

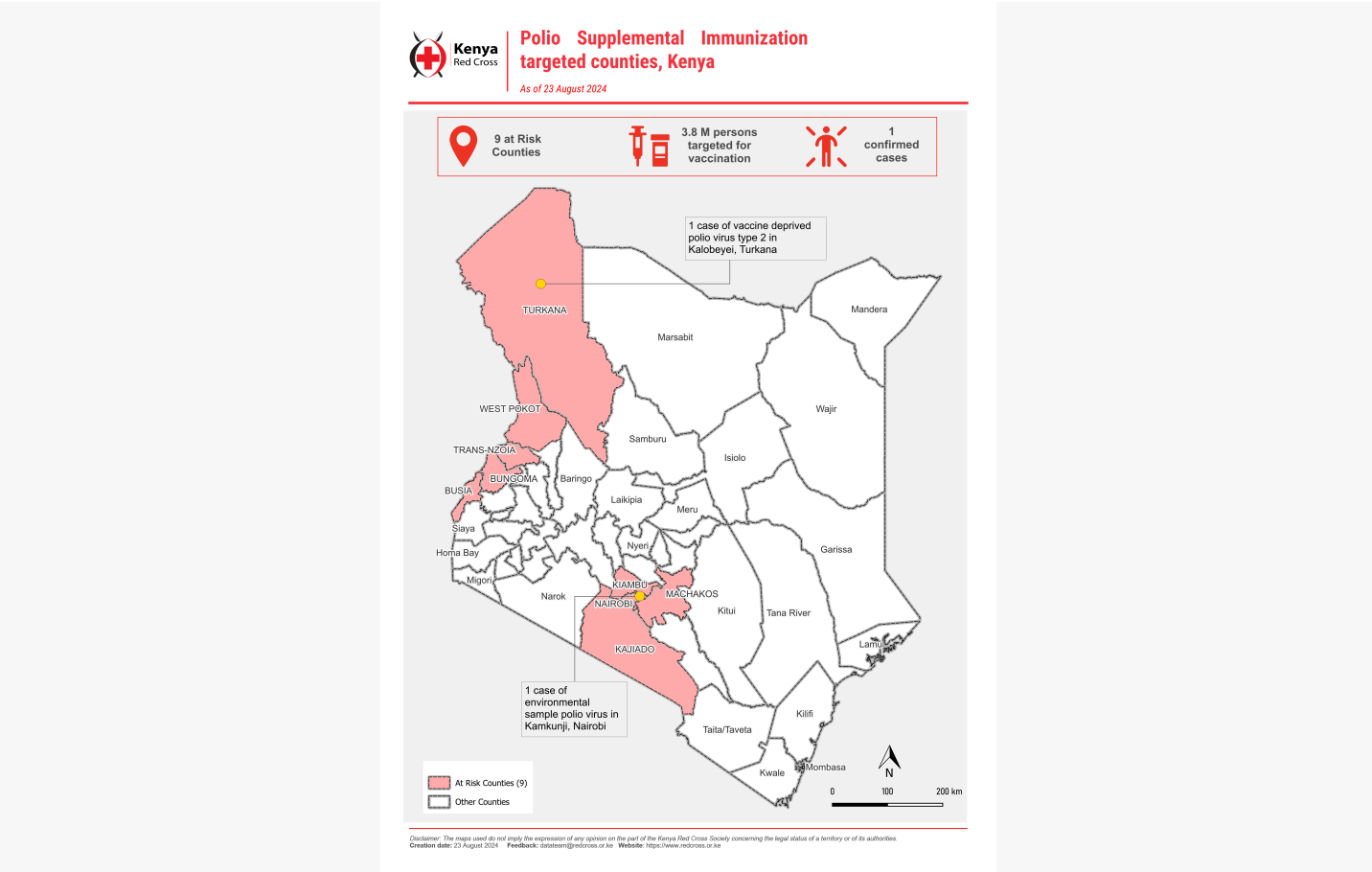


KRCS volunteers supporting polio vaccination campaign

Appeal: MDRKE062	Total DREF Allocation: CHF 413,341	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 3,843,275 people	People Targeted: 2,021,663 people	People Assisted: 1,908,725 people
Event Onset: Slow	Operation Start Date: 22-09-2024	Operational End Date: 30-12-2024	Total Operating Timeframe: 3 months
Targeted Regions: Turkana, West Pokot, Trans Nzoia, Bungoma, Busia			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, 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.

Description of the Event



Date when the trigger was met

08-09-2024

What happened, where and when?

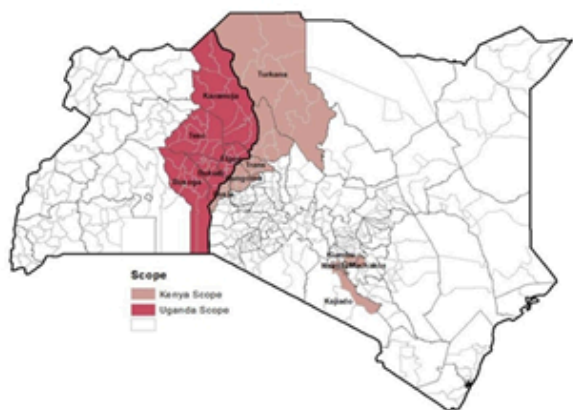
In 2024, Kenya faced a significant public health concern following the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2), with three confirmed cases reported in the country. The outbreak occurred in a high-risk setting characterized by low immunization coverage and heightened vulnerability due to population displacement and cross-border movement.

