positive cases from different health facilities. Cumulatively, 553 cases were reported within the first 4 months of January, February, March and April. Likely, the actual number of dengue fever cases were higher, as people presenting with milder symptoms would not seek medical attention or testing.

In Mombasa County, suspected cases were reported in four sub-counties, and out of the first 47 samples collected, 24 (51%) were confirmed positive by blood PCR test. A retrospective review of weekly data trends from 2016-2021 indicated that Mombasa sub-counties of Mvita and Jomvu reported the highest burden of the disease with a monthly mean of 147 and 74 respectively. However, later samples collected indicated the wider distribution of the disease in all sub-counties.

It was reported that female individuals were more affected than males from the cases identified, and the 21-40 age group were more affected in Mombasa. Changamwe Sub County reported the highest number of cases in the County.

In Lamu County, the first case was reported in January and peak reported in March. Out of the 224 positive cases from different health facilities, 59 were children under 5 years old. Shella ward reported the highest number of 159 positive cases, with both children under 5 and over 5.

Previous outbreak data and monthly trends showed that annual upsurges are experienced during the short and long rainfall period with dual peaks in February and June. The seasonal nature of dengue fever outbreaks, following the rainy seasons, called for preventive measures to reduce the impact of the disease.

The joint monitoring between Kenya Red Cross and the two counties over the initial response phase identified more cases than were originally reported in the [DREF EPoA](#). The project hence repurposed some of the support to new areas and increased the number of volunteers carrying out house to house and village to village Risk Communication.

Risk assessment

The risks identified at the onset of the operation included challenges caused by COVID-19 epidemic control measures, shortage of needed equipment, materials and funding, as well as limited technical knowledge, capacity and treatment protocols. However, an unexpected risk that was not identified from the onset was the delays noted by the Ministry of Health in sharing the specifications of the sprayer tanks and IEC materials, which led to the timeframe extension. There were also security challenges in some parts of Lamu County bordering Somalia due to the threat of militant attacks. These areas were then covered during the day and the team were to leave earlier than 4 pm as part of safety protocols. For further details on the risks initially identified, refer to the [EPoA and Operation Update](#).

B. OPERATIONAL STRATEGY

The overall objective of the operation was to reduce the risk of spread of the Dengue virus to reach 30% of Lamu and Mombasa counties' population especially the hard-to-reach individuals through risk communication messaging and other preventive measures.

Proposed strategy

Being an auxiliary to the county and national government, Kenya Red Cross Society worked through field teams to ensure coordination with line departments, with the field teams providing guidance and technical as well as logistical support. Regular review meetings, developing joint work plans and having joint monitoring and support supervision activities ensured that the county governments in the implementation areas were continuously engaged.


Kenya Red Cross Society teams ensured that gender inclusion was considered during targeting, mobilization and implementation of all activities. Guided by the minimum standards for PGI in the humanitarian context, the field teams

ensured that community members targeted by the response interventions were able to access the services offered by the field teams, their dignity being upheld while rendering services and a safe environment was guaranteed.

During the implementation of the response interventions for Dengue Fever, integration of COVID-19 messaging, and sensitization of the IPC guidelines was done. This was mainly done through radio talk shows, communication of early warning messages through the public address system as well as through door-to-door sensitization sessions.

In terms of activity implementation, the no-cost extension is related mainly to the procurement of sprayers and larvicidal chemicals and IEC material development and printing. Most other activities had already been finalized by the publishing of the Operations update, and as such, many of the targets reached by the publication of the Operations Update remain unchanged. Achievements in the operational plan are highlighted below.

