



World Health
Organization

Kenya

27TH - 10TH NOV 2025

HOLERA RESPONSE

IN

Marok County

VACCINATION

TREATMENT

COMMUNITY ACTION





Forward

This flipbook brings together visuals, field stories and key data to **showcase the integrated cholera response in Narok County**. It highlights how coordination among stakeholders made it possible to deliver **life-saving interventions from vaccination and treatment to community engagement and surveillance at the height of the 2025 outbreak**.

The document captures reactive **Oral Cholera Vaccine (OCV)** campaign and other cholera response interventions in Transmara West and South, where communities faced the greatest risk of infection. It illustrates how hundreds of health workers, community health promoters and volunteers worked across challenging terrain to reach households in remote wards ensuring that no one was left behind.

This achievement was only possible through the **joint efforts** of the Ministry of Health/KNPHI, Narok County Government, World Health Organization (WHO), Kenya Red Cross Society (KRCs), Médecins Sans Frontières (MSF), Gavi, and other partners, whose collaboration and shared commitment strengthened both prevention and response capacity.

Dr Adiele Onyeze,
WHO Kenya Officer in Charge

Situation Update: Cholera in Kenya (as of 23rd November 2025)

3 Counties

- 1. Narok County
- 2. Nairobi County
- 3. Migori County

Total Number of Cases

241 Since confirmation was done by PCR and culture on 1 October 2025

New Cases

2 Reported in the last one week

Age

107 of the cases are between 25- 44 years.

Total Number of Deaths

6 since 1st of October 2025, **Case-fatality rate : 2.95%**

New Deaths

0 since 1st of October 2025, **Case-fatality rate : 2.95%**

[For more information](#)



In 2025, following an upsurge of cholera cases, the Ministry of Health, with support from WHO and partners, launched a reactive **Oral Cholera Vaccine (OCV)** campaign in Narok County to protect the most affected communities.

Target Areas

Transmara West and South sub counties, Narok County

Wards

- 1. Kilgoris Central
- 2. Shankoe
- 3. Lolgorian
- 4. Ang’ata Barikoi

Why

Where early cases were detected around densely populated markets and informal gold-mining settlements with limited access to safe water.

WHO and the county health department and partners **mapped hotspots, trained vaccinators and community health promoters** to ensure it is reaching the most affected areas.

Key Results at a Glance



236,727

People Vaccinated
93.7 % Coverage

Across Transmara West and South during the two week campaign.



9,1857

People Reached by risk communication
and community engagement

Across Transmara West and South during the two week campaign.



5,1693

Number of people reached

Door to door visits, community dialogues, launch, stakeholders meetinfs, trainings, IEC and sensitization.

Before vaccination, teams explain what the Oral Cholera Vaccine is and how it protects against severe illness. Parents and caregivers give consent after understanding the benefits and safety of the vaccine.



Community members aged one year and above receive the oral cholera vaccine. The OCV is an easy-to-administer oral vaccine that protects against *Vibrio cholerae* the bacteria that cause cholera by stimulating immunity in the gut.








After vaccination, each person receives a vaccination card along with an indelible ink mark on their finger.



Which helps health workers track progress and ensure every household is reached during the campaign.

Community health promoters and vaccinators move door to door, marking each household after vaccination and screening for suspected cholera cases.



A woman with short, dark hair, wearing a yellow vest over a maroon shirt, is focused on writing on a large, dark wooden board. She is using a small, light-colored object, possibly a piece of chalk or a marker, to inscribe white markings on the wood. The board has some pre-existing markings, including the letters 'QR' and the number '144', followed by a series of vertical lines and a horizontal line. The background is dark and out of focus, showing some hanging clothes. The lighting is soft, highlighting the woman's face and the texture of the wood.

The markings help identify which families have been reached and where follow-up is needed.