On 8 September 2024, the Ministry of Health confirmed two new cases out of 60 stool samples tested. These cases were identified in a refugee camp located in Turkana West sub-county, as communicated to the Kenya Red Cross Society (KRCS) by the Turkana County Health Department. The new cases were in addition to an earlier one reported in the same camp. The first case was identified from a stool sample collected on 12 June 2024 from a 14-month-old male child residing in the Turkana West refugee camp. The child, originally from Torit district in South Sudan, had arrived at the camp amid escalating conflict between Ethiopian and South Sudanese communities, which triggered displacement into Kenya in late June. The stool sample, processed with some delay, tested positive for cVDPV2 on 15 July 2024. KRCS, which provides health services in the camp, initiated contact tracing among the child's close contacts, particularly at the reception centre where the family had been temporarily settled.

Given the low vaccination coverage, cross-border transmission risks, and localized vulnerabilities, the circulation of a vaccine-derived virus represented a significant public health emergency. The Ministry of Health (MOH) declared Supplementary Immunization Activities (SIA) in response to the cases in the Kalobeyei camp. Round 1 was planned for 2nd–6th October 2024, with KRCS taking a lead role in social mobilization efforts. After September 2024, Kenya saw no new confirmed polio cases following the initial five detected cases. This decline coincided with intensive vaccination campaigns, cross-border coordination, and enhanced surveillance. By mid-2025, Kenya appears to have interrupted further transmission, with campaigns continuing through April 2025 to maintain immunity in high-risk zones.



Kenya nOPV2 vaccines requirements & Proposed OBR Dates



		nOPV vacc Req (WF 1.18)				Age Bracket
S/No	County	Target Pop	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	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.

12 months prior to this operation, the Kenyan government had been conducting 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, planned a Supplementary Immunization Activity (SIA) rollout. Round 1 of the SIA was took place between 2nd and 6th October 2024.

Nine counties were prioritized for the SIA owing to their links to cases in the camp, environmental factors, transport corridors, and low immunization coverage. This DREF operation aimed 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 owing to their proximity to Turkana, where the first case of 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 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

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	IFRC personnel was instrumental in providing technical guidance on the DREF application. Additionally, the Federation supported cross-border coordination among the RCRC networks and facilitated timely responses to emergencies of national magnitude.
Participating National Societies	Participating National Societies included: British Red Cross, Danish Red Cross, Norwegian Red Cross, American Red Cross, and the Italian Red Cross who had been supporting the Kenya Red Cross in other programs, however, they are not part of this Polio response.

ICRC Actions Related To The Current Event

The ICRC Nairobi Regional Office is in Kenya; however, they were not part of this operation.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Ministry of Health (MoH) Kenya officially declared outbreaks of polio and urged the public to remain vigilant and report any suspected cases.</p> <p>The following interventions were undertaken:</p> <ol style="list-style-type: none">1. Coordination of Response: The response efforts to disease outbreaks were 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 was managed under the National Public Health Emergency Operations Centre. On-the-ground response activities included regular coordination meetings, field investigations, enhanced surveillance, laboratory testing, case management, risk communication, community engagement, and environmental sanitation to prevent further spread of the disease.2. Technical Assistance to Affected Counties: The Ministry of Health, through the Division of Disease Surveillance (DDSR), the Field Epidemiology and Laboratory Training Program (FELTP), and the National Public Health Laboratory Services (NPHL), provided technical support through rapid response teams deployed to Turkana County.3. Social Investigation, Risk Communication, and Community Engagement (RCCE): RCCE activities were conducted in Turkana West Sub-County, Turkana County, in response to the polio outbreak.4. Supplementary Immunisation Activity (SIA): A polio SIA was planned, targeting Busia, Bungoma, Trans Nzoia, West Pokot, Turkana, Nairobi, and selected sub-counties in



	Machakos, Kajiado, and Kiambu counties. Tentative dates for round one and round two were scheduled between the 2nd and 6th of October, 2024.
UN or other actors	The UNHCR was supportive in the active case search for polio in the Kakuma and Kalobeyei refugee camps. WHO and UNICEF conducted an assessment of polio in response to the reported cases.

Are there major coordination mechanism in place?

One of the major coordination mechanisms was the Turkana One Health cross-border coordination platform, which facilitated collaboration between Turkana and neighbouring countries—Uganda, South Sudan, and Ethiopia. Similarly, the IGAD TB program in Kalobeyei had an active cross-border coordination mechanism that supported TB coordination between Kenya, Ethiopia, South Sudan, and Uganda, enhancing contact tracing for TB in the Kalobeyei refugee camp, which was managed by KRCS. The Ministry of Health (MoH) had an active technical working group for RCCE and surveillance, in which KRCS participated. Additionally, a coordination mechanism existed between Member States, facilitated by Africa CDC, focusing on RCCE and surveillance. KRCS was represented within the Ministry of Health and leveraged the information shared through that platform.

