

Kenya Situation Report

Health Cluster team, NAKURU
19 - 22 February 2008

General situation

- Molo District situation is still fluid with sporadic burning of houses and destruction of property reported.
- Nakuru and Naivasha and their environs as well as the neighbouring districts have remained calm. The security personnel continue with their patrols as the security situation remains unpredictable. The dusk to dawn curfew in Nakuru is still in force.
- The transport system has improved and communication between Nakuru and other areas to Western Kenya and Nairobi has improved, but the vehicles are going with escort by security officers
- No destruction of property has been reported in Nakuru and the surrounding areas.

IDP Situation

The focus was on camps in Molo District that have not been adequately assessed. The overall finding was that a number of listed camps are not existing as such. A majority of the IDPs have integrated with the host community and their numbers are known to the local Provincial administration officials

Meeting with Molo DHMT

The briefing was attended by DHAO, DCO, a Nutritionist, DPHO, MSF, three representatives from UNICEF, UNICEF and a representative from WHO. The DHMT reported having started immunization in the IDP sites.

The following issues were discussed as they arose from the visits to IDP camps:

- 1) IDPS with chronic illnesses were not catered for: particularly diabetics, hypertensives and asthmatics. It was agreed that for those that may not reach hospitals the health teams can carry and dispense the drugs if they are available or they can give prescriptions.
- 2) There was a need for clarification of the policy for those on ARVs. Some individuals will get drugs to sell to those who are unwilling to declare their status. This practise was said not to be unique to IDP camps but is increasing. Taking the clients through VCT is an option to verify the information.
- 3) Weekly reporting is on-going. The DHMT was advised to attach PHOs/PHTs to camps to assist with weekly reporting
- 4) Documentation of interventions: this should assist with knowing the achievement versus the target for each camp e.g. immunization
- 5) Treatment protocols: It was discussed that all INGOs should liaise with the PMOs office for coordination and briefing on treatment protocols
- 6) Human resource: the district lamented lack of data management personnel. They were advised to take this up with PMOs office. This will assist improve reporting.

Mau Narok Division had 14 camps with details as below. But all are now assimilated within the host community

IDPs by Site in Mau Narok Location, Mau Narok Division

Name	Total	Males	Females	*Under 6 years	Others (males/females)
Likia	380	60	80	100	140
Mathangauta	1590	240	400	850	100
Metah	1400	180	220	400	600
Mutukanio A	168	30	28	50	60
Mutukanio B	108	15	20	30	43
Ikinu	152	20	30	42	60
Kianjoya	1702	242	380	500	580
Grand Total	5500	787	1158	1972	1583

* registered using under 6 years

It is clear from the table that there is a large number of under fives in the IDP camps and provision of immunization and other health services is a priority item. The same can be extrapolated to other camps/sites which have yet to give their breakdown.

Sururu Location had seven sites but breakdown was not available. These were: Kalukia 700 IDPs, Kamungei and Sertonok each 500, Segutiet 600, Kaptich 1000, Chesoen 400 and Sururu 450. The data will be calculated and forwarded to the DHMT. The location reported having had over 60 deliveries. There also have been 10 deaths from January to 20.02.08.

Elburgon division, Molo District was also visited on 21 February. The DO of Elburgon briefed on the state of IDPs in the area. According to his records there were close to 5000 IDPs but the majority had been assimilated within the population in town either staying with relatives or renting rooms, with the exception of 200 IDPs (with 22 under fives) in Elburgon Police Station, Kapsita and three families (19 IDPs) within the DOs compound. Those staying in town are mainly in the slums of Elburgon namely; Kasarani, Kaloleni and Eastleigh. The sites where IDPs are in Elburgon include; Sakayatim, Chogocho, Chandra, Marioshoni, Turi, Mukinyai and Nyakiambi in addition to the ones already mentioned.

Health services in these camps/sites is through mobile, Molo District and Elburgon Hospitals. The distance to the hospitals ranges from 12 to 16 km for the Elburgon IDPs. The patients are ferried by donkeys or motor cycles.

- In Mau Narok Division, there are 3 dispensaries and one health centre all in Mau Narok location and two facilities are closed i.e. Metah and Likia due to insecurity.
- Sururu location with a population of 19,000 has no health facility; this is where 10 deaths have occurred.
- Common medical conditions include upper respiratory tract infections, diarrhoeal diseases and malaria. Other conditions include conjunctivitis, amoebiasis and helminthiasis.
- One case of ART had been reported at Elburgon Police Station.
- The laboratory results for Afraha stadium cases show E.coli, but the cases are reducing (4 on 21 February and 1 case on 22 February).

Public health situation and needs

- Water supply was a problem in all the visited areas as they draw water from the local rivers mainly and a few boreholes and springs (drying up). The IDPs in Elburgon town are forced to buy water.
- Sanitation issue is a challenge in the slums due to the increased number of residents with poor water supply. The area Public Health Officer will do a comprehensive report on the sanitation of the towns and what needs to be done to improve the situation and to avert a water borne disease outbreak. This should be done as soon as possible for Mau Narok and Elburgon.
- Solid waste management requires attention as no facilities have been put in place for collection and disposal in the visited towns.
- The outreach/mobile services already started by the DHMT should be enhanced and reports filed accordingly

National & international response

PMOs office to instruct the DHMT to urgently initiate health services at Sururu in Mau Narok. A building is already rehabilitated by the community and one of the partners in the area can take this up as a priority area.

Requirements for assistance

- There is an urgent need of assistance in terms of food items, non- food items (sanitary towels, clothes etc), shelter (tents) to the IDPs at Elburgon Police Station and DOs compound.
- Water provision and sanitation (latrines and bathrooms) issues to these two camps.
- Security concerns were raised by officers deployed in some areas as they felt they were not able to cope with the size of the area assigned.