



KRCs volunteers supporting polio vaccination campaign

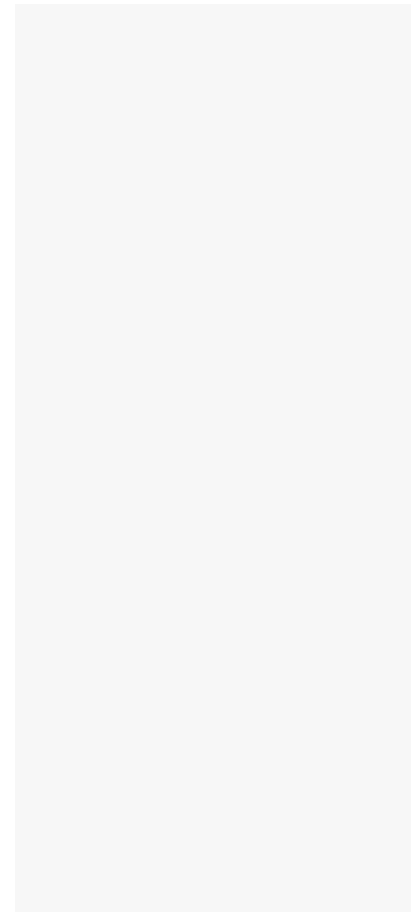
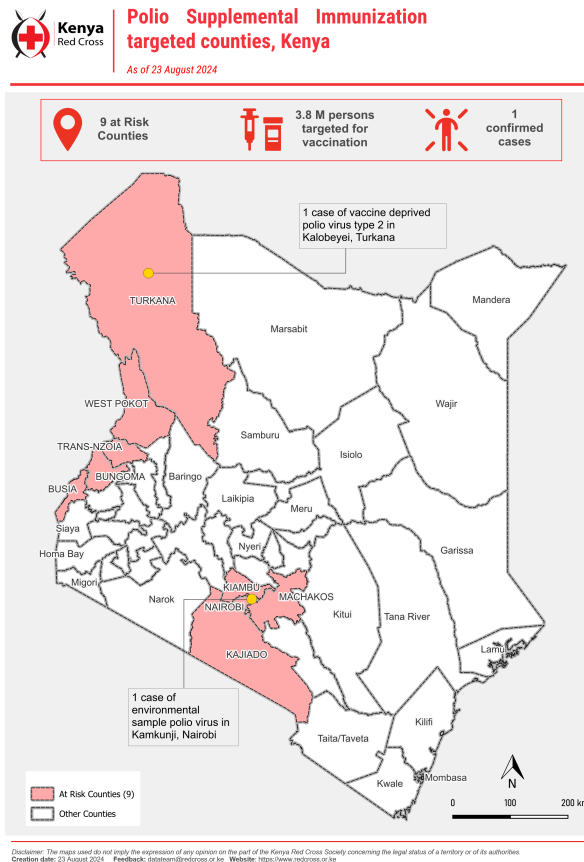
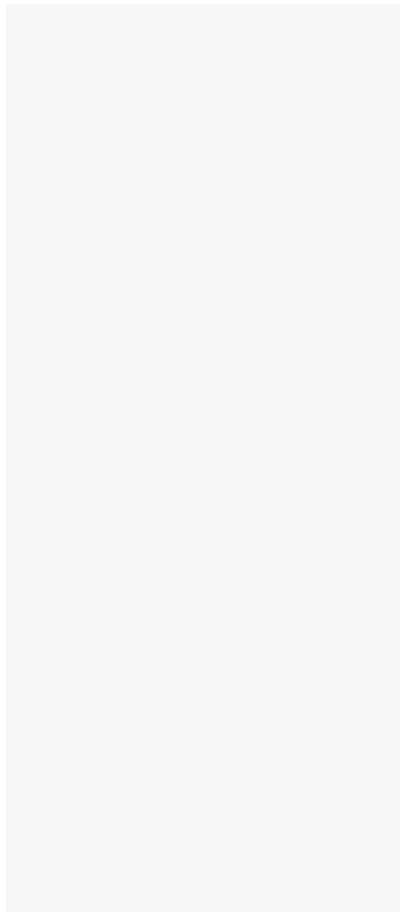
Appeal: MDRKE062	Country: Kenya	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 413,341	
Glide Number: -	People Affected: 3,843,275 people	People Targeted: 2,021,663 people	
Operation Start Date: 22-09-2024	Operation Timeframe: 3 months	Operation End Date: 31-12-2024	DREF Published: 25-09-2024

Targeted Areas: **Turkana, West Pokot, Trans Nzoia, Bungoma, Busia**

Description of the Event

Date when the trigger was met

08-09-2024



What happened, where and when?

Kenya is currently facing a public health challenge due to an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) with three (3) cases confirmed so far in Kenya in 2024. All are confirmed in a very volatile context with high risk of transmission and low vaccination coverage.

