



INTERVENTIONS PLANNED

- Coordination & partnerships
- Protection
- National laboratory system
- Risk communication & community engagement
- Points of Entry (PoE)
- Mobility impact
- Case management & continuity of essential services
- Logistics, procurement & supply management
- Infection prevention and control

SITUATION OVERVIEW

COVID-19 was officially declared a pandemic on March 11, 2020. Human mobility is linked to global health security and has become a significant factor, particularly in the context of increasing volume and ease of mobility through global air travel and porous borders. The first case of COVID-19 was confirmed in Kenya on March 12th, 2020. As of April 15th, 2631 contacts have been registered, 216 cases have been confirmed, 40 people have recovered, and nine deaths have been recorded. Confirmed cases have been reported in 10 countries in the region with new cases reported daily. Initially, cases were imported, but currently eight out of ten countries are facing local/community transmission. Kenya is strategically located as a gateway to East and Central African region and also serves as the command and communication hub in the region. With a border to the Indian Ocean, Kenya is well suited as a transit point to Africa, Europe, the Middle East, South Asia and other Indian Ocean Islands.

Kenya's port of Mombasa is a vital cog in the Indian Ocean shipping trade and has the largest volume of container trade on the East African Coast, this route is a gateway to the region and is connected to key trade and migration corridors including the Lake Victoria basin. Kenya also hosts a number of migrant communities including Kenyan Nationals, Ethiopian, Eritrean, Somali, Sudanese, Congolese, Rwandese, etc. The high movement of travelers and goods through Kenya make this country at high risk of exposure of COVID-19. Despite the timely measures of the Government of Kenya to restrict passenger movement in and out of Kenya, the porous borders on land and water crossings remain difficult to control.

APPEAL RATIONALE

IOM along with the Ministry of Health and the Directorate of Immigration conducted a joint rapid assessment in early April in seven Points of Entry (PoEs) in Namanga, Busia, Malaba, Wajir, Lunga Lunga, Moyale and Isebania borders. The preliminary findings of the assessment indicate that despite the closure of the borders for passenger travel, there is still human mobility along these POEs of approximately 400 migrants and border communities crossing daily using informal border crossing points. Further, the transport of goods and cargo still remains a point of potential exposure at PoEs.

In addition, the closure of PoEs for travelers might result in the increase of people using unofficial border crossings, making the containment of the pandemic a real challenge. In addition to continued informal border crossings, findings also indicate that POEs and counties lack adequate Personal Protective Equipment (PPE). Findings further highlighted the need for specified trainings of border management staff on Infection Prevention and Control for COVID-19, the need for laboratory testing at or near POEs,

and the need for increased Risk Communication and Community Engagement for the areas surrounding POEs. In this regard the role of IOM, as lead UN agency for PoEs is paramount. In addition, due to closure of international borders, some migrants in the country or those in transit at the time of closure remain stranded in Kenya. These migrants have been under public health observation in quarantine facilities as defined by the COVID-19 national and WHO criteria. Most of these migrants remain stranded even after quarantine due to closure of their respective borders.

This category of migrants remain vulnerable due to limited resources for their continued livelihood during this COVID-19. COVID-19's economic impact is likely to negatively affect the lives of millions of people, thus escalating pre-existing financial burdens. There have already been adverse effects of COVID-19 pandemic on several sectors of the economy in particular; tourism, agriculture, manufacturing and trade putting people's jobs and livelihoods at risk. This was further confirmed in a recent UN¹ assessment on possible vulnerabilities and impacts on Kenya of the COVID-19 pandemic.

1 This policy brief assesses the possible vulnerabilities and impacts on Kenya of the COVID-19 pandemic. Although it is too early to predict the socio-economic impact of the COVID-19 pandemic on the Kenyan economy, this policy brief uses an adapted World Bank conceptual and methodological framework which was used to analyse the economic impact of the Ebola virus disease in West Africa 2014-2016 to identify the pathways of the COVID-19 pandemic impact on the economy, poverty and inequality, women and girls, refugees, internal displaced persons (IDPs) and migrants, education, food security and nutrition and governance and security

IOM KENYA - Flash COVID-19 Appeal

COVID-19 socio-economic impact will particularly negatively affect the poor, vulnerable, internally displaced persons (IDPs), refugees and asylum seekers, migrant workers, people with disabilities, the elderly and other populations in irregular situations. Kenya will most likely also be affected by the reduced ability of migrant workers to continue working and send money back home in remittances, which is an essential source of income for their families and the communities they have left behind. Considering the adverse socio-economic impacts of the COVID-19 pandemic on the health and livelihoods of families and communities, in particular the most vulnerable groups which will regress progress across the Sustainable Development Goals (SDGs), it's important to adopt a whole of government and society approach including establishment of livelihoods interventions to lessen the adverse impacts.