Needs (Gaps) Identified



In 2024, three cases of vaccine-derived polio virus (VDPV) had been confirmed as of 8th September 2024. This was a vaccine-derived polio virus that could cause outbreaks in areas with low vaccine coverage. The confirmed cases were located in the refugee camps of Turkana West sub-county, which recorded movements from neighboring countries due to sporadic conflicts. Many refugees, asylum seekers, and new arrivals were either under-vaccinated or unvaccinated, increasing the risk of spreading vaccine-preventable diseases within the camps. This also created a complex context that required strong contact tracing efforts. The polio outbreak in the camps was also characterized by:

- Insufficient disease surveillance systems and capacities at the community level, including a need for surveillance at reception and transit centres.
- Limited human resources for scheduled immunization services to enhance awareness creation.
- Frequent stock-outs of some vaccine antigens at health facilities, leading to interruptions in immunization efforts for polio.
- Challenges in maintaining the cold chain while transporting and storing vaccines at interior-linked health facilities.
- Inconsistent vaccine uptake due to the nomadic pastoral nature of the communities in some of the targeted counties.
- Based on a risk assessment conducted by WHO, the Ministry of Health (MoH) had planned Polio Supplementary Immunization Activities (SIAs) as a key strategy to address the vaccine-derived outbreaks. This WHO recommendation aimed to increase immunization coverage and further advance progress toward polio eradication.
- Although the confirmed derived cases were only reported in Turkana, delays in testing could undermine the extent of the outbreak. On the other hand, Kenya had isolated Circulating Vaccine Derived Poliovirus 2 (cVDPV2) from an environmental sample collected in "Eastleigh C" Environmental site in Kamukunji Sub County, Nairobi, on 15th May 2024. The cVDPV2 had 73 nucleotide changes from Sabin 2, indicating that the divergence had occurred around six years prior.

Additionally, the continuous movement across Kenya's borders with Uganda, Somalia, and Sudan made contact tracing for each of the confirmed and potentially confirmed cases difficult. The gaps in the time between displacement and case confirmation posed a significant threat to contact tracing and necessitated an increase in surveillance efforts. The entire Turkana County, along with the counties bordering Turkana and Uganda, remained at risk and were highlighted in the priority SIA by the MoH. KRCS was active in all the counties at risk and had branches operating within the refugee camps. The data on entry points and the presence of individuals in these camps and surrounding communities remained critical for effective surveillance and contact tracing. Following the new reported case, the MoH, with technical guidance from the Polio Global Eradication Initiative and WHO, had planned an SIA rollout plan and analyzed the counties most at risk. The risk analysis took into account the cases in the camp, the environmental case, transport corridors, low immunization rates/coverage, and contact tracing information.



- Poor hygiene practices within the communities had contributed to an upsurge in hygiene-related disease outbreaks and heightened the risk of polio transmission. This underscored the need to sensitise community members on hygiene promotion and behaviour change.
- Handwashing facilities and soap at critical points in the community were inadequate.



- Access to safe drinking water was limited, particularly in host communities in Turkana County, where there was an insufficient supply of water treatment chemicals.



Protection, Gender And Inclusion

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



Community Engagement And Accountability

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

- Many community members residing in rural areas of the most affected counties, such as Turkana, had faced 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 needed to be strengthened and considered.

A knowledge gap existed within the community, with some individuals having a limited understanding of the importance of polio vaccination.

- Consequently, there had been 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 also identified deficiencies in existing resources needed to reach these populations. The capacity of Red Cross volunteers and community health promoters to manage feedback needs to be enhanced. Furthermore, the inadequate cross-border coordination framework between Kenya and neighboring countries 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 aimed 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 needs of the targeted population, KRCS's role and intervention through this DREF were aligned with the Ministry of Health (MoH) SIA strategy and the auxiliary role or mandate of the National Society (NS) in epidemic situations. The KRCS DREF operation focused on SIA, from community mobilization to in-camp additional support, depending on their role in the existing responses. It complemented efforts on Risk Communication and Community Engagement (RCCE) by leveraging KRCS's presence and access to hard-to-reach areas, while also enhancing hygiene and messaging efforts.

The following strategy was deployed:

1. Risk Communication and Community Engagement and Education:

Increasing community awareness and acceptance of vaccination and preventive measures was considered vital for disease prevention. KRCS launched health education campaigns to inform communities about the importance of vaccines and steps to protect themselves and their families from polio. KRCS engaged local leaders, religious leaders, and influencers as a key strategy to promote health-seeking behaviors and increase vaccine adoption. Their support helped build trust and encouraged widespread acceptance of vaccination campaigns. To ensure messages resonated with diverse populations, KRCS co-produced and distributed culturally appropriate behavior change communication materials designed to motivate individuals to embrace vaccination and adopt preventive practices. Local media stations in the at-risk counties were engaged through radio talk shows, presenter mentions, and jingles to further enhance RCCE interventions.



2. Hygiene Promotion:

- Infection Prevention and Control (IPC) components and supplies were provided for Kalobeyei Refugee Operations (KRO).
- WASH supplies were utilized by volunteers.
- Volunteers were engaged to conduct hygiene promotion in communities.
- Capacity-building initiatives were implemented.

