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Emergency Plan of Action (EPoA) Kenya: Garissa University Attack

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRKE034
Date of issue: 6 April 2015	Date of disaster: 2 April 2015
Operation Manager (responsible for this EPoA):	Point of contact: Dr Abbas Gullet, Secretary General, Kenya Red Cross Society
Operation start date: 5 April 2015	Expected timeframe: Three months (5 April to 5 July 2015)
Overall operation budget: CHF 265,358	
Number of people affected: 2,200 People	Number of people to be assisted: 2,200 people with psychosocial support
Host National Society(ies) presence (n° of volunteers, staff, branches): 240 (immediate response), 275 volunteers for the longer psychosocial support and 25 staff will be involved in the current operation	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): IFRC	
Other partner organizations actively involved in the operation: County and national government (Ministry of health and Interior)	

A. Situation analysis

Description of the disaster

In the morning hours of Thursday 2 April 2015 at around 05:30am, the Garissa University College was attacked by an armed group. Garissa University is located in Garissa town in the North Eastern part of Kenya. This attack was preceded by an explosion at the University entrance before the attackers moved into nearby hostels where they took the occupants hostage. The Kenya security personnel responded to the incident. Most of the students had not woken up at that hour. By the end of the day, according to the Government sources, there were 147 casualties of which 6 were critical. Majority of the casualties had gunshot wounds and some got cuts while trying to escape. Most of the casualties are students from the institution with few security personnel. Out of the 749 students admitted in the University, 359 have been accounted for and 390 have not.

According to Media, Al Shabaab group have taken responsibility for the attack.

The town of Garissa is around 150 kilometres (90 miles) west of Somalia and has in the past been targeted by militants from the Al-Shabaab. Kenya has in the recent past experienced repeated attacks in several locations in the country. In November 2014, a bus travelling from Mandera Town, North East Kenya to Nairobi was attacked at Ledhi, in the Arabia area, 30km from Mandera Town, which led to 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. The Al Shabaab group claimed responsibility for the attack, as retaliation to the closure of mosques in Mombasa. 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. In September 2013, the Westgate shopping mall was attacked, the most severe in Kenya in the recent past.

[<click here to go directly to the budget and here for contact details >](#)

Summary of the current response

Overview of Host National Society

The Kenya Red Cross Response team was on the ground soon after the attack working closely with other command structures within the government. KRCS Emergency Medical Services (EMS) has deployed ambulances and paramedics at the scene. The Garissa County hospital had 120 units of safe blood available and an additional 64 units has been availed to Garissa for transfusion with an initial projected need of 250 units will be required. KRCS Garissa team has conducted a mini blood donation at the Garissa Blood Transfusion Satellite Centre. KRCS has airlifted two (2) surgeons and two (2) anaesthetists and surgical supplies to back up the resident surgeon in Garissa County hospital. The hospital has one theatre and considerations have been made to convert other rooms to serve as operating rooms. A chartered plane is being used to airlift critically injured cases and later the bodies of the deceased.

KRCS has set up psychosocial support, counselling and tracing services at Chiromo Mortuary for the bereaved families, relatives and friends in Nairobi, and an additional centre is being set up in the Nyayo Stadium in Nairobi, where several students are being settled to keep them away from the area of the event. KRCS will continue to offer RFL services in Garissa and Nairobi. As of 2 April, 2015 21:00 hours 259 students were successfully accounted for and 156 tracing requests were received from various families

Overview of Red Cross Red Crescent Movement in country

The IFRC Eastern Africa and Indian Ocean Islands 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 including: Australian Austrian, British, Canadian, Danish, Finnish, German, Japanese, Netherlands, Norwegian, and Swedish Red Cross. The ICRC regional delegation is also hosted in Nairobi which serves as a hub for operations in Eastern and Central African countries. IFRC has held an operational strategy teleconference on the attack and came up with an agreed operational strategy.

