



**KRCS CBS volunteer in action through the Community Epidemic and Pandemic Preparedness Program**

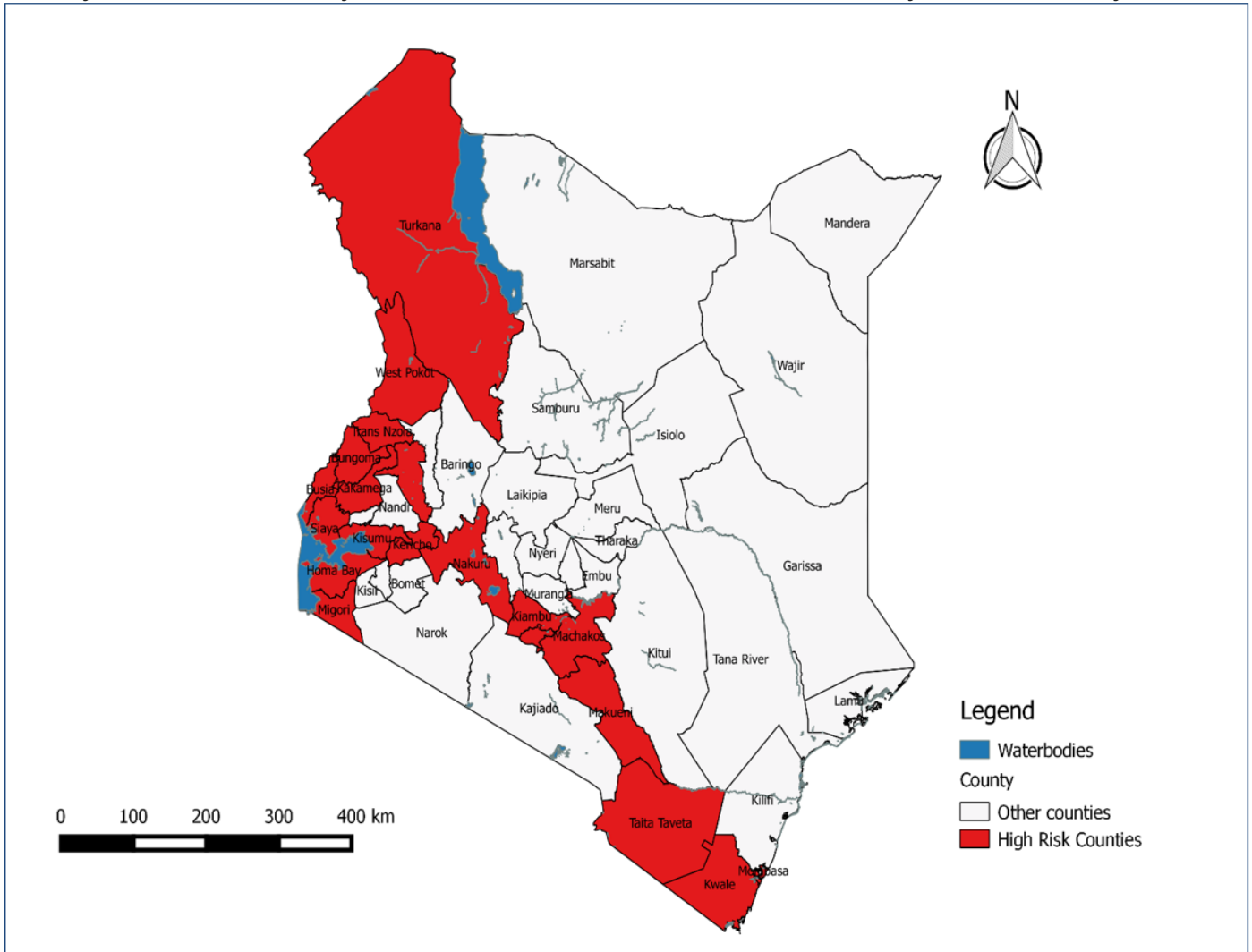
Appeal: <b>MDRKE052</b>	DREF Allocated: <b>CHF 186,942</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>N/A</b>	People at risk: <b>26,000,000 people</b>	People Targeted: <b>565,650 people</b>	
Event Onset: <b>Imminent</b>	Operation Start Date: <b>2022-10-08</b>	Operation End Date: <b>2023-01-31</b>	Operation Timeframe: <b>3 months</b>
	Targeted Areas:	<b>Mombasa, Kwale, Taita-Taveta, Machakos, Makueni, Kiambu, Turkana, West Pokot, Trans Nzoia, Nakuru, Kericho, Kakamega, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, Nairobi</b>	

# Description of the Event

## Approximate date of impact

Since 20th September, Uganda MoH declared an outbreak of Ebola Virus Disease (EVD) in the district of Mubende. As of 2nd October, the outbreak has spread to 5 districts with 43 cases of which 20 are probable and 9 confirmed deaths.