3. Support for Social Mobilization for the Planned SIA:

KRCS's primary objective was to support the Ministry of Health in achieving high immunization coverage among targeted populations to prevent polio outbreaks. This was achieved through Supplementary Immunization Activities (SIA), including mass vaccination drives targeting children under ten years old. These drives covered 5 of the 9 at-risk counties identified by the Ministry of Health, including hard-to-reach areas, ensuring no community was left unprotected. KRCS strengthened routine immunization services in healthcare facilities to ensure consistent vaccine availability and accessibility, especially in underserved areas such as Turkana West sub-county. Mobile vaccination units addressed 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:

Early detection and rapid response to polio cases were essential components of the KRCS strategy to prevent outbreaks. KRCS enhanced existing disease surveillance systems to enable prompt detection and reporting, allowing swift action. Acute Flaccid Paralysis (AFP) surveillance played a critical role. KRCS trained community health promoters and Kenya Red Cross volunteers to identify and report symptoms of AFP using community case definitions, helping the NS to mitigate disease spread at the community level. A robust system for data collection and analysis was implemented at all reception and transit centers, where suspected cases were reported to local authorities, MoH, and KRCS staff. This system allowed continuous monitoring of disease trends, identification of potential hotspots, and efficient resource allocation. Additionally, KRCS prioritized training healthcare workers on all aspects of managing polio, focusing on improving case identification, treatment protocols, and reporting procedures—particularly for healthcare workers at the transit center and within Kalobeyei refugee operations. These efforts aimed to strengthen AFP surveillance in targeted counties and enhance contact tracing interventions in coordination with the Ministry of Health.

5. Coordination and Collaboration:

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

Targeting Strategy

Who was targeted by this operation?

MoH with technical guidance from Polio-Global Eradication Initiative and WHO, has established 9 at risk counties. Turkana, Busia, Bungoma, West Pokot, Trans Nzoia (bordering Uganda and on the displacement roots of the hotspot camp), Nairobi, Kajiado, Kiambu and Machakos (bordering Nairobi). This DREF intervention targeted children under 10 years in Turkana, Busia, Bungoma, West Pokot, and Trans Nzoia counties. The prioritized groups were:

- Asylum seekers and refugees along the movement corridors in Busia, Trans Nzoia, Turkana West, and Kalobeyei.
- The response efforts encompassed 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 extended to the general population and refugees, ensuring that a comprehensive and inclusive approach was adopted.

By addressing the needs of various special groups and the broader community, the goal was to provide effective support, prevention, and protection against the polio outbreak. This approach was also aligned with the risk analysis from the SIA planned by the Ministry of Health (MoH), which had prioritized nine counties based on their assessment. Due to newly reported cases, the MoH, with technical



guidance from the Polio Global Eradication Initiative and WHO, planned an SIA rollout for the following month. SIA Round 1 was scheduled between 2nd and 6th October 2024.

The five out of nine counties prioritized for SIA—linked to cases in the Kalobeyei refugee camp and situated along the transport corridor characterized by low immunization rates were Busia, Bungoma, West Pokot, Trans Nzoia, and Turkana. These counties were prioritized because they neighbored Turkana County, where the vaccine-derived poliovirus case had been reported, and they were located along the western refugee transport corridor. These counties had low immunization coverage and bordered Uganda, increasing the risk of cross-border transmission.

Explain the selection criteria for the targeted population

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

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

Total Assisted Population

Assisted Women	935,544	Rural	65%
Assisted Girls (under 18)	-	Urban	35%
Assisted Men	973,181	People with disabilities (estimated)	1%
Assisted Boys (under 18)	-		
Total Assisted Population	1,908,725		
Total Targeted Population	2,021,663		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
Ethnic conflict at Kakuma refugee camp between the Nuer (South Sudanese) and the Anuak of Gambella (Ethiopia) that for a long	KRCS engaged opinion leaders (clan elders, religious spokespersons, among others) in sensitisation efforts to ensure a



time destabilizes coexistence of the clans in the camps.	seamless operation.
Religious and cultural practices	Targeted sensitisation of religious leaders and opinion on the importance of the polio vaccine was undertaken as they were considered to be the ambassadors of change.
Socio discrimination of the affected individuals and families	KRCS implemented Infodemics management and rumour management measures
<p>Please indicate any security and safety concerns for this operation:</p> <p>Turkana County, being one of the counties affected by inter-community conflicts, posed a significant risk and required heightened vigilance and safe access during the operations.</p>	
Has the child safeguarding risk analysis assessment been completed?	No

Implementation



Budget: CHF 136,374

Targeted Persons: 2,021,663

Assisted Persons: 1,908,725

Targeted Male: 973,181

Targeted Female: 935,544

Indicators

Title	Target	Actual
# of Community health promoters and KRC volunteers trained on Acute Flaccid Paralysis (AFP) and reporting in the DHIS	275	283
# of children under 10 years mobilized and vaccinated against Polio during the SIA	1,152,980	1,973,507
# of integrated health outreaches conducted in Turkana County	10	17
# of KRCS volunteers and CHPs Trained on RCCE and EPIC	275	279
% of alerts which were responded to through public health action within 48 hours	90	100

Narrative description of achievements

- With the support of 283 KRCS Volunteers undertook community health promotion activities to raise awareness on Acute flaccid paralysis. A total of 1,905,794 (971,955 Male, 933,839 Female) children under 10 years were mobilized for immunization as follows: Bungoma- 620,837, Turkana- 391,853, Busia - 292, 359, Trans Nzoia- 320,190 and West Pokot 278,174 children.
- Seventeen cycles (17) of integrated outreaches within Turkana West Sub-County. A total of 2,381(1,179 males and 1,202 females) people were reached with health promotion messaging on polio and other priority diseases.
- To reach the above, 279 volunteers were trained on Epidemic preparedness and control.
- 80 KRCS staff (47 males and 33 females) undertook polio infection prevention sensitisation training.
- Polio Sensitization to Health Care workers Conference package (Kalobeyei and Transit center) reached 83 Health Care workers (47 males and 33 females and 3 PWDs).



