

# **2<sup>nd</sup> Quarterly outbreak Response assessment**

**Kenya**

**2<sup>nd</sup> to 11<sup>th</sup> April'2014**

# Objectives

- To assess whether the quality and adequacy of polio outbreak response activities are sufficient to interrupt polio transmission within six months of detection of the first case, as per WHA-established standards, or as quickly as possible if this deadline has been missed, with a focus on status of implementation of previous 3 month assessment recommendations.
- To provide additional technical recommendations to assist the country meet this goal

# Schedule

Activities	Date	Day	Venue
Arrival of assessment team members	01-Apr	Tuesday	-
Technical Briefing	02-Apr	Wednesday	WHO Kenya Office
Security Briefing	02-Apr	Wednesday	WHO Kenya Office
Travel to Field	03-Apr	Thursday	-
Field assessment	3 to 9 April	Thursday- Tuesday	<b>Garissa, Turkana, Nairobi</b>
Feedback to the partners in field	08-Apr	Monday	-
Return from field	09-Apr	Tuesday	-
Desk review and interaction with Government, Lab and Key partners	3 to 9th April	Thursday- Tuesday	WHO Kenya Office, UNICEF, KEMRI Lab and Ministry of Health
Compilation of findings	10th April	Wednesday- Thursday	WHO Kenya office
Debriefing	11-Apr	Friday	WHO Kenya Office
Preparation of POA	12-Apr	Saturday	-
Departure of assessment team members	12-Apr	Saturday	-
First draft of report	19-Apr	Saturday	-
Submission of final report	26-Apr	Saturday	-

# Assessment teams

Area for field assessment	S/N	Team Members		Departure date	Return date
		Name	Organization		
Garissa	1	Hemant Shukla	WHO HQ	04-Apr	09-Apr
	2	Endale Beyene	USAID	04-Apr	09-Apr
	3	Zorodzai Macheckanyanga	WHO/IST	07-Apr	09-Apr
Turkana	4	Sue Gerber	WHO/BMGF	03-Apr	09-Apr
	5	Naouri, Boubker	CDC	03-Apr	09-Apr
Nairobi	6	Sam Okiror	WHO	02-Apr	11-Apr
	7	Sara Lowther	CDC	02-Apr	11-Apr
	8	Kaushik Manek	Rotary	02-Apr	11-Apr
	9	Brigitte Toure	UNICEF	02-Apr	06-Apr
	10	Deepa Pokharel	UNICEF	02-Apr	04-Apr

# Methodology

- Desk Review of relevant documents
- Field observation/assessment to areas affected and or areas at risk to evaluate the plan, process, implementation of the quality of outbreak response including supporting structures
- Key informant interviews of national, sub national officials, NGOs and other partner organizations involved in polio eradication activities
- Provided feedback to the Government authorities and national and Zonal partner teams

# *Conclusions (1)*

**The assessment team commends the strong outbreak response, including use of IPV and believes that with present level of commitment outbreak can be stopped.**

**However, there is strong risk of re-importation and program should strengthen strategies to mitigate this risk.**

Many of the recommendations from 1<sup>st</sup> outbreak response assessment have been implemented. The recommendations related to micro-planning, training, nomadic population, permanent vaccination points and surveillance need to be fully implemented.

# *Conclusions (2)*

- Appropriate, well coordinated outbreak response activities were conducted.
- Coverage in SIAs has been above 90% but there are operational gaps (including micro-planning & supervision) and children outside house & in transit are being missed.
- Nomadic, transit and cross border strategies need to be implemented/ strengthen further; adequate resources to be allocated.
- Good surveillance network in place with strong ownership from Government, need to strengthen Active Case search
- Good social mobilization structure in place with overall high acceptance of vaccine; need to improve communication planning.
- Low RI coverage in high risk areas is a risk; outbreak response could be used as opportunity.

# *Recommendations...1*

Assessment team encourages to continue and strengthen outbreak response activities including risk mitigation measures for re-importation and sustain good coordination among stakeholders

1. As recommended in previous assessment, deploy/ strengthen permanent vaccination points around border/ refugee camps to vaccinate incoming population
2. Complete micro-planning exercise to include team movement plan and adequate resources assessment/ allocation before the next SIA.
3. In commensurate with declaration of polio outbreak as public health emergency, domestic resources should be mobilized to ensure sufficient funding for SIA, surveillance and other important programmatic activities.
4. Strengthen Nomadic population coverage and transit strategies.



# *Recommendations...2*

5. Focussed training of vaccinators and supervisors particularly on missed children and supervision technique.
6. Strengthen field level communication planning
7. Strengthen active case search in health facilities and community based surveillance.
8. Urgent and strong steps to improve routine immunization in high risk areas, including demand generation.
9. Ensure timely availability of funds from National to sub county level.
10. Sustain motivation of all involved in the outbreak response activities, particularly field level workers.

6 Months after last WPV1 in HOA, 6 Month Outbreak Response assessment will be done in Kenya, Somalia and Ethiopia to declare closure of outbreak.