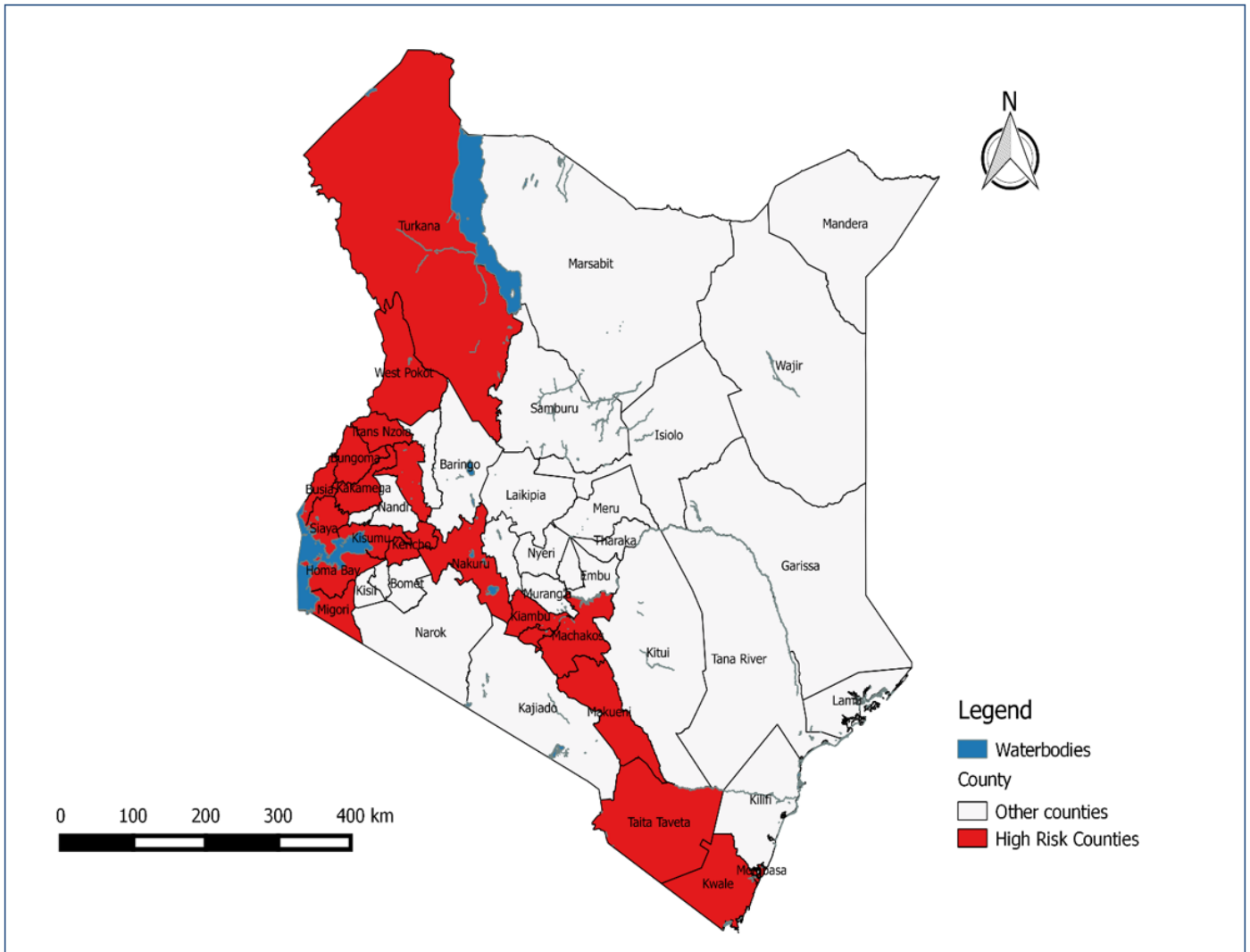




**KRCS CBS volunteer in action through the Community Epidemic and Pandemic Preparedness Program**

Appeal: <b>MDRKE052</b>	Total DREF Allocation <b>CHF 186,942</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>N/A</b>	People at risk: <b>26,000,000 people</b>	People Targeted: <b>565,650 people</b>	
Event Onset: <b>Imminent</b>	Operation Start Date: <b>2022-10-08</b>	New Operational end date: <b>2023-04-30</b>	Total operating timeframe: <b>6 months</b>
Additional Allocation Re- quested <b>-</b>	Targeted Areas:	<b>Mombasa, Kwale, Taita-Taveta, Machakos, Makeni, Kiambu, Turkana, West Pokot, Trans Nzoia, Nakuru, Kericho, Kakamega, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, Nairobi</b>	

