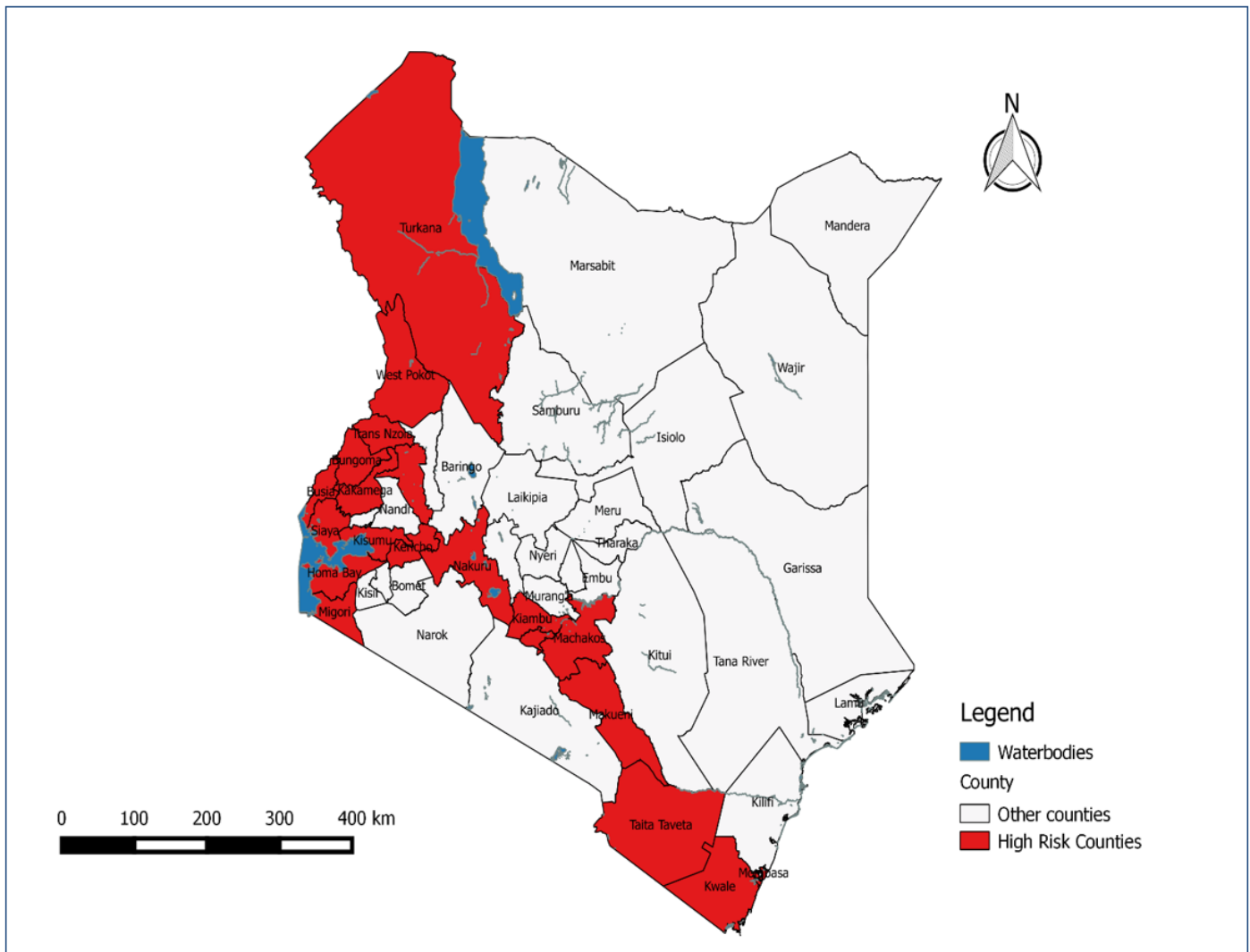




KRCS CBS volunteer in action through the Community Epidemic and Pandemic Preparedness Program

Appeal: MDRKE052	Total DREF Allocation CHF 186,942	Crisis Category: Orange	Hazard: Epidemic
Glide Number: N/A	People at risk: 26,000,000 people	People Targeted: 565,650 people	
Event Onset: Slow	Operation Start Date: 2022-10-08	New Operational end date: 2023-10-31	Total operating timeframe: 12 months
Additional Allocation Re- quested -	Targeted Areas:	Mombasa, Kwale, Taita-Taveta, Machakos, Makueni, Kiambu, Turkana, West Pokot, Trans Nzoia, Nakuru, Kericho, Kakamega, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, Nairobi	

Description of the Event



Kenya MoH map of high risk counties

Provide any updates in the situation since the field report and explain what is expected to happen.

