

## Kenya Situation Report #2

10 January 2008

### **Update on the Humanitarian Situation.**

The humanitarian situation remains critical in the flashpoint areas of Rift Valley, Western and Nyanza Provinces, as well as in the slum areas in major cities. There were incidents of rioting in some parts of the country that greeted the announcement of a new cabinet. There have been diplomatic efforts to try and find a political solution to the current impasse. African Union Chairman John Kufour met with both the Opposition and Government representatives. Other regional figures include four former presidents representing the African forum. On 9 January, all the health partners attended a health sector coordination meeting and the UN Country Disaster Management Team met twice. The Ministry of Health (MOH) has established the health response coordination structure. Four sub-committees have been established: curative services; public health, nutrition, HIV and TB; logistics; monitoring and evaluation and communication. WHO has assigned technical officers in all the working groups. The Ministry also defined the resource needs and gaps for the initial two months. Emergency health needs are currently forecast at US\$ 18 million with an approximate US\$ 10 million shortfall.

### **Efforts already underway in response to the crisis.**

MOH has some 20 metric tonnes of medical supplies in Nairobi and has submitted a request to WHO to assist with the logistics for distribution to flashpoint areas. WHO has already provided assistance of KShs 1 million (US\$ 15 186) for the hire of vehicles and security to distribute the medical supplies. There is already a heavy presence of humanitarian support groups in the field handling both food and non-food needs. WHO has been called upon to assist with coordination of health partners as the coordination of partners in the field is already problematic.

### **Gaps identified.**

The health sector has identified the following concerns for the initial response: capacity of hospitals to handle victims of violence, establishing the location and numbers of IDPs and prioritizing their needs, security of health workers and shortage of fuel. Immediate actions required include: establishment of crisis centre at KNH, MTRH and Kisumu; dispatch of medical supplies including blood and oxygen; identification of location and size of IDP camps; collection of data on victims of violence; and mobilization of more health workers. Resource gaps have been calculated to include funds for public health interventions; for clinical services in the IDP camps and in established health facilities in the hot spots; and for logistics support. This works out to a total of US\$ 18 million (see above).

### **WHO/Kenya needs:**

In view of the very volatile nature of this crisis and other related on-going humanitarian situations in Kenya and in the neighboring countries, it will be necessary to reinforce the capacity of WHO/Kenya to respond to the emerging health/humanitarian challenges. Already the current crisis is causing serious humanitarian operations in Uganda, Southern Sudan, and Somalia. The country office has already identified the need to hire an international epidemiologist (EHA), to be supported by locally identified surveillance officer, nutritionist, communication officer and a logistician. In addition, the need for coordination of the action of health partners in the field has been highlighted by all partners. WHO has been called upon to assist in setting up health coordination teams at the epicentres of the crisis in the Rift Valley and Nyanza Provinces.

### **Resource mobilization:**

WHO/Kenya is participating in both the UN joint CERF and FLASH appeals. A stand-alone draft proposal has been prepared to be submitted to the Government of Australia.

### **For further information**

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

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