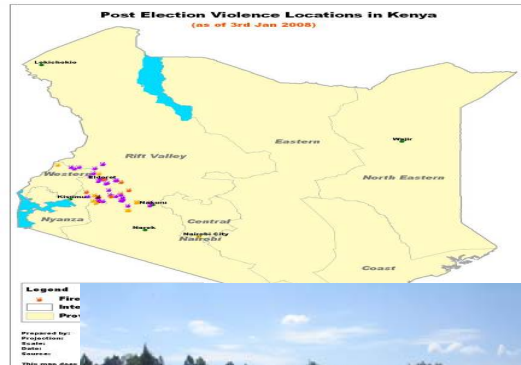


## Kenya Situation Report #10

1 February 2008

### General situation

- The general situation in Nairobi, Nakuru and Eldoret areas remained cautiously calm since the last report. Security personnel are keeping vigil in the towns and its suburbs. IDPs continue to move in search of safe places to stay. However, road blockages with stones and logs were visible even at the road leading to the Moi Teaching and Referral Hospital.
- Molo and Eldoret roads were reported to be passable. Kericho was reported to be insecure.
- The transport system is slowly improving as people can move within the town and the surrounding areas.



### The affected population

- There are over 224 000 registered IDPs in the Rift Valley Province in 195 camps as per reports of 30 January. This was based on records held by Kenya Red Cross.
- It was reported that there were 71 camps in Nakuru with a total number of over 52 000 registered IDPs as of 31 January. Naivasha had close to 8 000 and Molo over 53 000. These figures change fairly fast as the IDP population is dynamic with a lot of movement in and out of camps.
- The number of IDPs not in camp has not been well established but efforts are being made to improve on registration to help capture the information. This has been discussed with Kenya Red Cross and in the Provincial Coordination Committee meeting.
- There are over 8 200 IDPS in trans-Zoia district near Mount Elgon in the north rift valley area; the breakdown is as follows; Makutano 500, Endedes 6 000, Kachibora 1 300 and Kesegon 400. They have been newly identified and will need more support.
- The situation continues to be characterised by IDP movement outside the camp during the day and return at night time due to insecurity. There are also some incidences where people come to the camp during the day for distribution and leave for home at night (KRC)



### Public health situation activities and needs

#### Nairobi

The Nairobi team participated in Security management team, Inter Cluster, Camp management and health cluster sub-committee meetings in addition to the coordinating field activities. Teleconference with WHO headquarters, WHO AFRO, Inter-country Support Team and the WHO country office were also held. Security evaluation and preparedness of the WHO Kenya and WHO Somalia country offices, sub offices and safety of field staff was prominent.

The **Eldoret** team participated in:

Health and Nutrition Sub sector

- Preparation for the one day induction course for the new recruits on nutritional assessment and management of children and other vulnerable groups with malnutrition in the camps went on well.
- Plans for setting up therapeutic and supplementary feeding centres in the camps went on today also with a team from the Uasin Gishu DHMT assessing the ASK showground for the same.

Visit of the DMS to Uasin Gishu district

- The Director of Medical Services Dr. J. Nyikal paid a visit to Uasin Gishu district yesterday and was accompanied by other senior officers from the MoH. He was received by the PMO's Rep in Emergency Coordination, Dr. S. Bii. He toured the largest camp (over 12,000) in district ASK Showground camp, Eldoret.
- He was very happy with the assistance and the medical services the camp residents were getting. He called for the enhancement of hygienic standard in the camps and to provide lights to the toilets and bathrooms during the night.
- He informed the partners and the health workers that information from the news media reporting an upsurge of ARI was not true after confirming with the staff from the MoH.
- Appreciated the partners' contribution and asked that the good coordination he has seen be maintained with the MoH taking the lead.



Visit to the Kapsoya Estate IDP camps

- We visited two camps hosted in churches after hearing there was a suspected case of measles. However we could not trace the family. The District Disease Surveillance Coordinator (DDSC) was given the task in liaison with the pastor in-charge.
- The IDPs were living in crowded areas. This is particularly difficult during the night when everyone has to shelter in the church.
- The partners in the health sector (spearheaded by WHO) put in place schedules of health care services provision, including mobile clinics, in all parts of the district including those closed due to insecurity. This will be operational from next week, security permitting.

## Nakuru

In Nakuru, the team in collaboration with partners participated in the Health and nutrition meeting and the following were the major concerns:

- The coordination of the health cluster by the PMO's Office supported by WHO has improved drastically.
- The critical service delivery issue and coordination issues remain high; staff not reporting to duty stations at health facilities, districts and Provincial health offices due to insecurity
- Health services have been introduced in the new camps using displaced health workers present in those camps as well as NGOs
- The flow of morbidity and mortality data remains poor as no information is forthcoming from the districts to the Province. The WHO support to the districts (which has already been received) is envisaged to improve this situation
- The need for food (especially for special need groups like children, elderly, diabetics etc), water and shelter remains key issues in the camps. However, a number of partners have taken responsibility in the various camps.
- In the Provincial Coordination meeting on 31.01.2008, it was decided that the Rift Valley Water Board and the Nakuru Water and Sanitation Company to be incorporated in the Water and Sanitation committee.



Child feeding an infant at Nakuru Showground IDP camp

**National & international response**

The number of partners on the ground remains the same and they are working closely together based on the clusters/committees set up at the Provincial level.

**Requirements for assistance**

- Since the areas are now Phase Three, the teams need to include security escort costs in the plan and budget.
- Supply of essential drugs needs to be enhanced as the Province is running out of drugs stocks in the KEMSA Regional depot and camps.
- Non- food items especially sanitary towels are urgently needed
- Emergency stocks for response to possible outbreaks especially of diarrhoeal diseases

**For further information**

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

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