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Emergency Plan of Action (EPoA)

Kenya: Integrated Vector Borne Diseases Outbreak

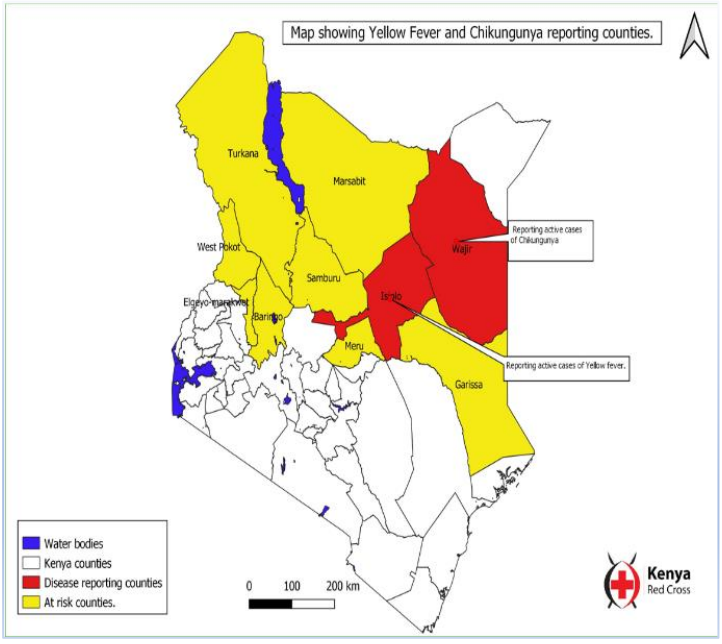
International Federation of Red Cross and Red Crescent Societies

DREF Operation	**MDRKE050**	**Glide n°:**	**EP-2022-000183-KEN**
Date of issue:	**23 March 2022**	**Expected timeframe:**	**4 months**
Operation start date:	**18 March 2022**	**Expected end date:**	**31 July 2021**
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 212,853			
Total number of people at risk:	Approximately 1,043,299 people	**Number of people to be assisted:**	450,000 people
Provinces expected to be affected:	North Rift, South Rift, North Eastern and Upper Eastern	**Counties targeted:**	5 counties: Isiolo, Wajir, Baringo, Elgeyo Marakwet and West Pokot
Host National Society presence: Two Kenya Red Cross branches, 600 volunteers, 20 staff in Upper Eastern and Northeastern Regions.			
Red Cross Red Crescent Movement partners actively involved in the operation: International federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: WHO, UNICEF, INGOs, The Ministry of Health and County Health Departments from the two counties of Isiolo and Wajir			

A. Situation analysis

Description of the disaster

Kenya has been affected by numerous health crises and natural disasters in the past two years. Currently, more than 4 million people are affected by drought coupled with the negative effects of COVID 19 on the economy, the situation is very dire among the poor and those in the hard-to-reach areas of the country (mostly in the arid and semi-arid areas) which, as a result, are the localities most affected by health crises.



The recent emergence and re-emergence of viral infections transmitted by vectors in the country namely Chikungunya, Dengue, Yellow Fever (YF), and others is a cause for international concern. In 2021 an outbreak of Dengue Fever affected 3 counties of the coastal region - Mombasa, Kilifi, and Lamu. This was supported by a DREF allocation. The first two months of 2022 have now also recorded two outbreaks that are currently under national response; Yellow Fever and Chikungunya.

The current vector-borne outbreaks are confirmed in two counties of Wajir and Isiolo. The Yellow Fever virus being more lethal has already led to a swift response from the ministry of health that has put the whole country under alert and vaccination is scheduled to start in around two weeks.

Yellow Fever

The risk of Yellow Fever re-emergence is increasing due to the effects of climate change, drought, and globalization. Informed by the 67th session of the WHO regional committee for Africa, and by the PAHO[1] Regional Immunization Technical Advisory Group in 2017, all African Member States including Kenya endorsed the global strategy to Eliminate Yellow Fever Epidemics (EYE).

Before the ongoing outbreak, there was a reported yellow fever outbreak thirty years ago in 1992-1993 in the Kerio Valley. There were 55 persons with hemorrhagic fever (HF) from the affected 3 districts (Baringo, Keiyo South, and Marakwet West) in the period of September 10, 1992, through March 11, 1993 (attack rate = 27.4/100,000 population). Twenty-six (47%) of the 55 persons had serologic evidence of recent yellow fever infection, and three of these persons were also confirmed by yellow fever virus isolation. There was a total of 34 fatalities from this outbreak.

This disease which manifests itself between 3 to 6 days after a mosquito bite (Aedes) is characterized by fever, muscle pain, headache, shivers, loss of appetite, and nausea or vomiting. These symptoms disappear after 3 to 4 days among the majority of the patients. However, about 15% of patients enter a second, more toxic phase and within 24 hours of the initial remission are reported to have a high fever and with several body systems, including the kidneys being affected. Half of the patients who enter this toxic phase die within 10 to 14 days, while the rest recover without significant organ damage.

The current outbreak was first reported in January 2022. Its confirmation took 3 weeks due to limited capacity in the remote areas affected and the fact that that region has not traditionally been affected by yellow fever in the past. The cases were first reported in Merti Sub County of Isiolo County. Kenya Medical Research Institute (KEMRI) has since confirmed 3 positive cases out of 6 samples from the sub-county. As of 23rd Jan 2022, a total of 15 patients presenting fever, jaundice, muscle pain and fever pain (13 males and 02 females) were line-listed; and 03 deaths were recorded. A total of 3 cases turned out positive out of 6 samples analyzed. The majority of the cases are between 11 years-40 years (82.41 and are reported to come from Merti (bordering Wajir) and Garba Tulla (bordering Garissa) sub-counties. Unconfirmed reports later this week have indicated a possibility of new cases in Baringo and Elgeyo Marakwet.

The Ministry of Health reported an outbreak and issued an **Alert on 3 March 2022** **received** to all the 47 counties and initiated a response both at the County and national levels on 4 March 2022.

As a response, the Ministry of Health is initiating a national vaccination campaign starting with Wajir, Garissa, Marsabit, Meru, Samburu, Elgeyo Marakwet, Baringo, West Pokot, Turkana, Mandera, and Tana River. Yellow fever vaccine is an effective public health prevention intervention and is offered as a scheduled routine vaccine for children aged 09 months in 4 counties in Kenya (Elgeyo Marakwet, West Pokot, Turkana, and Baringo). However, the yellow fever vaccine can be given to 09 months-60 years during supplementary immunization activities.

