



MoH/KRCS SDB team training - 2024 Eldoret, Kenya

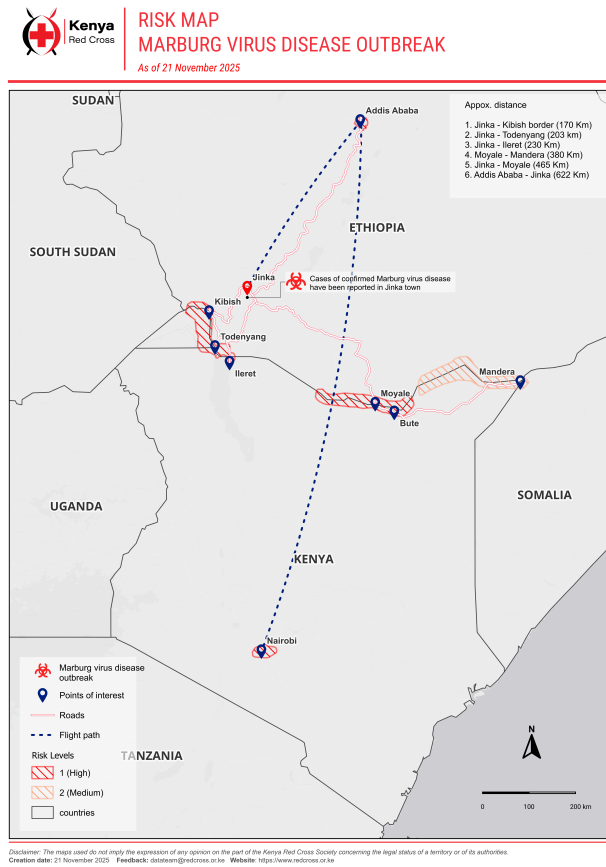
Appeal: <b>MDRKE069</b>	Hazard: <b>Epidemic</b>	Country: <b>Kenya</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 150,000</b>	
Glide Number: -	People Affected: -	People Targeted: <b>111,444 people</b>	
Operation Start Date: <b>25-11-2025</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>28-02-2026</b>	DREF Published: <b>10-12-2025</b>

Targeted Regions: **Marsabit, Turkana, Nairobi**

# Description of the Event

## Date when the trigger was met

15-11-2025



## What happened, where and when?

On 15th November 2025, the Ethiopia Public Health Institute (EPHI) confirmed a Marburg virus disease (MVD), following laboratory testing of samples from a cluster of suspected cases of viral hemorrhagic fever outbreak in Jinka Town which is in the Southwestern part of Ethiopia. This is the first of its kind in the country. Genetic analysis by the EPHI revealed that the virus is of the same strain as the one that has been reported in recent outbreaks in other countries in East Africa. A total of 9 cases so far have been reported.

Jinka town is approximately 170 and 203 km from the Kenya-Ethiopia border at Kibish and Todonyang (both in Turkana County), while it is approximately 230km from Ileret and 465 km from Moyale town (both in Marsabit county). Turkana and Marsabit have been identified as at-risk counties as they all share a border with Ethiopia. The four counties also have numerous informal/non-designated border crossing points that are not manned by security or health officials. The geographical proximity of the points of entry underscores the risk of cross-border transmission due to regular social and economic interactions. In addition, the frequent travel of people from Addis Ababa-Bole airport to Jomo Kenyatta International Airport; puts Nairobi, the capital city, at heightened vulnerability. This situation necessitates immediate preparedness and readiness actions to reduce the risk of importation and potential spread of the Marburg virus in Kenya.





HH interview KAP on epidemics Oct 2025



HH interview Turkana Oct 2025



Focused Group Discussion session during assessment

## Scope and Scale

Following the confirmation of MVD in Jinka, Ethiopia, neighboring countries, including Kenya, have taken a step to initiate measure to prepare and be ready for the likely spread of the virus into their countries. In Kenya, the National Public Health Institute (KNPHI) has put all counties on alert with an issuance of an MVD advisory that includes a situational update and guidance on preparedness and readiness measures that county governments need to institute. The most vulnerable counties are those that border Ethiopia directly, due to cross-border trade with Ethiopia and access to Ethiopia by road increasing the risk of reporting an MVD case. Another significant risk factor is access to Kenya via Jomo Kenyatta International Airport. Jinka town is frequented by tourists as there are national parks close by with some flying to Addis on exit from the area.

The KNPHI has profiled 5 counties (Turkana, Marsabit, Nairobi, Mandera and Wajir) out of 47 in the country and considered to be at risk of being impacted in the event of MVD entry into Kenya. These counties were identified based on their proximity and interaction of communities across the Kenya-Ethiopia border. KRCS will implement anticipatory actions in 3 (Turkana, Marsabit and Nairobi) of the KNPHI identified 5 high risk counties.