Based on the above, it is unsure if or when a case could be detected in Kenya. However, it is key to engage in readiness and early actions to ensure Kenya Red Cross teams in the at-risk locations are ready to act if necessary.



Kenya MoH map of high risk counties

## What is expected to happen?

Following the EVD outbreak in neighbouring Uganda, the Kenya Ministry of Health has issued an alert to all counties across the country. This comes after an alert forwarded by the Ugandan government to Kenya in line with the East African Community Health Protocol. The outbreak of EVD in Uganda poses a significant threat to the country as the frequency of Ebola outbreaks in Uganda has taken a unique pattern in recent times. The current outbreak is vigorously spreading and has a high case fatality (20.9%).

Kenya carries out routine surveillance with zero reporting on Viral Hemorrhagic Fever (VHFs) for the moment. This is an acknowledgment of the risk of EVD outbreaks that the country faces as it has similar vulnerabilities to Uganda. (population movement due to porous borders and strong commercial ties as well as previous cross-border disease outbreaks. Indeed, Kenya and Uganda have both previously reported VHFs, including Rift Valley Fever and Marburg disease as well as other disease outbreaks (cholera, Dengue, etc).

In addition, the daily human interactions between Kenya and Uganda are significant with approximately 1,000 trucks crossing the borders daily. This is in addition to the commercial and cultural interactions along the porous and unofficial borders.



KRCS volunteer during a house visit

### **Why your National Society is acting now and what criteria is used to launch this operation.**

Kenya MoH issued an alert on 21st September, requesting mobilization of all relevant stakeholders to initiate prevention, preparedness, and response measures while working on developing at-risk county EVD contingency plans.

Moreover, given the caseload in Uganda as of 2nd October, Kenya Red Cross Mental health and Psychosocial Support teams are already receiving inquiries from the public through its EOC hotline, which indicates there is rising concern about EVD and the risk of spread into Kenya.

### **Scope and Scale**

The Ebola Virus Disease (EVD) is a severe and often fatal illness in humans caused by Ebola Virus. It is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. As per the previous outbreaks, up to 67 % of the infected cases die. Ebola can have a serious socioeconomic impact as demonstrated in the 2014/2016 outbreak in West Africa. It is estimated that the three most affected countries (Guinea, Liberia, and Sierra Leone) experienced economic losses of more than 4.3 billion USD.

Kenya's Ministry of Health through the Director General for Health has developed a national Ebola Preparedness and Response plan which sets up response coordination structures at both national and county government levels. KRCs is a member of the national and county level coordination mechanisms with participation in the Risk Communication and Community Engagement, Disease Surveillance, WASH and the coordination sub committees.

The International Health Regulations (IHR) 2005 which Kenya ratified requires state parties to strengthen routine incident and indicator surveillance and response capabilities as well as prepare for unexpected public health events. Each country is expected to put in place a robust system to prepare for and promptly detect events of public health concern including infectious agents like Ebola. Countries are also expected to individually and collectively work to contain any outbreaks of such events and limit their spread that would affect international travel and trade. The Ministry of Health proposes to meet its obligation within the IHR (2005) to protect both the local and international community by taking measures that will prevent the introduction of the Ebola virus to Kenya as well as ensure preparedness for prompt detection and appropriate response to limit morbidity and mortality. These measures are contained in this Ebola contingency plan that proposes investment in ensuring capacity and focus on prevention,

heightened surveillance, and response to the EVD threat.

MoH has profiled 20 counties out of 47, considered to be at risk of being impacted in the event of EVD entry into Kenya. These counties were identified based on their proximity to the Kenya-Uganda border and those also in the travel routes or with other ports of entry other than border driver through points. The border counties are Migori, Homa Bay, Kisumu, Siaya, Busia, Bungoma, Trans Nzoia, West Pokot, and Turkana counties. The other counties along the travel routes are Uasin Gishu, Kericho, Nakuru, Kiambu, Nairobi, Machakos, Makueni, Taita Taveta, Kilifi, Mombasa, and Kwale.