Kenya MoH issued an alert on 21st September 2023, requesting the mobilization of all relevant stakeholders to initiate prevention, preparedness, and response measures following the notification of Ebola outbreak in Uganda on 20th September 2022. The risk of EVD spreading to Kenya being high with refugees who keep arriving from neighboring countries including DRC, Uganda, Burundi, Rwanda, and South Sudan who often go through Uganda before arriving in Kenya.

Kenya Red Cross launched a DREF operation to conduct relevant anticipatory action to mitigate the risk of this new strain of Ebola. An allocation of CHF 186,942 was made on 8th October 2022 for 3 months with a preparedness activities aligned with Kenya's Ministry of Health National Ebola Preparedness and Response plan which sets up response coordination structures at both national and county government levels. The MoH profiled 20 counties out of 47, considered to be at risk of being impacted in the event of EVD entry into Kenya. KRCS as a member of the national and county-level coordination mechanisms with participation in Risk Communication and Community Engagement, Disease Surveillance, WASH, and the coordination sub-committees. The activities covered Mombasa, Kwale, Taita-Taveta, Machakos, Makueni, Kiambu, Turkana, West Pokot, Trans Nzoia, Nakuru, Kericho, Kakamega, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, Nairobi counties.

On 16th March 2023, the ministry of health (MOH) of the Republic of Tanzania announced seven cases and five deaths



of an unknown disease had been reported in Kagera region (that borders Rwanda, Uganda, and Burundi) in Bukoba rural, Maruku and Kanyengereko ward in Bulinda and Butayaibega villages. The cases were confirmed for Marburg Virus Disease (MVD) on 21 March 2023. The index case was reported to have a travel history from Goziba in Lake Victoria - which also borders Kenya. Also see Tanzania Marburg outbreak (MDRTZ033) (<https://adore.ifrc.org/Download.aspx?FileId=659332>). Being an hemorrhagic fever disease, the continuity of KRCS preparedness actions under this intervention remain relevant and necessary to ensure a continuity in the prevention for additional weeks. On June, while no cases were reported from Tanzania side, the SDB kits procurement was still undergoing through the IFRC international procurement chain. An extension of this intervention is thus needed for up to 4 months, covering the surveillance period in Tanzania but also allowing the kits to arrive in country. Thankfully, the emergency preparedness with SDB kits was managed with existing stock complemented with local procurement facilitated by health technical guidance. When the kits arrive, it will ensure that the SDB teams are effective to cover any hemorrhagic fever disease risk in border counties at risk.



Sensitization of key community leaders on EVD prevention.

Sensitizing school going Children on EVD prevention.

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

Kenya MoH issued an alert on 21st September 2023, requesting the mobilization of all relevant stakeholders to initiate prevention, preparedness, and response measures while working on developing at-risk county EVD contingency plans. Even though the outbreak was declared over in Uganda on 11th January 2023, there is still need to enhance preparedness actions towards Ebola in the country.

The need is further strengthened with the recent outbreak of Marburg Virus disease in Tanzania which calls for sustained awareness creation on preventing and control of viral hemorrhagic fevers in the country.

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 died. 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 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 proposed 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.

After the Uganda Ebola outbreak, the Tanzania Marburg outbreak has increased the risk of VHF and need of a strong preparedness at Kenya level.

In June, despite the preparedness being completed, no additional cases were recorded for months and EVD outbreak in Uganda was declared over. The SDB kits planned are a required step to consolidate the SDB SoP with Government for future interventions that are likely to happen following the geographical position of Kenya with the recurrent VHF affected countries.

MoH profiled 20 counties out of 47, considered to be at risk of being impacted in the event of EVD entry into Kenya. In addition, MoH profiled 3 additional counties as being at high-risk of Marburg Virus Disease (MVD) due to their proximity to Tanzania and are along the Kenya-Tanzania entry points. These counties were identified based on their proximity to the Kenya-Uganda and Kenya-Tanzania borders and those also in the travel routes or with other ports of entry other than border driver through points. The border counties profiled as high-risk for EVD were Migori, Homa Bay, Kisumu, Siaya, Busia, Bungoma, Trans Nzoia, West Pokot, and Turkana counties. The other counties along the travel routes were Uasin Gishu, Kericho, Nakuru, Kiambu, Nairobi, Machakos, Makueni, Taita Taveta, Kilifi, Mombasa, and Kwale. As for MVD Bungoma, Busia, Siaya, Kisumu, Migori, Narok, Kajiado, Taita-Taveta, Kwale (Border, Lake Victoria and transport routes connecting Tanzania epi-center area) and Nairobi and Mombasa (International connection flights destinations) were profiled as high-risk. The risk of importation of the VHF disease was established to be significant from various perspective.