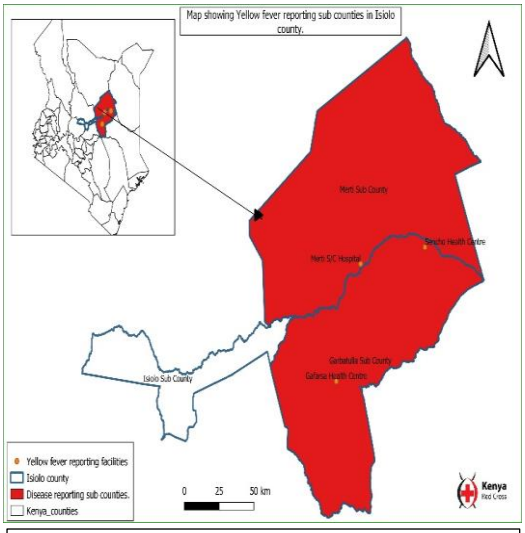


Figure 1: Map of Isiolo County showing Yellow Fever affected sub-counties

Merti Sub County is located in the northern part of Isiolo bordering Wajir, Marsabit, and Samburu counties and Garbatulla Sub County to the south. Both sub-counties (Merti and Garbatulla) are inhibited by people of Cushitic origin whose livelihood is dependent on pastoralism. Cherrab ward often has erratic rainfall patterns and dry season. The area has received average rainfall in December 2021 which brought about an increase in mosquito population which may have been contributed to rising cases of fever.

In Isiolo County, the county disease surveillance team faces challenges in early case detection and management due to a shortage of testing capacity (both PCR and Rapid test kits). Currently PCR, samples must be taken from the sub-counties to the KEMRI-Well Trust laboratory in Nairobi County about 500km away.

[1] https://www.paho.org/en/topics/immunization

Chikungunya

The first cases were reported in mid-February 2022 in Kotulo within Wajir County. Between February 10th and 24th, 23 samples from the suspected cases were collected and analyzed at KEMRI Nairobi laboratory, out of these, 5 samples tested positive for the Chikungunya virus, this is from the Ministry of health rapid assessment report. A rapid assessment team by MoH and County Government was deployed to the affected area by the Wajir county department of health. The team visited 50 households from different villages that were suspected to be having patients suffering from Chikungunya. The team identified 16 patients with symptoms of Chikungunya disease. The patients were complaining of severe joint pains, headache, joint swelling, headache, nausea, fatigue. Patients were advised to visit the nearest health facility for supportive treatment. The 15 samples were sent to the KEMRI laboratory for investigation.

The team also conducted a data review in the two facilities in the affected area (Kutulo Health Centre and Somaan Nursing Home). With most of the patients presenting fevers and headaches in December 2021 and based on available data, this could mean the outbreak started in December 2021. The nursing home (Private Facility) had reported 12 suspected Chikungunya Cases starting 2nd January 2022 to 14th February 2022. The team has since line-listed a total of 67 cases in which 5 are confirmed and 53 are probable cases in which most of the cases are epidemiologically linked to the confirmed cases from MoH/KEMRI above. Wargadud Ward in Tarbaj Sub-County is the ward affected by those potential cases.

From historical analysis, the last outbreak reported cases in mid-2016 first occurred in Mandera and later spread to other counties including Mombasa between late 2017 and mid-2018, and a Chikungunya fever outbreak occurred in Mombasa. Wajir's county is neighboring the county of Mandera, and the actual outbreak remains a risk fo the same Mandera and Mombassa even if cases are not declared for the moment in those counties. Also, from previous outbreaks, the female gender is usually the most affected at 58% and the majority of the case is within age 2-33 years.

Vector-borne epidemics:

Previous outbreak data and monthly trends show that annual upsurges are experienced after the short and long rainfall seasons. The next peak would be June after the long rains, however, in this case, the virus is surging at the beginning of the long rains in March. Therefore, the onset of long rains it will likely make the situation worse as the conditions become more conducive for the larger spread of the disease vector. Hence, with the Mach, April, and May (MAM) rains expected, preventive measures need to be accelerated to reduce the impact of the two diseases.

The affected counties are subject to other vector-borne diseases and rains in the coming months in March, April will increase vectors' development hence the spread of the above diseases in addition to others like Malaria, Rift valley Fever among others. This response will hence tackle this problem by preparing communities to ensure that they have adequate information on vector-borne diseases. In addition, Merti has been noted to have other disease challenges that include frequent cases of Kala-azar reported within the expansive areas of Cherrab ward during dry spells, and cases of Rift Valley fever have also been reported in this area in 2020 with some fatalities.

To summarize the outbreak situation, current yellow fever and Chikungunya outbreaks are both vectors borne diseases and for which emergency actions need to be taken aligned with MoH preventive response and vaccination for yellow fever.

Summary of the current response

Overview of Host National Society response actions

All Kenya Red Cross county branches sit in the county disaster response committees thus playing a pivotal role as auxiliary to both the county and national government during responses. The Kenya Red Cross county teams have participated in coordination and planning meetings in the 11 counties targeted for vaccination mentioned in the alert letter from National MOH: Wajir, Garissa, Marsabit, Meru, Samburu, Elgeyo Marakwet, Baringo, West Pokot, Turkana, Mandera and Tana River, where discussions revolved around planning for the response including community sensitization/RCCE and infection prevention measures. The two-county health teams of Isiolo and Wajir have set up a partner coordination framework with weekly meetings. Already the lessons learnt from CP3 has been planned for application in the current repose and some of the training CP3 staff volunteers are supporting the response.

Kenya Red Cross has been implementing the Community Epidemic and Pandemic Preparedness Program (CP3) since 2018, focused on the counties of Bomet, Narok, Tharaka Nithi, and West Pokot. Yellow Fever has been added to the list of diseases covered by volunteers in West Pokot, with preparedness activities underway including RCCE and community cleanup.

Isiolo and Wajir counties have a pool of Red Cross volunteers; over 1,200 volunteers are distributed across the counties. The volunteers are in different categories including Red Cross Action Team (RCAT), youth members, Community Disaster Management Committees (CDMC), and Community Health Volunteers (CHVs). Despite having limited access to psychosocial support and response equipment, the volunteers have continuously been able to provide early warning, take part in response and recovery whenever required to.

