



Emergency response to the crisis in Kenya Revision of operations and needs

Background



Some of the displaced people stranded in the makeshift IDP camp in Molo in South Rift valley

Violence in many parts of the country erupted following the general election on 27th December 2007. Although the riots and violence were triggered by political disagreements, it soon took very strong ethnic dimensions which spiralled into revenge-based ethnic clashes, displacements and many deaths. The initial estimates from the UN and Government indicated that over 500,000 people had been affected by the skirmishes, including those that are hosting displaced persons, or had their livelihood destroyed. The number of people affected and displaced is growing each day. Recent records of the Kenya Red

Cross have identified over 304,000 IDPs. In makeshift IDP camps and over 1,000 dead at the flash points around Nairobi, Western Kenya, the Rift valley, Coast and Nyanza provinces. Women and children form 75% of the IDP population.

Status of Health Services

The entire health sector in the country has been affected in the flash points. There is disruption in coordination and delivery of services. In the areas of highest tension, the lack of security has further compromised the availability of adequate number of health staff. Some health workers have also been displaced and many in the most affected areas are too afraid to report to duty. As a result, 30% of the health facilities are not functioning. This disruption in the health system is affecting routine health care delivery and emergency care services. Already there are reports of patients on Anti-Retroviral Therapy for HIV and Tuberculosis treatment being unable to access their drugs. To address the needs of the IDP camps and host communities, mobile clinics and outreach services have been established.

The IDP camps are congested and availability of basic social needs fall far below internationally accepted standards. There were also increasing cases of gender based violence. The top three causes of morbidity and mortality were Acute Respiratory tract infections, malaria and acute watery diarrhoea. Many injuries from weapons are being attended to in the health facilities as well as psychotherapy for traumatic stress conditions.

The most urgent health needs were emergency care for physical injury from weapons psycho-social care; primary health care (supply of Kits for static and mobile clinics' including measles and polio immunization activities) secondary health care for trauma, psychosocial and supply of essential drugs including for non-communicable diseases such as diabetes and hypertension. In addition, there were challenges in collecting health information detailing the numbers of injuries and deaths and health surveillance data. Health Partners co-ordination and leadership has become a high priority.

Local Response Capacity

The local health system management structure is disrupted at the affected areas. These structures are being supported by the WHO and other partners to coordinate the health sector response, liaise with other sectors, assist in information management including rapid assessments and maintenance of the surveillance system as well as provide primary and secondary health care services.

Partner NGOs are also on the ground providing primary health care services to the displaced populations.

WHO / Health Cluster Response

WHO continues to work closely with the national and provincial authorities, international partners and local NGOs to help communities and displaced persons respond, cope and recover from the crisis. While strengthening its security and operational infrastructure in the country, WHO is working to improve the health information base, strengthening strategic, operation and technical coordination and to reactivate and repair as necessary the essential public health programmes.

WHO has increased its field presence in the most affected areas. The Organization opened one sub-office in Eldoret and has an operational hub based in Nakuru with twelve (12) health personnel. The sub-office and the operational hub support the provincial and district health teams and health partners. They facilitate Health cluster activities, supporting IDP camps in health information management, monitoring disease trends and outbreaks and ensuring the availability of medical supplies and health workers. A third team office will be opened in Kisumu when the area becomes accessible.

WHO supported MoH and Partners to develop a national and provincial level emergency response plans, provided financial support to MoH to transport medical logistics to the affected areas, supported financially, technically and logistically the provincial and district teams to strengthen their capacities

The Health cluster has been re-activated with WHO as the Health Cluster lead. The Ministry of Health in collaboration with WHO and other health partners have developed a comprehensive response plan at national and provincial level. The cluster lead, WHO together with and through health cluster partners and MOH, is ensuring that critical health information is available for emergency action, strengthening coordination of emergency health activities, identifying gaps and filling them.

From Eldoret, the WHO team has provided details on the population in the IDP sites in Uasin Gishu districts (7 sites; total population of 43,566; our of which 11,020 are children under five years of age), Koibatek (7 sites; total population 9,807; 2,504 under-five) and

Trans-Nzoia/Marakwet (9 sites; total population 23,229; 3,733 under-five) districts as well as a detailed report on the situation in the sites in Uasin Gishu district.

