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Emergency Plan of Action: Operations update

Kenya: Mandera Bus Attack

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRKE032
Date of issue: 11 March 2015	Date of disaster: 22 November 2014
Operation manager (responsible for this EPoA): Dennis Kjeldsen, IFRC Operations Coordinator	Point of contact: Dr. Abbas Gullet, Secretary General, Kenya Red Cross Society
Operation start date: 1 December, 2014	Operation end date: 1 March, 2015
Overall operation budget: CHF 125,604	Expected timeframe: 3 months
Number of people affected: 2,483	Number of people to be assisted: 2,483
Host National Society presence (n° of volunteers, staff, branches): Counties in the targeted areas including Gusii, Kakamega, Keiyo, Mandera, Marakwet, Muranga, Nairobi and Nyeri.	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC and ICRC	
Other partner organizations actively involved in the operation: Government of Kenya (National Disaster Management Unit and National Disaster Operation Centre)	

A. Situation analysis

Description of the disaster

On Saturday 22 November 2014 at approximately 0545hrs a bus travelling from Mandera Town, North East Kenya to Nairobi was attacked at Ledhi, in the Arabia area, 30km from Mandera Town, which resulted in the death of 28 people as a result of gunshots. The deceased were professionals working as civil servants in Mandera travelling for holidays in their rural homes in other counties in Kenya. They included 24 teachers (heading home after schools were closed for December holidays), 1 clinical officer, 1 pharmaceutical technologist (both working for the Ministry of Health (MoH), and 1 Police officer and his spouse. The Al Shabaab group has claimed responsibility for the attack, as retaliation to the closure of mosques in Mombasa. The Kenya National Union of Teachers (KNUT), an umbrella body for teachers in Kenya announced that none of its members (Teachers) would go back to northern and north eastern Kenya. The Medical Practitioners Union also announced to its members to evacuate from north eastern counties for security reasons. It was reported that the evacuation of medical practitioners led to the closure of health facilities spread across Lafey, Mandera East and Mandera North sub counties. Following the Mandera bus attack, non-locals were relocated back to Nairobi following the fear that they would be attacked and together with the survivors, family members of the deceased and the remaining population remained traumatized.

On 3 December 2015, IFRC allocated CHF 125,604 from the Disaster Relief Emergency Fund (DREF) to support the Kenya Red Cross Society (KRCS) respond to the psychosocial needs of the affected population for a period of 3 months.

This operations update is informing on a revision to the [Emergency Plan of Action \(EPoA\)](#), specifically related to Output 1.3 "Provide individual and group psycho social support to the immediate families and friends of those affected by through the attack", after it was identified that activities planned against might rekindle grief and other issues amongst the survivors and the bereaved that they have already started addressing. As such, CHF 7,538 was reallocated to support other psychosocial related activities planned, including follow up sessions with KRCS staff and volunteers involved in the response and for members of the public that were adversely affected but have not yet received assistance.

The Tsunami Residual Funds contributed to a full replenishment of the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

IFRC, on behalf of Kenya Red Cross Society, would like to extend thanks to all partners for their continued support.

[<click here for the contact details >](#)

Summary of current response

Overview of Host National Society

Following the incident, a KRCS response team was deployed to support officers from National and County Governments to retrieve the 28 bodies from the scene of attack to Mandera District Hospital, from where they were transferred by Kenya Police to Chiromo Mortuary in Nairobi. In addition, initial identification of the bodies was also carried out. The KRCS established a Psychosocial Support Centre at the Chiromo Mortuary to support family members, friends and relatives of the deceased. As of 27 January 2015, it is estimated that 60 per cent of activities planned within the DREF operation had been completed.

Overview of Red Cross Red Crescent Movement in country

The IFRC East Africa and Indian Ocean Islands (EAIOI) regional representation is located in the country and supports operations in 15 countries across the region, including the KRCS. The KRCS hosts a number of Participating National Societies (PNS) including: Australian, Austrian, British, Canadian, Danish, Finnish, German, Japanese, Netherlands, and Norwegian Red Cross Societies. The ICRC regional delegation in Nairobi serves as a hub for operations in Eastern and Central African countries. The IFRC EAIO regional representation has provided support with the release of the DREF allocation, and agreement of the operational strategy.

