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Emergency Plan of Action operation update

Kenya: Cholera Outbreak

Emergency Appeal	**Operation n°** MDRKE035; **Glide n°** EP-2015-000013-KEN
Operations update n°1 **Date of Issue:** 22 September, 2015.	**Timeframe covered by this update:** 23 August to 8 September 2015.
Operation start date: 23 August, 2015.	**Expected timeframe:** 6 months (End date: 23 February, 2016).
Operation Manager (responsible for this EPoA): Andreas Sandin, IFRC East Africa and Indian Ocean Islands.	**Point of contact:** Abbas Gullet, Secretary General, Kenya Red Cross Society.
Overall operation budget: CHF 1,511,314	**DREF allocated:** CHF 140, 244
Number of people affected: 678,434	**Number of people affected:** 371,376
Host National Society presence (n° of volunteers, staff, branches): 32 technical staff (24 in CTCs), 7 support staff (drivers and Security officer) 175 volunteers and 1 staff from the headquarters, Wajir, Baringo, Mombasa, Garissa and Kilifi counties.	
Red Cross Red Crescent Movement partners actively involved in the operation: British Red Cross, International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Ministry of Health, Islamic Relief, UNICEF, ACTED, Action Aid, Save the Children and World Vision.	

A. Situation analysis

Description of the disaster:

New cases of cholera continue to emerge following an outbreak that was picked by surveillance system in the last week of December 2014 in Nairobi County. A total of 21 counties have so far reported cases, and while some of these have successfully controlled the outbreak, a number of counties such as Kirinyaga, Embu, Baringo and Migori (among others) have reported new cases after successfully controlling the first wave of outbreak and declared as cholera free. Other counties such as Baringo and Wajir are reporting cases in sub counties that had previously reported none (Some of the counties are vast and outbreak in one part of the county may not be related to an outbreak in another part of the county in terms of transmission).

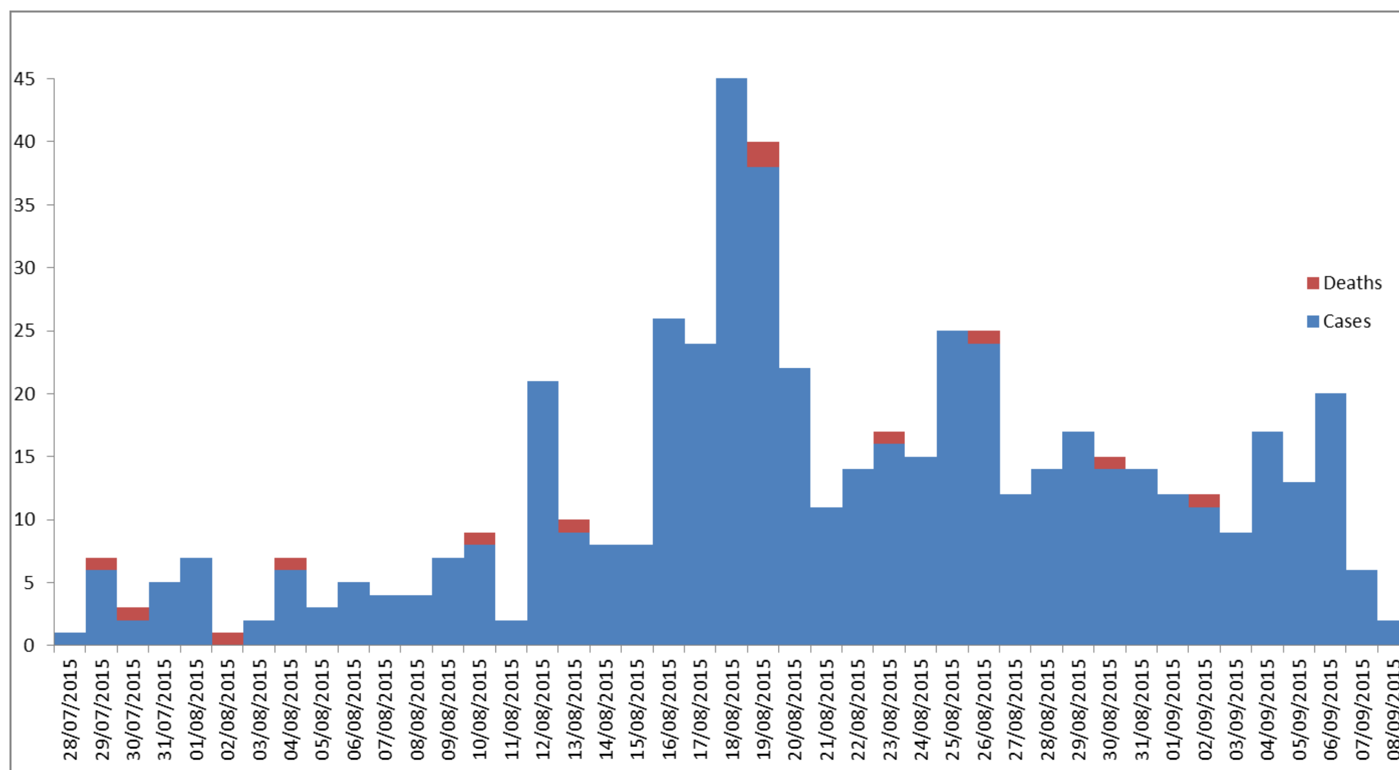
The International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 140,244 from the Disaster Relief Emergency Fund (DREF) on 2 August 2015, as a loan to support the Kenya Red Cross Society (KRCS) respond to the needs of the affected population. The DREF loan operation was intended to support 30,893 households (185,360 people) in the Wajir and Baringo counties, with health care, Water, Sanitation and Hygiene promotion activities; over a period of three months.

