



IHR (2005) State Party Self Assessment Annual Report

National Profile 2021

Kenya

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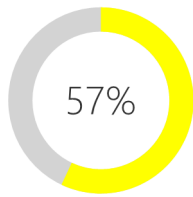
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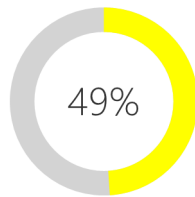
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In accordance with Article 54 of The International Health Regulations (2005) and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required in the context of the International Health Regulations (2005), especially under Annex 1 of these Regulations.

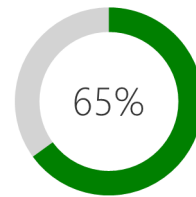
All Capacities Average



Kenya



AFRO



Global Average

Designated Points of Entry

7 Ports

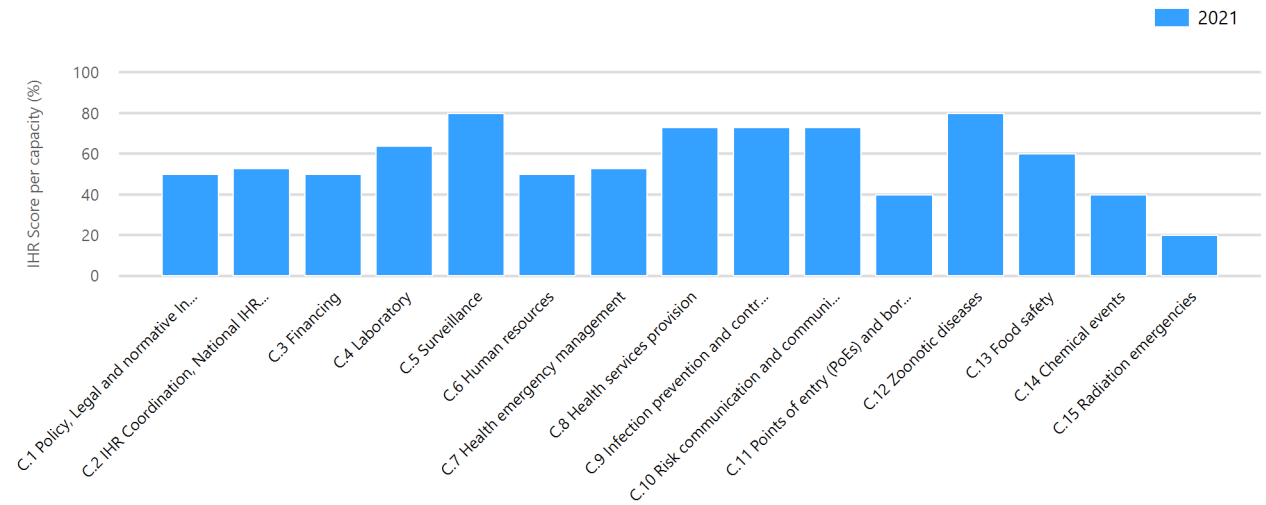
9 Airports

12 Ground Crossings

Authorized ports to issue ship sanitation certificates:

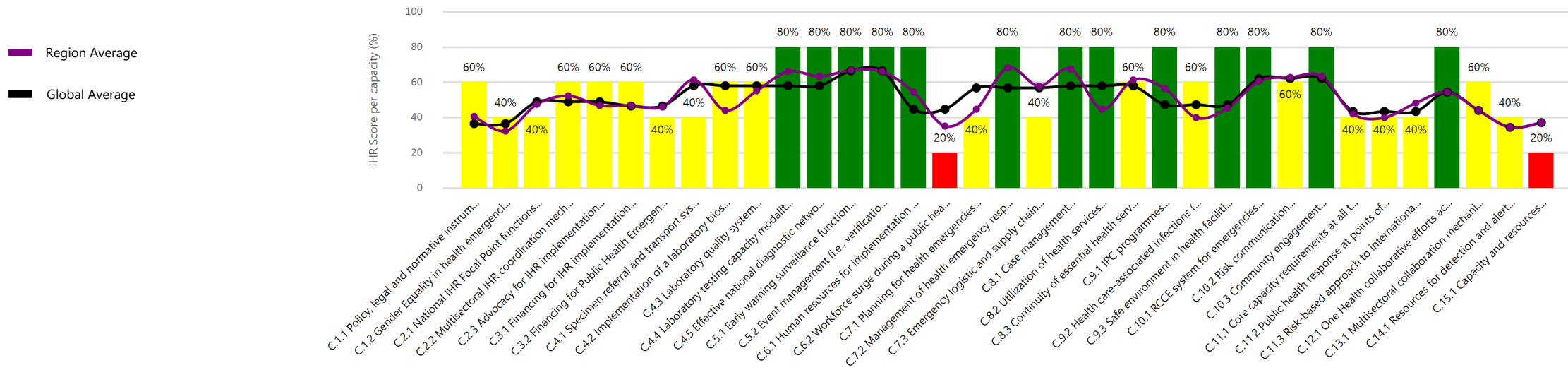
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IHR Capacity



