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DREF final report

Kenya: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRKE019

GLIDE n° EP-2011-000174-KEN

30 April 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 314,019 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 10 November 2011 to support the Kenya Red Cross Society (KRCS) in providing polio immunization to children aged under 5 years in Coast, Western, Nyanza, Upper Eastern, Rift Valley (North and South Rift) and North Eastern Provinces in Kenya for 2 months.

The overall aim of the campaign was to provide emergency assistance to vulnerable communities as a contribution to the eradication of Polio in Kenya, hence reducing morbidity and mortality attributable to Polio epidemics.

The campaign was undertaken in 209 Divisions from 58 Districts across these seven provinces. In total, 3,501,799 children were immunized against the Ministry of Public Health and Sanitation's (MoPHS) target of 3,085,997 in the 58 districts. This represents an achievement of 113% weighed against the MoPHS' target. The achievement is even higher (164 %) weighed against KRCS' target of immunizing 2,122,964 children .

This was made possible by the DREF contribution which was used to facilitate capacity building for effective social mobilization, including community awareness creation and logistics during outreach sessions. The exercise deployed a total of 179 coaches and 1,453 volunteers to encourage community members to avail their children for immunization.

European Commission Humanitarian Aid and Civil Protection (ECHO) contributed to the DREF in replenishment of the allocation made for this operation. Details of 2011 contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf.

[*<click here for the final financial report, or here to view contact details>*](#)

The situation

Polio is an acute, faecal-oral, contagious and infectious viral infection that can cause paralysis. In the past, Kenya has implemented a successful routine vaccination over the years in an effort to achieve herd immunity for each of the vaccine preventable diseases. The country has also been conducting active case-based surveillance for Polio, Measles and Neonatal Tetanus thus making it possible for suspected cases from all over the country to be conclusively investigated at the Kenya Medical Research Institute (KEMRI).

However, over the past three years, the country has been experiencing recurring outbreaks of vaccine preventable diseases mainly Measles, Polio and most recently, pertussis (whooping cough). As a result of

constant migrations due to natural disasters and internal conflicts outbreaks have recently occurred in Ethiopia, Southern Sudan and Uganda.

On 15 November 2010, a single case was detected at Bugiri District of Uganda who are neighbours with Busia District of Kenya. Following this case, the Government of Kenya planned for mass vaccination of under-fives in 22 districts in Nyanza and Western provinces. The mobilization campaigns were concluded in June 2011.

On 25 August 2011 a single case of polio (wild polio virus type 1) was confirmed in a 3 year old boy in the Kamagambo area of Rongo District, Western Province. The virus genetically closely resembled the virus detected in Bugiri District of Uganda in 2010. The mother of the boy, a 27 year old widow, has five children. There is no evidence that the three other siblings (eldest twins 6 years and a 2 year old sibling) have been vaccinated since they had no vaccination cards or BCG scar. The youngest sibling, 2 months old, is immunized as per schedule as she has a card and BCG scar. The family has been followers of a religious denomination that strongly advocates for Spiritual and Mystic healing over conventional medicine to its faithful. The family has been going to an informal medical practitioner as the first call for medical services.

The Kenya Red Cross Society together with the Ministry of Public Health and Sanitation (MoPHS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), KEMRI and other stakeholders partnered to conduct the Accelerated Polio Campaign in 32 districts in Nyanza and Rift Valley provinces considered to be at high risk. Phase 1 of the campaign took place between 24 and 28 September 2011, with social mobilization, pre-registration of eligible children and provision of logistical support for mobile outreach teams. The second and third phases of the campaign took place between 22 and 26 October 2011 and 12-16 November 2011 respectively.

It was subsequently decided to increase the coverage of this campaign to other parts of the country, including Coast, Western, Upper Eastern, South Rift, North Rift and North Eastern provinces. Phase 4 of the campaign was held between the 10 and 14 of December 2011. The campaign included social mobilization and provision of logistical support for mobile outreach teams. Pre-registration of children did not occur.

Red Cross and Red Crescent action

The Kenya Red Cross Society in partnership with the MoPHS and Ministry of Medical Services (MoMS) played a key role in deploying social mobilization strategies during the campaign, including house to house mobilization, community awareness campaigns, health talks, publicity on local radio stations and referrals for other services (e.g. VCT, TB testing etc).