A visit to the Nakuru Provincial General Hospital, which is the referral health facility for the town and the surrounding districts of Molo, Njoro, Elburgon and Koibatek, showed that the increased number of trauma cases is overstressing the hospital's capacities in surgical and resuscitation equipment, and has led to a critical shortage of drugs, consumables and other commodities, e.g. post-exposure prophylactic kits (PEP) .

In the pipeline, WHO will support the MoH with emergency medical health kits that will arrive in the country on 10th February. These will support Ministry of health and partners to respond to outbreaks such as malaria, Acute Respiratory tract infections and dysentery.

Gaps

The crisis is very complex and its health aspects are multi-faceted: from the immediate risk coming from violence and, e.g. diarrhoeas or malaria, to the medium-term threat of patients living with AIDS and/or TB developing resistance to standard treatments. Accordingly, WHO has reinforced its presence in the Country with the surge deployment of a senior epidemiologist, a logistician and a security officer, from the Regional office and from Geneva,

WHO is gearing up for at least a medium-term major humanitarian operation in a difficult and insecure environment. For this reason the funding requirements stated in the UN Emergency Humanitarian Response Plan issued in January have been raised to \$3 million. To date, WHO has received \$295,700 from the Central Emergency Response Fund. WHO is appealing to donors to cover the funding gap to enable WHO to continue addressing the health needs of those affected by the crisis.

Emerging Concerns

- Concern that the presence response focuses on IDPs neglecting host community needs
- The need for IDP strategy that guides response for IDPs as well as host communities
- Changing security situation which limits access to social services
- Staff safety in the places of work
- Emergency response plan has been poorly funded (about 28%)
- Breakdown of services for chronic diseases (e.g. Tuberculosis, HIV, diabetes and Hypertension)
- Need to agree on medium term strategy that extends beyond the emergency appeal period.

Plan and Budget

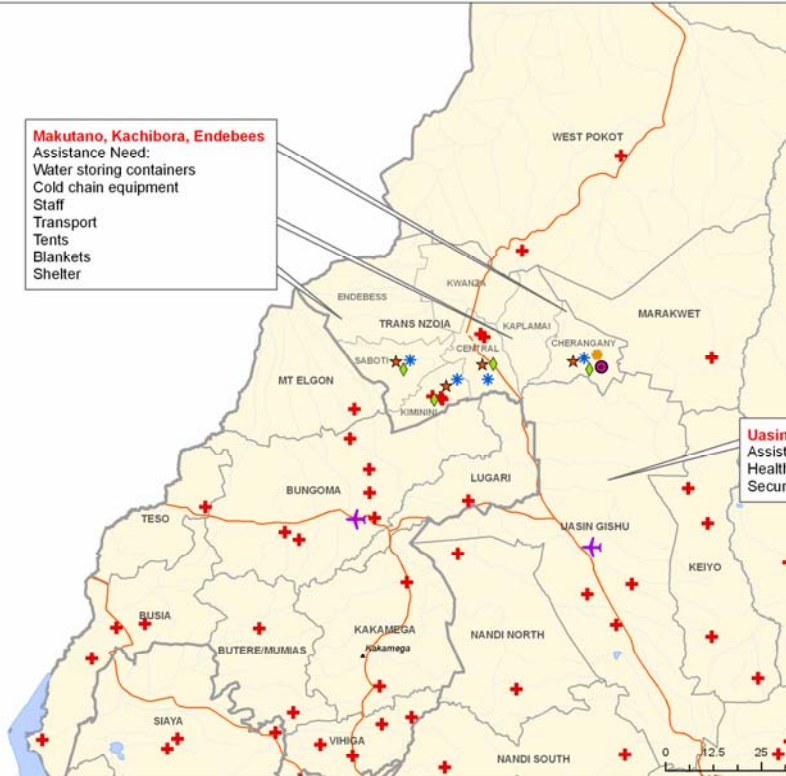
Cost breakdown	CERF	Flash Appeal	USD (3 Months)
A. Staff costs (salaries and other entitlements)			
5 International Staff costs: 4 Public Health Officers and 1 - P-4 Logistic Officer)	29,355		300,000
National staff costs: (3-NPOs; 3-NA6 log. Assistants;3-NA6 admin finance; NA1 daily labour, 5days/month/sub office, 10 drivers (G3 level and Information officer (G6))			250,000
Office operational Costs (office rental, and accessories)			150,000
B. Travel			
Local in-country travel			50,000
C. Contractual Services			
Agreement for Performance of Work			50,000
D. Operations			
Emergency health situation analysis, assessments and report dissemination & support for health coordination among partners and MoH, including information management and dissemination at all levels.	20,000		150,000
Emergency disease surveillance - Predict communicable diseases outbreaks and respond to immediate emergency health needs of the IDPS and close host communities.			100,000
International procurement (Health and trauma Kits, IDDKs, IEHK Kits, Laboratory support, essential drugs	150,000		750,000
Support Psychosocial support (acute traumatic, gender based violence, HIV etc) especially among IDPS and other vulnerable individuals and groups.			200,000
Increasing local technical person hours to attend to excess patient load (doctors and nurses in targeted hospitals and in the IDP camps in the field)	20,000		80,000
Support essential primary health care services in all IDP camps and immediate host communities (Increasing immunization against measles coverage for children under15 years, static clinics in camps above 3,000 IDPs, mobile clinics for smaller camps, health promotion for basic hygiene and sanitation etc.)	10,000		350,000
Support emergency acute traumatic, and provision of antenatal care and emergency obstetric services (essential drugs and support to referral hospitals)			300,000
Project supervision and monitoring	27,000		253,500
Logistic and warehousing costs (cargo transport, storage, office rental, equipment and supplies, etc.)	0		150,000
E. Acquisitions			
Security equipment (VHF handsets, car sets, and base, HF base)	0		500,000
Vehicles (2 -HJZ 75, MOSS compliant)	0		105,000
Subtotal project requirements	276,355		2,788,500
G. Indirect programme support costs (not to exceed 7% Of subtotal project costs): PSC	19,345		195,195
TOTAL COST	295,700	1,410,000	2,983,695

