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## Disaster relief emergency fund (DREF) Kenya: Polio outbreak

 International Federation  
of Red Cross and Red Crescent Societies

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**DREF operation n° MDRKE026**  
**GLIDE n° [EP-2013-000064-KEN](#)**  
**25 May 2013**

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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 and Red Crescent emergency response. 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.

**CHF 134,627 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support Kenya Red Cross Society (KRCS) in delivering immediate assistance to up to 1.25 million beneficiaries. Unearmarked funds to repay DREF are encouraged.**

**Summary:** A wild polio virus (WPV) outbreak was reported in Somalia on 18 April 2013, the country's first case since 25 March 2007. A surveillance alert, highlighting the need for urgent active searches for additional cases of acute flaccid paralysis (AFP) and suspect polio in all health facilities, was issued for all of Somalia and bordering areas of northern Kenya and eastern Ethiopia.

Polio (poliomyelitis) is an acute, faecal-oral, contagious and infectious viral infection that causes infantile paralysis. The paralytic (symptomatic) form enters the bloodstream causing severe and debilitating nervous and muscle attack, leading to breathing and respiratory problems as well as paralysis of arms and legs. In Kenya, two positive cases were identified in Hagadera camp. The potential risk for in-camp transmission is high considering inter camps movements by refugees, as well as in surrounding host communities, and in the neighbouring urban centres including Garrisa and border towns of Wajir, Mandera, Tana River and Isiolo. Nairobi county districts are also at risk as refugees relocate to Nairobi and those who are on transit to a third country stay in Nairobi during the processing time.

Kenya Red Cross, with support from IFRC's DREF, aims to support the first two rounds of emergency polio vaccinations carried out in-country in the districts of Garissa, Wajir, Mandera, Nairobi and Turkana through targeted social mobilization and awareness raising campaigns, combined with pre-registration of targeted children and necessary logistics support, to complement government efforts to contain this outbreak.

This operation is expected to be implemented over three months, and is expected to be completed by 30 August 2013. A final report will be made available three months after the end of the operation, by 30 November 2013.

*[<click here for DREF budget; here for map of areas of intervention; or here for contact details>](#)*

## The situation:

Poliomyelitis, often called polio or infantile paralysis, is an acute, viral, infectious disease spread from person to person, primarily via the fecal-oral route. Approximately 90% of polio infections cause no symptoms at all, affected individuals can exhibit a range of symptoms if the virus enters the blood stream. In about 1% of cases, the virus enters the central nervous system, preferentially infecting and destroying motor neurons, leading to muscle weakness and Acute Flaccid Paralysis (AFP). Different types of paralysis may occur, depending on the nerves involved. Spinal polio is the most common form, characterized by asymmetric paralysis that most often involves the legs.

A wild polio virus (WPV) was isolated in specimens collected from a 32 month old girl who suffered onset of acute paralysis on 18 April 2013, and from specimens collected from three close contacts from the Banadir region of Somalia. This was the first WPV to be reported from Somalia since 25 March 2007. Given that substantial areas of central and southern Somalia have not conducted immunization activities since 2009, the confirmation of WPV circulation would constitute a serious national and international risk to public health. A surveillance alert, highlighting the need for urgent active searches for additional cases of acute flaccid paralysis (AFP) and suspect polio in all health facilities, was issued for all of Somalia and bordering areas of northern Kenya and eastern Ethiopia.

An immediate vaccination response with oral polio vaccine (OPV) began on 14 May to reach over 350,000 children under the age of 5 in the 16 districts of Banadir region, with a series of subsequent activities, including nationwide OPV campaigns, under discussion. One case represents an outbreak, and in a polio-free area the World Health Organisation international standard response requires 2 immediate 'mop-up' vaccination activities, conducted at short intervals in Banadir district. These will be followed by at least 3 nationwide rounds (in Somalia), at least 2 of which are synchronized with adjoining areas of Ethiopia, Kenya and possibly Yemen.