The proposed DREF operation will focus on preparedness and early response actions in high-risk border counties primarily Turkana, Marsabit, and Nairobi, with specific attention to communities around Kibish, Todonyang, Ileret, and Moyale, where regular cross-border movement increases the likelihood of virus introduction into Kenya. The scope includes prepositioning of critical capacities including Safe and Dignified Burial Management, strengthening community-based surveillance, enhancing screening and referral mechanisms, and supporting risk communication and community engagement (RCCE) and WASH activities targeting populations and counties most at risk.

Source Name	Source Link
1. WHO Marburg virus Disease Outbreak Alert_ Ethiopia	<a href="https://www.afro.who.int/countries/ethiopia/news/ethiopia-confirms-first-outbreak-marburg-virus-disease">https://www.afro.who.int/countries/ethiopia/news/ethiopia-confirms-first-outbreak-marburg-virus-disease</a>
2. Kenya National Public Health Institute Advisory Alert	<a href="https://kenyaredcross-my.sharepoint.com/:b:g/personal/gathagu_isaac_redcross_or_ke/IQD8M_YqyVgOT76k5593PIa5AZE19NxfjqMOYI_H5VYy9c">https://kenyaredcross-my.sharepoint.com/:b:g/personal/gathagu_isaac_redcross_or_ke/IQD8M_YqyVgOT76k5593PIa5AZE19NxfjqMOYI_H5VYy9c</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-



If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

#### Lessons learned:

From the previous EVD outbreak preparedness in 2022, there was need to engage local leaders, traditional healers, and religious figures to foster acceptance and behavior change. Hence in this DREF effective community engagement strategies will also be employed for better dissemination of health messages, ultimately enhancing the community's resilience.

In addition, the 2022 EVD preparedness in Kenya highlighted gaps in continuous capacity building thus this DREF will focus on upskilling the KRCS volunteers, staff and community health promoters on CBS, EPIC, and IPC modules. Equally NS will leverage on two existing National SDB teams who will undergo a refresher training and simulations exercise in case of spread of MVD in Kenya.

The NS will also leverage on the IFRC logistics team to ensure procurement and prepositioning of kits is done in a timely manner to prevent operational delays as in the previous EVD preparedness. Better sourcing options and engagement with partners for stocks mapping and movement are explored for this intervention as a learning from past MDRKE052 challenges.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level? **No**

## Current National Society Actions

### Start date of National Society actions

15-11-2025

<b>Coordination</b>	<p>KRCS is a key member of the national Viral Hemorrhagic Fever (VHF) Taskforce and its various sub-committees led by the Kenya National Public Health Institute - Ministry of Health (MOH-KNPHI). The National Society (NS), through the PHiE unit within the larger Disaster management operations department, has representation in the national KNPHI-MOH MVD preparedness and response sub-committees. KRCS is represented in the Coordination &amp; Planning, Surveillance, Risk Communication and Community Engagement, Ports of Entry/Border health, Case Management, One Health, WASH/Infection Prevention and Control (IPC) and Research sub-committees.</p> <p>At the county and community levels, led by PHiE technical staff and volunteers, KRCS branches are working closely with the county one health units, and community health Units at the grassroot level for a coordinated and seamless implementation of various NS supported interventions including but not limited to Community Based Surveillance (CBS), water, sanitation, and hygiene (WASH), and Risk Communication and Community Engagement (RCCE).</p> <p>The NS will leverage the stated collaborations and coordination levels in its execution of the MVD anticipatory interventions as part of its auxiliary mandate to public health authorities both at the national and sub-national levels.</p>
<b>National Society Readiness</b>	<p>The National Society commenced its VHF preparedness and containment activities on 15th November, immediately after early alerts indicated a heightened risk of importation from Ethiopia. Initial actions included activation of at-risk county branches, enhanced surveillance, and coordination with MoH, focusing on the five at-risk counties.</p> <p>KRCS has a pool of 30 KRCS volunteers, Community Health Promoters (CHP) and Community Disease Reporters (CDR) in Marsabit and Turkana trained on EPIC and CBS modules to necessitate RCCE activities at community level and Community based surveillance. This training was supported by PREPARE Project phase one. Unfortunately, the prepositioned and trained volunteers while in the target counties are far from the</p>



