

WAJIR DISTRICT PROFILE

- One of the four districts of north eastern province
- Land area of 56,501 km², 10% of Kenyans land mass which 75% is semi arid
- borders mandera and Ethiopia to the north, Somalia to the east, Isiolo, Moyale and Marsabit to the west and Garissa to the south
- Low economic activity which is mainly livestock keeping while northern part of the district practice agro pastrolism

CONTD

- 13 administrative divisions, 75 locations and 103 sub locations
- 4 constituencies Namely Wajir east, Wajir West, Wajir south and Wajir north
- Population of 471,000 from 1999 census projections
- Population density 2 per 1 km²
- Under five population of 59,000 children
- Under one population of 14,000
- Child bearing age women of 113,040
- 34 GOK health facilities which consist of 1 district hospital, 4 sub districts, 1 health centre and 28 dispensaries and 35 private clinics

PARTNERS

- Gok Alrmp
- UNICEF
- Danida
- Merlin
- Unicef
- Wasda
- Gtz
- Aldef
- Oxfam
- World vision

TOP FIVE MORBIDITY

- Malaria
- Diseases of the respiratory system
- Diarrhoeal diseases
- Pneumonia
- Urinary tract infections

STAFFING

- 3 Doctors, 1 surgeon
- 89 nurses and 20 expected soon
- 17 pho/phts
- 21 clinical officers
- 10 lab
- 2 records
- 1 pharmacist and 5 pharm techs
- 1/1/2 plaster, ot and physio
- 3 nutritionist
- 2 med. Eng
- 12 supportive staff
- 3 clerical officers
- 5 drivers

INTEGRATED PROGRAMMES

- KEPI ACTIVITIES
- 22 epi centres in the district
- 17 VHF radios in 15 out of 34 facilities
- Accelerated outreach programme conducted in march sponsored by Gok and unicef
- epi coverage 50% in 2005
- Drop out rate 28%
- Measles and vit A coverage 52%
- Out reach programme also supported by Merlin in 7 divisions, Gtz operationalized 4 facilities namely Meri, Abakorey, Argani and Dilmanyaley
- Measles outbreak in the district with two confirmed cases by KEMRI labs and line listing of more than 100
- 3 death confirmed in lagbogol

TB ACTIVITIES

- 4 Diagnostic centres and fifth one would be open next month in Griftu health centre
- 9 treatment centres
- All TB patients have been tested on HIV
- All patients on TB drugs are on dots in both phases
- Case detection rate 70%
- Treatment completion rate is 85%
- Practice passive case finding and no active case search due to inadequate resources

HIV/AIDS ACTIVITIES

- 60% of our health workers trained on pmctc services
- 2 Pmctc sites established and expecting 3 more to be operationalised by june 2006
- 30% uptake realised since pmctc services started
- Vct services are low and 1 site operational
- 16 patients currently on ARVs and 1 succumbed
- Condoms distribution is normally integrated with routine drug kits distribution to all facilities

ENVIRONMENTAL HEALTH AND SANITATION

- Latrine coverage in central division 22%, while in the rurals 5%
- Central division has about 10,000 shallow wells due to high water table.
- 450 Shallow wells are protected with only about 50 provided with aprons.
- About 9,550 wells are not protected leaving room for water contamination.
- Central division has about 2,500 bucket latrines.

IMPACT OF THE DROUGHT

- Wajir district was one of the worst hit in the province
- Global acute malnutrition of 33% as per dec 2005
- Severe acute malnutrition conducted by ALMRP revealed an increase from 4 to 5.5
- 45 children succumbed to malnutrition related complications from Nov. to march 2006 in wajir district hospital
- Health service utilization rose by 60% as revealed by opd and inpatients attendances in wajir district hospital
- Due to water scarcity upsurge of GE cases reported in most parts of districts
- 50% of livestock population perished as a result most of the centres have had carcasses all over hence poses health danger

INTERVENTIONS

- 1 TFC established at the district hospital courtesy of GTZ and run by Moh and Merlin
- accelerated outreach programme sponsored by Gok and unicef for march
- 2 wet feeding centres in central division run by the community, ama and moh
- Distribution of unimix to health facilities which total to 1200 bags
- DHMT responded to measles outbreak in lagbogol, sabuli and central divisions by conducting mob up strategy in the areas affected
- Disposal of 12102 carcasses was conducted by moh and partners
- Health education both at the community and school level.
- The DHMT scaled up drugs distribution in the rural facilities
- Zero reporting of measles and afp reported weekly

CONSTRAINTS/GAPS

- Shortage of staffs of all cadres esp nurses
- Inadequate transport and lack of regular maintenance due to meagre resources
- Little support from other Gok departments i.e public works and Alrmp
- Poor physical infrastructure e.g. the district hospital, Buna sdh, Hadado and Wajir bor dispensaries
- Lack of basic equipments in public health department, dental, physiotherapy and ill equipped theatre and laboratory
- Inadequate recurrent and developments resources allocations
- Vastness of district pose challenge to health service delivery
- Construction of facilities y ALRMP and CDF without consulting line ministry
- The poor manual night soil collection poses danger to the only water source available in central division

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- In the rural centers of Wajir district carcasses of dead animals are seen around the common watering points i.e. borehole, earth pans etc. hence posing health danger

DISEASE SURVEILLANCE CURRENT STATUS

- Active surveillance in the district but case search is passive due to under funding.
- Zero reporting on weekly basis.
- Collection and dispatch of samples of suspected AFP and measles cases (line listing).
- Routine updating of health workers on IDSR by distributing IEC materials
- Integrated supportive supervision
- Routine immunization
- Outbreak response

GAPS IN SURVEILLANCE

- Inadequate financial support
- Poor transport/logistics
- Inadequate training of health workers on IDSR
- Vastness of the district
- Long porous border with Somalia and Ethiopia thus making difficult for surveillance activities to be undertaken
- Frequent Cold chain breakdown
- Understaffing of most facilities e.g. dispensaries

RECOMMENDATION/WAY FORWARD

- Update and training of health workers on surveillance e.g. the avian flu
- Provision of motor-vehicles and motor-cycles since the district is vast
- Support DHMT to carry out supportive supervision
- Appraisal/reward of successful facilities and their staffs
- Adequate sustainable financial support for integrated surveillance activities
- Strengthen cross-border surveillance
- Sustainable cold chain maintenance
- Strengthen routine immunization

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THE END...

THANK YOU