IHR Indicator Scores

IHR Indicators



IHR Indicator Scores



Achievements

C.4 Laboratory	
C.4.4 Laboratory testing capacity modalities	80
C.4 Laboratory	
C.4.5 Effective national diagnostic network	80
C.5 Surveillance	
C.5.1 Early warning surveillance function	80
C.5 Surveillance	
C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information)	80
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C.6.1 Human resources for implementation of IHR	80
C.7 Health emergency management	
C.7.2 Management of health emergency response	80
C.8 Health services provision	
C.8.1 Case management	80
C.8 Health services provision	
C.8.2 Utilization of health services	80
C.9 Infection prevention and control (IPC)	
C.9.1 IPC programmes	80
C.9 Infection prevention and control (IPC)	
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C.10 Risk communication and community engagement (RCCE)	
C.10.1 RCCE system for emergencies	80
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C.12 Zoonotic diseases	
C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses	80

Challenges

C.1 Policy, Legal and normative Instruments to implement IHR	
C.1.1 Policy, legal and normative instruments	60
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	
C.2.2 Multisectoral IHR coordination mechanisms	60
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	
C.2.3 Advocacy for IHR implementation	60
C.3 Financing	
C.3.1 Financing for IHR implementation	60
C.4 Laboratory	
C.4.2 Implementation of a laboratory biosafety and biosecurity regime	60