Overview of non-RCRC actors in country

The KRCS was assisted by the central and Garissa county government officers in the retrieval of the bodies of the deceased from the scene of attack and evacuating casualties to the Garissa County Hospital. Medical personnel from County Hospital and the surgeons deployed from Nairobi also worked with KRCS staff and volunteers to ensure bodies are taken to Nairobi as the County mortuary can only hold 20 bodies. The casualties are also being managed by this same joint team. The government provided logistical support for the bodies from the Wilson airport in Nairobi to government mortuaries. Individual counsellors and some from Amani Counselling Centre worked in conjunction with KRCS counsellor staff and volunteers in counselling the families and friends of the bereaved.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs analysis

Following the Garissa University attack, it was identified that there was a need to provide psychosocial support to the student population affected to help them cope with the death of their friends. Also family members of those who lost their loved ones are also included to receive this support so as to resume their normal activities and lives. Furthermore, those involved in the response, including the Kenya Defence Force and police officers, KRCS staff and volunteers, and Chiromo Mortuary staff also require psychosocial support.

The Garissa County Hospital has a limited capacity to handle operations and dead body preservation as it has only one theatre that can take up to 4 patients at a given time. KRCS in collaboration with the county and national government resorted to airlifting critical casualties and bodies of the deceased. The military airplanes were insufficient and additional support for airlifting was requested. KRCS as at close of day on the 3 April had conducted 5 airlifts and plans for an additional two more lifts.

Among the injured are cases that require highly specialized surgical care. One of the critical cases had gun shots wounds on the spine. The management of this particular case will be very costly and therefore require financial support. Most affected families have low income and will not be able to afford these costs. The government free health care services only cover outpatient and bed.

Beneficiary Selection

The beneficiaries of this DREF operation were identified as:

- Relatives of the deceased who are mostly from other parts of the country.

- The survivors who were either injured or witnessed the shooting, and their families, who will be traced by the KRCS
- KRCS staff and volunteers involved in the response.
- Security personnel.
- Chiromo Mortuary staff who may be overwhelmed by the situation will in time be affected as result of the attack.
- Approximately 2,000 people in the county including locals, non-locals who are now living in fear and are traumatized by the attack.

In total, over 2,200 people are expected to be reached through the psycho social support and tracing activities, which will be carried out within this DREF operation.

B. Operational strategy and plan

Overall objective

The overall objective of this operation is to provide individual and group psychosocial support, tracing and first aid and medical support to the directly affected, their immediate families and friends, those involved in the response and the general community.

Proposed strategy

The following activities have been prioritized within this DREF operation:

- Provision of psychosocial support by 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 members of the institution and community affected by the trauma. Psychosocial 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, 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 psychosocial 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.
- Provision of RFL services in Garissa and in Nairobi to assist families know the whereabouts of their loved ones though identification of victims at the hospital and morgues.
- Provide air evacuation of critically injured requiring specialized medical management to Nairobi and airlifting of bodies to Nairobi mortuaries.

Operational support services

Human Resources

KRCS will mobilize volunteers in Garissa and Nairobi to support the Operation. KRCS will hire a staff who will be dedicated in supporting the operation for the three months.

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

Volunteers involved in the immediate response (10 days) Nairobi and Garissa	240
Staff involved in the immediate response (Garissa and Nairobi)	20
Professional counsellors to be engaged for provision of services Continuous	15
Psychosocial support volunteers (Continuous)	275
Tracing officers	10
Tracing volunteers	10
Operation staff HQ	1

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.

Information technologies (IT)

Field and headquarter based ICT equipment's shall be dedicated to the response. Capacity of the RFL lines and staff to man the call centre have been bolstered due to the large number of calls. Internet connectivity in most of the areas is intermittent so the primary mode of communication has been phone lines. Vehicles deployed to the operation are fitted with radios to enhance coordination to teams.

Communications

The IFRC and KRCS have continued to issue information of the operation using media platforms the website through Sitreps and on social media to raise awareness of the response with national and international audiences. On 2 April 2015, a DMIS alert was issued with information on the evolving situation, and an Information Bulletin was prepared on 3 April. Ongoing updates will also be paired with multi-media tools such as photos and videos, although cameras will need to be procured based on gaps experienced during previous emergency responses of this kind which usually required a larger communication capacity

Security and Coordination

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. Agreed safety standards have been shared with staff and volunteers with sensitization on the Safer Access Framework for staff and volunteers involved in this DREF operation provided in addition to continued close liaison with security officers on the ground.