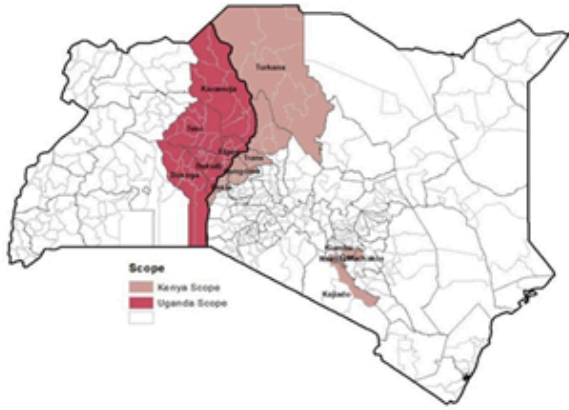
On 8th September 2024 out of the 60 samples, two were confirmed positive. KRCS received information from the Turkana County health department of two new polio cases in the refugee camp located in Turkana West sub-county. MOH has declared SAI -dates in response to the case in Kalobeyei camp. Round 1 planned: 02/10/2024– 06/10/2024 and KRCS will play its leading role on the social mobilization.

This case is in addition to a previous one reported in the same camp, following a positive sample on 15 July 2024. On 12 June 2024, a stool sample was collected from a 14-month-old male child residing in Turkana West, originally from Torit district in South Sudan, during KRCS routine surveillance in the refugee camp where KRCS provides health services. The stool sample underwent culture and sensitivity testing, although there was a significant delay in processing and receiving the results. On 15 July 2024, the sample tested positive for a circulating vaccine-derived poliovirus strain. Contact tracing was conducted, focusing on the child's immediate contacts. The child was staying at the reception center and is believed to be part of a family that fled due to conflicts that erupted in late June between Ethiopian and South Sudanese communities, resulting in displacement and entry into Kenya.

Given the low vaccination coverage, border transmission risks, and localized factors, the circulation of a vaccine-derived virus presents a significant emergency.



Kenya nOPV2 vaccines requirements & Proposed OBR Dates



S/No	County	Target Pop	nOPV vacc Req (WF 1.18)			Age Bracket
			Round 1	Round 2	Total	
1	Bungoma	769,694	908,450	908,450	1,816,900	<10 yrs
2	Busia	308,239	363,722	363,722	727,444	<10 yrs
3	Nairobi	1,293,209	1,525,987	1,525,987	3,051,974	<5 yrs
4	Trans					
4	Nzoia	336,047	396,535	396,535	793,070	<10yrs
5	Turkana	322,614	380,685	380,685	761,370	<10yrs
6	West Pokot	285,069	336,381	336,381	672,762	<10yrs
7	Kiambu	293,870	346,767	346,767	693,534	<5 yrs
8	Machakos	108,287	127,779	127,779	255,558	<5 yrs
9	Kajiado	126,246	148,970	148,970	297,940	<5 yrs
		3,843,275	4,535,276	4,535,276	9,070,552	

Vaccination plan from Government SIA plan. @MoH

Scope and Scale

On 31 May 2024, Uganda confirmed a case of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected at a surveillance site in Doko, Mbale City. Genetic sequencing revealed that this isolate was linked to a cVDPV2 strain previously detected in Garissa County, Kenya, which had been imported from Somalia. In late June 2024, intertribal conflicts between the Anyuak community of Ethiopia and the Nuer community of South Sudan erupted in the Kalobeyei refugee settlement, leading to fatalities and widespread displacement. Many fled back to their home countries, while others relocated to Nairobi for safety.

By 15 July 2024, when results from the first samples were received, the suspected first cVDPV2 case could not be traced, as the child was still at the reception center in Turkana West, Takuma County. It was suspected that these families were among those fleeing the June conflicts from areas experiencing ongoing outbreaks of vaccine-derived poliovirus. This posed significant challenges for contact tracing, particularly in such a volatile context, necessitating a thorough triangulation of areas with potential contacts along common displacement routes.

On 18 July 2024, a case of cVDPV2 was confirmed in a child at the Kakuma refugee camp in Turkana West Sub-County, Turkana County. The sample, collected on 12 June 2024, revealed the virus had 70 nucleotide differences from Sabin 2. Genetic sequencing showed all four isolates were linked to the cVDPV2 circulating in Banadir, Somalia. Additionally, on 8 September 2024, out of 60 samples collected, two more were confirmed positive. KRCS received notification from the Turkana County Health Department of two new polio cases in the refugee camp in Turkana West Sub-County, bringing the total number of confirmed cases to three.

The displacement and ongoing volatile situation in the refugee camps, as well as at border locations between Somalia and neighboring countries, poses a significant risk for further transmission. This underscores the need for enhanced contact tracing, particularly along common displacement routes and within camps. WHO assessed the overall national risk to be high due to overcrowded living conditions in the refugee camps, high malnutrition rates, poor water and sanitation facilities, and frequent population movements with Somalia.