Challenges

C.4 Laboratory	
C.4.3 Laboratory quality system	60
C.8 Health services provision	
C.8.3 Continuity of essential health services (EHS)	60
C.9 Infection prevention and control (IPC)	
C.9.2 Health care-associated infections (HCAI) surveillance	60
C.10 Risk communication and community engagement (RCCE)	
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C.13 Food safety	
C.13.1 Multisectoral collaboration mechanism for food safety events	60
C.1 Policy, Legal and normative Instruments to implement IHR	
C.1.2 Gender Equality in health emergencies	40
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	
C.2.1 National IHR Focal Point functions	40
C.3 Financing	
C.3.2 Financing for Public Health Emergency Response	40
C.4 Laboratory	
C.4.1 Specimen referral and transport system	40
C.7 Health emergency management	
C.7.1 Planning for health emergencies	40
C.7 Health emergency management	
C.7.3 Emergency logistic and supply chain management	40
C.11 Points of entry (PoEs) and border health	
C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	40
C.11 Points of entry (PoEs) and border health	
C.11.2 Public health response at points of entry	40
C.11 Points of entry (PoEs) and border health	
C.11.3 Risk-based approach to international travel-related measures	40
C.14 Chemical events	
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C.6 Human resources	
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Capacity	Average of Capacities Score (%)	Indicators	Indicator Score Details	Indicator or Score (%)	2021 Comments	Status of Implementation	Area Involved
C.1 Policy, Legal and normative Instruments to implement IHR	50	C.1.1 Policy, legal and normative instruments	The country has identified and reviewed gaps in the health sector and developed and/or revised the necessary legal and normative instruments and policies for IHR implementation at the national and subnational levels, where applicable.	60	National Action Plan for Health Security developed 75% of various IHR capacities have developed policy frameworks. Others are planned or ongoing.	Planned Ongoing Achieved	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 4. Policy 6. Workforce 7. Leadership and Governance 10. Risk Communication 11. Legislation
		C.1.2 Gender Equality in health emergencies	Systematic assessment of gender gaps has been conducted in at least one IHR Capacity	40	Gender gap analysis conducted	Ongoing	6. Workforce
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	53	C.2.1 National IHR Focal Point functions	National IHR Focal Point is a designated centre and has a duty officer system to ensure accessibility at all times for urgent communications with WHO but legal, normative and institutional instruments and arrangements, including terms of reference describing the roles and responsibilities, are insufficient to communicate effectively with all levels and relevant sectors of the State Party's administration.	40	The office of the Director General of Health is the designated IHR focal point and is accessible 24/7 for communication with WHO IHR focal points. The country follows the generic WHO terms of reference for IHR focal points. Yet to domesticate the TORs and mainstream them in national policies and legislation.	Ongoing	2. Guidelines and SOPs 7. Leadership and Governance
		C.2.2 Multisectoral IHR coordination mechanisms	Multisectoral coordination mechanisms for IHR implementation are in place, disseminated and are being implemented at national level	60	The COVID-19 pandemic has strengthened the National Emergency Response Framework to ensure greater multi-sectoral coordination and collaboration.	Ongoing	1. Financing 2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 4. Policy 5. Infrastructure and logistics 6. Workforce 7. Leadership and Governance 10. Risk Communication
		C.2.3 Advocacy for IHR implementation	The advocacy mechanisms are in place, disseminated and being implemented at the national level	60	Advocacy mainly through the National Emergency Response Committee	Ongoing	7. Leadership and Governance 10. Risk Communication
C.3 Financing	50	C.3.1 Financing for IHR implementation	Financial planning based on identified gaps and estimated resource needs with a budgetary allocation and/or substantial external financing made for relevant sectors is available to support IHR implementation at national level and some monitoring and accountability mechanisms are in place.	60	Resource mobilization efforts continue	Ongoing	1. Financing 3. Coordination and Collaboration Mechanisms 7. Leadership and Governance
		C.3.2 Financing for Public Health Emergency Response	Public Financing exists that allows for structured reception, rapid distribution and use of funds for responding to public health emergencies.	40	Review and launch of the National Action Plan for Health Security is planned and this will be the main resource mobilization tool.	Planned	1. Financing
C.4 Laboratory	64	C.4.1 Specimen referral and transport system	Referral and transport of specimens is organized for some priority diseases but may be restricted within districts or at the intermediate and national level.	40	Guidelines on integrated disease (TB/HIV and other priority diseases) specimen referral and transportation have been developed. So far, 20(43%) have integrated referral systems while the remaining have vertical systems.	Planned Ongoing	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 5. Infrastructure and logistics
		C.4.2 Implementation of a laboratory biosafety and biosecurity regime	National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by all laboratories at the national level	60	<50% of laboratories at subnational level are implementing national lab biosafety and biosecurity guidelines. Strengths: existence of national lab biosafety and biosecurity guidelines	Planned	2. Guidelines and SOPs
		C.4.3 Laboratory quality system	National quality standards have been developed and implemented at national level. Activities include licensing of laboratories in conformity with national quality standard.	60	National quality standards have been developed and disseminated at all national subnational laboratories Laboratory external quality assurance coverage at subnational level is sub-optimal	Ongoing	2. Guidelines and SOPs