# 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.

Following the EVD outbreak in neighbouring Uganda, the Kenya Ministry of Health has issued an alert to all counties across the country. This comes after an alert forwarded by the Ugandan government to Kenya in line with the East African Community Health Protocol. The outbreak of EVD in Uganda poses a significant threat to the country as the frequency of Ebola outbreaks in Uganda has taken a unique pattern in recent times. The outbreak was vigorously spreading and has a high case fatality (20.9%).

As of the month of November reports of the Ebola virus disease has reached Jinja district (117km from the Busia-Uganda border) showed that the trend of spreading was fast moving towards the Kenyan border. Moreover, traders and travelers using the Trans-African highway and other major roads leading in and out of Uganda increased the chances of the disease spreading to Kenya predisposing border counties to high risk for EVD outbreaks.

Kenya carries out routine surveillance with zero reporting on Viral Hemorrhagic Fever (VHFs) for the moment. This was an acknowledgment of the risk of EVD outbreaks that the country faces as it has similar vulnerabilities to Uganda. (population movement due to porous borders and strong commercial ties as well as previous cross-border disease outbreaks. Indeed, Kenya and Uganda have both previously reported VHFs, including Rift Valley Fever and Marburg disease as well as other disease outbreaks (cholera, Dengue, etc).

In addition, the daily human interactions between Kenya and Uganda are significant with approximately 1,000 trucks crossing the borders daily. This is in addition to the commercial and cultural interactions along the porous and

unofficial borders.

In the context of Uganda, the Ebola Virus Disease was declared over by the Ministry of Health on 11th January 2023, after 42 days of zero reporting. This achievement was due to prior preparations that had been set up by the Ministry of Health and the Ugandan Red Cross. It is in this regard that Kenya as a neighboring country is timely preparing for the outbreak and re-emergency outbreak through the Ebola Preparedness and response pillars.

In terms of implementation, all interventions have been implemented as expected as the activities were accelerated immediately after they kicked off. There is only one pending activity; Training of teams on Safe and Dignified Burials Management. The activity is pending due to a delay in the procurement of SDB training kits. This has also caused delays in conducting drills by the SDB teams in the counties.



KRCs volunteer during a house visit

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

Kenya MoH issued an alert on 21st September, requesting mobilization of all relevant stakeholders to initiate prevention, preparedness, and response measures while working on developing at-risk county EVD contingency plans.

Moreover, given the caseload in Uganda as of 2nd October, Kenya Red Cross Mental health and Psychosocial Support teams are already receiving inquiries from the public through its EOC hotline, which indicates there is rising concern about EVD and the risk of spread into Kenya.

## **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 die. 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 proposes 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.

MoH has profiled 20 counties out of 47, considered to be at risk of being impacted in the event of EVD entry into Kenya. These counties were identified based on their proximity to the Kenya-Uganda border and those also in the travel routes or with other ports of entry other than border driver through points. The border counties are Migori, Homa Bay, Kisumu, Siaya, Busia, Bungoma, Trans Nzoia, West Pokot, and Turkana counties. The other counties along the travel routes are Uasin Gishu, Kericho, Nakuru, Kiambu, Nairobi, Machakos, Makueni, Taita Taveta, Kilifi, Mombasa, and Kwale.

