

SECURITY BRIEFING NOTE FOR COVID-19 IN NAIROBI, KENYA

BACKGROUND

On Sunday 22 Mar 2020, the Ministry of Health announced new measures to control the spread of the novel coronavirus disease (COVID-19). These measures include *inter alia* shutting down international travel as well as closing restaurants and bars to foot traffic. Embassies are repatriating staff as are large organisations and the UN is ordering staff to work from home. The impending strain on the economy and medical system is enormous. At the time of writing, Kenya reports 15 confirmed cases out of 177 tests.

OBJECTIVE

The objective of this report is to give clients a better understanding of existing infrastructure, likely outcomes of the current situation, and recommendations for potential courses of actions.

CAVEATS

This briefing note is **not** certain and **not** exhaustive. There is a need to lay out the **probable** and the **possible**. The probable outcomes serve as the basis for planning and preparing; the possible outcomes give a forecast as to the potential of a situation to degrade in order to consider a wider array of impacts.

SITUATION

The Disease¹: COVID-19, primarily a respiratory tract infection with similar [symptoms](#) to the flu, was first identified in Wuhan, China in the last quarter of 2019. Despite quarantine measures in Wuhan and the wider Hubei province, the disease spread quickly with a significant death toll. Since spreading to much of the rest of the world, the virus has had varying impacts and mortality rates. The spread is aided by an incubation period of up to 14 days, hence the common quarantine period for international arrivals, however symptoms tend to present within 5 days of exposure. It remains unclear as to whether those carrying the virus in the incubation phase are contagious or not. The disease is spread largely through bodily fluid (mucous or saliva) in droplets where it is transmitted via contact to eyes, nose, and mouth.

At the time of writing² Germany has 22,213 cases with 84 deaths (0.38% mortality) whereas Italy has 53,578 cases with 4,825 deaths (9% mortality). This discrepancy is attributed to the significant difference in the capacity of countries to test suspected cases. There are those who are testing milder symptoms who are showing greater recovery whereas the likes of Italy only have the capacity to test those with severe symptoms.

What has happened elsewhere? Countries have reacted differently at different points of spreading. Burundi has stopped all international flights before a single case has been identified whereas other countries waited until significant infections took hold before imposing large-scale isolation measures. Western countries with established social security systems are imposing business closures and encouraging businesses to contribute to the pandemic-fighting effort by encouraging the production of medical equipment and hand sanitizer.

Can Kenya do the same? No. Kenya has neither the social security system nor the manufacturing ability to significantly contribute to the pandemic fight or to impose large scale shutdowns.

¹ This is a brief description. For further guidance and understanding, go to www.who.int

² Source Johns Hopkins University

SUPPORT INFRASTRUCTURE

Security Services. Kenya ranks poorly on the corruption index in comparison to similarly developed countries. There have been incident in the past of police colluding with criminals and/or seeking bribes when carrying out their day-to-day duties. The military are more reliable but are also more likely to be protecting high priority locations and infrastructure leaving the police to manage public order and law enforcement. In large scale unrest, police and military resources are likely to be exhausted quickly leaving other areas unattended. Examples: [2017 Election Violence](#), [2013 looting Westgate mall during terror attack](#), [2007-8 Election Violence](#).

Power and Water. Nairobi's infrastructure is delicate at the best of times with regular power cuts and rolling water rationing in some neighbourhoods. Although the closure of restaurants and bars will reduce demand, stresses on resources at home will increase. Concurrently, if and when the disease spreads as predicted, employees of utility companies are likely to be fewer and with a slower response time. **Recommendation.** Maintain a rolling stock (used and replenished) of water for 7 days. Have sufficient power backup/ batteries for essential equipment (phones/ laptops/ Internet) for 24hrs.

Supply Chains. *Groceries will keep coming.* Much of what is consumed/required is produced in Kenya. A significant disruption to supply would require the farmers, distributors, and sellers to implement a shutdown. Food supplies are likely to suffer from impediments of a less secure environment such as corrupt security officials and highway robbery, but it remains in the benefit of all to continue getting goods to market.

Imports will suffer as there will be staff shortages and slower movement from point of export to point of consumption. The latter slowdown will include medical supplies and as the world witnesses a surge in demand, Kenya is unlikely to be able to compete with rapidly increasing prices. **Recommendation.** Maintain a rolling stock of food for up to 7 days. Canned and dry foods supplemented by a small supply of fresh goods.