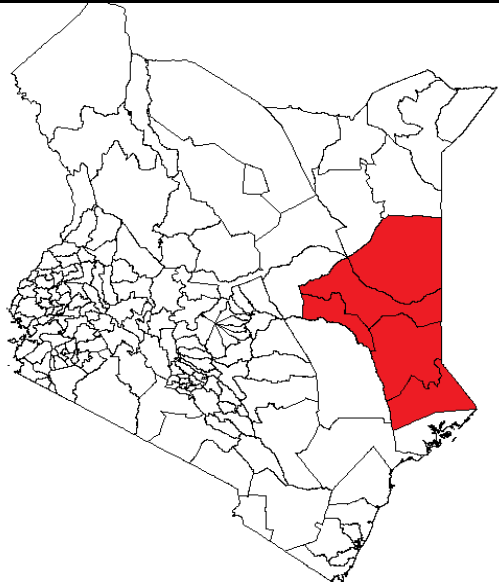
In Kenya, two positive cases were identified in Hagadera camp, involving two children; 2 and 4 year olds. The specimens were collected and laboratory confirmation done by KEMRI/CDC laboratories. The potential risk for in-camp transmission is high considering inter camps movements by refugees. The risk is also high in surrounding host community, and in the neighbouring urban centres including Garissa and border towns of Wajir, Mandera, Tana River and Isiolo. Nairobi county districts are also at risk as refugees relocate to Nairobi and those who are on transit to a third country stay in Nairobi during the processing time. In Ifo II, the last polio outbreak was in July, 2012, where two cases of AFP were identified Ifo II East camp. Both cases were positive for Circulating Vaccine-derived poliovirus (cVDPV). This VDPV outbreak was linked to the 2011 Somalia cVDPV outbreak, and represented a continuation of that outbreak. In addition it was an indication of missed ongoing transmission in Kenya, Somalia, or both.

In the past, Kenya has had a successful vaccination programme which achieved high targets under the Kenya Expanded Programme on Immunisation (KEPI). The country has also been conducting active case-based surveillance for Polio, Measles and Neonatal Tetanus, making it possible for suspected cases from all over the country to be conclusively investigated at the Kenya Medical Research Institute (KEMRI). In the recent past, Kenya registered Polio outbreaks in 2006 (cases imported from Somalia) and in 2009 (cases imported from Southern Sudan) necessitating a mop up campaign in 2006 and synchronised campaigns in 2009. Currently, Kenya is realizing a polio outbreak in Nyanza Province (2011) and Daadab refugee camp (2012 and now 2013).

Kenya's Ministry of Health (MOH) plans to conduct vaccinations against polio in four rounds of mop up and supplementary immunization activities (SIA). The first round targets two counties (Garissa and Wajir) while the second round shall target 5 counties (Garissa, Wajir, Mandera, Nairobi and Turkana). The third and fourth rounds will be carried out in 24 selected counties. These are hot spot counties prioritized by the MoH based on epidemiological factors which include and not limited to areas where outbreaks have been reported recently, communities' bordering Somali and refugee's transit districts of Nairobi. The first round shall be undertaken between 26 and 29 May 2013. This round intends to target **512,610** children under the age of 15 and indicated in the table below and map.

**Table 1: National plan round one targeted counties**

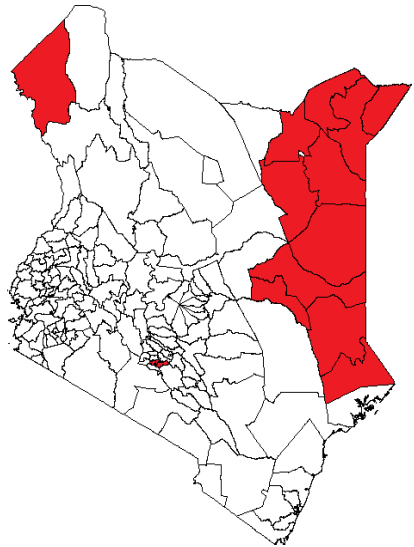
District	Total Population	Under 5	Under 15	Total Target Pop
Dadaab Camps	441872		288,406	288,406
Dadaab	80,263		35,075	35,075
Fafi	107,162		62,154	62,154
Lagdera	82,926		36,239	36,239
Habaswein	82,709	15,038		15,038
Wajir South	63,482	10,245		10,245
Garissa	169,862	34838		34,838
Balambala		10603		10,603
Hulugho		9419		9,419
Ijara	49,194	10593		10,593
<b>TOTAL</b>	<b>1,077,470</b>	<b>90,736</b>	<b>421,874</b>	<b>512,610</b>



The second round which will be undertaken from 9<sup>th</sup> to 13<sup>th</sup> June shall expand to include Nairobi, Turkana and Mandera districts. This round intends to reach **1,153,148** children with vaccination.