Kenya hosts refugees who keep arriving from neighboring countries 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 at 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	<b>Yes</b>
Are you changing the operational strategy	<b>No</b>
Are you changing the target population of the operation	<b>No</b>
Are you changing the geographical location	<b>No</b>
Are you making changes to the budget	<b>No</b>
Is this a request for a second allocation	<b>No</b>
Has the forecasted event materialize?	<b>No</b>

### **Please explain the summary of changes and justification**

The Kenya Red Cross would like to extend the MDRKE052 KENYA operation for 3 months until 30.04.2022 due to the delay faced in the launch of the activities, waiting for National guidelines to be available as all partners have to align to them, including National Society (NS). Now that this has been solved, the delay in the SDB kits delivery is querying to extend the operation too. 6 weeks is expected for the delivery and this is needed to achieve all the preparedness action, especially trainings, and demonstrations.

Uganda's 90 days of surveillance is one month left but vigilance is kept and the NS needs to complete capacity for the staff and volunteers as the risk remains now and in general when it comes to Ebola.

### **Please explain how is the operation is transitioning from Anticipatory to Response**

## Current National Society Actions

<p><b>Assessment</b></p>	<p>According to Kenya's MoH National EVD Taskforce, the risk profile for Kenya is based on its proximity to Uganda 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 control preparedness, and case management amongst others.</p> <p>Given the high case fatality rate of EVD, it was thus crucial for KRCS to support MoH in ensuring national readiness for a potential response to EVD.</p>
<p><b>Coordination</b></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 &amp; Infection Prevention and Control (IPC) sub-committees. The meetings are held on a daily 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 liaise with health facilities/workers.</p>
<p><b>Health</b></p>	<p>After trainings co-facilitated with MoH, the KRCS team has started the 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>

## Movement Partners Actions Related To The Current Event

<p><b>IFRC</b></p>	<p>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.</p>
<p><b>ICRC</b></p>	<p>ICRC is in the country but has not provided any direct support linked with EVD preparedness for now.</p>
<p><b>Participating National Societies</b></p>	<p>The Danish and Finnish Red Cross Societies are in-country and have indicated an interest in supporting KRCS EVD preparedness activities in areas that will not be covered through this DREF, as part of the national preparedness and response plan.</p>

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The National Government through the Ministry of Health has requested partner agencies to support preparedness actions and eventually response actions. The MoH is leading the National EVD Taskforce at the national and county levels, and hold 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 ports of entry along the Kenya-Uganda border.</p>
<b>UN or other actors</b>	<p>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 already stated in previous sections, a National EVD 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 Unit (DSRU) 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 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 interventions. In West Kenya Region, frequent UNICEF hub meetings were conducted to discuss preparedness measures and support given to the counties by partners.

# Anticipated Needs



## Health

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

- 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 will 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) Psychosocial support (PSS). 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.

# 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 CP3 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 rumours 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 if a 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 in SDB will be deployed to support KRCS teams both with actioning the activities and with coordination.

## Targeting Strategy

### Who will be targeted through this operation?

Through this DREF operation, KRCS aims to target 565,650 people (16% of people in need), with key EVD prevention messaging in Busia, Bungoma, Siaya, Kisumu, Homa Bay and Migori counties.

### Explain the selection criteria for the targeted population

The rationale for the geographical targeting is because Busia and Bungoma are both key border entry points while Siaya, Kisumu, Homa Bay and Migori have high levels of socio-economic interactions with Uganda around the lake region and these areas are along the key transport routes from Uganda into Kenya.

## Total Targeted Population

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

## 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.
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.	- 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.

Limited Ebola knowledge identified during the discussion with communities and volunteers prevention activities.

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.

The point of entry are considerable and from evaluation of the situation, there are porous border points of entry that are not manned

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.

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.

Courtesy calls to introduce KRCS preparedness plans and how they complement Kenya MoH Preparedness and response plans will be key in reducing this risk.

# Planned Intervention

	<b>National Society Strengthening</b>	<b>Budget</b>		CHF 38,856
		<b>Targeted Persons</b>		565650
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>	
Number of lessons learned workshop conducted		1		
Number of MoUs prepared and signed with MoH on KRCS role in SDB		1		
Number of SoPs prepared and disseminated on SDB teams response to alerts		1		
Number of Branch staff mobilized		3	3	
Number of weekly supervisory visits conducted at county level		20	12	
Number of monthly monitoring visits conducted		3		

## Progress Towards Outcome

Supervision of the operation is maintained at different levels. Volunteers and staff are deployed and activities are supported by technical guidance from NDRT branches and HQ staff  
National Society is actively involved in coordination meetings on a weekly basis and will continue. IFRC support is provided to monitor the situation.