Over the past 12 months, Kenya has conducted rapid campaigns, vaccinating millions of children using the oral polio vaccine. In response to the new cases, the Ministry of Health, with technical guidance from the Polio-Global Eradication Initiative and WHO, has planned a Supplementary Immunization Activity (SIA) rollout for the next month. Round 1 of the SIA is scheduled for 2 to 6 October 2024.

Nine counties have been prioritized for the SIA due to their links to cases in the camp, environmental factors, transport corridors, and low immunization coverage. This DREF operation aims to support the SIA in five high-risk counties—Busia, Bungoma, West Pokot, Trans Nzoia, and Turkana—targeting children under 10 years old. These counties were selected because they border Turkana, where the vaccine-derived poliovirus case was reported, and are located along the Western refugee transport corridor, bordering Uganda, which increases the transmission risk. Low vaccine coverage in these areas and refugee camps has further raised the risk of polio transmission.



Source Information

Source Name	Source Link
1. WHO Africa region Weekly bulletin	https://iris.who.int/bitstream/handle/10665/378249/OEW27-0107072024.pdf

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

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Lessons learned:

General:

- The extremely porous and vast border between Kenya and Uganda without security and port health officers to support screening was a notable challenge. However, the establishment of rumor monitoring in at risk borders aided in collecting relevant information that supported interventions. Secondly, the nomadic pastoralist nature of the community impeded the follow up between Uganda and Kenya, posing high risk of outbreak importation.
- Supplementary immunization activity (SIA) in Garissa County where fund administrators for WHO in Garissa were supported with integration of services in Dadaab refugee operation.

Previous operations:

MDRKE019 Kenya Polio Outbreak (2011):

- Poor quality of markers was a main challenge to volunteers when they were conducting follow ups to verify who had been vaccinated or not.

MDRKE026 – Wild Polio Outbreak (2013):

- Accessing the nomadic/pastoralist population was the greatest challenge in attaining coverage in those areas.
- Late distribution of IEC materials attributed to slow uptake in some areas. The need for early distribution of IEC materials alongside deployment of volunteers.

Current National Society Actions

Start date of National Society actions

12-08-2024

Health	<p>Routine polio surveillance in Turkana County continues, with additional surveillance efforts in high-risk communities. The National Society has integrated risk communication and community engagement by promoting hygiene messages within Kalobeyei camp.</p> <p>KRCS refugee operations have begun conducting targeted vaccination campaigns at the reception center and in specific blocks to complement their routine vaccination efforts. Additionally, under CP3, Infection Prevention and Control (IPC) assessments were</p>
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	<p>carried out in health facilities at Kalobeyei and Dadaab refugee operations to ensure these facilities are adequately prepared to maintain IPC standards and prevent disease transmission among healthcare workers and patients. Health promotion activities have been intensified to emphasize the importance of vaccination.</p> <p>KRCS is also addressing imported Mpox cases. On 31 July 2024, the Ministry of Health in Kenya confirmed the country's first Mpox case, detected at the one-stop border point in Taita Taveta. Subsequently, on 2 August 2024, the Ministry of Health in Uganda confirmed two imported Mpox cases in Kasese District from the Democratic Republic of Congo. Since then, five cases have been confirmed. In response, the Mpox DREF is targeting three of the five counties also prioritized for polio interventions. Where there is geographic overlap between Mpox and polio interventions, KRCS will ensure there is no duplication of activities.</p>
Water, Sanitation And Hygiene	<p>KRCS has integrated hygiene promotion and the distribution of water treatment chemicals into its ongoing health-related interventions, strengthening overall public health efforts to curb the spread of infections. These initiatives have been actively implemented at the community level, with a dedicated WASH program at the Kalobeyei refugee operations. By addressing health-seeking behaviors, KRCS aims to reduce disease transmission and prevent further health complications.</p>
Coordination	<p>Over the years, KRCS has established itself as a leader in emergency response, serving in its auxiliary role to both the National and County Governments. During this response period, coordination efforts have been maintained at the community, county, and national levels to identify priority needs, allocate resources, and address response gaps. The previously developed contingency plans, both internal and those coordinated with government stakeholders, have been instrumental in guiding response activities. Through its four established and functional Emergency Operations Centers (EOCs), KRCS has been actively monitoring the situation and managing data for high-risk counties in collaboration with the National Public Health Emergency Operations Center (NPHEOC). KRCS also participates in key Technical Working Groups (TWGs) and subcommittees at both the national and county levels, including the RCCE and surveillance subcommittees, where effective response strategies are being planned and developed.</p>
National Society Readiness	<p>KRCS enhanced its overall National response strategies on disease outbreaks by training 1,572 KRCS volunteers and Community Health promoters on Epidemic Preparedness and Response in Communities (EPIC) during Ebola preparedness in 2023. The volunteers have been sensitizing the community on Infection, Prevention and Control (IPC) of communicable diseases and conducting community-based surveillance. The organization reviewed its multi-hazard contingency plan that is covering April to September 2024 which will strengthen public health in emergencies.</p>
Assessment	<p>Contact tracing for the reported polio case has been ongoing in both the Kalobeyei refugee camp and the surrounding host community. To strengthen its Preparedness and Response (PER) capacity, KRCS has taken steps to review its PER framework through the five key phases: assessment during emergencies and public health threats, prioritization and analysis, work plan reviews, action and accountability, and orientation, which are essential before fully engaging in the process.</p> <p>A rapid assessment of the polio situation in Kalobeyei camp was carried out by a team comprising WHO, UNICEF, UNHCR, KRCS, and CDC. The need for regular updates has been critical, given the evolving context of the emergency situation.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC personnel have been handy in providing technical guidance on this DREF application. Additionally, the Federation supports cross-border coordination among the RC networks and the facilitation of timely response to emergencies of national magnitude.</p>
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Participating National Societies	Participating National Societies include: BRC, DRC, Norwegian, American, and Italian Red Cross who have been supporting the Kenya Red Cross in other programs, however, they are not part of this Polio response.
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ICRC Actions Related To The Current Event