C.4 Laboratory	64	C.4.4 Laboratory testing capacity modalities	Laboratory system can perform nucleic acid amplification testing (NAAT), bacterial culture with antimicrobial sensitivity testing with quality assurance process in place and has some basic sequencing capacity and country has ability to test for all its endemic diseases and its priority diseases.	80	Kenya has a robust capacity to conduct core tests for most epidemic prone diseases. This includes availability of trained and competent personnel in human and animal health and robust infrastructure within MOH and at research labs to confirm endemic and priority diseases. The country also works in close collaboration with other international labs that can provide advanced lab testing capacities when required.	Ongoing	
		C.4.5 Effective national diagnostic network	Tier-specific diagnostic testing strategies are being implemented at national level.	80	In-country lab improvement strategies are in place informed by lessons learned from Covid 19 pandemic	Ongoing	2. Guidelines and SOPs 5. Infrastructure and logistics
C.5 Surveillance	80	C.5.1 Early warning surveillance function	National guidelines and/or SOPs for surveillance have been developed and are being implemented at the national and intermediate levels and provides immediate and weekly reporting of events and/or data	80	surveillance structure with focal persons at all levels of the health system exist. 3rd edition IDSR technical guidelines developed and due to be launched. Indicator and Events based surveillance ongoing in a systematic manner. weaknesses: limited resources for implementation of surveillance activities Ongoing plans: roll out of IDSR technical guidelines to all levels of the health system	Ongoing Achieved	2. Guidelines and SOPs 4. Policy 6. Workforce 7. Leadership and Governance 9. Health information systems 11. Legislation
		C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information)	Process or mechanisms for managing detected events has been developed and is being implemented at the national and intermediate levels	80	Event based surveillance is ongoing at national and some subnational levels . It has been rolled out in 6b counties: Busia, Siaya, Nakuru, Meru, Mombasa, and Kajiado. Roll out in other counties is planned.	Planned Ongoing Achieved	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 6. Workforce
C.6 Human resources	50	C.6.1 Human resources for implementation of IHR	Human resources are available as required in all relevant sectors at the national, intermediate, and local levels, to detect, assess, notify, report and respond to events according to IHR provisions.	80	Currently rolling out IHR training across the country, so far 6 counties trained and 33 personnel at points of entry. FELTP program has been rolling out training for basic capacity. Resources required to disseminate training at all levels	Ongoing	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 6. Workforce
		C.6.2 Workforce surge during a public health event	A national multisectoral workforce surge strategic plan in emergencies is not available or is under development.	20	The country is building surge capacity in-country and in also participating in the East Africa regional initiative for rapidly deployable pool of experts. Rapid response teams have been trained across the country in response to Covid pandemic		1. Financing 3. Coordination and Collaboration Mechanisms 4. Policy 5. Infrastructure and logistics 7. Leadership and Governance 11. Legislation
C.7 Health emergency management	53	C.7.1 Planning for health emergencies	All-hazard risk informed health emergency plan is developed but not being implemented.	40	Points of entry have developed an All Hazards plan. Support required for a comprehensive National All Hazards Plan	Ongoing Achieved	1. Financing 2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms
		C.7.2 Management of health emergency response	An incident management system integrated with a national public health emergency operations centre or equivalent structure is in place and operational at the national and able to support intermediate levels	80	the Health sector emergency response is coordinated through an incident management system placed at the national level EOC. In addition, there are specific national taskforces that provide strategic overview. There are now 17 functional EOCs at the county level. 1 EOC at the Kenya Prisons Service, 1 EOC the point of entry, 1EOC at the Red Cross. Support required for Risk assessment, preparedness and contingency plans and their testing mechanisms.	Ongoing	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 9. Health information systems
		C.7.3 Emergency logistic and supply chain management	Emergency logistics and supply chain management system/mechanism is developed but not able to provide adequate support for health emergencies	40	NAPHS developed as main mobilization tool Support to mobilize both in-country and external resources	Ongoing	1. Financing 3. Coordination and Collaboration Mechanisms
C.8 Health services provision	73	C.8.1 Case management	National clinical case management guidelines for priority health events are developed and being implemented at national and subnational levels	80	Challenges still persist in the management of chemical and radiation injuries	Ongoing	2. Guidelines and SOPs 5. Infrastructure and logistics



