

Kenya

Health Sector Needs Assessment

Recent natural and human disasters in Kenya include drought, floods, civil strife and mass displacement, disease outbreaks (Rift Valley fever, acute watery diarrhoea, cholera, Kala Azar, acute flaccid paralysis), earth tremors and landslides. The morbidity, mortality, disability and psychosocial trauma caused by these events has placed a severe strain on emergency systems and on basic and primary health care services.

In 2008 there were cholera outbreaks in several areas, with 2166 cases of cholera and 83 deaths reported as of July. A further 174 cases of Kala Azar and nine deaths were also recorded. Kenya's HIV epidemic prevalence rate remains high at 7.8%.

The post-election violence that gripped the country in early 2008 significantly disrupted emergency primary health care structures and services. Rapid assessments conducted by WHO and the Ministry of Health in May 2008 revealed a drop in most emergency health and life-saving indicators. National coverage for the fully immunized dropped from 79% to 65% between March 2007 and March 2008. Surveillance reporting rates fell from 80% in late 2007 to 40% in March 2008. Antenatal care and family planning services offered in health facilities dropped by 17% and 12%, respectively, and TB case notification rates dropped by 12%. Basic emergency systems and primary health care services were affected, and many health care workers were themselves displaced.

Kenya is also affected by the food price crisis. Acute malnutrition has risen significantly, with around 3.8 million people at risk of food insecurity. Up to 95 000 children under-five and pregnant and lactating women are receiving food supplementation. Surveys conducted in eight districts between March and April 2008 indicated nutritional levels of between 20 and 29.8% global acute malnutrition while severe acute malnutrition was between 1.2% and 3.5%. The capacity of partners and the Ministry of Health to diagnose malnutrition is poor, and many health care providers have not been trained to handle severe malnutrition cases. Given Kenya's poor health infrastructure and its location in an epidemic zone, the risk for concurrent disease outbreaks in 2009 is extremely high.



Kenya is hosting over 217 000 refugees in Dadaab and another 50 000 in Kakuma. With the deteriorating political situation and insecurity in Somalia, more refugees are expected to arrive in 2009. The fragile health infrastructure in the camps and in host communities may collapse if resources are not made available.

Cross-border emergency health issues in the Horn of Africa, particularly Kenya, have become a serious concern. All major disease outbreaks such as cholera, Rift Valley fever, poliomyelitis and Kala Azar occur concurrently along Kenya's bordering neighbouring areas. Somalia, southern Ethiopia, northern Uganda and southern Sudan all have poor health infrastructures, and pose serious public health challenges for cross-border cooperation and emergency health response.

Health Sector Priorities for 2009

- Establish emergency early warning systems for disease, malnutrition and water quality surveillance;
- Support 30 provincial and district teams for prompt diagnosis, disease outbreak investigation including laboratory kits and case management;
- Hire short-term local staff for disease outbreak response;
- Procure personal protection equipment for haemorrhagic fevers;
- Procure disinfectants for cholera treatment units and other isolation wards;
- Train and equip district and provincial emergency health response teams in 30 districts hosting IDPs, refugees and in the Arid and Semi-arid Land (ASAL) and semi-arid areas on emergency preparedness and contingency planning;
- Conduct joint rapid health and nutrition assessments and emergency activities monitoring the vulnerable populations;
- Train health workers in the provision of psychosocial support to affected populations;
- Provide basic health care services (drugs, emergency health kits) for identified vulnerable populations;
- Provide essential secondary health care drugs, kits and services for especially vulnerable groups such as HIV and TB cases, patients requiring psychological support, etc.;
- Facilitate coordination and health information management in IDP and refugee camps and ASAL and semi-arid areas.

WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Addressing psychosocial and community health needs of mobile, host and vulnerable populations in Rift Valley (Uasin Gishu & Lugari Districts) KEN-09/H/20875/122	345 000	MoH (MMS & MPHS), WHO, Provincial/District teams, provisional and district hospitals

Project titles	Requested funds *	Implementing partners
Essential integrated health services for marginalised and vulnerable populations in Kenya KEN-09/H/20367/122	535 000	MoH, Merlin, IMC, KRC, AMREF, Catholic Secretariat, CHAK, CBOs, OCHA/WFP, UNHCR, WW, KEMRI, UoN
Emergency health response to vulnerable populations in Kenya KEN-09/H/20487/122	3 103 000	Provincial/District Health teams, GTZ, IRC, MERLIN, HENNET, FBOs, CBOs
Emergency health response for refugees in Kenya KEN-09/H/20723/122	609 900	Provincial/District Health teams, GTZ, IRC
Emergency health response for severe and complicated (medical) malnourished children in 12 district hospitals in most affected areas in Kenya KEN-09/H/20826/122	556 400	Provincial/District hospitals

* Amounts given in US dollars.

Total funds requested: US\$ 5 149 300