Overview of non-RCRC actors in country

The KRCS were assisted by the central and county government officers in the retrieval of the 28 bodies of the deceased from the scene of attack. Health officers from Mandera District Hospital also worked with KRCS staff and volunteers to ensure bodies were well preserved. The Government of Kenya (GoK) Police aircraft was used to airlift bodies to Nairobi and the National Disaster Management Unit provided logistical support for the bodies from the airport to Chiromo Mortuary while the National Disaster Operation Centre ensured coordination of the movement of the bodies to the Chiromo Mortuary. Individual counsellors and some from Amani Counselling Centre worked in conjunction with KRCS volunteers and staff in counselling the families and friends of the bereaved. The United Nations Population Fund has supported the funding for counselling activities, which were carried out at the Chiromo Mortuary. In Mandera, community elders have led peaceful coexistence discussions between locals and non-locals and security officers deployed in Mandera to pursue the attackers.

Needs analysis and scenario planning

Needs assessment

Following the Mandera bus attack, it was identified that there was a need to provide psychosocial support to the people affected to help them cope better with the death of their family members; as well as help non-locals, non-Muslims within the county resume their normal activities and lives. Furthermore, those involved in the response, including the Kenya Defense Force and police officers, KRCS staff and volunteers, and Chiromo Mortuary staff also require psychosocial support.

Beneficiary selection

The beneficiaries of this DREF operation were identified as:

- 28 bereaved families of the deceased who are mostly from the Gusii, Kakamega, Keiyo, Marakwet, Muranga, Nairobi and Nyeri and counties – comprising an estimated 140 people (five persons per family).
- 31 survivors who witnessed the shooting and their families, who will be traced by the KRCS and are believed to be based in the Coast and North Eastern regions – comprising an estimated 186 people (31 survivors and an additional five persons per family)
- 16KRCS staff and 21 volunteers that were involved in the response.
- 100 security personnel.
- 28 Chiromo Mortuary staff that received the bodies and have with time been affected with increased number of dead bodies as result of other attacks and accidents. They were involved in identification and preservation of the bodies following the Mandera bus attack and the recent attack and killing of administration police officers in Kapedo.
- Approximately 2,000 people in the county including locals, non-locals and non-Muslims who they are now living in fear, and are traumatized by the attack. It is reported that a number of them have moved from their homes to the airstrip and are requesting for the Government to evacuate them as they do not believe they are safe in Mandera.

In total, 2,483 people are expected to be reached in eight counties (Gusii, Kakamega, Keiyo, Mandera, Marakwet, Muranga, Nairobi and Nyeri) through the psycho social support activities, which will be carried out within this DREF operation.

Risk Assessment

On 2 December 2015, 36 people working in a quarry in the Arabia area, 20 km from Mandera town and 5km from the bus attack scene were killed by militants suspected to be part of the Al Shabaab group. A KRCS response team was deployed to support the Kenya Police Force to retrieve the bodies, and their transfer to Nairobi. Following this incident there has been no threats in Mandera County reported. The KRCS has provided sensitization on the Safer Access Framework for staff and volunteers involved in this DREF operation; and continued to liaise closely with security officers on the ground.

Scenario Planning

At the onset of the DREF operation, the previous six months in the country has witnessed increased deterioration of security in the coastal strip, North Rift Counties and North Eastern characterized by high numbers of fatalities injuries and displacement. The Al Shabaab groups actions, and ethnic conflicts due to struggle for resources have been the main causes. Many security personnel have lost their lives resulting to a perceived loss of control of insecurity by the government.

The Mandera Bus Attack, which resulted in the death of 28 people, had led to lack of confidence among non Somali, Non Muslims working and living in areas of Mandera and larger north eastern region. Increased movement out of the area has been witnessed in Mandera, Wajir and Daadab areas in North Eastern Province. The situation is likely to unfold in the following ways

Scenario 1: Normalization of the security situation in Coastal areas, North Eastern (including Mandera) and other areas recently affected by conflict leading to resumption of normal activities with little or no humanitarian situation.

Scenario 2: Current situation remains with movement of population experienced in only the affected areas with the government succeeding to reassure the affected communities of their safety and security while taming actions. Humanitarian situation stabilizes in the current status with needs gradually reducing due to gradual resumption of normal livelihood conditions.

