DREF Operation

Kenya: Bundibugyo Virus Disease (BVD) Readiness

SDB Team training in Nakuru during MVD preparedness in February 2026.

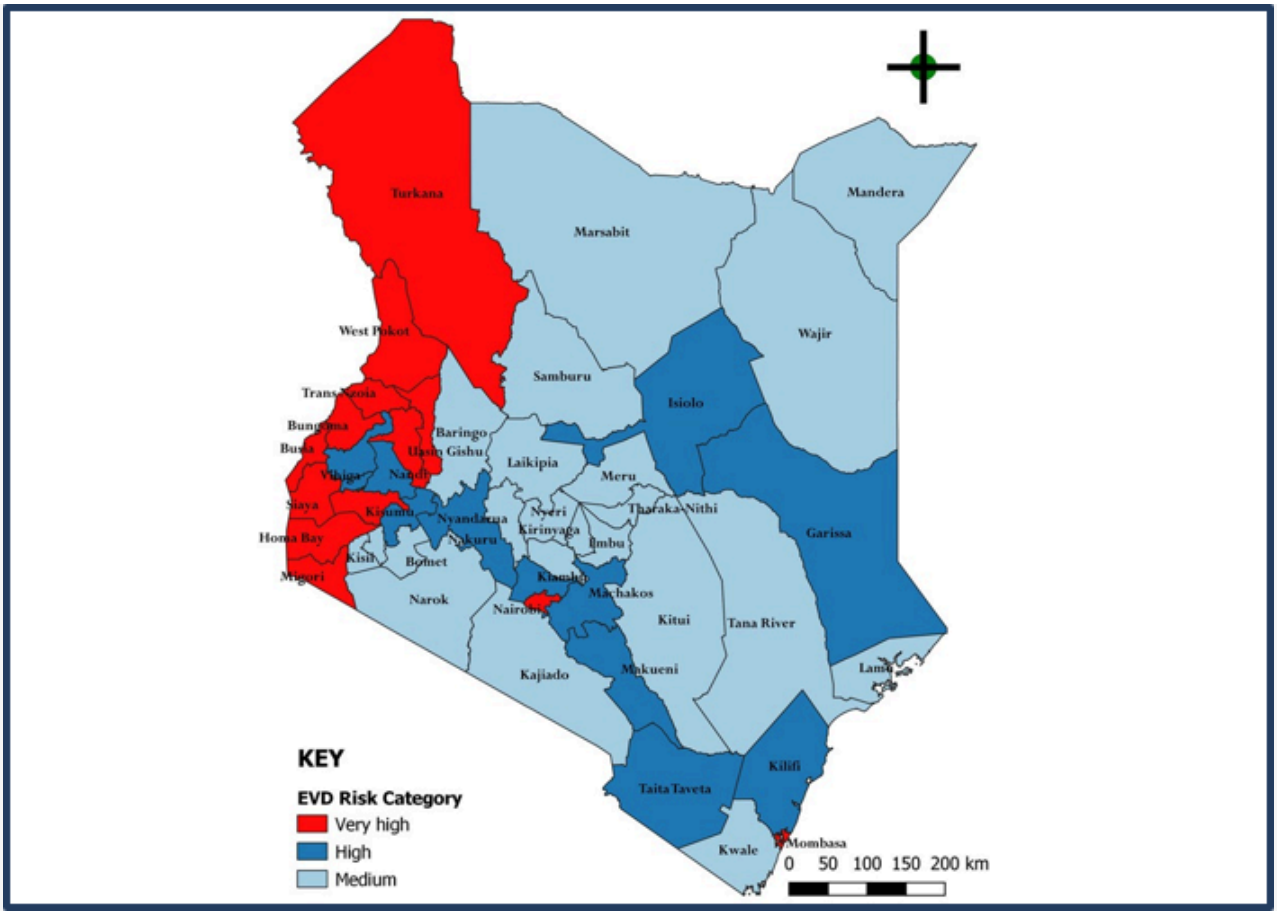
Appeal: **MDRKE072**	Hazard: **Epidemic**	Country: **Kenya**	Type of DREF: **Response**
Crisis Category: **-**	Event Onset: **Slow**	DREF Allocation: **CHF 105,121**	
Glide Number: **EP-2026-000071-COD**	People Affected: **150,000 people**	People Targeted: **148,021 people**	
Operation Start Date: **13-06-2026**	Operation Timeframe: **2 months**	Operation End Date: **31-08-2026**	DREF Published: **27-06-2026**

Targeted Regions: **Turkana, West Pokot, Trans Nzoia, Bungoma, Busia, Nairobi**

Description of the Event

Date when the trigger was met

28-05-2026



Map of Kenya indicating BVD Risk profile.