Achievements against outcomes

Emergency health	
Outcome 1: 2,122,964 children aged under five in target at risk areas are immunized..	
Outputs (expected results)	Activities planned:
<ul style="list-style-type: none"> 3,542 KRCS volunteers have the capacity to conduct polio campaigns. Social mobilization activities completed in all the targeted 58 districts. 100% of 2,122,964 children aged under five who are registered by KRCS are immunized. Immunization verification in all 58 districts. 	<ul style="list-style-type: none"> Training and orientation of 3,542 volunteers on polio immunization campaign, including code of conduct, key messages to be delivered and procedures to be followed. Social mobilization through schools, house to house, organized community gatherings (<i>Barazas</i>), and existing social gatherings including churches, mosques and markets. Community Education on importance of immunization, vaccine safety and encouraging parents to have children immunized. Registration of approximately 2,122,964 children aged under five Conducting follow-ups for immunization status verificat

Achievements:

A total of 179 coaches and 1,453 volunteers were trained on guidelines for polio vaccination house to house teams, key messages for health workers and the use of key forms prior to the commencement of the

campaign. The polio campaign took place between 10 and 14 December 2011 with social mobilization and logistics/transport for mobile outreach teams.

Social mobilization sessions with the Public Address System were conducted during the campaign in schools, churches and mosques within the targeted divisions. The Provincial Administrative units were also used in mobilizing the community at public barazas. In some provinces, processions were held using “bodabodas” (bicycles and motorbikes) and posters bearing relevant information were also displayed publicly. Tracing of under-fives who did not get vaccinated during the campaign was also carried out in some districts. Pre-registration of under-fives was not undertaken in some districts due to insecurity and flash floods. The social mobilization process was designed as to consider areas with:

- Recent cases of polio transmission
- Inadequate surveillance
- Low routine/NID coverage
- Limited access to health services
- Hard to reach populations
- Displaced populations
- Borders with endemic zones/countries

A total of 3,501,799 children aged under five years were vaccinated during the campaign. This represents an achievement of 113% of the total target population weighed against MoPHS` target population. In all provinces, except North Eastern, achievement was greater than 100% (refer figure 2). This high achievement rate is probably partly due to an underestimation of the target population. Targets were set using a fixed percentage of the entire population (commonly 19%) for each District. In addition, the targeted coverage was increased to include additional areas.

A post-campaign evaluation carried out in South Rift Province after Round Three supports this hypothesis, as it identified 30,227 under fives who had not been vaccinated, despite the province reporting an achievement of 103%. In addition some under fives might have received the dose more than once. Some children above the age of five might also have been vaccinated, while some children vaccinated may have been immigrants from districts of neighbouring provinces. This was the case in Hindi Division, Lamu District, Coast Province, and Isiolo District in Upper Eastern where an influx of people settling in the area was reported. Movement between districts was also reported in West Pokot and Turkana due to flooding and conflict. However, it is also an indication of the success of the campaign and the ability of KRCS volunteers and coaches to mobilize the community and work in partnership with MoPHS.

The low achievement in North Eastern Province can be attributed to the vastness of the area coupled with insecurity issues. A number of individual districts and divisions across the country also failed to reach the targets set for their areas. The reasons included insufficient vehicles, few volunteers and the resulting delay in under fives reaching the vaccination point.

