

## Rapid Assessment of Health Situation and Needs in Kenya

08 January 2008

### **Background**

Since the national election held on the 27<sup>th</sup> of December 2007, in Kenya there have been outbreaks of violence in many pockets across the country. The affected areas are Nairobi (especially high density population areas e.g. Kibera), Rift Valley Province (namely Eldoret district), Nyanza Province (namely Kisumu), and some incidents reported in the Coast Province (mainly Mombasa).

This has resulted in many injuries and deaths already: – 500 deaths from mortuary count only, IDPs – 255 686 (Western – 35 302, Central – 600, Nyanza – 3 171, Rift valley 203 202, Nairobi – 12 494, Coast – 377, Prison compounds – 540), and some 400 000 to 500 000 people are directly affected.

The displaced populations lack food, water, fuel and access to health care. Injuries are reported from machetes, arrows and gunshots. However, there are no official figures to quantify the resulting morbidity and mortality. There are also some unconfirmed cases of gender based violence reported by NGOs and the women's hospital in Nairobi.

The wider affected populations across the country suffer reduced access to basic health care services (curative and preventative services). For example, the Mbgathi Hospital that serves Kibera has reported a dramatic reduction in women giving birth in the facility.

### **Identified problems**

- The health system has come under a severe strain in the areas of highest tension (Eldoret) and lacks adequate staff and supplies (including drugs, equipment and blood transfusions) to deal with the increasing number of trauma patients.
- The lack of sufficient human resource is further compromised by a lack of security and a reduced public transport system across the country.
- Normal service delivery activities have been compromised as stretched health facilities deal with the increased work load
- The central Ministry of Health has been relatively slow to respond due to a lack of staff with most being on leave and/or stranded in rural areas. The MOH is now beginning to reassemble but needs both financial and technical support to coordinate an effective response. A major coordination meeting of the health sector to be co-chaired by PS/Health and WHO is planned for the morning of Wednesday 9 January 2008.
- There are 255 686 IDPs with no or limited access to water and sanitation and basic health care, food stuffs and shelter.
- As important as the IDPs are the populations in the affected areas who have reduced access to basic health care services (preventative and curative services) - e.g. ARVs supplies, TB drugs, Immunisation etc. The Kenya Red Cross estimates the IDPs to be around 500 000, but this may be a gross underestimate. For example, there is estimated 1 million people living in Kibera area in Nairobi under extreme stress, and all of them will need emergency support of some sort.
- Possible cases of gender based violence
- There is a lack of information on numbers of injuries and deaths and lack of health surveillance data
- Already many partners are in the field and coordination and leadership in the health sector is a priority.

- There are an estimated 500 bodies in mortuaries and already there is acute shortage of supplies for post mortem including DNA testing kits (some victims are identifiable) and appropriate disposal of bodies.

### **Identified needs – for IDPs and affected population (short term)**

**The Ministry of Health has a financial gap of over 1 billion KSHS which includes:**

- Medical supplies – drugs and equipment etc
- Primary healthcare supplies – Insecticide Treated Nets, personal hygiene, vaccines etc
- Sanitation and water for IDPs
- Health staff / facilitation of MoH staff
- Provision of basic health care (including preventative measures for outbreaks of epidemic diseases and reproductive health care) to IDPs
- Maintaining access to basic services for affected population including ARVs, immunisation TB treatment etc.
- Provision of reproductive health services
- Support and provision of care to victims of gender violence
- Monitoring and evaluation of the health situation – including an early warning surveillance system

### **Potential Scenarios**

The situation remains fluid and changes rapidly. WHO Kenya has identified the following potential scenarios over the coming few days –

1. The situation settles / resolves with only limited or no outbreaks of violence. The health system copes well and no support is required
2. Violence continues at the current level in the existing areas of tension. The health system in the areas of peak tension (Rift Valley Province) continues to be stressed and cannot cope with the increasing numbers of patients. IDPs remain at their current numbers and the need for provision of basic health care to this population requires support.
3. Violence increases and spreads geographically. The health system becomes overwhelmed, number of IDPs requiring support increases. High level of support will be required.

It is impossible to predict at this stage which scenario will play out, but it is clear that movement between the scenarios can happen quickly as demonstrated in Eldoret province over the last few days where the health system was quickly stressed and the numbers of IDPs increased rapidly .

### **Current WHO response**

- Close liaison with MoH to identify needs and gaps – technical support to MoH Emergency team
- UN Health Cluster lead
- Participate in UNCT activities
- Lead health component of UN CERF and Flash proposal development and UN response strategy

### **Proposed WHO Support**

- Proposed joint coordination mechanism with MOH/WHO as co-chairs
- Support district / province level co-ordination by posting a sub-office team in the most affected areas i.e. Eldoret
- Immediate support MOH to develop strategy for providing health services to IDPs and affected populations (Issues for consideration- Static vs. mobile / outreach activities, hire of emergency human resource teams to support basic services in the most affected areas)

### **World Health Organization**

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

- Finalize Flash appeal in conjunction with MoH - gap analysis (resources and capacities), prioritize health interventions and identify possible implementing partners
- Strengthen monitoring and evaluation
- Resource mobilization to support above activities in conjunction with MOH
- Mobilization of basic supplies for emergency health response and the immediate distribution logistics involved
- Identify the longer term health impact of the current crisis and possible mitigation strategy
- Identify WHO staff to join UNCT clusters (Health, Water/San, Shelter, Nutrition etc)