What happened, where and when?

Uganda confirmed its first case on 16th May 2026 in Kampala whereas the first case of the regional BVD outbreak was declared in DRC on 15th May 2026 in Ituri Province. The trigger for accelerated readiness was met in Kenya on 23rd May 2026 when Uganda confirmed, through a press statement by the minister for Health, additional three (3) cases further elevating the risk of case importation to Kenya from moderate likely and most likely (high risk). This is due to the enhanced trade links between Kampala and different major cities in Kenya and the high-volume cross-border movement.

Kenya's Context
On 16th May 2026, after the declaration of the BVD outbreak as a public health emergency of international concern (PHEIC) by WHO and as a public health emergency of continental security (PHECS) by Africa CDC, the Director General of Health Kenya issued a public health advisory urging for calm and vigilance owing to the high-volume cross-border population mobility between Kenya, Uganda and DRC by land, air and water.

As of 23rd May 2026, Kenya had not reported a confirmed case. However, on 20th May 2026, rumors of a suspected case surfaced in the social media platform having been detected in a private health facility in Ainabkoi sub county, Uasin Gishu County. The case, a 29-year-old male truck driver, Kenyan national and a resident of Zambia was said to have visited St. Luke hospital, Eldoret in the early morning of 20th May 2026 presenting with symptoms meeting the BVD suspected case definition. The county department of health – Uasin Gishu, however, dismissed the rumor through public notice as false. Nevertheless, follow up was initiated, samples collected and tested for Bundibugyo virus disease (BVD) with results turning negative. Quite concerning is that as of 28th May 2026, the country had picked a total

of 13 suspected cases (Nairobi (9), Nakuru (1), Uasin Gishu (1), Nyeri (1), and Nyamira(1)) based on the BVD suspected case definition. Fortunately, all the tests have turned negative.

Scope and Scale

Following the confirmation of an outbreak of Bundibugyo virus disease (BVD) in the Democratic Republic of the Congo (DRC) and Uganda on 15 May 2026, the World Health Organization (WHO) assessed the event as meeting the criteria for a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005). Similarly, on 16th May 2026, the Africa CDC, declared the outbreak situation in DRC and Uganda as a Public Health Emergency of Continental Security (PHECS).

As of 31 May 2026, Uganda has 5 confirmed cases (including 1 death) as of 23 May 2026; no suspected case total provided in the text. DRC Confirmed outbreak of Bundibugyo Ebola on 15 May 2026, but no cumulative numbers of confirmed or suspected cases are specified in the provided information. The classification of the current BVD outbreak as a PHEIC and PHECS by WHO and Africa CDC respectively is a serious pointer to a potential rapid cross-border spread. The severity of clinical outcomes associated with filoviral infections, and the persistent vulnerability of health systems in high-mobility cross-border areas, resource-constrained settings, and the unavailability of a specific vaccine type against the Bundibugyo virus further complicates the situation for the entire region. Bundibugyo Ebola virus, a member of the Ebolavirus genus within the filoviridae family, is associated with viral hemorrhagic fever with case fatality rates estimated between 25% and 50%, depending on the timeliness and quality of clinical and public health response.

In its rapid risk assessment, WHO identified neighboring countries sharing land borders with affected countries i.e. DRC and Uganda as high risk for importation of cases due to high-volume population movement, informal trade networks, pastoralist migration routes, and health-seeking behaviors that is often across national boundaries. Kenya is, therefore, classified as a high-risk country, particularly through its western and northern corridors bordering Uganda and South Sudan, as well as through major international entry points such as Jomo Kenyatta International Airport (JKIA), which functions as a regional transit hub for East and Central Africa. In response, the Ministry of Health and the Kenya National Public Health Institute (KNPHI) issued a national advisory directing all counties to urgently strengthen preparedness and response capacity. The recommended measures include enhanced event-based and indicator-based surveillance, intensified screening and alert systems at points of entry, activation and readiness of rapid response teams, strengthening of infection prevention and control (IPC) measures in health facilities, reinforcement of laboratory diagnostic capacity, scaling up of risk communication and community engagement (RCCE), and targeted training of frontline health workers in the detection and management of viral hemorrhagic fevers.

A national risk stratification conducted by KNPHI has identified 24 counties as very high and high exposure zones based on their proximity to international borders, intensity of cross-border population movement, trade connectivity, displacement dynamics, and health system readiness. These include Turkana, West Pokot, Bungoma, Busia, Siaya, Kisumu, Uasin Gishu, Nakuru, Nairobi, Mombasa, Migori, Trans Nzoia, Homabay, Vihiga, Kakamega, Kericho, Nandi, Kiambu, Machakos, Makueni, Kilifi, Taita Taveta, Isiolo and Garissa.