Scenario 3: Recurrence of interethnic clashes in North Rift, Northern Kenya and sporadic militia attacks in North Eastern areas (including Mandera) and Coast region against non Muslim population leading to increased tension and reduced lack of confidence in the government security machinery leading to sporadic movement of population in the affected areas resulting to partial interruption of life support services including medical, transport, food availability and education.

Scenario 4: Increased inter-ethnic conflict among the pastoralists communities in Baringo, Turkana, Samburu, Marsabit, Mandera and attacks by the Al Shabaab in larger North Eastern region and Lower Coast areas and major urban areas leading to total lack of confidence in the government security. This situation will be characterized by:

- i. Massive fatalities and injuries across the affected regions.
- ii. Increased control of daily activities by militias in the affected locations.
- iii. Increased movement of populations perceived as not ethnically or religiously correct out of the affected areas.
- iv. Increased humanitarian crisis in the affected areas due to acute shortage of life support services.
- v. Increased political activities across the country characterized by riots in major urban areas resulting to interruption of communal services hence widening humanitarian situation in the areas not directly affected by conflict.
- vi. Reduced humanitarian actors as agencies withdraw staff due to security concerns in most parts of the country.

As of 27 January 2015, the scenario planning remains unchanged.

B. Operational strategy and plan

Overall Objective

The overall objective of this operation is to provide individual and group psycho social support to the immediate families and friends of those affected through the attack, those involved in the response and the general community.

Proposed strategy

As per the agreed operational strategy, the following activities have been prioritized within this DREF operation:

- Build the capacity of the KRCS to provide support to the affected through the training of 43 staff and volunteers (consisting of 11 staff and 32 volunteers) on psycho social support. The psycho social support training will help increase the number of staff and volunteers with these skills within the National Society; and will not only be utilized during this operation but also in future operations, should there be further attacks of this kind, given the protracted crisis in the affected areas. They will also serve as “Trainer of Trainers” (ToTs) when needed. Two trainings will be carried out, which will be supported by two facilitators (four in total).
- Provision of psycho social support by the staff and volunteers to the families of those affected by the incident; survivors and family members who will be traced in their respective counties, those involved in the response, and the community affected by the trauma. Psycho social support sessions will be carried out through home visits, small group sessions of approximately (8 – 15 people) individual one on one session with the staff and volunteers trained as counsellors. It is expected that the support will comprise an initial psycho social support session, and a follow up session, i.e. two sessions in total. Professional counsellors accredited by the MoH (two per county; 16 in total), will provide support for two days per month to the affected families. The counsellors will be supported by the volunteers, which will also help build their skills. The professional counsellors will provide supervision and briefing of the staff and volunteers – it is expected that these sessions will be carried out in month two and three of the operation.
- Strengthening of National/County coordination mechanisms (MOH mental health coordinator) to provide psycho social support in case of any emergency within the county; and update them on the activities being carried out within the operation. The KRCS will participate in coordination mechanisms, including the National Task Force; and other national/county level coordination meetings with the MoH and other agencies.
- Procurement of body bags and first aid kits for replenishment of the ones utilized during the response.

Through this Operations Update, CHF 7,538, which was budgeted for Output 1.3 “Provide individual and group psycho social support to the immediate families and friends of those affected through the attack” will be reallocated to enable other psychosocial related activities to be carried out, including follow up sessions with KRCS staff and volunteers involved in the response, and for members of the public that were adversely affected but have not yet received assistance.

Operational support services

Human resources

Table 1: Human resources mobilized (remains unchanged from the EPoA)

Volunteers involved in the immediate response	21 volunteers (nine in Mandera and 13 in Chiromo)
Volunteers to be trained	32
Staff involved in the immediate response (Mandera and Nairobi)	16 staff (eight in Mandera and eight in Chiromo)
Staff to be trained	11
Professional Counsellors involved in immediate response (Nairobi)	Eight
Professional counsellors to be engaged for provision of services	16 (two per county)
Psycho social support officers	Two (recruited)

Logistics and supply chain

Logistics and supply chain activities have been related to ensuring that the staff and volunteers involved in the DREF operation have been able to access the areas where affected families are living in order that they are able to reach as many people as possible with psychosocial support.