This appeal has not received any funding to date and IFRC, on behalf of the Kenya Red Cross, would like to encourage partners to consider supporting the Appeal to enable KRCS provide assistance to the targeted beneficiaries through the planned activities as detailed in the Emergency Plan of Action (EPoA).

<click here to view the contact details and here to go directly to the donor response report >

Situation in Wajir County: As of 8 September 2015, a total of 530 cases were listed and 12 deaths reported. Figure 1 below is epi-curve of Wajir County Cholera outbreak with an onset date of 28 July 2015. Case fatality rate is 2.3%. The setting up of additional Cholera Treatment Centers (CTCs) by KRCS is easing the situation and improving case management.

Figure 1: An EPI curve showing outbreak in Wajir County[1]

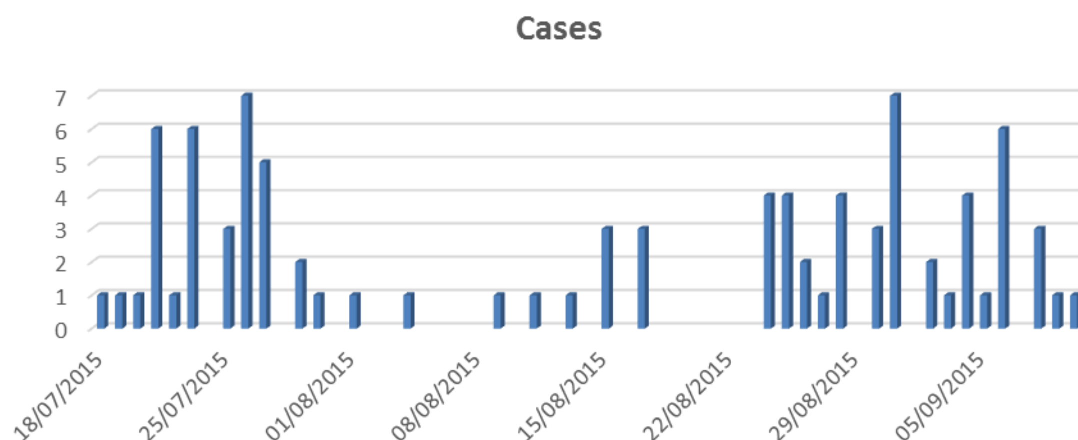


The county government is attributing the outbreak to poor hygiene and sanitation practices, combined with inadequate water supply in the semi-arid county. The county has a high water table and the large number of shallow wells are used as a primary source of water for household use, but this water is not treated. The high water table limits construction of latrines and bucket toilets are used. The most affected areas are within Wajir Town, With Godade, Barwaqo, Jogoo, Makoror, Hodhan, Township, Halane and Wagberi.

Situation in Baringo County: In Baringo, a total of 88 cases have so far been reported (33 tested positive for Vibrio cholera.) with most of them emanating from Marigat inn, Kampi Turkana, Ngosonik, Mlima, Kivumbini, sections (R3, R5, R7), Eldume, Kampi Kulima and Longewan. The county has two hard-to-reach sub-counties (Nadome, and Kapedo) which reported cases of Acute Watery Diarrhea and the MoH is investigating the nature of illnesses. Kapedo has a history of recurring cholera outbreaks especially during dry seasons.

