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## Emergency Plan of Action operation update

### Kenya: Epidemic (Cholera)



|   |  |
|---|--|
| <b>DREF n°</b> MDRKE033   | <b>GLIDE n°</b> EP-2015-000013-KEN                                       |
| <b>EPoA update n°</b> 1   | <b>Period covered by this update:</b> 24 February to 23 May 2015.        |
| <b>Operation start date:</b> 31 January 2015  | <b>Operation timeframe:</b> 5 months (New end date: 23 July 2015)        |
| <b>Overall operation budget:</b><br>Original allocation: CHF 109,877<br>Additional allocation n° 1: CHF 75,317<br>Total allocation: CHF 185,194   | Total estimated Red Cross and Red Crescent response to date: CHF 185,194 |
| <b>N° of people being assisted:</b> 496,399 people (82,734 households) - <i>Additional 176,665 beneficiaries (72,132 households) in Mombasa, Nairobi and Nakuru counties.</i>   |  |
| <b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> British Red Cross, International Federation of Red Cross and Red Crescent Societies and Kenya Red Cross Society.              |  |
| <b>Other partner organizations actively involved in the operation:</b> Lake Victoria North Water Services Board, Médecins Sans Frontières, Ministry of Health, Plan Kenya, United Nations Children's Fund, and World Vision |  |

**Request for extension of timeframe by two months (New end date: 23 July 2015); and an additional allocation of CHF 75,317 to expand the activities planned into Mombasa, Nairobi and Nakuru counties following an increase in cases in these areas. An additional 176,665 beneficiaries (72,132 households) in Mombasa, Nairobi and Nakuru counties will be reached.**

<click [here](#) for the revised DREF budget and [here](#) to view contact details>

## A. Situation analysis

### Description of the disaster

On 3 February 2015, the Director of Medical Services in Kenya issued a cholera outbreak alert following an increase in cases of Acute Watery Diarrhea (AWD) in several counties in the country. Epidemiologic investigations conducted by the Ministry of Health's (MoH) Disease Surveillance and Response Unit (DSRU) and the Field Epidemiology and Laboratory Training Programme (FELTP) confirmed cholera outbreaks in Homa Bay, Migori and Nairobi counties. On 24 February 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 109,877 from the Disaster Relief Emergency Fund (DREF) to support the Kenya Red Cross respond to the needs of the affected population. The [DREF operation](#) was intended to support 319,734 people (53,290 households) in Homa Bay and Migori counties, with health and care, water, sanitation and hygiene promotion activities; over a period of three months. Even though the epidemic has to an extent been stabilized in Homa Bay and Migori counties (As of 5 May 2015, the to the Ministry of Health (MoH) Cholera situation report indicated that no cases had been reported in these counties for 10 days); there has been increased cases reported across the country. As of 26 May 2015, 3,459 cases and at least 72 deaths attributed to cholera have been reported across Kenya (MoH), with poor sanitation, especially in slums the major contributing cause.

**Table 1: MoH Cholera Epidemic SitRep – 26 May 2015**

| County       | Number of cases reported | Number of deaths | Case fatality rate (%) |
|--------------|--------------------------|------------------|------------------------|
| Bomet        | 272                      | 2                | 1.5                    |
| Embu         | 144                      | 3                | 0.7                    |
| Homa Bay     | 419                      | 5                | 1.4                    |
| Kiambu       | 80                       | 2                | 2.5                    |
| Kirinyaga    | 253                      | 0                | -                      |
| Migori       | 915                      | 12               | 1.3                    |
| Mombasa      | 131                      | 9                | 6.8                    |
| Muranga      | 585                      | 4                | 0.7                    |
| Nairobi      | 425                      | 19               | 4.5                    |
| Nakuru       | 235                      | 16               | 6.8                    |
| <b>TOTAL</b> | <b>3,459</b>             | <b>72</b>        | <b>2.91</b>            |

This Operations update is requesting to extend the timeframe by two months; and an additional allocation of CHF 75,317 to expand the activities planned, specifically in the area of social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion, into Mombasa, Nairobi and Nakuru counties which have been especially affected (number cases and/or case fatality rate) an increase in cases in these areas. An additional 176,665 beneficiaries (72,132 households) in Mombasa, Nairobi and Nakuru counties will be reached. The DREF operation will end on 23 July 2015, and a final report will be made available on 23 October 2015 (Three months after the end of the DREF operation).

