



Operation Update

Kenya: Integrated Vector Borne Disease



DREF n° MDRKE050	GLIDE n° EP-2022-000183-KEN
Operation update n° 1; 01 August 2022	Timeframe covered by this update: 18 March to 31 July 2022
Operation start date: 18 March 2022	Operation timeframe: 5 months (new end date: 31 August 2022)
Funding requirements (CHF): CHF 212,853	DREF amount initially allocated: CHF 212,853
N° of people being assisted: 450,000 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: WHO, UNICEF, INGOs, The Ministry of Health and County Health Departments from the two counties of Isiolo and Wajir.	

Summary of revisions made to emergency plan of action:

This Operation Update is published to inform stakeholders of the delays experienced in delivering support to affected communities, due to late start of the Yellow Fever vaccination campaign, started late in the last week of July 2022. In addition, the late procurement of fumigation and spraying equipment which is yet to be finalized for delivery to the two target counties, is also delaying fumigation of breeding sites and the participation of KRCS branches in breeding site elimination and environmental cleaning.

Based on above, this Operation is being extended for one month at no cost, to allow KRCS complete support with social mobilization during the Yellow Fever campaign which will run for one month, as well as conduct breeding site elimination through fumigation and complete distribution of mosquito nets.

This one-month no-cost timeframe extension will help KRCS to finalize activities. This will lead operation to an overall 5 months' timeframe (new end date: 31 August 2022).

A. SITUATION ANALYSIS

Description of the disaster

Kenya has been affected by numerous health crises and natural disasters in the past two years. Currently, more than 4 million people are affected by drought. Coupled with the negative effects of COVID 19 on the economy, the situation is very dire among the poor and those in the hard-to-reach areas of the country (mostly in the arid and semi-arid areas) which, as a result, are the localities most affected by health crises. The recent emergence and re-emergence of viral infections transmitted by vectors in the country namely Chikungunya, Dengue, Yellow Fever (YF), and others is a cause for international concern. The first two months of the year 2022 recorded two outbreaks that are currently under national response: Yellow Fever and Chikungunya in Wajir and Isiolo.

Yellow Fever: The current outbreak was first reported in January 2022. Its confirmation took 3 weeks due to limited capacity in the remote areas affected and the fact that the region has not traditionally been affected by Yellow Fever in the past. The cases were first reported in Merti Sub County of Isiolo County.

According to the [CDC latest update](#) from 27th July 2022, there is a Yellow Fever outbreak in Kenya. Confirmed cases have been reported in residents of Isiolo and Garissa Counties. In Wajir county, the MoH indicated that there are cases yet to be confirmed as the specimen have been sent to Kenya Medical Research Institute (KEMRI) for tests. Between January-April 2022, 61 suspected cases related to Yellow Fever were reported, with 7 people succumbing to the disease

and one death being confirmed. Out of the 61 suspected cases, 8 were confirmed with Cherab having 2 cases, Chari 2 cases, Kinna 1 case, Isiolo Central 2 cases and Gafarsa having 1 case. This therefore is an indication that more needs to be done with regards to community sensitization, vaccination, and prevention against Yellow Fever in the 3 counties as they border each other. As a response, the Ministry of Health is continuing with the national vaccination campaign with Wajir, Garissa, Isiolo and Mandera Counties as they are at risk of receiving travellers across their borders.

Chikungunya: At the beginning of the operation, Chikungunya outbreak was reported in Wajir County, Tarbaj sub county in Kutulo village with a total of forty-four (44) cases reported with two (2) confirmed cases.

At the time of this update, according to the [Weekly Bulletin on Outbreaks and Other Emergencies by WHO-Africa Week 30: 18 to 24th July 2022 data as reported by: 17:00; 24th July 2022](#), Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of one hundred and eighty-nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%). Although no new cases were reported in week 25 (ending 26 June 2022), the MoH Wajir County has indicated that the situation is expected to worsen and preventive measures need to be scaled up to ensure that the virus, and exposure to mosquitoes is well managed. In addition to Yellow Fever, other vector-borne diseases including malaria and rift valley fever are expected to rise. To curb this, it is crucial that communities are well prepared by having extensive information on the diseases and possible ways to protect themselves from contracting the diseases as well as being vaccinated against them.

To summarize the outbreak situation, the current Yellow Fever and Chikungunya outbreaks are both vectors borne diseases for which emergency actions need to be scaled up in continued alignment with the MoH preventive response and vaccination for Yellow Fever.