[1] Wajir Cholera Outbreak Report, Department of Health, Wajir County Government, 18th Aug. 2015

Figure 2: Epi curve for



Baringo

Situation in other Counties: Situation report shared by the Directorate of Medical Services continue to show that 10 of the 21 counties (Wajir County not included in this list of counties) are showing active transmission, a number of these are showing a high case load and especially those that have reported cases over the past months. The Ministry had requested KRCS to support control efforts in 10 of the 21 counties and as it stands KRCS has so far supported four counties (Wajir, Baringo, Migori and Siaya).

Summary of the current response

Overview of Host National Society

The KRCS has a long standing experience in implementing cholera operations given its recurrence in the country, and following the previous response to the epidemic through the Cholera DREF Operation (MDRKE033), as well as mobilized resources from interventions being carried out within other counties – this included: the provision of medicines, mobilization/training of volunteers, and preparation of cholera treatment sites. However, it was recognized that there were remaining needs, which could not be met through these existing operations, and as such the KRCS requested an Emergency Appeal allocation to enable additional activities. The KRCS has been able to complete activities planned within the DREF loan operation including: Training of volunteers on response against cholera outbreaks using the ECV manual; disinfection of facilities and use of ORS ; awareness raising/ sensitization; production of information, education and communication materials; procurement of protective equipment for volunteers, hygiene and sanitation materials for communities and beneficiaries.

At the National level, the KRCS has participated in the Health and WASH clusters meetings. The KRCS is amongst the main members of the WASH cluster Water and Environmental Sanitation Coordination (WESCOORD), and is therefore playing a major role in these meetings by providing information on the situation at community level. The KRCS is continuing to participate in other coordination and clusters meetings with different government and other agencies on a regular basis.

During the reporting period, it is estimated that up to 45 per cent of the activities planned have been completed, and progress made in accordance with the agreed EPoA in the following areas:

- Deployment of staffs to the four critical counties to assist in the control of the epidemic. They include nurses, public health officers, WASH officers and Laboratory technicians.
- Training of volunteers on response against cholera outbreaks using the ECV manual and disinfection of facilities and use of ORS; Awareness raising / sensitization campaigns for cholera prevention and control, which have reached 3,158 people.
- Referral of cholera cases the nearest health facilities for Baringo and Wajir.
- Procurement of protective equipment (boots, gloves) for volunteers is ongoing;
- Information and Education materials (image boxes, leaflets, loud speakers etc.) have been supplied to respective counties after they were requested from UNICEF.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) through its East Africa and Indian Ocean Islands regional representation, which is based in the country, supports operations in 15 countries in the region, including KRCS.

The KRCS hosts a number of Participating National Societies including: American, Austrian, British, Danish, Finnish, German, Japanese and Norwegian Red Cross. Please note that WASH related items (hand washing kits, jerry cans, soap and water purification chemicals) 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.

Overview of non-RCRC actors in country

The county public health departments from the four counties have deployed medical personnel to the county health facilities to work with KRCS, established Cholera Treatment Centers (CTCs) in the Wajir referral hospital and Marigat Sub county hospital, and have also organized weekly meetings with partners involved in the response to ensure coordination. Other Government actors include Ministry of Health (including affiliated institutions like the National Public Health laboratories, Kenya Medical Research Institute (KEMRI) and Field Epidemiology and Laboratory Training Programme) and the Ministry of Water and Irrigation (County Water Services Boards).

Non-Governmental Organizations involved in the first wave of cholera outbreak response such Médecins Sans Frontières (MSF), Plan International-Kenya, United Nations Children's Fund (UNICEF), World Health Organisation (WHO) and World Vision have continued to support control of the epidemic.

In the first wave of the outbreak, UNICEF contributed supplies and funding from the Central Emergency Fund (CERF) while the WHO provided technical support to MoH and its partners. The European Commission Humanitarian aid provided financial support through UNICEF. In the current outbreak, the partners working in Wajir include UNICEF (provided 2 drums of chlorine, 250 buckets, ORS and Intravenous Fluids. Islamic Relief has supported water treatment at household level for four days, Save the Children is supporting radio messages and APHIA Imarisha has donated 50,000 aqua tabs to the county government of Wajir.

