



UNICEF-USG Supported Ebola Call Centre: UNICEF Kenya/2026/Lucas Odhiambo

**Reporting Date: 20 October 2026**

## Highlights

- As of 20 October 2026, Kenya reported nine confirmed Bundibugyo virus disease cases, including one death. The additional eight cases are identified as close contacts and health workers linked to the first case, having tested positive while in quarantine and are receiving care
- Of the eight confirmed cases, three are healthcare workers, one is a cleaner, and the remaining four are household/family contacts of the index case.
- Of 135 contacts listed, 134 are in quarantine. Follow-up was reported for all quarantined contacts; tracing continues for the 1 untraced contacts
- UNICEF is supporting the Government-led response, building on risk communication, community engagement and frontline preparedness activities. A six-month US\$9,469,500 million response package is proposed to strengthen RCCE, surveillance, IPC/WASH, PPE and logistics.

## Situation Overview

Kenya confirmed its first imported case of Bundibugyo virus disease on 5 October 2026 following travel from the Democratic Republic of the Congo (DRC) through Uganda. The patient died on 5 October. A second confirmed case, a 39-year-old close contact, developed symptoms on 13 October while in quarantine and subsequently tested positive. As of 19 October, the Ministry of Health reported eight confirmed cases and one death.

Contact tracing and surveillance remain central to interrupting further transmission. The national situation report records 130 listed contacts, including 128 (98.5%) in quarantine and 2 not in quarantine. This is above the global contact tracing benchmark of 85% required to break the chain of transmission of the disease. Intensive efforts are ongoing to trace and quarantine the two remaining contacts. Kenya has activated national and Nairobi County public health emergency operations centres, incident management arrangements and county readiness measures. Screening is taking place at 26 points of entry. Risk communication efforts are addressing public questions about transmission, symptoms, quarantine and reported cases.

## Coordination and Partnership

The response is led by the Ministry of Health through national and county emergency coordination structures, including the activated National Incident Management System and Public Health Emergency Operations Centres. UNICEF is contributing through government-led mechanisms and technical coordination with WHO, Africa CDC, other UN agencies, implementing partners and community networks. Support includes Nairobi County response planning, strengthened community-level preparedness and linkages across health, RCCE, IPC/WASH and supply functions. UNICEF is a member of the national EVD taskforce and co-leads the RCCE pillar.

## UNICEF Response

UNICEF is working with the Ministry of Health, Kenya National Public Health Institute, county authorities and partners to support the national response, with emphasis on risk communication and community engagement (RCCE), accountability to affected populations (AAP), community-based surveillance, infection prevention and control (IPC), WASH, frontline capacity and essential supply systems.

**Risk communication and community engagement.** During preparedness phase, UNICEF has supported a knowledge, attitudes, beliefs and practices assessment across 13 high-risk counties, including Nairobi. Biweekly social listening has identified misconceptions, rumours and trust-related concerns, informing targeted messaging. UNICEF supported the Ministry of Health 719 toll-free information hotline with five call-centre agents, television and multilingual radio messaging, and community outreach through established channels. UNICEF also

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supported a co-creation workshop with interfaith leaders from six high-risk counties on RCCE messaging for EVD preventive practices align with religious teachings. National broadcast activities were estimated to have reached approximately 30 million people; Nairobi-focused radio messages reached an estimated 3.6 million residents. In response phase, UNICEF supported the Ministry of Health in development of television commercial spots (TVC), TV Fact boards, electronic messages for traveller screens at airport/hospitals and radio messages. UNICEF supported the Ministry of Health to leverage its iHearU platform to generate social listening reports for the first 5 hours, 24 hours and 72 hours period since the pronouncement of the first Ebola case in the country. More than 1,392 IVR (Inter active Voice Responses) hits calls have been made to the call centre, 229 out of 285 callers spoke to a call centre agent - seeking guidance and information on BVD - deployed by UNICEF in coordination with Kenya National Public Health Institute

**Community preparedness and surveillance.** UNICEF trained 50 national Ministry of Health staff in Ebola-sensitive RCCE approaches and supported training for 267 sub-county RCCE teams across six counties. In Nairobi, 67 county health staff were trained and subsequently engaged 316 stakeholder representatives from transport, faith and community networks. UNICEF also supported the sensitization of 1,297 Community Health Promoters on early recognition and reporting of Ebola signals, alongside training for 60 frontline health workers. UNICEF has moved from planning to implementation of priority supply actions. A PPE procurement valued at over US\$600,000, includes role-appropriate protective equipment for health workers and other response personnel and the first batch is expected the 20th of October, subject to exceptional regulatory clearance requested from the Ministry of Health. UNICEF is also preparing warehousing, distribution and last-mile delivery arrangements once the Government distribution plan is received.