- Procurement of non-pharmaceutical equipment and PPES. Pharmaceuticals and non-pharmaceuticals were procured to support medical outreach in Turkana West and Kalobeyei refugee camp.

Among the items procured included:

Pham Items:

1. Paracetamol suppository 125mg – 3000Packs
2. Solussets for fluids- 150 pcs.
3. Salbutamol nebulizers solution 20ml- 50 pcs
4. Syringes 10ml(with G21 needle)- 15000 pcs
5. Anti D injection- 5pcs
6. Calcium gluconamate injection 100mg- 10 pcs
7. Amlodipine 5ml tablets – 30,000 pcs
8. Tabs clotrimazole 480mg- 100,000 tabs
9. Benxyl Benzoate lotion bottles, 150 bottles
10. Ibuprophen tabs 200mg- 3000 packs (300,000 tabs)

Non- Pham

1. Cuvettes Hb Hemocontrol – 50 pcs
2. Blood group-B Control- 15 pcs
3. RF Kits – 15pcs
4. Brucella Kits- 20 pcs
5. Cotton wool 400mg 22pcs
6. Methylated spirit 10 Bottles
7. Examination gloves – 118 pcs
8. Onlat strips- RBS- 30pcs
9. H. pylori ag (255)- 25 pcs
10. Blood group O 10ml/b- 15pcs
11. Blood group A 10ml/b- 15pcs
12. Vaccine coolerbox and foam pads- 10pcs
13. BD soloshorts g23(100s)- 118pcs
14. Disposable syringes5ml (100s)- 200pkt
15. Infusion set- 7000pcs
16. Gloves latex powdered- 600pkts
17. Dextrose 5% solutions 500ml- 900bottles
18. Allopurinol 100mg (30s)- 25 packs

- Integrated medical outreaches in Kalobeyei - 17 outreaches within Turkana West Sub-County were conducted. A total of 2,851 (1,179 males and 1,672 females) people reached with health promotion messaging on polio and other priority diseases.
- Training of KRCS Volunteers and CHPs on Acute Flaccid Paralysis (AFP) and DHIS - 279 CHPs and KRCS volunteers (138 males and 141 females) trained on AFP.
- Contact Tracing and surveillance MoH allowance Contact Tracing - Contact tracing was conducted in Kalobeyei and Kakuma Refugee Camp following the reported case of Polio in Kalobeyei.

Lessons Learnt

- Involving other stakeholders (Religious & Cultural leaders, Polio champions, Gate Keepers among others in planning and implementation increased awareness and acceptance in the community and increased the number of vaccinated children.

Challenges

- Porous Border through which monitoring of population movement becomes a challenge especially along the Kenya-Uganda and Kenya-Sudan borders.
- Limited Cold Chain to store and transport polio vaccines: Maintaining the required temperature for vaccines was difficult in some counties such as Busia, which necessitated to borrow additional cold chains from other counties which was also expensive to transport.
- Vaccine Hesitancy: Some communities were suspicious of polio vaccines due to rumors associated with polio vaccine such as infertility myths or religious objections.
- Remote or Inaccessible Areas: some Regions such as arid and semi-arid lands (ASALs) and some parts of northern Kenya are difficult to reach due to poor roads, long distances, or lack of transport.





Water, Sanitation And Hygiene

Budget: CHF 42,806

Targeted Persons: 2,021,663

Assisted Persons: 1,866,668

Targeted Male: 914,647

Targeted Female: 952,021

Indicators

Title	Target	Actual
# of people reached with hygiene promotion Sensitization	2,021,663	1,866,668
# of Kenya Red Cross volunteers sensitized on hygiene promotion	200	173
# of procured bar soap.	5,000	5,000
# of procured portable hand wash station facilities	125	225

Narrative description of achievements

- Kenya Red Cross Society volunteers sensitized 1,866,668 (914,647 male, 952,021 female) people on hygiene promotion during the polio campaign mobilization exercise. This was a 92% achievement of the target as the population covered could only provide us with the 1,866,668 people reached.
- To support this, Kenya Red Cross volunteers built the capacity of 173 KRCS volunteers and community health promoters on hygiene and sanitation to support the sensitization in the 5 targeted counties.
- Equally, 3,000 bars of soap and 175 hand-washing facilities were procured and distributed in Busia, Bungoma, and Trans-Nzoia counties during the hygiene promotion exercise. Procurement for 2,000 bars of soap and 50 hand-washing facilities for Turkana and West Pokot counties was undertaken, and items were distributed.

Lessons Learnt

- Use of IEC materials translated to local dialect to create awareness supported in execution of WASH and polio response activities.

Challenges

- Cultural practices hindered communities in the uptake of water usage especially in West Pokot County.
- Water scarcity in most of the semi-arid counties such as West Pokot and Turkana counties had a challenge in promoting hygiene promotion since the area is hot and dry.



Protection, Gender And Inclusion

Budget: CHF 4,950

Targeted Persons: 32,393

Assisted Persons: 34,601

Targeted Male: 16,868

Targeted Female: 17,733



Indicators

Title	Target	Actual
# of children vaccinated in the refugee camp.	32,393	34,425
# of people reached through peer-to-peer group meetings	150	176

Narrative description of achievements

- Kalobeyei refugee settlement vaccinated a total of 34,601 children (under 10 years) during polio round one. With a coverage of 108%, this is attributed effective RCCE and ACSM and proper stakeholder engagement in the camp.
- 176 caregivers to children affected by polio and young mothers were sensitized on polio vaccination and acute flaccid paralysis.