C. DETAILED OPERATIONAL PLAN

 Health People Reached: 516,976 Male: 215,473 Female: 301,503		
Outcome 1: The immediate risks to the health of the affected populations are reduced		
Indicators:	Target	Actual
# of people reached to lessen the immediate risks to health	250,000	516,976
Output 1.1: Reduced risk of dengue infections through information and awareness-raising regarding prevention measures		
Indicators:	Target	Actual
# of CHVs sensitized on Dengue Fever	300	314
# of KRCS volunteers sensitized on Dengue Fever	200	215
# of community members reached in community education and sensitization sessions	300	14,518
# of community members reached in door-to-door sensitization sessions	20,000	404,714
# of community members reached with early warning messages	200,000	321,250
# of radio talk shows conducted	12	11
# of community members reached with radio talk shows	100,000	121,250
Narrative description of achievements		
<p>A total of 314 CHVs were identified from the most affected areas and hotspot sub-counties - 201 (87 males and 114 females) in Mombasa and 113 (46 males and 67 females) in Lamu. They were complemented by 215 KRCS volunteers for institutional strengthening purposes - 100 (53 males and 47 females) in Lamu and 115 (60 males and 55 females) in Mombasa. They were together sensitized by facilitators from the county departments of health on dengue fever (etiology of dengue fever, prevention and environmental control). These volunteers were then tasked with conducting door-to-door sensitization supervised by the CHAs/PHOs in the hotspot areas as well as conducting vector control activities.</p> <p>The team of CHVs and KRCS volunteers conducted sensitization through door-to-door visits as well as community dialogue and sensitization sessions in all the sub-counties and affected wards of both Mombasa and Lamu counties. They were able to reach 404,714 persons (160,336 males and 244,378 females) in 229,581 HHs with preventive messaging for Dengue fever including</p>		



Training of CHVs in Mkomani, Shella ward, Lamu County. ©KRCS

personal, environmental and domestic control. A total of 562 community dialogue sessions were also conducted reaching 14,518 community members (5,785 males and 8,733 females) and referrals made for 1050 (470 males and 580 females) presenting with dengue fever symptoms akin to malaise and joint pains for further attention in level III and IV facilities.

Two (2) local radio stations in each county, that is, Lamu FM and Tana FM in Lamu and Radio Salaam and Sauti Ya Pwani in Mombasa, all of which provide a variety of listenership to the local populations within the targeted counties, were identified and engaged to air preventive messaging on Dengue Fever through radio talk shows. The shows were conducted jointly, by the County health promotion officers together with KRCS personnel, reaching 121,250 persons in a total of 11 talk shows. Additionally, public address systems mounted on KRCS vehicles drove through all the hotspots and affected villages to further reinforce messages shared by the ground-based implementation teams.

Notably:

1. The IEC materials development and printing took considerably longer time due to delay by MoH to provide the messaging, apparently Kenya Government has not approved Dengue IEC materials specific to Kenya, which required KRCS to utilize WHO IEC materials.
2. Procurement of sprayers and larvicidal chemicals also stalled due to delays by the MoH and Kenya Bureau of Standards (a government agency in charge of standards) in sharing with KRCS the technical specifications of approved sprayers.
3. The budget line for volunteer allowances related to fumigation and larvicidal activities could not be expended due to the absence of the chemicals and sprayers to enable this activity.



Community educational sessions in Kashmirir, Lamu. ©KRCS



Door-to-door sensitization in Mombasa County ©KRCS



Community education session in Peace Villa Gadani, Lamu ©KRCS

Output 1.2: Reduced risk of dengue through the implementation of vector control and hygiene practices to prevent mosquito breeding

Indicators:	Target	Actual
# of mosquito nets distributed	20,000	19,350

Narrative description of achievements

Kenya Red Cross provided insecticide-treated mosquito nets (ITNs) to community members through the county department of health to minimize and prevent bites from the vector and subsequent transmission especially for the under-fives who sleep during the day when the mosquito bites happen.

Since a mass distribution of insecticide-treated nets had been done through the MoH in the early stages of the response in the coastal region counties, and to avoid double targeting, the County Department of Health teams led the distribution of the nets to boarding schools, madrasas, hospitals with inpatient wards, and maternity units for distribution to mothers seeking antenatal care services. The maternity wings in Mombasa were experiencing supply chain shortages following the change from the government's main supplier of PSI/Kenya earlier this year. 9,700 pcs of nets were distributed to 36 level II and III health facilities in 6 sub-counties of Mombasa, with 300 pcs prepositioned at the KRCS branch in the county.

In Lamu County, a total of 9,650 nets were distributed to mapped out in-patient health facilities, institutions and community members. Nets were also distributed in the Boni villages located in the larger Boni forest areas that did not benefit from the first distribution exercise done through the 'Mass net distribution' exercise by the county in early May 2021. A total of 350 nets were handed over to the Lamu Rehabilitation facility to support the residential clients as well as the childminders and caregivers of children under the age of 5 years seeking health services at the health facility as a reinforcement of the prevention measures for this vulnerable cohort.

The 650 mosquito nets that were not directly distributed to the targeted population were used as replenishment of stocks that had already been used from regional stocks.



