



Emergency Health Action
WHO Kenya
CERF Funded Activity Report

Period covered:

1st April – 19th May 2006

Introduction:

Since the last quarter of 2004 the North Eastern part of Kenya has been facing an unprecedented drought affecting about 3.5 million people (Fig. 1: worst affected districts). Health impact has been obvious mainly on vulnerable people (children and mothers). Malnutrition (severe malnutrition), increasing communicable diseases cases (measles outbreak threat) were among several causes of morbidity and mortality. To save lives and reduce

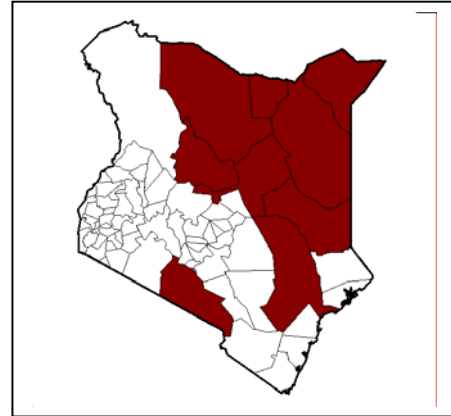


Fig. 1: 9 worst affected districts

suffering, WHO in collaboration with the MoH and health stakeholders applied for and receive the new CERF grant. WHO plan for utilization of these funds was to improve the information system through regular assessments and strengthening of the existing surveillance system, support the coordination of the health cluster, identify and fill in critical gaps to save lives and build capacities to provide essential needs and reduce vulnerability. CERF related activities started in April following the receipt of the fund by WHO HQ on 31 March 2006. The present report presents activities implemented during the period 1st April to 19th May 2006.

Preparatory activities

In order to start the implementation of life saving activities planned under the CERF fund some actions have been taken.

Planning with key partners

In order to have consensus among the UN partners, meetings were held with UNICEF and UNFPA for the following purposes:

- During the proposal elaboration phase.
- To discuss on ways to improve collaboration
- On support to the MOH and joint planning

Meetings were also held with Kenya Red Cross where collaboration was discussed especially on the distribution of kits in the districts.

Assessment and meeting with stakeholders in the field;

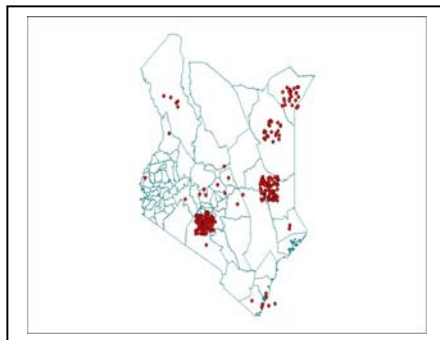
WHO with the MOH made a rapid assessment visit to Garissa the Provincial Headquarters of the North Eastern Province. The objective was to meet with stakeholders on the ground and also meet with the Provincial Health Management Teams (PHMT) and District Health Management Teams (DHMT) from the four districts of the province who were meeting to review the response to the emergency.

During the visit the WHO/MOH team met with other stakeholders from UNICEF, DANIDA and Kenya Red Cross. The mission received a report on the status of the four districts including the gaps identified.

The main gaps were in the following areas:

- Coordination of stakeholders on Health issues
- Inadequate skills to address the case management
- Inadequate information on the emergency from the Ministry of Health side
- Inadequate capacity to manage the health issues. This included response to an outbreak of measles in the area, which was overwhelming the system

Fig 2. Confirmed measles Cases in Kenya 22
September 2005 – 23 February 2006



Internal planning process

Based on the information gathered from the visit to Garissa, a 90 days plan was developed with the MOH with support from WHO HQ (HAC), AFRO (EHA), ICT

Nairobi and KCO. The plan also took into consideration interventions that would make a difference in terms of mortality and suffering reduction. Four key areas identified were:

- Need assessment and information provision,
- Coordination of health response,
- Filling gaps and
- Building capacity.

Implementation of the 90 days plan

Implementation of the planned activities began as the processing of funds was on going in HQ/Geneva. The approval for the funds was signed on 31st March.

Planning

A comprehensive plan to implement activities during 30 days, 60 days and 90 days was developed and endorsed by the Ministry of Health.

Need assessment & Information Management



Fig 3: Dr O. Ahmed (centre), Provincial Medical Officer with Dr L.oretti WHO/HAC/HQ and Dr Khatib EHA/AFRO, during the assessment visit to Garissa, North Eastern province

The needs assessment began with the WHO/MOH mission visit to Garissa. The visit offered a great opportunity to have an overview of the three district badly hit by the drought (Mandera, Wajir and Garissa). An exhaustive presentation from the Provincial Medical Officer and Medical Officers from the three districts on the health situation in their district, was made.

- A field assessment using a tool developed by WHO and endorsed by the Health and nutrition group was planned to be undertaken in the last quarter of April, in 6 districts, alongside the Measles campaign. However due to logistic reasons and overwhelming of the health workers by the campaign activities, only Isiolo district (a district previously affected by the drought now experiencing flood

situation) was assessed. Assessment in the remaining District (5) was to be undertaken in May.

Surveillance

- Plans to train health workers on IDSR in the targeted District to strengthen surveillance are finalized and dates for training set. This will be undertaken by the MOH with support from WHO.
- Surveillance in North Eastern District is ongoing with WHO surveillance officer based in Garissa
- Recruitment of an NPO and his support staff (Driver and secretary) and a data manager assistant, to support field activities, are also progressing.
- A vehicle to support surveillance and supervision has been purchased and will be delivered soon.

Coordination:

During the WHO/MOH field visit to Garissa, District medical officers expressed a need to help them strengthen coordination. Towards this the following is being undertaken:

- Recruitment of an international EHA officer to support the country team is at an advanced stage and currently we are awaiting approval from the MOH. The officer will oversee WHO response in supporting the MOH on the emergency response.
- Field activities will be supported and coordinated by the NPO and his support team
- Several meetings held between the MOH, UNICEF and WHO to agree on the implementation of activities on the ground.

The new staff will strengthen coordination at the national and district level in collaboration with the WHO technical staff.

Filling Gaps:

In this area the following activities have been, are being or are planned to be undertaken:

- The measles immunization campaign started on 29 April and was finalized on 6 May. The target population was 650,000 persons (under 5) and were vaccinated against Measles and polio with vitamin A.
- Kits to support outreach services and strategic health centers have been ordered. The kits have been cleared by MoH. The order has been delayed by an increase in the cost of transport due to growing cost of oil.
- Agreement on the principle to have logistic support from Red Cross has been reached and would be finalized soon.

Capacity Building:

Proposal to train and update skills in collaboration with MOH have been developed. The following areas are covered:

- Integrated Diseases Surveillance and Response (IDSR),
- Update on the new malaria treatment guidelines.
- Severe malnutrition case management,
- Reproductive health

The activities were delayed because of the immunization campaign.



Fig 4. A child recovering from severe malnutrition in Garissa Provincial Hospital

Activities planned for the second half of May 2006

The following activities will be undertaken:

- Training activities will start (mainly IDSR) and surveillance for malaria and diarrhea diseases will be strengthened.
- Assessment in remaining District will be finalized and health stake holder will be mapped in collaboration with the Health and Nutrition group.
- Health information disseminated through bulletins or internet
- Medical coordinators will be in place (Nairobi and Garissa)

- The car to support operation will be in place and the field office will be opened in Garissa
- Kits will be provided in districts.
- A second vehicle will be ordered for monitoring activities from technical staff in Nairobi.
- Refrigerator for vaccine will be ordered.