**Table 2: National plan round two targeted counties**

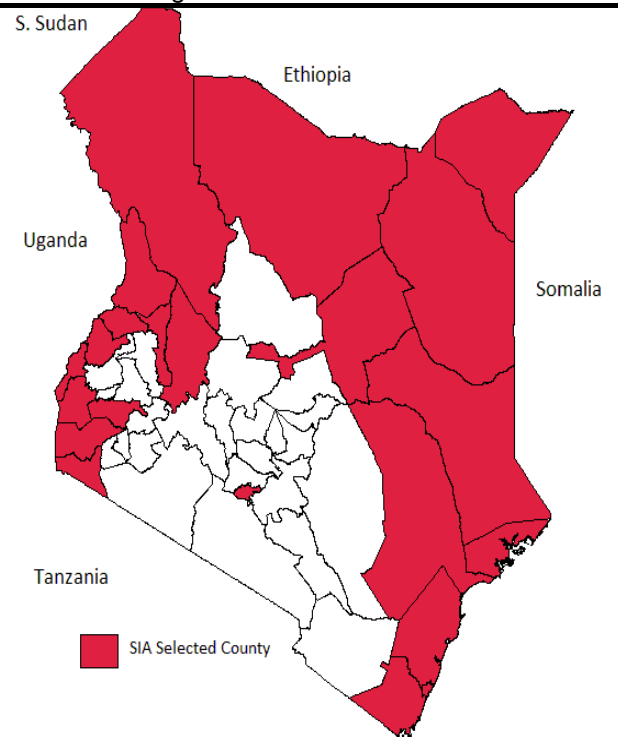
County	District/Camp	Total Population	Under 5	Under 15	Total Target Pop
Garissa	Dadaab Camps	441872		288,406	288,406
	Dadaab	80,263		35,075	35,075
	Fafi	107,162		62,154	62,154
	Lagdera	82,926		36,239	36,239
	Garissa	169,862	46069		46,069
	Ijara	49,194	18980		18,980
Wajir	Wajir	270,351	166,750		166,750
Mandera	Mandera		118211		118,211
Nairobi	Nairobi North (Starehe, Kamukunji, Kasarani)	1,656,412	294,238		294,238
Turkana	Turkana West	301,441	62,589		62,589
	Kakuma		24,437		24,437
	<b>TOTAL</b>	<b>931,280</b>	<b>731,274</b>	<b>421,874</b>	<b>1,153,148</b>



The third round shall be undertaken on 22 to 26 June while the fourth shall be undertaken in August and shall be synchronized with Somali vaccination. This two rounds target to reach **4,347,451** children in 22 counties and two (2) refugee camps.

**Table 3: National plan round three and four targeted counties**

	<b>County Name</b>	<b>District Population</b>	<b>Pop &lt; 5 2013</b>
1	Kilifi	1,107,175	254,457
2	Kwale	728,880	163,334
3	Lamu	113,587	21,294
4	Mombasa	1,050,098	204,211
5	Tana River	268,801	54,370
6	Isiolo	259,126	38,562
7	Marsabit	716,667	73,020
8	Nairobi City	3,466,422	809,464
9	Garissa	557,531	112,596
10	Dadaab Refugee Camp	441,872	123,084
11	Mandera	612,296	118,211
12	Wajir	825,590	166,750
13	Homa Bay	1,253,328	253,520
14	Kisumu	1,158,672	237,706
15	Migori	934,366	278,877
16	Siaya	925,749	171,724
17	Baringo	622,630	121,053
18	Elgeyo-Marakwet	410,201	79,667
19	Trans Nzoia	899,400	178,819
20	Turkana	946,929	190,975
21	West Pokot	582,157	128,049
22	Bungoma	1,755,591	327,709
23	Busia	893,050	215,563
24	Kakuma Refugee		24,437
	<b>TOTAL</b>	<b>20,530,119</b>	<b>4,347,451</b>



## Coordination and partnerships

Regular meetings have been planned and are ongoing by the Division of Vaccines and Immunisation and partners (including UNICEF, WHO, Red Cross among others) to make preparations and conduct the mop up campaigns. KRCS is currently participating in the National polio campaign planning committee.