	<p>high-risk points of entries.</p> <p>KRCS has 7 burial teams in prepositioned in 7 strategic locations in Kenya to support safe and dignified burials in case of a VHF death. SDB kits previously procured for training have been depleted and will require additional kits. The national SDB and IPC related SOPs and training materials require updating and dissemination to the priority counties. The prepositioned SDB teams will require refresher training while the three targeted counties, Rapid Response Teams (including staff from priority health facilities) will require training on IPC and SDB.</p> <p>During the EVD preparedness in 2023, KRCS through IFRC procured 3 SDB Kits (Starter Kit, Replenishment Kit and Training Kits) which were used during trainings and simulation exercises. The remaining kits are incomplete, therefore, there is need for procurement of kits for the based on the stage of the risk.</p> <p>The Kenya Ministry of Health Launched the Kenya National Public Health Institute (KNPHI) in 2024 which devolved most of the National MoH functions. During the EVD Preparedness in 2023, KRCS developed EVD preparedness SOPs and agreements which needs to be reviewed and signed. KRCS is the lead team on matters SDB in the country and would want to formalize the engagement with MoH-KNPHI through a formal agreement.</p>
<p><b>Assessment</b></p>	<p>In a recent cross-border assessment conducted by KRCS and KNPHI in 9 border counties (September 2025) revealed Turkana and Marsabit counties face heightened vulnerability to cross border Marburg introduction due to extremely high formal and informal population movement, low community preparedness, and weak surveillance capacity. In Turkana, awareness of epidemics is high (98%), but confidence in community preparedness is the lowest (15%), while both counties report chronic WASH and IPC gaps that undermine basic outbreak control. Traditional beliefs remain strong with 56% of respondents in Turkana trust traditional remedies, despite generally good intentions toward formal care seeking. High-risk corridors such as Kibish and Todonyang link Turkana communities with Nyangatom groups in Ethiopia's South Omo region, while Moyale OSBP remains the busiest formal Ethiopia-Kenya crossing with frequent trade and pastoral mobility. Both counties host far more informal than formal PoEs (Turkana 21:4; Marsabit 19:1), meaning most movement bypasses formal screening, and weak border area health systems further limit early detection. These combined factors significantly elevate the risk that Marburg could spread into Turkana or Marsabit should the Jinka outbreak expand southwards or into neighbouring regions.</p> <p>According to Kenya's MoH-KNPHI National VHF Taskforce, the risk of transmission to Kenya is likely to be attributed to the porous borders and high trans-border cultural interactions in Kibich and Todonyang areas of Turkana County along the Kenyan Ethiopian border. Moreover, the high trans-border commercial and other trade related interactions through the Illeret and Moyale One Stop Border Point, and tourist air movement from Jinka region to Nairobi through Addis Ababa presents another possible route of transmission into the country hence the need for heightened preparedness.</p> <p>Given the known high case fatality rate of MVD which is over 50%, it is therefore crucial for KRCS to support the KNPHI - MoH in ensuring national preparedness, readiness and early actions for a potential response to a MVD outbreak in the country.</p>

## IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>IFRC Nairobi cluster is present in Kenya. IFRC has provided KRCS with technical guidance in this application.</p>
<p><b>Participating National Societies</b></p>	<p>None so far is supporting.</p>



# ICRC Actions Related To The Current Event

Nairobi regional office is in Kenya however they are not part of this operation.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	The Kenya National Public Health Institute has so far convened two partners Task Force meetings to deliberate on the MVD situational analysis and level of countries preparedness. Kenya has prioritized the updating its VHF contingency plan, SOPs and training materials to reflect the current MVD threat. Risk assessments are ongoing with the recent KRCS epidemics readiness landscape assessment supported by the PREPARE project included in the risk mapping for Turkana and Marsabit. Equally, the KNPHI issued an alert to all counties to be vigilant and implement preventative measures. In Kenya Health is a devolved function of government and thus the County health departments are responsible for health services delivery.
<b>UN or other actors</b>	WHO, UNICEF, Africa CDC, IOM and FHI360, are in coordination with the Kenya National Public Health Institute on preparedness measures. WHO deployed a team of technical experts in viral haemorrhagic fever outbreak response in Ethiopia, along with medical supplies and equipment. Specific partners' support is yet to be clarified but should be clearer within the coming weeks.

### Are there major coordination mechanism in place?

KRCS is a key member of the national VHF Taskforce and its various sub-committees led by the Kenya National Public Health Institute - Ministry of Health (MOH-NPHI) with ongoing joint planning, information sharing and coordination of preparedness and response activities at both national level. There are coordination gaps at the sub-national level that require urgent support.

## Needs (Gaps) Identified



1- Insufficient Community-Based Surveillance (CBS) capacity for Early Detection. All the three at risk counties have an inadequate number of trained CBS volunteers for early detection, escalating MVD associated alerts, and referral to healthcare services. Other than at Moyale OBSP (Marsabit county), KRCS does not have CBS capacity in the profiled high-risk points of entry in Turkana and Marsabit.

2- Strengthening SDB, and IPC capacities alongside community-level behavior change is essential for immediate preparedness and rapid containment of the virus. This require complementing the existing capacity that was built during previous outbreak while ensuring readiness.

