



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.

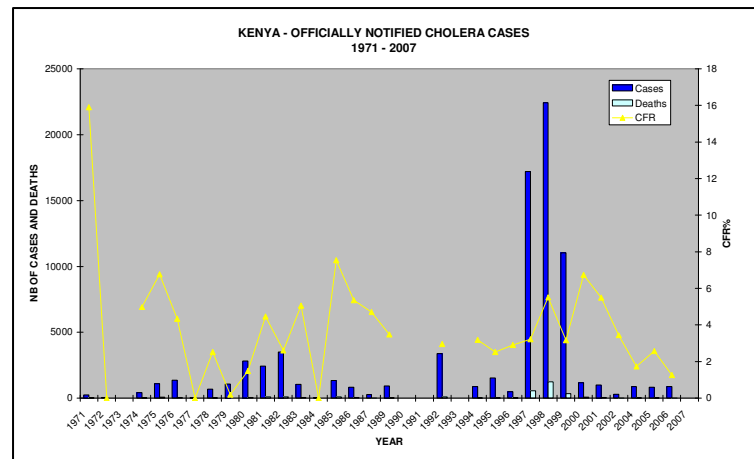
Kenya's Human Development Index is 148 over 177. The major cause of mortality and morbidity is malaria. Malnutrition rates are high (around 50'000 malnourished children and women in 27 affected districts in 2006). The child mortality is 120/1000. HIV prevalence is 6.1%

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 9 districts: West Pokot, Turkana, Kwale, Garissa, Wajir, Mandera, 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, a cumulative total of 625 cases have been reported with 35 deaths leading to a case fatality rate of 5.6%. Stool analysis from initial cases indicate the presence of *Vibrio cholerae* O1 (Inaba and Ogawa). The intervention measures undertaken in all districts included case management, public health education, water chlorination and enhanced surveillance. The outbreak has been first controlled in Kwale, West Pokot and Turkana and later in the rest of the districts.

Cholera outbreak in 2008:

Cholera outbreaks were reported from 4 provinces Nyanza and North Eastern, Western and Rift Valley. Nyanza is the most affected province with 771 cases and 53 deaths being reported from 10 districts as of 31 March. The outbreak started in Suba in November 2007 and further spread to cover all districts in the lake basin. In the North Eastern province, the cholera outbreak was reported in 3 districts. In Mandera East, 325 cases and 11 deaths (CFR 3.4%) were reported between 16 January and 14 March when the last case was reported. The significant synergy between all involved partners was determinant in the good management of this epidemic. The main challenges were the cross border involvement of the outbreak on the Ethiopia and Somalia sides.

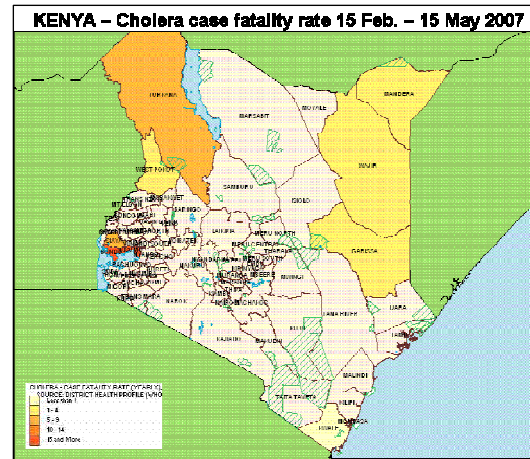
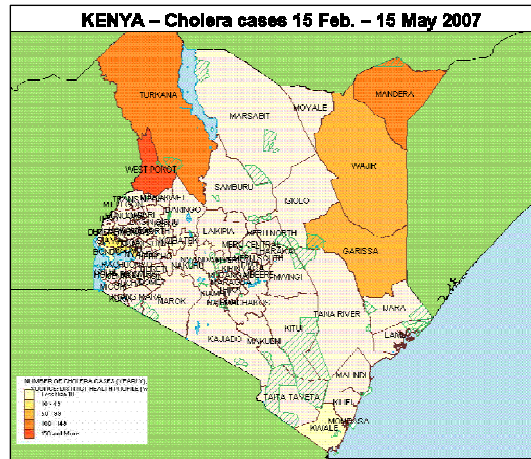


In Mandera Central, 105 cases with 1 death were reported from early February to mid-March. In Wajir, 18 cases with no death were registered.

Western province reported 8 cases in Bunyala district in March.

Rift Valley reported 16 cases with 2 deaths between 27 March and 9 April from 2 districts (Naivasha and Nakuru)

From 27 November 2007, and as of 10 April, the cumulative number of cases nationwide is 1243 cases and 67 deaths.



Demographic and Socio-Economic Data:

Geography	Total surface	580'367 km2 (2.3% water, coastline 536 km)
	Capital	Nairobi (population:)
	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	34,256,000
	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%
Economy	Migrants	As of 1 Feb. 2008, an estimated 250'000 IDPs live in over 300 IDP sites Refugees are mainly from Somalia and Sudan.
	Industry	Plastic, furniture, batteries, textiles, clothing, soap, cigarettes, flour, oil refining; aluminium, steel, lead; cement, commercial ship repair, tourism
Health Indicators	Farming	Tea, coffee, corn, wheat, sugarcane, fruit, vegetables; dairy products, beef, pork, poultry, eggs
	Per capita total expenditure on health	86\$
	Life expectancy birth (yrs)	Males: 51 Females: 51 (2005)
	Child mortality (per 1000)	120 (2005)
Communicable Diseases		0.14 physicians per 1 000 population
	<i>Food or waterborne diseases:</i>	bacterial and protozoal diarrhea, hepatitis A, and typhoid fever
Risk Factors for Cholera	<i>Vectorborne disease:</i>	malaria is a high risk in some locations
	<i>Water contact disease:</i>	schistosomiasis (2007)
	HIV prevalence (2005):	6.1%
	Population with access to improved water source	83% urban, 46% rural (2004)
	Population with access to proper sanitation facilities	46% urban, 41% rural (2004)
	Chronic Malnutrition	31% (2002-2004)

Sources for Document: WHO, UNHCR, UNDP

