

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Kenya : Cholera Outbreak

DREF operation n° MDRKE005

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The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Summary: CHF 104,492 (USD 100,473 or EUR 64,701) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Kenya Red Cross Society (KRCS) in delivering immediate assistance to some 60,000 beneficiaries.

The Kenya Ministry of Health appealed for assistance to help control the spread of cholera which has hit Nyanza, Rift Valley and North Eastern Provinces. The Kenya Red Cross Society has so far supported the Ministry of Health in the affected districts with 23 cholera kits, 45,200 tablets of Aqua tabs and 63,400 sachets of PUR.

A team of volunteers trained by the KRCS took part in community sensitization on cholera prevention methods and good hygiene and sanitation practices. The

volunteers used a public address system to reach approximately 14,000 people. Mapping for schools in cholera prone areas was also carried out and 150 schools were earmarked for sensitization.

However, the following challenges were experienced in the implementation phase of this project: Inadequate information, education and communication (IEC) materials (especially posters) to enhance sensitization of the community; Limited logistical support; to be more effective and proactive in cholera campaigns and inadequate public address system; there is only one public address system relied on by all partners for social mobilization.



KRCS volunteer promoting good hygiene practices amongst school going children by encouraging them to wash their hands after visiting the toilet.

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The situation

The Kenya Ministry of Health appealed for assistance to help control the spread of cholera which has hit Nyanza, Rift Valley and North Eastern province of Kenya since November 2007. According to the Director of Medical Services, a total of 1,217 cases have so far been reported in 16 districts; with 59 deaths.

In Nyanza province (which is the worst affected area), cholera outbreaks were reported in 10 districts. Confirmed cases of the disease were reported in Suba, Migori, Rongo, Bondo, Kisumu East and West, South Kisii, Homa Bay, Nyando and Siaya districts. According to the statistics from the Provincial Medical Officer of Nyanza province, 708 cases of cholera were recorded in the health facilities in the region and 42 deaths from the disease were registered. In some districts such as Rongo, Migori, Suba and Kisumu West, the outbreaks are sporadic. The common features about these outbreaks are that the outbreaks are occurring in households whose main water sources are rivers and the lakes. The sanitation component (latrine coverage) in the affected divisions of the above mentioned districts is as low as 1 percent.

In North Eastern Province, 448 cases were reported, with 12 deaths. While in Rift Valley province, 19 cases were reported, with 2 deaths. In June 2008, there was a re-emergence of cholera cases in the region especially in Rachuonyo, Suba, Homa Bay, Kisumu East districts (Nyanza Province) and Busia and Samia districts in Western Province. The situation was worse in Kisumu East District, especially in the municipality, which has had 151 cases since 6 June 2008 to 25 June 2008. Rachuonyo District reported 4 cases while in Kisumu East District municipality, the cases were mainly from slums (Kajulu, Obunga, Bandani, Manyata and Nyalenda slums). On 7 June 2008, 4 suspected cases of the disease were reported in Migori but laboratory tests turned out to be negative. Following this, the district medical officer of health (DMoH) sent out a cholera alert to the community and since then, there has been no further reporting on suspected cases in the district. In Western Province, 8 cases (2 cases tested positive of cholera) were admitted in Nangina Mission Hospital in Samia District and 1 case in Butula A Health centre (Busia District). The following villages were affected: Serikesi and Mudoma in Samia District and Isongo in Butula Division, Busia District. Twelve cases were reported in Suba District- from central division (Okongo). In Homa Bay, 8 cases were reported in Ndhiwa Division.

Coordination and partnerships

The Kenya Red Cross Society is working very closely with the Ministry of Health (MoH) to help in containing the spread of epidemic.

Red Cross and Red Crescent action

Progress towards objectives

Water, sanitation and hygiene promotion

Objective 1: To reduce the spread of cholera through provision of cholera kits and conducting social mobilization to reach 60,000 people in 10 districts within Nyanza Province.	
	Activities planned <ul style="list-style-type: none">• Distribution of two cholera kits to the medical facilities in the affected areas.• Printing and distribution of 10,000 information, education and communication (IEC) materials with cholera prevention messages.• Replenishment of cholera kits in the Eastern Africa Zone Office in Nairobi, Kenya.

Progress

MoH were supported with cholera kits in the latest cholera outbreak in the month of June. Homabay and Suba MoH were issued with six cholera kits while Kisumu East District which has had many cases were provided with seven cholera kits. In preparing other health facilities apart from the Kisumu East District Hospital to admit cholera cases, it was noticed that the health facilities lacked infusion sets, KRCS provided three cartons of infusion sets to the MoH Kisumu East district to supply to the health facilities within the municipality.

Kenya Red Cross Society issued five cholera kits each to its branches in Busia and Rachuonyo in preparation to handle cholera cases within their localities, in conjunction with the MoH.

Objective 2: To promote individual and environmental hygiene in order to break the transmission chain of the epidemic.	
	Activities planned <ul style="list-style-type: none"> • Conduct health education on cholera prevention and control. • Respond to new cases through early detection, provision of oral re-hydration salts (ORS) and disinfection.

Progress

In ensuring volunteers pass the right message during the social mobilization and sensitization of the communities, the health team has trained eight volunteers in Kisumu branch on cholera. The volunteers are now actively participating in sensitizing the communities in Kisumu East on cholera prevention methods and sanitation and hygiene practices. The exercise started two weeks ago and is still going on in the district targeting slums. The health team is working together with MoH in the region and other partners such as United Nations Children's Fund (UNICEF), Care-Kenya, and World Vision.



KRCs volunteer sensitizing school going children on cholera prevention and control

A team of eight volunteers and two MoH staff sensitized the community on the use of public address system provided by KRCs. The strategies used in sensitization of the communities include use of songs, skits and demonstrations. Eight slums were mobilized and sensitized on cholera, reaching approximately 14,000 people.

In a meeting chaired by the PMO of Nyanza on 23 June 2008, an option of sensitizing schools on cholera was explored. KRCs health and DPHO Kisumu East were given the duty of mapping of schools (both primary and secondary) in Kisumu East Municipality to identify schools in cholera prone areas to be sensitized on cholera. This exercise was conducted and a total of 150 schools were earmarked for the sensitization.

To ensure the safety of water for domestic use (drinking and cooking) by the communities especially from slums (Manyatta, Nyalenda, Bandani, Otonglo, Kajulu and Obunga), the Kenya Red Cross Society health team, together with MoH Kisumu East supplied aqua tabs and PUR to the communities to treat their water. A total of 24,000 sachets of PUR and 100,000 Aqua Tabs were supplied to the MoH Kisumu East for the communities in slums in the municipality. A total of 1,000 sachets of oral rehydration salts (ORS), 4,800 sachets of PUR and 1,000 Aqua Tabs were also taken to Rachuonyo Branch. A total of 6,400 aqua tabs, 8,000 sachets of PUR and 1,200 sachets of ORS were sent to Homabay Branch to assist them in responding to cholera cases in the branch.

Challenges

- Inadequate information, education and communication (IEC) materials (especially posters) to enhance sensitization of the community.
- Limited logistical support; to be more effective and proactive in cholera campaigns. The team needs a vehicle to partner with MoH in the field work for contact tracing of cholera cases, needs assessment of the health facilities and communities and for community sensitization. Currently, the KRCs volunteers are using a UNICEF vehicle for cholera community sensitization.
- Inadequate public address system; there is only one public address system relied on by all partners for social mobilization, there is need to hire more.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum](#)

[Standards in Disaster Response \(Sphere\) in delivering assistance to the most vulnerable.](#)

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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