Kenya Red Cross will liaise with other national stakeholders in disaster management to continuously review the coordination structure during Mass Casualties Incidents meetings (MCIs) in Kenya. This is informed by the draft National stakeholder MCI protocol which will be validated during this response period as an after action review exercise.

Planning, monitoring, evaluation, & reporting (PMER)

The National Society Headquarters (through an M&E and operations team) will support the implementing teams to ensure effective, timely and efficient delivery of operation. The monitoring process will focus on among other things, 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, management of supplies during storage, accuracy, completeness and timeliness of reporting among others. Field monitoring and technical support visits will be conducted where necessary. The KRCS will work closely with the IFRC Eastern Africa Regional Representation Office to strengthen the implementation of the operation. Joint monitoring visits (IFRC and KRCS) will be conducted subject to security clearance by the security unit at KRCS and IFRC.

Administration and Finance

The KRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with conditions to be 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 DREF.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Outcome 1: Quality programming, continuous and detailed assessment and analysis to inform the design and implementation of the operation.													
Output 1.1: Monitoring of service provision in the areas of intervention													
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
Monitoring costs													
Lessons learnt workshop													

Health

Needs analysis: In addition to the provision of first aid on site, there is the need for psychosocial support as there is risk of violence within the community due to suppressed grief. Moreover, it was identified that KRCS staff and volunteers, other first responders, mortuary staff, county and National government personnel also require counselling services to enable them to be able to function effectively in their daily activities. There is also a need to provide restoring family links services to survivors and families of the students to reduce anxiety of not knowing the fate of their loved ones. Support will be given to 749 families of the affected students.

Given the limited capacity of the hospital in the area of the attack, there is need to support the transportation of those critically injured as well as the deceased.

Population to be assisted: Total of 2,200 people will receive individual and group therapy sessions.

Outcome 2: Immediate health care services are provided to those directly affected, their families and friends and to those involved in the response and the general community.																
Output 2.1 Provision of immediate first Aid and medical evacuations to the affected population.																
Activities planned/Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Provision of emergency medical services to the injured population.																
Referral of injured population to the nearest health facility.																
Airlifting of severely injured population to Nairobi.																
Setting up emergency centres for, medical, tracing, Psychosocial services																
Replenishment of Medical first Aid kits																
Replenishment of Trauma kits.																
Partial payment of medical bills to the affected (of cost not covered by the State)																
Output 2.2 Provision of individual and group PSS services to injured, survivors , immediate family members, responders and staff																
Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Contact Information

For further information specifically related to this operation please contact:

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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:

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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