Lessons Learnt

- Involvement of the caregivers and polio survivors as ambassadors played critical role in mobilizing the community members and raising awareness and acceptance on vaccination.

Challenges

- Not all people affected by polio were involved in this exercise since they feared to be victimized.



Community Engagement And Accountability

Budget: CHF 75,894

Targeted Persons: 15,000

Assisted Persons: 20,575

Targeted Male: 11,674

Targeted Female: 8,901

Indicators

Title	Target	Actual
% of community feedback responded to by the National Society	90	100
# of Community Review Meetings Conducted	5	7
# of radio talk shows conducted to enhance awareness creation	9	10
# of SMS sent out to mobilize community members on SIA	20,000	24,053

Narrative description of achievements

- Cumulatively 100% of the feedback were addressed especially during the second supplemental immunization session.
- 7 community review meetings were conducted at the county level. Turkana Conducted two review meeting in Kalobeyei refugee camp and Turkana County. Equally Busia County conducted two review meetings also at the county level. Bungoma, Trans Nzoia and West Pokot counties conducted each one review meeting. Among the key aspects that were brought out include:
 - Polio vaccine was being rejected by the community members because the government wanted to use people money.
 - Questions on why the government conducted polio vaccination hence it was only one area had reported polio within the region (Kakuma refugee camps.)



- To support the vaccination social mobilization, the Ministry of Health at the border points sent out mobilization messages to 20,575 people to participate in the polio SIA campaign.

Lessons Learnt

- Regular coordination meetings KRCS-MOH and other partners such WHO, UNICEF and local authorities minimized duplication of activities and provided efficient flow of information among partners.

Challenges

- Community hesitancy for uptake of polio vaccine affected service delivery, especially during round 1 of the campaign. This was due to infodemics circulating in the community.



Coordination And Partnerships

Budget: CHF 20,114

Targeted Persons: 60

Assisted Persons: 130

Targeted Male: 72

Targeted Female: 58

Indicators

Title	Target	Actual
# of county level inception Meeting	9	5
# of government led coordination platforms the National Society is part of	1	2
# of County level coordination meeting conducted	9	12

Narrative description of achievements

- During the rollout of the polio immunization campaign supplemental immunization activity 1 (SIA1), Kenya Red Cross society supported the national-level coordination meetings. Among the key deliverable was to reach the 95% coverage across all the counties being supported for the Polio SIA campaign. Kenya Red Cross county branches conducted polio inception meetings in the 5 targeted counties: Busia, Bungoma, West-Pokot, Trans Nzoia and Turkana. However, KRCS did not attain the target because it did not implement in all 9 counties as originally planned that is in - Nairobi, Kajiado, Machakos, and Kiambu on the advisory of the IFRC as there was no justification to implement activities in the aforementioned counties. In attendance were the Ministry of health, key influencers, and religious leaders. Cumulatively, 130 key stakeholders (72 Male, 58 female) were engaged during county-level coordination.
- In addition, KRCS took part in the national-level coordination forum planned by the Ministry of Health.
- 12 coordination meetings were held across Busia, Bungoma, West Pokot, Trans Nzoia and Turkana counties during the operation.

Lessons Learnt

- Strengthen border management systems and establish collaborative frameworks between the neighboring countries to enhance monitoring and control of population movement.

Challenges

- Weak cross border relation between Kenya and Uganda along the Busia border in implementation of health interventions.
- Lack of information sharing framework on health interventions between Kenya and Uganda





Secretariat Services

Budget: CHF 6,867

Targeted Persons: 3

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
# of IFRC staffs involved in the field monitoring missions.	3	0

Narrative description of achievements

- The IFRC team did not conduct field monitoring activities. However, during the after-action review meeting, IFRC was represented by Patrick Elliott and was part of the team.
- Support was provided on the DREF application process and monitoring.
- A lessons learnt workshop was held and facilitated by KRCS in December 2024.

Lessons Learnt

- There is a need to involve the IFRC PMER during monitoring visits to even improve the quality of work and suggest other interventions and changes that will improve the work.
- It was noted that vaccine hesitancy posed a challenge to the operation. KRCS will develop a concept on vaccine hesitancy to inform future implementation.
- At the planning stage of the operation, refugee camps had not been considered; this also led to delays with the supply of vaccination commodities (vaccines, vaccine carriers, indelible ink, zip locks, tally sheets) in the refugee set up. However, this was rectified.
- To inform future programs, the following areas for improvement were taken into account:
 - (i) Conduct targeted rapid assessment before vaccination activities to identify the exact location of the target groups.
 - (ii) Improve on stakeholder mapping and assignment of roles.
 - (iii) To enhance collaboration and joint planning of activities with all stakeholders (MOH, National Administration, and other organizations) and hence early initiation of RCCE activities by MOH with the support of other partners.
 - (iv) Use of specialists in sign language to reach special groups during RCCE.

Challenges

- No significant challenges were experienced.



