



WHO Representative for Kenya

“WHO’s intervention”



TFC at the Provincial Hospital (photo Dr Yao, WHO)

Kenya Context

3.5 Million affected by severe vulnerability. They are threatened by food shortages and related diseases. The health care delivery system in the affected areas is thin (see infrastructures) and fragile(see human and financial resources)

Main health threats and vulnerabilities

- Infectious diseases
 - Measles
 - Malaria
 - Acute diarrhoeas
 - ARI
 - M.meningitis
 - Avian Flu
- Under-Nutrition
- Maternal risk
- HIV/AIDS
- Low immunization coverage (measles and polio threat)
- Constraints to access to health care (structural or contingent)
 - Geographic
 - Economic (e.g. coping vs.caring, dependence on livestock)
- Functional (e.g. insecurity, nomads, poor resources and quality)



Meeting with Districts public health Officers in Garissa for North -eastern Province health situation analysis

Our strategy:

The common goal is to reduce avoidable mortality and suffering and everybody has something to contribute

A common strategy: focused, flexible and comprehensive enough to accommodate the different mandates and optimize the different capacities.

Key actions:

- Identifying priorities - i.e. information management,
- Facilitating dialogue between different actors,- i.e strategic, operational and technical coordination,
- Filling critical gaps: or ensuring that they are filled anyway, to save lives immediately, and to strengthen national and local systems for the longer term
- Building the capacities of the Ministry of Health to deal with this emergency now, and to reduce vulnerabilities against future crises in the affected areas

1. Information management

- Strengthening, i.e. widening & furthering, the existing information base,
 - conducting field assessments
 - complementing IDSR with Nut surveillance
 - strengthening districts' capacities for info management
 - improving current connectivity and flow: by hardware and management
 - defining baselines: APW with University ?
- Optimizing products: publishing weekly newsletter (what's going on, who's doing what where), monthly bulletins, establishing a www.health-kenya

2. Coordination

- **Strategic WR:** What do we want to achieve ? Establish routine of meetings, weekly for the first two months, to make them become a habit
- **Operational/programmatic:** Who is doing What, Where ? Is everything that is needed being done?
- **Technical:** Is everybody doing things the way they should? Opening up to other agencies the working groups that WHO has with MOH
- Use all opportunities to highlight functional liaisons between technical and strategic coordination
- Decentralize support to MOH coordination to province and district level
- Catalyze district health emergency teams
- Coordination: giving and receiving

3. Filling gaps

- Ensuring that all partners work towards local and national health priorities
- Outreach : bringing technical expertise and supplies etc. close to affected population
- Ensuring that information and lessons learnt through technical and strategic coordination reach the districts
- Ensuring that all activities contribute to enhance human resources for health