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

## Summary of current response

### Overview of Host National Society

At the onset of the epidemic, the KRCS response team deployed to four staff to Homa Bay and Migori counties; in addition to 104 volunteers, which were mobilized to cover all the communities that were affected. The KRCS has been mandated by the MoH to conduct social mobilization and hygiene and sanitation promotion. However, due to the overwhelming nature of the outbreak, the MoH has also requested that the KRCS support community level prophylaxis and provide peripheral health facilities with case management supplies. The KRCS volunteers have been sensitized on prevention and control messaging to support community level hygiene promotion; and are also involved in early case identification and contact tracing (including prophylaxis of contacts), as well as distribution of water treatment chemicals and prophylaxis to support the MoH. Two complete cholera kits were deployed to Homa Bay and Migori to support community based prophylaxis of contacts households' case management. Following the increase in cases in other counties, the KRCS has been requested by the MoH to expand its response.

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

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

through this DREF operation. The ICRC regional delegation in Nairobi also serves as a hub for operations in Eastern and Central African countries.

### Overview of non-RCRC actors in country

Other partner organizations involved in the cholera outbreak response include the Ministry of Health (MoH), Médecins Sans Frontières (MSF), Plan Kenya, Lake Victoria North Water Services Board (LVNWSB), United Nations Children's Fund (UNICEF) and World Vision. In collaboration with these partners, coordination mechanisms were initiated at national as well as county and sub-county levels. Several coordination meetings were held at county and sub-county levels to deploy joint assessments teams, develop response plans and allocate resources. The MoH has been leading the response at both county and national level, with support from other partner organizations. UNICEF contributed supplies, comprising medical, water, sanitation and hygiene promotion (WASH) items, to the government health facilities, as well as through KRCS and LVNWSB. On 21 May 2015, a national stakeholder meeting was carried out to review the strategies and mobilise resources for a national response.

## Needs analysis and scenario planning

### Needs Assessment

Joint assessments have been conducted by KRCS and the MoH in all at risk counties as new cases have been reported with the following priorities identified: Water Sanitation and Hygiene interventions, Early Identification of cases, Contact Tracing and Prophylaxis, Community and Facility Based Case Management, Laboratory Community Mobilization and Advocacy, Communication and Social Mobilization (ACSM) and Coordination. Sub-counties and sub-locations in Homa Bay and Migori counties were prioritized at the onset of the epidemic, and this has since been extended to include those in Mombasa, Nairobi and Nakuru counties. Following an analysis of the activities planned by the MoH and other humanitarian organizations in Mombasa, Nairobi and Nakuru counties, it has been identified that remains gaps in social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion; and as such this will be addressed through the revision of this DREF operation.

**Table 2: Cholera Epidemic: At risk populations**

| County           | Sub-county        | Population (CIDP 2015) | Population affected |
|------------------|-------------------|------------------------|---------------------|
| Homa Bay         | Ndhiwa            | 200,082                | 172,212             |
|                  | Homa Bay Township | 105,079                | 94,660              |
| <b>SUB TOTAL</b> |                   | <b>305,161</b>         | <b>266,872</b>      |
| Migori           | Rongo             | 126,309                | 79,856              |
|                  | Awendo            | 143,099                | 96,173              |
|                  | Nyatike           | 115,135                | 96,258              |
|                  | Migori            | 240,249                | 151,097             |
|                  | Uriki             | 145,408                | 90,202              |
| <b>SUB TOTAL</b> |                   | <b>770,200</b>         | <b>513,586</b>      |
| Mombasa          | Likoni            | 192,569                | 142,501             |
| <b>SUB TOTAL</b> |                   | <b>192,569</b>         | <b>142,501</b>      |
| Nakuru           | Nakuru Town East  | 172,013                | 115,249             |
|                  | Nakuru Town West  | 177,560                | 118,965             |
| <b>SUB TOTAL</b> |                   | <b>349,573</b>         | <b>234,214</b>      |
| Nairobi          | Kibera            | 178,284                | 124,799             |
| <b>SUB TOTAL</b> |                   | <b>178,284</b>         | <b>124,799</b>      |
| <b>TOTAL</b>     |                   | <b>1,795,787</b>       | <b>1,281,972</b>    |

It is expected that 496,399 beneficiaries (82,734 households) will be reached in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties, which equates to approximately 40 per cent of the affected population (*refer to table 2: Cholera Epidemic: At risk populations*). The beneficiary selection criteria for household level support will be those that have one or more members reporting a cholera case, as well as those at risk households drawn from villages reporting cholera cases and adjacent ones sharing common water supply sources and markets. In addition, KRCS will ensure that the DREF operation is aligned with the IFRC's commitment to realize gender equality and diversity,

by adapting a beneficiary selection criterion that targets female headed-households, people with disabilities among others. Other aspects considered will include prevention of sexual violence and gender-based violence, and the protection of children.