In addition, Kenya hosts refugees who keep arriving from neighboring counties 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 in Kitale town before being moved to Kalobeyei reception center in the wider Kakuma refugee camp.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No
Please explain the summary of changes and justification	



All activities under the DREF are completed with the exception of the SDB kits and body bags delivery. An extension of 4 months, until 31.10.2023 is done to complete that procurement. However, it should be highlighted that KRCS managed to complete the SDB trainings and simulation with some remnants of previous kits available in country, complemented with local purchasing to create training kits and perform the needed SDB preparedness activities..

Procurement of SDB kits carried out through the IFRC supply chain is yet to be delivered. The delivery has been delayed from May to July. Its anticipated these will be delivered within the month of July. These include SDB replenishment kits, training kits and starter kits. The kits procurement is in progress and foresee to arrive in country in August-September.

KRCS need the kits as part of the policy development work with MOH and there is a plan to have a meeting with KRCS and MOH to confirm the role of KRCS in SDB in the future operations. This meeting will be carried when the kits arrive.

Current National Society Actions

<p>Coordination</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 & Infection Prevention and Control (IPC) sub-committees. The meetings are held on a need 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 to liaise with health facilities/workers.</p>
<p>Health</p>	<p>After trainings co-facilitated with MoH, the KRCS team conducted sensitization sessions for the key community influencers including the administration office, to support surveillance and security at the ports of entry, especially the porous border points that are not manned.</p> <p>2 SDB teams constituting of 14 and 21 RCAT members have been trained in Mombasa and Uasin Gishu counties respectively by Master TOTs from Nairobi County with support from a team of MOH staff. These teams are continuing with their simulations to further strengthen their capacity on SDB. At the time of this update the two SDB teams have conducted three simulations each with a planned minimum of four simulations planned for each SDB team. Coordination meetings with key partners in the counties have been done in the six countries to further discuss the implementation process of project activities.</p>
<p>Assessment</p>	<p>According to Kenya's MoH National EVD Taskforce, the risk profile for Kenya is based on its proximity to Uganda, and Tanzania and the high trans-border commercial and cultural interactions.</p> <p>In its alert released to the counties, MoH has requested 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</p>



	<p>control preparedness, and case management amongst others.</p> <p>Given the high case fatality rate of EVD and MVD, it was thus crucial for KRCS to support MoH in ensuring national readiness for a potential response to EVD and MVD.</p>
Community Engagement And Accountability	<p>Implementation of RCCE activities has been ongoing in the counties with the mapping of areas that are at high risk being identified. These are villages that lie along the transport corridor of Malaba Mombasa highway. 24 Trainers of Trainers (ToT) from Mombasa, Nairobi, Kiambu, Nakuru, Uasin Gishu, and Turkana have been trained on Epidemic Preparedness in Communities (EPiC) modules after which they cascaded the same training package to 135 KRCS and MoH volunteers. To further strengthen advocacy on the prevention and preparedness of Ebola in the six counties, 217 key community influencers including religious leaders, and administrative and traditional leaders have been sensitized on Ebola prevention measures. With the support of USAID funding through IFRC, similar anticipatory activities are being implemented in Migori, Homabay, Siaya, Kisumu, Busia, Bungoma, Trans Nzoia and West Pokot counties.</p> <p>Through RCCE activities, 154,476 (74,349 Males, 80,127 Females) have so far been reached with health messages on Ebola prevention measures. In Nairobi and Kiambu counties, this is being integrated with awareness creation on prevention measures on the current Cholera outbreak that is being reported. Equally, to further enhance awareness creation, 8 radio talk show sessions have been conducted in local radio stations reaching approximately 420,000 people in the community. While conducting sensitization sessions in communities, trained volunteers have been distributing MoH designed Ebola-related IEC materials that were produced by KRCS and UNICEF.</p>

Movement Partners Actions Related To The Current Event

IFRC	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.
ICRC	ICRC is in the country but has not provided any direct support linked with EVD preparedness for now.
Participating National Societies	Danish Red cross-supported EVD anticipatory actions for five counties in Busia, Bungoma, Transzoia, and West Pokot upto February 2023.

