



General Country Information:

The Republic of Kenya is located in eastern Africa, and borders Ethiopia, Somalia, Tanzania, Uganda and Sudan with an east coast along the Indian Ocean. Kenya is divided into eight provinces: Central, Coast, Eastern, North Eastern, Nyanza, Rift Valley and Western and Nairobi. The provinces are further subdivided into 69 districts. Nairobi, the capital, is the largest city of Kenya.

In 1885, Kenya was made a German protectorate over the Sultan of Zanzibar and coastal areas were progressively taken over by British establishments especially in the coastal areas.

Hostilities between German military forces and British troops (supported by Indian Army troops) were to end in 1918 as the Armistice of the first World War was signed. Kenya gained its independence from Great Britain in December 1963 when a government was formed by Jomo Kenyatta head of the KANU party (Kenya National African Union).

Kenya's economy is highly dependant on tourism and Nairobi is the primary communication and financial hub of East Africa. It enjoys the region's best transportation linkages, communications infrastructure, and trained personnel. Many foreign firms maintain regional branches or representative offices in the city.

Since December 2007, following the national elections, Kenya has been affected by political turmoil and violent rampages in several parts of the country leading to economic and humanitarian crisis.

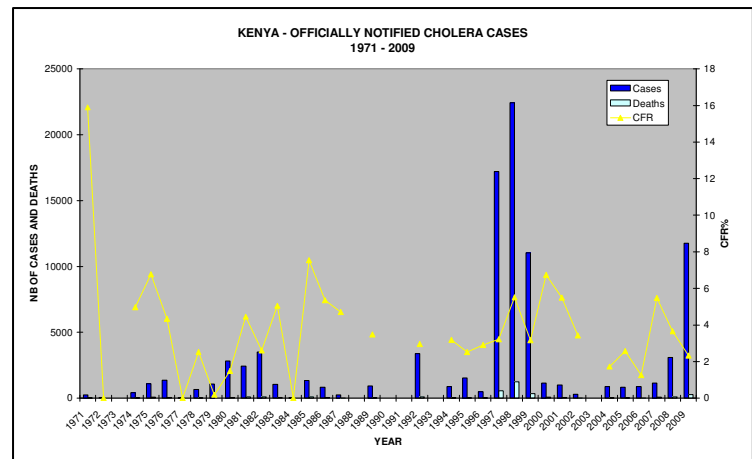
Kenya's Human Development Index is 147 over 182. The major cause of mortality and morbidity is malaria. Malnutrition rates are high (around 50'000 malnourished children and women in 27 affected districts in 2006). The child mortality is 120/1000. HIV prevalence is 6.1%

Cholera Background History:

Since 1971, Kenya has suffered several waves of cholera occurrence. From 1974 to 1989, Kenya reported cases every year with an average case fatality rate of 3.57%. Its largest epidemic started in 1997 and lasted until 1999, with more than 33,400 notified cases, representing 10% of all cholera cases reported from the African continent in the same 3 years.

In 1997, the outbreak started in June in Nyanza Province near the Tanzanian border, along Lake Victoria. In mid-October, the epidemic reached Kisumu, the third largest city in Kenya and by early November, cholera had spread northwest of Kisumu into Siaya District.

From 2000 to 2006, cases were reported each year ranging from 1 157 to 816 except for 2002, with 291 cases.



In 2007, the cholera outbreak affected 4 provinces: Rift Valley (West Pokot, Turkana), Coast (Kwale), North Eastern (Garissa, Wajir, Mandera) and Nyanza (Kisumu, Bondo and Siaya). The cases in Kwale were reported since mid February, shortly after the end of the floods, whereas the rest of the districts reported cases from late March 2007. As of 15 May 2007, a cumulative total of 625 cases have been reported with 35 deaths leading to a case fatality rate of 5.6%.