### **Risk Assessment**

In Homa Bay and Migori counties the epidemic has to an extent stabilized as a result of the concerted and joint efforts by all organizations operating in these areas, ranging from health promotion, ACSM, Case management, laboratory analysis, contact tracing and disease surveillance teams. However, new cases are being reported across the country, with slums of Mombasa, Nairobi and Nakuru counties worst affected, and there is risk that the situation will worsen as the population in these areas are vulnerable to person to person infection due to the dense living conditions.

## **B. Operational strategy and plan**

### **Overall Objective**

Contribute to the prevention and control of the cholera epidemic in the Homa Bay and Migori counties, targeting 816,133 beneficiaries / 136,024 households, through provision of safe water, hygiene promotion and social mobilization with partners

*\*Additional 496,399 people (82,734 households) in Mombasa, Nairobi and Nakuru counties.*

### **Proposed strategy**

As per the agreed strategy, the following activities were prioritized within this DREF operation for implementation in Homa Bay and Migori counties:

- Joint assessments were planned in collaboration with MoH personnel to establish cholera related indicators at community level; and expected to focus on establishing prevailing communities specific cholera related risk factors. It was intended that this would enable targeted messaging and provide for routine monitoring.
- KRCS volunteers would receive training on response against the cholera outbreak using the Epidemic Control for Volunteers manual (104), in order to strengthen their capacity in advocacy communication, social mobilization for hygiene promotion and sanitation, disinfection of facilities, early detection and treatment at household level, prophylaxis and referral, contact tracing, cholera surveillance and supervision. Each training was budgeted at CHF 46 per volunteer, which comprised costs for MoH facilitators, refreshments, transport, venue hire and stationery. Of these volunteers, 60 would be equipped with protective items (gloves and boots); along with 10 supervisors to support the management of cholera cases.
- Two complete cholera kits were to be deployed to the affected areas to support the management of cholera cases. KRCS volunteers would then sensitize communities on the proper use of Oral Rehydration Solutions (ORS) and Zinc. The KRCS volunteers would then support the MoH in active case finding and contact tracing and referral at community level.
- Water supply sources would be chlorinated (300) in Homa Bay and Migori, which were to be carried out in collaboration with county public health officers.
- Promotion of prevention and control measures household were to be carried out through the distribution of disinfectants and soap (Lysol 6% and sodium hypochlorite 3.5% will be used).
- Community and household level social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion would be carried out. KRCS volunteers were expected to conduct sensitization sessions at public barazas, in schools and through house to house visits. School hygiene promotion clubs were also to be established. Posters (5,000) translated to locally used languages were to be used as well as radio spots on local radio stations to support awareness raising / sensitization campaigns on the prevention and control of cholera. In addition, KRCS volunteers would provide demonstrations on proper hand washing at four critical times. It was intended that the community-based health and first-aid (CBHFA) approach would be used to organize the community, especially regarding hygiene and sanitation.
- The DREF operation would also support coordination mechanisms at sub-county, county and national level cholera response teams.
- Operational review/lessons learned exercise was planned, which will be used to inform future operations; and CHF 4,500 was budgeted for this.

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

Through this operations update, the KRCS now intends to expand the DREF operation into the Mombasa, Nairobi and Nakuru counties, specifically focusing on the prevention and control of cholera through social mobilization, and make the following revisions to the operational strategy:

- KRCS volunteers will receive training on response against the cholera outbreak using the Epidemic Control for Volunteers (ECV) manual (199) (Bomet (25), Homa Bay (35), Migori, (69), Mombasa (20), Nairobi (20) and Nakuru (30)). Bomet County where the epidemic has since stabilized has received ECV training; and the additional allocation will reimburse the expenditures incurred.
- Community and household level social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion will be expanded into Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties. An additional 176,665 beneficiaries (72,132 households) will be reached through community level activities; and 22,083 beneficiaries (3,681 households) through household level activities in the Mombasa, Nairobi and Nakuru counties. In total, 496,399 beneficiaries (82,734 households) will now be reached across Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties.
- Additional CHF 1,500 budgeted for the operational review/lessons learned exercise to include a representative from a National Society involved in cholera operations in West Coast.

As noted, the activities planned in Mombasa, Nairobi and Nakuru counties will be limited to social mobilization and sensitization activities related to cholera prevention, control and hygiene promotion as other areas are being covered by the MoH and other humanitarian organizations; and support the DREF operation will complement these interventions. The DREF operation will also support coordination mechanisms at sub-county, county and national level cholera response teams.