Other Actors Actions Related To The Current Event

	No
--	----



Government has requested international assistance	
National authorities	<p>The National Government through the Ministry of Health had requested partner agencies to support preparedness actions and eventually response actions. The MoH leads the National EVD Taskforce at the national and county levels and holds 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 parts of entry along the Kenya-Uganda border.</p>
UN or other actors	<p>USAID, UNICEF, WHO, CDC and the University of Nairobi have participated in the planning of preparedness actions.</p> <p>WHO is providing MoH with technical support and case management related commodities.</p>

Are there major coordination mechanisms in place?

As stated in previous sections, a National VHF (EVD/MVD) 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 Department (DDSR) with the first meeting held on 29 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 mental and Psychosocial support coordination mechanisms.

KRCS is working closely with stakeholders in the region and counties including the government; the Ministry of Health, the Ministry of Interior (county commissioner’s office), and key partners e.g., UNICEF and World Vision among others to implement and coordinate the implementation of activities.



Needs (Gaps) Identified



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

- 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 are needed and should 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 could 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) Mental health and Psychosocial Support (MHPSS)- 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.
- 6) With the current outbreak of Marburg virus disease in Tanzania, there is also a need to sensitize the communities on the same to be alert and enhance prevention measures.

Any identified gaps/limitations in the assessment

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 has engaged preparedness activities. The implementation follows the plan launched in October 2022 with the 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 community epidemic and pandemic preparedness 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 rumors 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 of 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 on SDB will be deployed to support KRCS teams with both actioning the activities and coordination.

Targeting Strategy

Who will be targeted through this operation?

Through this DREF operation, KRCS targets 565,650 people (16% of people in need), with key EVD prevention messaging in Mombasa, Kiambu, Nairobi, Uasin-Gishu, Nakuru and Turkana counties.

Explain the selection criteria for the targeted population

The rationale for the geographical targeting is because these counties are along the transport corridor of the Malaba-Mombasa highway which runs from Uganda to Kenya Mombasa. Nairobi and Mombasa counties hosts major international airport that have direct flights to Uganda.

Total Targeted Population

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

Risk and security considerations

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

Risk	Mitigation action
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.



<p>Movement of Truck Drivers, Trade and interaction between Uganda and Kenya communities such as inter-marriages and interaction along the lake victoria and other beaches.</p>	<ul style="list-style-type: none"> - Engaging the truck drivers during coordination meetings of awareness creation sessions, sensitization sessions on Ebola Response pillars, and review meetings for updates. Risk Communication and Community - Engagement sensitizations to the communities along the Lake and the beaches and other exchange point on EVD. - Community Engagement and accountability sessions with the communities for acceptance and adherence to protocols of Ebola virus prevention measures. - Continuous sensitization on risks of movement in and out of Uganda especially towns that reported EVD-positive cases.
<p>Limited Ebola and Marburg knowledge identified during the discussion with communities and volunteers prevention activities.</p>	<p>Continuous sensitization sessions on Risk Communication and Community Engagement, Community Based Surveillance, Safe and Dignified Burials, WASH (IPC and decontamination) Importance of PSS to communities.</p>
<p>The point of entry are considerable and from evaluation of the situation, there are porous border points of entry that are not manned</p>	<p>Training and sensitizations of the security personnel on EVD for security provision at the ports of entry. Training public health officers, and disease surveillance officers on screening and encouraging screening at the porous points of entry.</p>
<p>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.</p>	<p>Courtesy calls to introduce KRCS preparedness plans and how they complement Kenya MoH Preparedness and response plans will be key in reducing this risk.</p>
<p>Marburg disease sub-regional risk</p>	<p>NS will keep actions to mitigate that risk with current prevention and preparedness activities, awareness and risk communication to include Marburg messages. At the same time, NS will monitor the situation of bordering country disease evolution.</p>



Planned Intervention

	Community Engagement And Accountability	Budget	CHF 11,928
		Targeted Persons	565650

Indicators	Target	Actual
Number of feedback system set up	1	1
Number of IEC material produced	4000	8000

Progress Towards Outcome

Feedback was collected during the activities ranging from questions, rumors, suggestions, complaints, and recommendations. KRCS and MoH teams employed various channels for collecting feedback. The most commonly used method was the KRCS feedback box which was present in every activity to record and collect concerns from the community in regard to the ongoing program. So far, communities have more questions regarding Ebola virus; the majority of the feedback collected established an information gap in the community specific to the Ebola virus. The rumors were addressed by the trained teams and recorded as well as analyzed, to inform future sensitization activities. The main feedback collected was:

- i. Number of community feedback on EVD e.g. Rumors, Questions, Complaints and Appreciations

Rumors

- Ebola is highly contagious through the air.
- Ebola is always fatal.
- Ebola is only found in Africa.
- Traditional medicine can cure Ebola.
- Ebola is a punishment for bad behavior.
- Ebola can be transmitted through mosquitoes.
- EVD is for West Africans.
- EVD was brought to West Africa to finish Africans because of gold.