In both counties there exist vibrant Branches with a membership and volunteer database of community members. The counties have action teams that have been supporting responses involving road traffic accidents, resource-based and or inter-clan conflicts, cross-border attacks, flash floods, drought, fire incidences, disease outbreaks such as cholera, COVID-19 pandemic, fire incidences, among others. The teams of members and volunteers have a wealth of capacity and with just disaster-specific sensitizations, they are ready for deployment. Kenya Red Cross Society has a pool of surge capacity (skilled teams in health emergency response) and staff capacities in various operations (Dadaab, Kalobeyei/Kakuma), HQ, regions, and county branches that can be activated to respond to emergencies in times of need.

The National Society also has staff and volunteers implementing other projects – see next section - and has offices in the two counties in addition to a regional office in Garissa and Isiolo towns. The National Society also has land cruisers hard top vehicles in the two counties, as well as at the regional offices. The region also has warehouses at regional offices in Isiolo and Garissa served from the national office warehouse and fleet.

Some of the other actions undertaken by the national society include:

- Response team setups: National and in the 11 selected Counties include the targeted counties in this DREF.
- Staff and volunteer sensitization.
- Integration of community engagement/sensitization on yellow fever and Chikungunya outbreak using KRCS experience and ongoing interventions - RCCE among other community activities.
- Resource mobilization (including appeals).
- Fact Sheet printing for volunteers and staff sensitization and involvement (coordinated with the CP3 project)
- Media engagement for community awareness creation and or mobilization.

Lessons learned from the previous operation and operational learning from the CP3 program in the county will support orient this response. Below are some lessons learnt from the previous Dengue DREF of 2021 that have been built into the design of this response:

- Coordination through meetings and joint monitoring and initial information collection with MoH and engaged partners will help to avoid delays and other issues observed on the previous response. This need to start from the beginning and KRCS has already attended epi-center counties meetings with relevant MoH members and local partner. Coordination with MoH will start at the first moment of this intervention for getting approved messages for IEC materials printing. As WHO is already supporting MoH in messages development as per the information collected from the above, the registered delay in the previous operation is expected to be avoided. Targeting and implementation will also consider the planned actions from MoH and other partners in this response. A capacity assessment and continuous coordination with MoH will inform the response.
- Sharing information, coordination mechanism and integrated approach will be followed between this response and the ongoing operations in the same counties. Must CP3 and COVID response. CP3 operation will support community information and the RCCE approach.
- COVID 19 infection prevention and control (IPC) measures will be considered all over the operation.
- The village-level volunteers were critical in the spraying and hence extra people were not engaged as before in Malaria spraying.
- Costing for procurement of fumigation kit has been adjusted in the budget of this plan and will respect the Kenya Bureau of Standards (a government agency in charge of standards) with KRCS the technical specifications of approved sprayers.
- Once YF is sharing the same vector transmission with Chikungunya, the response will be more effective to directly include both in a vector approach even considering the outbreak declaration timeline (around 3 weeks declare for YF when the first Chikungunya cases outbreak is one month past).

Overview of Red Cross Red Crescent Movement in Country

There is close coordination both at the national and the field levels, where partner National Societies support Kenya Red Cross Society in the Disaster-related projects all the 11 named counties. IFRC and ICRC continue to support KRCS in different platforms from a long-term relationship that goes beyond the current outbreak and especially that several partner NS, ICRC, and IFRC have their regional offices in Nairobi (Kenya). There are currently no Movement partners supporting Kenya Red Cross in this yellow fever and chikungunya outbreak response.

Kenya Red Cross with support from various donors (RCRC Movement partners and EU) is currently implementing the following projects in both counties.

Isiolo County

- ECHO –supported COVID-19 vaccination project.
- Water hygiene and sanitation program.
- UNICEF is supporting nutrition and health project.

Wajir County

- ECHO –supported Covid19 vaccination project.
- UNICEF is supporting nutrition and health project.

Overview of other actors' actions in country

At the County level, the County Departments of Health are coordinating the emergency response; a task force has been set up to spearhead actions aimed at controlling and containing this outbreak. The department of Health in both counties is conducting epidemiological surveillance in Wajir, Isiolo, Elgeyo Marakwet, Baringo, Turkana, and West Pokot on yellow fever, case detection, and treatment through the network of hospitals and health centers is being done in the two counties of Isiolo and Wajir.
The national MoH is planning a vaccination campaign in the hotspot counties that include: Wajir, Garissa, Marsabit, Meru, Samburu, Elgeyo Marakwet, Baringo, West Pokot, Turkana, and possibly Mandera and Tana River. The vaccination is expected to start later in March 2022 (exact dates not fixed yet). Disease Surveillance and Case management protocols are being developed by the national MoH while KEMRI is currently running the tests at its Nairobi laboratories.
WHO, UNICEF, and other INGOs are currently supporting the MoH in the National response on various fronts but mainly key messages design, activity case finding, testing among others. Kenya Red Cross will mainly on community-level communication support.
Kenya is also included in the global strategy to eliminate yellow fever Epidemics (EYE) developed by a coalition of partners (Gavi, UNICEF, and WHO) to face yellow fever's changing epidemiology, the resurgence of mosquitoes, and the increased risk of urban outbreaks and international spread. Eliminate yellow fever Epidemic (EYE) strategy 2017-2026.

Needs analysis, beneficiary selection, risk assessment, and scenario planning

Need analysis

The first suspected cases of the current Chikungunya outbreak were reported in February in Kutulo and spread to Tarbaj in Wajir county. Cumulatively, 58 cases of Chikungunya have been reported from Health centers within the last one months (Feb -March).

The first case of yellow fever was reported on 13th January reported in Merti Sub County of Isiolo County. In terms of yellow fever as of 23rd Jan 2022, a total of 15 patients presenting fever, jaundice, muscle pain and fever pain were lines listed and 03 deaths were recorded in Isiolo county. A total of 3 cases turned out positive out of 6 samples analyzed, reaching the outbreak declaration by MoH. MoH has declared 9 high-risk counties among the 47 as the most needed to be covered with an immediate response: Wajir, Garissa, Marsabit, Meru, Samburu, Baringo, Elgeyo Marakwet, West Pokot, and Turkana.