Nairobi Regional Office is in Kenya however they are not part of this response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Ministry of Health (MoH) - Kenya has since officially declared the outbreaks of Polio and urged members of the public to be vigilant and report any suspected cases. The following interventions are ongoing:</p> <ol style="list-style-type: none"> 1. Coordination of Response: The response efforts to disease outbreaks are coordinated through a whole-of-government and multi-agency approach, led by the Ministry's Department of Disease Surveillance and Epidemic Response and the respective County Departments of Health. This coordination is under the National Public Health Emergency Operations Centre. The on-the-ground response activities include regular coordination meetings, field investigations, enhanced surveillance, laboratory testing, case management, risk communication, community engagement, and environmental sanitation to prevent the further spread of the disease. 2. Technical assistance to affected Counties: The Ministry of Health through the Division of Disease Surveillance (DDSR), Field Epidemiology and Laboratory Training Program (FELTP), and National Public Health Laboratory Services (NPHL) have provided technical support through rapid response teams to Turkana County. 3. Social investigation and risk communication and Community Engagement (RCCE) in Turkana West Sub-County, Turkana County is ongoing for Polio. 4. A polio Supplementary Immunization Activity (SIA) has been planned targeting Busia, Bungoma, Trans- Nzoia, West Pokot Turkana, Nairobi, and selected sub-counties in Machakos, Kajiado and Kiambu counties. The Tentative dates for round one and round two are planned between 2nd - 6th of October 2024.
UN or other actors	The UNHCR has been supportive in the active case search for Polio in the Kakuma and Kalobeyi Refugee camps. WHO and UNICEF conducted an assessment of Polio as a result of the reported cases.

Are there major coordination mechanism in place?

One of the major coordination mechanisms available is the Turkana One Health cross-border coordination platform for Turkana with neighboring Uganda, South Sudan, and Ethiopia. Equally, IGAD TB program in Kalobeyi has an active cross-border coordination mechanism that is active and supporting coordination of TB between Kenya, Ethiopia, South Sudan and Uganda to enhance contact tracing for TB in Kalobeyi refugee camp which is manned by KRCS.

MOH has an active technical working group for RCCE and Surveillance that KRCS is part of. Equally, there exists a coordination mechanism between Member states coordinated by Africa CDC on RCCE and Surveillance. KRCS is represented in the Ministry of Health, leveraging on the information shared through that platform.



Needs (Gaps) Identified



Health

In 2024, the VDPVs confirmed on 3 cases as of 08 September 2024. This is a vaccine-derived polio virus that can cause outbreaks in places where vaccine coverage is low. The cases confirmed are in the refugee camps of the Turkana West sub-county that record movements from neighboring countries due to sporadic conflicts. Most refugees/asylum seekers, and new arrivals are either under-vaccinated or unvaccinated. This status increases the risk of the spread of vaccine-preventable diseases within the camps. This also present a complex context that require a strong contact tracing.

The Polio outbreak ongoing in the camps is also characterized by:

- Insufficient disease surveillance systems and capacities at the community level. This also includes the need for surveillance activities at the reception and transit centres.
- Limited human resources for the scheduled immunization services to enhance awareness creation.
- Frequent stock out of some vaccine antigens at health facility leading to interruption of immunization efforts for polio.
- Challenges in maintaining the cold chain when transporting and storing vaccines in the interior link health facilities.
- Inconsistency in vaccine uptake due to the nomadic pastoral nature of the communities in some of the targeted counties.

Based on the risk assessment conducted by WHO, the Ministry of Health (MoH) is planning Polio Supplementary Immunization Activities (SIAs) as a key pillar in addressing vaccine-derived outbreaks. This recommendation from WHO aims to increase immunization coverage and further advance progress toward polio eradication.