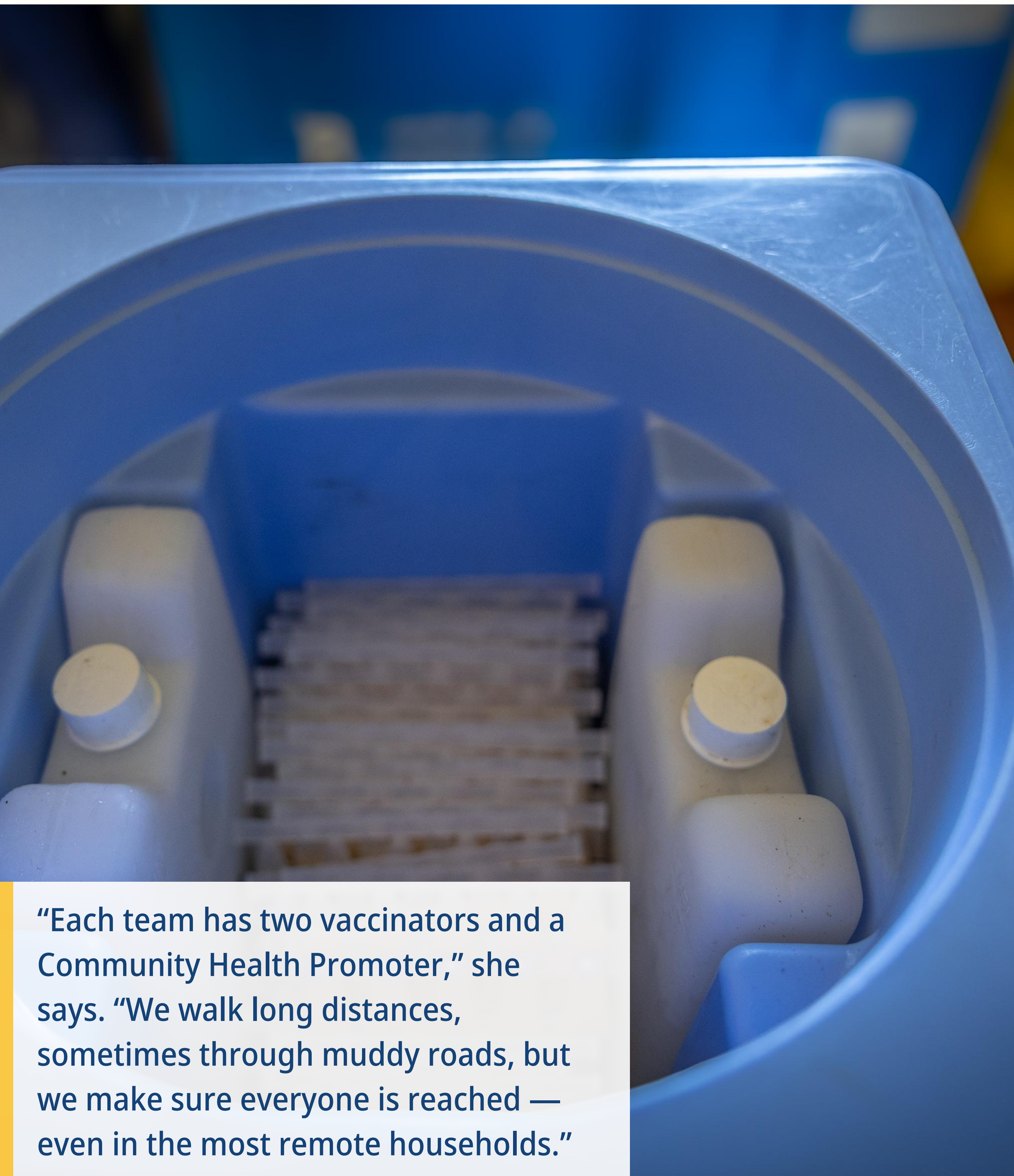
During the OCV campaign launch in Kenya, stakeholders aligned on making the campaign successful through multi-sectoral coordination, set up frameworks to continue support beyond the vaccination period, and committed to prevention measures that would reduce future outbreak risk.





At Olengoloto Dispensary in Transmara West, vaccinator Maureen Rono prepares vaccine carriers before heading out to the field. "We keep the oral cholera vaccines between 2°C and 8°C using ice packs and insulated carriers," she explains.





“Each team has two vaccinators and a Community Health Promoter,” she says. “We walk long distances, sometimes through muddy roads, but we make sure everyone is reached — even in the most remote households.”