KRCS in this application, however, prioritizes Busia, Bungoma, Turkana (Kalobeyei Reception Centre, Kalokol and Lokiriama), West Pokot (Alale), Trans Nzoia (Suam and Kitale Asylum Seekers Centre), Siaya, Nairobi, Nakuru (Salga, Gilgil and Mai Mahiu), Uasin Gishu, Garissa (Garissa town & Dadaab Refugee Camp), and Mombasa for initial readiness interventions. These areas are characterized by porous and frequently unmonitored border crossings where informal movement often exceeds formal screening capacity, high levels of population mobility driven by trade, pastoralism, and labour migration, dense urban centres such as Nairobi and Mombasa that increase the risk of rapid secondary transmission, and humanitarian contexts where infection prevention infrastructure and surveillance sensitivity are limited.

Source Name	Source Link
1. WHO Disaster Outbreak News on BVD	https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON603
2. Kenya National Public Health Institute BVD Preparedness portal	https://evd.khsc.site/

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:

KRCS has had experience since 2023 on VHF readiness interventions. The design of this operation will leverage the previously launched readiness DREFs by KRCS following the Ebola and Marburg Virus Disease outbreaks in DRC, Uganda and Ethiopia Respectively.

Main learning integrated here to maximise the relevance, value are as follow:
- Preparedness/readiness interventions are far more cost-effective than reactive approach which is often the norm during response: Previous DREF operations for Ebola preparedness in 2022 and 2024 demonstrated that proactive and pre-emptive measures such as enhanced surveillance including intensified screening at the points of entry (formal and informal), pre-positioning of supplies, and risk communication significantly prevented case importation despite the high volume population movement between Kenya and Uganda.
- Pre-emptive Risk Communication and Community Engagement (RCCE) and Social Behavior Change Communication (SBCC) efforts: proved critical in heightening public risk perception, timely suspected case detection and reporting, and early conventional health-seeking behavior.
- Sustained capacity building for Safe and Dignified Burial Teams (SDBs) guarantees prepositioning strong technical capacities ready for timely activation when need arise: Previous DREF-supported preparedness interventions have always depicted short-falls in trained personnel and gaps in emergency stockpiles (PPE, rapid diagnostic kits, and isolation facilities). The recent DREF supported refresher trainings for the existing SDB teams, and pre-positioning of critical supplies in high-risk counties will strengthen outbreak readiness and potential response. the capacity gained from these trainings over 2023-2024 are considered in the mobilised capacity and structure of trainings under the present DREF.
- Strong in-country preparedness and Cross-border coordination necessitates heightened surveillance and early detection: With KRCS pool of volunteers, heightened community-based surveillance, collaboration with Ministries of Health, WHO, and regional stakeholders played a crucial role in early detection, information sharing, and harmonized preparedness measures. Continuous strengthening internal capacities and border health surveillance and joint outbreak simulation exercises is essential for a proper preparedness and will necessitate timely and effective response in an event of an outbreak in Kenya.
- Safe and Dignified Burial (SDB) preparedness reduces transmission risk: Previous operations highlighted the importance of pre-positioning safe and dignified burial team in readiness for response re-emphasizing the need to sustain the teams with timely refresher.
- This operation will leverage the balance stock of the SDB kits that were procured through the MVD readiness DREF. A total of 4 kits were procured but due to delayed delivery, 1 training kit was borrowed from the MOH to aid in the refreshers which will be replaced as soon as the kits are received. The NS will therefore have 2 training kits and 1 starter kit to utilize for these operations.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**

What was the risk level for Child Safeguarding Risk Analysis?:	**Low**

Current National Society Actions

Start date of National Society actions

23-05-2026

Other	KRCS has scaled up readiness in priority high-risk counties (border, transit, urban, and refugee areas), using its branch network and CBS system to strengthen early detection, reporting, and RCCE. SDB teams are prepositioned, and surveillance and response capacities have been activated.