National Society Strengthening

Budget: CHF 101,107

Targeted Persons: 275

Assisted Persons: 279

Targeted Male: 137

Targeted Female: 142

Indicators

Title	Target	Actual
# of staff and volunteers trained and mobilized to support Monitoring	20	20



and reporting of events at the EOC		
# of volunteers sensitized on Polio and related actions	275	279
# of volunteer reached through debriefing sessions.	275	279
# of media coverage documentation conducted.	1	1

Narrative description of achievements

- A total of 20 KRCS staff and volunteers trained and mobilized to support Monitoring and reporting of events at the EOC.
- The 279 volunteers involved in Polio sensitization and response attended debriefing session to support their mental health.
- 279 volunteers were sensitized on Polio and related actions in all the 5 counties.
- The DREF activities were covered in the local media. Links to the media include:
 1. <https://x.com/KenyaRedCross/status/1842108662262665460>
 2. <https://x.com/KenyaRedCross/status/1856696171592368548>
 3. <https://x.com/KenyaRedCross/status/1840645385049522651>

Lessons Learnt

- Readiness activities need to be undertaken before the strike of a disaster. It was imperative to have trained the KRCS volunteers on detection of Acute watery Diarrhea in advance.
- Proper documentation of events is paramount in retrieving the information for lessons learned and progressive improvement.

Challenges

- Debriefing of the volunteers took longer since the Polio SIA interventions were carried twice. Some of the volunteers who took part in first SIA were not factored in the second SIA debriefing session since they had already left.



Financial Report

bo.ifrc.org > Public Folders > Finance > Donor Reports > Appeals and Projects > DREF Operation - Standard Report

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DREF Operation

FINAL FINANCIAL REPORT

MDRKE062 - Kenya - Polio Outbreak

Operating Timeframe: 22 Sep 2024 to 31 Dec 2024

I. Summary

Opening Balance	0
Funds & Other Income	413,341
DREF Response Pillar	413,341
Expenditure	-408,303
Closing Balance	5,038

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	25,227		25,227
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	136,374	148,129	-11,755
AOF5 - Water, sanitation and hygiene	42,806	45,588	-2,782
AOF6 - Protection, Gender & Inclusion	4,950	5,272	-322
AOF7 - Migration			0
Area of focus Total	209,358	198,990	10,368
SF11 - Strengthen National Societies	176,414	187,881	-11,467
SF12 - Effective international disaster management	20,114	21,422	-1,307
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	7,455	11	7,445
Strategy for implementation Total	203,984	209,313	-5,330
Grand Total	413,341	408,303	5,039

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[Click here for the complete financial report](#)

Please explain variances (if any)

The Kenya Red Cross Society (KRCS) received CHF 413,341 from the IFRC’s Disaster Response Emergency Fund (DREF) on 22 September 2024 to support a three-month response to the polio outbreak in the country. The financial summary below presents the expenditures incurred during the operation.

An overall balance of CHF 5,038 remains unspent and will be returned to the DREF pot. All budget variances across cost categories remained within the acceptable 10% threshold, with the exception of the Travel and Financial Charges budget lines—both originally allocated for IFRC implementation.



No travel expenses were incurred, as IFRC travel for monitoring purposes was ultimately deemed unnecessary. Additionally, the actual financial charges were lower than budgeted, due to minimal variances between the implementation currency and the reporting currency (CHF).



Contact Information

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

National Society contact: Caleb Chemirmir, Public Health in Emergencies Manager, chemirmir.caleb@redcross.or.ke, +25472238520

IFRC Appeal Manager: Azmat Ulla, Head of Cluster Delegation, azmat.ulla@ifrc.org, 254 740272322

IFRC Project Manager: Patrick Elliott, Coordinator Operations, rooving, Africa Region, patrick.elliott@ifrc.org, +254 733 620 770

IFRC focal point for the emergency:

Patrick Elliott, Coordinator Operations, rooving, Africa Region, patrick.elliott@ifrc.org, +254 733 620 770

Media Contact: Susan Nzisa Mbalu, Senior officer communication, susan.mbalu@ifrc.org

National Societies' Integrity Focal Point: Reuben Momanyi, Head of MEAL, momanyi.reuben@redcross.or.ke, +254725918054

National Society Hotline: 0800 720 577

[Click here for reference](#)



DREF Operation

FINAL FINANCIAL REPORT

MDRKE062 - Kenya - Polio Outbreak

Operating Timeframe: 22 Sep 2024 to 31 Dec 2024

Selected Parameters			
Reporting Timeframe	2024/09-2025/05	Operation	MDRKE062
Budget Timeframe	2024/09-2024/12	Budget	APPROVED

Prepared on 30/Jun/2025
All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	413,341
DREF Response Pillar	413,341
Expenditure	-408,303
Closing Balance	5,038

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	25,227		25,227
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	136,374	148,129	-11,755
AOF5 - Water, sanitation and hygiene	42,806	45,588	-2,782
AOF6 - Protection, Gender & Inclusion	4,950	5,272	-322
AOF7 - Migration			0
Area of focus Total	209,358	198,990	10,368
SFI1 - Strengthen National Societies	176,414	187,881	-11,467
SFI2 - Effective international disaster management	20,114	21,422	-1,307
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	7,455	11	7,445
Strategy for implementation Total	203,984	209,313	-5,330
Grand Total	413,341	408,303	5,039

DREF Operation

FINAL FINANCIAL REPORT

MDRKE062 - Kenya - Polio Outbreak

Operating Timeframe: 22 Sep 2024 to 31 Dec 2024

Selected Parameters			
Reporting Timeframe	2024/09-2025/05	Operation	MDRKE062
Budget Timeframe	2024/09-2024/12	Budget	APPROVED