“People have greater trust in the vaccine now,” she states. She further emphasizes that community health promoters are “our backbone; they understand the households and assist us in creating awareness and building trust.”



In several areas, vehicles were unable to proceed due to mud, flooding, or mechanical breakdowns. When this happened, teams continued the journey on foot, carrying vaccine carriers and data tools to ensure vaccination was not disrupted.



Community health promoters lead teams through narrow tracks and isolated settlements, guiding vaccinators to households that lie far off the main roads.



Their local knowledge and daily engagement with families make door-to-door vaccination possible, even in areas where mobile networks are weak and travel is slow.

Many households in Transmara West and South sit deep in valleys or high on steep ridges, requiring vaccinators to climb up and down rugged paths for hours at a time. The terrain is often slippery and uneven, especially after rain, but teams continued the descent and ascent each day to reach families living far from main roads and health facilities.





To ease the movement of field teams, MSF, WHO , KRCS and other partners provided transport and logistical support, enabling vaccinators and supervisors to reach remote areas more efficiently.



Teams coordinated to join large gatherings, and this was possible through close links with community leaders, allowing for large numbers to be vaccinated. This was an active strategy that also provided an opportunity to raise awareness.

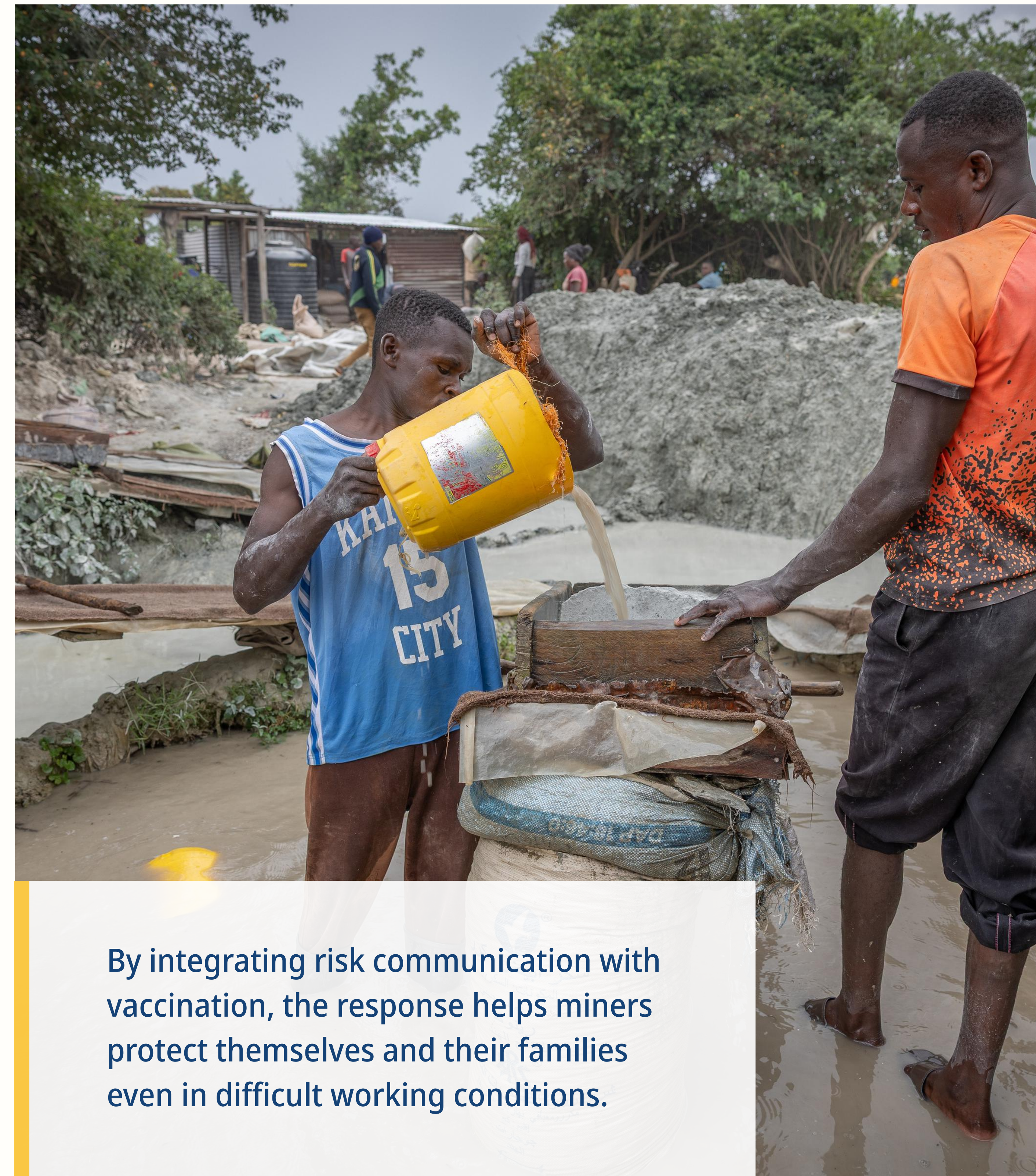


Some of the first suspected cholera cases in Narok County were identified in informal gold-mining settlements. Close working quarters, shared water sources, and limited sanitation made these areas particularly vulnerable to infection.





Teams are engaging miners with information on hygiene and water safety while promoting vaccination to reduce risk.



By integrating risk communication with vaccination, the response helps miners protect themselves and their families even in difficult working conditions.

Vaccinators also record every dose on tally sheets to monitor daily progress and ensure accurate reporting. The data helps identify areas with lower coverage and supports real-time planning across wards.

SECTION D - VACCINE BALANCE

Vaccine	Initial stock	Received	Used	Balance
Oral Cholera Vaccine (OCV)	100	20	10	110
...

SECTION E - VACCINE VAL MONITOR

Can be used	Number of remaining doses	Number of doses used (- Total received - Number of remaining doses)
...

