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DREF final report Kenya: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRKE017
GLIDE n° EP-2010-000263-KEN
5 October 2011

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 299,869 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 18 April 2011 to support the National Society in delivering assistance to some 883,796 children aged 6 to 14 years for Measles immunization and Vitamin A supplements. This is in response to a measles outbreak reported in Rift Valley, North Eastern and Coast Provinces in Kenya.

This DREF operation funding was used to facilitate capacity building for effective social mobilization, community awareness creation as well as logistics of outreach sessions, including mobile outreach teams. The exercise deployed 16 District Focal Persons, 91

divisional coaches and 1,295 volunteers all of whom received adequate training.



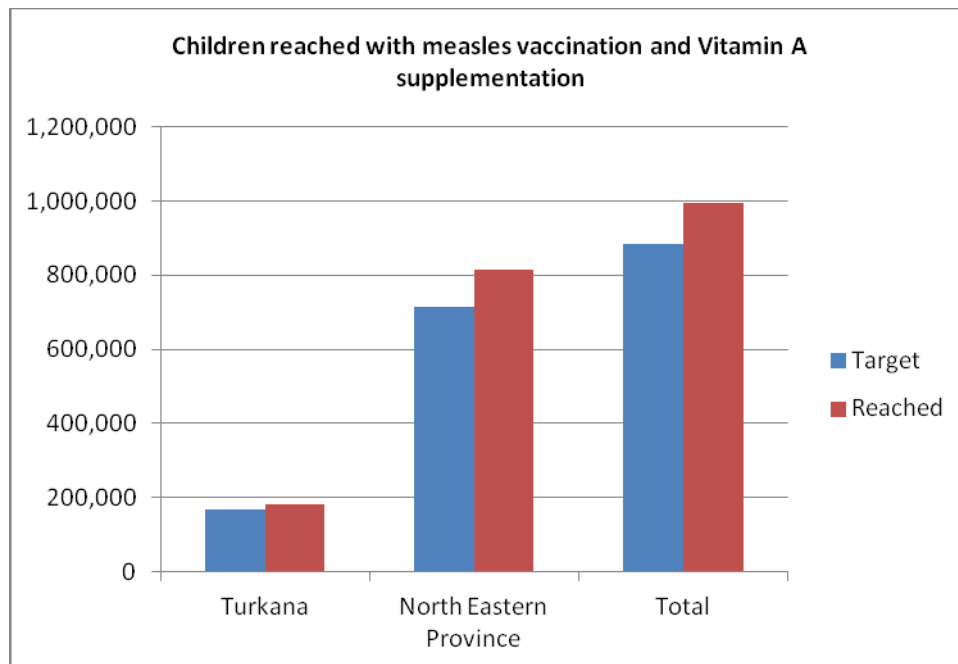
Community members listen keenly during a sensitization session. Photo: KRCS

Kenya Red Cross Society conducted several activities to create awareness. This included community education and mobilization on measles as well as vaccination of children in collaboration with the Ministry of Public Health and Sanitation (MoPHS). Vaccination campaigns in response to measles outbreak were undertaken in North Eastern, Rift Valley and Coast provinces covering a total of 16 districts.

KRCS aimed to assist MoPHS reach 883,796 children with Measles Vaccine and Vitamin A Supplementation during the 3 months of the operation as follows:

- Turkana District: 167,886 children aged 6-59 months in Turkana North, Turkana Central and Turkana South,
- North-Eastern Province: 715,910 children aged 6 months to 14 years in Mandera Central, Mandera East, Mandera West, Garissa, Fafi, Ijara, Wajir North, Wajir East, Wajir West, Wajir South and Lagdera.

Based on the above targets, the National Society was able to assist MoPHS in reaching 996,524 (113%) of the targeted number of children.. Below is a graphical representation of the numbers reached



The European Commission Humanitarian Office (ECHO) contributed CHF 192,160 to the DREF in replenishment of the allocation made for this operation.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of all contributions to the DREF for 2010 can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf and for 2011 on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

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The situation

Kenya has been implementing a successful routine vaccination over the years, in an effort to achieve herd immunity for vaccine preventable diseases. However, over the past three years, the country has been experiencing recurring outbreaks of vaccine preventable diseases, mainly measles, polio and most recently, pertussis. As a result, the Division of Vaccines and Immunization (DVI) requested for support from the Kenya Red Cross Society and other key partners to conduct a measles vaccination campaign in 22 districts in the 3 Provinces of Rift Valley, Coast and North Eastern following an outbreak of measles that had been reported in these districts. According to the Ministry of Public Health and Sanitation (MoPHS), a total of 1,046 cases of Measles were line-listed between 27 December 2010 and 14 April 2011, out of which 427 cases were line-listed in April alone. Eighty (80) of these cases were confirmed as measles using serological tests and 11 deaths from measles were confirmed during the same period - a case fatality proportion of 10%. The campaign was initially planned for 57 districts considered as high risk, but these were revised to 22, based on available financial resources.