Prepared on 30/Jun/2025
All figures are in Swiss Francs (CHF)

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
General Expenditure	7,455	2,724	4,731
Travel	2,628		2,628
Financial Charges	4,827	2,724	2,103
Contributions & Transfers	380,658	380,658	0
Cash Transfers National Societies	380,658	380,658	0
Indirect Costs	25,227	24,920	308
Programme & Services Support Recover	25,227	24,920	308
Grand Total	413,341	408,303	5,039

5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME

KENYA RED CROSS SOCIETY

PROJECT NAME

Kenya - Polio Outbreak

IFRC PROJECT CODE

PKES39/MDRKE062

CURRENT REPORTING PERIOD

5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER PLANNED OPERATIONS & ENABLING APPROACH (Local Currency)

	Planned Operations / Enabling Approaches	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
	Shelter and Basic Household Items			0	0	0	0%	
	Livelihoods			0	0	0	0%	
	Multi-purpose Cash			0	0	0	0%	
	Health	20,115,165		21,796,634	21,796,634	-1,681,469	108%	
	Water, Sanitation & Hygiene	6,313,885		6,306,698	6,306,698	7,187	100%	
	Protection, Gender and Inclusion	730,184		722,783	722,783	7,401	99%	
	Education			0	0	0	0%	
	Migration			0	0	0	0%	
	Risk Reduction, Climate Adaptation and Recovery			0	0	0	0%	
	Community Engagement and Accountability	11,194,483		11,090,965	11,090,965	103,518	99%	
	Environmental Sustainability			0	0	0	0%	
	Coordination and Partnerships	2,966,874		2,964,933	2,964,933	1,941	100%	
	Secretariat Services			0	0	0	0%	
	National Society Strengthening	14,826,536		13,265,113	13,265,113	1,561,423	89%	Prioritized Direct Polio Cost
	Total	56,147,127	0	56,147,127	56,147,127	0	100%	

5.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES (Local Currency)

SP No	Cost Categories	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
	Personnel	20,134,724		20,613,829	20,613,829	-479,106	102%	
	Relief supplies, transportation and storage	7,991,403		8,010,173	8,010,173	-18,771	100%	
	Contributions to other organisations			0	0	0	0%	
	Other direct costs	24,347,825	0	23,774,457	23,774,457	573,369	98%	
	Indirect cost recovery	3,673,176		3,748,668	3,748,668	-75,492	102%	
	Total	56,147,127	0	56,147,127	56,147,127	0	100%	

5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER STRATEGIC PRIORITY & ENABLER (CHF)

SP No	Strategic Priority & Enabler	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
SP1	Climate and environmental crises			0	0	0	0%	
SP2	Evolving crises and disasters			0	0	0	0%	
SP3	Growing gaps in health and wellbeing	190,531	0	190,531	190,531	0	100%	
SP4	Migration and Identity			0	0	0	0%	
SP5	Values, Power and Inclusion	4,900		4,900	4,900	0	100%	
E6	Engaged			0	0	0	0%	
E7	Accountable			0	0	0	0%	
E8	Trusted	185,227		185,227	185,227	0	100%	
	Total	380,658	0	380,658	380,658	0	100%	

5.1.4 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER RESULT OR OBJECTIVE (CHF)

Result No.	Result or Objective	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
All results	Cost common to all results			0	0	0	0%	
R1				0	0	0	0%	
R2				0	0	0	0%	
R3				0	0	0	0%	
R4		380,658	0	380,658	380,658	0	100%	
R5				0	0	0	0%	
R6				0	0	0	0%	
R7				0	0	0	0%	
R8				0	0	0	0%	
	Total	380,658	0	380,658	380,658	0	100%	

5.1.5 CLOSING INCOME-EXPENSE BALANCE PROJECT PARTNER ONLY (CHF) - PER REPORTING PERIOD END DATE

	CHF
Funds received to date	380,658
Year to date expenses	380,658
Closing Balance	0
Percentage reported vs. total amount transferred	100%

5.1.6 CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

- a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the
- e) The Planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

28.3.25

Name, Title & Signature of Project partner designated official

Caleb Chemirir, PHIE Manager

For IFRC internal use

Approved by IFRC Project Manager

patrick elliott

Name & Title

P. Elliott

patrick elliott (Mar 28, 2025 16:34 GMT+3)

Signature

elmelda mokaya

Name & Title

elmelda mokaya

elmelda mokaya (Apr 1, 2025 08:47 GMT+3)

Signature

Validated by IFRC Finance officer

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

Bank Transfer Information

PLANNED EXPENDITURE PERIOD

Budget Balance covers Fund transfer Required	YES - PROCEED
--	---------------

Caleb Chemirmir PHIE manager

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI

Signature _____

0.00

KENYA RED CROSS SOCIETY

Kenya - Polio Outbreak

PKF539/MDRKF062

	Local Currency	CHF
5.4.3. FUND RECEIVED LESS EXPENSE REPORTED		
Balance	0	0

KENYA RED CROSS SOCIETY
P. O. Box 40712
NAIROBI










Signed annex 5 polio

Final Audit Report

2025-04-01

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Transaction ID:	CBJCHBCAABAABfGqGzSVwKvP9N-MeVLvqfLe46MyP45U
Number of Documents:	1
Document page count:	3
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