Post-Election Emergency Response in Kenya (Assistance Need)



Makutano, Kachibora, Endebees
 Assistance Need:
 Water storing containers
 Cold chain equipment
 Staff
 Transport
 Tents
 Blankets
 Shelter

- Assisting Organization**
- Handicap International
 - ◆ MSF-S
 - Catholic Diocese of Kitale
 - ★ IMC
 - ★ KCRS
 - ✚ Hospital
 - ✚ Airport
 - Capital city
 - ▲ Major town or city
 - rivers
 - roads
 - Lakes
 - Province
 - Division (Trans Nzoia District)
 - District

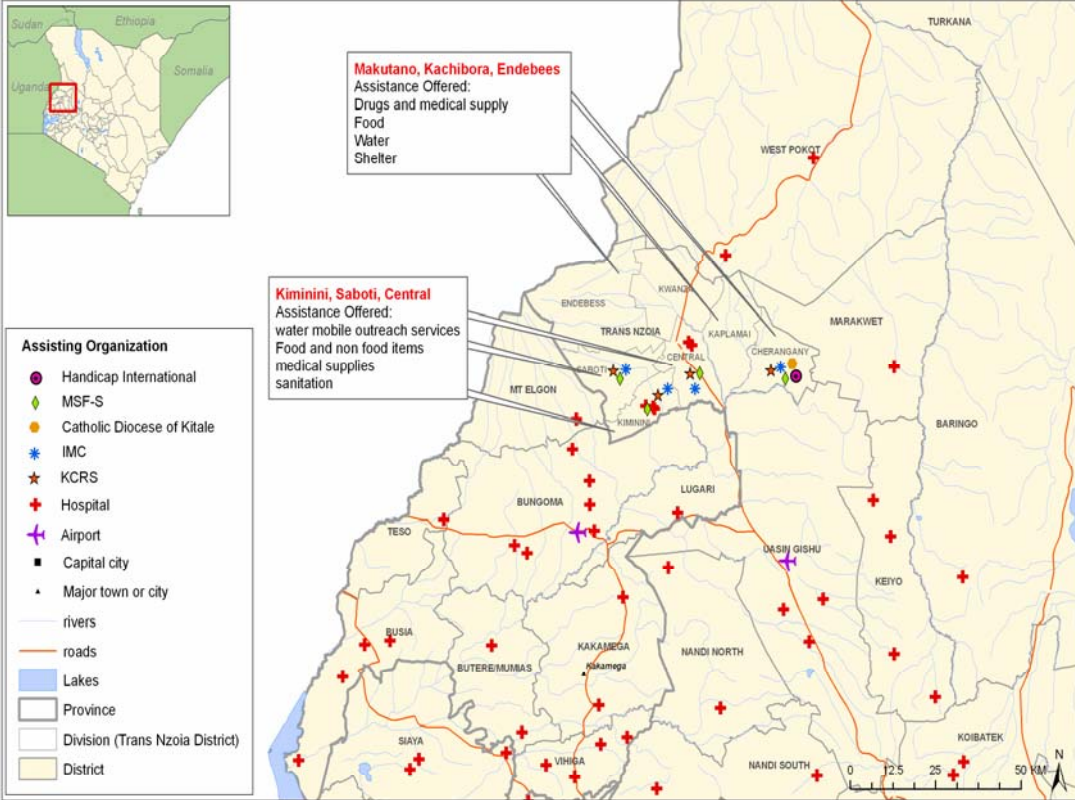


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Data Source: HAC
