

Kenya Inter-cluster team Situation Report

3 March 2008

Situation Overview

In general the health situation remains stable in the IDP camps. But a new challenge emerges as populations move from IDP camps to 'host communities', in some areas overburdening health facilities.

An urgent assessment is required to determine the impact on social services, particularly the health service delivery in areas that are absorbing high numbers of IDPs.

Support is required to the general health system to allow 'catch-up' of services that were reduced during the clashes e.g. Immunisation levels have fallen, the central medical stores are two months behind schedule for routine delivery of basic medicines and peripheral clinics are now having stock outs.

Security

There is now almost unrestricted access to the camps. The sporadic insecurities in Molo still compromise the provision of health services to the IDPs and host populations.

Priority Needs

- Continued and increased provision of basic services to IDP camps
- Increased coverage of WAT/SAN in IDP camps
- Strengthened nutrition interventions for IDPs in camps and at the community level

Humanitarian Response

National level

Main health issues reported from the camps continue to be: Upper Respiratory Tract Infections, Diarrhoeal diseases and fevers (including malaria). Malnutrition especially in children under 5 is also reported.

Disease outbreaks

There are no confirmed outbreaks in camps.

An update on the cholera outbreak in Mandera Triangle from the 28th of February to the 2nd of March reported that 21 patients had been admitted in the last 72 hours. The Cross-border collaboration between Kenya, Ethiopia and Somalia are continuing to control the outbreak in all three countries.

Cholera is also reported in five districts in Nyanza (Suba, Siaya, Migori, Rongo and Homabay). Cholera was first reported in Suba and Siaya however the clashes made it near impossible for the health care workers to effectively take up measures that could stamp down the spread of the epidemic. In Suba and Siaya the situation is becoming endemic.

For preparedness, it is worth noting that rains have started in some areas of Rift Valley, which may create a new scenario for outbreaks.

Health systems

Some areas, predominantly in Rift Valley still have displaced health workers and closed or partially functioning health facilities.

Delivery of medical supplies throughout the country is delayed and there are reports that basic services were compromised during Jan and Feb 2008 e.g. Immunisation rates have dropped, attendance and workload fell dramatically in some areas.

Health programs:

Immunisation remains a concern in some IDP camps. The table below shows the particularly low coverage in Burnt Forest.

Immunizations Jan 08 up to 17/02/08 (MoH/WHO sit rep data)

<i>IDP Camp</i>	<i>OPV Cover%</i>	<i>Measles Coverage%</i>	<i>Vitamin A Suppl.</i>
ASK Showground, Eldoret (<i>Targ.=3,881</i>)	75%	106%	107%
Burnt Forest (<i>Targ.=896</i>)	35%	38.7%	49%
Harvest and Light House Churches(<i>Targ.=431</i>)	70.4%	73.9%	73.9%
Munyaka Camp (<i>Targ.=560</i>)	66.1%	68.4	74.5%

Immunization, de-worming, vitamin A supplementation and health education are ongoing in the camps.

Due to insecurity of Ministry of Health Staff the status of health programmes is still unknown in some areas.

Funding

No partners have reported raising funds against the health section of the Flash Appeal to date.

For further information

<http://www.afro.who.int/>

<http://www.who.int/hac/>