There is inadequate Safe and Dignified Burials (SDB) Readiness. While KRCS/MoH has previously trained and prepositioned SDB capacity, this was some years back and the NS requires to urgently update the SDB/IPC readiness capacity. The national SDB and IPC related SOPs and training materials require updating and dissemination to the priority counties to ensure smooth intervention on SDB when need arise. Kenya will need will also need to ensure update on signing agreements with the MOH- NPHI on SDB faction.

On the KRCS capacity and readiness to deliver SDB interventions, there is a need to provide the training materials, conduct national and county level trainings or refresher trainings as well as replenishment of SDB kits. During the previous outbreak for which NS launched the MDRKE052, there was SDB readiness efforts put in place with SDB teams trained and Kits for training and intervention purchase. The previous training kits have been exhausted in these previous trainings and various simulation exercises during previous risks. There is need for procurement of kits for the current training and an initial Starter Kits that will allow quick intervention in case of first cases. For the previously mobilised SDB teams, most can be mobilised and pre-positioned but they require refresher training while the three targeted counties, Rapid Response Teams (including staff from priority health facilities) will require training on IPC and SDB.



3- Limited prepositioning of supplies, inadequate laboratory surge readiness, and weak linkage between community-level early detection and facility-level IPC delay activation of critical containment measures. The KNPHI meeting confirmed gaps in mapping high-risk facilities, referral pathways, IPC stocks, and coordination structures needed for a Marburg-level event

4- Limited trained human resource on Epidemics, Preparedness and Response in Communities (EPiC) Module. Due to the limited number of trained volunteers in EPiC there is insufficient support required for Marburg preparedness thus the need for capacity building of the KRCS volunteers, CHPs and CDR's along the Kenya Ethiopia border on EPiC with a focus on VHF's.

The Kenya Ministry of Health Launched the Kenya National Public Health Institute (KNPHI) in 2024 which devolved most of the National MoH functions. During the the EVD Preparedness in 2023, KRCS developed EVD preparedness SOPs and agreements which needs to be reviewed and signed. KRCS is the lead team on matters SDB in the country and would want to formalize the engagement with MoH-KNPHI through a formal agreement.

Limited Risk Communication and Community Engagement (RCCE) Coverage- Border communities lack adequate knowledge on Marburg symptoms, transmission risks, and the importance of early reporting. Existing RCCE teams are not sufficiently trained or integrated into CBS structures, reducing the effectiveness of community sensitization and timely behavior change. Therefore, there is a need for intensified and targeted community sensitization on MVD.

Limited Emergency Operations Center readiness for Cross-Border Event Monitoring- Current EOC systems require strengthening to ensure timely verification of alerts, coordinated data sharing, and rapid activation of preparedness actions in regard to cross boarder event monitoring.

Mental health and psychosocial support is an important component to both the response teams and community members in such case scenarios. therefore there is need for identification of proper linkages and referral of mental health related cases. This will strengthen the ability of KRCS volunteers, staff, CHPs and CDRs to provide immediate emotional support and calm to affected individuals, families, and community members.



## Water, Sanitation And Hygiene

The Marburg event in Jinka, Ethiopia has exposed critical WASH vulnerabilities across Kenya's high-risk counties particularly Turkana, Marsabit and Nairobi. The closeness of Jinka to porous borders, combined with frequent cross-border trade, travel and pastoral migration, significantly elevates Kenya's exposure to MVD spread. Despite Kenya's experience with cholera, COVID-19 and Mpox preparedness, the systems required specifically for filovirus-level containment remain under-resourced and unevenly distributed.

Health facilities in two of the three mapped at-risk counties continue to face severe and recurring water shortages driven by chronic drought, damaged water infrastructure, and unreliable supply systems. These challenges are echoed in the PREPARE Knowledge Attitudes and Practices (KAP) survey findings where communities described shared, contaminated water points, poor sanitation, and persistent open defecation as causes of recurrent outbreaks.

These gaps undermine core Marburg IPC functions such as safe handwashing, chlorine preparation, environmental cleaning, and support for isolation spaces. Many facilities lack adequate water storage tanks, backup supply mechanisms, and the resilience to sustain intensive treatment operations should a suspect case be admitted.

At community level, WASH vulnerabilities are even more pronounced. High-mobility populations of pastoralists, traders, fisherfolk, religious groups have limited access to safe water and sanitation, with many depending on shared water points with animals, as documented across the five at risk counties.

Low adoption of handwashing and safe caregiving practices, especially in areas with low literacy and limited access to soap or water treatment products, increases potential for household and community transmission if the MVD spreads across the border.