Kenya hosts refugees who keep arriving from neighboring countries including DRC, Uganda, Burundi, Rwanda, and South Sudan who often go through Uganda before arriving in Kenya. This further increases the risk of EVD spreading to Kenya. Most of these asylum seekers that travel from or through Uganda are first hosted at a KRCS-hosted transit center in Trans Nzoia county at Kitale town before being moved to Kalobeyei reception center in the wider Kakuma refugee camp.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>No</b>
Did it affect the same population groups?	<b>No</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>No</b>
If yes, please specify which operations	-

### **Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation**

Based on past EVD responses supported by the Red Cross Movement in Africa and the ongoing outbreak in Uganda, Kenya Red Cross has understood the need to ensure the readiness of its teams (SDB, CBS, RCCE, etc.) to be able to start responding in the event a suspected case is detected. In addition, it is key to provide information to communities at risk and ensure avoid panic by making them aware of how EVD is spread, how to prevent it, and where to get help in the event a case is suspected.

## Current National Society Actions

<b>Assessment</b>	<p>According to Kenya's MoH National EVD Taskforce, the risk profile for Kenya is based on its proximity to Uganda and the high trans-border commercial and cultural interactions.</p> <p>In its alert released to the counties, MoH is requesting mobilization to enhance surveillance at border entry points, prepare rapid response teams to support the identification of suspected cases, as well as community and health care workers sensitization, improvement of infection prevention and control preparedness, and case management amongst others.</p> <p>Given the high case fatality rate of EVD, it is thus crucial for KRCS to support MoH in ensuring national readiness for a potential response to EVD.</p>
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<p><b>Coordination</b></p>	<p>KRCS is a key member of the National EVD Taskforce led by the MoH and its various sub-committees of which it is a core player in the Risk Communication and Community Engagement (RCCE), Community-based Surveillance and reporting (CBS) and Case Management &amp; Infection Prevention and Control (IPC) sub-committees. The meetings are held on a daily basis for both the Taskforce and the committees and KRCS national headquarters and relevant branches are active participants.</p> <p>At the community level, KRCS branches are working closely with the Community Health Units that are implementing MoH work at the grassroots level and helping liaise with health facilities/workers.</p> <p>Based on the above, KRCS is engaging in a Federation-wide EVD preparedness as part of its mandate as an auxiliary to the Kenyan public authorities.</p>
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## Movement Partners Actions Related To The Current Event

<p><b>IFRC</b></p>	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing KRCS with technical support in developing readiness and response plans through its Delegation and Regional office in Nairobi. Financial support is also provided through this DREF funding, to ensure KRCS can commence preparedness of its teams in the at-risk areas. Given the expertise of the Movement in EVD response, IFRC is also supporting KRCS with strategic discussions to foster the EVD preparedness agenda.</p>
<p><b>ICRC</b></p>	<p>ICRC is in the country but has not provided any direct support linked with EVD preparedness for now.</p>
<p><b>Participating National Societies</b></p>	<p>The Danish and Finnish Red Cross Societies are in-country and have indicated an interest in supporting KRCS EVD preparedness activities in areas that will not be covered through this DREF, as part of the national preparedness and response plan.</p>

## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>The National Government through the Ministry of Health has requested partner agencies to support preparedness actions and eventually response actions. The MoH is leading the National EVD Taskforce at the national and county levels. and hold daily coordination meetings.</p> <p>More so, MoH has reviewed the accreditation of health facilities for both case management and laboratory services, while highlighting the need for adequate protective equipment. They are equally ensuring screening at all formal ports of entry along the Kenya-Uganda border.</p>
<p><b>UN or other actors</b></p>	<p>Unicef, WHO, CDC and the University of Nairobi have participated in the planning of preparedness actions.</p>

WHO is providing MoH with technical support and case management-related commodities.

### **Are there major coordination mechanisms in place?**

As already stated in previous sections, a National EVD Taskforce led by the MoH has been set up and meets daily. KRCS is part of this Taskforce and a core contributor in the RCCE, CBS, and Case Management & IPC sub-committees.