Questions

- What is the window periods for symptoms to occur?
- Is there vaccine for Ebola?
- Has there been any cases reported in Kenya?
- Why does the Government have no testing posts at the border?
- Can the bats at Uhuru Garden in Nairobi infect us with Ebola?
- Why the government is not administering Ebola vaccines yet.
- Is the Ebola virus in Uganda the same type as the one that is mostly found in Congo?
- What is the first aid for Ebola?
- Are survivors of Ebola contagious?
- How does it start/the first sign?
- What's the difference between covid-19 and Ebola?
- Should a person infected with Ebola have special meals?
- Why does the disease come from animals?
- Is there an Ebola test?
- Now that Uganda is free from Ebola, is there a need to continue sensitization?



Complaints.


- The flyers only favor those who can read and write English.
- Feedback desks should be set up in certain remote (low mobile phone penetration) sub counties to capture rumors, feedback, myths, and misconceptions about EVD in addition to toll free lines.

Appreciations.

- The communities appreciated KRCS for the knowledgeable session and other projects being implemented in their villages.
- The skills given are very easy to adopt and also for implementation in future EVD outbreaks.

Through engagement with different authorities including the Ministry of Health at the County level, recommendations have been made to consider training more teams to conduct RCCE activities based on the vastness of the counties. Also, other health cadres; Medical laboratories, and clinical teams should also be trained since they would be the ones handling cases in the event of an Ebola Virus Disease outbreak.

1,704 traditional healers, religious leaders, and key community influencers were engaged in EVD sensitization sessions in the target counties.

	Health	Budget		CHF 110,598
		Targeted Persons		565650
Indicators	Target	Actual		
Number of people reached with awareness sessions	2470748	574476		
Number of ambulance teams trained	6	0		
Number of SDB replenishment kit procured	1	0		
Number of SDB training kits procured	2	2		
Number of SDB starter kits procured	2	0		
Number of SDB teams set up and ready to deploy	2	3		
Number of SDB training conducted	1	3		
Number of radio awareness sessions	16	8		
Number of engagement sessions with traditional and religious leaders	6	8		
Number of volunteers supporting CBS and RCCE	125	170		
Number of cascaded County level trainings conducted	6	6		



Progress Towards Outcome

1. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Kenya Red Cross Society has implemented Risk Communication and Community Engagement (RCCE) activities across the six targeted counties of Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi and Mombasa.

i. RCCE related mapping and assessments.

All 6 counties have conducted mapping and assessments. In Nakuru, six sub-counties were surveyed by the Ministry of Health: Turkana county - Lodwar, Turkana West and Loima sub counties; Nakuru - Rongai, Gilgil, Naivasha, Nakuru East, Nakuru West, and Molo; Uasin Gishu (Turbo, Ainabkoi, Kesses and Kapseret); Kiambu (Githunguri, Kiambaa, Lari, Limuru, Kabete, Gatundu North, Gatundu South, Juja, Kikuyu, Thika town, Ruiru and Kiambu Town); Nairobi (Mathare and Embakasi East); Mombasa (Changamwe, Jomvu, Mvita, Nyali)

ii. Training of ToTs KRCS RCATs and MoH staff on RCCE topics

- A total of 30 TOTs were trained (Nakuru 4, Mombasa 4, Uasin Gishu 4, Kiambu -4, Turkana-6, and Nairobi 8) The TOTs continued to cascade the training at community level to CHVs and KRCS Volunteers.

2. Cascade training of KRCS/MoH volunteers on RCCE topics. The six counties successfully trained KRCVs and CHVs on the RCCE topics reaching a total of 170 KRCS and Community Health volunteers from the Ministry of Health.