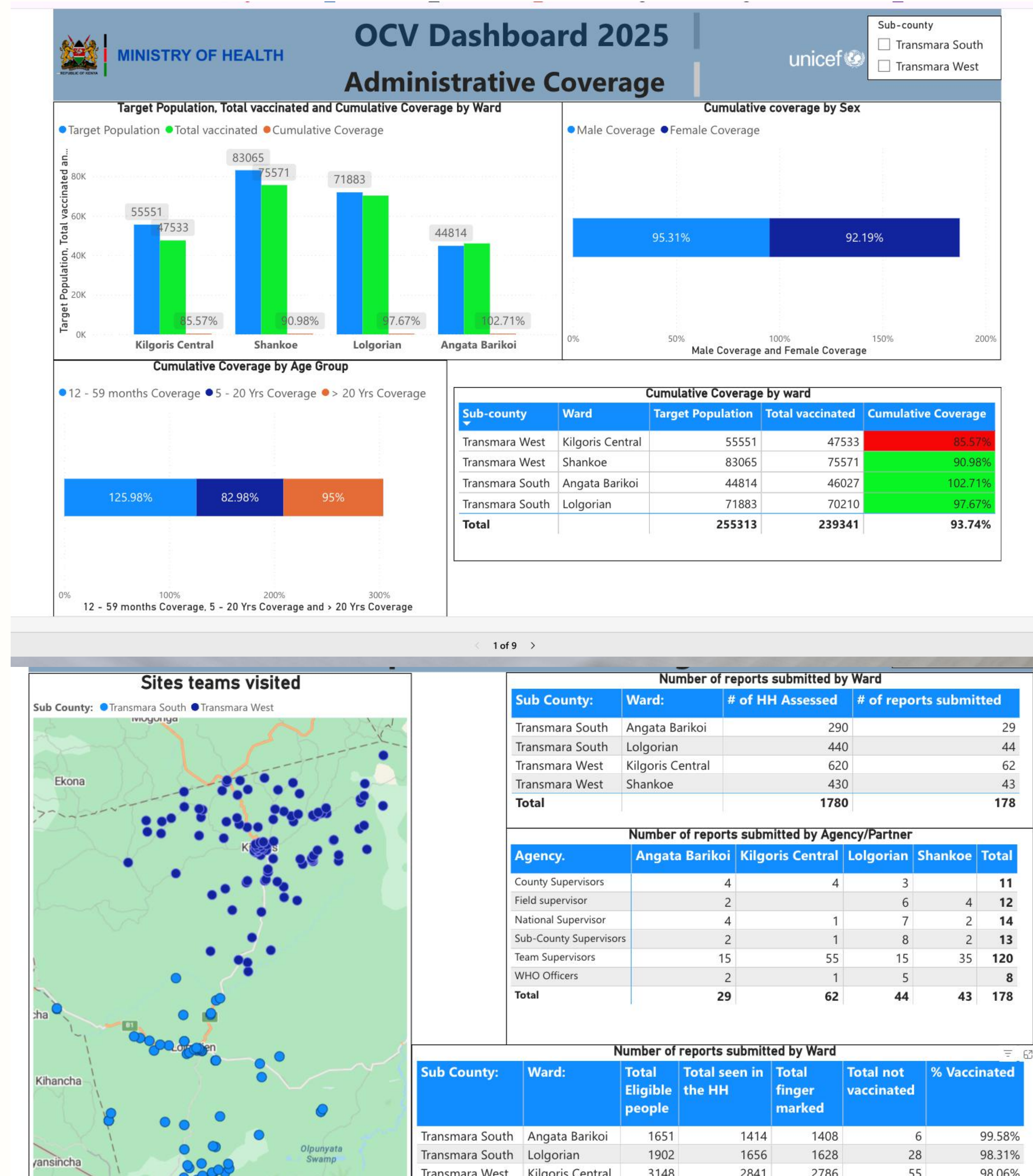
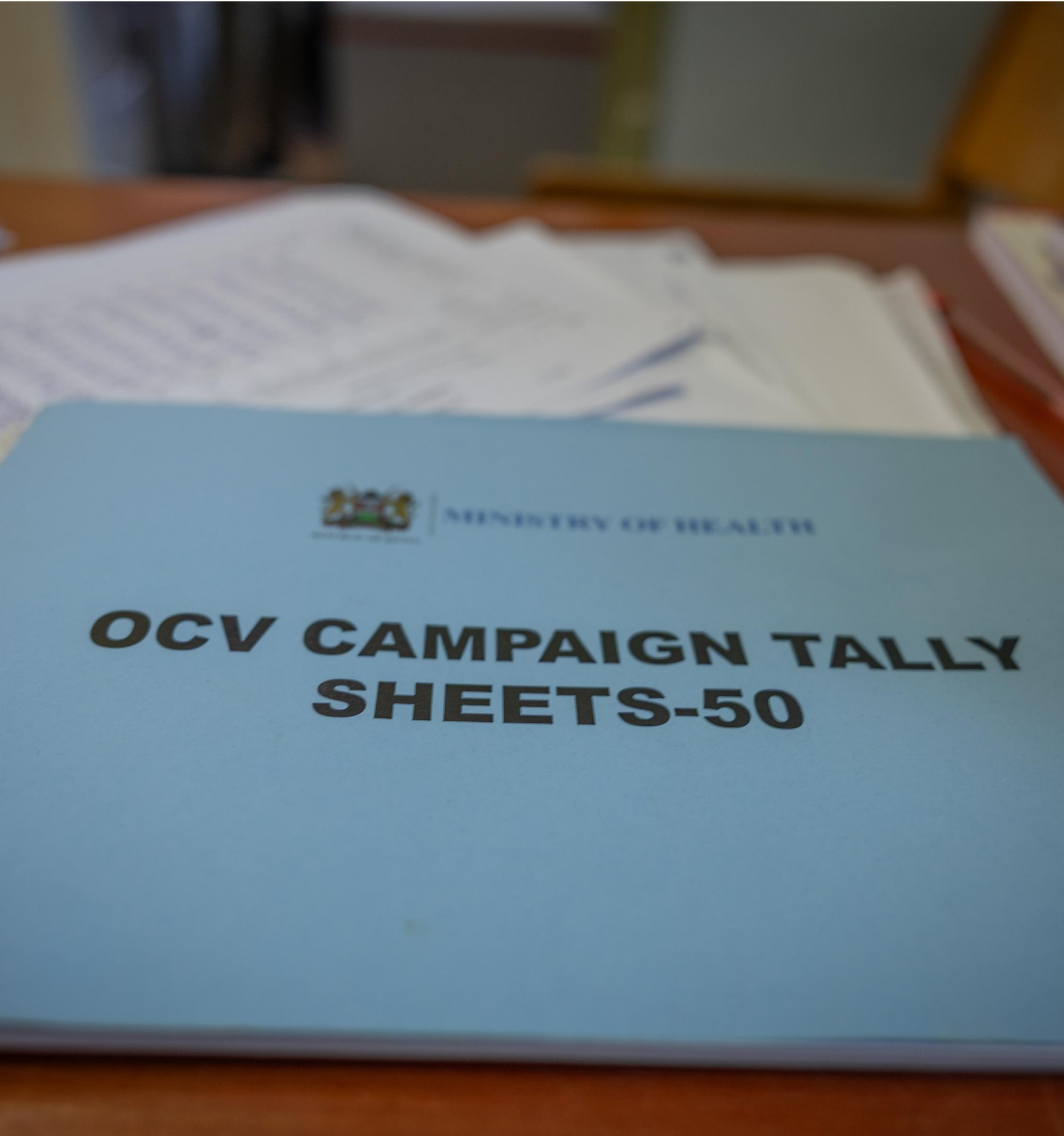
SECTION F - SURVEILLANCE FOR CHOLERA**