IFRC Network Actions Related To The Current Event

Secretariat	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 country cluster delegation and regional office in Nairobi. Financial support is also sought through this DREF funding to ensure KRCS commences readiness of its teams in the at-risk areas. Given the expertise of the Movement in filovirus related responses, the federation is also according to strategic guidance to KRCS for robust BVD outbreak readiness.
Participating National Societies	British RC, German RC, Austrian RC, NorCross, Danish RC and Finnish RC. Norcross have supported the Ebola response through a contribution of 125, 000 NOK to support screening in Transit centre in Kitale which is not covered in this DREF

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

Government has requested international assistance	Yes
National authorities	The Kenya National Public Health Institute (KNPHI) has established a comprehensive Ebola Virus Disease (EVD) Incident Management System (IMS), incorporating key

	governmental actors, including the Kenya Defence Forces, alongside a broad range of multisectoral stakeholders to ensure a coordinated and structured national response to the evolving EVD threat. As part of preparedness/readiness efforts, a detailed risk stratification exercise was undertaken to identify high-risk priority counties based on multiple exposure indicators, including geographical proximity to the Uganda border, cross-border population movement, international air travel links from Uganda, and the presence of informal points of entry along porous border regions. Resource mobilization is ongoing to operationalize the six core response pillars, namely coordination through the Emergency Operations Centre, Mental Health and Psychosocial Support (MHPSS), Risk Communication and Community Engagement (RCCE), strengthened surveillance systems with an emphasis on community-based surveillance (CBS) at Points of Entry, logistics and evaluation systems, Infection Prevention and Control (IPC) integrated with Water, Sanitation and Hygiene (WASH), and safe dignified burial (SDB) practices. In parallel, a two-day partners' taskforce meeting was convened to review the evolving EVD situational analysis and assess national and subnational preparedness/readiness capacity, reinforcing inter-agency alignment and technical coordination. Kenya has also prioritized the revision and updating of Standard Operating Procedures (SOPs) across patient, community, and hospital care pathways, alongside the adaptation of training materials to reflect current outbreak risks and response requirements. Furthermore, KNPHI issued an official alert to all counties, urging heightened vigilance and the immediate implementation of preventive and preparedness measures to strengthen early detection and response capacity nationwide.
UN or other actors	UN agencies and partners operate under the KNPHI-led national EVD Task Force, working in a coordinated, multisectoral platform to strengthen preparedness, detection, and response to Ebola threats. - WHO provides technical leadership on surveillance, IPC, and case management, and supplies essential medical equipment to strengthen frontline response capacity. - UNICEF, IOM, and other partners support key pillars including risk communication, logistics, border health, and community engagement. - AFENET–FELTP deploys trained epidemiologists for outbreak investigation, surveillance strengthening, and contact tracing. These agencies work in close coordination with the Government of Kenya (MoH/KNPHI) and KRCS, ensuring alignment with national systems. In refugee and migration settings like the ones targeted in this DREF, KRCS collaborates with MoH, county health teams, UNHCR, and partners to strengthen community-based and event-based surveillance, linking community alerts to the national surveillance system (IDSR).

Are there major coordination mechanism in place?

National level coordination through the established incidence management system (IMS) by the MOH/KNPHI is already in place and KRCS is a core member right from the steering committee level to the sub-committee levels. The IMS' main mandate is overall coordination of interventions by the government and partners involved, and provision of technical guidance that are pillar specific. The IMS reports to the National steering committee chaired by the Cabinet Secretary for Health whose sole mandate is strategic direction.

The Ebola Virus Disease (EVD) Task Force, led by the Kenya National Public Health Institute (KNPHI), operates through a coordinated, multisectoral and multilateral partnership involving key global and regional health actors (WHO, Africa CDC, UNICEF, IOM, AMREF, AFENET-FELTP, and others) to strengthen preparedness, early detection, and coordinated response capacities. Each actors having a defined role within the task force for the defined key pillars. Joint planning, and information sharing modalities among various parties have been established across all the coordination levels.

KRCS is a core member of the national BVD Taskforce and Incident Management System and all national and branch level coordination contributing to key pillars (CBS, RCCE, IPC, SDB, coordination). It works closely with county health authorities and communities and aligns with National efforts but also IFRC regional efforts.
Moreover, the NS form part of two major cross-border technical working groups (TWG) including the IOM - led partners (IOM, IFRC, WHO, Africa CDC, ECOWAS among other partners) POE TWG and the IFRC led cross border coordination TWG. Also, there exists bilateral working arrangements between KRCS and Ugandan counterpart especially at the Busia field level offices. However, gaps still exist around consistent engagements that would require strengthening with this funding as a catalytic enabler.

Needs (Gaps) Identified

Health

Kenya faces a high and increasing risk of Bundibugyo Ebola Virus Disease (BVD) importation and spread, following confirmed outbreaks in DRC (declared 15 May 2026) and Uganda, which reported 5 cases including 1 death by 23 May 2026. The outbreak's rapid cross-border expansion, combined with a 25–50% case fatality rate and absence of a specific vaccine, underscores the urgency of preparedness in high-risk countries.
Kenya is particularly exposed due to intense cross-border mobility, porous borders, and major transit corridors, with 24 counties classified as risk (14 very high-risk and 10 high-risk counties). Although previous MVD and EVD preparedness efforts strengthened surveillance, screening, IPC, and RCCE systems, significant gaps persist, especially in non-prioritized high-risk areas.