- 25 KRCS Volunteers and CHVs in Uasin Gishu, covered the RCCE component.
- 25 CHV/Volunteer training on Epic was conducted in Mombasa County from 16th to 18th February 2023
- 25 Community Health Volunteers (CHVs) and KRCS Volunteers were trained on Epidemic preparedness and response in communities from 15th to 17th of February 2023 in Nakuru County.
- 35 volunteers were trained on EVD in the county in Kiambu county.
- In Nairobi County 25 volunteers were trained on EV signs, symptoms, prevention and control.
- In Turkana County, 35 volunteers were trained on the Epic Module.

3. Sensitization of key community influencers (religious/cultural/administrative leaders and traditional healers etc) carried out in all six counties reaching out to 217 people.

- On 8th March 2023, Nakuru Branch conducted a sensitization session for local administrative, traditional, and religious leaders to educate leaders on the anticipatory actions for preventing and managing the Ebola virus. Red Cross conducted the training at the Nakuru county branch, attended by 15 participants. The training session was facilitated by the KRCS EVD project focal person and a representative from the Ministry of Health.
- On 8th March 2023, Mombasa engaged 9 Chiefs, youth leadership, media, and traditional healers. They discussed cultural, traditional, and religious behavior contributing to high risk and low risk of epidemic spread.
- In Turkana, volunteers conducted a meeting with religious and traditional healers, and the local administration that reached 12 people.
- Nairobi conducted 3 sessions. The first sensitization was done in Trarda Soweto which had a total number of 98 people (60 females and 38 Males). The second session was with religious leaders, administration leaders and members of community whereby 1,200(540 males and 660 females) people were reached. The 3rd session targeted community religious leaders and relevant authorities including administration leaders and members of community where, a total of 200 people were reached.
- For, Kiambu, volunteers conducted a sensitization forum at Ruiru sub-county, where 41 community elders were sensitized on signs, symptoms, and prevention of EVD. Volunteers also shared the Red Cross hotline number.
- In Uasin Gishu, a meeting with religious and traditional healers and local administration involved 12 people.
- The Nairobi team also had a meeting with stakeholders at Mathare DCC Hall which had a total of 30 representatives.

4 - Community wide sensitization events on EVD preparedness by KRCS/MoH volunteers and key community influencers.



• A total of 574,476 people were reached in the 6 counties, drawn from community wide sessions (154,476) and media engagements (420,000). The segregation for community wide sessions (154,476 - 80,127 females and 74,349 males) are as indicated in the table below:

County	Male	Female	Total
Nakuru	16,842	15,542	32,384
Nairobi	10,600	12,535	23,135
Mombasa	15,433	18,201	33,634
Uasin Gishu	10,051	10,922	20,973
Turkana	11,123	9,522	20,645
Kiambu	10,300	13,405	23,705
Total	74,349	80,127	154,476

• In Nakuru County; 32,384 people (15,542 females and 16,842 males) were reached. They covered the following areas: Nakuru west: Koinange primary, Mama Ngina primary Heshima primary, shabaab grounds, Holy Cross Church, Kipangaway market pondamali. Nakuru East: Top Market, Lions Gardens, Nakuru CBD, Maasai Market, Nakuru friends Church, Eldama ravine matatu terminus, Naka primary, Bargain market, Menengai high school, Kingdom seekers fellowship. Gilgil: Ngumo secondary school, Gilgil NYS secondary, Gilgil victroy Academy, Holy Cross Catholic Church, Gilgil sub county hospital. Molo: Mission of Hope primary school, Munyuiki, Elburgon, Tayari secondary school, Casino informal settlements, Tayari primary school. Naivasha: Naivasha CBD, Millimani Secondary, Manera primary, Naivasha central primary.

• In Mombasa County 33,634 people (18,201 females and 15,433 male) were reached. The areas of focus were on Changamwe, Jomvu, Mvita, Nyali.

• In Kiambu County 23,705 people (13,405 females and 10,300 males) were reached. RCCE activities were conducted at Githunguri Sub County at komothai in Kikuyu, Lussigetti and Karai Musigen where door to door sensitizations were conducted. In Lari subcounty the RCCE activities were conducted at wangware and Kagaa areas. In Limuru sub county the activities were conducted at Mirithu, Tharuni and Kamirithu areas. In Ruiru sub county RCCE activities were conducted in Mwioko, Githurai and Mwiki areas. In kabete the activities were conducted at Zambezi, Wangige and Gitaru areas. In Gatundu north and south the activities were conducted at Mangu, Gakoe and Chania areas.