Sub Location: _____ Village: _____

Name of Supervisor: _____

Date: _____

** For any additional AEFI and suspected cholera cases record at the health facility.



A young man in a dark blue school uniform is standing outdoors, leaning over a blue handwashing station. He is washing his hands under a running faucet. The station is a blue box on a black metal stand. A blue bucket is on the ground next to the station. The background is a grassy area with trees and a yellow vehicle.

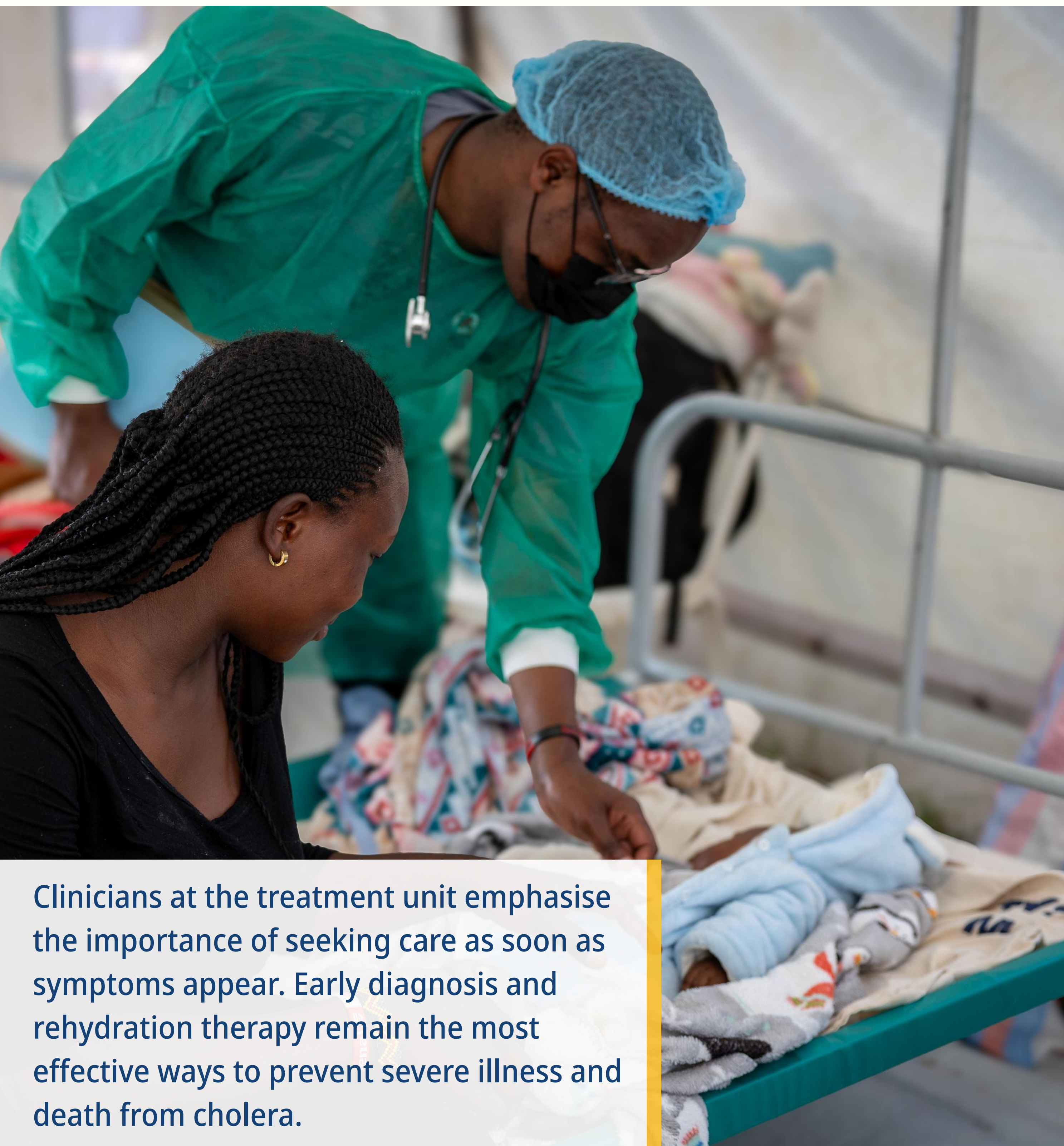
WHO Kenya is supporting partners through case management and referral of severe cases, active case search and contact tracing, health education and risk communication, as well as surveillance and community reporting to strengthen early detection and response.