Over the past MVD and EVD readiness due to outbreaks in DRC and Ethiopia, Kenya has strengthened preparedness through surveillance, screening, IPC, labs, RCCE, and rapid response teams. However, Significant gaps still exist for the preparedness intervention in the other high-risk counties not prioritized on this previous application and would necessitate further resource mobilization from partners and other agencies for a wholesome realization of the preventive goal.

Key needs and gaps analysis includes
1) Overall SDB capacity declined from 97 trained personnel from 2023-2025 to 65 personnel/teams in May 2026 assessment (−33%), indicating a major readiness gap. While national (8→8), Nairobi (8→8), and Uasin Gishu (14→12) remain relatively stable, significant losses are seen in high-risk areas. Western region counties show the largest declines: Busia (13→5), Migori (12→5), and Kisumu (15→5), each losing over 60% capacity. Mombasa also dropped from 14 to 10, while Bungoma remains relatively stable (13→12). This reflects a critical mismatch between risk and capacity, with the most exposed border regions experiencing the highest capacity gaps, weakening outbreak readiness and response.

2) In the scenario of spillover of the BVD outbreak to Kenya or confirmed cases, the gaps in prevention at community level, case management at health centers will significantly rise the transmission and mortality rate. Usual community risk factors driving transmission include unsafe burial practices, weak community surveillance, delayed detection and referral, misinformation, and inadequate IPC/WASH capacity in communities and health facilities. All driven by the lack of capacity and well trained and protected responders but also gaps on community risk communication. Key needs reflect systemic weaknesses across community, border, and health facility levels:
- Experience from previous filovirus outbreaks has demonstrated that delayed detection, weak cross-border surveillance, and inadequate infection prevention and control (IPC) capacity significantly increase the risk of widespread transmission and high mortality that would otherwise be prevented through timely preparedness and readiness interventions.

- Limited frontline capacity among volunteers and CHPs on BVD detection, reporting, and community-level management, constraining early response.
- Weak community-based surveillance, particularly at informal border crossings, leading to delayed detection, reporting, and referral.
- Inadequate screening systems at points of entry and transit hubs, inadequate screening capacity, including shortages of trained personnel, weak clinical assessment, and lack of structured screening systems, significantly increases the risk of undetected importation of cases.
- Insufficient and uneven risk communication and community engagement limit the reach and effectiveness of prevention messaging among high-mobility populations, contributing to misinformation and delayed health-seeking behaviors.
- Reduced SDB readiness, with capacity declining from 97 to 65 personnel (−33%), and losses exceeding 60% in high-risk western counties (Busia, Migori, Kisumu), creating a mismatch between risk and response capacity.
- Significant gaps also persist in infection prevention and control (IPC) capacities, particularly for ambulance services and transit centres, where limited training, inadequate PPE, weak waste management systems, and lack of functional isolation and referral infrastructure heighten the risk of nosocomial and community transmission.

Water, Sanitation And Hygiene

Considering the high probability of spread of infectious diseases within compromised hygiene settings, BVD outbreak poses significant risk of escalated transmission in majority of the counties classified as very high risk due to their compromised sanitation status, high population density in high resource areas, limited waste management and limited access to water and hygiene commodities.

Protection, Gender And Inclusion

Kenya Red Cross Society (KRCS) will ensure that Protection, Gender, and Inclusion (PGI) principles are fully integrated across all Ebola Virus Disease (EVD) preparedness interventions. The operation will adopt a do-no-harm approach, ensuring that interventions are safe, equitable, inclusive, and accessible to all population groups, particularly those at heightened risk of vulnerability and exclusion.

Recognizing the heightened vulnerabilities faced by marginalized groups during health emergencies, the operation will implement targeted measures to ensure equitable access to information, services, and meaningful participation for all community members, particularly women, youth, persons with disabilities (PWD), and other vulnerable groups.

Community Engagement And Accountability

Kenya Red Cross Society has consistently mainstreamed Community Engagement and Accountability across all programming to strengthen community engagement and accountability to affected populations, enhance transparency and promote community-centered approaches in humanitarian and public health interventions. Community Engagement and Accountability will be integrated across all BVD preparedness interventions to ensure communities are informed, consulted, and actively engaged in in the readiness interventions and as prescribed in the KRCS CEA Policy.

Given Kenya's exposure to cross-border population movement through official and unofficial border points, refugee operations, transit corridors, and reception facilities, community trust and timely access to accurate information will be critical in reducing misinformation, fear, stigma, and delayed reporting in the event of a suspected BVD case.