**IPC/WASH and frontline protection.** UNICEF has supported the MOH with WASH/IPC supplies to scale up the proposed activities including hand hygiene, cleaning and disinfection, waste management, safe use of protective equipment, and practical training and mentorship at priority facilities and response locations. These actions are prioritised alongside Government and partner support based on the gap assessments. The aim of the WASH/IPC is to ensure health care facilities and communities have adequate WASH/IPC supplies to prevent the spread of the disease. Procurement of additional WASH/IPC supplies has been initiated to ensure that adequate commodities are available to scale up response and preparedness in the very high- and high-risk counties.

UNICEF's immediate three-month operational priorities are to strengthen community alerts and contact follow-up; scale reliable, actionable communication and mechanisms for community feedback; support targeted WASH/IPC interventions in health facilities and higher-risk settings; procure and preposition role-appropriate PPE; and enable timely warehousing and last-mile delivery of response supplies. Community engagement will also promote early care seeking, reduce stigma and reinforce acceptance of contact tracing and other public health measures.

UNICEF will integrate child-sensitive and inclusive approaches, including attention to the needs of pregnant women, caregivers, frontline workers and mobile populations, together with prevention of sexual exploitation and abuse (PSEA) and AAP across interventions. Implementation will be adapted to the epidemiological situation and national and county priorities.

## Funding

UNICEF Kenya is appealing for US\$9.4 million over a six-month period to support the rapid containment of the Ebola outbreak, interrupt transmission, and protect affected and at-risk populations. To initiate the response, UNICEF has allocated resources from the Emergency Programme Fund (EPF) and the Global Humanitarian Thematic Fund (GHTF). However, only US\$ 1.25 has been received to date, leaving a significant funding gap at a critical stage of the response.

Immediate, flexible funding is urgently needed to sustain and scale life-saving interventions, including community engagement and risk communication, surveillance and case detection, infection prevention and control measures, and the protection and capacity strengthening of frontline workers.

UNICEF extends its sincere appreciation to all partners supporting the Ebola response in Kenya, including the United States Department of State, United States Bureau of Global Health Security and Diplomacy (Infectious Disease Outbreak Response Fund) and Master Card Foundation. Continued donor support will be essential to prevent further spread of the outbreak and protect vulnerable children and communities.

| Response pillar                                                 | Supply    | Activities | Total     |
|-----------------------------------------------------------------|-----------|------------|-----------|
| National & County Coordination                                  | -         | 100,000    | 100,000   |
| RCCE and AAP                                                    | 250,000   | 2,750,000  | 3,000,000 |
| Community-based surveillance, investigation and contact tracing | -         | 750,000    | 750,000   |
| IPC/WASH and community hygiene promotion                        | 1,000,000 | 2,000,000  | 3,000,000 |
| PPE and frontline-worker capacity strengthening                 | 850,000   | 400,000    | 1,250,000 |
| Continuity of essential health services                         |           | 150,000    | 150,000   |

|                                                  |                  |                  |                  |
|--------------------------------------------------|------------------|------------------|------------------|
| Operational support, logistics and supply chains | -                | 100,000          | 100,000          |
| UNICEF's Technical Assistance and support costs  |                  | 500,000          | 500,000          |
| <b>SUB TOTAL – Programmable budget</b>           | <b>2,100,000</b> | <b>6,750,000</b> | <b>8,850,000</b> |
| <i>Recovery costs (7%)</i>                       |                  |                  | <i>619,500</i>   |
| <b>TOTAL BUDGET</b>                              |                  |                  | <b>9,469,500</b> |

For Further Information

|                                                              |                                                            |                                                        |                                                                |
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