At the national level, a Technical Working Group is set up, chaired by the head of the Disease Surveillance and Response Unit (DSRU) with the first meeting held on 29th September 2022. Partners have been identified for each preparedness/response component, with KRCS highlighted as an actor in the Surveillance, RCCE, Case management/IPC, and Psychosocial support coordination mechanisms.

# Anticipated Needs



## Health

Based on the MoH risk profile, below are the current needs for preparedness:

- 1) Community-based surveillance. Need for training and deployment for surveillance and case detection.
- 2) Risk communication and community engagement (RCCE). Need for training and deployment. These teams will be embedded in the CBS teams for enhanced efforts and increased impact.
- 3) Safe and Dignified Burials (SDB). Need for training, setting up response teams who will be on standby until the response phase is triggered, and prepositioning of SDB kits.
- 4) Infection Prevention and Control (IPC) for Ambulance services. Need for the training of ambulance service operators to support the transportation of suspected cases if any are detected by CBS teams. Based on KRCS's experience with handling the Covid-19 pandemic in the country, there are ongoing discussions for its ambulance service to be made available if necessary.
- 5) Psychosocial support (PSS). Need for psychosocial first aid (PFA) sensitization and briefing of EOC MHPSS. Hotline on key messages for EVD and readiness for increased public engagement if the EVD response phase is triggered.

# Operational Strategy

## Overall objective of the operation

This DREF Operation aims at contributing to early detection of suspected cases and preventing the spread of EVD by ensuring readiness of KRCS teams and raising awareness of at-risk communities.

## Operation strategy rationale

To achieve its objective, KRCS will engage preparedness activities in below key areas:

- 1) Community-based surveillance (CBS) by ensuring Epidemic Preparedness and Response in Communities (EPiC)-training for volunteers and their deployment to support community case detection and referral to relevant health care facilities. In addition, the CBS teams will raise alerts to standby SDB teams when necessary and as agreed in protocol (to be established) with the Community health Units. KRCS shall build on existing capacity through the CP3 programme to support implementation of this key activity. To note, EPiC training includes CBHFA, ECV, CEA (including community feedback) and PFA basics.
- 2) Risk Communication and Community Engagement (RCCE) by training volunteers to ensure awareness of communities on the risks of EVD and how to prevent it, as well as limit the spread of rumours and infodemics. RCCE teams will be embedded into the CBS teams for maximum impact.
- 3) Preparedness for Safe and Dignified Burials (SDB) by ensuring training at national (ToT) and county level (cascaded training for county branch teams). The county level trainings will each ensure KRCS has SDB teams ready to react if suspected death is detected. SDB training kits to ensure adequate training will be made available, as well as - SDB starter kits for protection of teams in case they deploy.

4) Preparedness of KRCS Ambulance service operators by providing them with adequate refresher training on how to manage transportation of suspected cases and disinfection of the ambulances to limit spread of the virus.

5) Preparedness for Mental health and Psychosocial Support, by conducting a PFA training of trainers (ToT) who will cascade the trainings to volunteers on the field, preparing them to support both community members and Red Cross teams in a potential response phase.

6) Coordination by ensuring KRCS and the wider Membership is represented at key preparedness meetings with MoH and partners and that KRCS actions remain relevant in the wider National and County preparedness plans.

To support above strategy, a Public Health in Emergency Surge personnel with strong experience in SDB will be deployed to support KRCS teams both with actioning the activities and with coordination.

## Targeting Strategy

### Who will be targeted through this operation?

Through this DREF operation, KRCS aims to target 565,650 people (16% of people in need), with key EVD prevention messaging in Busia, Bungoma, Siaya, Kisumu, Homa Bay and Migori counties.

### Explain the selection criteria for the targeted population

The rationale for the geographical targeting is because Busia and Bungoma are both key border entry points while Siaya, Kisumu, Homa Bay and Migori have high levels of socio-economic interactions with Uganda around the lake region and these areas are along the key transport routes from Uganda into Kenya.