Summary of current response

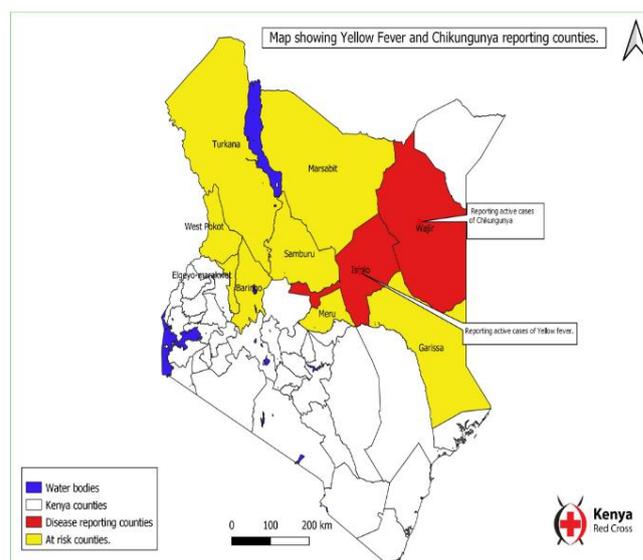
Overview of Host National Society

KRCS is currently implementing this [DREF Operation](#) which was launched 18 March to reduce the incidence of Yellow Fever and Chikungunya through intensified prevention and control activities at the household and community level to reach 450,000 people in Isiolo and Wajir Counties with a funding of CHF 212,853.

Unfortunately, the Yellow Fever vaccination campaign started late in the last week of July, also delaying National Society's support planned during the campaign. This led to delay of the volunteers training curriculum by MoH, hence further delaying the start of house-to-house visits. To note, the volunteers training on the preventive methods of the various diseases was finally held in the second month of implementation, instead of first week of April as initially planned. The Yellow Fever campaign was finally launched in the last week of July, hence the need for a timeframe extension to support social mobilization during the campaign.

In addition to the above, there were delays in procurement of the of mosquito spraying chemicals because due approvals from the Government standard authority was not obtained on time. The local purchase order finally went out last week of July, soon after due approvals were obtained. As such the extension of this operation by one month will allow extra time to support the ongoing Yellow Fever vaccination campaign that will run for a month.

To note, Kenya Red Cross has been implementing the Community Epidemic and Pandemic Preparedness Program (CP3) since 2018, focused on the counties of Bomet, Narok, Tharaka Nithi, and West Pokot. Yellow Fever has been added to the list of diseases covered by volunteers in West Pokot, with preparedness activities underway including RCCE and community clean-up. Isiolo and Wajir counties have a pool of Red Cross volunteers; over 1,200 volunteers are distributed across the counties. The volunteers are in different categories including Red Cross Action Team (RCAT), youth members, Community Disaster Management Committees (CDMC), and Community Health Volunteers (CHVs). Despite having limited access to psychosocial support and response equipment, the volunteers have continuously been able to provide early warning, take part in response and recovery whenever required to.



In both counties, there exist vibrant Branches with a membership and volunteer database of community members. The counties have action teams that have been supporting responses involving road traffic accidents, resource-based and or inter-clan conflicts, cross-border attacks, flash floods, drought, fire incidences, disease outbreaks such as cholera, COVID-19 pandemic, fire incidences, among others. The teams of members and volunteers have a wealth of capacity and with just disaster-specific sensitizations, they are ready for deployment.

Overview of Red Cross Red Crescent Movement in country

The IFRC is supporting KRCS response through this DREF Operation. Please refer to page 5 of the [EPoA](#) for other details on RCRC Movement in country and their support to this response.

Overview of other actors' actions in country

At the County level, the County Departments of Health are coordinating the emergency response; a task force has been set up to spearhead actions aimed at controlling and containing this outbreak. The department of Health in both counties is conducting epidemiological surveillance in Wajir, Isiolo, Elgeyo Marakwet, Baringo, Turkana, and West Pokot on Yellow Fever, case detection, and treatment through the network of hospitals and health centres is being done in the two counties of Isiolo and Wajir. The national MoH has launched a Yellow Fever vaccination campaign in Wajir, Garissa, Isiolo and Mandera, which started in the last week of July 2022. Disease Surveillance and Case management protocols are developed by the national MoH while KEMRI is currently running the tests at its Nairobi laboratories.

More details on the support Kenya's MoH is receiving from the wider health emergency response bodies can be found on page 5 of the [EPoA](#).