KRCS volunteers distributing mosquito nets in Lamu County © Cheti Praxides, The Star

Output 1.4: Effective monitoring, evaluation, coordination and supervision

Indicators:	Target	Actual
# of inception meetings held	8	6
# of people attending inception/stakeholder meetings	230	104
# of people attending biweekly coordination meetings	160	261
# of joint monitoring and support supervision sessions held	10	7
# of partners attending the joint monitoring and support supervision missions	140	33
# of post-distribution monitoring surveys done	1	1

Narrative description of achievements

Six (6) inception meetings (2 at county & 4 at the sub county level) were conducted in both counties with CHMTs, Sub County HMTs, and stakeholders including the local administration and officials from the Ministry of Education, and interior and internal security before the start of activities for buy-in from the targeted beneficiaries. The inception meetings were attended by 104 persons (61 females and 43 males) in Mombasa (52) and Lamu (52) and introduced the project, clarified the roles of KRCS and counties in the project and outlined the reporting structures. From the plenary sessions with the CHMTs, SCHMTs and stakeholders, suggestions were made to have CHAs

actively engaged, as they are the direct supervisors for all CHV engagements to ensure close monitoring, technical support and prompt reporting.

Bi-weekly coordination meetings were also convened throughout the implementation of the interventions with the SCPHOs, SCDSC, SCSHC, CHEWs and Vector control persons to discuss project progress. The main issues that were raised and discussed were the provision of PPEs such as masks to CHVs, and immediate larviciding bent on availability of larvicidal and internal residual spraying (IRS) chemicals to leverage on the many water pools created by the ongoing rains. A total of 261 participants (92 males and 169 females) took part in these meetings.

Joint support supervision sessions were conducted with key county focal persons as the County Public Health Officers, County disease surveillance coordinators, County community health strategy focal persons, County Malaria focal persons and Vector Control Coordinators and their sub-county counterparts together with CHVs, KRCS staff and county boards.

Amongst issues observed and actioned included delivery of prepositioned larvicidal and fumigation chemicals to the sub-counties from the county stores to leverage on existing manpower from the 300 volunteers pending finalization of procurement of chemicals, equipment and PPEs. The implementing teams were also advised to observe the Infection Prevention and Control guidelines to minimize exposure and risk of contracting COVID-19 while in line of duty.

Post Distribution Monitoring (PDM) survey for mosquito nets was conducted in late September 2021 in mapped out households within villages that benefitted from the response interventions in Lamu and Mombasa counties. The PDM survey was conducted in 370 sampled households from the 19,350 mosquito nets distributed in both counties with 187 and 185 surveys done in Lamu and Mombasa counties respectively. The PDM results established that 61% of the beneficiaries interviewed were aware of why they were picked the mosquito net support. The beneficiaries were confirmed to have received between 1 to 4 mosquito nets depending on the HH size. All the beneficiaries in the survey were not asked to give anything for them to benefit from the mosquito nets with 93% of the respondents reporting that the selection process was free and fair. On dengue fever, 78% of the community members who took part in the survey informed the survey team that they had a good understanding of the dengue fever virus. The communities' preferred sources of information were KRCS staff and volunteers, health care workers, Radio talk shows and community health volunteers. Social media and town criers were also used in Mombasa and Lamu counties; Mombasa being a city where community members can easily access social media while in the Lamu archipelago, the community still use the ancient town crier method to pass information.