Across Kenya healthcare facilities, waste management is one of the weakest points in infection prevention and control. Most facilities lack the colour-coded bins, sharps containers, biohazard bags and functional incinerators required for VHF-level waste. In several facilities, disposal still relies on shallow pits or open burning, which are unsafe and inconsistent with filovirus IPC standards. Training gaps among cleaners, porters and frontline staff further heighten the risk of occupational exposure, mirroring the limited epidemic preparedness confidence expressed by communities from the PREPARE KAP assessment findings.

Limited prepositioning of supplies, inadequate laboratory surge readiness, and weak linkage between community-level early detection and facility-level IPC delay activation of critical containment measures. The KNPHI meeting confirmed gaps in mapping high-risk facilities, referral pathways, IPC stocks, and coordination structures needed for a Marburg-level event.

Strengthening WASH, sanitation and waste management, SDB, and IPC capacities alongside community-level behavior change is essential for immediate preparedness and rapid containment of the virus.





## Protection, Gender And Inclusion

There is limited PGI training of both staff and volunteers in the 3 at-risk counties mapped. Gender sensitivity and inclusivity training is crucial in emergency preparedness to ensure staff and volunteers provide optimal care that is culturally safe, free from judgement and non-discriminatory. When responders understand how gender roles, power dynamics, and cultural expectations influence health-seeking behavior, they are better able to create environments where women, men, girls and boys, feel respected and safe to seek help. This training will help teams communicate with empathy, maintain privacy, and recognize the unique barriers different groups face during outbreaks such as Marburg ultimately strengthening trust, improving early reporting, and ensuring no one is left behind in the response.



## Community Engagement And Accountability

Community Engagement and Accountability is an integral part of outbreak management and emergency preparedness. There is limited engagement of marginalized communities such as the pastoralists of Northern Kenya during discussion and community forums, which may lead to misrepresentation and distrust. Religious leaders, traditional healers, traders and boda boda drivers form part of the local community in the at-risk counties. Hence, there is a need to strengthen community engagement and accountability to ensure community needs are accounted for, and barriers are addressed. KRCS will also conduct a knowledge Attitude and Practices (KAP) survey in at risk border areas in Turkana and Marsabit looking at burial practices. this is critical as this are new at-risk zones where SDBs have never been done.

[Assessment Report](#)

# Operational Strategy

## Overall objective of the operation

This IFRC-DREF operation aims to strengthen early preparedness, enhance detection, and enable timely response to prevent and contain the spread of a potential Marburg Virus Disease (MVD) outbreak in at-risk counties in Northern Kenya and Nairobi, which is vulnerable due to its geographical proximity to the outbreak's epicenter. The operation will focus on reinforcing Community-Based Surveillance (CBS), Risk Communication and community engagement (RCCE), Water, Sanitation and Hygiene (WASH), Safe and Dignified Burials (SDB), Infection Prevention and Control (IPC), and coordination mechanisms, ensuring comprehensive disease outbreak preparedness over a three-month period. Planned intervention areas include Marsabit, Turkana, and Nairobi, targeting a total of 111,444 people.

## Operation strategy rationale

The confirmation of a MVD outbreak in Jinka, approximately 170-230km from Kenya border town (Kibish and Todonyang respectively) and 465km from Moyale town) presents a credible and imminent cross-border health threat due to routine population movement, trade and social interactions along the Ethiopia-Kenya corridor. In addition, the direct flight route from Addis Ababa to Nairobi increases the likelihood of the virus spreading into the capital city. Therefore, this anticipatory DREF will help the National Society in strengthening its preparedness measures along the Kenya-Ethiopia border for a period of 03 months.

These activities will involve training and refreshing of KRCS volunteers, CHPs, and CDRs on EPIC, CBS, SDB and IPC modules as well as intensifying coordination activities with the national MoH. Equally, this operation will facilitate pre-positioning essential supplies for SDB and IPC and ensure a scale-up of RCCE interventions across the high-risk counties- Turkana, Marsabit, and Nairobi.

Sector details are as follows:

Health:  
KRCS With county MOH- NPHI will conduct an MVD risk assessment and preparedness levels in Turkana and Marsabit border points. Training of KRCS Volunteers and Community Health Promoters (CHPs) on EPIC with modules including CBS, IPC, CEA will be conducted across four sites (Kibish, Todonyang, Illeret, and Moyale) with 25 participants per site over a five day period. Furthermore, Marburg Virus Disease (MVD) risk communication and community engagement (RCCE) activities will be intensified in Kibish, Todonyang, Illeret, Moyale, and at JKIA to enhance awareness and preparedness. This will be made possible through targeted house to house sensitizations, community barazas, religious institutions and use of PA system to pass the information. The target group will be cross border traders business community, local community and religious leaders, household along the border points and passengers through Jomo Kenyatta international airport.