B. Operational Implementation

Overall objective

To contribute to the cholera prevention and management of cases in 10 counties (Wajir*, Baringo*, Mombasa, Kilifi, Nairobi, Isiolo, Siaya*, Kisumu, Migori* and Garissa), targeting 371,356 people in support of the Ministry of Health and supporting preparedness in in high risk counties of Mandera and Marsabit.

**Please note that Wajir, Baringo, Siaya and Migori are now being targeted as they host the highest number of current cases of cholera, compared to other.*

For the appeal, the following implementation strategies have been planned:

- Public awareness raising / sensitization activities related to cholera prevention, control and hygiene promotion at community and household levels. KRCS volunteers and supervisors will also be issued with megaphones, which they use to support awareness raising / sensitization campaigns related to the prevention and control of cholera. Leaflets (5,000) will be distributed to support awareness raising / sensitization campaigns on the prevention and control of cholera. Radio (local) spots will also be sought to extend the reach of prevention and control messages to the target population.
- Referral of cholera cases to medical health facilities. Cholera kits will be deployed to the affected area to support the management of cholera cases.
- Distribution of aqua tabs and sensitization on their use.
- Staff deployment to four critical counties.

All the activities will be done in close cooperation with the community and through advocacy to the community, religious and traditional leaders as well as other actors.

Operational support services

Human resources

The KRCS through its branch committee in the counties has mobilized 50 (20 Baringo and 30 Wajir) community based volunteers to support the Appeal operation. Thirty of the volunteers have received training in a range of areas relevant to the response including ECV, disinfection of facilities, use of ORS and PUR, and 20 volunteers on cholera surveillance.

The KRCS county Managers have been assigned to the cholera response operation, and dedicated support is also being provided by administration and finance staff. The IFRC operations manager has supported the KRCS with the overall coordination of the Appeal operation as required, including the teleconference on Kenya Cholera Emergency Appeal with the following partners Hong Kong Red cross, Finnish Red cross, American Red cross, Norwegian Red cross and ICRC.

Logistics and supply chain

In order to strengthen the implementation of this Appeal operation, logistics and supply chain measures have been reinforced.

- The KRCS HQ leased two vehicles to Wajir and one for Baringo for the operation via the vehicle fleet management;
- Local procurement of hygiene related NFIs has been carried out by the KRCS logistics/procurement officer in the county level accordance with the KRCS guidelines

Information technologies (IT)

Field and Headquarter based ICT equipment's are being used in supporting the cholera response. Though Baringo presents challenges in communication as mobile networks are not covering the two areas. KRCS have deployed Instant GSM network to enhance communication in Baringo. Vehicles deployed to the operation are fitted with radios to enhance coordination to teams.

Communications

The KRCS is working closely with the structures and services of the MOH and sharing information on cooperation with partner, authorities and the media. The national headquarters is also ensuring that the work of volunteers of the Red Cross is visible through the local media, via materials visibility and social media platforms.

Security

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

Planning, monitoring, evaluation and reporting (PMER)

The National Society Headquarters (through the M&E and operations team) has continued to support the implementing teams to ensure effective, timely and efficient delivery of operation. The operations team has largely ensured adherence to minimum standards in humanitarian service delivery, compliance to humanitarian principles guiding the Movement's humanitarian operations, timeliness in delivery of supplies and services to beneficiaries.

The M&E team has facilitated realization of core M&E milestones. There is however need for a short training targeting volunteers involved in this appeal on reporting. This will enable KRCS to improve quality of reports submitted from the field level and thus contribute to timely and complete reporting. KRCS under the M&E unit is planning Accountability to Beneficiaries training for officers and managers in the week of 15 September in which IFRC will support in facilitation. The proposed short M&E training for volunteers will thus be a platform to introduce the volunteers the simple log sheets that they would use to collect complaints from beneficiaries.