C.8 Health services provision	73	C.8.2 Utilization of health services	Strong levels of service utilization at all tertiary and secondary health care facilities at intermediate and national level and geographical contexts (Number of outpatient department visits per person per year ≥ 3.0 visit/person/year, in both urban and rural areas). 	80	Some areas have low health service utilization due to insecurity and geographical /terrain challenges	Ongoing	1. Financing 4. Policy
		C.8.3 Continuity of essential health services (EHS)	A package of EHS and plans/guidelines on continuity of essential health services in emergencies are developed and mechanism for monitoring service continuity during emergency are in place at national level. 	60	EHS guidelines usually provided during emergencies although more support is needed to support operational costs	Ongoing	1. Financing 2. Guidelines and SOPs
C.9 Infection prevention and control (IPC)	73	C.9.1 IPC programmes	An active national IPC programme is available according to WHO IPC core components guidelines5 and is leading implementation of the national IPC operational plan and guidelines nationwide using multimodal strategies, including health workers' training and monitoring and feedback in place. More than 75% of health care facilities meet WHO minimum requirements for IPC programmes, guidelines, training, and monitoring/feedback.	80	Extensive training on IPC at all levels conducted as part of COVID-19 response.	Achieved	2. Guidelines and SOPs 6. Workforce
		C.9.2 Health care-associated infections (HCAI) surveillance	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented through a national system. Selected secondary and tertiary health care facilities are conducting HAI surveillance (as specified above)and provide timely and regular feedback to senior management and health workers.	60	National Action Plan on Prevention and Containment of Antimicrobial Resistance 2017-2022 under implementation.	Ongoing Achieved	2. Guidelines and SOPs 6. Workforce
		C.9.3 Safe environment in health facilities	National standards and resources for safe built environment (e.g., Water Sanitation and Hygiene in health care facilities), including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan.	80	Kenya national infection prevention and control strategic plan for health care services 2021-2022	Ongoing	2. Guidelines and SOPs 4. Policy
C.10 Risk communication and community engagement (RCCE)	73	C.10.1 RCCE system for emergencies	Mechanisms for coordination of RCCE functions and resources, including plans, SOPs and formal government arrangements are developed and being implemented at the national and intermediate levels.	80	RCCE strategic plan under development	Ongoing	1. Financing 2. Guidelines and SOPs 7. Leadership and Governance
		C.10.2 Risk communication	Mechanisms for public communication and/or media relations, including infodemics, are developed and activities are being implemented at the national level.	60	Mechanisms for risk communication have been reinforced by Covid response	Ongoing	2. Guidelines and SOPs 7. Leadership and Governance 10. Risk Communication
		C.10.3 Community engagement	Mechanisms for sytematic community engagement in public health emergencies, including guidelines and/or SOPs, have been developed, disseminated, and community engagement activities are being implemented and supported at national and intermediate levels.	80	Communities have been engaged through the national government administration structures which are cascaded to communities through chiefs and sub-chiefs. Community health service structures have also been crucial in reaching communities	Ongoing	3. Coordination and Collaboration Mechanisms
C.11 Points of entry (PoEs) and border health	40	C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	Some designated PoEs are implementing routine core capacities based on a completed associated strategic risk assessment.	40	The country is working on integrating POEs and other surveillance systems	Ongoing	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms
		C.11.2 Public health response at points of entry	Some designated PoEs have developed a PoE public health emergency contingency plan for events caused by (biological hazards)	40	POE public health emergency contingency plan developed for airports; in development for land crossings and in draft form for sea port. POE have developed an All Hazards plan Resources for simulation required	Ongoing Achieved	2. Guidelines and SOPs 4. Policy
		C.11.3 Risk-based approach to international travel-related measures	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, undefined on a risk-based manner, is developed including guidelines and SOPs for their implementation.	40	On-going process	Ongoing	3. Coordination and Collaboration Mechanisms 7. Leadership and Governance



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C.12 Zoonotic diseases	80	C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses	The animal, human and environment health sectors collaborate regularly and coordinate their activities at national and intermediate level to prevent, detect assess/investigate and to respond to prioritized zoonoses, and have appropriate procedures to jointly react in case of emergency, including in case of new or emerging zoonotic diseases.	80	Prioritization of zoonotic diseases was conducted in 2015. Priority list is due for revision in this financial year. One Health activities are regular at national and intermediate levels but need to be strengthened at local level.	Ongoing Achieved	2. Guidelines and SOPs 3. Coordination and Collaboration Mechanisms 5. Infrastructure and logistics
C.13 Food safety	60	C.13.1 Multisectoral collaboration mechanism for food safety events	A multisectoral collaboration mechanism and communication channels that includes the INFOSAN Emergency Contact Point is in place at the national, intermediate and local levels, if appropriate, to the structure and governance of the country.	60	Stakeholder engagement on-going	Ongoing	2. Guidelines and SOPs 4. Policy 11. Legislation
C.14 Chemical events	40	C.14.1 Resources for detection and alert	Surveillance capacity for chemical exposures is available on an ad hoc basis, e.g. a poison information service that operates only during office hours or that only serves part of the country and access to laboratory capacity for identifying and quantifying exposures to key chemicals of concern is available on an ad hoc basis	40	More resources are required to fully develop this capacity.	Challenges/gaps	1. Financing
C.15 Radiation emergencies	20	C.15.1 Capacity and resources	Surveillance mechanisms and resources for radiation emergencies are under development.	20	An agency responsible for radiation safety, monitoring and emergency response exists	Ongoing	1. Financing 5. Infrastructure and logistics