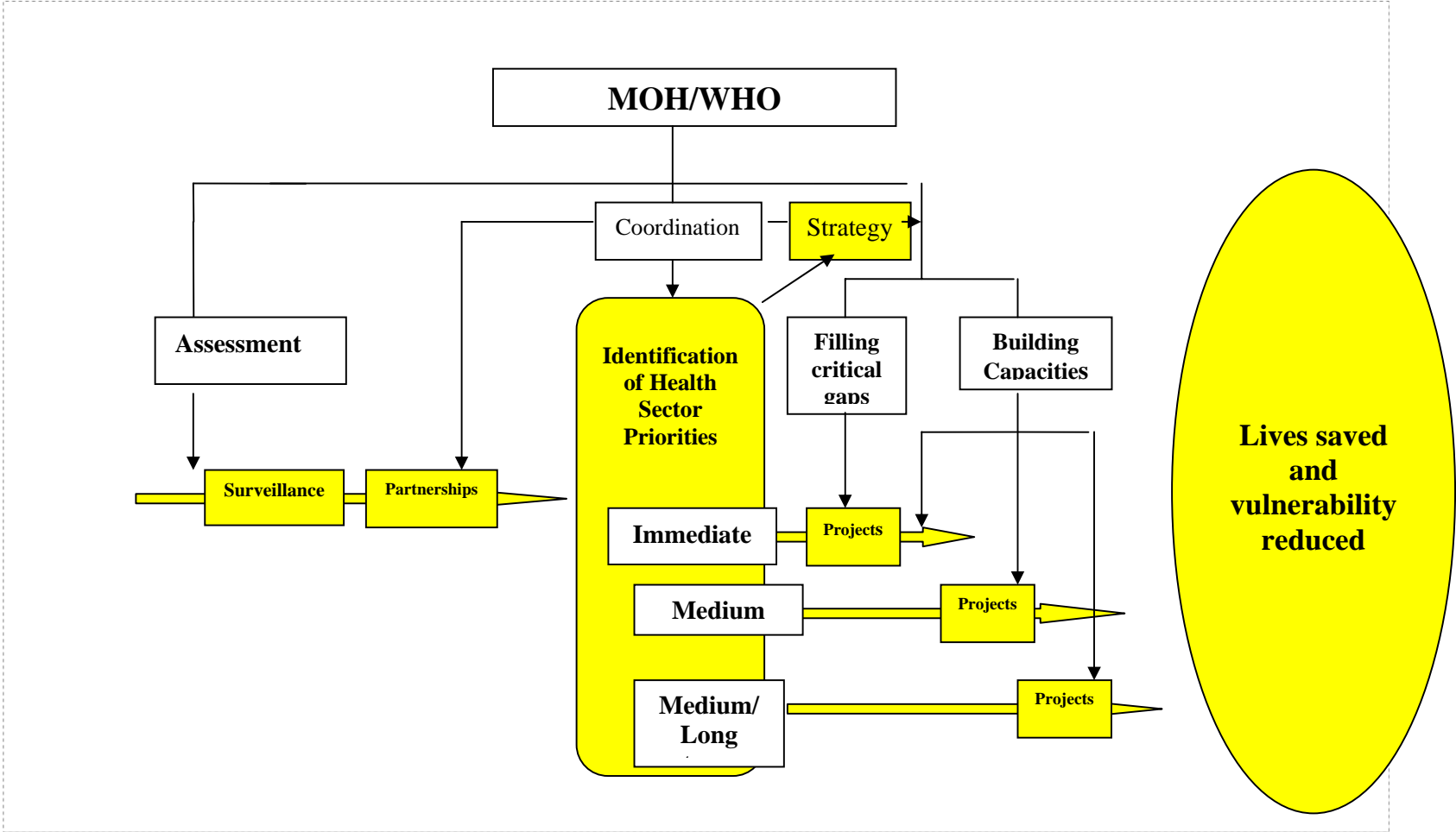
4. Building capacities

This will happen again. So,

While keeping in mind that the priority is saving life we will:

- Ensure that all activities contribute to enhance local systems and human resources, by scaling up existent capacity: e.g. by programme management training
- Ensure that information and lessons learnt through coordination and operations reach senior management in line ministries as well as the districts

Our strategy: Information, Coordination, Filling gaps and Building capacities



The "90 Days Plan"

Health situation assessment in process in affected district (North eastern done)

Immunization campaign (Measles and Poliomyelitis).

Training on IDSR: strengthen surveillance system (new threat with rain)

Function		Measures for improving the situation		
		What must be in place in 30 days	What must be in place in 60 days	What must be in place in 90 days
1. Assessment and monitoring	1.1. Assessment Information consolidated, arranged and displayed (Baselines and Bulletin, etc)	<p>Field assessment in 6 districts: Moyale, Masarbit, Samburu, Isiolo, Kajiado Tana River, (along the immunization campaign) MOH, UNICEF, UNFPA</p> <p>District in North Eastern provinces have been assessed</p> <p>One National comm. officer recruited One national assistant data manager recruited for the field (Garissa)</p> <p>WRO equipped for Desktop Publishing and at least one issue of bulletin (health situation report) published.</p>	<p>At least one field assessment visit per district by the field Programme officer & other WHO staff</p> <p>National comm. officer in place One national assistant data manager in place in Garissa One driver in place in Garissa.</p> <p>At least four issues of weekly bulletin posted on WWW.AFRO</p>	<p>At least two field assessment visit per district by the field Programme officer & other WHO staff (six to be done in 6 months)</p> <p>National comm. officer in place One national assistant data manager in place in Garissa One driver in place in Garissa. A second driver in place</p> <p>At least nine issues of weekly bulletin posted on WWW.AFRO</p>

	1.2. Surveillance and Early warning <i>Health threats and system's critical capacities monitored regularly (IDSR, etc)</i>	District disease surveillances officers on IDSR trained (9 Districts) IDSR data collection forms and materials printed One National surveillance officer recruited	At least one field (MOH/WHO) monitoring visits done per district (can be done with assessment visit) One National surveillance officer in place in Garissa Improved reporting from the 9 drought affected districts	MoH staff at District level trained in IDSR At least two field (MOH/WHO) monitoring visits done per district (can be done with assessment visit) One National surveillance officer in place in Garissa Improved reporting from the 9 drought affected districts
2. Support to coordination	2.1. Health coordination <i>Organized space and time for all health partners, all technical programmes contributing to appropriate response</i>	Technical coordinator in WRO in place One international EHA technical Officer recruited Support to coordination at district level Weekly follow up meeting (Health and Nutrition) with minutes (with partners) mainly at District Level	Districts mapping of partners done Meetings continue	Meetings continue
	2.2. Coordination with other sectors <i>Work in all other sectors geared to the survival and health</i>	Coordination with health related sectors strengthened and joint planning established	Coordination with health related sectors strengthened and joint planning established	Coordination with health related sectors strengthened and joint planning established
3. Identifying and filling gaps	3.1. Filling the life-threatening gaps <i>Life-threatening conditions prevented or promptly addressed,</i>	650,000 persons (under 5) vaccinated against Measles and polio with vit A administration (Field assessment along to immunization campaign)	The target population vaccinated against Measles and polio with vit A administration	

	3.2. Filling gaps that are critical to effective delivery of health care <i>Equitable access to health care improved in priority Districts</i>	Start purchase of kits Distribution mechanisms identified	Kits delivered: 09 NEHKs + 2 Malaria UNFPA kits Local transport Diarrhoea Kits / (locally) Cold chain purchased: Refrigerator + transport installation	
4. Strengthening and repairing systems and building capacities	4.1. Building national capacities <i>National health partners fully integrated in, and supportive</i>	Adapted training materials on severe malnutrition printed	Trainers on severe malnutrition and IMCI trained Health workers trained on the management of severe malnutrition and IMCI Districts focal points are trained on minimum initial service package for Reproductive health (MISP).	- Health workers trained on the management of severe malnutrition and IMCI HW are trained on minimum initial service package for Reproductive health (MISP).
	4.2. Building capacities of international partners <i>International health partners effectively complementing</i>	OCHA, UNICEF, UNFPA and WFP informed and associated to WHO's work	OCHA, UNICEF, UNFPA and WFP informed and associated to WHO's work	OCHA, UNICEF, UNFPA and WFP informed and associated to WHO's work
Programme support and management		- Office equipment and running costs (rent + vehicle maintenance) - Field supervision visit (from Nairobi EHA cord & ICT + vehicle maint.)		

NB: THE SAME STRATEGY FOR THE 5 DROUGHT AFFECTED COUNTRIES