Needs analysis and scenario planning

The first suspected cases of the current Chikungunya outbreak were reported in February 2022 in Kutulo and spread to Tarbaj in Wajir county. At the start of this operation, 58 cases of Chikungunya had been cumulatively reported from Health centres. The first case of Yellow Fever was reported on 13th January 2022 reported in Merti Sub County of Isiolo County and as of 23rd January, a total of 15 patients presenting fever, jaundice, muscle pain and fever pain were listed and 03 deaths were recorded in Isiolo county. A total of 3 cases turned out positive out of 6 samples analysed, reaching the outbreak declaration by MoH. MoH has declared 9 high-risk counties among the 47 as the most needed to be covered with an immediate response: Wajir, Garissa, Marsabit, Meru, Samburu, Baringo, Elgeyo Marakwet, West Pokot, and Turkana.

Between January-April 2022, 61 suspected cases related to Yellow Fever have been reported with 7 people succumbing to the disease with one death being confirmed. Out of the 61 suspected cases, 8 have been confirmed with Cherab having 2 cases, Chari 2 cases, Kinna 1 case, Isiolo Central 2 cases and Gafarsa having 1 case. This therefore is an indication that more needs to be done with regards to community sensitization, vaccination and prevention against Yellow Fever in the 3 counties as they border each other. As a response, the Ministry of Health is continuing with the national vaccination campaign with Wajir, Garissa, Isiolo and Mandera Counties as they are at risk of receiving travellers across their borders. The Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of one hundred and eighty-nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%).

There is need to continue the preventive and response measures already engaged to ensure that the virus, and exposure to mosquitoes is well managed. It is crucial that communities are well prepared by having extensive information on the diseases and possible ways to protect themselves from contracting the diseases as well as being vaccinated against them. The emergency actions in Isiolo and Wajir needs to be scaled up in continued alignment with the MoH preventive response for Chikungunya and vaccination for Yellow Fever.

Targeting

Through this reporting period, KRCS aimed to support the two counties; Wajir and Isiolo targeting 450,000 people. The beneficiaries have been reached in Isiolo and Wajir Counties to ensure reduction of the risk of spread of Yellow Fever and chikungunya viruses. This selection is based on traditionally reporting cases in the past outbreaks and the sub counties intensely affected. The action is targeting population, especially hard-to-reach individuals through risk communication and community engagement (RCCE) as well as other preventive measures. In addition to RCCE there has been integration of ECV/EPiC components of vector-borne diseases, (malaria chikungunya, Yellow Fever, Dengue) and environmental health actions to reduce breeding opportunities of the vectors. The RCCE component

have been included not only individual and community disease prevention, but also actions for strengthening vaccination access (available for children aged 9 months and older). The NS response has mainly focused on direct targets which are the epicentre sub-counties and their related counties: Merti, Garba Tula as the Yellow Fever epicentres sub-counties in Isiolo county and Tarbaj, Kotulo are the Chikungunya epicentre sub-counties in Wajir county.

The community relief committees headed by the chiefs and administrators have been involved through the process of setting out the beneficiary selection criteria and choosing the beneficiaries, to ensure that only the most vulnerable person/households' benefit from the distribution of nets. These have included widows or divorced women heads of households with children under 5 years; pregnant or lactating mothers with children under 5 years; widows or divorced women headed families with no source of income; families with severely malnourished children or child (under 5 years); households headed by people with disabilities with no source of income; and children-headed households.

Operation Risk Assessment

Kenya Red Cross Society will ensure the engagement of local staff and volunteers as applicable and continue with security surveillance and using opportunities provided by existing public goodwill and its acceptability approach to ensure successful implementation of the proposed activities. Security surveillance and working closely with county security teams to provide security briefings will be continuously done to the staff and volunteers to ensure continued vigilance. This remains as it is in the [DREF EPOA](#) for the vector borne disease outbreak.

B. Operational strategy

At this time of the operation update, the operational strategy remains the same as at the time of publication of the [DREF EPOA](#).

Proposed strategy

KRCS implemented response actions remain guided by the MOH in the two counties, however, due to the short time of implementation, there is need for continuation to sensitize the community members, mobilization for the vaccination of Yellow Fever and preventive measures against Chikungunya and Yellow Fever in Wajir and Isiolo respective.

KRCS will continue to coordinate with the two levels of government and non-state actors and through this, update the Movement partners on the progress.

