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DREF final report Kenya: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF	Operation n° MDRKE031; Glide n° EP-2014-0000398-KEN
Date of Issue: 22 July, 2015	Operation start date: 23 September, 2014
Operation manager (responsible for this EPoA): Dennis Kjeldsen, IFRC Operations Coordinator.	Operation end date: 23 December, 2014
Operation budget: CHF 59,127	Timeframe: 3 Months
Number of people affected: 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).	Number of people to be assisted: 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.
Host National Society presence (n° of volunteers, staff, branches): KRCS 120 volunteers and 32 staff members	
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC and IFRC	
Other partner organizations involved in the operation: 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) and the final financial report has now been finalised.

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 and here for the final financial report>](#)

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 (EAI/OI) 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

Early warning and emergency response preparedness			
Outcome 1 : The immediate risks to the health of affected populations are reduced			
Output 1.1: Increased capacity of the KRCS to respond to the EVD			
Activities planned			
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		
Impacts			
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).		
Table 1: Summary of the Epidemic Control Trainings conducted.			
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
Total	104	92	196

Output 1.2: EVD epidemic prevention, control and awareness measures carried out	
Activities planned	
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
Impacts	
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.
Challenges	
<ul style="list-style-type: none"> 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. 	
Lessons Learned	
<ul style="list-style-type: none"> 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. 	
Output 1.3: National/County coordination mechanisms are strengthened	
Activities planned	
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
Impacts	
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.
Output 1.4: National/County coordination mechanisms are strengthened	
Activities planned	
1.4.1	Support to National coordination mechanisms
1.4.2	Support to County level coordination mechanisms
Impacts	
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

A balance of CHF 22,780 unutilised at the close of the operation will be returned to the DREF. Below are variance explanations;

Teaching Materials: There was a delay in implementing the community mobilization component due to delay in approving the EVD Policy guidelines by the Kenya Ministry of Health. This Policy was not finalized even at the time of the DREF completion.

Transport and Vehicle Costs: Under expenditure resulting from the non-implementation of the community mobilization component and at community level.

Staff: funds unspent are related to staff costs planned under both KRCS and MoH to be involved with community mobilization which did not materialize.

Volunteers: Up to 100 volunteers had been planned to be involved with community mobilization which did not materialize.

Workshops and Training: The workshops planned at community level during social mobilization were not done.

General expenditures: The activities under community level were not implemented hence contributing to the variance.

Contact information

For further information specifically related to this operation please contact:

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- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Africa Zone:** Penny Elghady, Resource Mobilization Coordinator; Addis Ababa; phone: + 254 721 486 953; email: penny.elghady@ifrc.org

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

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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

Disaster Response Financial Report

MDRKE031 - Kenya - Ebola Virus Disease Preparedness

Timeframe: 23 Sep 14 to 23 Dec 14

Appeal Launch Date: 23 Sep 14

Final Report

Selected Parameters

Reporting Timeframe	2014/9-2015/6	Programme	MDRKE031
Budget Timeframe	2014/9-2014/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		59,127				59,127	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		59,127				59,127	
C4. Other Income		59,127				59,127	
C. Total Income = SUM(C1..C4)		59,127				59,127	
D. Total Funding = B +C		59,127				59,127	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		59,127				59,127	
E. Expenditure		-36,347				-36,347	
F. Closing Balance = (B + C + E)		22,780				22,780	

Disaster Response Financial Report

MDRKE031 - Kenya - Ebola Virus Disease Preparedness

Timeframe: 23 Sep 14 to 23 Dec 14

Appeal Launch Date: 23 Sep 14

Final Report

Selected Parameters

Reporting Timeframe	2014/9-2015/6	Programme	MDRKE031
Budget Timeframe	2014/9-2014/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			59,127			59,127		
Relief items, Construction, Supplies								
Teaching Materials	6,316						6,316	
Total Relief items, Construction, Sup	6,316						6,316	
Logistics, Transport & Storage								
Transport & Vehicles Costs	6,611						6,611	
Total Logistics, Transport & Storage	6,611						6,611	
Personnel								
National Society Staff	947						947	
Volunteers	2,424						2,424	
Total Personnel	3,371						3,371	
Workshops & Training								
Workshops & Training	26,684						26,684	
Total Workshops & Training	26,684						26,684	
General Expenditure								
Travel	2,000						2,000	
Information & Public Relations	6,077						6,077	
Office Costs	1,743						1,743	
Communications	1,840						1,840	
Financial Charges	63						63	
Other General Expenses	813						813	
Total General Expenditure	12,537						12,537	
Contributions & Transfers								
Cash Transfers National Societies			34,129			34,129	-34,129	
Total Contributions & Transfers			34,129			34,129	-34,129	
Indirect Costs								
Programme & Services Support Recove	3,609		2,218			2,218	1,390	
Total Indirect Costs	3,609		2,218			2,218	1,390	
TOTAL EXPENDITURE (D)	59,127		36,347			36,347	22,780	
VARIANCE (C - D)			22,780			22,780		

Disaster Response Financial Report

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Selected Parameters

Reporting Timeframe	2014/9-2015/6	Programme	MDRKE031
Budget Timeframe	2014/9-2014/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	59,127		59,127	59,127	36,347	22,780	
Subtotal BL2	59,127		59,127	59,127	36,347	22,780	
GRAND TOTAL	59,127		59,127	59,127	36,347	22,780	

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Budget Group	DREF Grant Budget CHF	Actual Exp	Variance
Shelter - Relief	0	0	0
Food	0	0	0
Seeds & Plants	0	0	0
Water, Sanitation & Hygiene	0	0	0
Medical & First Aid	0	0	0
Teaching Materials	6,316	524	5,792
Utensils & Tools	0	0	0
Other Supplies & Services	0	0	0
Cash Disbursements	0	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	6,316	524	5,792
Total LAND, VEHICLES AND EQUIPMENT	0	0	0
Storage, Warehousing	0	0	0
Distribution & Monitoring	0	0	0
Transport & Vehicle Costs	6,611	3,593	3,018
Logistics Services	0	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	6,611	3,593	3,018
International Staff	0	0	0
National Staff	0	0	0
National Society Staff	947	383	565
Volunteers	2,424	853	1,570
Total PERSONNEL	3,371	1,236	2,135
Consultants	0	0	0
Professional Fees	0	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0
Workshops & Training	26,684	23,676	3,008
Total WORKSHOP & TRAINING	26,684	23,676	3,008
Travel	2,000	61	1,939
Information & Public Relations	6,077	4,785	1,292
Office Costs	1,743	6	1,738
Communications	1,840	197	1,644
Financial Charges	63	53	11
Other General Expenses	813	0	813
Shared Office and Services Costs	0	0	0
Total GENERAL EXPENDITURES	12,537	5,101	7,436
Partner National Societies	0	0	0
Other Partners (NGOs, UN, other)	0	0	0
Total TRANSFER TO PARTNERS	0	0	0
Programme and Services Support Recovery	0	0	3,609
Total INDIRECT COSTS	3,609	0	3,609
			0
TOTAL BUDGET	59,127	34,129	24,998

Received from IFRC	50,518		
Expenses as per the report	34129		
Balance refunded to IFRC	16,389		