## Total Targeted Population


Women:	<b>176,483</b>	Rural %	Urban %
Girls (under 18):	<b>117,655</b>	<b>70.00 %</b>	<b>20.00 %</b>
Men:	<b>162,907</b>	People with disabilities (estimated %)	
Boys (under 18):	<b>108,605</b>	<b>6.00 %</b>	
Total targeted population:	<b>565,650</b>		

## Risk and security considerations

### Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Following the recent county government election, newly elected officials (including for health) are currently taking office. This means if coordination is not properly managed, this could delay the implementation of operations at the county level.	Courtesy calls to introduce KRCS preparedness plans and how they complement Kenya MoH Preparedness and response plans will be key in reducing this risk.
Risk of an EVD case detected in Kenya could expose volunteers conducting community health promotion actions.	Proper briefing of teams on the risks and provision of adequate protective equipment.

# Planned Intervention

	<b>Health</b>	<b>Budget</b>	CHF 110,598
		<b>Targeted Persons</b>	565650
<b>Indicators</b>		<b>Target</b>	
Number of Trainers trained in the EPiC ToT		25	
Number of cascaded County level trainings conducted		6	
Number of volunteers supporting CBS and RCCE		125	
Number of engagement sessions with traditional and religious leaders		6	
Number of radio awareness sessions		16	
Number of SDB training conducted		1	
Number of SDB teams set up and ready to deploy		3	
Number of SDB starter kits procured		2	
Number of SDB training kits procured		2	
Number of SDB replenishment kit procured		1	
Number of ambulance teams trained		6	
		<p>1) For community health promotion, activities will include:</p> <ul style="list-style-type: none"> <li>• Conduct an Epidemic Preparedness and Response in Communities (EPiC) training of trainers (KRCS Supervisors and MoH staff) for 25 people in the targeted counties. This training will prepare trainers to cascade in all six targeted counties, while constituting a pool of trainers to duplicate the exercise in other areas if needed. This training shall last 7 days given it includes community feedback modules.</li> <li>• Conduct 6 County level trainings in each of the target counties to ensure teams are set up for community health promotion. Each training shall be for 125 volunteers and community health volunteers and will last 5 days as it includes community feedback modules.</li> <li>• Deploy 125 volunteers for 2 days a week for 10 weeks in all 6 tar-</li> </ul>	

**Priority Actions:**

geted counties for community health promotion. Volunteers shall ensure community surveillance, with embedded CBHFA and RCCE for maximum impact through HH visits, conduct FGDs, community meetings. Volunteers will be deployed on a rotational basis, with Busia and Bungoma having the highest numbers.

- Engagement of religious /traditional leaders to obtain their support in raising awareness on EVD in each county
- Conduct radio awareness sessions on EVD risks and prevention methods through talk shows with MoH focal points (8) and radio spots (8).

2) Regarding SDB Preparedness, activities shall include:

- Conduct an SDB training (KRCS Supervisors and MoH staff) for 25 people in the targeted counties. This training will ensure KRCS has at least 2 SDB teams (8 people per team) positioned in key at-risk areas including Busia and Eldoret. The additional 9 people (observers) being training will NS key health staff and MoH staff, to ensure they can serve as back up to ensure residual capacity. These trained persons will at the same time set a pool of SDB specialists for KRCS, and will be available to cascade further if necessary. To note, positioning a team in Eldoret is to ensure quick deployment to any further locations, given its strategic position (international airport, regional warehouse, etc.). This training shall last 5 days.
- Preposition 2 SDB starter kits, 2 training kits and 1 replenishment kit to ensure KRCS is ready to support MoH in the event of an outbreak in country.

3) Preparedness of Ambulance Service teams will include:

- Conducting a refresher training for 12 KRCS ambulance operators to ensure their safety and that of their passengers in the event there are suspected cases to be transported. This will ensure each of the targeted areas has at least 2 people ready to man the ambulance if necessary.
- Enhance ambulance teams capacity on how to disinfect their vehicles after transporting a suspected case, in order to prevent EVD spread.


	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 11,928
		<b>Targeted Persons</b>	565650
<b>Indicators</b>		<b>Target</b>	
Number of IEC material produced		4000	
Number of feedback system set up		1	
		<ul style="list-style-type: none"> <li>• Support risk communication through CBS teams</li> <li>• Ensure production of IEC material with EVD prevention messaging</li> <li>• Provide information to members of the community, healthcare</li> </ul>	

<b>Priority Actions:</b>	<p>workers, and volunteers on the KRCS EOC hotline so they can reach out for information or to share feedback.</p> <ul style="list-style-type: none"> <li>• Briefing KRCS staff manning the EOC MHPSS Hotline on key prevention messages for EVD and readiness for increased public engagement</li> </ul>
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	<b>National Society Strengthening</b>	<b>Budget</b>	CHF 38,856
		<b>Targeted Persons</b>	565650