Operational Strategy

Overall objective of the operation

This operation aims to support the Government of Kenya, through the Ministry of Health (MoH) and the Kenya National Public Health Institute (KNPHI), in strengthening multi-sectoral preparedness, early detection, and rapid response capacities for potential BVD outbreak in high-risk border counties, refugee operations, and key transit corridors through enhanced community-based surveillance, epidemic control in communities, risk communication and community engagement, infection prevention and control, WASH, safe and dignified burials, and coordinated preparedness actions over a two-month period targeting 148,021 people.

Operation strategy rationale

The DREF operation is designed to address the high risk of cross-border importation and rapid transmission of Bundibugyo Ebola Virus Disease (BVD) into Kenya, driven by intense population mobility, porous borders, and gaps in preparedness systems. The intervention prioritizes a multi-layered preparedness approach targeting key transmission pathways and system gaps readiness based on gaps analysis of readiness efforts built over 2023-2025.

The first important pillar of this DREF is the capacity building of frontline health workers and community volunteers, strengthening competencies in IPC, RCCE, triage, case identification, and safe specimen handling to ensure a coordinated, safe, and effective response. The trained teams will be expected to cover:

1) Strengthening of community-based surveillance systems to ensure timely detection, alert reporting, and referral of suspected cases, particularly in high-risk border and transit areas where surveillance is weakest. KRCS strengthens community-based and event-based surveillance through trained volunteers and Community Health Promoters in refugee, host, and transit settings. These systems enable early detection and reporting of suspected Ebola cases, unusual illnesses, and deaths, with alerts linked to national response systems. Surveillance is reinforced by capturing community signals (rumors and unusual events), especially in high-risk, high-mobility environments where formal systems may miss early warning signs. Digital tools, including AI-enabled surveillance systems and ICHIS platforms, are being introduced to improve data collection, analysis, and early alert prioritization. In transit and reception centres, KRCS enhances early warning through community engagement, ensuring awareness on key messages that includes: symptoms, reporting channels, and timely notification of suspected cases.

2) IPC and WASH - Targeted infection prevention and control (IPC) and WASH interventions will be essentailly focused in health facilities and high-traffic public spaces to reduce both community and nosocomial transmission risks. KRCS will strengthen Ebola-specific IPC capacity by conducting a refresher training to SDB teams . At Kitale Transit Centre and other sites, IPC will be reinforced through staff training, provision of PPE and disinfectants, and clear SOPs for screening, triage, and isolation.

3) Screening at transit center and contact tracing capacity : The Kenya Red Cross Society (KRCS) will support the strengthening of screening activities at formal and informal points of entry, including transit centres and high-volume cross-border crossing points. This will include support for traveler sensitization, crowd flow management, basic non-clinical screening, and referral of individuals presenting with elevated temperature or visible signs of illness to designated Ministry of Health (MoH) personnel.

The intervention will prioritize high-risk border points and transit hubs, including Busia, Suam, Turkana, and Kitale, and will be implemented in close coordination with national and county health authorities to ensure alignment with existing preparedness and response plans.

Screening activities will be strictly limited to non-invasive temperature screening and basic visual observation and will not include any clinical assessment or diagnosis by volunteers. All identified alerts will be immediately referred to MoH-trained health staff for further evaluation and management in accordance with national protocols.
KRCS will also support community-based surveillance sensitization in surrounding border communities, aimed at strengthening early alert reporting and improving community awareness of Bundibugyo Virus Disease (BVD) signs and reporting pathways.

With regard to suspected cases identified through the national surveillance system, epidemiological investigation and contact tracing remain the responsibility of the Ministry of Health and designated surveillance teams. KRCS will provide auxiliary support functions, including community engagement, risk communication to contacts where appropriate, and facilitation of safe referral pathways, in line with national guidance and within agreed operational scope.
All activities will be implemented under the coordination of the National BVD Incident Management System (IMS), ensuring adherence to standard infection prevention and control (IPC) measures and established referral protocols

4) Case Management - The MO or CO will ensure initial assessments are accordingly done according to the protocol especially at the KRCS managed-Kitale Transit Center where asylum seekers from the countries reporting cases are held prior to their onward movement to the respective refugee camps e.g. Kakuma-Kalobeyei and Dadaab respectively. Then the planned training on IPC and SDB will ensure proper case management in the scenario of a confirmed case/s.
- SDB: KRCS prioritise to strengthen Safe and Dignified Burial capacity byhe NS will conduct refresher and cascade trainings for national and county teams, alongside onboarding of additional members to restore surge capacity. In total NS will be refreshing capacity or training 7 SDB teams, addressing reduced staffing and readiness gaps. There will be implemented simulation exercises to test deployment, coordination, and safe handling protocols.