Although the derived cases are currently confirmed only in Turkana, the delay observed on the testing could undermine the extend of the outbreak. On the other hand, Kenya isolated Circulating Vaccine Derived Poliovirus 2 (cVDPV2) from an environmental sample collected in "Eastleigh C" Environmental site in Kamukunji Sub County, Nairobi County on 15th May 2024. The cVDVP2 has 73 nucleotide changes from Sabin 2 meaning divergence happened about 6 years ago.

In addition, the continuous movement between the Kenya borders with Uganda-Somalia-Sudan make the context and contact tracing for each of the confirmed cases and potential confirmed difficult. The gaps in the days between the displacement to enter Kenya and the confirmation of cases could also represent a big threat to the contact tracing and require a scale-up on the surveillance.

The entire Turkana County and the counties bordering Turkana County and Uganda remain at risk and are highlighted in priority SIA by the MoH.

KRCS is active in the entire counties at risk and has branches active in the refugee camps. The data on the entry points and the presence in those camps and surrounding communities remain critical for effective surveillance and contact tracing. Furthermore, following the new reported case, the MoH with technical guidance from Polio-Global Eradication Initiative and WHO, has planned SIA rollout plan and analyzed the counties most at risk. The risk analysis follows the cases in the camp and the environmental case plus transport corridor, low immunization rates / coverage and contact tracing information.



Water, Sanitation And Hygiene

- Poor hygiene practices in the communities have led to an upsurge of hygiene-related outbreaks and increased the risk of Polio. This calls for the sensitization of community members on hygiene promotion and behavior change.
- Inadequate handwashing facilities and soap at critical points in the community.
- Inadequate access to safe drinking water especially in the host communities in Turkana County where there are insufficient water treatment chemicals.



Protection, Gender And Inclusion

There is insufficient information regarding protection, gender, and inclusion (PGI) services for asylum seekers at the transit and reception centers in Kalobeyei Refugee Camp, as well as for vulnerable community members. As a result, there is a pressing need to raise awareness about PGI issues.





Community Engagement And Accountability

Community knowledge, acceptance of vaccines, and mobilization depend on the quality and reach of risk communication and community engagement efforts. Currently, KRCS, in its role as a health service provider, has identified several gaps in this area, including:

- Many community members residing in rural areas of the most affected counties, such as Turkana, face accessibility challenges to essential health services due to their nomadic lifestyles.
- To address these issues, community feedback mechanisms and additional methods for involving community members need to be strengthened and considered.
- A knowledge gap exists within the community, with some individuals having limited understanding of the importance of polio vaccination.
- Consequently, there is a pressing need for improved risk communication and community engagement regarding polio, as well as more structured platforms for reporting community feedback.

Given the scope of at-risk communities and the current available capacity, KRCS has also identified deficiencies in existing resources needed to reach these populations. There is a need to enhance the capacity of Red Cross volunteers and community health promoters in managing feedback. Furthermore, the inadequate cross-border coordination framework between Kenya and neighboring countries has posed challenges in managing risks and conducting contact tracing, highlighting the necessity for better resource allocation and organizational setup.

Operational Strategy

Overall objective of the operation

This DREF allocation aims to reach 2,021,663 individuals, including a direct target of 1,152,980 children under the age of 10 who are at risk of a polio outbreak. It will provide Supplementary Immunization Activities (SIAs) and support the scale-up of surveillance, water sanitation and hygiene initiatives, risk communication, and coordination efforts in Turkana, Busia, Bungoma, West Pokot, and Trans Nzoia counties over a period of three months.

Operation strategy rationale

To address the need of the targeted population, KRCS role and intervention through this DREF is aligned with MoH SIA strategy and the auxiliary role or mandate of the NS in epidemic situation. KRCS DREF operation will be focusing on SIA from community mobilization to in-camps additional support depending on the role they have to the existing responses; complement effort on RCCE benefiting from presence and access to hard-to-reach areas; enhancing hygiene and messages.

The following strategy will be deployed:

1- Risk communication and Community Engagement and Education:

Increasing community awareness and acceptance of vaccination and preventive measures is vital for the prevention of the disease. KRCS will launch health education campaigns to inform communities about the importance of vaccines and the steps they can take to protect themselves and their families from polio. KRCS will Engage local leaders, religious leaders, and influencers who will be a key strategy in promoting health-seeking behaviors and enhance adoption for vaccination. Their support will help build trust and encourage widespread acceptance of vaccination campaigns within communities. To ensure that the messages resonate with diverse populations, KRCS will co-produce and distribute culturally appropriate behavior change communication materials that will be designed to motivate individuals to embrace vaccination and adopt preventive practices. Engagement of local media stations in the at-risk counties will be undertaken where radio talk shows, presenters mentions and jingles will be supported to further enhance RCCE interventions.

2. Hygiene Promotion:

- o IPC components and supplies Kalobeyei Refugee operations (KRO).
- o WASH supplies to be utilized by volunteers.
- o Engage volunteers to conduct hygiene promotion in communities.
- o Capacity building.