Community cleaning efforts in urban Lolgorian addressed environmental risk factors contributing to cholera transmission. Teams cleared drainage systems, removed waste, and improved sanitation in high-traffic areas, reducing contamination pathways

At the Cholera Treatment Unit in Kilgoris, Catherine Bochere holds her two-month-old son, Gershom, who is recovering after several days of severe dehydration. Timely treatment and regular monitoring by trained health workers helped him stabilise and return to health.





Clinicians at the treatment unit emphasise the importance of seeking care as soon as symptoms appear. Early diagnosis and rehydration therapy remain the most effective ways to prevent severe illness and death from cholera.



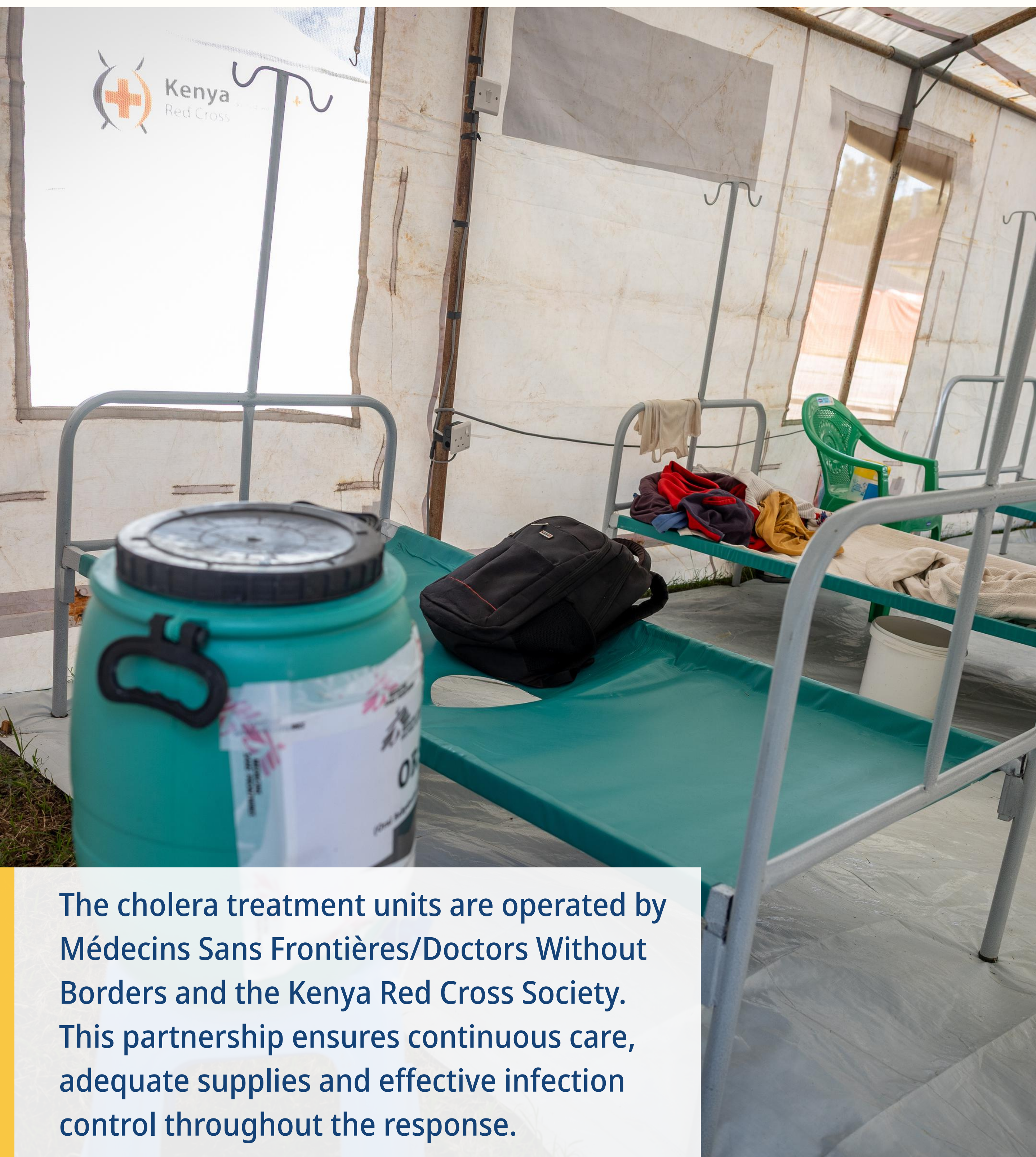
Health workers continue to provide round the clock support to patients and families, ensuring both medical treatment and education on hygiene and safe water practices before discharge. Their work is saving lives and restoring hope in affected communities.



Cholera Treatment Units in Lolgorian and Kilgoris provide safe, isolated spaces where patients receive immediate rehydration and treatment. These facilities are critical in breaking transmission by ensuring early care and preventing the spread of infection within communities.



Inside the staff maintain strict infection prevention measures. Floors, beds and equipment are disinfected regularly using chlorine, and separate zones for admission, treatment and recovery reduce the risk of cross-contamination.



The cholera treatment units are operated by Médecins Sans Frontières/Doctors Without Borders and the Kenya Red Cross Society. This partnership ensures continuous care, adequate supplies and effective infection control throughout the response.