KRCS with support from MoH-KNPHI will review Safe and Dignified Burial (SDB) and Infection Prevention and control (IPC) standard operating procedures (SOP) and signing of agreements. Dissemination of SDB and Infection Prevention and Control (IPC) SOPs will be carried out to County Rapid Response Teams (RRTs), County Health Management Teams (CHMTs), and targeted Sub-County Health Management Teams (SCHMTs) in Turkana and Marsabit.

The KRCS team and MoH-KNPHI will also review and update SDB training materials, conduct refresher training for two national KRCS and MoH teams on SDB (Nairobi and Eldoret) and conduct a one-day simulation exercise for 2 National SDB teams (Nairobi and Eldoret). Additionally, procurement of SDB kits will be completed to support the trainings and ensure pre-positioning for rapid intervention in the first days of outbreak. This includes 03 training kits and 01 starter kit. With the training materials received, the trainings of the SDB teams will be organized, followed by a one-day simulation exercise for the two national SDB teams in Nairobi and Eldoret to strengthen operational readiness.

#### Water, Sanitation and Hygiene:

The operation will prioritize strengthening community hygiene practices, enhance IPC readiness and ensuring rapid access to essential disinfection supplies. Hygiene promotion targeting the most at-risk communities will help reinforce safe behaviors and prevent outbreaks, while the procurement and pre-positioning of chlorine (HTH and liquid bleach) will support IPC simulations and ensure minimum immediate response needs should conditions deteriorate. In addition, KRCS will ensure Infection Prevention and Control (IPC) SOPs are disseminated and integrated by the County Rapid Response Teams (RRTs), County Health Management Teams (CHMTs), and targeted Sub-County Health Management Teams (SCHMTs) in Turkana and Marsabit.

#### Protection, Gender, and Inclusion (PGI):

KRCS Volunteers and staff will be trained on PGI to strengthen their capacity in promoting inclusive humanitarian response and safeguarding vulnerable groups. This training will aim to enhance understanding of PGI principles, ensure integration into all program activities, and improve the ability of teams to identify and address protection risks within communities. It will also provide the volunteers and staff basic skills on Psychosocial support, gender and SGBV and basic case management. A safeguarding mechanism will also be established. KRCS has an operational safeguarding unit and policy capacity to address the protection issues. KRCS also is working closely with relevant government agencies on matters protection.

#### Community Engagement and Accountability (CEA):

Training of KRCS Volunteers (KRCVs) and staff will be conducted on CEA and rumor tracking to strengthen effective communication and trust with communities. This operation will leverage on the NS feedback systems including the toll-free line and suggestion boxes to ensure timely collection and response to community concerns. Additionally, community review meetings and focused group discussions will be organized to gather community reactions, promote transparency and collaborative decision-making. To support awareness and information sharing, Information, Education, and Communication (IEC) materials will be procured and distributed widely within the targeted areas. KRCS will also engage with religious leaders, traditional healers, traders, boda drivers, etc. KRCS will also conduct a knowledge attitude and Practices (KAP) survey in at risk border areas in Turkana and Marsabit looking at burial practices., this is critical as this are new at-risk zones where SDBs have never been done.

#### National Society:

A total of 90 KRCS volunteers and 12 KRCS staff will support the operation across the targeted counties. Their responsibilities will include conducting community-based surveillance and event reporting, participating in rapid response teams and facilitating cross-border coordination, as well as monitoring, documenting, and reporting events. Additionally, the operation will ensure insurance coverage for KRCS volunteers and provide support with internet connectivity to facilitate timely communication and reporting.

## Targeting Strategy

### Who will be targeted through this operation?

The operation will primarily target populations residing or operating within high-risk cross-border areas in Turkana (Todonyang, Kibish and surrounding areas), Marsabit (Ileret and Moyale) and high-traffic travel hubs in Nairobi (JKIA). Specific target groups will include;

- Cross-border mobile populations and traders to and from Ethiopia.
- Transport operators using Ethiopia -Kenya corridor.
- Airport screening teams and frontline responders.
- KRCS volunteers, CHPs, CDRs and County surveillance teams.
- Community members living near informal crossing points.



## Explain the selection criteria for the targeted population

The rationale for the geographical targeting is that these counties are along the border of Kenya and Ethiopia. Nairobi County hosts major international airports that have direct flights to Addis Ababa in Ethiopia. Additionally,

- Epidemiology risk- Communities / locations that have a direct road or flight linkage to the MVD outbreak epicenter (Jinka).
- Operational readiness- counties with the greatest need for improved IPC and surveillance capacity.
- Socio-economic risk- mobile populations with limited access to formal health systems.

