WAJIR DISTRICT PROFILE

- One of the four districts of north eastern province
- Land area of 56,501 km², 10% of Kenyans land mass which 75% is semi-arid
- Borders Mandera and Ethiopia to the north, Somalia to the east, Isiolo, Moyale and Marsabit to the west and Garissa to the south
- Low economic activity which is mainly livestock keeping while northern part of the district practice agro pastrolism
13 administrative divisions, 75 locations and 103 sub locations
4 constituencies Namely Wajir east, Wajir West, Wajir south and Wajir north
Population of 471,000 from 1999 census projections
Population density 2 per 1 km2
Under five population of 59,000 children
Under one population of 14,000
Child bearing age women of 113,040
34 GOK health facilities which consist of 1 district hospital, 4 sub districts, 1 health centre and 28 dispensaries and 35 private clinics
PARTNERS

- Gok Alrmp
- UNICEF
- Danida
- Merlin
- Unicef
- Wasda
- Gtz
- Aldef
- Oxfam
- World vision
TOP FIVE MORBIDITY

- Malaria
- Diseases of the respiratory system
- Diarrhoeal diseases
- Pneumonia
- Urinary tract infections
STAFFING

- 3 Doctors, 1 surgeon
- 89 nurses and 20 expected soon
- 17 pho/phts
- 21 clinical officers
- 10 lab
- 2 records
- 1 pharmacist and 5 pharm techs
- 1/1/2 plaster, ot and physio
- 3 nutritionist
- 2 med. Eng
- 12 supportive staff
- 3 clerical officers
- 5 drivers
KEPI ACTIVITIES
- 22 epi centres in the district
- 17 VHF radios in 15 out of 34 facilities
- Accelerated outreach programme conducted in March sponsored by Gok and UNICEF
- Epi coverage 50% in 2005
- Drop out rate 28%
- Measles and vit A coverage 52%
- Outreach programme also supported by Merlin in 7 divisions, GTZ operationalized 4 facilities namely Meri, Abakorey, Argani and Dilmanyaley
- Measles outbreak in the district with two confirmed cases by KEMRI labs and line listing of more than 100
- 3 deaths confirmed in Lagbogol
TB ACTIVITIES

- 4 Diagnostic centres and fifth one would be open next month in Griftu health centre
- 9 treatment centres
- All TB patients have been tested on HIV
- All patients on TB drugs are on dots in both phases
- Case detection rate 70%
- Treatment completion rate is 85%
- Practice passive case finding and no active case search due to inadequate resources
HIV/AIDS ACTIVITIES

- 60% of our health workers trained on pmctc services
- 2 Pmctc sites established and expecting 3 more to be operationalised by June 2006
- 30% uptake realised since pmctc services started
- Vct services are low and 1 site operational
- 16 patients currently on ARVs and 1 succumbed
- Condoms distribution is normally integrated with routine drug kits distribution to all facilities
Latrine coverage in central division 22%, while in the rurals 5%

Central division has about 10,000 shallow wells due to high water table.

450 Shallow wells are protected with only about 50 provided with aprons.

About 9,550 wells are not protected leaving room for water contamination.

Central division has about 2,500 bucket latrines.
IMPACT OF THE DROUGHT

- Wajir district was one of the worst hit in the province
- Global acute malnutrition of 33% as per Dec 2005
- Severe acute malnutrition conducted by ALMRP revealed an increase from 4 to 5.5
- 45 children succumbed to malnutrition related complications from Nov. to March 2006 in Wajir district hospital
- Health service utilization rose by 60% as revealed by OPD and inpatients attendances in Wajir district hospital
- Due to water scarcity upsurge of GE cases reported in most parts of districts
- 50% of livestock population perished as a result most of the centres have had carcasses all over hence poses health danger
INTERVENTIONS

- 1 TFC established at the district hospital courtesy of GTZ and run by Moh and Merlin
- Accelerated outreach programme sponsored by Gok and unicef for march
- 2 wet feeding centres in central division run by the community, ama and moh
- Distribution of unimix to health facilities which total to 1200 bags
- DHMT responded to measles outbreak in lagbogol, sabuli and central divisions by conducting mob up strategy in the areas affected
- Disposal of 12102 carcases was conducted by moh and partners

- Health education both at the community and school level.
- The DHMT scaled up drugs distribution in the rural facilities
- Zero reporting of measles and afp reported weekly
CONSTRAINTS/GAPS

- Shortage of staffs of all cadres esp nurses
- Inadequate transport and lack of regular maintenance due to meagre resources
- Little support from other Gok departments i.e. public works and Alrmp
- Poor physical infrastructure e.g. the district hospital, Buna sdh, Hadado and Wajir bor dispensaries
- Lack of basic equipments in public health department, dental, physiotherapy and ill equipped theatre and laboratory
- Inadequate recurrent and developments resources allocations
- Vastness of district pose challenge to health service delivery
- Construction of facilities y ALRMP and CDF without consulting line ministry
- The poor manual night soil collection poses danger to the only water source available in central division
In the rural centers of Wajir district carcasses of dead animals are seen around the common watering points i.e. borehole, earth pans etc. hence posing health danger
DISEASE SURVEILLANCE CURRENT STATUS

- Active surveillance in the district but case search is passive due to under funding.
- Zero reporting on weekly basis.
- Collection and dispatch of samples of suspected AFP and measles cases (line listing).
- Routine updating of health workers on IDSR by distributing IEC materials
- Integrated supportive supervision
- Routine immunization
- Outbreak response
GAPS IN SURVEILLANCE

- Inadequate financial support
- Poor transport/logistics
- Inadequate training of health workers on IDSR
- Vastness of the district
- Long porous border with Somalia and Ethiopia thus making difficult for surveillance activities to be undertaken
- Frequent Cold chain breakdown
- Understaffing of most facilities e.g. dispensaries
RECOMMENDATION/WAY FORWARD

- Update and training of health workers on surveillance e.g. the avian flu
- Provision of motor-vehicles and motor-cycles since the district is vast
- Support DHMT to carry out supportive supervision
- Appraisal/reward of successful facilities and their staffs
- Adequate sustainable financial support for integrated surveillance activities
- Strengthen cross-border surveillance
- Sustainable cold chain maintenance
- Strengthen routine immunization
THE END...

THANK YOU