



UNON COVID-19 Contingency Plan Summary

Overview and Country Situation

As of 12/03/2020 no cases have been confirmed in Kenya, but a state of heightened surveillance remains in force. The UN is actively participating in the National Emergency Preparedness and Response activities.

Covid-19 Basic Information

Covid-19 is new strain of virus that affects the breathing system leading to symptoms like cough, fever and difficulty in breathing. The infection is more severe in elderly persons or those with pre-existing medical conditions that lower immunity. Most persons affected experience mild symptoms or show no symptoms but may be able to pass the infection to others.

So far, no definitive treatment or vaccine has been developed, thus emphasis is mainly on taking protective measures to prevent contracting the infection.

Key Prevention Strategies

Personal Hygiene

COVID-19 spreads by coughing, sneezing or touching contaminated surfaces. This can be prevented by:

- Effective Hand Hygiene – Frequent washing with soap and water or use of alcohol-based hand sanitizer
- Apply respiratory etiquette - covering coughs and sneezes

Social distancing

Under pandemic alert conditions, avoid close contact (< 3feet) with any individual who is not known to be free of the above-mentioned symptoms of Covid-19. Avoid social gatherings and non-essential travel.

If widespread local transmission of the infection occurs in the country, stakeholders and staff members should be prepared for possible 3 to 6 weeks complex closure, confinement at home or within the UN premises for certain categories of staff.

For further info on key prevention strategies, please visit <https://hr.un.org/page/novel-coronavirus-2019-ncov> . <https://medical.unon.org/sites/default/files/2020-03/COVID-19%20PPT%20-%20DHMOSH%20PUBLIC%20HEALTH%20SECTION%20-%203%20March%202020.pdf>

Face Masks – According to WHO, individuals without any respiratory symptoms are not required to wear a medical mask, as no evidence is available on its usefulness to protect non-sick persons.



The COVID-19 CMT will be supported by the currently existing Crisis Management Team CMT and the SMT Secretariat.

In the COVID-19 context, UN offices may be closed at the instruction of the host government. The UNON Director General (DO), guided by WHO and following consultation with SMT members, may recommend to the Secretary-General, the closure of the UNON office and/or outside offices when deemed necessary.

In the COVID-19 context the CMT will be renamed the Crisis Operations Group (COG). Its functions will include:

- Advise the DO and the SMT on BCP activation and other decisions needed or actions to be taken by Agencies, Funds and Programmes;
- Advise the DO and the SMT on the situation, actions undertaken, status of implementation and challenges met.
- Assist in mobilizing resources and administrative support as needed for the continuity of operations and timely response.
- Support crisis communications, internally and externally;
- Liaise with the Kenyan Authorities to coordinate the response, align to national policies and organize necessary arrangements for the protection of UN staff and operations

Business Continuity Considerations

When planning business continuity, managers and heads of entities should ensure that a minimum number of staff necessary to perform critical functions are identified and assigned a critical function. The manager will ensure that each is technically ready to perform the function assigned, at the office premises, at a recovery location or from home (potentially during a 6-week period).

Telecommuting will be the strategy of choice wherever possible.

During BCP activation, only the strict minimum number of critical staff will be at the UN premises and activities conducted at the complex will minimize direct social contact with others. Staff who come to work only do so if they are symptom free and have no known recent contact with infected persons. Staff identified to perform critical functions, either working on site or from home, should at-all-times avoid public gatherings, and public places where uncontrolled close contact (< 1 meter or 3 feet) with others might occur.

Medical Response Strategy

The UN JMS will work with WHO to design and implement a medical response plan. JMS will liaise with local health authorities and guide staff on local requirements and the most appropriate routes for accessing healthcare, both Covid19 and non-Covid19 related. JMS will coordinate access to psychosocial support for staff and dependents as needed. The JMS Clinic workflow will be designed to minimize potential risk of infection spread to personnel and visitors.

JMS will collaborate with affected UN entities in the case of need for medevac of COVID-19 cases and implement the WHO COVID-19 medevac protocol for all WHO, UN and frontline workers /NGOs covered



by the COVID-19 MEDEVAC Arrangement. JMS will provide risk assessment support through pre-travel and post-travel Covid-19 clearance, clinical surveillance and case tracking.

Action Plan Framework

At different stages of COVID-Outbreak or pandemic, the CMT and specific response team will adapt to the situation by functioning under one out of three distinct Operating Modes:

I. Readiness Mode (Current Phase)

Focus on achieving pandemic readiness, through planning and preparedness activities. Put in place action plans and identify action owners. Identify gaps in preparedness and how to address them. Conduct risk assessments and review of action plans.

II. Emergency Mode

Focus on disease surveillance and containment, crisis management, revision of contingency and operational continuity plans and the testing of these. Depending on circumstances, the UN system may need to significantly reduce activities (such as conferences, travel) and staff levels on the complex.

III. Disaster Mode

Focus on staff safety and sustaining minimum critical functions. At the height of the local outbreak, the UN system may need to suspend some services for a long period (up to 6 weeks) with the exception of pre-designated critical activities).

The decision for any change between operating modes will be taken by the Designated Official (or a.i.) based on the advice of the COG. At each phase, the corresponding operational measures will be communicated by the DO.