## Total Targeted Population

Women	24,443	Rural	65%
Girls (under 18)	29,870	Urban	35%
Men	25,707	People with disabilities (estimated)	2%
Boys (under 18)	31,424		
Total targeted population	111,444		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Low levels of MVD awareness at the community and health facility level may result to fear and panic of infection thus resulting to prolonged timeframe for surveillance and case management. This would escalate community transmission.	Continuous sensitization and RCCE activities to communities and health care workers. The NS will Leverage available MEA&L MIS system to respond to the arising information on MVD at affected community level.
Porous border points of entry that are not manned	Training and sensitization of the security personnel, public health officers, and disease surveillance officers on screening at the porous points of entry.
Cultural practices (unsafe burial practices and traditional health seeking behaviors) and cross-border inter-marriages	Continuous sensitization on risks of movement and creation of awareness on the impact of highly infectious MVD in improperly handled cases or deaths.
Occupational health hazard- Risk of transmission of MVD to frontline workers if PPE is not worn properly or if infected bodies are not handled with correct care	Ensure the frontline health care workers and SDB teams are properly trained and oriented on the importance of Infection



	prevention and control measures. Ensure IPC/SDB commodities are in stock.
Limited isolation facilities.	Engage with the county and national MoH and partners to have a well established MTU and holding facilities.
Psychological distress and exploitation of trauma - fear, isolation, and grieving make people more susceptible to manipulation.	Integrate mental health and psychosocial support (MHPSS) into outbreak preparedness measures. Train staff in psychological first aid (PFA) and trauma-sensitive communication.
Late procurement of SDB Kits	IFRC and KRCS to meet and proactively sources kits. Also consider kits already available in the region to borrow and joint replenishment.
PSEA and child safeguarding	PSEA and Child safeguarding- staff and volunteers need to be sensitized on this and sign alongside the code of conduct.

**Please indicate any security and safety concerns for this operation:**

The Northern Kenya is prone to armed attack and cross border resource-based conflict especially in Marsabit and Turkana, primarily due to limited resources and presence of armed militia groups.

Mitigation Measures:

- To mitigate these risks, the operation requires regular security assessments, strong coordination with local security agencies, clear evacuation protocols, community acceptance building, comprehensive risk monitoring and reporting systems, and robust emergency communication protocols.
- KRCS will also utilize volunteers from the community who are known and well versed with geographical topography.

Has the child safeguarding risk analysis assessment been completed?	<b>No</b>
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## Planned Intervention



**Budget:** CHF 116,784

**Targeted Persons:** 111,444

### Indicators

Title	Target
# of KRCS Volunteers and CHPs trained on EPIC and CBS module	90
# of Community members sensitized on MVD prevention and control	111,444
# of Health Workers, CHPs, CDRS, KRCVs and staff sensitized on Mental health and PFA	90
# of debrief sessions carried out	9
# of hospitals identified and linked to provide mental health distress support for MVD cases.	3
# of SDB SOPs reviewed and signed agreements with KRCS and MoH	1
# of SDB training materials updates conducted	1



# of SDB Teams refreshed based on the updated guidelines	2
# of simulation exercise conducted by National SDB teams	2
# of at risk counties disseminated on the revised SDB/IPC SOP	2
# of SDB kits procured	4
# of Risk Assessments conducted	2

## Priority Actions

- Conduct Risk assessment in Two Border counties- Turkana and Marsabit
- Training of KRCS Volunteers and CHPs on EPIC and CBS in 4 sites (Kibish, Todonyang, Illeret and Moyale) (25pax for 5days in 4 sites).
- Review of SDB SOPs and signing of agreements- KRCS and MoH.
- Review and updating of SDB training materials.
- Refresher training for two national KRCS and MoH teams on SDB (Nairobi and Eldoret)
- Procurement of SDB Kits. - 03 Training kits, 01 Stater Kit.
- One day simulation exercise for 2 National SDB teams (Nairobi and Eldoret).
- Dissemination of SDB/IPC SOP to County RRTs- CHMTs and targeted SCHMT in Turkana and Marsabit.
- Intensify MDV risk communication and community engagement (RCCE) in Kibish, Todonyang, Illeret, Moyale and JKIA through targeted house to house sensitizations, community barazas, religious institutions and use of PA system.
- Sensitize the Health Workers, CHPS, CDRS, KRCVs and staff on Mental health for their wellbeing and psychosocial first aid (PFA).
- Conduct debriefs sessions for KRCS Volunteers, CHPS and CDRS and health care workers.
- Identify mental health referral pathways (sub county, county hospitals and KRCS MHPSS Desk) for MVD distress support.



## Water, Sanitation And Hygiene

**Budget:** CHF 198

**Targeted Persons:** 111,444

## Indicators

Title	Target
# of people reached with hygiene promotion.	111,444
# of chlorine (HTH or liquid bleach) procured and pre-positioned (in 20-liter units)	3

## Priority Actions

- Conduct hygiene promotion to at risk communities.
- Procure and pre-position chlorine (HTH, liquid bleach).