Following the alert shared by the Ministry of Health for yellow fever on 3rd March to the respective counties, the county departments of health convened consultative/response planning meetings with key partners on Monday 7th March 2022. Public health officials are warning that due to compounding factors of drought and conflict in the affected regions (Isiolo-Wajir-Garissa borders and along Kerio Valley which are 'high risk' counties as determined by the MoH, the epidemic might have far-reaching impacts/losses as these factors have caused population movement thence increasing vulnerability (disruption of shelter and social networks thus increased exposure to mosquito bites and malnutrition), thence the consequences of the outbreaks may be more severe in the area.

With sub-optimal levels in access to health services, poor health-seeking behaviors, and limited disease surveillance systems, the exact magnitude and extent of the YF outbreak in Isiolo county is still unknown. Furthermore, there is no reliable information on the community knowledge, attitude, practices, and belief on yellow fever disease in the region.

This could be made worst as the 'long rains' are about to start in March with a consequent increase in mosquito breeding sites. It is expected that the upcoming rains will be above average, with an increased risk of vector-borne diseases outbreaks. If this spread of yellow fever and Chikungunya in Isiolo and Wajir respectively is not addressed urgently, it will spread into adjacent counties.

Additionally, the context is conducive for other concomitant vector-borne diseases outbreaks (Dengue, malaria) in the upcoming three months in the affected areas. Preventive measures need to be accelerated to reduce the impact of the spread of the two vector-borne diseases that share the same vector – Aedes mosquito (yellow fever and chikungunya).

In a recent meeting with the county department of health in named counties, the following actions were planned by the County Department of Health.

- Enhanced surveillance at health facilities.
- Resource mobilization for CHVs and health care workers' sensitization training.
- Public health education and distribution of IEC (poster) materials in all the sub-counties.
- Vector control through chemical (larvicidal/insecticides) sprays in mosquito breeding sites and habitats.
- Reaching out to other partners/stakeholders in health (e.g., Kenya Red Cross) for technical support in the outbreak response.
- Vaccination campaign plans shall be guided by the national MOH team.

Given the current situation, the priority of the organization's action is Wajir and Isiolo Counties where cases are declared. With the onset of the rains, preventive measures need to be accelerated to reduce the impact of the diseases. The country has prioritized several measures for implementation, with a request for support made to Kenya Red Cross to enable implementation of response activities at the community level across the sub-counties (in Isiolo and Wajir) majorly through the community health strategy teams (Community health volunteers CHVs, Community Health Assistants CHAs, Public Health Officers PHOs and County Health Surveillance Focal Persons). This will also be integrated with COVID-19 prevention messages.

As there is no reliable information on the community knowledge, attitude, practices, and belief on yellow fever disease in the region, there is a need to develop and implement a risk communication approach.

Scenario Planning

Due to the anticipated start of March, April, and May long rains, there is the likelihood of a geographical increase in the coming weeks/months for the two diseases. The mosquito vector will most likely increase and hence the two vector-borne diseases and even the regular outbreak of Rift Valley fever could emerge. The last Chikungunya epidemic was in 2016 and then it affected 4 counties, and hence our prediction is more than the current reporting county of Wajir will fall into the response mode in the coming two months. The Yellow Fever epidemic on the other hand was in 1992/93 and the current scenario may extend to more than the MoH high-risk counties in the MoH alert communication. This is the earliest opportunity to indicate the likelihood of an increase of needs in new geographical areas beyond the current areas.

Scenario	Humanitarian consequence	Potential Response
Scenario 1: The epidemic does not spread to other neighboring counties and is under control within the next three months	The health care system can manage the outbreak as cases reduce. Rains will not increase the incidence of vector-borne diseases above seasonal endemic levels	The response will be limited to the DREF operation as outlined Wajir –Isiolo) and planned in this EPOA.

Scenario 2: Within three months, the epidemic is reported in the neighboring counties of Samburu, Elgeyo Marakwet, Baringo, and Garissa but the scale is lower than the targeted counties. This is because the rainy season is just beginning cases are likely to rise.	Rains will substantially increase the incidence of vector-borne diseases above seasonal endemic levels Health care system becomes overwhelmed as cases rise.	KRCS will continue its response as outlined in this DREF plan of action into the new counties. KRCS will continue monitoring the situation and stand ready to scale up. Based on the scale of the increase KRCS will consider a second allocation from the DREF.
Scenario 3: That the epidemic spreads to counties beyond those neighboring Samburu and Mandera, Garissa into the mapped 11 counties.	• Rains will substantially increase the incidence of vector-borne diseases above seasonal endemic levels. Increased morbidity and mortality of vector-borne diseases associated with strained health system • The outbreak of Vector Born disease (VBD), particularly YF, expanded in other areas of the Country The outbreak has an economic impact as heads of households who are affected can no longer work to take care of the families.	A request to scale up this DREF to cover more counties is made or depending on the epi-data evolution, an emergency appeal will be made. KRCS will launch an emergency appeal to meet the increased humanitarian needs as well as domestic resource mobilization.

Targeting

NS is targeting 450,000 people in 5 from the 9 most at-risk counties listed by the MoH[2] as the most at-risk YF counties already comprise Chikungunya affected county (Wajir). Beneficiaries will be reached in Isiolo, Wajir, Baringo, Elgeyo Marakwet, and West Pokot Counties, reducing the risk of spread of yellow fever and chikungunya viruses. This selection is based on traditionally reporting cases in the past outbreaks. The action targets population especially hard-to-reach individuals through risk communication and community engagement (RCCE) and CBHFA as well as other preventive measures. In addition to RCCE and CBHFA, there will be integration of ECV / EPiC components of vector-borne diseases, (malaria chikungunya, yellow fever, Dengue) and environmental health actions to reduce breeding opportunities of the vectors. The RCCE component will be included not only individual and community disease prevention, but also actions for strengthening vaccination access (available for children aged 9 months and older).

NS response will mainly focus on direct targets which are the epi-centers sub-counties and their related counties: Merti, Garba Tula YF epi-centers sub-counties in Isiolo county and Tarbaj and Kotulo Chikungunya epi-center sub-counties in Wajir county. A total of 204,168 people will be directly reached as detailed below: 99,730 in Garba Tula, 47,206 in Merti sub-counties, and 57,232 people in Tarbaj. Direct beneficiaries will receive any of the interventions in the proposed action (health education, training, treatment/vaccination, IEC, etc.).