3. Support social mobilization for the planned SIA:

KRCS primary objective is to support the Ministry of Health to achieve high immunization coverage among targeted populations to prevent outbreaks of polio. This will be achieved through supplementary Immunization activity (SIA) mass vaccination drives targeted at children under ten years for polio. These drives will cover 5 out of the 9 at risk counties mapped out by the Ministry of Health, including hard-to-reach areas, ensuring that no community is left unprotected. Strengthening routine immunization services in healthcare facilities will guarantee consistent vaccine availability and accessibility, particularly in underserved regions such as Turkana west sub county. Mobile vaccination units will address the challenge of reaching remote and nomadic populations by visiting isolated Kraals, thereby ensuring comprehensive coverage and protection against vaccine preventable diseases.

4. Surveillance and Early Detection:

An essential component of KRCS strategy is the early detection and rapid response to cases of polio to prevent outbreaks. Strengthening



disease surveillance systems is a top priority. KRCS will enhance existing systems to improve the prompt detection and reporting of cases, ensuring swift action can be taken. Acute Flaccid Paralysis (AFP) surveillance will play a crucial role in this effort. KRCS will train community health promoters and Kenya Red cross volunteers to be able to identify and report symptoms of Acute Flaccid Paralysis (AFP) as soon as they appear using community case definitions so that the NS can mitigate the spread of these diseases at the community level. Moreover, a robust system for data collection and analysis will be implemented at all reception and transit centers where suspected cases will be reported to local authorities, MoH and Kenya Red Cross staff. This will allow the NS to monitor disease trends continuously, identify potential hotspots, and allocate resources effectively to areas in need. Additionally, a robust healthcare system will be essential for effectively managing and responding to disease outbreaks. KRCS will prioritize the training of healthcare workers on all aspects of managing polio. This training will focus on improving case identification, treatment protocols, and reporting procedures primarily for healthcare workers at the transit center and within Kalobeyei refugee operations. It aims to strengthen Acute Flaccid Paralysis (AFP) surveillance in the targeted counties and enhance contact tracing interventions within the KRCS system, coordinating with the Ministry of Health to identify cases.

5. Coordination and Collaboration:

Effective coordination and collaboration will be crucial for a comprehensive response to polio. KRCS will strengthen available cross-border collaboration mechanisms with neighboring countries, including Uganda and South Sudan, to synchronize vaccination campaigns and share vital information about disease prevalence and control efforts. KRCS will leverage on RC-Net, a regional network for collaboration in preparing for and responding to viral hemorrhagic fever outbreaks involving 16 countries: Burundi, Comoros, DR Congo, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Mauritius, Rwanda, Somalia, Seychelles, Sudan, South Sudan, Tanzania and Uganda. The RC-Net convened a workshop in Kampala, Uganda, on 23 August 2023 that resulted in the formation of the Technical Working Group (TWG) for internal and external coordination and planning regional preparedness and response initiatives for VHF outbreaks. The TWG consists of leads from health, disaster management, and operations of 16 National Societies, aiming to coordinate regional preparedness and response initiatives for VHF. RC-Net demonstrates a proactive approach to epidemic and pandemic preparedness, emphasizing the importance of synchronized efforts and cross-border cooperation in addressing public health threats effectively. A multi-sectoral approach will be employed, engaging various sectors such as health, veterinary services education, local and national government and social services in planning and implementing interventions. KRCS will also build partnerships with international organizations, NGOs, and donors that will allow the NS to leverage resources, share expertise, and amplify the impact of their interventions. KRCS will also support country internal coordination mechanisms at the targeted counties.

Targeting Strategy

Who will be targeted through this operation?

The interventions target children under 10 Years in Turkana, Busia, Bungoma, West Pokot, and Trans Nzoia counties. The group prioritized will be:

- The asylum seekers and refugees along the movement corridors in Busia, Trans Nzoia, Turkana West and Kalobeyei.
- The response efforts will encompass a wide range of specific target groups, including but not limited to children under 10 for Supplemental Immunization Activity (SIA) against Polio, Refugees/ Asylum seekers and host communities in Kalobeyei Refugee Camp.
- Additionally, the response will extend to the general population and the refugees ensuring that a comprehensive and inclusive approach is adopted.

By addressing the needs of various special groups and the broader community, the goal will be to provide effective support, prevention, and protection against the polio outbreak. This approach is also aligned with the risk analysis from the SIA planned by MoH which prioritised 9 counties based on their analysis. Indeed, due to the newly reported cases, the MoH with technical guidance from Polio-Global Eradication Initiative and WHO, have planned SIA rollout plan for the next month. SIA Round 1 is scheduled between 02nd to 6th October 2024.