Complementary to the SDB support, KRCS will ensure MHPSS is available for suspected and confirmed cases with key messages and referral.

C. Cross-cutting components
Integrated consideration for the cross-cutting component will be done for the mental health and psychosocial support (MHPSS),

protection, gender and inclusion (PGI), and risk communication are integrated to enhance community trust, resilience, and inclusiveness. Recognizing the importance of behavior in outbreak control, the operation integrates CEA strategies grounded in socio-cultural and behavioral evidence to address misinformation, improve risk perception, and promote early health-seeking behaviors.

1) Key CEA actions include feedback and rumor management, deploying them for community engagement, and strengthening early warning, trust, and community-informed response. For the community engagement strategies and two way feedback systems in place, the operation will use multiple feedback channels to ensure accessible, timely, and two-way communication with communities:
- Toll-free lines (0800 720 577 and 1199 hotline): Confidential channels for reporting rumors, seeking information, and raising concerns, ensuring rapid response and continuous community support.
- Digital Engagement Hub (DEH): Platform for collecting, analyzing, and responding to community feedback, including rumor tracking and trend analysis.
- IEC materials: Printed and visual tools (posters, flyers, brochures) in local languages to reinforce key messages and improve understanding.
2) PGI
Overall, the strategy aims to reduce the likelihood of outbreak escalation in Kenya by strengthening preparedness systems across community, facility, and border levels, focusing on the most at-risk populations and transmission interfaces.

Targeting Strategy

Who will be targeted through this operation?

The DREF operation targets high-risk counties and mobility corridors (Busia, Bungoma, Turkana, West Pokot, Trans Nzoia, and Nairobi). It will reach about 148,021 people across rural (65%) and urban (35%) settings, including vulnerable groups. Focus areas include:
1) Border Cross-Border Communities (High Exposure Risk) representing 30% of the target. selected communities are living in proximity to official and informal border entry points will be prioritized due to frequent cross-border movement and potential exposure risks.
- Busia border communities (Kenya–Uganda corridor)
- Bungoma border-adjacent populations
- Lokiriama and Kalokol (Turkana corridor linked to South Sudan and Uganda movement routes)
- Alale (West Pokot border dynamics)
- Suam (Trans Nzoia border crossing with Uganda)
- Garissa border and transit-linked populations

2) Specific groups among the above counties
- Refugee and transit populations (12% of target)
- Transport corridor groups (25%).
- Urban high-density populations account for 35% of the target, especially in Nairobi, Mombasa, Nakuru, Garissa, and Uasin Gishu.
- Cross-cutting vulnerable groups include persons with disabilities, women, children, elderly, and low-literacy households.

Explain the selection criteria for the targeted population

Targeting prioritizes areas with high mobility, dense populations, weak services, and elevated transmission risk. The above summarised stratification adopted by the National Society will ensure that the Ebola preparedness interventions are focused on populations most likely to encounter, transmit, or be affected by Ebola risks, while strengthening early warning, risk communication, and community-based surveillance across Kenya's border, transit, refugee, and urban systems

Total Targeted Population

Women	41,186	Rural	60%
Girls (under 18)	33,237	Urban	40%
Men	41,671	People with disabilities (estimated)	10%
Boys (under 18)	31,927		
Total targeted population	148,021		

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
BVD case(s), if reported in Kenya could expose volunteers conducting risk communication and community engagement, screening among other community level interventions	• Detailed training/sensitization of volunteers on priority safety measures at the preparedness phase, • Provision of appropriate Personal Protective Equipment to volunteers during their community work.
Varying community BVD risk perception and practices linked to religious and cultural norms that may enhance the spread or limit information uptake.	• Targeted sensitization of local religious/cultural/opinion leaders on the BVD risks as agents of social behaviour change communication (SBCC)
Potential fatigue among rapid response teams/Community Health frontline volunteers and psychological stress among members of Safe and Dignified Burial (SDB) teams	Rotative teams available with cascade trainings/roll-out options to ensure available capacity through the lenghth of the intervention. MHPSS for the responders.

Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention

Health

Budget: CHF 61,865
Targeted Persons: 148,021

Indicators

Title	Target
% of alerts detected through screening and community-based surveillance and investigated within 24 hours	100
# of people reached with accurate Ebola prevention and risk communication messages	148,021
# of SDB teams operational and meeting readiness standards	5
% of reported alerts verified or referred	100
# of IEC printed and disseminated	10,000
# of SDB teams refreshed	5
% suspected cases detected through screening and investigated	100

Priority Actions

• SDB/IPC guidelines & training materials validation & signing of agreement
• Surveillance - Active Community Based Surveillance
- Support contact tracing/ case investigation expeditions linked to the suspected cases.
- Support potential Case Identifcation through screening across th evarious support POEs and KRCS' managed facilities including Kitale Transit Center, OSBPs and informal entry points e.g. Lokiriama etc.
• Risk Communication and Community Engagement:
- KRCS will strengthen RCCE at the Kitale transit center by deploying volunteers to provide accurate, timely and trusted information on Ebola Virus Disease, with messaging tailored to the Bundibugyo strain.
- KRCS will conduct mapping of traditional healers, truck drivers and commercial sex workers to strengthen preparedness and prevention measures
- Procurement and distribution of IEC materials.
• Safe and Dignified Burial Preparedness:
- KRCS will conduct refresher trainings to the national and county-level SDB teams and facilitate preparedness at all levels.

Water, Sanitation And Hygiene

Budget: CHF 17,288
Targeted Persons: 25,000

Indicators

Title	Target
# of hygiene kits/commodities distributed (soap, sanitizer, chlorine, bins, etc.)	15
Number of chlorine buckets procured	20
# counties supported with of PPEs (Masks, gloves, gumboots)	5
# of people reached with WASH interventions	25,000

Priority Actions

• KRCS will facilitate targeted commodities distribution including:
• Targeted distribution of alcohol-based hand rub, liquid soap for hand washing, and chlorine disinfectants, waste bins, bin liners, sprayers, and stickers on handwashing demonstrations at the POEs, learning, health facilities, corrective and religious institutions.
• Support hygiene promotion at the community level.

Community Engagement And Accountability

Budget: CHF 9,025
Targeted Persons: 100

Indicators

Title	Target
% of feedback /complaints collected and addressed within the intervention	100
% of non safeguarding related feedback shard with KRCS-MOH; county/national RCCE structures	100
Procurement of BVD Banners	6

Priority Actions

• Set-up and manage different feedback channels to ensure accessible, timely, and two-way communication with communities.
• Address feedback collected, include complaints, rumors, misinformation and share to inform decision making and community awareness priorities.

Secretariat Services

Budget: CHF 5,121
Targeted Persons: 2

Indicators

Title	Target
# of IFRC monitoring and support missions	1

Priority Actions

• IFRC monitoring and support missions

National Society Strengthening

Budget: CHF 11,822
Targeted Persons: 100

Indicators

Title	Target
Number county and National coordination meetings conducted (including cross-border and stakeholder platforms)	20
# of volunteers covered by insurance and protection measures	100
# of EOC Volunteer supported during monitoring of alerts and reporting	8
# of KRCS branches supported with internet	5

Priority Actions

• Support branch, region and national staff with coordination airtime and level of effort contribution.
• Volunteer insurance for the period involved in active readiness interventions
• Coordination and planning harmonization through regular meetings, cross border coordination and information sharing, Regional task force and stakeholder coordination platform representation.
• Monitoring & quality oversight
• Protection of volunteers

About Support Services

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
Health Surge Team
The profile required will include Public Health Officers, Medical/Clinical Offficer and Epidemiologists. More specifically infection Prevention Control (IPC), Contact Tracing/Case Investigation and Case Management subject matter experts. This will be prudent following the rate at which cases that meet suspected case definition for BVD are being reported in-country.

The teams will be expected to:
IPC - ensure ring targeting of suspected cases, proper waste management and instigation of referral to the dedicated isolation center
Contract tracing and Investigations - the epidemiolgist will ensure the contacts to the detected cases are traced and potential cases closely investigated within the recommended 21 days while adhering to the isolation protocol.
Case Management - The MO or CO will ensure initial assessments are accordingly done according to the protocol especially at the KRCS managed-Kitale Transit Center where asylum seekers from the countries reporting cases are held prior to their onward movement to the respective refugee camps e.g. Kakuma-Kalobeyei and Dadaab respectively.

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.

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, IPC and National society strengthening. Weekly and monthly sitreps will be shared by the county teams implementing the project.

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 Uganda 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

MDRKE072 - KENYA RED CROSS SOCIETY
Kenya: Bundibugyo Virus Disease (BVD) Readiness

Operating Budget

Planned Operations	**88,178**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	61,865
Water, Sanitation & Hygiene	17,288
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9,025
Environmental Sustainability	0
Enabling Approaches	**16,943**
Coordination and Partnerships	0
Secretariat Services	5,121
National Society Strengthening	11,822
TOTAL BUDGET	**105,121**

all amounts in Swiss Francs (CHF)

Click here to download the budget file

Contact Information

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

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Click here for the reference