The table below summarizes the target:

Targeted Outbreak	Counties	Sub-counties	Direct target	Response
Yellow fever	Isiolo	Merti	47,206 people	All the proposed activities include support to vaccination
		Garba Tula	99,730 people	

[2] Isiolo, Wajir, Garissa, Marsabit, Meru Samburu, Baringo, Elgeyo Marakwet, West Pokot, Turkana

Chikungunya	Waijir	Tarbaj	57,232 people	All the proposed activities
Both outbreak	Isiolo; Waijir, Baringo, Elgeyo Marakwet and West Pokot	All (include the above)	450,000 people on the most hard-to-reach (include the above)	Distance Awareness and radio campaign

MarakwetAs yellow fever and Chikungunya are transmitted by Aedes Aegypti / Aedes Albopictus, typically day feeders, the targeting for mosquito nets distribution is for individuals who tend to be less active during the day: elderlies, pregnant women, persons with severe disabilities and co-morbidities, and babies in hard-to-reach areas not adequately covered by the distributions by Ministry of Health. The majority of the three epi-centers (Merti, Garbatula, and Tarbaj) in the two counties' areas are rural. Those localities will thus be the target. These groups will be targeted through assessments that will be done jointly with MoH via the community health units.

Operational Risk Assessment

Kenya Red Cross Society will ensure the engagement of local staff and volunteers as applicable and continue with security surveillance and using opportunities provided by existing public goodwill and its acceptability approach to ensure successful implementation of the proposed activities. Security surveillance and working closely with county security teams to provide security briefings will be continuously done to the staff and volunteers to ensure continued vigilance.

Challenges being faced by the county teams:

- Current drought and conflict that has contributed to population movement into high-risk areas where savannah-type transmission is occurring for the two diseases.
- Limited knowledge by the community on the outbreak is not endemic.
- Limitations in testing - PCR samples must be sent to Nairobi. No testing kits for both Chikungunya and Dengue fever. Acute shortage of Rapid Diagnostic Test (RDT) kits for community screening.
- Lack of treatment protocols at the health facility levels.
- Lack of funds for community awareness and referrals.
- Need to urgently sensitize Sub-County officers, health care workers, and the community on the tackling of the outbreak.
- Newly recruited Sub-County disease surveillance officers with the limited technical capacity to compile appropriate periodic reports.
- Limited knowledge on early case detection and management of confirmed cases.
- The private facility doesn't have relevant hospital registers for proper documentation i.e., laboratory registers and outpatient registers, IDSR tools.
- A limited active case search is being done to quantify the magnitude of the outbreaks in the three areas.
- Preventive materials – effective but safe insecticides / larvicidal chemicals for vector control.
- Need to revise IEC materials and increase the diffusion of key messages.
- Shortage of Pharmaceuticals and non- pharmaceuticals.

COVID-19 Pandemic

As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies have had a strong role to play in supporting domestic operations focused on preparedness, containment, and mitigation against the pandemic. National Society's responses to COVID-19 are supported through the global appeal, which has facilitated supporting the counties to maintain service provision while adapting to COVID-19. Business continuity plans for IFRC at all levels have been developed and are continuously being adapted as the situation changes. Focus is given to supporting National Societies to maintain critical service provision through ongoing operations while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision where relevant. As such, the National Society actions dedicated to COVID-19 and those conducted through ongoing operations will be mutually beneficial and built upon common synergies.

This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crises

should adapt to this particular crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed taking into consideration the evolving COVID19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff. For more information, please consult the Covid-19 operation page on the IFRC Go platform.

The below table indicates the potential impact on the operation and how KRCS will respond in this situation in the event of an upsurge in COVID 19 in the country. The last set of restrictions took effect at midnight on March 26th, 2021 and have remained in effect until further notice. Movement by road, air, and rail into and out of the counties of concern is currently not in force, international travel continues under existing guidelines); Public gatherings and in-person meetings have now been allowed with strict observation of the covid19 prevention protocols.

COVID-19 measures	**Standard epidemic control measures in place – no course for alarm**	**Temporary lockdown of society (schools, shops, public functions)**	**Sustained lockdown and restriction of movement during implementation period**
Likelihood	***High***	***Low***	***Very Low***
Impact on operation	Activities such as volunteers training will be done in the classroom.	Some activities may be canceled and impact on operation, but this will depend on the evolution of the situation with elections.	Many activities will be canceled and impact the operation
Mitigating measures	Conduct volunteers' training while respecting COVID 19 mitigation measures including social distancing. masking and hand washing Briefing of Volunteers on COVID-19 preventive measures. And ensuring compliance	Conduct volunteers' training while respecting COVID 19 mitigation measures including social distancing. Masking and hand washing Briefing of Volunteers on COVID-19 preventive measures and ensuring compliance Kenya Government authorization for the implementation of activities during lockdowns Community mobilization activities are conducted through radio broadcasts to limit the exposure of people to the virus.	Conduct relevant training remotely. Briefing of Volunteers on COVID-19 preventive measures. Kenya Gov authorization for the implementation of activities during lockdowns. Suspension of any activity that may require gatherings.

B. Operational strategy

Overall Objective

To reduce the incidence of yellow fever and Chikungunya through intensified prevention and control activities at the household and community level to reach 450,000 people in Isiolo, Wajir, Baringo, Elgeyo Marakwet, and West Pokot Counties.

Proposed strategy

Kenya Red Cross strategy is based on working directly through the existing community structures and in coordination with local authorities and the county department of Health. The strategy will involve comprehensive work, starting with actions to train Community Health Volunteers (CHV) and Red Cross volunteers on prevention and control measures. The information will then be propagated to the vulnerable populations through awareness-raising and community-based campaigns. Other actions that will be performed include vector control initiatives, active case search, referrals, and support for health facility vaccinations and MoH-led mass vaccination campaigns. These activities will complement actions performed by the department of health.

Kenya Red Cross will prioritize its actions within this Plan of Action based on figures of the most affected areas, in addition, the branches will promote and coordinate implementation actions through the local capacities and other

collaborative initiatives. All activities will also include preventive measures for COVID-19 and all the MoH protocols on the pandemic.

