

KENYA: CHOLERA

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The Disaster

Between 1 January and 19 March 1999, 4,957 cases of cholera were reported in Kenya, resulting in 212 deaths (a mortality rate of 4.3%). The areas currently at greatest risk are Kabati, Kitui, Isiolo, Samburu, Vihiga and Mombasa where drugs and other items are either out of stock or in short supply. The problem is compounded by a general lack of funding for the District Health Management Teams, causing further problems with transport and logistics for personnel and supplies.

Despite efforts to contain the spread of the disease, the situation has however worsened and has now affected 22 out of 65 districts. With the onset of the long rainy season it is feared that the situation will be exacerbated by flooding, especially as there is still no overall strategy in place to deal with the situation.

In response to the cholera outbreak, the Government's Director of Services formed a National Control Task Force in January to coordinate efforts to combat the spread of this disease. The Task Force mandate includes co-ordinating cholera resources, data collection, information dissemination, and a review of control strategies at the peripheral and district levels.

Red Cross Action

Following a request for assistance from the Mombasa, Machakos and Kakamega branches of the Kenyan Red Cross as well as from the Ministry of Health, the International Federation has offered to provide assistance in these areas. To date, CHF 7,000 has been released directly from the Federation's Disaster Relief Emergency Funding (DREF) to facilitate a wider assessment of the situation and to initiate the delivery of aid. It is envisaged that further funding from donors will be required to contain the epidemic.

On March 19 the Federation and Kenya Red Cross sent an assessment team to Kitui District where to date 149 cholera cases have been diagnosed, four people have died, and 1,246 people who had been in contact with the cholera victims have been treated. The large majority of the cases were in Kabati division, and they were treated at the Kauwi Health Centre. The assessment team, which consisted of medical and water and sanitation experts, first talked to health officials in Kitui town then undertook a field visit in Kabati.

After meeting with staff at the Kauwi Health Centre and noting the lack of resources required to deal with the cholera outbreak, the Federation and Kenya Red Cross mission donated equipment, IV fluid, ORS, disinfectant, and drugs to allow the treatment of up to 250 cholera patients. Information for health staff on coping with cholera was also provided.

Public health technicians have disseminated cholera prevention information. The Federation and Kenya Red Cross supplied these technicians with 12,000 tablets for disinfecting household drinking water. Training on the use of these tablets was given. Cholera prevention messages were reviewed and leaflets advising people on how to protect themselves were distributed.

The main water sources in the division are a borehole, a rainwater collection pan, and a river. The water in the rainwater pan was especially polluted and is considered one of the likely sources of the spread of

cholera. People supplied with water from this source have been advised to boil the water or use the disinfectant tablets provided. A second problem with the water sources in the area occurred with the lack of electricity supplied to the borehole pump. A large bill from the electrical supply company could not be paid in total and the electricity company was reported to be only supplying electricity on an intermittent basis, thereby reducing the supply of good quality water in the area. Efforts are underway to resolve this problem.

On Tuesday, 23 March a second cholera prevention mission visited Vihiga district in Western Kenya. If considered necessary, similar resources as those donated to the Kauwi Health Centre will be provided.

Needs

The Federation and Kenya Red Cross, in coordination with the Ministry of Health, are also determining if assistance is required in the battle against cholera in Mombasa. The cost for the response in Mombasa is liable to run as high as CHF 6,000, bringing the total cost of the emergency intervention to CHF 15,000. In addition depending on funding, the Regional Water and Sanitation Delegate is prepared (in co-operation with the KRCS) to institute a hygiene and sanitation campaign, using the Participatory Hygiene and Sanitation Transformation (PHAST) approach. Introduction of this innovative program would cost an additional CHF 20,000.

The Red Cross is encouraging and contributing to the establishment of a group to consider long-term interventions to prevent cholera consisting of a participatory approach to the control of diarrhoea disease through which communities can be helped to improve their sanitation, hygiene practices, and water supply.

The Federation is appealing for donors to fund both its emergency response to the cholera outbreak as well as longer-term interventions to prevent a similar occurrence next year. The Federation's 1999 Emergency Appeal proposes an assistance and prevention strategy for the prevention of water borne diseases. The constant recurrence of this preventable disease again indicates the need to respond with a more practical preventative strategy rather than a reactive approach. Total costs for this portion of the 1999 Emergency Appeal are CHF 215,000.

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