	<b>Secretariat Services</b>	<b>Budget</b>		CHF 25,560
		<b>Targeted Persons</b>		0
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>	
Number of Surge personnel deployed		1	2	

## Progress Towards Outcome

o Surge personnel have been deployed.  
o IFRC Logistics services have been engaged on procurement of required prepositioning of SDB starter kits, training kits and replenishment kits.

		<b>Budget</b>	CHF 110,598	
--	--	---------------	-------------	--

 Health	Targeted Persons	
	565650	
Indicators	Target	Actual
Number of Trainers trained in the EPiC ToT	25	27
Number of cascaded County level trainings conducted	6	4
Number of volunteers supporting CBS and RCCE	125	376
Number of engagement sessions with traditional and religious leaders	6	8
Number of radio awareness sessions	16	30
Number of SDB training conducted	1	1
Number of SDB teams set up and ready to deploy	3	3
Number of SDB starter kits procured	2	
Number of SDB training kits procured	2	
Number of SDB replenishment kit procured	1	
Number of ambulance teams trained	6	2
Number of people reached with awareness sessions	2470748	2470748

### Progress Towards Outcome

Under the Output 1, Conduct 1 EPiC training of trainers (ToT) for 25 KRCS Supervisors and MoH staff. The training was conducted for five days at the Noble Conference Centre, in Eldoret on 17th- 21st October 2022. Each county had a representative from key departments (Disease Surveillance, Health Promotion, Public Health, and Community Health Strategy), key individuals in conducting Risk Communication and Community Engagement activities, Community-Based Surveillance, Safe and Dignified Burials Management, and general coordination.

The Epidemic and Preparedness and Response in Communities modules ranged from Community based Health and First Aid, Behavior Change Communication (BCC), Epidemic Control for Volunteers, Psychological First Aid in Epidemics (PFA), and Risk Communication and Community Engagement (RCCE) were taught by facilitators from MoH and KRCS. Sessions were sufficiently informative and comprehensive as indicated by the feedback collected from participants after the training. More, feedback from the trainees/participants explained the significance of the training to the counties especially in the face of the outbreak just in the neighboring country. The workshop was timely and necessary. The knowledge, information, and skills obtained were priceless and according to participants, will go a long way in improving service delivery, effectiveness, and efficiency in matters of preparedness for health departments across the counties and society in general.

**Output 2. Conduct EPIc community-level training in target counties for 110 volunteers**  
Epidemic Preparedness and Response in Communities training for volunteers took place in Kisumu, Homabay, Migori, and Siaya counties targeting 110 volunteers. PHOs and CHAs were involved in the EPIc for volunteers training for cascading the training to more CHVs who will support community sensitization. A total of 376 (74 PHOs, 38 CHAs, 216CHVs, and 48 KRCS volunteers) were trained across the counties.

The training conducted by trained ToTs on EPIc modules targeted key components of Risk Communication and Community Engagement (RCCE), Community Based Surveillance (CBS), Volunteer actions in Epidemic control, Rumors, Feedback management, and Psychological First Aid. The community teams were drawn from the high-risk sub-counties and wards across the counties to implement Risk Communication and Community Engagement and Community-Based Surveillance and activities in a period lasting up to 10 weeks or more.

**Output 3. Training of 12 ambulance operators**  
This training was conducted.

**Output 4. Deployment of volunteers in targeted counties to undertake community health promotion & RCCE, interventions (125 volunteers 2 days a week for 10 weeks)**  
Across the four counties, trained volunteers, key community gatekeepers and stakeholders were deployed in the high-risk wards and areas that were earlier mapped out for EVD out-breaks to conduct RCCE activities. The target population for these sensitization sessions were households, gatherings, churches, mosques, traditional healers, bystanders, fisher-folk and all other persons susceptible to EVD. During these sessions, community feedback on EVD e.g. Rumors, Questions, Complaints, and Appreciation was recorded by the volunteers. The field teams also shared the KRCS Emergency Operations Centre Hotline of 1199 and County-specific EOC hotlines for communities to report and share any and all concerns regarding EVD and other emergencies. An approximate total of 23,583 community members was reached with EVD sensitization messages.