The interventions will include capacity building of Health Care Workers (HCWs) and Community Health Volunteers, awareness-raising, social mobilization, health promotion, behavior change communication, risk communication, environmental management and or vector control, distribution of mosquito nets targeting the elderly and children under five years as well as support for mass vaccination campaigns. CHVs supported with KRCS volunteers, mostly RCAT members and Community Disaster Committee members (CDMCs), and other key gatekeepers at the community level will be targeted for the training workshops. The training will enhance capacity on health education and promotion, data collection, reporting, monitoring, and evaluation of preventive measures.

Key messages in awareness-raising and social mobilization will be done by the Red Cross volunteers and community health volunteers and will focus on preventive measures, detection of signs and symptoms at the community level, and referral of suspected cases. They will reach households in the affected areas through door-to-door visits and the use of a PA system to disseminate key messages including symptoms description, protective measures to prevent mosquito bites, and household measures to eliminate the vector. To reach a larger population, communication campaigns on the local radio stations will also be used. IEC materials will be developed and shared at health facilities, chief's office, and markets among other key strategic areas in the counties.

In addition, the National society which is already active in supporting the Ministry of Health is rolling out Covid 19 vaccination in the target Counties will support vaccination campaigns initiated by the Ministry. The support will involve social mobilization and vaccination outreaches in hand to reach areas.

The KRCS regional offices together with the National technical team will support the teams in the counties and as the need arises, will provide technical supervision, coordination, and procurement of some of the items in the response plan. This operation will take benefit from the experience from CP3 and previous outbreak response and the information available from the CP3 surveillance system, health workers, and community mobilization and behavior on the global epidemic in the country will also provide the basis for the capacity assessment and RCCE approach included in the activities. Kenya Red Cross has limited operations on CBS in the targeted counties, current KRCS capacities are mostly in the CP3 counties and not Isiolo and Wajir. This justifies additional training, capacity assessment, and the below strategic activities.

Strategic axes:

- Risk communication and community engagement (RCCS) and CBHFA are geared toward disease prevention and control.

This will be done by awareness creation through door-to-door visits and use of public address systems (megaphones), radio talk shows, and distribution of IEC material on yellow fever and Chikungunya prevention and control.

- Environmental management campaigns include household cleaning, fumigation, vegetation, surface water, and waste management campaign to eradicate mosquito breeding sites.
- Procurement of and distribution of 5,000 mosquito nets to vulnerable groups in the community.
- Active case finding (through volunteer Community-Based Surveillance (CBS) implementation where CBS may not be available) and referral to health facilities by Community Health Volunteers.
- Support for mass vaccination for yellow fever through community education and sensitization.
- Feedback and documentation of key lessons learnt.

The National society using its capacity will implement the following activities to help reduce the spread:

- Training of 100 health workers on early detection and reporting, standard case definition and management protocol, a 2-day training. To include Isiolo and Wajir counties. The health care workers will be identified and selected by MoH from the facilities where vaccinations and other YF responses will be taking place. Selection will be based on health workers' capacity/experience through a Curriculum selection of a mix of HW who routinely manage patients at the facilities. Their training is diverse – nursing, clinical medicine, pharmacy, etc – most are diploma-level managers, and a smaller proportion is graduates.

For this purpose, MoH has a curriculum list that is under review by KRCS, and finalization by next week will support training. It should be noted that the 2-day training is for sensitization purposes as the selected participant will already have a technical basis and MoH will support a separate clinical training for YF at separate funding. These are also tools already approved in earlier outbreaks and this time is only a review to add new information on the virus epi.

- Training of 150 Red Cross Volunteers on ECV and CBHFA, active case finding (through light CBS implementation where CBS may not be available), RCCE on prevention and control of Yellow fever and Chikungunya in the 5 high-risk counties.
- Training of 150 Red Cross Volunteers on CEA in the 5high-risk counties.
- Conduct institutional capacity assessment for health facilities within the target areas in Isiolo and Wajir counties where we have an outbreak. This activity will support MoH on identifications in these counties and hence not Red Cross-led. The outcome will be the basis of MoH health facility-based response activities. This assessment will allow us to inform the strategy and get a complete understanding of what it is already done to cover the risk, avoid duplication and develop a training and deployment plan which fits the current needs and gaps.
- Conduct community risk assessment survey in Isiolo and Wajir.
- Mapping out of breeding sites by CHVs, RCVs and community members.
- Conduct integrated community assessment surveys in the five high-risk counties.
- Facilitate community engagement and risk communication by CHVs and RCVs through door-to-door sensitization, use of megaphones, Printing, and dissemination of IEC materials. The printing will depend on the messages, the area, and the RCCE approach. for the moment 3 formats will be printed in each sub-counties (flyers, posters, and banners/t-shirt for the vaccination campaign. IEC will support the diffusion of key messages chosen from MoH standard messages developed with WHO.
- Facilitate environmental management campaigns by CHVs, RCVs, and community members through house cleaning, fumigation and surface water, household water, vegetation management, and waste management.
- Purchase of Public Address system (Megaphones with messages) for Isiolo and Wajir for community awareness creation.
- Facilitate four (4) radio campaigns in Isiolo and Wajir on Yellow fever and Chikungunya diseases' prevention and protection.
- Procure and distribute 5,000 mosquito nets targeting, as per WHO recommendation, people who may rest during the day and for effectiveness, nets will be impregnated. Post-distribution monitoring will inform if beneficiaries are using (and know) the impregnated nets.
- Procurement of personal protective and fumigation equipment and chemicals.
- Support social mobilization for mass vaccination in the 5 of the 11 counties targeted for vaccination in hard-to-reach areas.
- Manage and respond to community feedback, including rumors, questions, suggestions, etc
- Conduct 3 review meetings for effective and efficient response. These are joint meetings with MoH and partners to track the implementation of activities. The first month is covered by the briefing on the response and the coordination and harmonization sessions with the partners, during the remaining 3 months the SN will hold update meetings which will serve to adjust the response according to the actions and the development of the epidemiological situation
- Coordination with CP3 operation to ensure a more practical and effective transition from emergency to resilience approach and make sure we take into consideration the operational learnings and data from the
- Support to national, regional, and county coordination and supervision activities.

Protection and Gender Inclusion (PGI)

To preserve the dignity of the affected population KRCS aims to mainstream protection, gender, and inclusion into all interventions. KRCS will ensure inclusion is incorporated throughout the response by ensuring priority is given to persons with disabilities and older persons. Registration documents will specifically include categories for PWDs, age, and gender to ensure these categories are identified and prioritized. Respective groups will be provided with information on safe referral pathways for any cases to enhance accessibility to services within the shortest time possible. KRCS have already tools for the referral system to be used. Sensitization on prevention and response to Sexual Gender-Based Violence (SGBV) will be incorporated in existing sensitization platforms through health-related interventions.