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Post-Election Emergency Response in Kenya (Assistance Offered)



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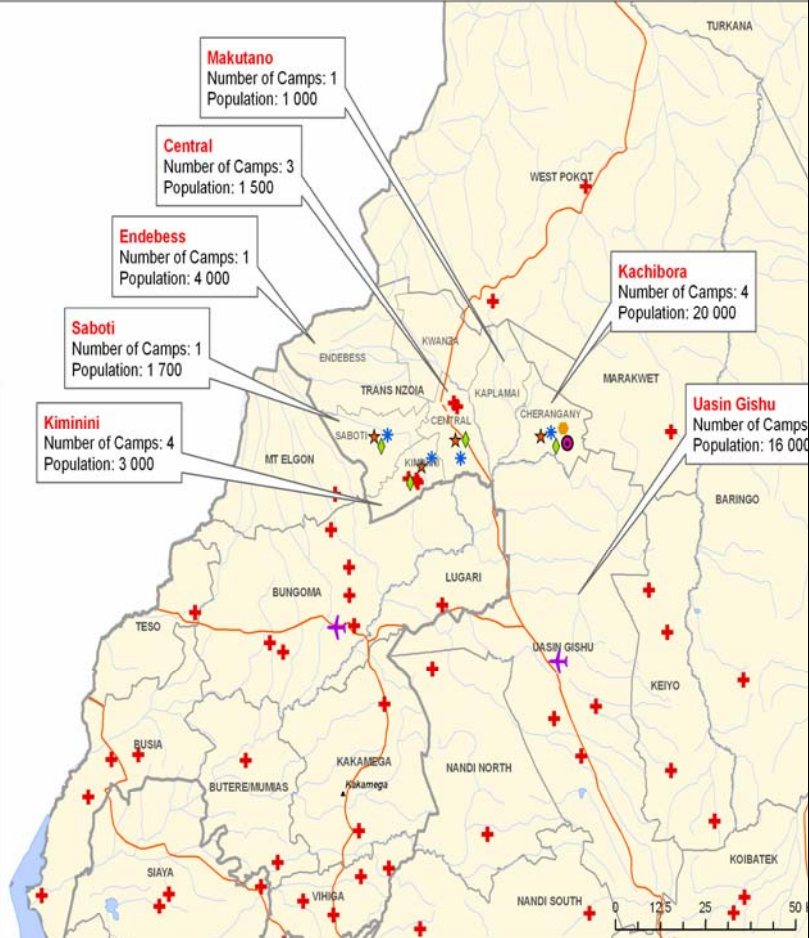
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Post-Election Emergency Response in Kenya



Assisting Organization

- Handicap International
- ◆ MSF-S
- Catholic Diocese of Kitale
- ★ IMC
- ★ KCRS
- ✚ Hospital
- ✚ Airport
- Capital city
- ▲ Major town or city
- rivers
- roads
- Lakes
- ▭ Province
- ▭ Division (Trans Nzoia District)
- ▭ District



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