Administration and Finance

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

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Areas common to all sectors				
Outcome 1: Continuous joint assessments and analysis is used to inform the design and implementation of the operation.	**Outputs**			**% of achievement**
	Output 1.1 The emergency plan of action is updated and revised as necessary following consultation with beneficiaries.			85%
	Output 1.2 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 (x)	**No (x)**	
1.1.1. KRCS county teams carry out joint visits with MoH to verify information and confirm outbreak. Information to be used locally and shared with national team to inform decisions and to enhance coordination		X		100%
1.1.2. KRCS at HQ level to liaise with Disease Surveillance and Response Unit to continue implementing a common approach based on national guidelines for cholera outbreak control		X		70%
1.1.3. Conduct KAP survey using ODK		X		0%
1.2.1. Final Evaluation and /lessons learned		X		0%
1.2.2. Management response to the evaluation completed including action planning		X		0%

Progress towards outcomes

1.1.1. Initial assessments have been completed in Baringo and Wajir counties. In both counties, the assessments have corroborated the projections made by the MoH on the caseload, scale and coverage in the affected areas. Following the assessments, immediate, medium and long term recommendations have been made in regards to the provision of sustainable support to communities, which included:

- Building the understanding of the affected population on the prevention and control of cholera, including the development of messages that can be understood and acted upon.
- Community-level provision of safe water supply and sanitation facilities, hygiene promotion, as well as the distribution of hygiene related items (jerry cans).

1.1.2. Continuous analysis of the dynamic nature of the outbreak in terms of geographical distribution and main contexts of transmission. The KRCS HQ and branches is in contact with the MoH receiving updates on cholera in the country ensuring that the current situation is documented at every level.

1.1.3. 60 community volunteers will receive training (10 per county) on KAP surveys, on the counties that cholera resurge on regular basis.

1.2.1. An operational review/lessons exercise will be carried out; and the Terms of Reference for this is under preparation.

1.2.2. This activity will be conducted towards the end of the operation

Health and Care

Needs analysis: The MoH (Director of Medical Services) and the county government of Baringo have officially requested for support from KRCS to respond to the outbreaks in Wajir and Baringo respectively. The support requested include setting up and running the CTCs, advocacy and social mobilization for prevention and other

measures necessary for control of the cholera outbreak. KRCS also intends to support counties where active transmission is going on, to scale up hygiene promotion and social mobilization.

Population to be assisted: In total, 371,379 beneficiaries in 10 counties.

Health and Care		
Outcome 2 Contribute to the management of cholera cases in 10 counties. **Outcome 3:** The risk of cholera transmission in communities is reduced through prevention in 10 counties over a period of 6 months.	**Outputs**	**% of achievement**
	Output 2.1 Cholera Treatment Centres are set up and operational for up to 3 months in Wajir and Baringo and surge teams are deployed to Nairobi, Mombasa, Kisumu, Isiolo, Siaya, Garissa, Migori and Kilifi	64.5%
	Output 3.1. 371,376 people are sensitized to increase awareness on cholera and necessary precautions to take to avoid infection	2%
	Output 3.2: Community based cholera management and surveillance systems are established in the 10 counties.	84%

Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
2.1.1. Deliver materials and supplies required for set up of CTC	X		100%
2.1.2. Putting up of tents, demarcation of isolation areas, construction of temporary sanitation facilities at CTC	X		100%
2.1.3. Deploy technical staff, hold consultative discussions with county departments for Health	X		50%
2.1.4. Identify and train volunteers to provide support in the CTCs. Initial one day sensitization followed by on job training	X		75%
2.1.5. Manage cholera patients based on MoH Protocols and guidelines	X		62%
2.1.6. Replenish medical consumables in the CTC		X	10%
2.1.7. Procure cholera kits for replenishment		X	0%
2.1.8. Recruit and deploy surge teams to 8 counties	X		50%
2.1.9. Surge teams to support counties in case identification and management in isolation facilities	X		50%
3.1.1. Source and distribute protection (boots, gloves, sanitizers and disinfectants) and hygiene promotional materials to 50 volunteers per county	X		100%
3.1.2 Source and deliver Epidemic Control Manuals for Volunteers and sensitize the volunteers based on these manuals.	X		100%
3.1.3 Involve the volunteers in translating key messages into local languages to standardize messaging	X		20%
3.1.4 Continuous Sensitization of religious leaders in Wajir, Kilifi and Mombasa as well as other opinion leaders in all target counties	X		40%
3.1.5. Conduct awareness sessions on cholera through community meetings and through religious gatherings	X		20%
3.1.6. Conduct house to house visits for cholera prevention messaging, and to conduct community level surveillance	X		20%
3.1.7. Decontamination is carried out in households where cases came from	X		84%
3.1.8 Supervision of dead body management	x		10%