Economic system. With 2.5 million people living in the [informal settlements](#) of Nairobi, it is unsurprising that a large portion of the city's population live pay check to pay check, hand to mouth. Many of these residents work in the unskilled service industry and will suffer significantly as a result of closures. A shutdown of this magnitude has never been implemented and so the impact is uncertain but what is clear is that it is unsustainable without significant food and financial aid. This is further complicated as there is no state system of distributing social assistance; even if they wanted to, Kenya does not have the mechanism to implement an [American-style](#) cash distribution without immediately negating the purpose of imposing the isolation measures (crowding and queueing). **Recommendation.** Although there is a campaign to encourage e-money transactions (MPesa) it is advised to retain cash reserves as the Mpesa system can be fragile and vulnerable to overuse crashing etc.

Medical System. There is a lack of clarity on the capacity of the health system to respond to the impending crisis. Unconfirmed reports put the country-wide Intensive Care Unit capacity between 100-500 beds with ventilators. Test kits remain in short supply as indicated by the 177 tests to this point however a large supply of tests have been donated by Jack Ma and delivered to Ethiopia for distribution throughout Africa. Nonetheless, based on estimates and reporting of capacity, at any of the published rates of infection, the system will be rapidly overwhelmed. Although COVID-19 appears deadly to primarily the elderly or those with underlying medical issues, it was noted that men in Wuhan were more vulnerable to the disease, likely due to the tendency for men to smoke tobacco³. This is relevant as some residents of slums are known to suffer from respiratory ailments which could in turn make them more vulnerable to COVID-19⁴.

³ [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30117-X/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30117-X/fulltext)

⁴ <https://www.sciencedirect.com/science/article/pii/S0048969718353269>

In addition to the formal medical system, Kenya has a significant “traditional medicine” market. The concern that infected individuals sceptical of the government seek alternative, less-than-effective, therapies should not be discounted as this will provide a key vector for transmission.

As the system becomes overwhelmed, it is likely that other ailments get less attention so an outbreak of malaria, typhoid, cholera, or yellow fever that would be quickly identified, isolated, and addressed may go untreated for longer than usual. **Recommendation.** Regardless of the situation, you should maintain a rolling 1-month stock of critical medication. Evacuation and medical insurance, if not already in place, should be purchased as soon as possible. Unless suffering from severe symptoms, avoid hospitals as they are likely to be overwhelmed quickly. Have potential treatments already in stock as guided by the [medical experts](#).⁵

THREATS

Civil Unrest. Protests are common in Nairobi. Uber drivers, matatu drivers, and other groups are known to protest for workers’ rights. Kenyans can organise quickly and effectively whether through social justice or malicious rumour. There have already been isolated incidents and reports of xenophobic attacks related to the virus as angry mobs blame foreigners for the ingress of the disease to the country.

As cases increase and lockdown measures take effect on the economy, civil unrest is **likely to increase**. If COVID-19 cases overwhelm the medical system and people are forced to provide palliative care for their loved ones, this will further create distrust and disregard for the government and associated security forces.

Crime. Crime is likely to increase with immediate effect. With financial pressures imposed widely and without warning, populations are likely to turn to other means of income. Expat communities, protected by distance and physical impediment should remain safe for the short term but as civil unrest increases, security forces will be concentrated to respond and opportunistic crime is likely to rise elsewhere⁶.

With international companies and embassies removing staff at short notice, many wealthy households will be left unoccupied with valuables inside for protracted periods. With a rise in crime, it is likely to take the form of burglaries, first of empty homes and, over time, this could develop into more home invasions.

Residential staff provide a primary means of intelligence for such attacks. Many of the household staff employed by expats and wealthy Kenyans live in slums and will have increased financial pressures from other members of a family or community.

Terrorism. It is possible but unlikely that terrorists (Al-Shabaab, ISIS, AQ, and affiliates) will take advantage of this opportunity to carry out a significant attack. To the contrary, the target set of congregated westerners is no longer present in shopping malls and social foci due to isolation measures. It is however, likely that crimes such as kidnapping and highway robbery are attributed to terrorism rather than crime as it strengthens the call for a robust response and gives the government the ability to blame external forces for internal actions.

Hazards. COVID-19 will not increase the likelihood of car accident or other hazardous events however it will degrade the ability to respond to such a situation. As the outbreak spreads, the ability of ambulances to respond may be hampered by their response to COVID-19. On the positive side, with traffic significantly reduced, the ability for other emergency services should be enhanced in the short to medium term. If and when the outbreak increases, those services are likely to suffer manpower shortages.