Communications

The IFRC and KRCS have continued to issue information the DREF operation using media platforms (including Twitter) to raise awareness of the response with national and international audiences. On 22 and 25 November, DMIS alerts were also issued with information on the evolving situation. Through this DREF operation, communications related activities have focused on building trust between the affected communities, with messaging provided to reduce fear, and raise awareness on the psychosocial support available. Key stakeholder groups and opinion leaders and been targeted.

Planning, monitoring, evaluation and reporting (PMER)

The KRCS national headquarters (NHQ) through an operations team has provided support to the staff and volunteers involved in the implementation of the DREF operation, specifically to ensure that the activities planned meet the recognized international standards, and Red Cross fundamental principles. Field monitoring and technical support visits have been conducted to monitor this. The IFRC EAIO regional representation has also provided support to strengthen the implementation of the DREF operation. Joint monitoring visits (IFRC and KRCS) will be subject to security clearance by the security unit at KRCS and IFRC.

Administration and Finance

A Memorandum of Understanding (MoU) between the IFRC EAIO regional representation and the KRCS in relation to the proper use of the DREF allocation in accordance with the agreed conditions has been signed. The KRCS administration and finance department are overseeing that the implementation of this MoU with the support of senior management.

Security

Security monitoring has been carried out by the KRCS security team and the senior management, in close liaison with the government at national and county level. As noted, on 2 December 2014 (Refer to Risk Analysis) 36 people working in a quarry in the Arabia area, 20 km from Mandera town, and 5m from the bus attack were killed by militants suspected to be part of the Al Shabaab group; however there have been no further incidents reported that have had implications for the implementation of the DREF operation.

Agreed safety standards have been shared with staff and volunteers involved in the DREF operation. In September 2015, Safer Access Framework training was also carried out with representatives from all counties, including Mandera County. Training on safe and dignified burials has also been conducted though cascading of the same will be required.

C. Detailed Operational Plan

Programming / Areas Common to all Sectors

Health & care

Needs analysis: Based on the assessments carried out by the response team there is risk of mental break downs and mental disorders including depression and break down of social structures of the affected families if they are not provided with follow up psycho social support. In addition, there is risk of violence within the community due to suppressed grief. Moreover, it was identified that KRCS staff and volunteers, mortuary staff, county and National government personnel also require counselling services to enable them to be able to function effectively in their daily activities

Population to be assisted: A total of 2,483 people (31 survivors and their families will be traced and offered psychosocial support. Families of the 28 killed persons, 16 KRCS staff, 21 KRCS volunteers, 100 Security personnel, 20 mortuary attendants and approximately 2,000 people from the general population in Mandera) will receive individual and group therapy sessions.

Health and Care			
Outcome 1: Provide individual and group psycho social support to the immediate families and friends of those affected by through the attack, those involved in the response and the general community.			
	Outputs		% of achievement
		Output 1.1: Build capacity of staff and volunteers to provide psycho social support services. Output 1.2: Provide supervision and debriefing services Output 1.3: Provide individual and group psycho social support to the immediate families and friends of those affected by through the attack Output 1.4: Provide individual and group psycho social support to responders and staff involved in the response (including security personnel and mortuary attendants) Output 1.5: Provide individual and group psycho social support to the general community of Mandera Output 1.6: Provide safe and dignified burials Output 1.7: Replenish First Aid kits	
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Train staff (11) and volunteers (32) in trauma counselling	x		79%
Conduct counselling supervision and debriefing sessions for staff, volunteers and professional counsellors	x		40%
Initiate contact with families for provision of counselling services	x		57%
Provision of group and individual counselling services to families of the bereaved	x		57%
Provision of group and individual counselling services to responders	x		35%
Mobilize community in Mandera for the counselling services	x		20%
Provision of group and individual counselling services to general community in Mandera	x		20%
Preservation of bodies	x		100%
Procurement of (28) body bags	x		100%
Procurement of First Aid kits used in Mandera immediate response	x		100%
Conduct counselling supervision and debriefing sessions for staff, volunteers and professional counsellors	x		100%

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

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

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

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How we work

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

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

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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.