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# DREF Preliminary final report Kenya: Ebola Virus Disease Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF</b>	<b>Operation n°</b> MDRKE031; <b>Glide n°</b> EP-2014-0000398-KEN
<b>Date of Issue:</b> 8 April, 2015	<b>Operation start date:</b> 23 September, 2014
<b>Operation manager (responsible for this EPoA):</b> Dennis Kjeldsen, IFRC Operations Coordinator.	<b>Operation end date:</b> 23 December, 2014
<b>Operation budget:</b> CHF 59,127	<b>Timeframe:</b> 3 Months
<b>Number of people affected:</b> 4,887,089. These include; 40,740 in Busia, 252,061 in Eldoret, 259,258 in Kisumu, 915,101 in Mombasa, 3,133,518 in Nairobi and 286,411 in Nakuru. (Source: Kenya Open Data Survey 2013).	<b>Number of people to be assisted:</b> 18,000 including 2,800 in Busia, 2,800 in Eldoret, 2,800 in Kisumu, 2,800 in Mombasa, 4,000 in Nairobi and 2,800 in Nakuru. It is estimated that 100,000 people will be assisted indirectly through this DREF operation.
<b>Host National Society presence (n° of volunteers, staff, branches):</b> KRCS 120 volunteers and 32 staff members	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> ICRC and IFRC	
<b>Other partner organizations involved in the operation:</b> Ministry of Health, World Bank, Ministry of Health, Kenyatta National Hospital, Kenya Ports Authority.	

## A. Situation analysis

### Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone causing untold hardship and hundreds of deaths in these countries. As of 6 March 2015, a total of 24,282 cases and 9,976 deaths attributed to the EVD had been recorded across the most affected countries of Guinea, Liberia and Sierra Leone. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which has affected West Africa.

On August 8 2014, the World Health Organization (WHO) declared the West Africa Ebola crisis a “public health emergency of international concern.”. Kenya was among the countries categorized by WHO as one of the countries at “level 2” of risk of transmission of the EVD.

On 5 September 2014, Kenya’s surveillance system recorded seven suspected cases of EVD, although laboratory investigations carried out by the Kenya Medical Research Institute/Centres for Disease Control and Prevention (KEMRI/CDC) proved to be negative. Nonetheless, a decision was made to suspend flights from Nairobi to three West African countries (Guinea, Liberia and Sierra Leone) in order to control the risk posed by air travel; and triggered the Kenya Red Cross Society (KRCS) to initiate measures in collaboration with the Ministry of Health (MoH) to prevent and prepare for an occurrence of the virus. These included;



An Epidemic Control for Volunteers training session being conducted in Bungoma County. Photo/ KRCS

- Conducting sensitization on EVD for staff and volunteers through information sessions and media (including email communication, briefings, and social media).
- Participation in the EVD National Task Force for updates and information-sharing, as well as for national planning.

The planned activities of the operation have been finalised and up to 229 people provided with EVD related training, which equates to 150 per cent of the intended target (152). The final financial report is not finalised as yet and therefore this report is issued as a preliminary final report awaiting the finalisation of the final financial report after which a final report will be issued.

Tsunami Residual Funding contributed towards a full replenishment of the DREF allocated 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, the European Commission Humanitarian Aid and Civil Protection (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 KRCS would like to thank all partners for their continued support.

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

## Summary of response

### Overview of Host National Society

Since the confirmation of the EVD in Guinea, the International Federation of Red Cross and Red Crescent Societies (IFRC) with the National Societies have developed response strategies, which include supporting the National Societies of the affected countries, countries with a physical border to the affected countries and those who are at risk. On 23 September 2014, the IFRC allocated CHF 59,127 from the Disaster Relief Emergency Fund (DREF) to support the Kenya Red Cross Society (KRCS) with EVD preparedness activities for a period of three months, specifically in the Busia, Eldoret, Kisumu, Mombasa, Nairobi and Nakuru areas of the country. The KRCS developed an EVD contingency plan, focusing on possible situations of the outbreak progress i.e. Number of reported cases, suspected, and confirmed and death cases. This was so as to prepare and identify the risk factors of EVD evolving in the country, as a result of population movement and interaction through immigration, commercial business and the health workers with the capacity to respond to the situation. This DREF operation was based on the country's EVD contingency plan, on areas mapped to be at a high risk, such as the ports of entry (Jomo Kenyatta International Airport, Kisumu, Mombasa and Wilson international airports) and commercial hubs in major towns.

### Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provided support through its' East Africa and Indian Ocean Islands (EAIOI) regional representation. In September 2014, the regional office organized an EVD regional preparedness workshop in Nairobi, Kenya, which the KRCS participated in. A Memorandum of Understanding (MoU) was signed by the IFRC and KRCS, which outlined the parties responsibilities to implement the activities planned within the DREF operation.

### Overview of non-RCRC actors in country

The MoH developed a contingency plan to improve preparedness activities on EVD, supported capacity building initiatives for the health professionals and conducted social mobilization sessions to the general public on EVD. Kenyatta National Hospital established two isolation centres for the management of suspected EVD cases. The immigration department conducted surveillance activities at all ports of entry (e.g. JKIA airport, for flights arriving from West African countries, especially Nigeria). In addition, The World Bank provided support in production of information, education and communication materials (IEC) (including brochures, fact sheets and visibility materials).

## Needs analysis and scenario planning

### Needs Assessment

Kenya was categorized by WHO as one of the countries at “level 2” of risk of transmission of the EVD, as a result of population movements between East Africa (with Kenya as a regional hub) and the two affected sub-regions (Central Africa and the West Africa).

High risk identified areas, specifically Busia, Eldoret, Kisumu, Mombasa, Nairobi and Nakuru due to the existing infrastructure (ports of entry - airports, land and sea ports; major commercial hubs, and key health facilities) were targeted through the DREF operation. Based on Kenya Open Data Survey information, the affected population in the target areas was 4,887,089 (Busia (40,740), Eldoret (252,061), Kisumu (259,258), Mombasa (915,101), Nairobi (3,133,518) and Nakuru (286,411)). Target populations were those people living at the most risk communities in the target areas, KRCS staff and volunteers, as well as key stakeholders (including the MoH, and other actors (in public and curative health) involved in the EVD preparedness activities)

## B. Operational strategy and plan

### Overall Objective

The overall objective of the DREF operation was to reduce the immediate risks to the health of the affected populations, specifically in relation to the EVD, through the National Society capacity building, community awareness/sensitization and social mobilization activities.

### Proposed strategy

The proposed strategy was in accordance with the IFRCs response and preparedness strategy for countries in the region, and specifically those that bordered those countries where cases had been reported. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioural change;
- Supporting Ministries of Health (and other actors) in prevention activities and social mobilization;
- Pre-positioning personal protective equipment and related training;
- Adaption and dissemination of information, education and communication material linked with community social mobilization activities.

## Operational support services

### Human resources (HR)

Through this DREF operation, 20 volunteers and 36 staff were trained from KRCS, 40 medical staff from the MoH, 33 ambulance operators and paramedics were mobilized to carry out the activities planned. Community awareness raising/sensitization, hygiene promotion and social mobilization activities in the target areas were not conducted. The variance was due to technical nature of the training which led less volunteers being trained. The Ministry has now indicated that the guidelines are ready and that they are currently rolling out a 3 day community sensitization workshops (participants are CHWs) in one sub-county per each of the 47 Counties.

### Logistics and supply chain

In collaboration with the MoH and other partner organizations, the KRCS coordinated the transportation and storage of information, education and communication (IEC) materials (targeting MoH facilities to all major health centres; as well the movement of staff and volunteers involved in the trainings.

### Communications

The National Society continued support the MoH communication activities, this was through support to the meetings that designed approaches to be used while implementing the EVD interventions at National Level.

### Planning, monitoring, evaluation and reporting (PMER)

The KRCS national headquarters (through the PMER Unit and operations team) supported the implementing teams to ensure effective, timely and efficient delivery of operation. One field monitoring visit was conducted to the counties in support of the capacity building sessions, and to monitor the level of implementation as per the agreed EPoA. Unfortunately, the Lessons Learned workshop that was planned was not carried out.

## Administration and Finance

The KRCS administrative and financial department was responsible for overseeing that the DREF allocation was used in accordance with conditions discussed in the MoU, procedures of the KRCS and DREF guidelines.