Communal living and the high density of urban and peri-urban areas in some parts of the country including slums and informal settlements such as Eastleigh among others, pose another significant challenge to containing COVID-19. Some of these areas are overcrowded with already poor sanitation and hygiene, inadequate water in place making it difficult to comply with COVID-19 prevention measures such as social distancing and regular handwashing. With individuals who may already suffer from respiratory illnesses and other compromised health conditions are likely to be acutely vulnerable to COVID-19 further complicating COVID-19 transmission patterns and prevention strategies. IOM in coordination with the government and AMREF has been providing primary health care to vulnerable migrants and host communities in Eastleigh however, the interventions are not enough and would require bolstering to comprehensively address these concerns.

It is strategically imperative to support the Government of Kenya in its efforts to mitigate the spread of virus and therefore reduce morbidity and mortality within the country and to further prevent the spread throughout the region and beyond.

IOM's RESPONSE

In response to the COVID-19 pandemic, IOM Kenya has reprogrammed many of our existing activities to step up support to the Government of Kenya to help contain the virus. On 27 March, IOM deployed over 35 health and support staff to the Ministry of Health to directly contribute to the efforts to contain COVID-19. These staff are part of the Quarantine Site Response Team and provide their services in quarantine locations in Nairobi County. With the increasing shortage of human resource capacity amidst the rapidly changing COVID-19 pandemic, IOM will deploy more staff in Government facilities based on Government of Kenya needs to strengthen COVID-19 response efforts.

IOM's response will also target Points of Entry (PoE) and work hand in hand with border guards, immigration and health officials to ensure prevention and control as well as ensure access to health services. IOM along with the Ministry of Health and the Directorate of Immigration will also use the results of the joint rapid POE assessments to inform IOMs response at border points for COVID-19.

IOM is committed to continue its primary health care services for vulnerable migrants, refugees and host communities in the urban area of Eastleigh, adopting risk mitigation and infection protection control (IPC) measures. In this respect IOM will enhance risk communication and community engagement among members of the Eastleigh community and support the health teams in continuous learning for COVID-19.

Approximately **USD\$ 5,670,000** is required for the proposed activities to assist affected communities especially at PoEs, along migratory routes and populations in or near border areas, and vulnerable migrants. This intervention also aims provide appropriate training for health and non-health personnel and provide support (technical and supplies) laboratory activities.

ACTIVITIES PLANNED

COORDINATION AND PARTNERSHIPS

USD\$ 395,000

Target- County and stakeholder meetings supported: 12

- Support stakeholder meetings (at national, county, sub-county and community levels) and committees in developing contingency plans, SoPs (standard operating procedures) and guidelines for relevant TWGs (technical working groups).
- Conduct Participatory Mapping Exercises (PME) to identify potential locations for health screening points
- Facilitate the multisectoral risk, capacity and needs assessments
- Continue to support the Emergency Operations Centre for COVID-19- established by the MoH through the deployment of IOM staff

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

USD\$ 275,000

Target- Beneficiaries reached by RCCE campaigns: 15,000

- Support RCCE activities including health and hygiene promotion and engagement of community leaders for coordination and dissemination of messages and materials, with special attention to vulnerable groups such as Migrants, Internally Displaced Persons and Host Communities specifically the elderly and those with co-morbidities
- Communicating with Communities: community led activities including, campaigns (for general health and hygiene promotion)
- Establishing community feedback mechanisms in affected communities
- Continue primary healthcare services for vulnerable migrants, refugees and the host community in Eastleigh adapting service provision in compliance with COVID-19 risk mitigation and IPC measures

IOM KENYA - Flash COVID-19 Appeal

DISEASE SURVEILLANCE	USD\$ 700,000
	Target: Individuals screened: 10,000 Immigration and health staff trained: 60