## **Operational support services**

### **Human resources**

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

- 179 volunteers from the Homa Bay (35), Migori (69), Mombasa (20), Nairobi (20) and Nakuru counties, which will support the implementation of the activities planned within the DREF operation, as indicated in the strategies outlined above. As noted, the KRCS volunteers will receive training on the ECV manual. Each volunteer will receive a per diem per day and support for transportation expenditures incurred; and be issued with protective equipment (boots and gloves). Bomet County will not be considered eligible.
- 10 county level staff from Homa Bay, Migori, Mombasa, Nairobi and Nakuru branches (two per county) will be mobilized to support the implementation of the activities planned within the DREF operation, and issued with an allowance (CHF 8 per day).
- Two NHQ staff will be mobilized to provide dedicated support to county level staff and volunteers involved in the DREF operation, specifically in the areas of assessment, coordination and monitoring. Each NHQ staff member will be issued with a per diem (CHF 58 per day) for the 25 days deployed to the areas of implementation (five per county), as well as provision for airtime (cell phone).
- 10 drivers (two per county) will be mobilized to assist with the transportation of staff and volunteers to carry out the activities planned within the DREF operation. Each driver will be issued with a per diem (CHF 26 per day) for the days deployed (45 days in Homa Bay and Migori counties; and 30 days in Mombasa, Nairobi and Nakuru counties) to the areas of implementation.
- Four MoH personnel will be engaged in the training of volunteers in the ECV manual, as well as supporting joint assessments in the areas of implementation, supervision of community sensitization, contact tracing and support in active case finding. Each MoH personnel member will receive an incentive (CHF 4 per day) to cover any costs incurred through their participation in the DREF operation.

### **Logistics and supply chain**

Logistics and supply chain support will be in accordance with the operational strategy, with activities planned to include:

- Local procurement of cholera response related NFIs including: Chlorine powder drums (45kg), chlorination pots, disinfection equipment (knapsack sprayers and overalls), Lysol 6% (5 litres) and Sodium Hypochlorite 3.5% (5 litres). In addition, two complete cholera kits have been procured / deployed to Homa Bay and Migori to support volunteers carrying out community based prophylaxis activities. Please note that hand washing kits, jerry cans, soap and water purification chemicals are also being mobilized from Elections Preparedness stocks supported by BRC/DFID/ECHO; and will complement the activities planned within the DREF operation. If items are unavailable, they may be requested from partners on the field or from the IFRC EAIOI regional representation based in Nairobi, Kenya.
- Reception and storage of all items prior to their transportation to the areas of implementation, which is being managed in accordance with KRCS supply chain management rules and regulations.
- Transportation of cholera response related NFIs, as well as staff and volunteers to carry out the activities planned. In addition to this, vehicles mounted with public address system will be used to reach out to the at risk populations with key messages on the prevention and control of cholera. Please note that the areas of implementation (Homa Bay, Migori, Mombasa, Nairobi and Nakuru) are vast, and the communities targeted through the DREF operation are those in the most remote locations – as a result, costs for transportation have been budgeted at CHF 62,989, which equates to approximately 34 per cent of the overall budget, but necessary given the context.

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

Information, communication and technology equipment will be mobilized at both NHQ and county levels to support the effective implementation of the DREF operation; while internet connectivity is expected to enable rapid information sharing. In addition, all vehicles (Land Cruisers) mobilized will also be equipped with radios to ensure communication and coordination between NHQ and county levels. Cell phone airtime has been budgeted for those staff assigned to the DREF operation (CHF 947), as well as NHQ and county level costs incurred for communication (internet) for a period of five months (CHF 2,500).

### **Communications**

Communication and visibility of the DREF operation will be coordinated at NHQ and county level by the Advocacy, Communication and Social Mobilization (ACSM) committees responsible for the design of media messaging. The DREF operation is not expected to incur any costs in media related communications since a local arrangement will be made with the local media stations to support through radio sensitization however communications and visibility materials will be produced, and social media platforms used (both IFRC and KRCS). Community awareness messages be disseminated through IEC materials (12,500 posters and fliers), use of public address systems (mounted on vehicles), and radio broadcasts. Messaging will focus on the prevention and control of cholera, including reducing fear; and will be targeted at various groups within these communities, including key stakeholder groups and opinion leaders. Appropriate information on the unfolding humanitarian situation will be delivered promptly to the KRCS County office(s) and other relevant partners for information and awareness for planning. On 11 February and 30 March 2015, alerts on the epidemic was issued using the IFRC Disaster Management Information System to bring the situation to the attention of Red Cross Red Crescent actors; and provide an update on the response being taken.