## Protection, Gender And Inclusion

**Budget:** CHF 3,982

**Targeted Persons:** 44

## Indicators

Title	Target
# of KRCVs and staff trained on PGI.	44



# of individuals sensitized on PGI in communities.	5,000
# of gender and disability sensitive feedback raised and addressed.	100

## Priority Actions

- Training of KVCS Volunteers and staff on protection, gender and inclusion.
- Sensitize communities on PGI.
- Establishment of safeguarding mechanism to address gender and disability sensitive feedback.



## Community Engagement And Accountability

**Budget:** CHF 11,145

**Targeted Persons:** 22

## Indicators

Title	Target
# of volunteers trained on CEA and tracking rumors	40
# of community feedback system set up	1
% of community feedback addressed	100
# of Community Review Meetings Conducted	3
# of IEC material produced	1,500
# of KAP Surveys conducted	2

## Priority Actions

- Training of KRCV and staff on CEA and rumor tracking.
- Setting up the feedback system.
- Conduct community review meetings.
- Procurement and distribution of IEC materials
- Conduct KAP Survey on burial practices.



## Secretariat Services

**Budget:** CHF 3,302

**Targeted Persons:** 1

## Indicators

Title	Target
# of Joint IFRC and KRCS field monitoring visits conducted.	1
# of lessons learnt workshops conducted.	1

## Priority Actions

- Field missions by IFRC to target counties.
- Support the technical guidance on VHF preparedness including trainings.



## National Society Strengthening

**Budget:** CHF 14,590

**Targeted Persons:** 90

## Indicators

Title	Target
# of volunteers insured	90
# of counties supported with internet	3

## Priority Actions

- Insurance for KRCS Volunteers.
- Support with internet coverage.

# About Support Services

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

A total of 90 KRCS volunteers and 12 KRCS staff will support the operation across the counties. Their role includes:

- Community based surveillance and event reporting.
- Participating in rapid response teams and cross-border coordination through one health approach.
- Monitoring, documentation and reporting of events.
- Conducting RCCE activities and rumor tracking.
- Screening and triage support at border points.
- Support SDB in case of a VHF Death.

## Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Kenya Red Cross Society adheres to the Kenya law of two-thirds gender rule which comprise both male and female as well as people living with disability. At least a third of the volunteers engaged are female and it also includes disabled. The volunteers will be drawn from the communities they come from, which is culturally diversified therefore minimizing the likelihood of biasness.

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

Kenya Red Cross society has a functional procurement and regional/branches warehouses capacity across the country. The KRCS team will procure the items as stated in the budget within the project period according to the KRCS procurement policy and guidelines. Since this is an emergency response, KRCS will do emergency procurement since it also has prequalified suppliers who can restock the items as the response needs emerge.

IFRC will handle the SDB procurement. To ensure rapid process, there is also engagement ongoing with partners to explore faster processes to make the kits available for the timely readiness.



## How will this operation be monitored?

The operation will be monitored through a structured approach that includes tracking specific indicators for each thematic area, such as Operations coordination, health, WASH and IPC. Community review meetings with community members will be conducted monthly. Regular rapid assessments will ensure the preparedness adapts to changing needs, while community feedback mechanisms, such as surveys and suggestion boxes, will engage beneficiaries and promote project ownership. Mobile technology and digital tools will be used for real-time data collection and reporting.

Regular internal reports will be submitted by field staff to the coordination team, providing updates on progress, challenges, and necessary adjustments. The operation will also involve collaboration with local partners and authorities to align monitoring efforts and ensure a comprehensive overview. Finally, a final after action review will be conducted at the end of the operation to assess the overall impact and gather lessons learned for future interventions. This approach ensures continuous improvement and accountability throughout the operation.

## Please briefly explain the National Societies communication strategy for this operation

Multiagency communication and information sharing will involve participation of joint meetings, situational reports and inter-agency coordination forums.

Cross-border information sharing- participate in cross-border surveillance and communication with Ethiopian counterparts.

Community level communication networks- strengthen community-based surveillance to ensure efficient early warning systems.

Inter-operational communication with the government through the National Public Health Emergency Operation centre (NPHEOC) to ensure real time sharing of data.



# Budget Overview



## DREF OPERATION

### MDRKE069 - Kenya Red Cross Society MVD Readiness

#### Operating Budget

<b>Planned Operations</b>	<b>132,108</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	116,784
Water, Sanitation & Hygiene	198
Protection, Gender and Inclusion	3,982
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11,145
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>17,892</b>
Coordination and Partnerships	0
Secretariat Services	3,302
National Society Strengthening	14,590
<b>TOTAL BUDGET</b>	<b>150,000</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