Community Engagement and Accountability (CEA)

KRCS will mainstream CEA through the active seeking of feedback through the volunteer networks already established. KRCS also has an existing toll-free line where communities can share their feedback or complaints. KRCS will continue to publicize the existence of the toll-free line to ensure as many people as possible are aware of platforms where they can channel their issues. In addition, KRCS has an email address open to volunteers and staff to share their complaints and feedback with the management. Other platforms that will be utilized will include community gatherings in affected areas. Through these channels, KRCS will ensure that community issues are addressed in the shortest time possible and that there will be frameworks for finding community-led solutions to preventing the spread of these diseases or identification of cases and participation mechanisms that will be used to involve different community groups.

Operational support services

Human resources: For the planned actions, the National Society will mobilize its RCAT and CDMCs in the affected community to support the department of health in the implementation of the Plan of Action. KRCS Staff will be involved directly to support the operation. A minimum of 150 volunteers will be activated to implement the activities.

Logistics and supply chain: The National Society has its structure for procurement of goods and services, with defined procedures, which for the most part is compatible with the International Federation of the Red Cross. All purchases planned by the National Society in the Plan of Action will be done locally.
Due to the KRCS volunteers' participation, the Plan of Action includes volunteer allowances and include PPEs, alcoholic hand rubs and transportation allowances during community activities. The society also has its own structures for the storage of items and materials related to the project.

Information technologies (IT): The monitoring/surveillance of the situation and vector control activities will be performed through the department of health. KRCS will also use mobile data collection and social media platforms to support monitoring and evaluation and community sensitization.
Communications: The National Society has a dissemination and communication unit which will be covering the project actions and providing information so that the media can disseminate Red Cross actions both internally and externally. The Program Manager will maintain a close work relationship and share information with the Communication Officer on the project to conduct a massive communications campaign.

Security: Most staff and volunteers have undertaken the necessary safety and security training thus enhancing their safety and security during the operation. The society will also use the existing robust security structures within and outside the society.

Planning, monitoring, evaluation, & reporting (PMER): The Program Manager shall ensure the implementation of the Plan of Action through the regional and county branch teams, making sure that a report for the first month and an end-of-operation report are submitted to appropriate partners. The monitoring, evaluation, accountability, and learning department will support the response to ensure accountability, enhanced community, and stakeholder engagement, and proper monitoring, evaluation, and reporting following the developed log frame of implementation. 2 missions are planned for the program manager to support monitoring and could be adjusted depending on the most needed period or NS request.

Administration and Finance: The Kenya Red Cross Society has a permanent administration and finance system which ensures the proper use of financial resources following conditions laid down in the Memorandum of Understanding between the National Society and IFRC. Financial resources will be managed according to National Society and IFRC regulations. In addition, the National Society's procedures will be applied to the justification of the expenses process and will be done according to the DREF guidelines.

C. DETAILED OPERATIONAL PLAN

Health

People targeted: 450,000 people
Male: 234,000
Female: 216,000
Requirements (CHF): 172,424

Needs analysis: The country has prioritized several measures for implementation, with a request for support made to Kenya Red Cross to enable implementation of response activities at the community level across the sub-counties majorly through the community health strategy teams (CHVs, CHAs, PHOs, and CHSFPs). This will also be integrated with COVID-19 prevention messages. Prevention actions will be conducted in the affected community in the 5 counties.

Risk analysis: the context is conducive for other concomitant vector-borne diseases outbreaks (Dengue, malaria) in the upcoming three months in the affected areas. Preventive measures need to be accelerated to reduce the impact of the spread of the two vector-borne diseases (yellow fever and chikungunya that share the same vector – Aedes mosquito).

Population to be assisted: 450,000 people in 5 counties.

Programme standards/benchmarks: Kenya's ministry of Health plan will be followed by World Health Organization guidelines on those diseases.

P&B Output Code																	
	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of monitoring plan developed (01)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of monitoring and coordination meeting held (04) #of counties covered by the institutional capacity and community risk assessment (02)															
	Activities planned Week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
AP022	Support inception meetings to introduce the response																
AP022	Mapping out of breeding sites by CHVs, RCVs and community members																
AP022	Conduct institutional capacity assessment for health facilities within the target areas in Isiolo and Wajir.																
AP022	Conduct community risk assessment survey(to check community level prevention status)n Isiolo and Wajir.																
AP022	identification of partners, establishing of referral pathways																
AP022	Mapping out of breeding sites by CHVs, RCVs and community members.																
	Health Output 1.2: Target population is provided with preventive measures	# of community members reached through social mobilization (450,000 indirect) # percentage of community members vaccinated during vaccination outreaches (minimum 20%)															
	Activities planned Week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
AP021	Facilitate community engagement and risk communication by CHVs and RCVs through door-to-door sensitization, use of Public Address System and dissemination and distribution of IEC materials.																

AP021	Facilitate environmental management campaigns by CHVs, RCVs and community members through house cleaning, fumigation and surface water, household water, vegetation management and waste management.																
AP021	Drafting of messages for volunteers to provide information on referrals, and monitor the referrals																
P&B Output Code	**Health Outcome 4: Transmission of diseases of epidemic potential is reduced**	#of population reached with health promotion (450,000 people) #of health workers trained on early detection and reporting, standard case definition and management protocol includes Isiolo and Wajir counties (100person) #of distributed IEC materials #of Community Health Volunteers trained on prevention and control of yellow fever and chikungunya and other vector-borne diseases in Isiolo and Wajir counties (100) #of trained Red Cross Volunteers on prevention and control of yellow fever and chikungunya and other vector-borne diseases in Isiolo, Wajir counties (150). #of counties reached by community engagement and risk communication by CHVs and RCVs through door-to-door sensitization and dissemination and distribution of IEC materials (05) #of radio campaigns done on Yellow fever and Chikungunya diseases' prevention and protection (04)															
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population																
	Activities planned Week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
AP021	Training of 150 health workers on early detection and reporting, standard case definition and management protocol, a 2-day training. To include Isiolo and Wajir counties																
AP021	Training of 100 health workers on early detection and reporting, standard case definition and management protocol, a 2-day training. To include Isiolo and Wajir counties.																
AP021	Training of CHVs and RCVs on active case finding (through light CBS implementation where CBS may not be available), risk communication, community engagement, social mobilization on prevention and control of yellow fever and chikungunya prevention and control of Yellow fever and Chikungunya																
AP021	Drafting of messages for volunteers to provide information on referrals, and monitor the referrals																
AP022	Facilitate community engagement, feedback collection from te house-to-house visits, risk communication and active case finding (through light CBS implementation where CBS may not be available) by CHVs and RCVs through door-to-door sensitization, use of Public Address System and dissemination and distribution of producing booklets or flipcharts materials.																
AP022	Purchase of mega phones for large community messaging for Public Address system																
AP022	Facilitate 4 Radio campaigns on prevention and control to cover 450,000 people																
AP022	Production and distribution of IEC materials																