At the operational level, KRCS through this DREF plans to provide a total 1,034 volunteers, 121 coaches and six district focal persons to support social mobilization efforts. Each coach shall supervise a team of approximately 20 volunteers each. Public health managers, regional health officers, branch coordinators and health project officers shall participate in regular planning and review meetings over the course of the campaign at the provincial, district and divisional levels with the Ministry of Public Health and Sanitation (chair) and other partners supporting the campaigns.

## Red Cross and Red Crescent action

Kenya Red Cross staff and volunteers in partnership with the MoPHS and MoMS intend to respond to the outbreak through the activities as described below. The intervention strategies employed herein and in need of support include:

1. Social mobilization/advocacy interventions (health education/campaigns and awareness with emphasis on vaccination of the under fives in 5 counties including one (1) refugee camp. The counties are; Nairobi, Garissa (including Daadab Refugee camp), Mandera, Wajir and Turkana.
2. Capacity building and sensitization of Volunteers and Coaches for effective implementation of the mass polio campaign.
3. Pre-registration of all targeted children to ensure optimum vaccination of children thus acquiring necessary herd immunity for polio within the population. This shall be done 5 days prior to the actual start of vaccination.
4. Logistical support to the campaign including support in transportation of staff and supplies, crowd management, record keeping and other clerical work at the vaccination post as delegated by the post in charge.
5. House to house follow-up and referral (to health facility) of the non-vaccinated children after the campaign.

KRCS volunteers from six of KRCS branches, team led by MoH health officers from the respective districts shall carry out social mobilization/community awareness campaigns in the five targeted districts.

**Table 4: KRCS supported counties**

	District Name	County	District pop.	Pop < 5 2013	Pop>5<1 5	No. of divisions	# of teams	No. volunteers	No. of DFP's
1	Garissa	Dadaab Camps	4,418,72		288,406	28	111	277	2
		Dadaab	80,263		35,075	3			
		Fafi	107,162		62,154	6			
		Lagdera	82,926		36,239	3			
		Garissa	169,862	46069		4			
		Ijara	49,194	18980		2	7	18	0
2	Nairobi City	Nairobi North (Starehe, Kamukunji, Kasarani)	1,656,412	294,238		28	113	282	2
3	Mandera		612,296	118,211		11	45	113	1
4	Wajir		825,590	166,750		16	64	160	1
5	Turkana	Turkana West	946,929	190,975		18	73	183	1
<b>TOTAL</b>			<b>4,972,507</b>	<b>835,223</b>	<b>421,874</b>	<b>121</b>	<b>414</b>	<b>1,034</b>	<b>6</b>

Various social mobilization strategies shall be used, including:

- **House to house visits:** Volunteers shall be allocated households and conduct visits. These households shall be proximal to the volunteers' areas of residence. During the visits, the volunteers shall educate the residents about basics of Polio transmission and prevention as well as share information on venues and dates for the campaign.
- **Sensitization through public meetings and forums:** Some of the public avenues that shall be used to pass on information include schools, Chiefs *Barazas* and market days. These shall be mapped and information passed on to the public through these avenues.
- **Media campaign:** The media is targeted as one of the avenues to reach out to the public with key messages of the campaign. KRCS shall partner with the government in airing media spots to encourage under fives to be vaccinated.
- **IEC materials:** Over 10,000 posters bearing relevant information on Polio will be delivered to the affected districts to create demand for uptake of polio vaccination services.

## The needs

The Ministry of Public Health and Sanitation indicates that up to 4,347,451 children 15 years of age and under in Daadaab refugee camp are at risk of polio in the 24 counties, based on past epidemiologic trends/patterns of spread.