• In Nairobi County; 23,135 people (12,535 females and 10,600 male) were reached. Sensitization was focused on churches, learning institutions (primary and high school), health facilities, market Place, wazee meeting points, matatu/bodaboda stages.

• In Uasin Gishu County 20,973 people (10,922 females and 10,051 male) were reached. Areas covered were Turbo, Ainabkoi, Kesses and Kapseret.

• In Turkana County 20,645 people (9,522 females and 11,123 male) were reached. Sensitization was focused on Letea, Lokiriana and Lodwar.

5 - Media engagements on EVD related topics (radio spots/interviews etc.)

• KRCS Volunteers in partnership with the Ministry of Health conducted radio shows in all the counties.

• Approximately 420,000 community members were reached through media engagement in the 6 counties.

- In Kiambu, radio interview was conducted at RFM radio 99.9 on 15th of February 2023 with an estimated 50,000 radio listeners.

- On March 2nd, 2023, Nakuru conducted a radio program at MBCI and on February 28, 2023, and 6th March 2023 other radio sessions were done on MBCI radio. Each session managed to reach 100,000 listeners.

- Radio show conducted at Upendo FM on 14th March 2023, in Uasin Gishu reached 50,000 listeners.

- On 14th March, radio session at Mataa Radio in Turkana, reached 30,000 people.

- Radio show conducted in Turkana county on 20th March at Achim Radio station reached 30,000 listeners.

- In Mombasa on 30th March, radio session was conducted at Pwani FM reaching 50,000 people.

- On 20th April 2023, Nairobi County conducted a session at Watabwa Koch FM where 1 RCAT, the sub county Health Promotion officer and the Sub County Disease surveillance of Starehe coordinated the session.

6 - Production and distribution of EVD RCCE IEC materials.

The departments of Public Health under the Ministry of Health received Information, Education, and Communication (IEC) materials for RCCE on EVD in the six counties. The IEC materials included banners, posters, fliers



with key messages on what Ebola is, how its spreads, signs and symptoms, and preventive measures. These were distributed by the Ministry of Health officials in the mapped high risk sub-counties in the 6 counties. KRCS volunteer played a key role in distributing and explaining the information to the communities by translating the messages to Kiswahili and local dialect. The printing of T-shirts and reflector jackets with key messages on Ebola/Safe and Dignified Burial is ongoing for each of the 6 counties.

7 - Safe and Dignified Burial (SDB) activities

- Training of KRCS SDB teams.
- The Safe and Dignified Burial training comprehensively covered, Ebola Virus as a disease, its signs and symptoms, preventive and control measures, history of Safe and Dignified Burials, Community Engagements and Accountability, Psychological First Aid, 13 Protocols to be followed for safe and dignified burial, and simulation exercises.

A total of 44 burial team members have been trained across the 3 counties (Nairobi -16) Uasin Gishu (14), and Mombasa (14).

The Ministry of Health has been the support supervisor to check the work after the training provision from International Federation for Red Cross Red Crescent (IFRC) surge.

•SDB simulations updates:

Counties have continued to conduct simulation exercises on a weekly basis. All counties are required to conduct at least 4 simulations. In Nairobi county, 2 simulations were conducted which later informed a 3-day refresher training. This refresher training helped to select the TOTs meant to cascade the training to 4 extra counties. A total of 10 simulations and 1 refresher training have been conducted. One Ebola simulation exercise was done on SDB in all the six counties following the training to help sharpen the skills and develop the confidence of the RCATS in the event that they are called upon to respond. MoH representatives from public health and disease surveillance were present to oversee the process.

•KRCS support to MoH policy on SDB:


KRCS through the SDB sub-committee has supported the development and approval of SDB in the context of EVD preparedness. Due to the reported MVD outbreak in Tanzania, MoH Kenya is currently adjusting the SDB SoPs and key response pillars including VHF (EVD and MVD).

8 - Ambulance services:

• Training of KRCS ambulance teams on EVD preparedness completed from December 2022 to May 2023 was done to 60 ambulance operators with high proportion of USAID fund. 20 ambulance operators came from Busia, Migori, Homabay, Siaya, Kisumu, West Pokot, Bungoma, Nakuru, Mombasa, Eldoret and Trans Nzoia on EVD preparedness under USAID funding. In May 2023, KRCS planned for a second training of 40 ambulance operators from Narok, Kakamega, Kiambu, Kericho, Baringo, Kisii, Bomet, Nyamira, Naivasha and Nakuru.