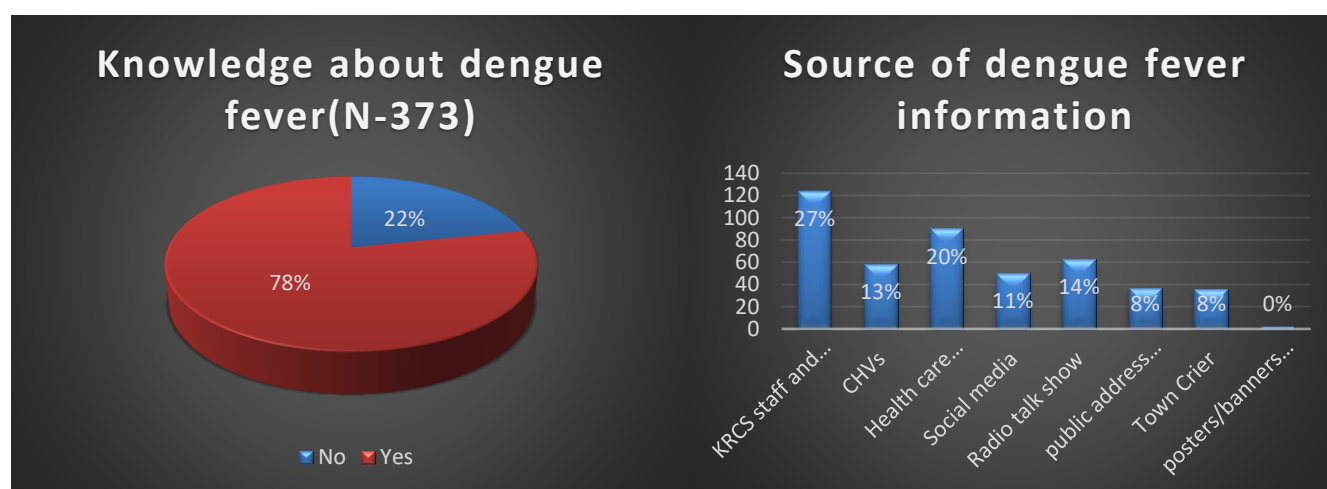


Figure 1: Respondents with knowledge of and source of information of dengue fever in Mombasa and Lamu county. The sample size for both graphs is N-373.

The majority of the respondents (N-373) at 80% positively noted mosquitos and the medium of transmission for the dengue fever virus. At the time of the PDM, only 95% of the respondents were aware of at least one of the signs and symptoms of dengue fever. A majority (76%) of the community members who took part in the PDM were using the mosquito nets issued to them through the DREF with 92% of them using the nets correctly (clean, properly hang out and correct demonstration of tucking it in).

Some activities were not achieved due to a variety of reasons key be competing for activities for the MOH staff especially the ongoing Covid-19 response. These activities are below:

1. # of people attending inception/stakeholder meetings – 104 achieved than 230 planned.
2. # of Joint monitoring and support supervisions – 7 achieved than 10 targeted.
3. # of partners attending the joint monitoring and support supervision missions – 33 as opposed to 130 targeted.

Output 1.5: 5 schools per sub-county reached with information on Dengue prevention

Indicators:	Target	Actual
# of students attending Dengue sensitization	23,000	28,176
# of student's sensitization sessions on Dengue	175	752
# of teacher ToTs trained on prevention and early detection of the diseases	260	260
# of childminders reached with information on Dengue	90	256

Narrative description of achievements

A total of 376 schools (66 in Mombasa and 310 in Lamu) were visited by teams comprising of school health coordinators and PHOs accompanied by the CHVs and KRCS volunteers. Two (2) sessions were conducted per school with a total 28,176 pupils reached in both counties (13,939 boys & 14,237 girls) with information on Dengue fever prevention.



School sensitization in Amu, Lamu County © KRCS



School sensitization at Mtangawanda Primary School in Faza, Lamu County © KRCS



Figure 2 Sensitization of ToT teachers in Mombasa County © KRCS

A total of 256 caregivers (30 males and 226 females) identified from the mother-to-mother support groups in the most affected areas were sensitized by facilitators from the department of health on etiology of dengue fever, prevention and environmental control. In addition, 260 teacher ToTs (113 males & 147 females) were also sensitized. These groups were sensitized on care for the under-fives, as well as the school-going children in terms of prevention using ITNs, especially during the day-time naps and prevention during daytime lessons for the older children as one of the preventive measures against Dengue fever.

Challenges

- Mosquito net distribution supported by the response in both counties had been preceded by the government roll out of mass net distribution, which led to a slow process of distributing which involved identifying households that had not received nets from the government program who were then issued with mosquito nets supported by the response.
- During the project implementation period, Lamu county experienced several incidences of terror attacks largely targeting security forces and contractors of the border wall between Kenya and Somalia. Despite enhanced movement restrictions enforced by the Kenya defence forces, where part of the safety protocol was that the team were to leave no later than 4 PM, the project team managed to reach communities living in the Boni forest with all project interventions.

Lessons Learnt

- Despite the strict restrictions to access to schools by the Ministry of Education as part of the COVID 19 infection prevention and control (IPC) measures, the close coordination and partnership between KRCS and the Ministry of Education which involved strict adherence to the COVID 19 IPC, enabled the success of interventions targeting schools across the 2 counties.