**Output 5. Set up linkages with religious and traditional healers in 6 target counties**  
Kisumu, Homabay, Siaya, and Migori counties conducted a stakeholder and gatekeeper's linkage meeting to sensitize and share on EVD preparedness and response. Participants were drawn from the high-risk wards and sub-counties covering religious leaders including Imams, Boda Boda group representatives, youth groups, local media houses, interior ministry, and the transport sector. These were key community leaders representing areas that are highly likely to be affected in the event of an outbreak. This was to facilitate sharing of EVD key messages with the rest of the communities to put everyone on high alert, with knowledge of facts and myths.


**Output 6. Organise radio awareness programmes in six counties**  
All four counties reached out to local media stations and conducted presenter mentions on EVD preparedness and response. The approved radio scripts were shared with all counties and translated into local languages with the help of the health promotion officers. In West Kenya, different counties have different local language speakers; the radio stations were tailored to accommodate these differences. In Kisumu Dala FM was used to reach out to the majority: Dholuo speakers. Through the coverage, an estimated 665,125 people were reached through the presenter mentions done by Dala FM. In Migori, Togotane FM (Kuria speakers) reached 129,600 people while Radio Milambo FM (Luo speakers) reached out to 635,000 people. In Homabay, through Gulf radio, a total of 580,023 people were reached through the presenter mentions. Siaya county reached out to 461,000 people through radio Mikayi fm.

**Output 7. Production of IEC material on EVD prevention**  
EVD RCCE IEC materials were procured and distributed in health facilities across all the high-risk counties. This was used for sensitizations by health care workers to community members visiting the health facilities. KRCS volunteers also continue to use them during RCCE sensitization sessions to community members. Each county received a total of 8,000 copies (fact sheets, How EVD is spread, Prevention of EVD and posters, 2,000 pieces of each copy). Moreover, counties also received 9 roll up banners with key messages and information on EVD preparedness and response. All these are visual aids for use by volunteers to help communicate uniform and consistent messages to communities across the mapped out high-risk areas for EVD outbreaks.

**Output 8. Safe and Dignified Burial Training**  
On 9th to 10th January 2023, 16 Kenya Red Cross Action Team, 2 Kenya Red Cross staff and 3 Ministry of Health

Staff were trained on Ebola -Safe and Dignified Burials in Nairobi County in preparation to responding to dignified management of the deceased depending on the different ethnic groups and cultural values. The team was taken through 13 steps of SDB, Community Engagement and Accountability, Psychological First Aid, Tabletop exercises and simulation to evaluate the level of knowledge, ability and skills gathered.

A surge team deployed from IFRC facilitated the training. The team will conduct 4 simulations for perfection and cascade the training to other counties of Busia, Kisumu, Uasin Gishu, and Mombasa as TOTs supporting surge from IFRC.

	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 11,928
		<b>Targeted Persons</b>	565650

<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
Number of IEC material produced	4000	8000
Number of feedback system set up	1	1

### Progress Towards Outcome

o 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 for analysis, to inform future sensitization activities.

o 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.

o 80(m 56, f 24) traditional healers, religious leaders, and key community influencers engaged in EVD sensitization sessions in the target counties

# About Support Services

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

Overall 125 volunteers will be deployed in 6 targeted counties on rotation basis, to support implementation of community health promotion. They shall include:

- Busia: 40 volunteers
- Bungoma 25 volunteers
- Migori: 15 volunteers
- Homa Bay: 15 volunteers
- Kisumu: 15 volunteers
- Siaya: 15 volunteers.

In addition, 3 KRCS branch staff shall be deployed for the entire duration of the operation to ensure implementation and close supervision of teams.

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

One (1) IFRC surge with PhiE profile and strong SDB background will be deployed to support.

## **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:**

Dr. Asha Mohammed, Secretary-General, Secretary General, mohammed.asha@redcross.or.ke, +254701812258

- **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

[Click here for the reference](#)