P&B Output Code	Health Output 4.2: Vector-borne diseases are prevented								#of mosquito nets distributed and monitored for use (5000) **#of PDM conducted (01)**									
	Activities planned Week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
AP021	5,000 mosquito nets are distributed to selected households and daycare centers with appropriate usage information																
AP021	Mosquito nets post-distribution survey																

Water, sanitation, and hygiene

People targeted: 450,000 people
Male: 234,000
Female: 216,000
Requirements (CHF): 15,470

Needs analysis: Currently, the region is experiencing some rains which might be favorable for the vector's proliferation because rains may be heavy for a short time or intermittent, which fosters the growth of *Aedes aegypti* larvae in natural reservoirs or discarded containers. This situation requires measures to eliminate the vector at various stages. Activities to be conducted: Mapping out of breeding sites in the two counties; Environmental management in the villages and breeding sites; Procurement of personal protective and fumigation equipment and chemicals.

Population to be assisted: Prevention actions will be conducted in the affected community in Isiolo and Wajir counties targeting a minimum of 500,000 people.

Programme standards/benchmarks: Kenya's ministry of Health plan will be followed by World Health Organization guidelines on those diseases.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities																	#of people reached with fumigation/spraying (at least 204,168 people)
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities																	#of Fumigation of breeding sites (minimum 5) #Red Cross branches participate in breeding site elimination and environmental cleaning (02)
	Activities planned Week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	
AP030	Support community based social mobilization on vector born disease prevention strategies																	
AP030	Procurement of personal protective and fumigation equipment and chemicals																	

AP030	Support community mobilization on surface water management during rainy season for reducing vectors breeding opportunities																
AP030	Breeding site elimination and community environmental health promotion (Vector control)																
AP030	Community cleanup and waste disposal - Activities for community mobilization on surface water management during rainy season for reducing vectors breeding opportunities																
AP030	Facilitate environmental management campaigns by CHVs, RCVs and community members through house cleaning, fumigation and waste management																

Strategies for Implementation

Requirements (CHF): 24,959

P&B Output Code	**Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.**	*#of volunteers insured (150)* *# of personal CHVs and volunteers receiving protective equipment (for Isiolo and Wajir) (340 person)*
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	

	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that the volunteers are insured																
AP040	Provide complete briefings on staff and volunteers' role and risks they face																
AP040	*Provide effective personal protective equipment to CHVs and volunteers (for Isiolo and Wajir)*																
AP040	Volunteers receive security briefing and SGBV and RCCE briefing to volunteers and staff																
AP040	Ensure volunteers' safety and wellbeing																

P&B Output Code	**Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place**	*#of visibility material produced (05)* *#of lesson learned workshop conducted (01)*

	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP042	Provide for office stationery and administrative costs to meet clerical needs of the operation																	
AP042	Conduct monitoring missions by HQ and Branch staff																	
AP042	Communication and media relations																	
AP042	Participation in coordination mechanisms																	
AP042	Conduct lessons learnt workshop																	
P&B Output Code	**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved**	*#of volunteers trained on CEA (in Isiolo and Wajir)= 100* *#of CEA feedback mechanism or platforms established (02)* *# and type of methods established to collect feedback and complaints from the community* *% of operation complaints and feedback received and responded to by the National Society*																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP084	Conduct a training for Volunteers on CEA																	
AP084	Determine and put in place the best communication channel																	
AP084	Manage and respond to community feedback, including rumours, questions, suggestions, etc.																	
P&B Output Code	**Outcome S2.1: Effective and coordinated international disaster response is ensured**																	
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	*#of IFRC monitoring visits (02)*																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP049	IFRC Monitoring visits (2) –Nairobi regional visits																	

Funding Requirements

The required amount for implementation of this EPoA is CHF 212,853 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRKE050 - KENYA - DENGUE FEVER RESPONSE

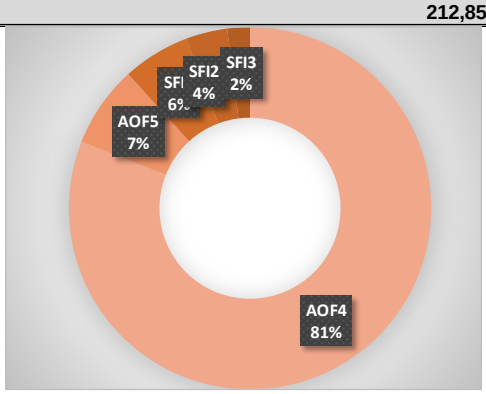
11/03/2022

Budget by Resource

Budget Group	Budget
Clothing & Textiles	14,123
Medical & First Aid	20,175
Teaching Materials	45,370
Relief items, Construction, Supplies	**79,667**
Distribution & Monitoring	2,421
Logistics, Transport & Storage	**2,421**
National Society Staff	40,027
Volunteers	19,818
Personnel	**59,845**
Workshops & Training	47,048
Workshops & Training	**47,048**
Travel	1,600
Office Costs	4,277
Communications	4,035
Financial Charges	968
General Expenditure	**10,881**
DIRECT COSTS	199,862
INDIRECT COSTS	12,991
TOTAL BUDGET	**212,853**

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	172,424
AOF5	Water, Sanitation and Hygiene	15,470
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	12,770
SFI2	Effective International Disaster Management	7,892
SFI3	Influence others as leading strategic partners	4,297
SFI4	Ensure a strong IFRC	
	TOTAL	**212,853**



Reference documents

Click here for:

A. Previous Appeals and updates
B. Emergency Plan of Action (EPoA)

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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 (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.