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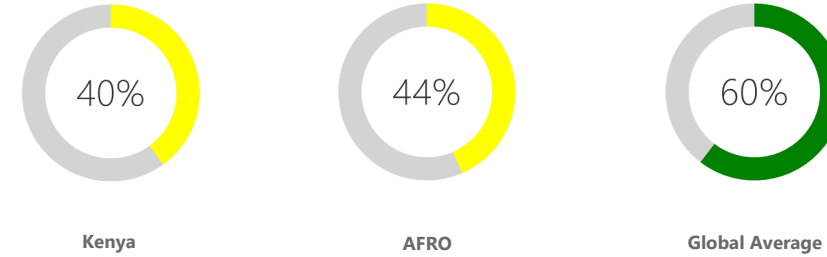
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Designated Points of Entry					
	Average number of designated PoEs	Total of all types of Points of Entry	Airports	Ports	Ground Crossings
Kenya		28	9	7	12
AFRO	9	262	75	48	139
Global	12	1768	554	688	526

PoEs Specific Capacities Details

	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	Number of States Parties reporting authorized ports to issue ship sanitation certificates (SSC)
Kenya	100% 28	0% 0	75% 21	0% 0
AFRO	75% 197	34% 90	45% 117	66% 19
Global	84% 1478	74% 1302	76% 1347	73% 105

Capacity 11 Points of Entry Score Average



Score per indicator (%)

Indicators	Kenya	AFRO	Global
C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	40	42	60
C.11.2 Public health response at points of entry	40	40	58
C.11.3 Risk-based approach to international travel-related measures	40	48	64



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PoE Details

Airports Name of Point of Entry	IATA Airport Code	ICAO Airport Code	United Nations Code for Trade and Transport Locations (UNLOCODE)	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	States Parties reporting SSC authorized ports
JKIA				Yes	No	Yes	No
MIA				Yes	No	Yes	No
WAJIR				Yes	No	Yes	No
WILSON				Yes	No	Yes	No
ELDORET				Yes	No	Yes	No
KISUMU				Yes	No	Yes	No
MALINDI				Yes	No	Yes	No
ISIOLO				Yes	No	Yes	No
LOKICHOGIO				Yes	No	Yes	No

Ports Name of Point of Entry	Code 1	Code 2	United Nations Code for Trade and Transport Locations (UNLOCODE)	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	States Parties reporting SSC authorized ports
LAMU				Yes	No	No	No
OLD PORT				Yes	No	No	No
KILINDINI				Yes	No	No	No
SHIMONI				Yes	No	No	No
VANGA				Yes	No	No	No
MBITA POINT				Yes	No	No	No
KISUMU PIER				Yes	No	No	No



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Ground Crossings Name of Point of Entry	Code 1	Code 2	United Nations Code for Trade and Transport Locations (UNLOCODE)	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	States Parties reporting SSC authorized ports
MOYALE				Yes	No	Yes	No
NADAPAL				Yes	No	Yes	No
MUHURU BAY				Yes	No	Yes	No
ISEBANIA				Yes	No	Yes	No
NAMANGA				Yes	No	Yes	No
LOITOKTOK				Yes	No	Yes	No
TAVETA				Yes	No	Yes	No
LUNGALUNGA				Yes	No	Yes	No
SUAM				Yes	No	Yes	No
LWAHAHA				Yes	No	Yes	No
MALABA				Yes	No	Yes	No
BUSIA				Yes	No	Yes	No