The Kenya Red Cross Society, together with the Ministry of Public Health and Sanitation, WHO, UNICEF, KEPI and other stakeholders partnered to conduct the Accelerated Measles Campaign targeting 883,796 vulnerable children aged 6 months to 14 years for Measles immunization and Vitamin A supplements. A total of 996,524 children were reached. This translates to an achievement of 113%. The campaign took place between 1st and 27th May 2011 with social mobilization, pre-registration of eligible children and provision of transport for mobile outreach teams.

Red Cross and Red Crescent action

The Kenya Red Cross Society played a key role in deploying volunteers to conduct social mobilization activities during the campaign, among which included: house-to-house mobilization, registration of under 5 year olds, awareness campaigns during public *Barazas* and other community gatherings, religious communication/announcements by Imams in the mosques and market days by use of loudspeakers, sound trucks and mega phones, as well as local procession strategies including “*boda-boda*” (bicycles and motorbikes). KRCS also used schools via school health clubs to mobilize communities on activities of the measles campaign. IEC materials including banners, posters and brochures in English and Swahili targeting key messages for the campaign were also displayed at strategic points in each division during the period.

Achievements against objectives

Emergency health
<p>Objective a): To increase community awareness and utilization of measles and other vaccine preventable diseases prevention and control interventions in 14 districts of North-Eastern and Rift Valley provinces for 3 months</p> <p>Activities planned:</p> <ul style="list-style-type: none"> • Train/sensitize 1,379 KRCS Volunteers (KRCV)/Community own Resource Persons (CORPs) on detection and reporting of measles and other notifiable diseases (community surveillance). • Conduct continuous intensive measles case search and report to relevant authorities (community surveillance). • Pre-register all children under the age of five years noting their vaccination status for ease of follow up • Implement house to house, community social mobilization through organized community gatherings (<i>barazas</i>), and existing social gatherings including churches, mosques and markets, to sensitize the public on the measles outbreak and preventive measures including childhood vaccination
<p>Objective b): To support the capacity of MoPHS in achieving at least 95% immunization of children in 14 districts of North-Eastern and Rift Valley provinces through social mobilization</p> <p>Activities planned:</p> <ul style="list-style-type: none"> • Train 17 district focal persons, 102 coaches and 1,260 volunteers on measles immunization campaigns, including code of conduct, key messages to be delivered and procedures to be followed, and ensure supportive supervision is provided. • Conduct house-to-house follow-ups for immunization status verification for all registered children. • Social mobilization through schools, house to house, organized community gatherings (<i>barazas</i>), and existing social gatherings including churches, mosques and markets at least 2 weeks before the campaign and also during the campaign. • Support in media campaigns, road shows and Public Address strategy. • Support in development and production of key IEC materials including posters, frequently asked questions sheets, sun visors, case definitions and identification kits. • Conduct continuous community education on importance of immunization, vaccine safety and encouraging parents to have children immunized (to continue after the campaign) • Provide logistical support for movement of teams/volunteers and supplies for social mobilization and immunization activities through the provision of 20 back-up vehicles to the MoPHS, to support in the movement of vaccines, vaccinators and supervisors. • Post campaign follow-ups; the volunteers will re-visit all the households to ensure that the registered children were immunized. Those not immunized will be referred to the nearest health facilities for the measles vaccines. • Provide communication system back up in remote areas through use of vehicle-installed HF radio system in areas with poor communication infrastructure.

Achievements:

A total of 16 District Focal Persons drawn from KRCS volunteers and MoPHS, 91 divisional coaches and 1,295 volunteers drawn from respective locations/divisions in North Rift, Coast and North Eastern Regions were trained on measles detection and case reporting. The one day training emphasized measles surveillance/case finding, signs and symptoms of measles, modes of transmission—and the need for isolation of cases at household level—prevention methods, with critical focus on mass immunization for herd immunity and social mobilization strategies, as well as reporting.