### **Security**

The security situation in the areas of implementation has been calm throughout the response; however caution will continue to be taken to ensure that the staff and volunteers involved in the DREF operation are protected. As noted, all volunteers are being provided with protective gears for ease of identification by authorities and members of the community. The KRCS security team through the leadership of the senior management is continuing to monitor the security situation in collaboration with government at national and county levels. At county level, local government authorities are expected to support in provision of security of all responders through the police and security personnel if required. All volunteers involved in the DREF operation will be issued with protective equipment (boots and gloves) to ensure their safety when involved in the activities planned.

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

Continuous monitoring, assurance and coordination of the implementation of the DREF operation will be supported by the NHQ M&E unit, and will focus on compliance with the recognized international standards for humanitarian response (SPHERE), as well as Red Cross Red Crescent principles, and those that guide the Movements operations, specifically related to timeliness in delivery of supplies and services to beneficiaries, management of supplies during storage, accuracy, completeness and timeliness of reporting among others. As of this Operations Update, monitoring missions have been carried out in Homa Bay and Migori counties, and a further mission is planned to Mombasa, Nairobi and Nakuru counties. Please note that these missions comprised representatives from KRCS NHQ, IFRC EAIOI regional representation (regional health coordinator and emergency operations assistant), as well DG ECHO,

and were carried out from 22 – 24 April 2015. As noted, at the end of the DREF operation, operational review/lessons learned workshop will be organized; and expected week commencing 13 July 2015.

## Administration and Finance

The KRCS has a permanent administrative and financial department, which has been providing technical support to ensure proper use of financial resources in accordance with conditions as discussed in the MoU between the National Society and the IFRC. The management of financial resources is carried out according to the procedures of the KRCS and guidelines specific to DREF. Please note that non-compliance with the conditions on the use of the DREF allocation is considered when further requests for DREF allocations are made.

## C. Detailed Operational Plan

### Programming / Areas Common to all Sectors

| Programming / Areas Common to all Sectors   |   |    |                       |
|---|---|----|-----------------------|
| <b>Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation.</b> | Outputs   |    | % of achievement      |
|   | <b>Output 1.1</b> Monitoring of service provision in the areas of intervention.   |    | 75%                   |
|   | <b>Output 1.2</b> The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate.   |    | 0%                    |
| Activities  | Is implementation on time?  |    | % progress (estimate) |
|   | Yes   | No |                       |
| 1.1.1 KRCS Headquarters staff conduct monitoring visits to the areas of intervention  | X   |    | 75%                   |
| 1.2.1 Operational review/lessons learned  | X   |    | 0%                    |
| Progress towards outcomes   |   |    |                       |
| 1.1.1   | As noted, county level monitoring missions were carried out to Homa Bay and Migori counties to ensure the effective implementation of the activities planned with representation from KRCS NHQ, IFRC EAI/OI regional representation and DG ECHO. Additional monitoring missions will be carried out in the Mombasa, Nairobi and Nakuru counties following the expansion of the DREF operation to these areas. |    |                       |
| 1.1.2   | Operational review/lessons learned workshop will be carried out at the end of the DREF operation; and expected week commencing 13 July 2015.  |    |                       |

## Health & care

**Needs analysis:** The MoH and the county governments of Homa Bay and Migori have officially requested for support from KRCS to respond in the areas of community level social mobilization for prevention and control of cholera, provision of medical equipment and supplies to health facilities, as well as surveillance and referral. Following the increase in cases in Mombasa, Nairobi and Nakuru counties, community level social mobilization for prevention and control of cholera will be extended into these areas through this Operations Update.

**Population to be assisted:** In total, 816,133 beneficiaries / 136,024 households in Homa Bay, Migori, Mombasa, Nairobi and Nakuru will be supported.