<b>Indicators</b>	<b>Target</b>
Number of lessons learned workshop conducted	1
Number of MoUs prepared and signed with MoH on KRCS role in SDB	1
Number of SoPs prepared and disseminated on SDB teams response to alerts	1
Number of Branch staff mobilized	3
Number of weekly supervisory visits conducted at county level	12
Number of monthly monitoring visits conducted	3

<b>Priority Actions:</b>	<p>Delivering on this plan shall entail high level of engagement with MoH and other partners in the various coordination platforms. As such, below activities will be implemented:</p> <ul style="list-style-type: none"> <li>• Ensure KRCS participation in all relevant coordination platforms</li> <li>• Develop MoU with MoH outlining role of KRCS in SDB for Viral hemorrhagic fevers</li> <li>• Set up and disseminate standard operating procedures (SoPs) for rapid response to SDB alerts by CBS team.</li> <li>• Mobilize 3 KRCS Branch staff (health, RCCE and WASH) to support implementation of activities and participate in county level sub-committees (SDB, RCCE, Case management/IPC, WASH and PFA).</li> <li>• Ensure weekly supervision of activities and feedback information to Branch Coordinator</li> <li>• Ensure monthly field visit for coordination of operation (PHiE Manager and IFRC Surge).</li> </ul>
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	<b>Secretariat Services</b>	<b>Budget</b>	CHF 25,560
			0

	Targeted Persons
<b>Indicators</b>	<b>Target</b>
Number of Surge personnel deployed	1
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>• Ensure deployment of a Public health in emergencies Surge personnel with strong background in SDB training to support KRCS readiness. This person shall equally help KRCS enhance positioning with Government and partners on Movement capacities in contributing to preventing EVD and will support discussions with MoH on the SDB preparedness and SoPs for responding to SDB alerts.</li> <li>• IFRC Logistics services will be engaged for the timely procurement of required prepositioning of SDB starter kits, training kits and replenishment kits.</li> </ul>

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

Overall 125 volunteers will be deployed in 6 targeted counties on rotation basis, to support implementation of community health promotion. They shall include:

- Busia: 40 volunteers
- Bungoma 25 volunteers
- Migori: 15 volunteers
- Homa Bay: 15 volunteers
- Kisumu: 15 volunteers
- Siaya: 15 volunteers.

In addition, 3 KRCS branch staff shall be deployed for the entire duration of the operation to ensure implementation and close supervision of teams.

### Will surge personnel be deployed? Please provide the role profile needed.

One (1) IFRC surge with PhiE profile and strong SDB background will be deployed to support.

### If there is procurement, will it be done by National Society or IFRC?

At KRCS level, the procurement unit will ensure timely provision of IEC materials, with support from CEA team. In addition, all fleet and transportation of teams will be managed by KRCS.

At IFRC level, the Logistics and Procurement unit will use its expertise and contacts to ensure KRCS has much needed SDB material prepositioned. This will be done in line with IFRC Procurement standards.

### How will this operation be monitored?

With support from KRCS Monitoring Evaluation and Learning team, monitoring of this operation will be managed through regular team visits by the dedicated branch staff members on weekly basis with reporting to their Branch Coordinator. Information gathered will be brought up to the attention of the Public Health in Emergencies (PHiE) manager, to ensure any operational decisions linked with the developments are taken in due time.

The PHiE Manager will ensure monthly field visits for coordination and supervision, with support from the PHiE Surge deployed.

**Please briefly explain the National Societies communication strategy for this operation.**

KRCS shall use its social media platforms and traditional media for communicating with the public, about its EVD preparedness actions. Media briefings will be supported by the communication team, depending on the necessity as guided by the Directorate for Health.

IFRC Nairobi Cluster Delegation Communication focal point will also provide support and guidance as necessary.

# Budget Overview



## DREF OPERATION

### MDRKE052 - Kenya Red Cross Society Anticipatory Actions - EVD Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>122,526</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	110,598
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11,928
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>64,416</b>
Coordination and Partnerships	0
Secretariat Services	25,560
National Society Strengthening	38,856
<b>TOTAL BUDGET</b>	<b>186,942</b>

*all amounts in Swiss Francs (CHF)*

# Contact Information

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

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