## C. DETAILED OPERATIONAL PLAN

### Early warning & emergency response preparedness

<b>Early warning and emergency response preparedness</b>			
<b>Outcome 1 : The immediate risks to the health of affected populations are reduced</b>			
<b>Output 1.1: Increased capacity of the KRCS to respond to the EVD</b>			
<b>Activities planned</b>			
1.1.1	Train volunteers in Epidemic Control for Volunteers (Target: 120)		
1.1.2	Train medical staff (Target: 12); ambulance operators (Target: 10) and paramedics (Target: 10) on Epidemic Control		
<b>Impacts</b>			
1.1.1	In total, 120 volunteers received training on the Epidemic Control for Volunteers (ECV) manual, which equates to 100 per cent of the intended target. The ECV training was carried out over two-days between 4 and 7 November 2015 across eight counties- Busia, Bungoma, Eldoret, Kisumu, Mombasa, Nairobi, Nakuru and Trans Nzoia (Bungoma and Trans Nzoia were included since they are entry points from Uganda) with the objective of increasing EVD preparedness and response capacities in high risk areas. The ECV training course focussed on EVD symptoms, modes of transmission, diagnosis, preventions and control.in addition to how to conduct surveillance , looking at how to identify all cases, contacts, patterns of epidemic spread, estimate the potential for further spread of the disease, control measures and on infant feeding. The participants were taken through the EVD contact tracing phases i.e. identification and interviewing, active monitoring, and discharge phase. Moreover, practical sessions were done on procedure and proper use of Personal Protection Equipment (PPE) and disposal i.e. donning and doffing, and social mobilization and risk communication during an EVD outbreak. The ECV training was facilitated by the MoH from both county and national staff.		
1.1.2	In total, 16 MoH staff, which equates to 133.33 per cent of the intended target (12); and 33 and 60 KRCS staff also received training on Epidemic Control.		
	Additionally, 33 ambulance operators/paramedics (Mombasa (13) and Nakuru (20) areas) received training from 4 – 6 December 2015 on the use of personal protective equipment, which equates to 165 per cent of the intended target (10 ambulance operators and 10 paramedics). Please note that 229 participants received EVD related training, which equates to 150 per cent of the intended target (152).		
<b>Table 1: Summary of the Epidemic Control Trainings conducted.</b>			
County	Male	Female	Total
Busia	6	11	17
Bungoma	13	9	22
Eldoret	18	9	27
Kisumu	16	13	29
Mombasa	13	15	28
Nairobi	15	16	31
Nakuru	13	9	22
Trans Nzoia	10	10	20
<b>Total</b>	<b>104</b>	<b>92</b>	<b>196</b>

<b>Output 1.2: EVD epidemic prevention, control and awareness measures carried out</b>	
<b>Activities planned</b>	
1.2.1	Conduct community awareness / social mobilization activities in the most at risk communities (Target: 12 sessions)
1.2.2	Dissemination of EVD key messages at sub county level
<b>Impacts</b>	
1.2.1	The EVD prevention, control and awareness activities were not carried out, as there were no action points developed and committed by the MoH. So far the Ministry has now confirmed that the guidelines are ready and that they are currently rolling out a 3day community sensitization workshops (participants are CHWs) in one sub-county per each of the 47 Counties. KRCS is still in the process to continue with the community sensitization workshops to bridge the gap in the hotspot counties of Nairobi, Kisumu, Busia and Mombasa with other support outside as the DREF Period is already finished.
<b>Challenges</b>	
<ul style="list-style-type: none"> <li>As noted no action points were developed and committed by the MoH and as such the EVD prevention, awareness activities were not carried out. This activity was largely unmet because KRS were waiting for guideline MOH community mobilization at Level.</li> </ul>	
<b>Lessons Learned</b>	
<ul style="list-style-type: none"> <li>Through collaboration and coordination and having a good working relationship with partners and other agencies is very important because the partnership helped in disseminating KRCS activities to the MoH facility staff.</li> </ul>	
<b>Output 1.3: National/County coordination mechanisms are strengthened</b>	
<b>Activities planned</b>	
1.3.1	Joint monitoring and reporting of the operation (including a lessons learnt workshop)
1.3.2	Provide operational support in the areas of HR, logistics, communications, admin and finance
<b>Impacts</b>	
1.3.1	During the DREF operation PMER staff supported the programme during implementation of activities in the target areas. Please refer to "Planning, monitoring, reporting and evaluation" section for further information.
1.3.2	During the DREF operation, three vehicles were provided to support the teams during the training period including the Human Resources, logistics, communications, admin and finance support. Please refer to "Operational support services" section for further information.
<b>Output 1.4: National/County coordination mechanisms are strengthened</b>	
<b>Activities planned</b>	
1.4.1	Support to National coordination mechanisms
1.4.2	Support to County level coordination mechanisms
<b>Impacts</b>	
1.4.1.	National coordination mechanisms were strengthened through collaboration with the MoH and partner organizations during the ECV trainings. Moreover, at national level, KRCS attended the National Task Force meetings.
1.4.2	County coordination mechanisms were strengthened through collaboration with the MoH and partner organizations during the ECV trainings

## D. Financial Summary

This is will be provided in the final report.

# Contact information

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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.

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