Water, sanitation and hygiene

People Reached: 79,628

Male: 30,606

Female: 49,022

Outcome 1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

Output 1.1: Reduced risk of dengue through the implementation of vector control and hygiene practices the prevent mosquito breeding.

Indicators:	Target	Actual
# of people reached to lessen impact of waterborne and water-related diseases to health	50,000	79,628
Indicators	Target	Actual
# of villages where fumigation of vector breeding sites and at-risk households and public health facilities are identified	100	140
# of community members whose villages, at-risk areas and public health facilities are fumigated	20,000	79,628

Narrative description of achievements

In both Counties of Mombasa and Lamu, 140 villages with a total population of 79,628 people (male -30,606 & Female – 49,022) were reached with fumigation and breeding site elimination activities. Teams made up of public health officers, community health assistants and volunteers were mobilized in all community units to conduct fumigation in the public places which included Mosques, Churches, madrassa's, Orphanages/Children homes, ECD, Primary Schools, Secondary schools, Colleges, TVET's, Health facilities, Police stations/Camps/Posts, Government facilities, Dumping sites, Soak pits, Sceptic tanks, stagnant waters, open drains, Market/Soko, Guesthouses/Hotels, Households, Social halls and Boda boda sheds.

This was seen to contribute to the reduction of both the breeding sites and the risk of transmission of Dengue fever to community members.



Breeding site elimination, Mombasa County © KRCS

Output 1.3: Provide responsive and evidence-based treatment of reported cases

Indicators:	Target	Actual
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# larviciding equipment and chemicals procured Dursban chemical for larviciding	2,000 ltrs	2000 ltrs
Pantheon 100 mls (Lamda Cyhalothrin) for Indoor residual spraying	(400 sachets) 4,000 ltrs	(200 sachets) 2,000 ltrs
Amount of Deltamethrin	2,000 ltrs	2000 ltrs
# of Spray pumps (Stainless)	300 pcs	130
# of Pressure pumps for fogging	30 pcs	10 pcs
# of personal protective equipment procured (overall, gumboots, gloves, goggles, mouthpiece).	200 sets	100 sets
Narrative description of achievements		
The procurement process for the larviciding equipment, chemicals and personal protective equipment was supported by the KRCS national office. The specifications for procurement of these items was submitted by the county departments of health teams and were utilized during the fumigation exercise in both counties.		
Challenges		
<ul style="list-style-type: none"> • Procurement of sprayers and larvicidal chemicals stalled due to delay by the MoH and Kenya Bureau of Standards (a government agency in charge of standards) in sharing with KRCS the technical specifications of approved sprayers. • The budget line for volunteer allowances related to fumigation and larvicidal activities could not be expended due to the absence of the chemicals and sprayers to enable this activity. • The unit cost for some of the fumigation items eg. the fogging pumps and spray pumps was double the projected cost which necessitated the reduction of the quantities procured. - These delays in the procurement process were part of the reason for the no-cost extension of 1 month. 		
Lessons Learnt		
<ul style="list-style-type: none"> • The village-level volunteers were critical in the spraying and hence extra people were not engaged as before in Malaria spraying. • Integration became crucial in cutting costs. More so since the COVID-19 activities were also ongoing 		

D. Financial Report

The overall amount allocated for implementation of this operation is CHF 370,666 of which CHF 368,278 was transferred to the Kenya Red Cross through the funds' transfer modality. There was forex loss that the Society covered under other activities related to the COVID-19 integration. The balance of CHF 2,388 will be returned to the DREF pot.

Contact information

Reference documents



Click [here](#) for:

- [Operation Update 1](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

In the National Society

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In the IFRC

- **IFRC Country Delegation:** Mohamed Babiker, Acting Head of Cluster Delegation, Nairobi Cluster Delegation, Mob: +254 110843974, email: mahamed.babiker@ifrc.org
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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

- **Logistics Coordinator** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Regional Office for Africa** Philip Kahuho, PMER Manager, Philip.kahuho@ifrc.org, Phone: +254 732 203 081

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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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.