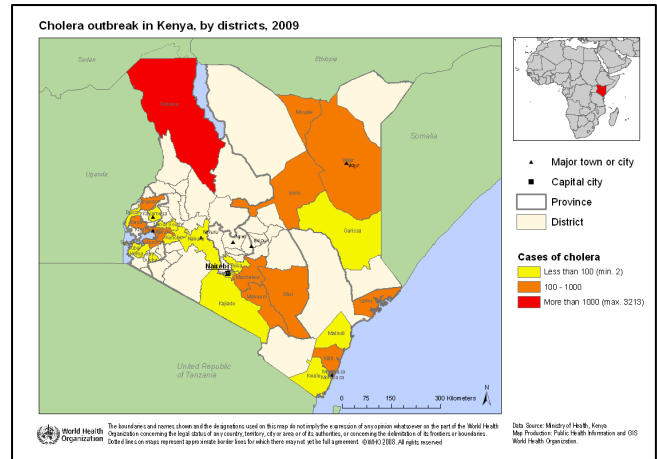
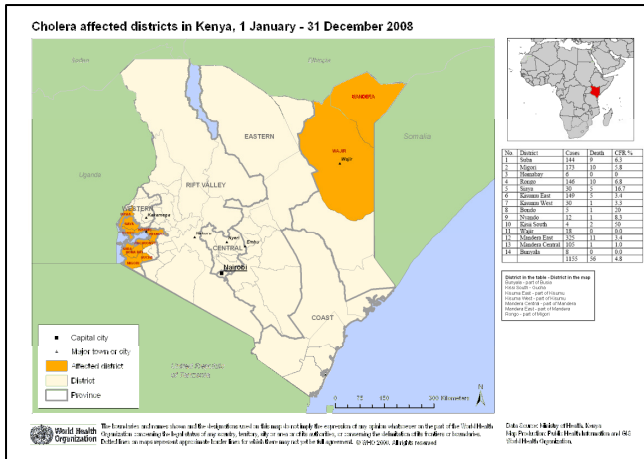
In 2008, cholera outbreaks were reported from 4 provinces Nyanza (Suba, Migori, Homabay, Rongo, Siaya, Kisumu, Bondo, Nyando, Kisii South), North Eastern (Mandera East, Mandera Central, Wajir), Western (Bunyala) and Rift Valley (Naivasha, Nakuru). Nyanza was the most affected province with 771 cases and 53 deaths being reported from 10 districts as of 31 March. The outbreak started in Suba district in November 2007 and further spread to cover all districts in the lake basin. In Mandera East district, 325 cases and 11 deaths (CFR 3.4%) were reported between 16 January and 14 March. The main challenges were the cross border involvement of the outbreak with Ethiopia and Somalia. From 27 November 2007, and as of 10 April 2008, the cumulative number of cases nationwide was 1243 cases and 67 deaths.

Cholera outbreak in 2009:

Kenya reported 11,769 cases including 274 deaths throughout 2009 (CFR 2.33%). The country had not experienced such a high number of cases in the last 10 years. The peaks occurred during March-April, June and October-November.



It seems that cholera was present first in Nyanza province, followed by Western, Eastern, North Eastern, Rift Valley, Coast, and finally Nairobi. Many provinces had multiple peaks during the year, and some data are still missing. Nairobi reported a small number of cases from April to June and then a larger peak from September to December 2009. The majority of cases occurred in the following districts: Dagoretti (17%), Starehe (17%), Embakasi (12%), and Kamukunji (7%) and at least three deaths were reported.



Demographic and Socio-Economic Data:

Sources for Document: WHO, UNHCR, UNDP, CDC

Geography	Total surface	580'367 km ² (2.3% water, coastline 536 km)
	Capital	Nairobi (population: 3,138,295 in 2009)
	Provinces	8 provinces (Central, Coast, Eastern, North Eastern, Nyanza, Rift Valley, Western, Nairobi)
	Official Language	English, Swahili
Environment	Climate	Tropical along coast and arid inland
	Rainy season	A short rainy season from Oct. to Dec. and a longer one from Apr. to June
	Floods and droughts	Recurring drought; flooding during rainy seasons
	Desertification	Deforestation; soil erosion; desertification
Demographics	Natural resources	Limestone, soda ash, salt, gemstones, fluorspar, zinc, diatomite, gypsum, wildlife, hydropower
	Population	36,553,000
	Religions	Christians 78%, Muslims 10%, indigenous beliefs 10%, others 2%
	Ethnic groups	Kikuyu 22%, Luhya 14%, Luo 13%, Kalenjin 12%, Kamba 11%, Kisii 6%, Meru 6%, other African 15%, non-African (Asian, European, and Arab) 1%
	Migrants	As of 1 Feb. 2008, an estimated 250'000 IDPs live in over 300 IDP sites
		Refugees are mainly from Somalia and Sudan.
Economy	Industry	Plastic, furniture, batteries, textiles, clothing, soap, cigarettes, flour, oil refining; aluminium, steel, lead; cement, commercial ship repair, tourism
	Farming	Tea, coffee, corn, wheat, sugarcane, fruit, vegetables; dairy products, beef, pork, poultry, eggs
Health Indicators	Per capita total expenditure on health (Int'l \$)	105\$ (2006)
	Life expectancy birth (yrs)	Males: 52 Females: 55 (2006)
	Child mortality (per 1000)	Males: 130 Females: 111 (2006)
Communicable Diseases		4'506 physicians in 2002
		<i>Food or waterborne diseases:</i> bacterial and protozoal diarrhea, hepatitis A, and typhoid fever <i>Vectorborne disease:</i> malaria is a high risk in some locations <i>Water contact disease:</i> schistosomiasis (2007) HIV prevalence (2005): 6.1%
Risk Factors for Cholera	Population with access to improved water source	85% urban, 49% rural (2006)
	Population with access to proper sanitation facilities	19% urban, 48% rural (2006)
	Chronic Malnutrition	31% (2002-2004)