C. DETAILED OPERATIONAL PLAN

	Health People reached: 316,976 Male: 164,828 Female: 152,158		
Outcome 1: The immediate risks to the health of affected populations are reduced.			
Indicators:		Target	Actual
# of monitoring plan developed		1	1
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines			
Indicators:		Target	Actual
# of monitoring and coordination meeting held		4	4
# of counties covered by the institutional capacity and community risk assessment		2 Counties	2 Counties
Output 1.2: Target population is provided with preventive measures.			
Indicators:		Target	Actual
# of community members reached through social mobilization		450,000	316,976
% of community members vaccinated during vaccination outreaches.		20%	2%
Health Outcome 4: Transmission of diseases of epidemic potential is reduced			

Indicators:	Target	Actual
# of people reached with health promotion	450,000	316,976
# of health workers trained on early detection and reporting, standard case definition and management protocol includes Isiolo and Wajir counties	100	100
# of IEC materials distributed	1000	1000
# of Community Health Volunteers trained on prevention and control of Yellow Fever and chikungunya and other vector-borne diseases in Isiolo and Wajir counties	100	105
# of trained Red Cross Volunteers on prevention and control of Yellow Fever and chikungunya and other vector-borne diseases in Isiolo, Wajir counties	150	105
# of counties reached by community engagement and risk communication by CHVs and RCVs through door-to-door sensitization and dissemination and distribution of IEC materials	5	2
# of radio campaigns done on Yellow Fever and Chikungunya diseases' prevention and protection	4	23
Health Output 4.1: Community-based disease control and health promotion is provided to the target population		

Indicators:	Target	Actual
# of mosquito nets distributed and monitored for use	5,000	1,450
# of PDM conducted	1	1

Progress towards outcomes

A total of 316,976 persons have been directly reached with health education, trainings, treatment/vaccination, IEC materials, preventive measures, as detailed below:

- 154,833 in Garba Tula,
- 73,289 in Merti sub-counties
- 88,854 people in Tarbaj

Unfortunately, the Yellow Fever vaccination campaign started late in the last week of July. As such, this Operation Update shall serve to extend the timeframe by one month to allow KRCS support the ongoing Yellow Fever vaccination campaign that will run for a month.

The teams in KRCS Wajir and Isiolo branches have received 2,000 nets and 3,000 nets respectively for distribution in the affected sub counties of Tarbaj in Wajir and Garbatula & Merti in Isiolo. The process of distributing the nets to the community members will ensure the use of selection criteria that are inclusive and only the most vulnerable and deserving communities' members are reached.



Water, sanitation and hygiene

People reached: 316,976

Male: 164,828

Female: 152,158

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of people reached with fumigation/spraying	204,168 people	Pending
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
# of fumigation of breeding sites	5	Pending
# of Red Cross branches participate in breeding site elimination and environmental cleaning	2	Pending

Progress towards outcomes

The outcome is based on the procurement of fumigation and spraying equipment which is yet to be finalized for delivery to the two counties of implementation. However, the County teams have worked together with KEMRI on mapping the mosquitoes breeding sites, which will be targeted with fumigation once the equipment are purchased.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Indicators:	Target	Actual
# of volunteers insured	150	150
# of personal CHVs and volunteers receiving protective equipment (for Isiolo and Wajir)	340	Pending

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
# of visibility material produced	5	2
# of lessons learned workshop conducted	1	1

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# of volunteers trained on CEA (in Isiolo and Wajir)	100	90
# of CEA feedback mechanism or platforms established	2	2
# and type of methods established to collect feedback and complaints from the community	2	2
% of operation complaints and feedback received and responded to by the National Society	100%	100%

Progress towards outcomes

KRCS volunteers have continued to disseminate the KRCS toll free line 0800720577 to the community members for purposes of providing feedback on the KRCS operations and giving suggestions on how the operation implementation could be improved. Some of the suggestions provided in Wajir county on the prevention of Chikungunya is that the KRCS should provide the community members with effective mosquito repellent as an addition to the nets which have been distributed to the vulnerable household members.

D. Financial Report

To date, a total of 23,067,828 Kenyan Shillings has been transferred to the National Society, of which 7,370,472 Kenyan Shillings have been expensed. A balance of 15,697,355 Kenyan Shillings is left to be expensed. With a commitment of 3,293,695 Kenyan Shillings already made.

To note, Kenya RC is on cash transfer modality and shall provide a detail report to IFRC on expenses at the end of the operational timeframe, when activities are concluded.

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact:**Kenya Red Cross Society:**

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- IFRC Africa Regional Office for Resource Mobilization and Pledge: Franciscah Cherotich Kilel, Senior Officer Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org;

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries): IFRC Africa Regional Office: Philip Komo Kahuho, PMER Coordinator, Email: Philip.kahuho@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.