- Conduct health screening and referral of suspected cases at prioritized Points of Entry, and perform contact tracing along migratory routes and communities in or near border areas
- Conduct active surveillance in migration-affected areas and urban settings
- Engage with national authorities and local communities in strengthened data collection and conduct Participatory Mapping Exercises (PME) to identify high-risk transmission mobility corridors and areas to inform national preparedness and response plans
- Conduct trainings for staff at Points of Entry (PoE) such as immigration officers and health workers on COVID-19 screening, Infection, Prevention and Control (IPC) and referral and management protocols and standard operating procedures

POINTS OF ENTRY (POE)	USD\$ 120,000
	Target- POEs equipped infrastructure improvements and basic WASH facilities: 6

- Train immigration and border health staff on SOPs to manage ill travellers and on Infection, Prevention and Control
- Assist in provision of PPE and supplies for screening
- Assist at border areas and border crossings to improve hygiene infrastructure and equipment at POE sites
- Support the development and dissemination of POE specific SOPs for detection, notification, isolation, management and referral, including the development of training curricula and manuals
- Support governments to establish transit center facilities as part of their preparedness and response plan to provide accommodation to stranded migrants. The transit center facilities will be set-up as per WHO recommendations for quarantine space and will be under the full management of the concerned government entities. Assisted voluntary returns (AVR) will take place from these facilities when borders are open and when migrants indicated their willingness to return voluntarily

NATIONAL LABORATORY SYSTEM	USD\$ 380,000
	Target- Individuals tested: 4,000 Laboratory staff trained: 10

- Support to laboratory testing for COVID-19 using existing IOM in-country infrastructure and laboratory personnel (IOM can offer two assays in our established laboratories for testing: 1) RT-PCR (various platforms) or 2) Xpert SARS-CoV-2 assay (GeneXpert platform)
- Coordinate with partners (specifically UNICEF and UNOPs) to ensure timely procurement of the necessary equipment/ supplies and train personnel in for COVID -19 testing, in both IOM facilities and in existing testing facilities in the country
- Conduct training of government laboratory staff on GeneXpert-SARS-COVID-2 at national and county level
- Conduct COVID testing for Humanitarian Staff

INFECTION PREVENTION AND CONTROL	USD\$ 80,000
	Target- Immigration and heal staff trained: 110

- Infection prevention and control (IPC) through conducting trainings and the provision of IPC supplies (chlorine tablets, buckets, soaps, hand washing stations) and PPE supplies (gloves, masks, hand sanitizer etc.)

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	USD\$ 1,475,000
	Target-Estimated individuals receiving treatment: 1,500

- Continue the deployment of 35 IOM staff to the Ministry of Health to strengthen the COVID response, including bolstering the Quarantine Site Response Team and County level
- Continuity of critical health services: including support for ambulances/ first aid and provision of minimum basic primary health care to vulnerable populations

IOM KENYA - Flash COVID-19 Appeal

LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

USD\$ 625,000

- Provision of PPE supplies to staff at PoEs and IOM staff deployed to MoH
- Provision of COVID-19 test kits for laboratory services

PROTECTION

USD\$ 625,000

Target- COVID responders trained on Psychological first aid: 120
Direct MHPSS for quarantined individuals and staff working with them: 350

- Psychosocial support: train health worker and 125 community health volunteers (CHV) on psychological first aid (PFA), that includes self-care, and formation of support groups
- Provide psychosocial support for affected communities (particularly those in quarantine sites)
- Provide counselling for frontline staff and people in Quarantine and Isolation sites through tele-counselling

TRACKING MOBILITY IMPACT

USD\$ 20,000

Target: Establish 10 Flow Monitoring points

- Training related government counterparts and key partners on data collection (including mobility mapping and flow monitoring) capacity to better identify and understand potential hotspots/ high-risk transmission and mobility routes to inform national preparedness and response plans

ADDRESSING SOCIO-ECONOMIC IMPACT

USD\$ 975,000

- Assist approximately 800 vulnerable migrants with livelihoods support through cooperative groups in compliance with COVID-19 risk mitigation measures to protect vulnerability

INTERNATIONAL ORGANIZATION FOR MIGRATION

Kenya Country Office

Sri Aurobindo Avenue, off Mzima Spring road

PO Box 55040-00200

Nairobi, Kenya

Email: KCO_MSIU@iom.int

Mobile: +254 748 611 822