



Emergency Health Action
WHO Kenya
CERF Funded Activity Report

Period covered:

20th May – 9th June 2006

Implementation of the 90 days plan

Surveillance

Aflatoxin

By end of April 49 cases of aflatoxicosis with 23 deaths had been reported in 3 districts of Eastern province. The districts were supported by the MOH through Disease Outbreak Management Unit (DOMU) and the Ministry of Agriculture to respond through intense community case search, public health education and sensitisation, good harvest and post harvest practices. Both ministries also strengthened surveillance in their respective fields. WHO provided laboratory support and follow-up of test samples.

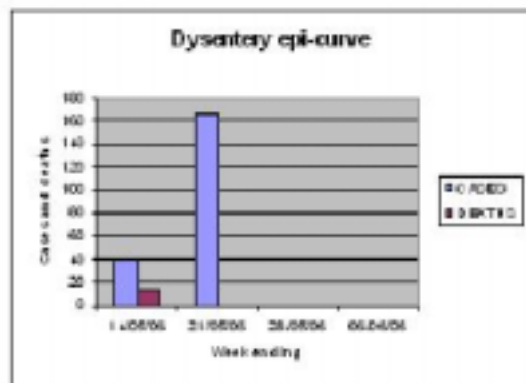
Diarrhoea

Cholera

There were reports of a cholera outbreak also in April in Kakuma refugee camp where 50 cases were reported with 1 death. The identified organism was *Vibrio cholera inaba*. WHO provided guidelines and follow-up support.

Dysentery outbreak in Mandera district

The drought crisis in North Eastern province was followed by heavy rainfall in April that caused floods in Mandera. Due to contamination of water sources, a **dysentery outbreak** was reported in May. A total of 202 case and 13 deaths were recorded. The ministry of health, Red Cross and WHO responded with emergency Kits from the drought support and chemicals for water treatment.



Malaria

Surveillance is ongoing in all areas and has been intensified especially following the rains that fell in late April and early May. Nets also continue to be distributed with support of UNICEF. Training of trainers on malaria case management for artemisinin combined therapy (ACT) is on going for both North Eastern and Eastern provinces, supported by WHO. WHO has also supported procurement of ACTs for case management.

Emergency Polio and Measles immunization campaign.

The emergency campaign for polio and measles immunization was undertaken in 16 districts of North Eastern and Eastern provinces and Nairobi by the MOH. The district covered were at a risk of polio infection from neighbouring countries of Ethiopia and Somalia. During the same period, the same districts, which were suffering the effects of drought, were also experiencing an outbreak of measles.

WHO gave technical support for planning and field supervision during the campaign. In addition to the funds allocated to immunization from the CERF, more money was mobilized from other sources to facilitate the campaign to completion. WHO gave a total of US\$ 530,000 for some of the identified activities.

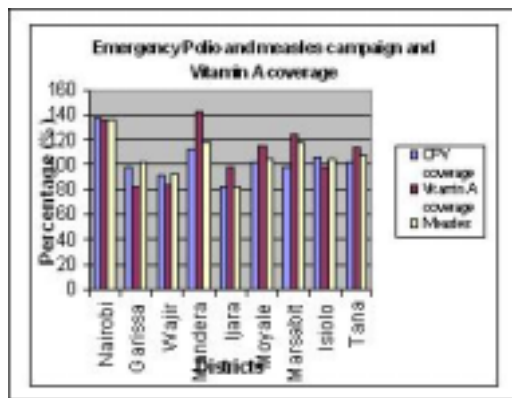


Dr Duale EPI/NPO administering OPV to a child in Wajir District of the North Eastern Province.



Dr Onsongo the DPC/NPO immunizing a child in Isiolo District of the Eastern province

The provisional results for the campaign which was undertaken from 29th April to 5th May indicated very favourable results with almost all the districts registering above target (>95%) with the exception of two, Ijara and Wajir where targets could not be met due to rains that hampered access in some of the settlements/divisions.



The continuous threat of polio from the neighbouring countries has necessitated the development of a strategy to address cross boarder prevention. Plans are already at an advanced stage to carry out another immunization campaign on polio.

Baseline assessment for health reports

MOH with the support of WHO carried out a baseline assessment in six of the nine targeted districts aimed gathering the relevant data to guide prioritisation of interventions. The field activities have been finalized and data analysis is on-

going. Information from the other three districts was already available.

Coordination support from WHO

WHO staff (DPC and AO) travelled to Garissa, the headquarter of North Eastern Province, where together with the Provincial Medical Officer of Health (PMO) identified premises to house the WHO field team. The team, in addition to the EHA/NPO, the driver and the secretary, would also include the WHO field polio surveillance officers who is also base in the same area and has been assisting in relaying of data from the field. The visit also enabled WHO to finalize the interviews for the field support staff. The following have now been successful recruitment:

- An NPO to support/coordinate field activities.
- Support staff, driver and secretary, for the field operations

The staff will be taking up their duties by mid June. Office supplies and a vehicle to facilitate the field operations have also been procured.

The teams main task will be to support the MOH in assessment, planning, coordination, surveillance capacity building and monitoring of health related interventions in emergencies.

At the international level an officer to support the country office in the coordination of EHA activities has also been recruited through the TYP funds, and is expected in the country shortly.



Vehicle to support EHA field activities

Capacity building

Ministry of health central level working with the District Health Management Teams (DHMT) are currently undertaking a training of trainers on the management of severe malnutrition and on minimal initial service package for reproductive service, included Emergency Obstetrics Care (EOC) and post exposure prophylaxis (PEP). The training is organised in a cascading manner with those trained as trainers expected to train the service providers in all the therapeutic feeding centres in the affected areas.

WHO and CDC supported the **National IDSR facilitators' workshop (TOTs).**

Participants included ALL provincial disease surveillance co-ordinators, provincial data managers, WHO national Surveillance officers and programme officers from DOMU, MAL, KEPI and NASCOP. WHO and CDC facilitated the modular training.

Training of district surveillance teams on IDSR for the drought affected districts will begin in the coming week and will roll to all districts in a cascade manner.



Participants in the TOT in IDSR

Supplies

The kits for essential medicines and minimal initial service package (MISP) for reproductive health procured by WHO and UNFPA respectively have arrived into the country and are in the process of being distributed to the affected districts through MOH with the support of Kenya Red Cross. WHO provided the funds for the procurement and distribution (US\$ 200,000).

The kits, which totalled to seven tonnes contained essential medicines and supplies, enough to treat 10,000 individuals for three months. The MISP kits contained individual and health centre delivery sets and provision for post-exposure prophylaxis for rape (PEP). This ensured mainstreaming of gender into the provision for treatment in these drought hit areas.



Samples of the Basic WHO Emergency Health Kits in the store awaiting distribution to the Districts

Activities planed for the month of June.

- Carry out the polio cross boarder campaign
- Establish the Garissa office for the field surveillance officers
- Roll out the IDSR training.
- Cascade the training on severe malnutrition
- Follow-up on the coordination of the Health and Nutrition committees at the district level.
- Monitor field activities.