| Health & care  |                            |   |                       |
|--|----------------------------|---|-----------------------|
| Outcome 1: Immediate risk of cholera to the health of the population is reduced through prevention and control activities in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties over a period of five months   | Outputs                    |   | % of achievement      |
|  | <b>Output 1.1</b>          | Capacity of Kenya Red Cross Society to respond to the epidemic in the affected area is strengthened – restricted to Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties only.                      | 76%                   |
|  | <b>Output 1.2:</b>         | Targeted population (496,399 beneficiaries / 82,734 households) in the affected areas are sensitized in order to improve their hygiene knowledge and practices for prevention and control of cholera. | 74%                   |
|  | <b>Output 1.3:</b>         | Community based cholera management and surveillance systems are established in the affected areas   | 40%                   |
| Activities   | Is implementation on time? |   | % progress (estimate) |
|  | Yes                        | No  |                       |
| 1.1.1. Train volunteers on response against cholera outbreak using the ECV Manual; and use of ORS (Target: 199 volunteers)<br><i>*Additional 95 volunteers in Bomet (25), Mombasa (20), Nairobi (20) and Nakuru (30)</i>   | X                          |   | 100%                  |
| 1.1.2 Procure and equip volunteers and supervisors with protection materials (boots and gloves) (Target: 199 volunteers)<br><i>*Additional 95 volunteers in Bomet (25), Mombasa (20), Nairobi (20) and Nakuru (30)</i>   | X                          |   | 52%                   |
| 1.1.3 Conduct volunteer debriefing sessions  | X                          |   | 40%                   |
| 1.3.4 Conduct awareness raising / sensitization campaigns for cholera prevention and control (Target: 496,399 beneficiaries (82,734 households)<br><i>*Additional 176,665 beneficiaries (72,132 households) in Mombasa, Nairobi and Nakuru counties.</i>   | X                          |   | 74%                   |
| 1.2.1 Conduct house to house visits for cholera prevention and control (Target: 63,606 beneficiaries / 10,602 households)<br><i>*Additional 22,083 beneficiaries (3,681 households) in Mombasa, Nairobi and Nakuru counties.</i>   | X                          |   | 66%                   |
| 1.2.2 Organize weekly local radio sensitization broadcasts (Target: 48 local radio sensitization broadcasts*)<br><i>*Homa Bay (12), Migori (12), Mombasa (8), Nairobi (8) and Nakuru (8).</i>  | X                          |   | 40%                   |
| 1.2.3 Distribution of information, education and communication materials in Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties (Target: 12,500 posters / 2,500 per county)<br><i>*Additional 7,500 information, education and communication materials to be distributed in Mombasa, Nairobi and Nakuru</i> | X                          |   | 40%                   |
| 1.3.1 Procure cholera kits /set up oral rehydration points in the affected areas (Target: Two kits)  | X                          |   | 100%                  |
| 1.3.2 Conduct weekly sensitization/demonstrations on the use of oral rehydration salts.  | X                          |   | 40%                   |
| 1.3.3 Conduct case detection and referral of cases to nearest health facilities  | X                          |   | 40%                   |
| <b>Progress towards outcomes</b>   |                            |   |                       |

- 1.1.1 In total, 199 volunteers (Bomet (25), Homa Bay (35), Migori, (69), Mombasa (20), Nairobi (20) and Nakuru (30) have received training on the response against cholera outbreak using the ECV Manual and use of ORS, which equates to 100 per cent of the intended target (199); and as such progress is also 100 per cent.
- 1.1.2 In total, 104 volunteers have been equipped with protection materials (boots and gloves), which equates to 100 per cent of the target in the agreed EPoA (104); however following the expansion of the DREF operation into Mombasa, Nairobi and Nakuru an additional 95 volunteers Bomet (25), Mombasa (20), Nairobi (20) and Nakuru (30) will also be equipped.
- 1.1.3 Debriefing of volunteers has been carried out in Homa Bay and Migori counties; and will now be carried out in Mombasa, Nairobi and Nakuru counties following the expansion of the DREF operation.
- 1.1.4 In total, 368,354 people have been reached with awareness raising / sensitization campaigns for cholera prevention and control in Homa Bay and Migori counties, which equates to 115 per cent of the target in the agreed EPoA (319,734); however following the expansion of the DREF operation into Mombasa, Nairobi and Nakuru, an additional 176,665 beneficiaries (72,132 households) will now be reached (New target: 496,399 beneficiaries / 82,734 households).
- 1.1.5 In total, 42,000 beneficiaries (7,000 households) have been reached through house to house visits for cholera prevention and control, which equates to 101 per cent of the intended target in the agreed EPoA (41,523); however following the expansion of the DREF operation into Mombasa, Nairobi and Nakuru, an additional 22,083 beneficiaries will now be reached (New target: 63,606 beneficiaries / 10,602 households).
- 1.2.1 In total, 24 weekly radio sensitization presentations were broadcast in Homa Bay and Migori counties (12 per county); and will now be carried out in Mombasa, Nairobi and Nakuru counties following the expansion of the DREF operation. As of this Operations Update, no information has been collected on the number of people reached through the radio sensitization presentations and as such is not reported. Please note that the intended target for this activity has been revised to 48 radio sensitization presentations (Homa Bay (12), Migori (12), Mombasa (8), Nairobi (8) and Nakuru (8).
- 1.2.2 In total, 5,000 IEC materials (flyers and posters) were distributed in Homa Bay and Migori counties (2,500 per county), which equates to 100 per cent of the intended target in the agreed EPoA (5,000); however following the expansion of the DREF operation into Mombasa, Nairobi and Nakuru counties an additional 7,500 will be distributed.
- 1.3.1 Two cholera kits were procured and delivered to sites in Homa Bay and Migori counties, which equates to 100 per cent of the intended target (Two); and as such progress is also 100 per cent.
- 1.3.2 Weekly sensitization/demonstrations on the use of oral rehydration salts have been carried out in Homa Bay and Migori counties; and will now be carried out in Mombasa, Nairobi and Nakuru counties following the expansion of the DREF operation. Please note that the number of sensitization/demonstrations, and beneficiaries reached through these activities will be included in the final reporting.
- 1.3.3 Case detection and referral of cases to nearest health facilities have been carried out in Homa Bay and Migori counties; and will now be carried out in Mombasa, Nairobi and Nakuru counties following the expansion of the DREF operation. Please note that the number of referrals will be included in the final reporting.