9 - Procurement of Ambulance supplies for EVD preparedness:

- The procurement of ambulance has been initiated. The items will be prepositioned to be used in an event of infectious epidemics and cases of viral hemorrhagic fever.
- KRCS ambulance simulations on EVD preparedness has also been done.

	Secretariat Services	Budget		CHF 25,560
		Targeted Persons		0
Indicators		Target	Actual	
Number of Surge personnel deployed.		1	2	
Progress Towards Outcome				



o Surge personnel were deployed.
o IFRC Logistics services have been engaged on procurement of required prepositioning of SDB starter kits, training kits and replenishment kits. This is still ongoing causing significant delays leading in part to this request for a second extension.

	National Society Strengthening	Budget		CHF 38,856
		Targeted Persons		565650
Indicators	Target	Actual		
Number of monthly monitoring visits conducted.	3	4		
Number of weekly supervisory visits conducted at county level.	20	15		
Number of Branch staff mobilized	3	3		
Number of SoPs prepared and disseminated on SDB teams response to alerts	1	1		
Number of MoUs prepared and signed with MoH on KRCS role in SDB	1	0		
Number of lessons learned workshop conducted	1	0		

Progress Towards Outcome

National-level EVD preparedness coordination meetings:

Continuous engagement of the status of preparedness at the national levels between the national society, Ministry of Health and key stakeholders are on, to incorporate Marburg virus recently reported in Tanzania for integration purposes.

County-level EVD preparedness coordination meetings:

During this reporting period, key partners and stakeholders came together in Turkana, Uasin Gishu, Nakuru, Kiambu, Nairobi and Mombasa counties for coordination meeting, to share and review progress as well as address challenges incurred in the implementation period. The Ministry of Health took lead in the coordination meetings in support with Kenya Red Cross being the main partner supporting EVD interventions. Representation from other stakeholders was equally felt, cutting across religious leaders, motorists, business community, administration officers and youths.

The key agenda has been on sharing updates of the project as well as ways for integration of activities to reach more people with EVD messages. KRCS also discussed accelerated plans on every pillar being implemented adoption of the meeting recommendations to their contexts.

Review and Reflections:

Weekly catch-up meetings are conducted to follow up on the project status virtually. Review meetings have been conducted in Mombasa and Uasin Gishu counties. One physical review meeting will be conducted before closure of the project.





About Support Services

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

Overall, 170 community health volunteers were trained and deployed in 6 targeted counties on rotation basis, to support the implementation of community health promotion. They included:

Mombasa - 25

Nairobi- 25

Kiambu- 35

Nakuru- 25

Uasin-Gishu- 25

Turkana- 35

In addition, 6 surge volunteers have been deployed for the entire duration of the operation to ensure implementation and close supervision of teams.

10 of the above were selected for the ToT sessions and was co-facilitated with relevant technical team from the counties who were in turn to cascade trainings and supervision of activities.

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

Two IFRC surge with PhiE profile and strong SDB background were deployed to support MoH with the development of SDB SoPs while the trained SDB ToT's supported in the training of initial SDB teams training.

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

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

At the 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 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 will continue to 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.

Kenya Red Cross Society conducted project entry/inception meetings with county stakeholders to introduce the support and interventions to be supported. The MOH coordinated through Key community influencers (Religious leaders, administration/ chiefs, youth leaders, media personnel, and traditional healers) to sensitization meetings and pieces of training about EVD and to support awareness creation to communities. Kenya Red Cross volunteers together with the Community Health Volunteers supported communities in sensitization sessions on Risk Communication and Community Engagement on EVD.

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



Contact Information

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

- **National Society contact:** Ahmed Idris, Secretary General (or equivalent), idris.ahmed@redcross.or.ke
- **IFRC Appeal Manager:**
Mohamed BABIKER, Head of Country Cluster Delegation, mohamed.babiker@ifrc.org, +254 110843974
- **IFRC Project Manager:**
Patrick ELLIOTT, Roving Operations Manager (Africa), patrick.elliott@ifrc.org, +254 773620770
- **IFRC focal point for the emergency:**
Mohamed BABIKER, Head of Country Cluster Delegation, mohamed.babiker@ifrc.org, +254 110843974
- **Media Contact:**
Dr Michael Ayabei, Head of Disaster Management, ayabei.michael@redcross.or.ke, +254 721 418 841
- **For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)** IFRC Regional Office for Africa Beatrice Atieno OKEYO, Head of PMER & QA, beatrice.okeyo@ifrc.org, Phone: +254 721 486953

[Click here for the reference](#)