DREF OPERATION

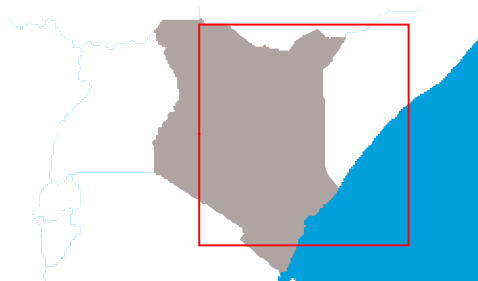
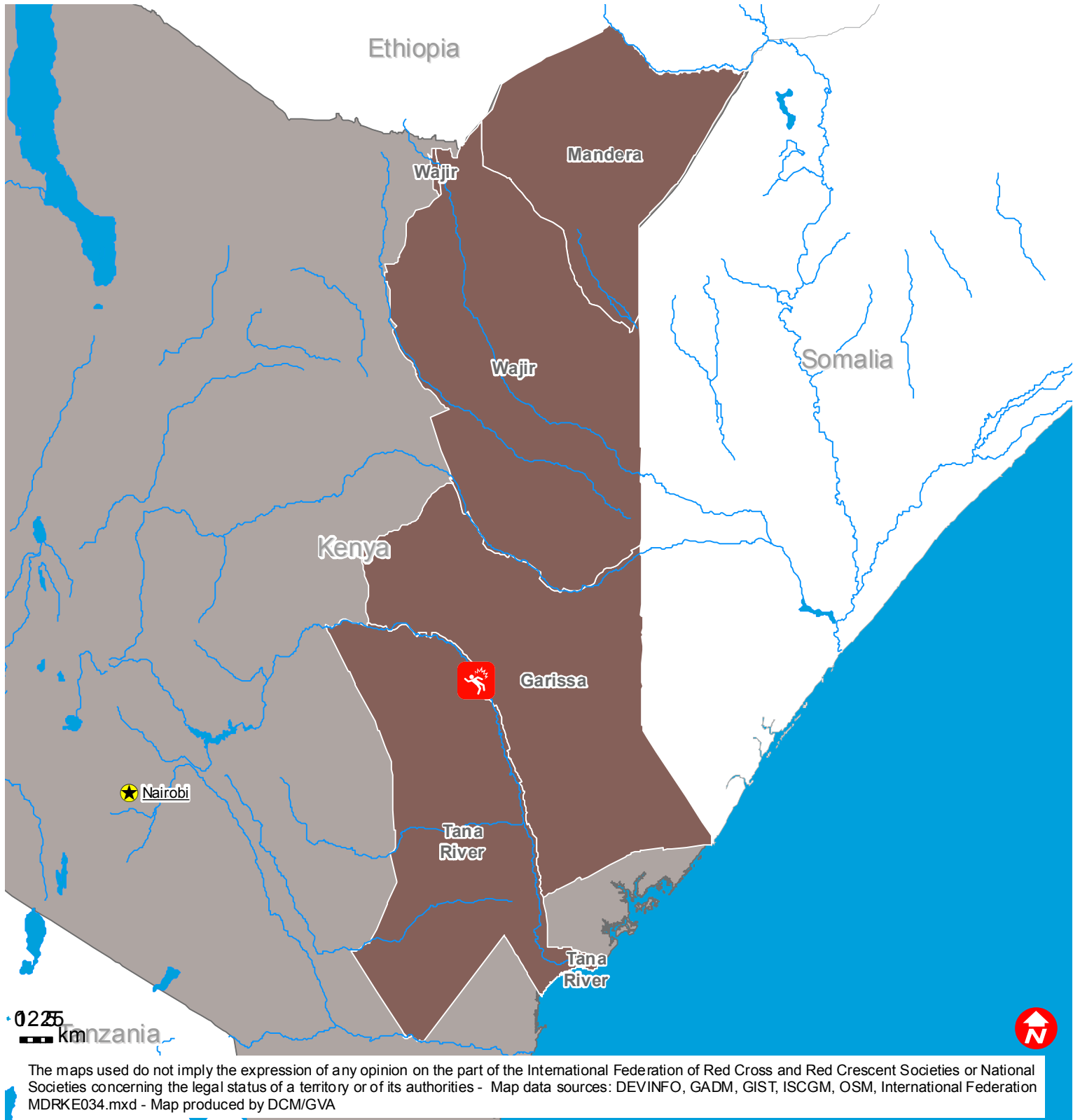
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MDRKE034: Garissa University Attack

Budget Group	DREF Grant Budget CHF
Shelter - Relief	2,667
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	87,350
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	90,017
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	2,667
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	2,667
Storage, Warehousing	0
Distribution & Monitoring	4,542
Transport & Vehicle Costs	11,333
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	15,875
International Staff	0
National Staff	0
National Society Staff	27,217
Volunteers	76,209
Total PERSONNEL	103,426
Consultants	0
Professional Fees	20,833
Total CONSULTANTS & PROFESSIONAL FEES	20,833
Workshops & Training	13,622
Total WORKSHOP & TRAINING	13,622
Travel	0
Information & Public Relations	0
Office Costs	0
Communications	2,722
Financial Charges	0
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	2,722
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	16,196
Total INDIRECT COSTS	16,196
TOTAL BUDGET	265,358



Kenya: Garissa Attack



-  Garissa University College Campus
-  Curfew