## **Water, sanitation, and hygiene promotion**

**Needs analysis:** In Homa Bay and Migori there is a need to provide the affected population with safe water supply and hygiene promotion activities in order to reduce the risk of cholera. Following the increase in cases in Mombasa, Nairobi and Nakuru counties, hygiene promotion activities in order to reduce the risk of cholera will be extended into these areas through this Operations Update.

**Population to be assisted:** In total, 816,133 beneficiaries / 136,024 households in Homa Bay, Migori, Mombasa, Nairobi and Nakuru will be supported.

| Water, sanitation, and hygiene promotion   |  |    |                       |      |
|--|--|----|-----------------------|------|
| Outcome 1: Immediate risk of cholera is reduced through the provision of safe water supply and hygiene promotion in the Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties over a period of three months | Outputs  |    | % of achievement      |      |
|  | <b>Output 1.1:</b> Target population in the affected area is provided with access to safe drinking water supply (Target: 319,734 beneficiaries / 53,290 households) - Homa Bay and Migori counties only  |    | 100%                  |      |
|  | <b>Output 1.2:</b> Target population in the affected areas are provided with hygiene promotion activities, which meet Sphere standards – Homa Bay, Migori, Mombasa, Nairobi and Nakuru counties (Target: (496,399 beneficiaries / 82,734 households)   |    | 74%                   |      |
| Activities   | Is implementation on time?   |    | % progress (estimate) |      |
|  | Yes  | No |                       |      |
| 1.1.1  | Distribution of water purification chemicals to affected households (from Elections Preparedness stocks supported by BRC/DFID/ECHO).   | X  |                       | 100% |
| 1.1.2  | Distribution of jerry cans to improve safe water storage to affected households (from Elections Preparedness stocks supported by BRC/DFID/ECHO).   | X  |                       | 100% |
| 1.1.3  | Distribution of chlorine to carry out disinfection of water supply source (shallow wells, springs, major storage tanks).   | X  |                       | 100% |
| 1.1.4  | Chlorination of water supply sources (Target: 300 water sources).  |    | X                     | 16%  |
| 1.2.1  | Distribution of soap to affected households (from Elections Preparedness stocks supported by BRC/DFID/ECHO).   | X  |                       | 100% |
| 1.2.2  | Conduct hygiene promotion campaign targeting hand washing at key times promoted through demonstration at market, schools and other public places (Target: 496,399 beneficiaries (82,734 households)<br><br><i>*Additional 176,665 beneficiaries (72,132 households) in Mombasa, Nairobi and Nakuru counties.</i> | X  |                       | 74%  |
| 1.2.3  | Conduct house to house visits for hygiene promotion cascading using the PHASTER methodology (Target: 63,606 beneficiaries / 10,602 households)<br><br><i>*Additional 22,083 beneficiaries (3,681 households) in Mombasa, Nairobi and Nakuru counties.</i>  | X  |                       | 66%  |
| 1.2.4  | Establishment of school hygiene promotion clubs in schools (Target: Two schools).  |    | X                     | 0%   |
| 1.2.5  | Installation of hand washing kits. (From Elections Preparedness stocks supported by BRC/DFID/ECHO).  |    | X                     | 0%   |
| Progress towards outcomes  |  |    |                       |      |
| 1.1.1  | In total, 42,000 beneficiaries (7,000 households) have been reached at household level with water purification chemicals (sourced from Elections Preparedness stocks supported by BRC/DFID/ECHO) in the Homa Bay and Migori counties.  |    |                       |      |
| 1.1.2  | In total, 42,000 beneficiaries (7,000 households) have been reached at household level with jerry cans to improve safe water storage (sourced from Elections Preparedness stocks supported by BRC/DFID/ECHO) in the Homa Bay and Migori counties.  |    |                       |      |
| 1.1.1  | Chlorine to carry out disinfection of water supply source (shallow wells, springs, major storage tanks) has been distributed in the Homa Bay and Migori counties.  |    |                       |      |