In Kilgoris, Joseph Nyambiage, a casual labourer, recalls falling ill with severe diarrhoea and vomiting before being diagnosed with cholera. After several days of treatment at the Cholera Treatment Unit, he made a full recovery.





Joseph says the experience changed how he lives. He now boils water, washes his hands regularly, and avoids unsafe food. Health workers also provided hygiene kits with soap, buckets and water purification tablets to support his recovery at home.



As a survivor, Joseph speaks openly about cholera prevention in his neighbourhood, encouraging others to practise hygiene and get vaccinated. His story reflects how awareness and access to care can save lives and strengthen community resilience.

Stories From the Ground:



Link:

[Edward Lekai](#), a Grade 9 student tells us about his experience.

Link:

[Cyrillia Milale's](#) Story of Surviving Cholera and Choosing Protection

Link:

[How Jackson Matasi](#) Is Keeping Lolgorian Safe from Cholera





The Narok response has shown that even in the most remote areas, coordinated action saves lives. Through strong partnerships, dedicated health workers, and the trust of communities, thousands were protected and outbreaks contained.

The work does not end here, continued surveillance, early detection and treatment, provision of safe water and community engagement remain essential.

The lessons from Transmara West and South remind us that every step taken together brings Kenya closer to ending cholera for good.

Dr Martins Livinus,

WHO Kenya's Emergency Preparedness and Response Lead.

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HEALTH EMERGENCIES

programme

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