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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/05-2021/11	Operation	MDRKE048
Budget Timeframe	2021/05-2021/09	Budget	APPROVED

Prepared on 22/Dec/2021

All figures are in Swiss Francs (CHF)

MDRKE048 - Kenya - Dengue Outbreaks May 2021

Operating Timeframe: 14 May 2021 to 30 Sep 2021

I. Summary

Opening Balance	0
Funds & Other Income	370,666
DREF Allocations	370,666
Expenditure	-368,278
Closing Balance	2,388

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	348,225	368,278	-20,053
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	348,225	368,278	-20,053
SFI1 - Strengthen National Societies	565		565
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners	1,793		1,793
SFI4 - Ensure a strong IFRC	20,082		20,082
Strategy for implementation Total	22,441		22,441
Grand Total	370,666	368,278	2,388

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/05-2021/11	Operation	MDRKE048
Budget Timeframe	2021/05-2021/09	Budget	APPROVED

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All figures are in Swiss Francs (CHF)

MDRKE048 - Kenya - Dengue Outbreaks May 2021

Operating Timeframe: 14 May 2021 to 30 Sep 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	122,056		122,056
Shelter - Relief	20,208		20,208
Clothing & Textiles	50,520		50,520
Water, Sanitation & Hygiene	21,050		21,050
Medical & First Aid	4,850		4,850
Utensils & Tools	25,428		25,428
Logistics, Transport & Storage	5,153		5,153
Transport & Vehicles Costs	5,153		5,153
Personnel	56,237		56,237
National Society Staff	22,229		22,229
Volunteers	34,008		34,008
Workshops & Training	95,641		95,641
Workshops & Training	95,641		95,641
General Expenditure	68,956	10	68,946
Travel	41,258		41,258
Information & Public Relations	7,578		7,578
Communications	1,263		1,263
Financial Charges	38	10	28
Other General Expenses	18,819		18,819
Contributions & Transfers		345,791	-345,791
Cash Transfers National Societies		345,791	-345,791
Indirect Costs	22,623	22,477	146
Programme & Services Support Recover	22,623	22,477	146
Grand Total	370,666	368,278	2,388

REPORT NO. 5

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY										
PROJECT NAME	Dengue Fever Outbreak 2021 IFRC										
IFRC PROJECT CODE	MDRKE048										
CURRENT REPORTING PERIOD	From:	14-May-21	To:	30-Sep-21	(Y2 Qtr 1)						
PLANNED EXPENDITURE PERIOD	From:	14-May-21	To:	30-Sep-21	(Y2 Qtr 2)						

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

Exchange Rate Used SL 1 CHF 0.0087

Output	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		Reason for Variance(s) (more than 10%)
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%	
AP021: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks	-	38,832,762	38,832,762	-	37,443,004	37,443,004	1,389,758	4%	1,389,758	4%	
AP065: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		2,235,000	2,235,000	-	2,396,075	2,396,075	- 161,075	-7%	- 161,075	-7%	
	-	41,067,762	41,067,762	-	39,839,079	39,839,079	1,228,683	0%	1,228,683	3%	

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

21/12

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

Cost Categories	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%	
1 Personnel	-	-	-	-	-	-	-		-	-	
2 Relief supplies, transportation and storage	-	-	-	-	-	-	-		-	-	
3 Contributions to other organisations	-	-	-	-	-	-	-		-	-	
4 Direct costs	-	38,832,762	38,832,762	-	37,443,004	37,443,004	1,389,758	4%	-	1,389,758	-4%
5 Indirect cost recovery	-	2,235,000	2,235,000	-	2,396,075	2,396,075	161,075	-7%	-	161,075	7%
TOTAL	-	41,067,762	41,067,762	-	39,839,079	39,839,079	1,228,683	0	-	1,228,683	0

3.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN CHF

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

Output	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period*	Total (Year to date)	Variance	%	Variance	%	
							CHF		CHF		
Overall	-	345,791	345,791	-	345,831	345,831	40	0%	40	0%	

CERTIFICATION

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

- they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
- The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

DD/MM/YYYY

Name, Title & Signature of Project partner designated official

For IFRC internal use
Approved by IFRC Project Manager
Validated by IFRC Finance officer

John

Date

25/12/2021

Date

20/12/2021

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

21/12

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

KENYA RED CROSS SOCIETY			
Dengue Fever Outbreak 2021 IFRC			
MDRKE048			
From:	14-May-21	To:	30-Sep-21 (Y2 Qtr 1)
From:	14-May-21	To:	30-Sep-21 (Y2 Qtr 2)