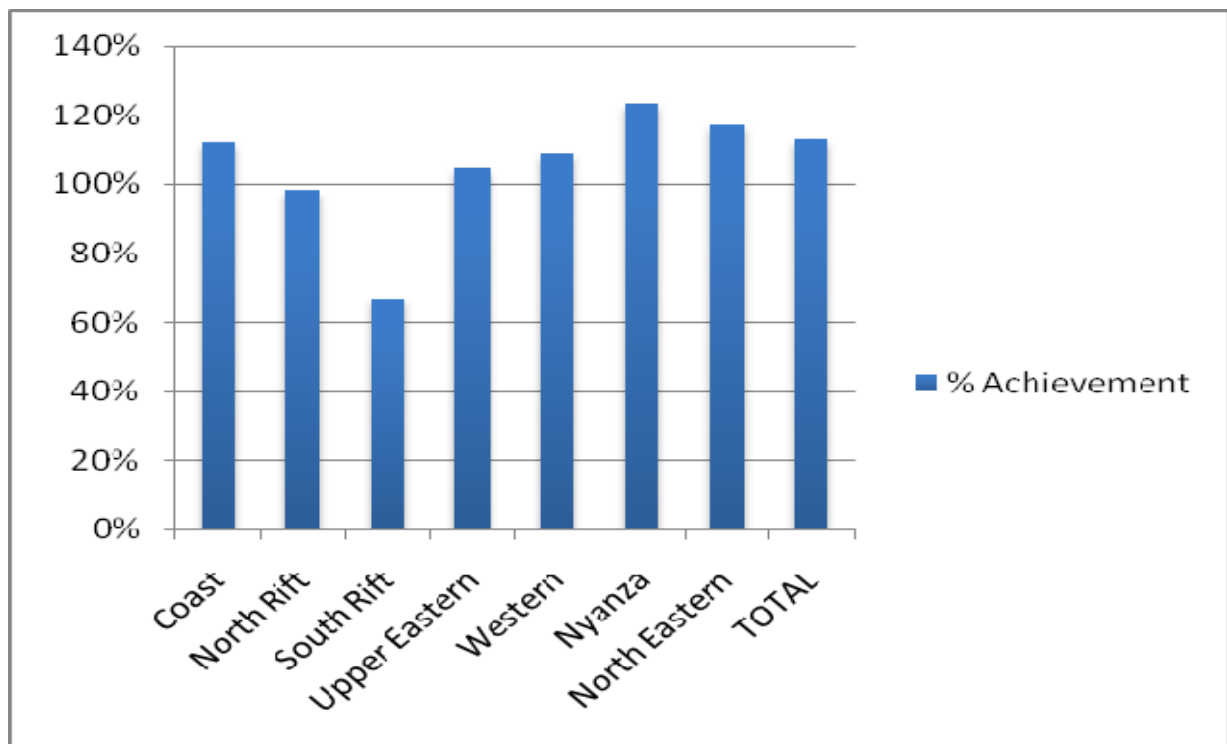
Polio surveillance at community level was intensified during the campaign. All the volunteers and the MoPHS staff engaged in the exercise took part in the search and referral of any suspected case for clinical and or consequent laboratory diagnosis.

Table 1: Summary of Achievements in Districts Where KRCS Supported the Campaigns

Province	District		Division		Target No.	Achievement No.	Achievement %	Volunteers No.	Coaches No.
	No.	Name	No.	Name					
Coast	3	Mombasa, Malindi, Lamu and Kilindini	16	Island, Bamburi, Kisauni, Changamwe, Likoni, Malindi, Magarini, Marafa, Langobaya, Amu, Hindi, Mpeketoni, Witu, Kiunga, Faza, Kizingitini	247,190	282,971	114	155	6
Western	10	Districts in Busia, Vihiga and Kakamega counties		All	989,912	1,082,661	109	80	30
Nyanza	38	Districts in Kisii,		All	1,135,087	1,401,267	123	220	72

		Nyamira, Homabay, Kisumu, Siaya and Migori Counties							
Upper Eastern	5	Isiolo, Garbatulla, Samburu, Marsabit, Moyale		All	102,487	109,858	107	106	17
South Rift	2	Molo, Bureti	10	Bureti, Cheborge, Konoin, Roret, Cheptalal, Kimulot, Sachangwan, Elburgon, Turi	124,616	125,724	101	159	4
North Rift	3	Bungoma North, West Pokot, Turkana Central	14	All	200,057	197,106	98	361	14
North Eastern	6	Tana River, Garissa, Dadaab, Wajir West, Wajir North, Mandera Central, Lagdera		Wajir North, Bute, Buna, Gurar, Korondille, Eldas, Griftu, Anole, Hadado, Adamasjida, Arbajahan, RhamuDimtu, Rhamu, Ashabito, Olla, Elwak, Kutulo, Wargadud, Shimbirfatuma, Qalanqalesa, Modogashe, Daadab, Liboi, Benane, Shantabaq, Dertu,	286,648	302,212	105	372	36
Total		N/A		N/A	3,085,997	3,501,799	113	1,453	179

Figure 2: Campaign Achievements Against MoPHS Targets



Logistics	
Outcome 2: Timely and effective support is provided to the polio campaign team to ensure optimum immunization coverage.	
Outputs (expected results)	Activities planned:
Adequate logistical support for effective movement of vaccination teams and supplies is ensured	<ul style="list-style-type: none"> • Provide back-up to MoPHS in transportation of supplies, staff and volunteers and their supervisors during the social mobilization and immunization activities. • Provide communication system back up in remote areas through use of vehicle installed HF radio system in areas with poor communication infrastructure.