Priority needs for KRCS include social mobilizing, sensitization and briefing of volunteers as well as the pre-registration of children. This is aimed at improving the effectiveness of the polio campaign in **five** targeted counties to reach **1,257.096** children.

## The proposed operation

The involvement of Kenya Red Cross in Polio Mop up campaign will involve three phases:

1. Volunteer training and orientation. This will be done jointly with MoPHS and vaccination teams.
2. Social mobilisation involving door to door campaigns, Organised social gatherings including schools, churches and markets; this will be done prior to the immunisation start-up. Registration of all children aged below five years in all households visited in the target districts will be done.
3. Post campaign Follow-ups; the volunteers will re-visit all the households to ensure that the registered children were immunised. Those not immunised will be referred to the nearest health facilities for the polio vaccines.

Emergency health and care	
<b>Outcome 1:</b> To support the capacity of MoPHS in conducting effective Polio Immunisation Campaigns to achieve over 80% immunisation of children aged below five years (Daadab shall include upto 15 years) in 23 targeted districts through Social mobilisation and communication.	
<b>Expected results:</b>	<b>Activities planned:</b>
<ul style="list-style-type: none"> <li>• Potential for Polio reduced among under 5 year olds in 5 districts.</li> </ul>	<ul style="list-style-type: none"> <li>• Training and orientation of volunteers on polio immunisation campaign, including code of conduct, key messages to be delivered and procedures to be followed.</li> <li>• Social mobilisation through schools, house to house, organised community gatherings (<i>Barazas</i>), and existing social gatherings including churches, mosques and markets.</li> <li>• Community Education on importance of immunisation, vaccine safety and encouraging parents to have children immunised.</li> <li>• Registration of under fives and follow-ups for immunisation status verification</li> </ul>
<b>Outcome 2:</b> To provide logistical support for effective movement of vaccination teams and supplies as well as facilitate movement for volunteer supervision and maintenance of cold chain	
<b>Expected results:</b>	<b>Activities planned:</b>
<ul style="list-style-type: none"> <li>• Effectively coordinated Polio vaccination campaign.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide back-up to MoPHS in transportation of supplies, staff and volunteers and their supervisors in the social mobilisation and immunisation activities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide communication system back up in remote areas through use of vehicle installed HF radio system in areas with poor communication infrastructure.</li> </ul>
<p><b>Outcome 3:</b> Develop the capacity of Kenya RC volunteers on social mobilisation skills and management of disease outbreaks.</p>	
<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• Potential for Polio reduced among under 5 year olds in 5 counties.</li> <li>• Increased capacity of KRCS volunteers in responding to Polio Outbreak and similar health emergencies.</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Conduct trainings of volunteers, staff and MoPHS field staff on social mobilisation in emergencies, investigation and management of epidemics</li> <li>• Set up and maintain and inventory of trained personnel in future involvement in outbreak management</li> </ul>

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## Contact information

**For further information specifically related to this operation please contact:**

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**Click here**

1. DREF budget and map **below**
2. Click **here** to return to the title page

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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.