A. BUDGET & EXPENSES IN CHF BY IFRC ONLY

		Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			44,500.00		Budget Variance (Current Period)	
	Output	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance CHF	%	Variance CHF	%
AP021	AP021: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks	-	326,972	326,972	-	325,032	325,032	1,940.15	1%	1,940.15	-1%
AP065	AP065: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		18,819	18,819	-	20,800	20,800	1,980.93	-11%	1,980.93	11%
	TOTAL	-	345,790.56	345,790.56	-	345,831.34	345,831.34	40.78	0%	40.78	0%

		Budget (as per Project Funding Agreement) CHF			Expenditure (Actual) CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
Cost Categories		Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance CHF	%	Variance CHF	%
1	Personnel	-	-	-			-	-	0%	-	0%
2	Relief supplies, transportation and storage	-	-	-			-	-	0%	-	0%
3	Contributions to other organisations	-	-	-			-	-	0%	-	0%
4	Other direct costs	-	326,972	326,972		325,032	325,032	1,940.15	1%	1,940.15	-1%
5	Indirect cost recovery	-	18,819	18,819		20,800	20,800	1,980.93	-11%	1,980.93	11%
TOTAL		-	345,791	345,791	-	345,831	345,831	40.78	-1%	40.78	0%

CERTIFICATION

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

- a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
- e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

DD/MM/YYYY

Name, Title & Signature of Project partner designated official

For IFRC internal use
Approved by IFRC Project Manager

Validated by IFRC Finance officer

Date

Date

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

21/12

REPORT NO. 5

3.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	KENYA RED CROSS SOCIETY										
PROJECT NAME	Dengue Fever Outbreak 2021 IFRC										
IFRC PROJECT CODE	MDRKE048										
CURRENT REPORTING PERIOD	From:	14-May-21	To:	30-Sep-21	(Y2 Qtr 1)						
PLANNED EXPENDITURE PERIOD	From:	14-May-21	To:	30-Sep-21	(Y2 Qtr 2)						

3.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN LOCAL CURRENCY

Exchange Rate Used SL 1 CHF 0.0087

Output	Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		Reason for Variance(s) (more than 10%)
	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%	
AP021: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks	-	38,832,762	38,832,762	-	37,443,004	37,443,004	1,389,758	4%	1,389,758	4%	
AP065: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		2,235,000	2,235,000	-	2,396,075	2,396,075	- 161,075	-7%	- 161,075	-7%	
	-	41,067,762	41,067,762	-	39,839,079	39,839,079	1,228,683	0%	1,228,683	3%	

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

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

Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		
Cost Categories	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
1 Personnel	-	-	-	-	-	-	-	-	-	-
2 Relief supplies, transportation and storage	-	-	-	-	-	-	-	-	-	-
3 Contributions to other organisations	-	-	-	-	-	-	-	-	-	-
4 Direct costs	-	38,832,762	38,832,762	-	37,443,004	37,443,004	1,389,758	4%	1,389,758	-4%
5 Indirect cost recovery	-	2,235,000	2,235,000	-	2,396,075	2,396,075	161,075	-7%	161,075	7%
TOTAL	-	41,067,762	41,067,762	-	39,839,079	39,839,079	1,228,683	0	1,228,683	0

3.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY IN CHF

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

Budget (as per Project Funding Agreement)			Expenditure (Actual)			Budget Variance		Budget Variance		
Output	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period*	Total (Year to date)	Variance	%	Variance	%
Overall	-	345,791	345,791	-	345,831	345,831	40	0%	40	0%

CERTIFICATION

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

- a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.
e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted DD/MM/YYYY
Name, Title & Signature of Project partner designated official

For IFRC internal use
Approved by IFRC Project Manager
Validated by IFRC Finance officer

Date 20/12/2021
Date 20/12/2021

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3.4 CALCULATING THE EXCHANGE RATE FOR REPORTING PURPOSES

FIFO

FUNDS AT HAND

FUNDS OUT

Date	Description	Local Currency	CHF	Exc Rate	Date	Description	Current Expenditure Value in Local Currency	Local Currency	CHF	Exc Rate
			Kenya-Dengue Outbreaks May 2021							
			MDRKE048							
6/4/2021	Transfer 1	39,834,432.00	345,791.00	0.0087	9/30/2021	Expendiure	39,839,079	KES	345,831	0.0087

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