Achievements:

A number of social mobilization sessions with the Public Address System were conducted during the campaigns in schools, churches and mosques within the targeted divisions. Sensitization sessions were held in most areas in primary schools and kindergartens in order to reinforce the uptake of the routine Expanded Programme on Immunization (EPI) services in the region. These sessions were done with the use of behaviour change methodologies. The logistics department provided transport to its staff and some volunteers to ensure that they reached the targeted areas. This was done in collaboration with MoPHS and MoMS

Capacity Building	
Outcome 3: Kenya RC has the necessary skills to conduct effective social mobilization to ensure effective management of disease outbreaks.	
Outputs (expected results)	Activities planned:
<ul style="list-style-type: none"> • Increased capacity of KRCS volunteers in responding to Polio Outbreak and similar health emergencies. 	<ul style="list-style-type: none"> • Conduct training for volunteers, staff and MoPHS field staff on social mobilization in emergencies, investigation and management of epidemics. • Set up and maintain and inventory of trained staff and volunteers for future involvement in outbreak management.

Achievements:

Volunteers and coaches were drawn from the implementing divisions as much as possible to capitalize on their knowledge of household layout. Prior to social mobilization activities, 179 coaches and 1,453 volunteers attended sensitization sessions. The key areas of sensitization centred on guidelines for polio vaccination, house to house visits and key messages for health workers. The session also covered the use of forms, oral polio vaccine (OPV) tally sheets, polio fact sheet, polio national immunization tool kit and the media brief on polio mop up. Volunteers then generally received on-site training in their respective posts.

As the result of the above trainings, the KRCS volunteers were able to achieve over 100% of targeted children to be immunized despite the fact that the targeted volunteers to participate was lower than the actual number that participated in the sensitization and mobilization sessions (Targeted: 3,542, Actual: 1,632 volunteers)

Challenges

As mentioned earlier, the volunteers found some challenges in confirming the children who had or had not been immunized. This resulted in some children receiving the dosage twice. Other challenges faced was confirming the ages of the under fives, hence some children aged over five years were immunized. This was partly due to immigration and emigration from the targeted areas as well as lack of BCG cards or birth certificate, depending on the cases mentioned.

The volunteers also faced accessibility challenges in North Eastern Province due to the can be attributed to the vastness of the area coupled with insecurity issues. Immunization targets for other districts were not achieved mainly due to insufficient vehicles, few volunteers and the resulting delay in under fives reaching the vaccination point.

Despite the above challenges, KRCS volunteers in collaboration with relevant ministries were able to reach a larger population than initially planned. The above challenges have been noted as lessons learned and measures will be taken if and when they arise again.

Contact information

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DREF history:

- This [DREF](#) was initially allocated on 23 November 2011 for CHF 314,019 for 2 months to assist 2,122,964 beneficiaries.

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Selected Parameters	
Reporting Timeframe	2011/11-2012/01
Budget Timeframe	2011/1-12
Appeal	MDRKE019
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Pledge	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget		314,019					314,019
B. Opening Balance		0					0
Income							
Other Income							
<i>DREF Allocations</i>		314,020					314,020
C4. Other Income		314,020					314,020
C. Total Income = SUM(C1..C4)		314,020					314,020
D. Total Funding = B + C		314,020					314,020
Appeal Coverage		100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	314,020					314,020
E. Expenditure	-314,020					-314,020
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies
MDRKE019 - Kenya - Polio Outbreak

Appeal Launch Date: 15 nov 11

Appeal Timeframe: 15 nov 11 to 15 jan 12

Final Report

Selected Parameters	
Reporting Timeframe	2011/11-2012/01
Budget Timeframe	2011/1-12
Appeal	MDRKE019
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)	314,019						314,019	
Logistics, Transport & Storage								
Transport & Vehicles Costs	45,295						45,295	
Total Logistics, Transport & Storage	45,295						45,295	
Personnel								
National Society Staff	22,609						22,609	
Volunteers	153,798						153,798	
Total Personnel	176,407						176,407	
Workshops & Training								
Workshops & Training	65,187						65,187	
Total Workshops & Training	65,187						65,187	
General Expenditure								
Information & Public Relations	2,999						2,999	
Communications	4,966						4,966	
Total General Expenditure	7,965						7,965	
Contributions & Transfers								
Cash Transfers National Societies		294,854				294,854	-294,854	
Total Contributions & Transfers		294,854				294,854	-294,854	
Indirect Costs								
Programme & Services Support Recov	19,165	19,166				19,166	-0	
Total Indirect Costs	19,165	19,166				19,166	-0	
TOTAL EXPENDITURE (D)	314,019	314,020				314,020	-1	
VARIANCE (C - D)		-1				-1		