Between 1st and 13th May 2011, over 100 social mobilization sessions were conducted in market centres, rural set ups and other public places. Older children were reached through organized sensitization sessions in both primary and secondary schools. Chief *barazas* and other community gatherings were used to reach approximately 7,000 community members with measles information. Other sessions were conducted through religious leaders. Over 80,000 people were reached through mosques. Other activities included provision of integrated services, intensified health education to caregivers, constitution of mobile teams targeting hard to reach areas as well as good coordination and networking achieved through joint supervisory visits to the vaccination centres facilitated by logistical support provided by KRCS.

Measles 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. In North Eastern Province, the house to house campaigns by community volunteers using simple messages disseminated in the local language reached a total of 129,980 households, with 612,955 eligible children being registered during the exercise. Pre-registration of children started as early as 28 April 2011. Out of the registered children, 585,136 were reported to have been vaccinated for Measles while 229,768 reported having been given Vitamin A supplementation. In total, 814,904 children were reached. This represents a 114% achievement of the targeted children. In Turkana District, the house to house campaigns reached a total of 9,544 households. A total of 113,651 children received Measles vaccination and 67,969 were given Vitamin A supplementation. In total, 181,620 children were reached in Turkana. This represents a 108% achievement of the targeted children.

Challenges

- Poor road networks hampered accessibility of field teams and vaccination teams to some communities. Some of the areas were flooded.
- Some of the pastoralists from Oropoi Division had moved into Uganda, thus it was difficult to reach them with the campaign.
- There were security concerns in Oropoi and Todonyang divisions during the campaign. MoPHS staff were given armed escorts by the Kenya Police Reservists (KPR). KRCS volunteers and staff depended on the emblem for protection.
- Initially, there was a shortage of Vitamin A Supplements. These were later sourced from health facilities within the county.

Recommendations for future considerations

- Enhanced surveillance – sensitization of all health care providers to be on high alert and to report all suspect measles cases as per the measles case definition, investigation and reporting guidelines.
- Continuous serological laboratory analysis and immediate feedback for action on suspected cases
- Case management as per measles guidelines. This also includes training/sensitization of all health workers on measles case management.
- Strengthening of routine vaccination including outreach vaccination services especially in high risk low coverage areas and along population movement pathways and mobile vaccination clinics.
- Health education/social mobilization to sensitize the public on the measles outbreak and their responsibilities in the prevention and control.
- District Coordination and planning with all stakeholders for preparedness and response
- Strengthening of Monitoring and Evaluation processes in campaigns.

Contact information

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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.
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MDRKE017 - Kenya - Measles Outbreak

Appeal Launch Date: 21 apr 11

Appeal Timeframe: 21 apr 11 to 21 jul 11

FINAL Report

Selected Parameters	
Reporting Timeframe	2011/4-2011/9
Budget Timeframe	2011/4-2011/7
Appeal	MDRKE017
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	299,870					299,870
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	299,869					299,869
C4. Other Income	299,869					299,869
C. Total Income = SUM(C1..C4)	299,869					299,869
D. Total Funding = B + C	299,869					299,869
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	299,869					299,869
E. Expenditure	-299,869					-299,869
F. Closing Balance = (B + C + E)	0					0

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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)	299,870						299,870	
Logistics, Transport & Storage								
Distribution & Monitoring	12,392							12,392
Transport & Vehicles Costs	71,434							71,434
Total Logistics, Transport & Storage	83,826							83,826
Personnel								
National Staff	71,747							71,747
Total Personnel	71,747							71,747
Workshops & Training								
Workshops & Training	45,067							45,067
Total Workshops & Training	45,067							45,067
General Expenditure								
Information & Public Relations	43,682							43,682
Communications	37,246							37,246
Total General Expenditure	80,928							80,928
Contributions & Transfers								
Cash Transfers National Societies		281,567					281,567	-281,567
Total Contributions & Transfers		281,567					281,567	-281,567
Indirect Costs								
Programme & Services Support Recov	18,302	18,302					18,302	0
Total Indirect Costs	18,302	18,302					18,302	0
TOTAL EXPENDITURE (D)	299,870	299,869					299,869	1
VARIANCE (C - D)		1					1	