# DREF OPERATION

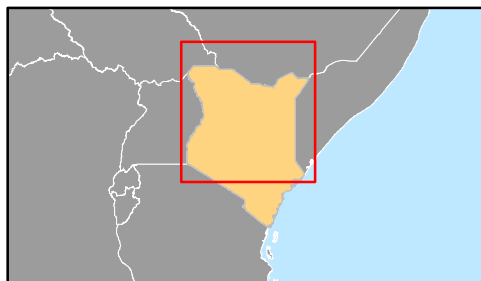
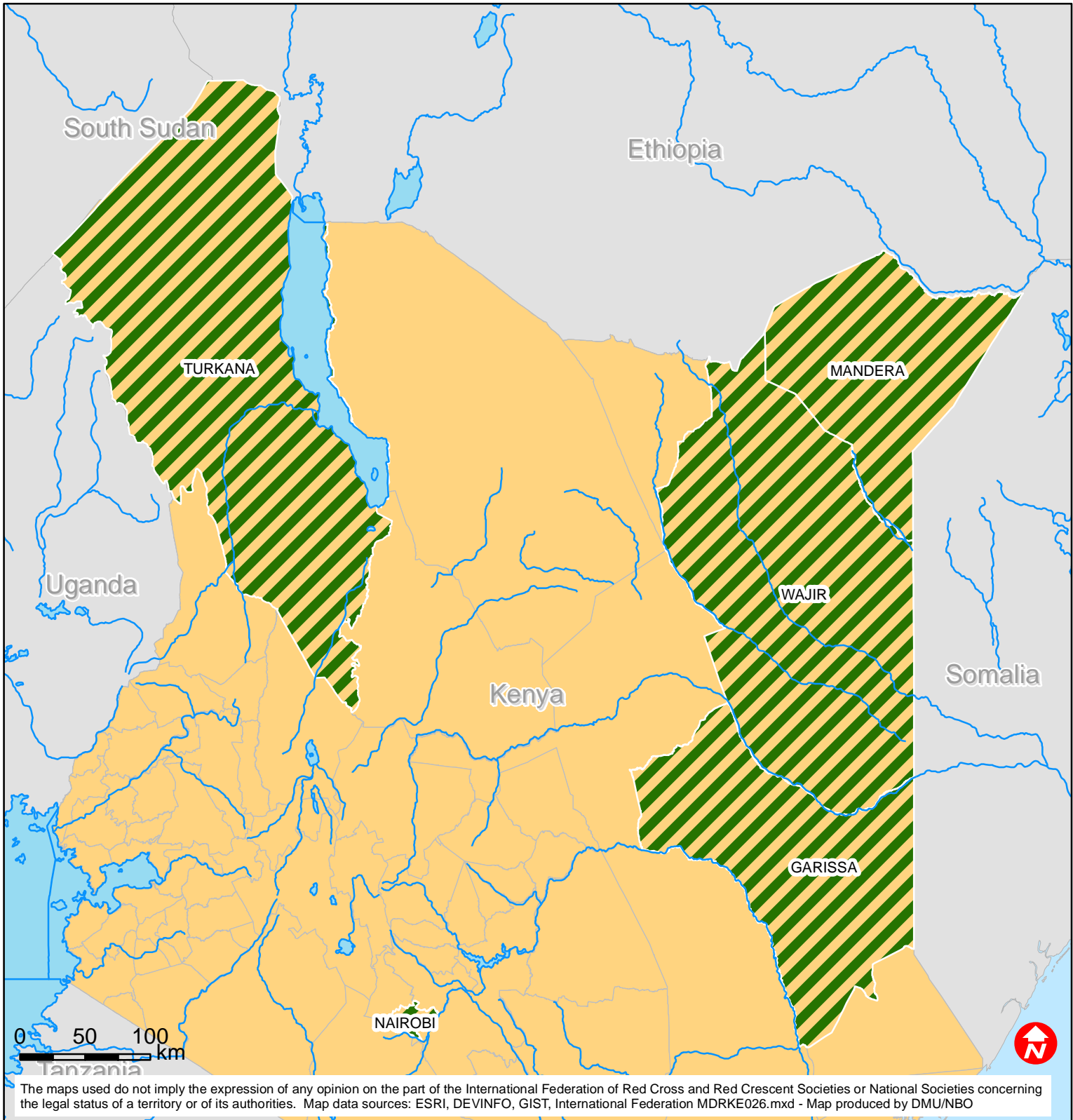
25/05/2013

## MDRKE026 Polio outbreak

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Teaching Materials	957
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>957</b>
Transport & Vehicle Costs	23,700
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>23,700</b>
National Society Staff	3,765
Volunteers	52,146
<b>Total PERSONNEL</b>	<b>55,910</b>
Workshops & Training	24,012
<b>Total WORKSHOP &amp; TRAINING</b>	<b>24,012</b>
Travel	4,471
Communications	2,647
Financial Charges	2,700
Other General Expenses	12,013
<b>Total GENERAL EXPENDITURES</b>	<b>21,831</b>
Programme and Services Support Recovery	8,217
<b>Total INDIRECT COSTS</b>	<b>8,217</b>
<b>TOTAL BUDGET</b>	<b>134,627</b>



# Kenya: Wild polio



 Districts supported by KRCS/IFRC