3.1.9. Distribution of information, education and communication materials is done	X		56%
3.1.10 GPS coordinates are taken to support in outbreak mapping			
3.1.11 Prevention messages are focused based on risk mapping			
3.2.1 Establish oral rehydration points in affected villages and train volunteers to prepare ORS (with pre-delivered ORS sachets) (Target: One oral rehydration point per cluster of villages)		X	0%
3.2.2 Train volunteers on simple ways to assess levels of dehydration		X	0%
3.2.3 Source and distribute water filters to community Oral Rehydration Points to improve safety of water in use		X	0%
3.2.4. Conduct case detection and referral of cases to nearest Oral Rehydration points and to Nearest CTCs	X		92%
3.2.5 Provide back up support and supervision to volunteers manning Oral Rehydration Points	X		55%
3.2.6 Hygiene promotional messages are delivered to households and communities.	X		92%
3.2.7. Supervision of the dignified management of the dead.	X		90%
3.2.8. Carry out daily briefings and weekly reviews with all volunteers involved. Weekly reviews to continue during entire period of sensitization and hygiene promotion	X		92%

Progress towards outcomes

2.1.1. All material required for setting up of CTC for the two counties have been delivered. The following items were delivered:
- 50,000 aqua tabs,
- 3 tents,
- 10 45kg chlorine granules (4 for Baringo and 6 for Wajir)
- 29 cholera beds for Baringo (for Wajir county the patients were using the county referral hospital for the same)

2.1.2. 3 CTC have been set up (1 in Baringo and 2 in Wajir), the patients at the moment are using the existing sanitation facilities in the hospital which isolated and demarcated for cholera use only.

2.1.3. As at the reporting of the update 42 technical staff have been deployed to four counties (Wajir, Baringo, Siaya and Migori). More staff will be deployed as required.

2.1.4. In total, 30 community volunteers have been sensitized on the handling patients in the CTCs. The exercise was a one day event in which the volunteers where taken through how to handle patients and on themselves to be free from contacting the disease.

2.1.5. As noted, 33 cholera cases (19 under five years old; 14 over five years old were detected, and referred to the nearest health facilities in Baringo) while in Wajir 177 cases have been reported and tested positive for vibro.

2.1.6. The activity will be conducted after the situation is under control.

2.1.7. Ongoing activity.

2.1.8. 4 out 8 teams have been deployed to Siaya, Migori, Baringo and Wajir. The other 4 will be deployed as the funds are received.

2.1.9. The 4 surged teams deployed are already carrying out the identification of cholera cases in the four counties.

3.1.1. In total, 100 pairs of plastic gloves and 100 pairs of boots and protection jackets have been procured and Dispatched to be distributed the volunteers.

3.1.2. In total, 100 volunteers have received training on response against cholera outbreaks using the ECV manual. As the epidemic has since not been stabilized, there is a need to train further volunteers and as such the intended target (100) will be increased accordingly. The 50 (from each county) volunteers will now carry out awareness raising / sensitization activities in the target villages, schools, health facilities and mosques, under the close supervision and coordination of the staff and the KRCS branch committee

3.1.3. At the reporting time of this update, the activity is slowly picking up as the translation of the message is tedious and need time to translate the exact words from English or Swahili to vernacular

3.1.4. 24 Sheikhs and 11 Chiefs from Wajir County have sensitized on cholera and they are required to pass the information to community. For Baringo 14 Assistant Chiefs and 12 elders have received the information.

3.1.5. Incorporated to activity 3.1.4

3.1.6. 3,158 people have been reached through house to house awareness. As such, awareness raising / sensitization activities related to cholera prevention, control and hygiene promotion will be carried out during distributions, and other activities already planned (cleaning/disinfection of infrastructures etc.). Through this

Appeal operation

3.1.7. 84 house hold in Wajir has been decontaminated through contact tracing while 30 households were decontaminated in Baringo.