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>

⁶ <https://www.theguardian.com/society/2010/aug/29/blitz-london-crime-flourish-blackout>

EFFECT ON ALL RISKS

No risk will be unaffected by COVID-19 spread and subsequent response. The situation will either effect the likelihood or consequence of any significant risk manifesting. This will be from the likelihood of being mugged on a walk down a previously safe path, to the ability of a doctor to respond in a sterile environment to a child's oral abscess.

OUTCOMES

Most Likely Scenario. COVID-19 spreads in a similar fashion as seen elsewhere in the world, with the speed and virulence seen in less controlled societies like Italy. Medical systems are overwhelmed and COVID-19 victims are forced to stay at home regardless of severity. As economic pressures mount, restrictions on business and behaviour will be loosened. At some point in this sequence, a concept of 'acceptable loss' of life will have to be recognised as a counterpoint to a disintegration of social fabric and collapse of the entire economy. The end result is significant loss of life but with an economy that still functions.

Best Case Scenario. The spread of the disease is halted with the current measures in place and the 15 cases are isolated, they recover, and global isolation measures prevent an ingress of any further cases. No flights in or out for at least 6 weeks from the time of writing and other major urban centres resolve the spread and institute health checks for travellers.

Worst Case Scenario. A significant degradation in social cohesion leading to widespread violence and crime. If COVID-19 takes hold in the slums, home to 2.5 million people, it will spread quickly and have significant impact. A 4m x 4m dwelling can house up to 8 people. There is no means of slowing the spread and even with 1% mortality, it results in 25,000 deaths. Governments will be beholden to respond but lack capacity leading to a further breakdown. Military and police, already self-interested, fracture along divided loyalties. This is more likely in the event that the government lacks cashflow or the bureaucratic capacity to pay officials on time.

RECOMMENDATIONS

Maintain perspective. This is the beginning of this period in Nairobi and an altered lifestyle should be anticipated for months, if not years. As Prof Medley put it "Anyone who tells you they know what is going to happen in the next six months is wrong." Medical officials are doing their best with what they have, nothing more can be demanded or expected. Expect the situation to worsen and hope that it doesn't; pessimistic and safe is better than optimistic and sick.

Limit the spread. Follow the WHO [guidance on protecting yourself](#)⁷. Maintain social distancing measures and wash your hands thoroughly and frequently. Consider enhanced measures for immune-compromised loved ones such as pouring a bottle of water into a glass before drinking in order to limit handling of objects brought in from outside the controlled environment.

Prepare for isolation. Plan as you would if members of your household have already been exposed. Have sufficient stocks to remain at home without external interaction for 14 days in order to allow the disease to run its course. There is a very good chance of survival but there is no need to enhance the suffering unnecessarily. Establish mutually helpful relationships within your neighbourhood to facilitate food and other deliveries.

Support those that depend on you. Guards, cleaners, gardeners, cooks, and other staff depend on their employer and are in that category of at-risk people who live hand-to-mouth. They are your link to the outside world and your greatest weakness if mistreated. Over the coming months, be prepared in the event that any of

⁷ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

your staff experience family deaths as a result of the COVID-19 outbreak. During this time, they will look to their employer for guidance and support. Don't turn an asset into a vulnerability.

Have a plan to leave. This is the least likely outcome, but no one puts a seatbelt on expecting to get into an accident. As the airport closes have an idea of what your options are and what your employer can do. There is a great deal of misplaced faith in the capacity of embassies and the UN to fly over the horizon and pluck citizens from the mouth of catastrophe. Keep ½ tank of fuel in the car and know where the nearest safe space is (police post, etc). If you leave your home for a lengthy period, do so with the assumption that it is likely to be robbed. Remove or secure all valuables and if needs be, leave what can be stolen near the entrance to alleviate the need to ransack the place.

RESIDENTIAL FIRST AID KIT

Below is a checklist for openly available items that should be considered for contents in a residential first aid kit. This is not exhaustive and should be supplemented with as necessary by the user.

- Compression bandage
- Medical tape
- Gauze bandages
- Steri-strips
- Gloves
- Scissors
- Plasters/ Band-aids
- Paracetamol/ Acetaminophen
- Ibuprofen
- Eye wash
- Burn gel
- Neosporin/ wound steriliser
- Antiseptic wipes
- Safety pins
- Oral Thermometer (disposable or reusable)

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24 HR CONTACT INFORMATION:

Email: operations@msrisk.com