- 1.1.2 In total, 50 water supply sources have been chlorinated in Homa Bay and Migori counties, which equate to 16 per cent of the intended target (300), and as such have not been achieved.
- 1.2.1 In total, 42,000 beneficiaries (7,000 households) have been reached at household level with soap (sourced from Elections Preparedness stocks supported by BRC/DFID/ECHO) in the Homa Bay and Migori counties.
- 1.2.2 In total, 368,354 people have been reached with a hygiene promotion campaigns in Homa Bay and Migori counties, which equates to 115 per cent of the target in the agreed EPoA (319,734); however following the expansion of the DREF operation into Mombasa, Nairobi and Nakuru, an additional 176,665 beneficiaries (72,132 households) will now be reached (New target: 496,399 beneficiaries / 82,734 households).
- 1.2.3 In total, 42,000 beneficiaries (7,000 households) have been reached through house to house visits for hygiene promotion cascading using the PHASTER methodology, which equates to 101 per cent of the intended target in the agreed EPoA (41,523); however following the expansion of the DREF operation into Mombasa, Nairobi and Nakuru, an additional 22,083 beneficiaries will now be reached (New target: 63,606 beneficiaries / 10,602 households).
- 1.2.4 School hygiene promotion clubs will be established when the schools reopen for the second term of the academic year (Target: Two schools).
- 1.2.5 No progress reported.

## D. Budget

- Detailed operation budget is attached below.

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## Contact information

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

- **Kenya Red Cross Society:** Abbas Gullet, Secretary General; Phone: +254 20 603 593; +254 20 608 681/12, Fax: +254 20 603 589, email: [gullet.abbas@kenyaredcross.org](mailto:gullet.abbas@kenyaredcross.org)
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### For Resource Mobilization and Pledges:

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Please send all pledges for funding to [zonerm.africa@ifrc.org](mailto:zonerm.africa@ifrc.org)

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

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

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## How we work

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

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

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**Saving lives, changing minds.**



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.

# DREF OPERATION

MDRKE033

2.6.15

DREF grant budget

| Budget Group   |                |
|--|----------------|
| Shelter - Relief                                     | 0              |
| Shelter - Transitional                               | 0              |
| Construction - Housing                               | 0              |
| Construction - Facilities                            | 0              |
| Construction - Materials                             | 0              |
| Clothing & Textiles                                  | 0              |
| Food   | 0              |
| Seeds & Plants                                       | 0              |
| Water, Sanitation & Hygiene                          | 4,095          |
| Medical & First Aid                                  | 12,632         |
| Teaching Materials                                   | 3,947          |
| Ustensils & Tools                                    | 7,332          |
| Other Supplies & Services                            | 0              |
| Emergency Response Units                             | 0              |
| Cash Disbursements                                   | 0              |
| <b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b> | <b>28,005</b>  |
| Land & Buildings                                     | 0              |
| Vehicles Purchase                                    | 0              |
| Computer & Telecom Equipment                         | 0              |
| Office/Household Furniture & Equipment               | 0              |
| Medical Equipment                                    | 0              |
| Other Machinery & Equipment                          | 0              |
| <b>Total LAND, VEHICLES AND EQUIPMENT</b>            | <b>0</b>       |
| Storage, Warehousing                                 | 0              |
| Dsitribution & Monitoring                            | 0              |
| Transport & Vehicle Costs                            | 62,989         |
| Logistics Services                                   | 3,421          |
| <b>Total LOGISTICS, TRANSPORT AND STORAGE</b>        | <b>66,411</b>  |
| International Staff                                  | 0              |
| National Staff                                       | 0              |
| National Society Staff                               | 24,245         |
| Volunteers   | 27,179         |
| <b>Total PERSONNEL</b>                               | <b>51,423</b>  |
| Consultants  | 0              |
| Professional Fees                                    | 0              |
| <b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>     | <b>0</b>       |
| Workshops & Training                                 | 16,499         |
| <b>Total WORKSHOP &amp; TRAINING</b>                 | <b>16,499</b>  |
| Travel   | 750            |
| Information & Public Relations                       | 0              |
| Office Costs   | 6,355          |
| Communications                                       | 4,447          |
| Financial Charges                                    | 0              |
| Other General Expenses                               | 0              |
| Shared Support Services                              | 0              |
| <b>Total GENERAL EXPENDITURES</b>                    | <b>11,553</b>  |
| Programme and Supplementary Services Recovery        | 11,303         |
| <b>Total INDIRECT COSTS</b>                          | <b>11,303</b>  |
| <b>TOTAL BUDGET</b>                                  | <b>185,194</b> |