Below are the 5 out of 9 counties prioritized for SAI – linked to the cases in the Kalobeyei refugee camp and are along the transport corridor, characterized by low immunization rates/coverage: Busia, Bungoma, West Pokot, Trans Nzoia, and Turkana counties-target population of under 10 yrs of age. These counties have been prioritized since they are neighboring Turkana County where the vaccine-deprived polio virus case was reported and also, are along the western refugee transport corridor. These counties have a low immunization coverage and border Uganda, increasing the risk of transmission.

Explain the selection criteria for the targeted population

The DREF will target Turkana, Busia, Bungoma, West Pokot, and Trans Nzoia counties, which are among the nine counties identified by the Ministry of Health for the Supplementary Immunization Activities (SIAs). The focus is on the population most affected by polio, particularly children under the age of 10, who are the primary target for the cVDPV2 SIAs, along with their families and the broader population in the at-risk counties. This approach aims to ensure no one is left behind and to mitigate the outbreak's impact on all segments of the population.



Involving Community Health Promoters in KRCS actions also facilitates effective coordination and alignment of interventions. Additionally, asylum seekers, cross-border traders, and other travelers represent potential vectors for cross-border transmission. Therefore, the focus extends to populations along the counties within the corridor and at border points.

Total Targeted Population

Women	754,864	Rural	65%
Girls (under 18)	388,369	Urban	35%
Men	630,687	People with disabilities (estimated)	1%
Boys (under 18)	247,743		
Total targeted population	2,021,663		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Ethnic conflict at Kakuma refugee camp between the Nuer (South Sudanese) and the Anuak of Gambella (Ethiopia) that has increasingly destabilized coexistence of the clans in the camps.	Involvement of opinion leaders (clan elders, religious spokespersons among others) in the operations for sensitization and seamless operation.
Religious and cultural practices	Targeted sensitization of religious leaders and opinion leaders to be the ambassadors of change.
Socio discrimination of the affected individuals and families.	Infodemics management, rumours management.

Please indicate any security and safety concerns for this operation

Turkana County, being one of the counties affected by inter community conflicts, poses a significant risk and need for heightened vigilance and safe access during the operations.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Budget: CHF 136,374

Targeted Persons: 2,021,663

Indicators

Title	Target
# of Community health promoters and KRC volunteers trained on Acute Flaccid	275



Paralysis (AFP) and reporting in the DHIS	
# of children under 10 years mobilized and vaccinated against Polio during the SIA	1,152,980
# of integrated health outreaches conducted in Turkana County	10
# of KRCS volunteers and CHPs Trained on RCCE and EPIC	275
% of alerts which were responded to through public health action within 48 hours	90

Priority Actions

- Training of Red Cross Volunteers and Community Health Promoters on Epidemic prevention and Control (EPIC) module.
- Sensitization of Polio infection prevention and control to KRCS Staffs.
- Polio Sensitization to Health Care workers Conference package (Kalobeyei and Transit center).
- Procurement of non-pharmaceutical equipment and PPES.
- Integrated medical outreaches in Kalobeyei.
- Training of KRCS Volunteers and CHPs on Acute Flaccid Paralysis (AFP) and DHIS.
- Contact Tracing and surveillance MoH allowance Contact Tracing community review and feedback meetings held on a bimonthly basis Support Contact Tracing and Polio surveillance.
- Training of Team supervisors, social mobilizers, vaccination team and Vaccine accountability monitors MoH/KRCS Allowance - Supervision.
- Support the scale up of social mobilization for the SIA. Round 1 is scheduled SAI Round 1: 02nd to 6th October 2024.



Water, Sanitation And Hygiene

Budget: CHF 42,806

Targeted Persons: 2,021,663

Indicators

Title	Target
# of people reached with hygiene promotion Sensitization	2,021,663
# of Kenya Red Cross volunteers sensitized on hygiene promotion	200
# of procured bar soap.	5,000
# of procured portable hand wash station facilities	125

Priority Actions

- Sensitize Kenya Red Cross volunteers on hygiene promotion .
- Conduct hygiene promotion and sensitization in the community.
- Procurement of bar soap for hygiene promotion.
- Procurement of portable hand wash station facilities for use at the border points and transit center.



Protection, Gender And Inclusion

Budget: CHF 4,950

Targeted Persons: 32,393

Indicators

Title	Target
# of children vaccinated in the refugee camp.	32,393
# of people reached through peer-to-peer group meetings	150

Priority Actions

- Sensitization of KRCS Volunteers and Staff on child safeguarding policy.
- Mobilization of children in refugees camps for SIA.