3.1.8. Production and dissemination of IEC materials has been carried out and informed by the assessments carried out. UNICEF gave out 5000 leaflets of IEC material to be used in Wajir and Baringo (2000 for Baringo and 3000 for Wajir). Please note that following feedback from volunteers, there is a need to have additional IECs in order to reinforce the dissemination of messages on the prevention and control of cholera during house to house sensitization campaigns

3. 2.1. two ORS points were created (1 in Wajir and 1 Baringo)
3.2.2. In total, 10 volunteers have received training on disinfection of facilities and use of ORS. Demonstration of the preparation and use of ORS will be carried out during distributions
3.2.3. in progress
3.2.4 the following referral have been conducted for Wajir

- No. of stool specimen tested for Vibrio cholera - 278 cases
- Tested positive for Vibrio cholera- 171cases
- Tested negative for vibrio cholera- 89 cases
- Stool specimen that did not fit cholera testing- 18 cases

3.2.5. Ongoing.
3.2.6. In total, 12 deaths have occurred in Wajir in relation to cholera and decent burial was conducted. Hygiene promotion information will continue until the situation calms.
3.2.7. This activity together with activity 2.3.8 was incorporated with earlier activities WASH section
3.2.8. So far 48 review meeting have been conducted (28 Wajir and 20 for Baringo). The meetings are conducted on a daily basis to check on the challenges.

Water, sanitation and hygiene promotion

Needs analysis: There is a need to provide the affected population with options for safe water for domestic use, and hygiene promotion activities in order to reduce the risk of cholera transmission.

Population to be assisted: 371,376

Water, sanitation, and hygiene promotion			
Outcome 4 Risk of cholera transmission is reduced through the provision of safe water and hygiene promotion for up to 6 months	**Outputs**		**% of achievement**
	Output 4.1 Population in affected villages is supported with means to make water for domestic use safe.		54%
	Output 4.2: Target population in the affected areas are provided with hygiene promotion activities, which meet Sphere standards		41%
	Output 4.3: Preparedness measures are enhanced in high risk counties		38%
Activities		**Is implementation on time?**	**% progress (estimate)**

	Yes (x)	No (x)	
4.1.1 Distribution of Point of Use Water Treatment Chemicals to affected households. Supplies to include those donated by other partners	X		72%
4.1.2 Distribution of jerry cans to improve safe water storage to affected households. Supplies to include those donated to MoH by UNICEF		X	0%
4.1.3 Distribution of chlorine to carry out disinfection of water supply source (shallow wells and springs as applicable).	X		84%
4.1.4 Chlorination of water supply sources.	x		84%
4.2.1 Distribution of soap to affected households		X	0%
4.2.2 Promotion of hand washing in communities	X		32%
4.2.3 Conduct house to house visits for hygiene promotion cascading using the PHASTER methodology	X		39%
4.2.4. Carry out food hygiene promotion targeting food handlers	X		40%
4.2.5. TERA messages in local languages delivered to households in mapped locations	X		40%
4.3.1. Additional volunteers are trained based on ECV		X	0%
4.3.2. Supplies are mobilized and prepositioned (volunteers modules and beds)	X		60%
4.3.3. Coordination is enhanced with county governments	X		50%
4.3.4. Risk mapping is done and county specific contingency plans developed and updated	X		40%
4.3.5 Hygiene promotion and community sensitization efforts are scaled-up	X		40%

Progress towards outcomes

4.1.1. Procurement of water purification tablets (aqua tabs) is in progress, 190,000 tabs (130,000 Wajir and 50,000 for Baringo) have been distributed to 1725 household to serve for two months ; distributed when public demonstrations and sensitization on household water storage and treatment out carried out through a house to house approach
4.1.2. Waiting for the items from UNICEF.
4.1.3. 10 drums of 45kg of chlorine have been distributed to Wajir and Baringo (4 Baringo and 6 Wajir)
4.1.4. 4.2.1. A waiting for the items from UNICEF.
4.1.5. 4.2.2. 58 hand washing promotions have conducted (28 Baringo and 30 Wajir) and the activity is ongoing.
4.1.6. 4.2.3. the activity was incorporated with activity 4.2.3 together with activity 4.2.5
4.1.7. 4.2.5. Two kinds of TERA messages have been sent through Airtel platform. KRCS is negotiating with Safaricom so that they can allow TERA messages to use their platform.

4.3.1. more volunteers will be trained once the funds are confirmed and the volunteers will come from the six counties (Nairobi, Mombasa, Kisumu, Kilifi, Garissa, Isiolo and Mandera)
4.3.2. 29 cholera beds and 2 volunteer modules were dispatched to Baringo.
4.3.3. One national coordination meeting was held in conjunction with WESCOORD to highlight cholera in the country.
4.3.4. The activity is in progress to identify the most risk counties and plan for preposition and preparedness.
4.3.5. Ongoing.

Contact Information

For further information specifically related to this operation please contact:

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  Please send all pledges for funding to zonerm.africa@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.

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

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