Community Engagement And Accountability

Budget: CHF 75,894

Targeted Persons: 15,000

Indicators

Title	Target
% of community feedback responded to by the National Society	90
# of Community Review Meetings Conducted	5
# of radio talk shows conducted to enhance awareness creation	9
Production of IEC Material	11,750
# of SMS sent out to mobilize community members on SIA	20,000

Priority Actions

- Community feedback and rumors management
- Conduct Community Review Meetings Support volunteers to conduct health education and hygiene promotion activities to prevent and control the spread of epidemics.
- Training of Team supervisors, Social mobilizers, vaccination teams and Vaccine accountability monitors
- Sensitization of responding volunteers, including CHVs & RCATs on Epidemic Control & Prevention for epidemics in readiness for deployment.
- Production of IEC materials
- Collaborate with targeted groups to scale-up the sensitization of children under 10 years: teachers, parents, public spaces and trusted communities assemblies to promote the polio prevention and control.
- Mobilize community members polio SIA via assessed and preferred audio-visual material. Include banners, printings, social media, KRCS existing media and communication lines will be used and updated to promote the same messages and strengthen the risk communication and social mobilization for the vaccination.
- Conduct radio talk shows on Polio IPC and mobilize for SIA vaccination.
- Promote and give alert for the SIA rounds vaccination to the communities through SMS.



Coordination And Partnerships

Budget: CHF 20,114

Targeted Persons: 60

Indicators

Title	Target
# of county level inception Meeting	9
# of government led coordination platforms the National Society is part of	1
# of County level coordination meeting conducted	9

Priority Actions

- Participate in county-level inception meetings.
- Support county-level coordination meetings for relevant TWGs to review response action plans.
- Participate in government-led coordination meetings.



Secretariat Services

Budget: CHF 6,867

Targeted Persons: 3

Indicators

Title	Target
# of IFRC staffs involved in the field monitoring missions.	3

Priority Actions

- Field missions by IFRC to target counties.
- Support the technical guidance.
- Support border coordination with countries with ongoing outbreaks and displacement.



National Society Strengthening

Budget: CHF 101,107

Targeted Persons: 275

Indicators

Title	Target
# of staff and volunteers trained and mobilized to support Monitoring and reporting of events at the EOC	20
# of volunteers sensitized on Polio and related actions	275
# of volunteer reached through debriefing sessions.	275
# of media coverage documentation conducted.	1



Priority Actions

- Monitoring and reporting of epidemics at the Emergency Operations Center (E.O.C.)
- Support operations at the National Public Health Emergency Operations Centre.
- Training of Volunteers to support mobilization during the polio Campaign.
- Number of volunteers reached through debriefing sessions.
- Communication and documentation of KRCS interventions
- Ensure duty of care for the team mobilized and deployed.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The total number of volunteers involved will include 275 volunteers across the country comprising of Red Cross volunteers and community health promoters. The volunteers will be involved in awareness creation, assessment, surveillance, and collection of feedback from communities. Focal persons will be engaged in some areas to support daily operations in Turkana, Busia, Bungoma, West Pokot and Trans Nzoia. The staff including county coordinators will support and coordinate with stakeholders including the national and county government, and other non-governmental partners.

If there is procurement, will it be done by National Society or IFRC?

KRCS has functional procurement and regional/branches warehouses capacity across the country. The KRCS team will procure the items as stated in the budget within the project period according to the KRCS procurement policy and guidelines. KRCS will do emergency procurement since it also has prequalified suppliers who can restock the items as the response needs emerge.

How will this operation be monitored?

Continuous monitoring and evaluation will be essential to assess our interventions' effectiveness and make necessary adjustments. We will conduct regular assessments to evaluate vaccination coverage, disease incidence, and the success of our strategies. To facilitate continuous improvement, feedback mechanisms will be established where will hold various community review meetings and support supervision activities that will enable us to collect input from the community and healthcare workers, identifying areas for enhancement and ensuring our strategies remain relevant and effective.

Finally, KRCS will employ adaptive strategies based on routine data quality assessments and feedback as this will allow KRCS to address emerging challenges and gaps promptly, ensuring the NS efforts are always aligned with the evolving needs of the communities they serve. Documentation of success stories and lessons learnt will be vital in other responses. Inception meetings where there will be institutional capacity building for key KRCS staffs.

With the support of the IFRC PMER, the KRCS Monitoring, evaluation, learning, and accountability department will support the DREF operation by providing technical inputs and support on planning, continuous monitoring, assessment results, and information management. They will also support the development and implementation of assessments in this operation. Monitoring reports shall be used to inform the progress made towards achievement of the targets and make proper adjustments to the plans and inform ongoing actions. RDQA will be conducted to ensure that data quality is observed, and data is used appropriately to inform decision making.

Please briefly explain the National Societies communication strategy for this operation

KRCS public relations and communication department will ensure the media coverage and visibility of the operation through press article during the implementation, photos, and video documentaries. Information related to the operation will also be disseminated through KRCS social media pages, mainstream media and the organization website.



Budget Overview



DREF OPERATION

MDRKE062 - Kenya Red Cross Society
Polio 2024

Operating Budget

Planned Operations	276,927
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	145,238
Water, Sanitation & Hygiene	45,588
Protection, Gender and Inclusion	5,272
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	80,828
Environmental Sustainability	0
Enabling Approaches	136,414
Coordination and Partnerships	21,422
Secretariat Services	7,940
National Society Strengthening	107,053
TOTAL BUDGET	413,341

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

